



**Evidence-Based Clinical Assessment Toolkit**

# **Medicines Assessment Pack - Basic**



**LA TROBE**  
UNIVERSITY



**MONASH**  
University

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## Example of a Medication Timing Record

<b>Resident ID</b>	
<b>Name</b>	
<b>Room</b>	

Must be regular and authorised <b>MEDICINES</b>			
Drug Name	Dose	Route	Freq

DATE:	Morning	Midday	Evening	Night
<b>MEDICATION TIMES (minutes and seconds)</b>				
Staff Administering the Medicine /Initials				
<b>GRAND TOTAL ACROSS 24 HOURS (in minutes)</b>				

<b>Document signed off by : STAFF NAME (PRINT)</b>	
CLASSIFICATION <input type="checkbox"/> RN <input type="checkbox"/> EN <input type="checkbox"/> PCW	
<b>Signature:</b>	<b>Date:</b>

## 7.1 Guidelines for management of residents who administer their own medicines (self-administration)

Residents in residential aged care services have the right to administer some, or all, of their own medicine.

In order to meet duty of care and accreditation requirements and to optimise resident care, it is recommended that RACS maintain some form of record of these medicines. This may be in the form of a medication record indicating that the resident is self-administering, or a card, which is updated as medicine changes occur.

The MAC should develop a policy regarding the procedures to be used when a resident chooses to self-administer medicine. The policy should include the following:

- Philosophy statement which supports the resident's right to maintain independence, and to receive assistance with this
- Form of competency assessment for self medication
- Monitoring and documentation
- Frequency of re-assessment of competency
- Possible forms of assistance which will be made available to residents
- Communication strategies
- Communication with prescriber
- Communication with residents eg: letter outlining rights and responsibilities
- Communications with resident representatives if required
- Consultation processes
- Storage guidelines.

If the resident is assessed not to be competent to self-administer but wishes to do so they may appeal via a complaints resolutions mechanisms both within and external to the service. It may be appropriate for the service to request that the resident signs a risk agreement.

Can the resident apply their own patches? (and remember to remove them)				
Can the resident administer inhaler devices correctly?				

A "NO" answer to any of the above questions indicates that the resident may not be competent to safely manage their medicines.

**Strategies**

Are there any strategies which may assist the resident self-administer? Yes  No   
 If Yes, list these strategies

**Assessed safety**

Did the assessment demonstrate that the resident is capable of self-administering their medicines safely? Yes  No   
 If Yes, complete the Resident Self Medication Indemnity Form.  
 If No, discuss the issues with the resident. If they insist on self-medicating, ask the GP to arrange a case conference with the resident and family to discuss the risks.

Acknowledgement that this decision was made in consultation with the resident or resident representative. RN signature \_\_\_\_\_

**Ongoing review**

Date	Nurse Comments	RN signature	GP comments	GP Signature
Initial assessment / /				
3 monthly Review / /				
6 monthly Review / /				
9 monthly review / /				
At 12 months complete new assessment and indemnity form				

Note: A residents ability to self-administer medicines should be reviewed more often if their medical condition changes or they are hospitalised.

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