



## GENERAL MANUAL POLICY

APPROVED BY:

Executive Director

CATEGORY: Supports & Services

TOPIC: Medication

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### POLICY

As a supports and services provider and in line with the standards set out in Ontario Regulation 299/10, Community Living Thunder Bay (CLTB) is committed to ensuring there is accountability for the manner in which medications are administered to the people we support. Measures are put in place to ensure those who are authorized to administer medications:

- administer the right drug;
- to the right person;
- in the right dosage;
- at the right time;
- by the right route;
- with the right documentation.

In order to ensure accountability for the administration of medications at all levels; orientation, training, and monitoring will be provided by CLTB on an ongoing and consistent basis.

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**PROCEDURE:**

This medication policy & procedure applies when people require staff to support them with medication administration. People receiving service shall be supported to administer their own medication and be as independent for as much of the process as they can. It is the responsibility of staff to teach people to take their medication and order their own medications wherever possible. Staff should encourage full participation.

People who self-administer medications must be assessed and/or trained, and a Self Administration Check List must be completed to confirm that people are able and comfortable to self-administer. (See Appendix 8 – Self Administering Checklist)

Support workers are authorized to administer medication to people supported and Team Leaders are authorized to administer medications as a back up to support workers.

The procedure is organized in the following way:

The general procedure:

- a. Training
- b. Storage/Set up
- c. Administering medications
- d. Documentation
- e. Transfer of Medication
- f. Medication Wastage
- g. Medication Errors

For specific procedures please see the following appendices:

- a. Appendix 1- Janzen's pharmacy
- b. Appendix 2- Shoppers Drug Mart

If you are supporting someone who uses a different pharmacy and requires staff to support them with medication administration, an addendum must be written up that includes the procedure to be followed.

Additional appendices:

- c. Appendix 3 - Psychotropic PRN control sheet
- d. Appendix 4 - Medication Wastage Form
- e. Appendix 5 - Medication Transfer Record
- f. Appendix 6 - Medication Information Sheet
- g. Appendix 7- Medication Risk Assessment
- h. Appendix 8 - Self Administering Check List

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**GENERAL:**

**TRAINING**

To ensure quality supports training will be provided to support workers as follows:

1. Support workers will receive an orientation to the medication policy and procedure when they go through their initial orientation. In addition, they will receive specific orientation on how people they are supporting like to take their medication during an orientation shift. Where possible, staff should administer medications to at least one person during an orientation shift.
2. Staff will be required to read the medication policy and procedure annually (at minimum) and sign an affirmation form.
3. Staff are responsible to know the purpose of the medications they are administering and should be aware of possible side effects. Team Leaders are responsible for ensuring that staff have received or know where to access this information, i.e. Guide to Prescription and Non-Prescription Drugs and printouts from the Pharmacy (Health Watch).

**STORAGE/ SET UP:**

1. On an individual basis, it will be determined how people's medications will be stored based on a Medication Risk Assessment. Store drugs properly, i.e., refrigerate those that need it. (See Appendix 7 – Medical Risk Assessment)
2. A Medical Information Sheet (See Appendix 6 – Medical Information Sheet) for each person who receives medication will be kept in the MAR binder. The information will be organized as follows:
  - Name and picture of person
  - Contact Information
  - Date of Birth
  - Health Card number
  - Next of Kin
  - Physician's name and phone number
  - Allergies
  - Medication times
  - Where I keep my medication(s):
  - Important information to know when assisting me with my medications e.g.
    - “I like people to be patient with me”
    - “I like to take my pills with applesauce”
    - “I have to have my blood levels checked in the a.m. and p.m.”

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- Important Medical Information

