

Form No: 01-3-301 **ASSESSMENT OF A SERVICE USER FOR SELF-MEDICATION**

Service User:		Room No:		G.P:	
<p>MEDICATION</p> <p>1. _____ 2. _____</p> <p>3. _____ 4. _____</p>					
	SERVICE USER RISK ELEMENT	Assessed by	Date	Verified by	Date
1	Understands his / her medication and its purposes.				
2	Understands that medication must not be given to other service users.				
3	Understands the need to keep medication locked away when not in use.				
4	Knows where his / her keys are safely kept.				
5	Is able to read and UNDERSTAND instructions on medicine containers.				
6	Is able to remember when to take medication.				
7	Understands the medicine dosages to be taken.				
8	Is able to open tablet bottles / containers and remove medication.				
9	Is able to "pop" tablets through blister strips to remove medication.				
10	Is able to use eyedrops / ear drops / nasal drops.				
11	Is able to use inhalers.				
12	Is able to apply creams and ointments safely and effectively.				
13	Is able to self-inject safely.				
14	Understands the need to dispose of used needles safely in "sharps" containers.				
15	Can safely handle "sharps" containers and request replacements when full.				