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| Learning to Self-Administer Medication Teaching/Support PlanPage 1 of 3 |

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| **Individual**: |       | **Date**: |       |

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| Criteria (Taken from the ‘Self-Administration of Medication Skills Determination/Assessment’ Tool used): |
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|  **Individual meets criteria for the learning to self-administer process:** | **YES** | [ ]  |  | **NO** | [ ]  |
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| Goal (include timeline for goal achievement): |
|  **Specify what this will mean for this individual:** |
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| Medication Administration Skills (Taken from the ‘Self-Administration of Medication Skills Determination/Assessment’ Tool): |
|  **Specify Medication Administration Skill(s) to be addressed**: |
|       |
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| Learning Objective(s): |
|       |
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| Teaching Plan/Documentation: |
|       |
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| Learning to Self-Administer Medication Teaching/Support Plan |

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| **Individual**: |       |
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| 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. |
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| [ ]  Other: |       |
|       |

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| 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: |       |
|  |       |
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| 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: |       |
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| Date: |       |
| Signature: |       |
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| Self-Administration of Medication Teaching/Support Plan Form |

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| **Individual**: |       |

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| Self-Administration Goal was Met |
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| 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**.** |
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| [ ]  Comments: |       |
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| Date: |       |
| Signature: |       |

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| Follow-up: |
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| 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: |       |
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| [ ]  Comments: |       |
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|       |  |       |
| Individual’s Signature |  | Date |
|       |  |       |
| Site Supervisor’s Signature |  | Date |
|       |  |       |
| Service Coordinator/Case Manager (or designee) Signature  |  | Date |