**ADMINISTERING MEDICATIONS**

1. One person at a time will be supported or assisted with administering his/her medication. This includes all steps in administration and documentation.
2. Always administer prescribed medications according to pharmacist directions.
3. Medications are to be prepared only at the time of administration.
4. Never administer medications punched out or poured by someone else.
5. Medications may be administered within 1 hour before or after the designated medication time, unless otherwise prescribed.
6. When the dosage for an individual must be calculated from the preparation on hand, the calculations shall be checked with the pharmacy.
7. When liquid medications are administered, the quantity prescribed shall be measured using proper apparatus (i.e. minim glass, calibrated dropper, medication cups or syringe)
8. Where there is a medicine/medical procedure that is unique to a person, a procedure shall be developed and signed off by the physician or trained professional.
9. Where PRNs are administered, a clear, concise PRN Protocol will be utilized as a directive for staff as to when to administer a PRN. The PRN Protocol will be developed in consultation with the physician, pharmacist or necessary specialist. All psychotropic PRNs will be reviewed by the Rights Review Committee.
10. Never give a prescribed medication from an unlabelled bottle, pouch or card. Labels shall be legible with the following minimal information: name of the individual, name of the medication, dosage, administration details, and name of medical professional. If information is unclear, contact the pharmacy for direction.
11. Over the counter medications will be dispensed from the manufacturing package, according to the manufacturer's instructions. When purchasing over the counter medication, it is a must to check with the Pharmacist to ensure there are no interactions with any other medication(s) the person is taking.
12. Over the counter medications/supplements that may affect mood or alertness must have a protocol approved by a physician or pharmacist. These supplement(s) include but are not limited to Melatonin Sleep Aid supplements or cannabis products.

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**DOCUMENTATION**

1. All staff must sign and initial the MEDICATION SIGNATURE SHEET located in the front of the medication binder.
2. Staff are to initial the corresponding MAR after each person's medication(s) have been administered.
3. In the event of a delay longer than one hour in administering a person's medication, a call to the pharmacy shall be made prior to administering the medication. If the pharmacist is unavailable, call the nurse's registry or Tele-Health Ontario. The name of the pharmacist or medical professional contacted, the time and their response shall be recorded on an Incident Report. If directed to administer medications by the pharmacy, staff shall initial the appropriate square when it is given and indicate the time of administration directly below the appropriate date.
4. If a staff person forgets to initial the MAR sheet after administering the medication, the appropriate code (found on the MAR sheet) is placed in that area.
5. When staff have administered a PRN, they are required to document details on the back of the PRN MAR sheet.
6. A Psychotropic PRN Count Sheet will be signed and verified daily (Appendix 3).
7. The following circumstances, though not limited to, always require notification to a Supervisor / On Call Supervisor and a Restraint Report or Incident Report to be filled out:
  - Missed Medication
  - Refusal of medication
  - Delay in administration longer than 1 hour
  - Wrong Medication/wrong person
  - Missed initials on a MAR
  - Found medication
  - When directed by PRN protocol
  - Pharmacy Error

**TRANSFER OF MEDICATION**

A medication transfer record (See Appendix 5 – Medical Transfer Record) must be filled out when there is a transfer of medications between different locations. For example, if someone is supported to take their medications at home and is supported at Monty Parks Centre during the day, the medication and medication transfer record must go with them.

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**MEDICATION WASTAGE**

1. Medication requiring wastage includes any medication that has become contaminated prior to administering, expired medication, medication no longer taken by an individual or medication dispensed but refused by the individual.
2. To arrange for disposal of medication, staff shall notify the pharmacy and arrange a time and date for pick up. Under no circumstances is medication to be resealed, flushed or thrown in the garbage.
3. Contaminated medication will be properly labelled and sealed and kept in a designated area until picked up by pharmacy staff or dropped off by CLTB staff.
4. In the event there is medication remaining in a blister pack or pouch at the end of the month or week, please follow medication wastage procedure.
5. The Medication Wastage Form (See Appendix 4 – Medication Wastage Form) will be filled out by staff. All Medication Wastage Forms are to be kept for one year.

**MEDICATION ERRORS**

Because of the human element involved and in spite of the most careful administration policy, on occasion someone may be given the wrong medication or the wrong dosage, or medication may have been missed. **FOR YOUR OWN PROTECTION** as well as the person's **ALWAYS** report any error to the Supervisor/On Call Supervisor and fill out an Incident Report. Failure to report a known medication error will result in disciplinary action.

1. Call the pharmacy as soon as the error has been noticed. If the pharmacist is unavailable, call the Nurse's Registry or Tele-Health Ontario. If it is an emergency, call 911. Staff shall document on the Incident Report:
  - i. the name of the person spoken to;
  - ii. the time of the call;
  - iii. the instructions given.
2. The Supervisor/On Call Supervisor shall be notified of the medication error once the person's needs have been taken care of.

## **Appendix 1 - JANZEN'S PHARMACY (POUCH PORTERS)**

### **SET-UP**

The **pouch porters** are person specific. An ID card is located in the lid of the container and contains the following information:

- Person's name
- Person's photo
- Allergies and Adverse Drug Reactions
- Physician's Name
- Personal Preferences

### **OVERVIEW OF MEDICATIONS**

#### **REGULAR MEDICATIONS:**

All tablet and capsule medications are packaged in a multi-dose pouch system utilizing pouch strips. Pouch strips are kept in pouch porters, and there is one pouch porter for each person.

