

Medication Administration Assessment Tool

Profile Information

Individual Name:	_____
Program Name:	_____
Created By:	_____

Birth Date: _____
mm/dd/yyyy

Age :

Check all services that apply: Independent Living Supported Living
 Family Living Adult Habilitation
 Supported Employment

Medical Diagnosis

	Code	Category	Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Allergies: Yes No

List allergies and known reactions to medications, food, other:

	Allergies and known reactions to medications, food or other
1	
2	
3	
4	
5	

Medications: List all current ordered routine and PRN medications. Each medication should have a diagnosis to justify its use. Note any special instructions. List comfort

OTC medications/treatments. A current copy of the Medication List or MAR may be attached.

Begin Date	Medication Name	Scheduled/P RN	Dose	Measurement Unit	Frequency	Route	Purpose	Comments	End Date

Assess the individual based on the following criteria

Section I. Self-Administration of Medications

Is the individual

Able to determine if they are receiving the expected response from the medication?	<input type="radio"/> Yes <input type="radio"/> No
Able to identify each medication, its purpose, dose and most common potential side effects? (This may be a basic understanding such as "One pill for my blood pressure, it could make me dizzy")	<input type="radio"/> Yes <input type="radio"/> No
Able to understand the times the medication is to be taken?	<input type="radio"/> Yes <input type="radio"/> No
Able to take measures to report side effects? (This may be a basic understanding such as "If I get dizzy, I will let someone know")	<input type="radio"/> Yes <input type="radio"/> No
Able to understand the circumstances or the reason a medication should be taken "as needed" or PRN?	<input type="radio"/> Yes <input type="radio"/> No
Able to independently complete the entire process of taking medication from start to finish?	<input type="radio"/> Yes <input type="radio"/> No
Able to reorder medication/seek assist with reordering medication or a system is planned and in place to support the individual in re-ordering medications?	<input type="radio"/> Yes <input type="radio"/> No

If the answers to all of the questions are "yes", this individual meets the criteria for Self-Administration of Medications.

Note: 1. Individuals must have a current PCP order for self-administration with physical assistance by staff. 2. Written consent for self-administration with physical assistance by staff must be obtained from the individual or their guardian or surrogate health care decision maker. 3. These criteria do not apply to individuals who receive their medication via intramuscular (IM), subcutaneous (SQ), or intravenous (IV) injections, non pre-mixed nebulizer treatments and/or nasogastric tube (NG). See Section IV regarding the criteria for Administration by Licensed personnel. 4. Staff must complete DDSD approved training required for assisting with medication. Staff must provide physical assistance at the least intrusive level necessary for the individual to successfully take his/her medication.

Section II. Self-Administration with Physical Assistance by Staff

Is the individual

Able to determine if they are receiving the expected response from the medication?	<input type="radio"/> Yes <input type="radio"/> No
Able to identify each medication, its purpose, dose and most common potential side effects?	<input type="radio"/> Yes <input type="radio"/> No
Able to understand the times the medication is to be taken?	<input type="radio"/> Yes <input type="radio"/> No
Able to take measures to report side effects?	<input type="radio"/> Yes <input type="radio"/> No
Able to understand the circumstances or the reason a medication should be taken "as needed" or PRN?	<input type="radio"/> Yes <input type="radio"/> No
Unable to independently complete the entire process of taking medication due to a physical challenge?	<input type="radio"/> Yes <input type="radio"/> No
Able to reorder medication/seek assist with reordering medication or a system is planned and in place to support the individual in re-ordering medications?	<input type="radio"/> Yes <input type="radio"/> No

If the answers to all of the questions are "yes", this individual meets the criteria for Self-Administration with Physical Assistance by Staff.

Note: 1. Individuals must have a current PCP order for self-administration with physical assistance by staff. 2. Written consent for self-administration with physical assistance by staff must be obtained from the individual or their guardian or surrogate health care decision maker. 3. These criteria do not apply to individuals who receive their medication via intramuscular (IM), subcutaneous (SQ), or intravenous (IV) injections, non pre-mixed nebulizer treatments and/or nasogastric tube (NG). See Section IV regarding the criteria for Administration by Licensed personnel. 4. Staff must complete DDSD approved training

required for assisting with medication. Staff must provide physical assistance at the least intrusive level necessary for the individual to successfully take his/her medication.

Section III. Assistance with Medication Delivery by Staff

Is the individual

Unable to independently complete the entire process of taking medication?	<input type="radio"/> Yes <input type="radio"/> No
Unable to determine if they are receiving the expected response from the medication?	<input type="radio"/> Yes <input type="radio"/> No
Able to communicate to staff (verbally/vocally, through gestures or via a communication device) that he/she is experiencing a problem, pain or discomfort?	<input type="radio"/> Yes <input type="radio"/> No
Currently physically stable?	<input type="radio"/> Yes <input type="radio"/> No
Only receiving medications via the following routes: oral, topical, rectal, vaginal, eye, ear, nose, or pre-mixed nebulizer.	<input type="radio"/> Yes <input type="radio"/> No

If the answers to all of the questions are "yes", this individual meets the criteria for Assistance with Medication Delivery by Staff.

