

## Medication Administration Assessment Tool

**Profile Information**

Individual Name \_\_\_\_\_ Program Name \_\_\_\_\_ Created By \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Check all services that apply:  Independent Living  Supported Living  Family Living  Adult Habilitation  
 Supported Employment

**Medical Diagnosis:**

	ICD-10	ICD-9/DSM-4/Other	Axis	DSM-5	Description	Diagnosis Date	Diagnosed By
1							
2							
3							
4							
5							

Review above diagnoses and update in IDF if incomplete/incorrect.

Allergies:  Yes  No

List Allergies and known reactions to medications, food, other:

1	
2	
3	
4	
5	

Medications: List all current ordered routine and PRN medications. Each medication should have a diagnosis to justify its use. Note any special instructions. List comfort OTC medications/treatments.

Medication Name	Route	Give Amount/Quantity	Measurement Unit	Frequency	Indication/Purpose	Begin Date	End Date	Instruction/Comments	Medication Type

Medication Name	Route	Give Amount/Quantity	Measurement Unit	Frequency	Indication/Purpose	Begin Date	End Date	Instruction/Comments	Medication Type

Review above medications and update in Medication History if incomplete/incorrect. Assess the individual based on the following criteria.

**Section I. Self-Administration of Medications**

Is the individual:

- Able to determine if they are receiving the expected response from the medication?  Yes  No
- Able to identify each medication, its purpose, dose and most common potential side effects? (This may be a basic understanding such as “One pill for my blood pressure, it could make me dizzy”)  Yes  No
- Able to understand the times the medication is to be taken?  Yes  No
- Able to take measures to report side effects? (This may be a basic understanding such as “If I get dizzy, I will let someone know”)  Yes  No
- Able to understand the circumstances or the reason a medication should be taken “as needed” or PRN?  Yes  No
- Able to independently complete the entire process of taking medication from start to finish?  Yes  No
- Able to reorder medication/seek assist with reordering medication or a system is planned and in place to support the individual in re-ordering medications?  Yes  No

If the answers to all of the questions are “yes”, this individual meets the criteria for Self-Administration of Medications. Proceed to Section IV.

Note: 1. Individuals must have a current PCP order for assistance with medication delivery by staff. 2. Written consent for assistance with medication delivery by staff must be obtained from the individual or their guardian or surrogate health care decision maker. 3. Stable: The individual’s condition is unchanged; signs and/or symptoms are within established ranges, frequencies or patterns. The individual’s condition does not require frequent assessment or monitoring by a licensed nurse to determine their status or their response to medication or treatment.

## Section II. Self-Administration with Physical Assistance by Staff

Is the individual:

- Able to determine if they are receiving the expected response from the medication?  Yes  No
- Able to identify each medication, its purpose, dose and most common potential side effects?  Yes  No
- Able to understand the times the medication is to be taken?  Yes  No
- Able to take measures to report side effects?  Yes  No
- Able to understand the circumstances or the reason a medication should be taken “as needed” or PRN?  Yes  No
- Unable to independently complete the entire process of taking medication due to a physical challenge?  Yes  No
- Able to reorder medication/seek assist with reordering medication or a system is planned and in place to support the individual in re-ordering medications?  Yes  No

If the answers to all of the questions are “yes”, this individual meets the criteria for Self-Administration with Physical Assistance by Staff. Proceed to Section IV.

Note: 1. Individuals must have a current PCP order for self-administration with physical assistance by staff. 2. Written consent for self-administration with physical assistance by staff must be obtained from the individual or their guardian or surrogate health care decision maker. 3. These criteria do not apply to individuals who receive their medication via intra-muscular (IM), subcutaneous (SQ), or intravenous (IV) injections, non pre-mixed nebulizer treatments and/or nasogastric tube (NG). See Section IV regarding the criteria for Administration by Licensed personnel. 4. Staff must complete DDS approved training required for assisting with medication. Staff must provide physical assistance at the least intrusive level necessary for the individual to successfully take his/her medication.

## Section III. Assistance with Medication Delivery by Staff

Is the individual:

- Unable to independently complete the entire process of taking medication?  Yes  No
- Able to communicate to staff (verbally/vocally, through gestures or via a communication device) that he/she is experiencing a problem, pain or discomfort?  Yes  No
- Currently physically stable?  Yes  No
- Only receiving medications via the following routes: oral, topical, rectal, vaginal, eye, ear, nose, or pre-mixed nebulizer.  
 Yes  No

If the answers to all of the questions are “yes”, this individual meets the criteria for Assistance with Medication Delivery by Staff. Proceed to Section IV.