Multi-dose pouches will hold up to 4 different medication orders. If a person has more than 4 different medication orders for that medication time, there will be more than one pouch labelled for that administration time. These pouches will be numbered in sequence (e.g. 1/2, 2/2)

Unit-dose packaging will be used for medications which may have dosage adjustments or be held such as warfarin; or medications which may be ordered after the weekly order has been sent e.g. antibiotics.

The medication pouches are labelled with the following information:

- Medication Time (e.g. 08:00), Day (e.g. MON) and Date (e.g. 14OCT05)
- Person's Name
- Pouch number in sequence (e.g. 1/2)
- Medication name and strength
- Quantity
- DIN (Drug Identification Number)
- Description (e.g. yellow, round, AP040)
- Medical Professional's Name

If changes are made to a pouch by the pharmacy (i.e. requiring removal or addition of a tablet) the pharmacy will put a sticker on the pouch. If changes are made to the writing on the front, no sticker will be placed on the pouch.

## **Appendix 1 - JANZEN'S PHARMACY (POUCH PORTERS) con't**

### **PRN MEDICATIONS:**

PRN medications are supplied in unit-dose pouches (e.g. one dose per pouch), and will be stored in the back compartment of the Person's pouch porter.

PRN medications must be re-ordered when the supply is low. Pharmacy will place a RE-ORDER label on the pouch strip at a point where, approximately, a 48 hr supply remains PLEASE DO NOT delay processing the re-order. Affix the re-order label to the re-order sheet. The re-order sheet may be faxed or dropped off to the pharmacy.

### **NON-PACKAGED MEDICATIONS: (e.g. creams, liquids, inhalers, patches)**

Non-packaged medications will be stored in the Pac-Med Pouch Porter whenever possible.

These medications must be re-ordered when the supply is low by placing the re-order label on the re-order sheet and faxing it to Janzen's.

### **NARCOTICS:**

Narcotic medications will be supplied in multi-dose pouches with other scheduled medications or in PRN pouches according to the directions.

Follow PRN instructions for reordering.

### **MAR (MEDICATION ADMINISTRATION RECORD)**

MARs will be printed monthly unless a new one is requested otherwise.

The MARs are divided according to medication time e.g. all 0800 hr meds are listed together, then all 1200 meds, etc.

## **Appendix 1 - JANZEN'S PHARMACY (POUCH PORTERS) con't**

### **ADMINISTERING MEDICATIONS**

1. Identify the Person.
2. Count all the medications in the pouches and verify with Medication Administration Record (MAR) Sheets prior to the medication being administered. The names, times, dosage and expiry date of the medication shall be verified to the MAR.
3. Use scissors to cut off the appropriate pouches for that medication time (ensure sequentially numbered pouches are torn off e.g. 1/2, 2/2).
4. Retrieve any non-packaged (i.e. liquid) or Narcotic medications for that medication time as indicated on the MAR.
5. Prepare any non-packaged medications as indicated on the MAR.
6. Confirm with pharmacy whether the medications contained within the pouch are safe or appropriate to crush. If so, they may be crushed inside the sealed pouch. If the pouch contains tablets and capsules, the tablets may be moved to one side of the pouch and crushed. The pouch may then be opened, the capsules removed, and the crushed tablets poured out and mixed with what the person prefers. The capsules may then be opened and mixed with what the person prefers.
7. Tear or cut the pouch(es) open, and empty the pouch into the Person's hand or the medication cup.
8. Staff administering medication shall remain with the person until the medication has been ingested.
9. All medication given by CLTB staff shall be signed for immediately after it has been administered and ingested. When medication is administered, staff shall initial the square corresponding to the date and time the medication is given on the Medication Administration Record (MAR Sheet). This includes prescription and non-prescription medications. Under no circumstance shall medications be signed for before being administered. Medications are signed for only by the person administering them.
10. Dispose of the plastic pouch in the designated paper/plastic bag. When full send bag back to Janzen's in Blue bag for shredding.

## **Appendix 1 - JANZEN'S PHARMACY (POUCH PORTERS) con't**

### **ORDERING MEDICATIONS**

Regularly scheduled packed rolls will automatically be delivered weekly. Re-ordering is not required.

