Appendix: XII

Patient Evaluation of
Self-Administration of Medications

Patient name: _____   **Date of evaluation:** _____   **Program:** _____

Initial evaluation: ❑ Yes
                      ❑ No, Date of last evaluation/ Explain: _____

Instructions for Rating Scale: For each medication a Patient should score a 6. Items listed in red: Dose, Untoward Affect and Administration may pose danger to Patient and should be addressed immediately. Action taken should be documented.

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1   Medication Name: _____   **Time:**   **Purpose:** _____   **Observations & Comments:**

❑ **Correctly named/identified**   **(1)**   ❑ **Correct**   ❑ **Understands purpose (1)**   _____
❑ **Not Correctly named/identified**   **(0)**   ❑ **Not Correct**   ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)

Rate:

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2   Medication Name: _____   **Time:**   **Purpose:** _____   **Observations & Comments:**

❑ **Correctly named/identified**   **(1)**   ❑ **Correct**   ❑ **Understands purpose (1)**   _____
❑ **Not Correctly named/identified**   **(0)**   ❑ **Not Correct**   ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)

Rate:

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3   Medication Name: _____   **Time:**   **Purpose:** _____   **Observations & Comments:**

❑ **Correctly named/identified**   **(1)**   ❑ **Correct**   ❑ **Understands purpose (1)**   _____
❑ **Not Correctly named/identified**   **(0)**   ❑ **Not Correct**   ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)

Rate:

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4   Medication Name: _____   **Time:**   **Purpose:** _____   **Observations & Comments:**

❑ **Correctly named/identified**   **(1)**   ❑ **Correct**   ❑ **Understands purpose (1)**   _____
❑ **Not Correctly named/identified**   **(0)**   ❑ **Not Correct**   ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)

Rate:

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5   Medication Name: _____   **Time:**   **Purpose:** _____   **Observations & Comments:**

❑ **Correctly named/identified**   **(1)**   ❑ **Correct**   ❑ **Understands purpose (1)**   _____
❑ **Not Correctly named/identified**   **(0)**   ❑ **Not Correct**   ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**	
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)	
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)	**Rate:**

6 Medication Name: _____ Time: _____ Purpose: _____   **Observations & Comments:**

❑ **Correctly named/identified** **(1)** ❑ **Correct** ❑ **Understands purpose (1)**
❑ **Not Correctly named/identified** **(0)** ❑ **Not Correct** ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**	
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)	
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)	**Rate:**

7 Medication Name: _____ Time: _____ Purpose: _____   **Observations & Comments:**

❑ **Correctly named/identified** **(1)** ❑ **Correct** ❑ **Understands purpose (1)**
❑ **Not Correctly named/identified** **(0)** ❑ **Not Correct** ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**	
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)	
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)	**Rate:**

8 Medication Name: _____ Time: _____ Purpose: _____   **Observations & Comments:**

❑ **Correctly named/identified** **(1)** ❑ **Correct** ❑ **Understands purpose (1)**
❑ **Not Correctly named/identified** **(0)** ❑ **Not Correct** ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**	
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)	
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)	**Rate:**

9 Medication Name: _____ Time: _____ Purpose: _____   **Observations & Comments:**

❑ **Correctly named/identified** **(1)** ❑ **Correct** ❑ **Understands purpose (1)**
❑ **Not Correctly named/identified** **(0)** ❑ **Not Correct** ❑ **Does not understands purpose (0)**

Dose:	**Untoward Affect**	**Administration:**	
❑ Knows correct dose (1)	❑ Can state (1)	❑Demonstrates correct procedure (1)	
❑ Does not know correct dose (0)	❑ Cannot state (0)	❑Does not demonstrates correct procedure (0)	**Rate:**

I, _____, have been educated on the medications prescribed to me by the MD overseeing my treatment.
        Print Patient Name
My signature below indicates I understand my medication's name, time to be taken, purpose of taking, correct dosage, possible side effects and correct procedure for administering the medication. I have had an opportunity to ask questions and voice any concerns about my medication
and how I self-administer it.

_____   _____
        Patient Signature   **Date**

_____   _____
        Signature of Witness (Staff Name and Title)   **Date**

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