

Self-Administration of Medication Assessment

Date: _____

Resident's name: _____

Assessment questions:	Yes	No
Resident can identify the medication?		
Resident knows when the medication is to be taken?		
Resident has necessary motor skills?		
Resident understands what the medication is for?		
Resident understands the route for the medication?		
Resident understands the correct dose?		
Resident understands procedure for missed or wrong dose?		
Resident understands possible side effects of medication?		
Resident can administer ointment?		
Resident can administer eye/ear drops?		
Resident can administer inhaler?		
Resident can administer injections?		

Medications resident may self-administer:

Date:

Initial assessment: / / RN signature_____

3 month review: / / RN signature_____

6 month review: / / RN signature_____

9 month review: / / RN signature_____