### **NEW MEDICATIONS**

Please fax or drop off any new prescriptions to Janzen's as soon as possible. When faxing, the original prescription must be handed in to the pharmacy. Outside of regular pharmacy hours, staff must call the on-call pharmacist in addition to faxing the prescription.

Many changes are not STAT changes and could, in fact, wait until the next 7-day cycle is delivered. The pharmacy will consult with the physician to determine whether the change can wait until then and the order should be written to reflect this decision.

Janzen's will pick up med rolls and make any necessary changes and return the remaining medications. Janzen's will send a label with the new medication information (to be placed in an empty square at the appropriate med time) for the existing MAR sheet. A new Mar sheet will only be sent if the person has been discharged from the hospital, or if there is no more room on the current MAR.

Keep the packing slip for one month's time, after which time they can be shredded. Janzen's does keep a record of the packing slips.

### **BLUE BAG EXCHANGE PROCESS:**

The blue bag is passed back and forth weekly between the home and Janzen's. There will always be a weekly exchange of the blue bag received and the blue bag returned, with all blue bags identified for each home.

Janzen's will use a blue bag to deliver all medications. Support staff receiving blue bag are to verify contents and document in communication log.

Any returned items such as sharp container, medication wastage, or payment, for example, should be recorded in the communication book prior to return to Janzen's.

ODSP Drug Benefit cards must also be sent monthly to the pharmacy.

### **RECEIVING MEDICATIONS**

Staff must confirm that a weekly roll for each person who requires medication has been received. If a roll is missing staff must contact Janzen's immediately. They are to be stored in the known location.

## **Appendix 1 - JANZEN'S PHARMACY (POUCH PORTERS) con't**

### **MEDICATION WASTAGE**

When a pouch is accidentally torn (tear large enough for a pill / tablet to fall out), the medication is contaminated and is considered wastage. If a dose is wasted the replacement may be obtained from the pouch of the same medication time on the last day of the medication supply. For example, if the pharmacy supplies meds from Tuesday to Monday and a dose is wasted in Tuesday's 1200 hr package, the person dispensing medications should unroll the pouch strip to use Monday's 1200 hr meds. Follow general wastage procedure and inform pharmacy as soon as possible if you require replacement pouches. Replacement pouches will be sent with a 'REPLACEMENT' Sticker on it, for easy reference when receiving the order. Follow general medication wastage procedure. Wastage should be returned with the next blue bag.

### **LEAVE OF ABSENCE**

Cut off the appropriate pouches for the dates/times of the leave. If a person is expected to be away from their home beyond the start of the next delivery cycle, please notify pharmacy so that extra medications may be prepared and delivered in time for the leave.

### **WHEN SOMEONE IS ADMITTED TO THE HOSPITAL**

When a person is hospitalized you **MUST** notify pharmacy immediately so that a new cycle of medications is not sent with the next batch. Notify pharmacy of the Person's return as well as any medication changes. A new MAR will be provided with the re-admission orders

## **Appendix 2 - SHOPPERS DRUG MART (BLISTER PACKS)**

### **SET-UP**

Blister packs are person specific. Each blister pack has a label which contains a minimum of the following information:

- Person's name
- Name of medication
- Dosage information

### **OVERVIEW OF MEDICATIONS**

All tablet and capsule medication are packaged in blister packs. Depending on the amount of a person's medications they may be divided by time, or all meds may be packaged in one blister pack. Please refer to the Medication Information Sheet for details.

### **MAR (MEDICATION ADMINISTRATION RECORD)**

MARs will be printed monthly.

MARs are divided according to medication type.

### **ADMINISTERING MEDICATIONS**

1. Identify the Person.
2. All Medication Administration Record (MAR) Sheets shall be checked with the blister pack prior to the medication being administered. The names, times, dosage and expiry date of the medication shall be verified to the MAR.
3. Medication is to be dispensed from the blister pack into medication cup/person's hand. Once medication is punched from blister pack, staff will initial the square corresponding to the date they have punched out on the back of the blister pack.
4. Staff administering medication shall remain with the person until medication has been taken.
5. All medication given by CLTB staff shall be signed for immediately after it has been administered. When medication is administered, staff shall initial the square corresponding to the date and time the medication is given on the Medication Administration Record (MAR Sheet). This includes prescription and non-prescription medications. Under no circumstances shall medications be signed for before being administered. Medications are signed for only by the person administering them.

