Self-Administration of Medication Risk Assessment

Name: **NHS number / Unique reference:** **Allergies:** **Usual (home) Community Pharmacy:**	**Name of CCB: NWRH** **Temporary GP Practice:** **Usual (home) GP Practice:**

Question	Response
How do you manage your medicines at home?	
In what format do your medications usually come i.e. Original packaging, dossett box?	
Before the assessment: How confident are you in managing your medicines independently? 0-10 (0 being the least confident)	
Has the person agreed to administer their own medicines? *Consent form to be signed during assessment* ***see Appendix A - page 6***	

This assessment tool can help identify any compliance issues/problems that the patient may be having with their prescribed medication also listed below is a non-exhaustive list of reasonable adjustments that may help with the patient's compliance.

Part 1 - What can the patient manage?

			YES	NO	Comments
Psychological					
	Understanding	Do you know what each medication is prescribed for?			

		Are there any prescribed medications that you don't take?			
		Do they understand the importance of each medicine?			
		Do they understand each medicine dosage instruction?			
		Does the patient have a preference on how they take their medicines?			
		Do they understand how to take "when required" medication? - what each medication is for - minimum interval between doses, maximum in 24 hours - side effects, - desired effect - when to refer to prescriber - do they take the PRN medicine – is it still needed?			
		Do patients know how to take medicines that are NOT prescribed daily? (eg weekly / alternate day/ variable doses / rotational)			
		Do you have any side effects from your medicines?			
		Have you missed any doses within the last 7 days?			
		Are there any medications you buy over the counter such as herbal or vitamins?			
		Are there any medications you receive from clinics or hospital?			
		Do you have excess supplies of medication at home? (Ensure aware of how to dispose of excess or unwanted medications)			
	Memory	Do you remember to take their medication?			
		Do you remember to order their repeat medication and how they receive it? E.g., Collect/delivered by pharmacy.			

Physical	**Swallowing**	Can they swallow all their tablets/capsules with no difficulty?			
	Dexterity	Can they open medicine boxes?			
		Can they pop out tablets/capsules from the blister strips?			
		Can they open and close child-resistant lids?			
		Can they open and close screw lids?			
		Can they open and close winged lids?			
		Can they grip medicine bottles?			
		Can they halve tablets themselves (if required)?			
		Can they pour liquid form medications (if required)? Do they understand the dosage instructions e.g mls/mg?			
		Can the patient use any necessary devices/ equipment and topical applications? e.g. inhaler, spacer, insulin pens, auto dropper for eye drops, creams, patches			
	Vision	Can they read standard print labels?			
		Can they read large print labels?			
		Can they read braille labels (if patient is blind)?			

Suitability for Self-Medication

Following the assessment above determine the suitability for self-medication. If the customer is not suitable the remainder of the risk assessment does not need completing. If suitable, complete the remaining sections of the Risk Assessment.

Suitable for Self-Medication?	**YES / NO**

If a suitable adjustment can be made, agree with the patient, and document in section 2. If none of the suggested adjustments are suitable for the patient, please contact the CCB Pharmacy Technician Team for further support via: wyicb-leeds.mso@nhs.net

Member of staff completing assessment	**Designation**	**Date**

Part 2 - Reasonable adjustments

Please list reasonable adjustments agreed with the customer, documenting responsibility and any actions taken. See self-medication assessment guidance for examples of reasonable adjustments that could be explored.

Reasonable Adjustments	Responsibility of customer	Responsibility of CCB staff	Actions taken

Part 3 - Implementation and storage of medication plan

Document how the self-medication will be initiated, how medications will be stored and the level of monitoring from CCB staff needed at each step. Adjust the number of steps as appropriate. ***See Appendix B, C & D for templates to document monitoring: page 7,8 & 9.***

Step	Date		Storage of medication	Level of monitoring
	From	to		
Step 1:				
Step 2:				
Step 3:				
Step 4:				

After the assessment: How confident are you in managing your medicines independently? 0-10 (0 being the least confident)	

Mental Capacity

Only to be completed if there are any concerns with the customer's capacity to make decisions around their medication.

In my opinion the person concerned **HAS / DOES NOT HAVE** the capacity to make their own decision because: and: A full capacity assessment will now be undertaken to determine capacity to make the decision at this point in time. YES/NO A full capacity assessment will be undertaken later in the assessment process, when the decision needs to be made. YES/NO	
Signed	
Designation	
Date	

For each person that is self-medicating please ensure the following paperwork is present with their MAR charts:

- **Copy of their Risk Assessment**
- **Signed consent form (signed by customer, CCB staff and CCB Pharmacy Technician / Care Home manager)**
- **Records of monitoring by CCB staff: either daily / weekly as appropriate as stated in their risk assessment**

Ensure the daily staff hand over sheet has been updated to reflect where customers are self-medicating.