

**Patient Details**

Name:

Date of Birth:

NHS Number:

**Appendix B Rotherham Doncaster and South Humber**

NHS Foundation Trust

**Self-Administration of Medicines Assessment form****Inclusion Criteria**

Is the patient responsible for administering his or her own medicines in the community?

Is the patient aged 18 years or over?

Is the patient able to understand the scheme sufficiently to follow it.

**All answers must be YES to proceed (Unless reviewed otherwise by MDT)****Exclusion Criteria**Does the patient have a current issue with drugs or alcohol abuse?  
If yes, is the patient currently undergoing active changes in treatment for these problems?

Does the patient have any active health issues which raise concerns in reference to the patient's management of their own medications?

**All answers must be NO to proceed (Unless reviewed otherwise by MDT)****Is the patient suitable for Self-Administration Assessment? If yes proceed to section 2****Section 2: The Assessment**

Please provide details

Can the patient open the cabinet?  
(Please specify the type of cabinet appropriate for this patient)

Can the patient read and understand the medicine labels?

Can the patient manipulate containers, including Monitored Dosage Systems/ NOMADs etc., to allow self-administration?

Does the patient normally self-administer from boxes or MDS/ Dosome box/ Nomad?

Is an assessment of the patient's capabilities to use a nomad required before discharge?

Does the patient understand the purpose of the medicine, the dosage, special instructions and some of the possible common side-effects?

Does the patient need counselling or a medication guide to ensure they understand this information about their medications before taking?

Any other relevant comments:

## Assessment of Level of Self-Administration

Based on the above details outline please use the questions below to decide the patient's current level of self-administration and complete the form below.

**Level 1:** Nurse administers all medications but at same time educates the patient around the labelled instruction of dose and time and techniques with specific devices.

**Level 2:** Patient administers with supervision from a nurse who may intervene as appropriate to further counsel and improve techniques.

**Level 3:** Patient administers unsupervised and is responsible for taking medications at appropriate times without prompting.

**Initial Level of Self Administration** \_\_\_\_\_

Are there any individual medications the patient can self-administer more independently e.g. inhalers, eye drops to help assess and improve techniques? <i>(Please continue to monitor the frequency the patient is using particularly when required medications)</i>	
Is a trial period with a Nomad system required to assess the patient prior to leave/discharge required (NOMADs should not be used regularly for self-administration on the ward)	

**Goal Level of Self administration for discharge?** \_\_\_\_\_

**Assessor's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I am happy to proceed with the goal of self-administration at level \_\_\_\_\_ I have created a rehabilitation goal with \_\_\_\_\_ relating to this

**Patient's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_