## **Appendix 2 - SHOPPERS DRUG MART (BLISTER PACKS) con't**

### **ORDERING MEDICATIONS**

1. People we support will be a part of the ordering process whenever possible.
2. Staff will re-order the medications with/ for the person by placing a check mark in the box beside the listed medications by the 15<sup>th</sup> of each month. Only check off the medications that need to be re-filled.
3. Ensure PRNs, creams, liquids and ointments are checked for expiry dates and amount on hand prior to marking the box. This is to prevent unnecessary orders.
4. The carbon copy of the MAR sheet needs to be submitted to the pharmacy for refills by the 15<sup>th</sup> of the month. These can be dropped off or faxed to the pharmacy or a phone call can be placed for the pharmacy to pick up the order.
5. ODSP Drug Benefit cards must also be sent monthly to the pharmacy.

### **RECEIVING MEDICATIONS**

1. Staff receiving medications assume the responsibility to check and store medications safely. If medication is delivered between the hours of 11:00 p.m. and 7:00 a.m., night staff is to store the medications and convey information to oncoming staff verbally and through the communication log.
  - a. In the event that the medications can't be checked upon receiving them (e.g., outing, HAGI pickup, etc.), staff will document that the meds have arrived and delegate to a co-worker that they need to check over all medications delivered.
2. Staff will check blister packs to ensure the correct amount of medication is in each slot per day/dose. If tearing or puncture marks are present, call the pharmacy right away to have blister pack picked up and a new one dropped off. Medications are contaminated if punctures are present. If the pharmacy will not replace blister pack, dispose of the contaminated medication in the torn blisters and follow the Medication Wastage directions. Arrange for the pharmacy to drop off replacements. Staff will check all blister packs and make sure they coincide with listed medications on the MAR sheets.
3. Medications which are delivered monthly, must be accompanied by an inventory sheet and a MAR sheet. Both sheets should be checked for accuracy with the previous month's MAR sheets, and new prescriptions, as well as the contents of the delivered medications. MAR sheets are signed by the verifier. The inventory sheet is signed by the person receiving the medications and is documented in the Communication book as to who received them and when.
4. All prescribed medication must have an accompanying prescription from a medical professional. If it is a new prescription, this should be delivered with the medication. If not, the staff will have the pharmacy fax or deliver a copy to the home.

## **Appendix 2 - SHOPPERS DRUG MART (BLISTER PACKS) con't**

5. When a medical professional prescribes a new medication or a change to an existing one, staff are to verify the start time with the pharmacy. MAR sheets are not to be changed without direction from the pharmacy.
6. Allergies, reactions, and medical problems or conditions shall be written in at the top of the MAR sheet as provided by the pharmacy on a monthly basis. Staff should check for accuracy.
7. When medications arrive from the Pharmacy at other times, they should be checked with the prescription and then written on the MAR sheets.
8. Any discrepancies while checking the medications must be clarified prior to administration. Call the pharmacist for assistance.

### **MEDICATION WASTAGE**

If a dose is wasted the dose may be obtained from the last day of the corresponding blister pack. For example, if it is January 3<sup>rd</sup> when medication is wasted, punch out the medication from January 31<sup>st</sup>. Follow general wastage procedure and inform pharmacy as soon as possible if you require replacement medications.

### **LEAVE OF ABSENCE**

1. Shoppers would like at least 2 weeks' notice of an upcoming trip where medications need to be ordered for the duration of the trip. Vacation Blister Packs contain the individual's regular medications for the length of time of the vacation. Each medication is packed individually. Ask Pharmacy Staff to include Health Watch information on the particular medications ordered.
2. All medications must be accompanied by a MAR sheet which the pharmacy will provide.
3. All PRNs and PRN protocols (as needed) must be sent on vacation with the individual. PRNs that are in the home will be sent with the ordered medications. PRNs do not need to be reordered for trips unless necessary or if there is not a sufficient supply on hand.
4. Treatments must also be sent with the individual on their vacation.



