



	Policy Number: 0217
SELF-ADMINISTRATION OF MEDICATION	Effective Date: MAY 9, 1999
Approved By: Executive Team	Date Revised: September 27, 2021
Reason for Revision: Click on Item below and select item from list.	
CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.	Next Date for Review: September 27, 2024
Minor changes to the wording in 6d.	
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# Policy

When appropriate, The Salvation Army Agape Hospice supports clients who are capable and request to administer own medications. This will be an exception to most hospice admissions.

# **APPLICABILITY**

Physicians, Registered Nurses (RN)

# POLICY ELEMENTS

- 1. The RN will complete the Medication Self-Administration Checklist to assist in deciding if the resident is capable of safely self-administering medications, if/when the resident requests to do so. The RN must be satisfied that the resident can state the purpose, correct dosage, and frequency of each medication, and that he/she is physically able to self-administer medications. Once completed, the RN will discuss with the physician whether the resident should be self-administering medications.
- 2. A physician's order is required stating that medications may be left in the resident's room and that a resident may self-administer selected medications. This must also be documented on the resident's Care Plan.
- 3. Prior to starting self-medications, the RN is responsible for resident teaching related to self-administration of medication. Teaching given is to be documented in the resident's health record. This includes:
  - Drug name, time, and indication for use
  - Route and proper administration of the medication.
- 4. Residents participating in self-administering of medications will be observed for compliance with the medication regimen. The RN on duty each shift is responsible for monitoring the resident's capability for self-administration, repeating the Medication Self-Administration Checklist as necessary. Two indicators of when a re-assessment is necessary are:
  - If the resident is unable to physically administer the medications,
  - If the resident Confusion Rating Scale is greater than 0.





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- 5. The RN will collaborate with the Physician and resident to decide when it is necessary for the RN to assume the task of medication administration.
- 6. Medications may be left at the bedside provided:
  - a) There must be a physician's order permitting medications to be left at the bedside for ALL medications self-administered. This includes all types of medications, including but not limited to creams, drops, and Nitroglycerine sublingual sprays.
  - Medications shall be properly labelled, in either the original containers or in a container supplied by pharmacy labeled with resident's name, date, medication name, dose and strength, physician's name, and quantity to be supplied to the resident at the bedside;
  - c) Medications shall be locked in a secure cupboard, drawer, or lock-box in the resident's room. Medications shall not be left out in the open.
  - d) Environment, other residents/visitors will be taken into consideration when considering this practice.
  - e) No high-alert medication shall be left at the bedside.
- 7. At the end of each shift the RN is responsible to record amounts of medications used, resupply medications as necessary, and document on the MAR, noting the medication was self-administered.
- 8. If medication was not taken by the resident, the RN will determine why and assist in troubleshooting if possible, and document accordingly in the in the resident's health record.

### **REFERENCES**

Alberta Health Services. (2014). PS-30 Medication Administration [Interim] Policy. November 15, 2016.

Alberta Health Services. (2014). PS-30-01 Medication Administration [Interim] Procedure. February 3, 2014.

College of Registered Nurses of Alberta. (2015). Medication Guidelines. March 2015

### **REQUIRED FORMS AND EQUIPMENT REFERENCES**

1. Medication Self-Administration Checklist