

| Catholic Charities Disabilities Services | |
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| Agency Standard Imperial Procedure | |
| Standard Category | Residential |
| Standard Title | Medication Self-Administration |
| Regulations | 14 NYCRR 633 |
| Original Issue Date | 01/11/2016 |
| Latest Revision Date | 07/20/2023 |
| Number of Pages | 1 |
| Attachments | Self-Administration of Medications Form |
| Approved by: Paula Jubic, Executive Director |  |

Standard:

Individuals supported in the CCDS residential program will be encouraged to administer their own medication to the extent possible for each individual supported.

Procedure:

1. Any individual supported who is able to self-administer is defined as someone who is able to demonstrate a consistent ability to self-medicate once the container is adequately prepared. This includes the ability to correctly recognize the time the medication is to be taken, the correct dosage to be taken, to ingest or inject the medication, and know the correct storage method for the medication.
2. Any individual supported can still be considered to have the ability to self-administer if they require assistance to open any container the medication is stored in.
3. Any individual supported who is deemed capable to self-administer medications must store all medications in a lock box only accessible to that individual supported and AMAP staff to prevent any other individual supported from accessing the medications.
4. Supervision will be provided to ensure that the individual supported is taking all medications as prescribed. Such supervision may be in the form of occasional verbal checks, checks on the amount of medication remaining, or in any manner or frequency deemed appropriate by the team. This supervision must be documented in the clinical record.
5. Each individual supported admitted to the CCDS residential program will be evaluated by a Registered Nurse within three months of admission to determine their ability to self-administer medication.
6. Every individual supported in the CCDS residential program will be evaluated on an annual basis, or as needed if there are changes in the ability of an individual supported to self-administer medications, by a Registered Nurse who will record the results on the Self-Administration of Medications Form.
7. Unless it is determined to be inappropriate, the treatment team of any individual supported in the CCDS residential program that has been deemed unable to self-administer medications will discuss a plan to assist that individual supported to become as independent as possible in self-administering medications.

SELF-ADMINISTRATION OF MEDICATIONS

NAME: _____ RESIDENCE: _____

| | | | | |
|---|----------------------------|---------------|------------|-----------------|
| Is the individual able and willing to participate in self-medication evaluation? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes complete form, if No explain in the Additional Comment section on back of form.) | DATE _____ / _____ /20____ | | | |
| IND = INDPENDENT; ASSIST; UNA = UNABLE TO DO THIS ITEM | IND | ASSIST | UNA | Comments |

FOR ALL MEDICATION

| | | | | |
|--|--|--|--|--|
| 1. Individual is able to recognize the time the medication is to be taken (e.g.: tell time, associate with a particular activity etc.) | | | | |
| 1a. Individual can recognize the time the medication is to be taken with the assistance of an alarm | | | | |
| 2. Individual can recognize the correct medication container / bottle / blister pack/ medication organizer | | | | |
| 3. Individual can open the correct container /compartment | | | | |
| 4. Individual can remove the correct dose from the container/bottle/blister pack/compartment independently | | | | |
| 5. Individual can close the medication container | | | | |
| 6. Individual can return the medication to the appropriate storage area | | | | |

FOR ORAL MEDICATION

(Place N/A in IND box if not taking oral medications)

| | | | | |
|--|--|--|--|--|
| 1. Individual can remove the correct number of pills from the container | | | | |
| 1a. Individual can remove the correct amount of medication if it is in a compartment of a medication organizer | | | | |
| 2. Individual can obtain the appropriate fluids or food needed to ingest the medication | | | | |
| 3. Individual can take the medication properly | | | | |

FOR TOPICAL MEDICATIONS

(Place N/A in IND box if not of not taking topical medications)

| | | | | |
|---|--|--|--|--|
| 1. Individual can prepare site for application (i.e. clean and dry the site etc.) | | | | |
| 2. Individual can apply the appropriate amount of medication on the designated area | | | | |
| 3. Individual can apply dressing to the site (if appropriate) | | | | |
| 4. Individual washes hands after application of topical medication | | | | |

OTHER TYPES OF MEDICATION

(Place N/A in IND box for any route that is not currently being used. Only evaluate individuals for the types of medications they are taking)

| | | | | |
|--|--|--|--|--|
| Individual can apply or administer other types of medications: | | | | |
| A. Aerosol | | | | |
| B. Eye | | | | |
| C. Ear | | | | |
| D. Rectal | | | | |
| E. Vaginal | | | | |
| F. Nasal | | | | |
| G. Injections SC/IM | | | | |
| H. Other | | | | |

BASED ON OBSERVATION & ASSESSMENT

This individual is capable of the following:

| | | | | | |
|---------------------|-------------|------------------|---------------|---------------|---------------|
| Date ➡ | | | | | ___/___/20___ |
| | Independent | Needs Assistance | Total Support | Not Evaluated | COMMENTS |
| Oral | | | | | |
| Topical | | | | | |
| Aerosol | | | | | |
| Eye | | | | | |
| Ear | | | | | |
| Rectal | | | | | |
| Vaginal | | | | | |
| Nasal | | | | | |
| Injections SC/IM | | | | | |
| Other | | | | | |
| RN signature | | | | | |
| DATE | | | | | |

Staff must assist in the administration of any type of medication for which an individual is not assessed as capable of independent self-administration and/or any medication type for which the individual has not been assessed.

Additional Comments:

CC: Service coordinator
Residential Setting
Day program