Note: 1. Individuals must have a current PCP order for assistance with medication delivery by staff. 2. Written consent for assistance with medication delivery by staff must be obtained from the individual or their guardian or surrogate health care decision maker. 3. Stable: The individual's condition is unchanged; signs and/or symptoms are within established ranges, frequencies or patterns. The individual's condition does not require frequent assessment or monitoring by a licensed nurse to determine their status or their response to medication or treatment.

Section IV. Medication Administration by Licensed (RN/LPN) or Certified Personnel (CMA)

1- Does the individual

a. Receive medication via a Nasogastric Tube (NG)?	<input type="radio"/> Yes <input type="radio"/> No
b. Receive medication(s) via Nebulizer treatment that are not pre-mixed;	<input type="radio"/> Yes <input type="radio"/> No
c. Receive medication via intra-muscular (IM) and/or subcutaneous (SQ), and/or intravenous (IV) injection?	<input type="radio"/> Yes <input type="radio"/> No

If any answer to Question #1-a-c "yes", this individual meets the criteria for Medication Administration by a Licensed Nurse (RN or LPN) for that particular medication, unless formally delegated by the nurse.

2- Does the individual receive any medication through a gastrostomy or jejunostomy tube? (G or J Tube)	<input type="radio"/> Yes <input type="radio"/> No
--	--

If the answer to Question #2 is "yes", this individual meets the criteria for Medication Administration by a Licensed Nurse (RN or LPN) or CMA for that particular medication.

3- Does the individual receive any new prescription medication that requires a routine ordered assessment with each dose? (e.g., pulse or BP for cardiac/anti-hypertensive)	<input type="radio"/> Yes <input type="radio"/> No
---	--

If the answer to Question # 3 is "yes", this individual meets the criteria for Medication Administration by a Licensed Nurse (RN or LPN) for that particular medication until the person has stabilized (see Section III note); a crisis prevention plan is in place and staff, (including CMAs), demonstrate documented competence on a routine ordered assessment with the delivery of each dose.

See notes below

1. Individuals who receive paid, family living services from persons related by affinity or consanguinity may receive medications for the conditions listed above IF those providers have completed the DDSD approved training for assisting with medications and have received any individual specific training (such as administration of insulin) conducted by the individual's PCP. 2. If family living providers are not related by affinity or consanguinity, arrangements must be made by the family living provider agency for an RN, LPN or CMA to administer medication via the routes listed above or the Home based provider agency nurse may assess the ability of the surrogate family for possible training to administer these medications as a delegated nursing function in accordance with Board of Nursing Rules and DDSD policy. 3. The Provider Agency nurse may assess the ability of the Direct Support Staff in Community Living settings for possible training to deliver these medications via G tube or J tube as a delegated nursing function in accordance with Board of Nursing Rules and DDSD policy.

Section V. Nurse Comments and Recommendations (Complete only one section and add note below.)

Self Administration:

1. This individual meets the criteria for Self Administration of Medications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2. There is a current PCP order for Self Administration of Medications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

3. There is a current written consent from the individual, their guardian or surrogate health care decision maker.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
--	---

Self Administration with Physical Assistance by Staff:

1. This individual meets criteria for Self Administration with Physical Assistance by staff.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2. There is a current PCP order for Self Administration of Medications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
3. There is a current written consent from the individual, their guardian or surrogate health care decision maker.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Assistance with Medication Delivery by Staff

1. This individual meets criteria for Medication Delivery by Staff.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2. There is a current PCP order for Self Administration of Medications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
3. There is a current written consent from the individual, their guardian or surrogate health care decision maker.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Medication Administration by Licensed or Certified Personnel

1. This individual meets the criteria for Administration by Licensed /Certified Personnel for specific medication(s) due to the route of administration.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2. This individual meets the criteria for Administration by Licensed /Certified Personnel for specific medications until stable, crisis prevention plans are in place and staff demonstrates competence in routine ordered assessments before delivery.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
3. This person receives family living services from a person related through affinity or consanguinity that has undergone PCP training and completed DDS approved training for assisting with medications.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown



4. This person receives family living services from a person that is not related by affinity or consanguinity but that has completed DDSD approved training for assisting with medications. The agency nurse may consider delegation of this task within the NM Board of Nursing rules DDSD policy.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
5. This person receives supported living services and has a G tube or J tube. The agency nurse may consider delegation of this task within the NM Board of Nursing rules and DDSD policy.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Nursing Comments:

Nurses Signature: _____ Date: _____
mm/dd/yyyy

Name of Individual Completing Form:

Section VI. IDT Comments and Determination

(One IDT member should sign and date this note. If the IDT determination differs from the nurse's recommendation for medication administration, comments should include justification. Note if resolution from the guardian is needed.)

Note:

Signature: _____ Date: _____
mm/dd/yyyy