**Appendix 3 – PSYCHOTROPIC PRN CONTROL SHEET**

COMMUNITY LIVING Thunder Bay		Psychotropic PRN Control Sheet		Received By: _____		Expiry Date: _____	
Drug: _____		Name: _____		Date Received: _____		Balance Remaining	
Card Quantity: _____		Less PRN Given (Dose & Qty)		Less PRN Wasted		Plus Received Meds	
Month of:				Date		Qty	
1							
2							
3							
4							
5							
6							
7							
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27							
28 - 31							

sample



**Appendix 4 – MEDICATION WASTAGE FORM**

DATE	PERSON'S NAME	MEDICATION & DOSAGE	AMOUNT	REASON FOR WASTAGE / DISPOSAL	DATE MEDICATION RETURNED TO PHARMACY	STAFF SIGNATURE

sample

**Appendix 5 – MEDICATION TRANSFER RECORD**

**Medication Transfer Record**

Date: \_\_\_\_\_

\_\_\_\_\_ is attending:

- Day Services (COP, MPC, etc.)       Other (Friends, family visits, community activities)
- Other Agencies

Home/staff contact number: \_\_\_\_\_

**OUTGOING COMMUNICATION**

List Medications to be sent:

\_\_\_\_\_  
\_\_\_\_\_

Required Medication Instructions (*i.e. medication, time, support needed, etc*) for people who do not self-administer medication.       Protocol Attached

\_\_\_\_\_  
\_\_\_\_\_

Signature of home support staff: \_\_\_\_\_

**RETURNING COMMUNICATION**

Date: \_\_\_\_\_

Required Medication Confirmation:       Yes or  No

Time medication(s) administered: \_\_\_\_\_ **Circle**  
\_\_\_\_\_ am/pm  
Time of last PRN(s) administered: \_\_\_\_\_ am/pm  
\_\_\_\_\_ am/pm

Information You Should Know (*i.e. Meds Refused, Not administered.*):

\_\_\_\_\_  
\_\_\_\_\_

Signature of COP/MPC staff, other agency rep, friend, family that dispensed the medication: \_\_\_\_\_

Phone #: \_\_\_\_\_

## **Appendix 5 – MEDICATION TRANSFER RECORD con't**

### **Medication Transfer Record Instructions**

This form has been developed in order to comply with Ministry standards set out by the Quality Assurance Measures. A medication transfer record must be filled out when there is a transfer of medications between different locations. For example, if someone is supported to take their medications at home and is supported at Monty Parks Centre during the day, the medication and medication transfer record must go with them.

### **OUTGOING COMMUNICATION**

This section of the form is to be completed and signed by home support staff prior to someone leaving with COP, MPC, other agencies or friends/families for activities outside the home.

All people supported residentially will bring a Medication Transfer Record when medication is required to be administered during the indicated time of activity.

### **RETURNING COMMUNICATION**

This section of the form must be completed and signed by a staff at the other location within CLTB (i.e. MPC/COP) and sent back home with the person. When the support is provided by a natural support (friend or family) this form may be filled out but is not required.

Home support staff are required to read and sign the information sent back and insert into the person's personal binder.

Any concerns or discrepancies are to be reported to your Supervisor.

**\*\*This process is not meant to replace the Incident Report.**

## Appendix 6 – MEDICATION INFORMATION SHEET

(insert picture here)

**Name:**  
**Address:**  
**Postal Code:**  
**Phone #:**

**Date of Birth:**

**Health Card Number:**

**Next of Kin Name and Phone Number::**

**Physician Name and Phone Number:**

**Known Allergies:**

**Medications times (see MAR for medication names, dosage etc.)**

**Where I keep my medication(s):**

**Important information to know when assisting me with my medications (e.g. “I like people to be patient with me”, “I like to take my pills with applesauce”):**

**Important Medical Information (list current relevant information e.g. “I have to have my blood levels checked in the a.m. and p.m.”):**

## Appendix 7 – MEDICATION RISK ASSESSMENT

### Medication Risk Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Is there any reason I need to have my medications locked up?
  
  
  
  
  
  
  
  
  
  
2. If yes, what is the evidence? What has happened in the past 12 months that shows that there is a risk in not locking my medications?

If at this point, it is determined that there is risk in NOT locking the person's medications, a full rights restriction package would need to be filled out and submitted to the IRRC.

Name and signature of staff who filled this out with the person:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Appendix 8 – SELF ADMINISTERING CHECKLIST**

**Self Administering Checklist**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Does the person know when to take their medication

Does the person know the amount of medications to take

Does the person know what the medications are for

Does the person know who to contact if something is wrong with their medications

If support is needed for any part of this process (i.e. staff need to check in daily or help

prepare meds on a weekly basis etc. ) what is it:

Name and signature of staff who filled this out with the person:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

