|  |  |
| --- | --- |
| **13. Medications Needs Assessment & Support Plan** | |
|  | |
| 1. There is ability to self-administer medication | If YES go to question 2  If NO go to question 4 |
| 2. Self Medication Risk Assessment:  Please tick as appropriate:  Does the Person have a history of drug or alcohol abuse? (Unless on single dose collection with within a treatment prescription regime)? YES/NO  Does the Person have a history or present diagnosis of severe depression? YES/NO  In the community does the Person administer their own medicines from a compliance aid such as Dossette? YES/NO | If any answer is YES  Statement “This person is unsuitable for self administering at this time. Please indicate level of administration:  **Level 1**  The Nurse/Carer is responsible for administration.  The administering staff member signs the MAR chart.  The Person does not hold the key to their medicines cabinet.  The Person is educated about the purpose of their medicines and their doses with intention of moving to Levels 2 and 3.  **Level 2**  The Nurse/Carer supervises the Person administering the medicines.  The Person **does**/does (indicate) not hold the key to their medicines cabinet.  The Nurse/Carer opens the individual medicines cabinet at the appropriate time, observes the Person and intervenes to provide support as necessary.  The Nurse/Carer signs the MAR chart to indicate they have witnessed the Person administering their medicines correctly.  [Add either LEVEL 1 MEDICATION ADMINISTRATION or LEVEL 2 MEDICATION ADMINISTRATION as information on Client HOME PAGE. Detailed info could be available as a drop down]  If all answers YES go to question 3 |
| 3. Self Medication Risk Assessment:  Please tick as appropriate:  Following an explanation does the Person understand the Self-Administration procedures and their responsibilities in relation to this? YES/NO  Does the Person understand the purpose of the medicine, the dosage and specialist instructions as well as common side effects? YES?NO  Can the Person recognise the medicines and/or read the medicine labels? YES/NO  Could the Person open their lockable cabinet? YES/NO  Can the Person open the containers to allow Self-Administration? YES/NO  Is the person above the age of 18 YES/NO | If all answers YES  This person is suitable for self administration of medication at Level 3 stage  **Level 3**  The Person is wholly responsible for administration.  The Person holds the key to their medicines cabinet.  The Nurse/Carer supports and encourages discussion about medicines using the daily diary.  The Nurse/Care checks the MAR chart for any changes at least once daily.  The home is responsible for repeat prescriptions, collections and returns.  [Add LEVEL 3 MEDICATION ADMINISTRATION as information on Client HOME PAGE. Detailed info could be available as a drop down]  If any answer NO  This person is suitable for self administration of medication at Level 2 stage  **Level 2**  The Nurse/Carer supervises the Person administering the medicines.  The Person **does**/does (indicate) not hold the key to their medicines cabinet.  The Nurse/Carer opens the individual medicines cabinet at the appropriate time, observes the Person and intervenes to provide support as necessary.  The Nurse/Carer signs the MAR chart to indicate they have witnessed the Person administering their medicines correctly.  [Add LEVEL 2 MEDICATION ADMINISTRATION as information on Client HOME PAGE. Detailed info could be available as a drop down] |
| 4. Requires administration and monitoring of medication regime | [Add either LEVEL 1 MEDICATION ADMINISTRATION as information on Client HOME PAGE. Detailed info could be available as a drop down] |
| 5. Requires administration and monitoring of specific medication regime by a Nurse/Carer that is specifically trained and aware of side effects (e.g. insulin, PEG) | If YES add TASK SPECIALIST MEDICATION and go to next question  If NO go to next question |
| 6. PAIN MANAGEMENT  Tick all that are appropriate  There is mild pain that is predictable and does not impact on activities of daily living?  There is moderate pain that impacts significantly on other needs (e.g. Mobility, Behaviours)  There is severe recurrent or constant pain that is not readily responding to treatment? | **If none ticked go to question 10**  **If any ticked go to the next question** |
| 7. There is requirement for a syringe driver in place? | **If YES add TASK SPECIALIST MEDICATION and go to next question**  **If NO go to next question** |
| 8. Is there PRN Medication prescribed for pain relief? | If YES add TASK PRN MEDICATION and go to next question  If NO additional question  Do you want to make a referral for a medication review?  If YES add TASK MEDICATION REVIEW  If NO go to next question |
| 9. Does the pain require monitoring? | If YES add TASK PAIN MONITORING and go to next question  If NO go to next question |
| 10. Are injections regularly administered? | If YES add TASK INJECTION MONITORING and go to next question  If NO go to next question |
| 11. Are transdermal patches regularly in use? | If YES add TASK INJECTION MONITORING and go to next question  If NO go to next question |
| 12. Is Covert medication administration required? | If YES add TASK SPECIALIST MEDICATION and go to next question  If NO go to next question |
| 13. Topical medications are in use? | If YES add TASK TOPICAL MEDICATION MONITORING and go to next question  If NO go to next question |
| 14. Is there any PRN medication prescribed? | If YES add TASK PRN MEDICATION and go to next question  If NO close assessment |