

# Self-Medication Administration Policy and Procedure

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## **POLICY**

**Individuals receiving services through Metro Support Services, Inc. have the right to administer medications independently, if they have been assessed and are able to safely do so. If an individual is assessed and is unable to safely self-administer medications a written plan (ISP) will be developed to address training needs. (e.g. Identifying medications and their purpose, establishing cues for medication times, ordering medication). ISP development will be based on the individual needs and addressed in the individual's service plan (SP). Monitoring of medication administration will occur while working toward medication independence. If an individual expresses disinterest in becoming independent in medication self-administration, this will be addressed and their decision will be recorded in their person centered plan.**

**For individuals who are independent in this area the following will occur:**

**The agency nurse will monitor at a minimum of quarterly to determine that medications are being taken properly. This will be accomplished through an interview with the person being served as well as the Host Home Provider and the attached assessment will be completed. The agency nurse will also closely monitor lab results and symptoms that are associated with existing diagnoses.**

**Metro Support Services, Inc.**  
**ASSESSMENT OF MEDICATION INDEPENDENCE**

**Name:** \_\_\_\_\_

<b>Initial Assessment</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Knows name of medication(s), dose & time			
Knows what medication(s) are taken for			
Knows at least 2 side effects			
Signs off on MAR			
Orders medications one week before running out			

Proficient with independently taking medication(s).

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date

**QUARTERLY ASSESSMENT**

	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Knows name of medication(s), dose & time			
Knows what medication(s) are taken for			
Knows at least 2 side effects			
Signs off on MAR			
Orders medications one week before running out			

Proficient with independently taking medication(s).

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date