

Medication Assessment Tool

Resident Name: _____

Date: _____

Assessment Criteria

	Able	Assist	Unable
1. Can correctly state name and read label of each drug?	_____	_____	_____
2. Can correctly state what each drug is for?	_____	_____	_____
3. Can correctly state proper times to take each drug?	_____	_____	_____
4. Can correctly state proper dose of each drug?	_____	_____	_____
5. Performs an accurate demonstration of pouring each drug? (Tablets, liquids, eye drops, eardrops, ointments)	_____	_____	_____
6. Performs an accurate demonstration of taking each drug?	_____	_____	_____
7. Stores drugs properly?	_____	_____	_____

Comments: _____

- The resident can safely self-administer prescriptions and over the counter medications.
- The resident requires supervision to administer prescriptions and over the counter medications.
- The resident is unable to administer prescriptions and over the counter medications.

Nurse completing this form

Date

- 1. I have been advised of my right to self-administer medication, unless my physician and/ or Resident Care Director informs me that it would be unsafe for me to do so, independently.
- 2. I have been informed of the outcome of the self-administration of medication assessment.
- 3. I have been advised of the benefits and risks of self-medicating.
- 4. I have been advised and understand the community policies regarding self-administration of medication and medication storage.

I wish to self-administer my medication without assistance or observations _____

I wish to have staff assistance/ supervision with self-administration of medicine _____

Pharmacy to be used? _____

Resident Signature/Date: _____

RCD Signature/Date: _____