**Appendix 2: RISK ASSESSMENT FORM – SELF-ADMINISTRATION**

Resident’s Name:……………………………………………………..

Date of Assessment:………………………

Name and Signature of Assessor: ……………………………………………………

Date of Review: …………………… Next Review Date: ………………

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No/ N/A** | **Action Required** | **Date Action Completed** |
| 1. Is the resident able to identify all the medication they are currently taking? |  |  |  |
| 1. Is the resident able to state what each medication is being taken for? (ie. Furosemide - this is my water tablet) |  |  |  |
| 1. Does the resident know when to take each medication? |  |  |  |
| 1. Does the resident know how much of each medication to take? |  |  |  |
| 1. Can the resident remove medication from blister packs/original packs? |  |  |  |
| 1. Can the resident decant medication from bottles or other containers which have a child resistance lock cap? |  |  |  |
| 1. Does the resident have any other dexterity issues? |  |  |  |
| 1. Has the resident had problems with forgetting to take medication in the past? |  |  |  |
| 1. Is the resident able to measure and take liquid medication? |  |  |  |
| 1. Does the resident understand the requirement of the safe custody of medication whilst in the care home? |  |  |  |
| 1. Is resident suitable for self-administration? |  |  |  |
| List of medications for self-administration: | | | |

If the resident is suitable for self-administration, the resident should be provided with a lockable drawer or cupboard to store their medication. It must be clear to the resident that they should never give the key to their lockable storage area to another resident.

The resident’s ability to self-administer should be reviewed if there is a change in their medical condition, a new medication is initiated, maximum 6 monthly or if there are any changes to their current medicines. This ensures self-administration of medicines in a safe and effective way within the care home setting.