

Learning to Self-Administer Medication Teaching/Support Plan

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Individual: _____ Date: _____

Criteria (Taken from the 'Self-Administration of Medication Skills Determination/Assessment' Tool used):

Individual meets criteria for the learning to self-administer process: YES ☐ NO ☐

Goal (include timeline for goal achievement):

Specify what this will mean for this individual:

Medication Administration Skills (Taken from the 'Self-Administration of Medication Skills Determination/Assessment' Tool):

Specify Medication Administration Skill(s) to be addressed:

Learning Objective(s):

Teaching Plan/Documentation:

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Individual: _____

Supports Needed for the Individual Learning to Self-Administer Medication.

Check all applicable boxes:

- ☐ Obtaining their medication (e.g., from the pharmacy).
- ☐ Storing their medication so that it is inaccessible to others.
- ☐ Understanding the reason the medication is being taken.
- ☐ Knowing when and how to take the medication.
- ☐ Understanding common side effects.
- ☐ Removing pills from pharmacy labeled medication container (Individual removes medication from the pharmacy labeled medication container).
- ☐ Placing medication into 'pill-organizer' (Individual places medication from pharmacy medication container into pill-organizer).
- ☐ Tracking Tool used when the Medication is taken (e.g., Individual places check mark on chart or calendar).
- ☐ Knowing when and how to dispose of medication.
- ☐ Other: _____

Designate Supports Needed (which require the assistance of Certified Staff).

Check all applicable boxes:

- ☐ Prompts needed and when: _____
- ☐ A Certified staff is required in-person and when: _____
- ☐ Assistance with Aids, (e.g., Smartphone, Tablet, Timer, Watch, etc.) are needed and when: _____
- ☐ Other: _____

Designate how the Individual, who is Learning to Self-Administer their Medication, is Monitored by Certified Staff.

Check all applicable boxes:

- ☐ Certified staff assists when medication is received from the pharmacy.
- ☐ Certified staff observes each time medication is taken.
- ☐ Certified staff observes each time medication is packed in the 'pill-organizer' by individual.
- ☐ Certified staff conducts periodic pill counts.
- ☐ Certified staff reviews the individual's medication Tracking Tool method (e.g., calendar, etc.).
- ☐ Certified staff checks the pill-organizer for contents, if any, when returned (and documents, as applicable).
- ☐ Other: _____

Date: _____

Signature: _____

Self-Administration of Medication Teaching/Support Plan Form

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Individual: _____

Self-Administration Goal was Met

When the Individual meets the Goal Criteria for Self-Administration, check the box below, add comments, date, and signature (as applicable):

- ☐ Individual meets all criteria as listed in 'MAP Policy No. 19-1' for self-administration of their medication and is deemed 'self-administering' of their medication.

☐ Comments: _____

Date: _____

Signature: _____

Follow-up:

After the Individual is deemed 'Self-Administering,' describe what system(s) will be used if the Individual becomes 'Unable to Self-Administer' for a Period of Time:

- ☐ Certified staff will administer medication from pharmacy labeled medication containers.

☐ Other: _____

☐ Comments: _____

Individual's Signature

Date

Site Supervisor's Signature

Date

Service Coordinator/Case Manager (or designee) Signature

Date