



**ASSESSMENT OF CLIENT CAPACITY TO SELF-ADMINISTER MEDICATION AND
DETERMINATION OF NEED FOR NON-COMPLEX TASKS TO BE PERFORMED**

Louisiana Department of Health and Hospitals

Client Name: _____ SS# ___ - ___ - ___ Medicaid ID # _____

Provider Name _____ Targeted Waiver Population _____

Support Coordination Agency _____

Date Assessment Completed: _____

Definitions

Self- administration of medications- Administration of medications, **independent** of a staff person obtaining, selecting, and preparing the medications for the client. This includes all usage forms (oral, topical, injections and suppositories).

Self-Guided administration of medications - The client may not physically be able to self-administer medications or perform other health care tasks for themselves but can **accurately guide** the worker through the process to do it for them. The role of the worker in client guided care is limited to performing the physical aspects of health care tasks such as administration of medication under the guidance of the client for whom the tasks are being done.

Self - administration Using Prompts or Reminders - The client may require that the worker prompt or remind them at the time that medication needs to be taken. This may include verbally reminding the client that it is time to take their medication, assistance with opening the bottle or blister pack or placing the medication in the hand of the client. The client must be able to follow through by independently putting the medication into his or her mouth or applying or instilling the medication and **must** know what they take the medication for.

Check the appropriate box next to each item below using the abbreviations provided. If the response to each item is Independent (I), Guided (G) or Reminder/prompt (R), the client can be deemed independent in the self-administration of medication. If any of the items are checked "Not Independent" (NI), the client cannot be deemed fully independent in the self-administration of medication. The assessment must be performed at the client's home or where their medications are stored under the visual supervision of a member of the client's planning team. Physical adaptations, supports, and/or accommodations should not prevent the selection of one of the independent ratings when cognitive capacity is sufficient to support understanding. Any significant change in a client's health status will require that a new assessment be conducted.

I = Independent

G = Guided

R = Reminder/prompt

NI = Not Independent

ITEMS	I	G	R	NI	NA
<p>1. Client can perform the necessary sanitary procedures before and after administration of medications:</p> <ul style="list-style-type: none"> • Wash/clean hands • Obtain clean utensils or containers <p>Note: Check N/A for clients using self-guided administration.</p>					
<p>2. Client knows the reason they take each of their routine and PRN medications.</p>					
<p>3. Client is knowledgeable and is able to recognize the need to follow any special instructions for proper administration (i.e. Take on an empty stomach, take with meals, take at bedtime, etc.)</p>					
<p>4. Client can obtain or guide their worker to obtain the correct items needed for taking medications (i.e. glass of water, applesauce, pudding, etc.)</p>					
<p>5. Client knows when to take each of their medications.</p>					
<p>6. Client is able to select or guide their worker to select the correct medication in the proper dosage from their medication supply.</p>					
<p>7. Client is able to administer or guide their worker to administer the medication by the proper route.</p>					
<p>8. Client knows that if they feel bad it could be related to their medications and to alert staff.</p>					

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Client:

DETERMINATION OF CAPACITY TO SELF-ADMINISTER MEDICATIONS

() Client has capacity to independently self-administer medications by one of the following methods:

- Independent
- Guided
- Reminder/prompt

() Client does not have capacity to independently self-administer medications and will require that an RN delegate the task of medication administration.

() Client does not have capacity to self-administer medications at this time but has the potential to become independent with an individualized training program.

() Client or legal representative indicates an unwillingness to participate in self-administration of medications and will require that an RN delegate the task of medication administration.

DETERMINATION OF NEED FOR REFERRAL TO RN FOR ASSESSMENT OF NON-COMPLEX TASKS

() The client will need a referral to the RN for assessment of the need to have non-complex tasks performed by the DSW

() The client does not need a referral to the RN for assessment of the need to have non-complex tasks performed by the DSW

Signatures of Team Members Conducting Assessment _____