Note: 1. Individuals must have a current PCP order for assistance with medication delivery by staff. 2. Written consent for assistance with medication delivery by staff must be obtained from the individual or their guardian or surrogate health care decision maker. 3. Stable: The individual’s condition is unchanged; signs and/or symptoms are within established ranges, frequencies or patterns. The individual’s condition does not require frequent assessment or monitoring by a licensed nurse to determine their status or their response to medication or treatment.

#### Section IV. Medication Administration by Licensed (RN/LPN) or Certified Personnel (CMA)

All questions must be answered in this section.

1- Does the individual:

- a. Receive medication via a Nasogastric Tube (NG)?  Yes  No
- b. Receive medication(s) via Nebulizer treatment that are not pre-mixed?  Yes  No
- c. Receive medication via intra-muscular (IM) and/or subcutaneous (SQ), and/or intravenous (IV) injection?

Yes  No

If any answer to Question #1-a-c “yes”, this individual meets the criteria for Medication Administration by a Licensed Nurse (RN or LPN) for that particular medication, unless formally delegated by the nurse.

2- Does the individual receive any medication through a gastrostomy or jejunostomy tube? (G or J Tube)  Yes  No

If the answer to Question #2 is “yes”, this individual meets the criteria for Medication Administration by a Licensed Nurse (RN or LPN) or CMA for that particular medication.

3- Does the individual receive any new prescription medication that requires a routine ordered assessment with each dose? (e.g., pulse or BP for cardiac/anti-hypertensive)  Yes  No

If the answer to Question # 3 is “yes”, this individual meets the criteria for Medication Administration by a Licensed Nurse (RN or LPN) for that particular medication until the person has stabilized (see Section III note); a medical emergency response plan is in place and staff, (including CMAs), demonstrate documented competence on a routine ordered assessment with the delivery of each dose.

See notes below. Proceed to Section V.

1. Individuals who receive paid, family living services from persons related by affinity or consanguinity may receive medications for the conditions listed above IF those providers have completed the DDSD approved training for assisting with medications and have received any individual specific training (such as administration of insulin) conducted by the individual's PCP. 2. If family living providers are not related by affinity or consanguinity, arrangements must be made by the family living provider agency for an RN, LPN or CMA to administer medication via the routes listed above or the Home based provider agency nurse may assess the ability of the surrogate family for possible training to administer these medications as a delegated nursing function in accordance with Board of Nursing Rules and DDSD policy. 3. The Provider Agency nurse may assess the ability of the Direct Support Staff in Community Living settings for possible training to deliver these medications via G tube or J tube as a delegated nursing function in accordance with Board of Nursing Rules and DDSD policy.

#### Section V. Nurse Comments and Recommendations

Complete appropriate section(s) and add note below.

##### Self Administration:

- 1. This individual meets the criteria for Self Administration of Medications  Yes  No  Unknown
- 2. There is a current PCP order for Self Administration of Medications  Yes  No  Unknown
- 3. There is a current written consent from the individual, their guardian or surrogate health care decision maker.  
 Yes  No  Unknown

**Self Administration with Physical Assistance by Staff:**

1. This individual meets criteria for Self Administration with Physical Assistance by staff. Yes No Unknown
2. There is a current PCP order for Self Administration of Medications. Yes No Unknown
3. There is a current written consent from the individual, their guardian or surrogate health care decision maker. Yes No Unknown

**Assistance with Medication Delivery by Staff**

1. This individual meets criteria for Medication Delivery by Staff. Yes No Unknown
2. There is a current PCP order for Self Administration of Medications. Yes No Unknown
3. There is a current written consent from the individual, their guardian or surrogate health care decision maker. Yes No Unknown

**Medication Administration by Licensed or Certified Personnel**

- This individual meets the criteria for Administration by Licensed /Certified Personnel for "specific medication(s)" due to the route of administration. Yes No Unknown
- This individual meets the criteria for Administration by Licensed /Certified Personnel for specific medications until stable, crisis prevention plans are in place and staff demonstrates competence in routine ordered assessments before delivery. Yes No Unknown
- This person receives family living services from a person related through affinity or consanguinity that has undergone PCP training and completed DDSD approved training for assisting with medications. Yes No Unknown
- This person receives family living services from a person that is not related by affinity or consanguinity but that has completed DDSD approved training for assisting with medications. The agency nurse may consider delegation of this task within the NM Board of Nursing rules DDSD policy. Yes No Unknown
- This person receives supported living services and has a G tube or J tube. The agency nurse may consider delegation of this task within the NM Board of Nursing rules and DDSD policy. Yes No Unknown

Nursing Comments:

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Nurses Signature:

Signature(s)	Date

**Section VI. IDT Comments and Determination**

IDT comments, provided by CM, can be found in reviewer comments below.

Signature(s)	Date

**SIGNATURE.....NAME.....DATE.....TIME.....am/pm**

**Note:- Required fields are marked with an asterisk (\*)**