# shropshire-council-logo-web-sep-08Assessment Tool for Self-Administration

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| **Child’s/Young Person’s name** |  | **DOB** |
| 1. Has self-administration been explained to the child/young person? | yes/no | (Comments) |
| 2. Has supply of medication been explained? Including advice on when and how to reorder supplies to ensure that medication does not run out. | yes/no |  |
| 3 Has the child/young person been shown their medicines with an explanation of the purpose and how they should be taken? | yes/no |  |
| 4. Does the child/young person understand the requirement for the safe storage of their medicines? i.e. All medicines must be kept in original packaging (with labels attached) and locked securely in the locker/drawer/The child/young person should keep the key with them etc. | yes/no |  |
| 5. Does the child/young person understand the importance of keeping the medicine safely away from others in situations such as *at school* or *on trips?* | yes/no |  |
| 6. Does the child/young person understand the importance of not sharing their medication with any other person? | yes/no |  |
| 7. Does the child/young person agree to the care staff performing spot checks of their medication to ensure their safety? | yes/no |  |
| 8. Can the child/young person demonstrate an understanding of each medication?1. name of the preparation
2. purpose of the medicine
3. dose and frequency
4. when and how often to take “when required” medication and what the maximum dose is etc.
 | yes/no |  |
| 9. Does the child/young person understand any special requirements needed e.g. 1. rinsing the mouth following use of a steroid inhaler
2. to take on full/empty stomach etc.
 |  |  |
| 10. Has the child/young person been advised to inform staff/GP if they suspect a side effect? | yes/no |  |
| 11. Has the child/young person been advised that they must inform staff/GP if they make a dosage error? | yes/no |  |
| 12. Has the child/young person been advised that they must inform staff on misplacement of key? | yes/no |  |
| 13. Has the child/young person been advised that they should inform staff/GP of any change in their condition? | yes/no |  |
| 14. Can the child/young person open the container/s, blister packs? | yes/no |  |
| 15. Does the child/young person understand the technique for using an inhaler if applicable? | yes/no |  |
| 16. Is the child/young person able to read and understand written words in respect of the medication? | yes/no |  |
| 17. Does the child/young person have access to, and is able to read a watch or clock? | yes/no |  |
| 18. Does the child/young person understand the protocol for disposing of unwanted medication including sharps where necessary? | yes/no |  |

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| **Special dispensing requirements** | **🗸 if needed** | **Comments** |
| Inhaler aidsIs an assessment of inhaler technique by the asthma nurse/pharmacist or other HCP needed? |  |  |
| Reminder prompts. |  |  |
| Any other special requirements needed?Please specify. |  |  |
| Reassessment date……………………….. |  |
| **Self-medication approved Yes/no** |  |

Name of Registered Care Worker/Manager…………………………………………………………….…..

Signature…………………………………………………………………..……Date…………………………

Name of Young Person ……………………………………………………………………………………….

Signature……………………………………………………………………….Date………………………….