

CVH-515 **CONNECTICUT VALLEY HOSPITAL**
New 5/18 **ASSESSMENT FOR**
SELF-ADMINISTRATION OF MEDICATION

[] Addiction Services Division
[] General Psychiatry Division

Name _____
MPI # _____ *Print or Addressograph Imprint*

LIST MEDICATIONS TO BE SELF-ADMINISTERED:

Medication	Route

The following abilities must be assessed by the Registered Nurse:

COGNITION:

	Yes	No
Alert	<input type="checkbox"/>	<input type="checkbox"/>
Oriented to time	<input type="checkbox"/>	<input type="checkbox"/>
Oriented to person	<input type="checkbox"/>	<input type="checkbox"/>
Oriented to place	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Ability to name medications	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of reason and benefits of medication	<input type="checkbox"/>	<input type="checkbox"/>
Ability to remember medication dose	<input type="checkbox"/>	<input type="checkbox"/>
Ability to identify potential side effects of medication(s)	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL ABILITY:

	Yes	No
Ability to open medication as packaged/stored	<input type="checkbox"/>	<input type="checkbox"/>
Ability to ingest, inject, or apply medication independently	<input type="checkbox"/>	<input type="checkbox"/>

VISUAL ABILITY:

	Yes	No
Eyesight acceptable for self-administration process	<input type="checkbox"/>	<input type="checkbox"/>

**NURSING RECOMMENDATION FOR
SELF-ADMINISTRATION:**

	Yes	No
Oral	<input type="checkbox"/>	<input type="checkbox"/>
Topical	<input type="checkbox"/>	<input type="checkbox"/>
Parenteral	<input type="checkbox"/>	<input type="checkbox"/>
Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Accucheck	<input type="checkbox"/>	<input type="checkbox"/>
EpiPen	<input type="checkbox"/>	<input type="checkbox"/>

*A Physician's Order must be written for
patient self-administration of medication.*

Comments: _____

_____ RN Signature	_____ Print Name	_____ Date	_____ Time
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_____ Reviewed By - Signature MD/PA/APRN	_____ Print Name	_____ Date	_____ Time
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File in the Assessment Section of the Medical Record following Nursing Assessments