

CENTRAL STATE HOSPITAL
PROCEDURE

SUBJECT: SELF-ADMINISTRATION OF MEDICATION

ANNUAL REVIEW: April

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: February 2008

Participants: Treatment Unit Team
Clinical Director
Licensed Nurse
Attending Physician
Pharmacist (assigned to Unit)
Medication Nurse
Chief Nurse Executive
Pharmacy Director

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Treatment Unit Team	Identify clients with potential for self administration of medication.
Clinical Director Licensed Nurse Pharmacist	Screen clients based on established criteria.
Attending Physician	1. Review recommendation by treatment team and screening group. 2. Educate/instruct client on medications. 3. Write order for clients to self-administer on the physicians order form.
Pharmacist	Dispense medications prescribed for self-administration in multiple dose containers using the same format for labeling used for outpatient prescriptions.
Medication Nurse	1. Educate/instruct clients on medications.

2. Store all medications designated for self-administration in the drug room. No medications will be stored in areas where other clients might gain access to them.
3. Give the medication container to the client when it is requested (if the request is appropriate) and monitor the client taking the medication (s).
4. Insure that the container is returned (minus the dose taken by the client).
5. Document the self-administered dose on the Medication Administration Record (MAR) and in the progress notes.

Clinical Director
Chief Nurse Executive
Pharmacy Director

Insure that procedures for self-administration of medications are legal, safe, effective and followed.

Approved:

This policy was approved by the CMO and CEO in April 2008.

SELF-MEDICATION EVALUATION FORM

Client's Name: _____

Living Unit:

	Yes	No	N/A
1. The client understands why the medication is being used.	_____	_____	
2. The client demonstrates the ability to recognize the medication.	_____	_____	
3. The client has vocalized the correct time to take the medication.	_____	_____	
4. The client has successfully picked the correct med container.	_____	_____	
5. The client has successfully stored medication while in his/her possession.	_____	_____	
6. The client is able to read the label and auxiliary labels.	_____	_____	
7. The client is able to open the bottle and handle the contents.		_____	_____
8. The client demonstrates comprehension of written information on the drug.	_____	_____	
9. The client demonstrates understanding of side effects of the medications.	_____	_____	

This form will be completed again in two four six eight weeks.

Date: _____

Nurse Signature: _____

Client Signature: _____