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| PROTOCOL FOR SELF-ADMINISTRATION OF MEDICATION | | | | NO. | |
| * Residents upon admission will be offered right to self-administration. * If right exerted, resident will be assessed by Interdisciplinary Team. * If resident successfully passes assessment, a teaching plan, or self-administration plan will be developed in increased resident independence. * Facility will store medications in locked area to be unlocked for residents use. * Documentation will be done by Nurse to verify medications(s) taken by resident. * Assessment / Reassessment will be done every 90 days. * Monthly, Nurse will document resident response to program. * Residents, who are capable, will be placed in teaching programs as a path toward self administration. | | | | | |
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| PROTOCOL FOR SELF-ADMINISTRATION OF MEDICATION | | | | NO. | |
| Upon admission, the Resident will be advised of their right to self administer medication and also be cautioned on the risks of self administration. It shall be made clear that when the nurse issues the medications, methods are followed to properly monitor the drug, dosage, route and regimen.  In compliance with OBRA regulations, resident is to indicate choice of medication administered.  ADMINISTRATION BY NURSE  or  SELF ADMINISTRATION  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name or Resident)  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Facility Nurse)  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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