

**LAKE COUNTY BOARD DD/DEEPWOOD
NURSING SERVICES
RESIDENTIAL SELF MED ASSESSMENT**

Name: _____

Date: _____

	Yes	No	Explanation of Abilities/Limitations/Needed Assistance
Is Resident verbal?			
Does Resident have Physical Limitations?			
Does Resident know whom to approach for medications or when not feeling well?			
Can Resident request medications? (including prns)?			
Can Resident remove medication from its secured place?			
Can Resident open medication container?			
Can Resident pour medications from container to cup?			
Can Resident prepare medications with special instructions? i.e. crushed, mix with water, food etc			
Can Resident place medications in their mouth?			
Can Resident pour own water into cup?			
Can Resident independently drink from water cup?			
Can Resident identify medications by:	XX	XX	XXXXXXXXXXXXXX
Name?			
Color/Size?			
Purpose?			
Dose?			
Can Resident throw away Disposables?			

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	Yes	No	Explanation of Abilities/Limitations/Needed Assistance
Can Resident independently apply creams/ointments/lotions?			
Can resident independently use an inhaler?			
Can Resident hold nebulizer mouth piece or position mask for inhalation?			
Can Resident instill drops and/or sprays to eyes, ears, nose?			
Can Resident insert medications vaginally or rectally?			
Is Resident able to self medicate?			

Residential Self Med Assessment Summary:

Annual Goal:

Previous Goal:

Achieved:

New Goal:

Assessor's Signature