Lesson 10: Self-Administration of Medication

<table>
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<th>Transcript</th>
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<tr>
<td><strong>Title Slide</strong></td>
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<tr>
<td>(no narration)</td>
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<tr>
<td><strong>Welcome</strong></td>
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<tr>
<td>Hello. My name is Barbara Breen, Training Coordinator for the Department of Public Welfare Medication Administration Program. I will be your narrator for this webcast.</td>
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<tr>
<td><strong>Lesson Objectives</strong></td>
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<td>At the end of this lesson, you will be able to:</td>
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<tr>
<td>- Define what is meant by medication self-administration.</td>
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<td>- Understand the concept of adherence related to medication regimens.</td>
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<td>- Describe each of the levels of ability related to medication self-administration.</td>
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<td>- Understand the process of evaluation to determine whether or not a person is ready to safely self-administer medication.</td>
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<td>You will also be able to:</td>
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<td>- Describe the skills and knowledge required for safe medication self-administration.</td>
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<td>- Explain how to evaluate skills and knowledge and develop a program to teach a person to participate in self-administration.</td>
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<td>- Recognize the importance of ongoing monitoring of medication self-administration.</td>
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<td><strong>Medication Cycle</strong></td>
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<td>The Medication Administration program is designed to teach unlicensed staff to safely administer medication to people living and participating in the Department of Public Welfare and the Department of Aging settings. There are instances when people receiving services may be able to self-administer their own medications. Self-administration of medications occur when the person is responsible for taking their own medications.</td>
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<td><strong>Introduction to Self-Administration</strong></td>
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<td>The literature shows that only about 12 percent of adults can read a prescription label and understand the instructions. Therefore, people taking their own medication are more likely to make mistakes in how they take it without instructions about how to read the pharmacy label.</td>
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However, the literature also shows that people that are actively involved with their health and health care receive better care as well as prevent medication related health issues. In addition, new technologies related to medication administration, including reminder systems, can assist people to better self-administer their medications. Within the populations that receive services from DPW, there are a number of people that should be able to self-administer their medication either independently or with assistance. This lesson looks at how to identify and teach this population.

In thinking about self-administration, there are some concepts that you will need to know about how people take medication. There are some characteristics that may predict success or failure in self-administration of medication.

The term used to describe medication-taking behaviors is adherence. Adherence to a medication regimen occurs when a person’s behavior in taking medication corresponds with the instructions from the health care provider or team about how to take the medication. This requires that the person agree to take the medication as instructed, but also requires active participation in the process.

Some examples of medication non-adherence which can be accidental or intentional include:
- Failing to initially fill or refill a prescription
- Not taking a dose or doses which is termed an omission
- Taking the wrong dose which could be more or less than instructed
- Stopping medication without completing the course or without instructions from the health care team
- Taking medication at the wrong time
- Taking someone else’s medication
- Taking medication with items that interfere with the effect of the medication
- Taking medication that is outdated, damaged, or has been stored improperly
- Not using devices like an inhaler correctly

The important aspects of self-administration of medication include the person’s knowledge about their medication regimen, the ability to self-administer, and demonstration of the ability to follow their medication regimen.

In order to determine a person’s ability to self-administer medication either independently or with assistance, first their knowledge and ability needs to be assessed. There are multiple populations for whom this course is used. Each population has some similar, but some unique characteristics that affect their ability to self-administer medication either independently or with help.

First, we will outline the levels of ability that define a person’s potential ability to self-administer medication. These will be the same for all groups. Then we will move on to talk about unique barriers for the different populations and how to develop a self-administration plan and training.
Some people have the ability to understand their medication regimen and take it as instructed, while others may need more assistance. For people who have never taken their own medication, it is important to not only assess their ability, but also to assess whether they have the ability to learn how to do this properly. There will also be people who are capable of doing some of the self-administration process, but will continue to need regular help.

We will think about people’s abilities for self-administration in three distinct groups that we’ll call: independent self-administration, medication assistance and medication administration.

People in the independent self-administration group are independent in self-administration of medication without assistance, instruction, or direction. They know their medication regimen, when to take their medication and how. In addition, they have demonstrated this ability. While these individuals may be monitored for their adherence to their regimen, they do not need daily help with taking their medication.

People in the medication assistance group are able to do some of the skills required for medication self-administration, but are unable to complete the task independently. They may have difficulty getting the medication out of the container, need reminders to take their medication, or help with taking the correct dose. They might also need assistance with doing some of the tasks around the medication administration like testing their blood sugar level or measuring their heart rate. For these individuals, medication administration is a shared responsibility between them and the staff working with them.

People in the medication administration group are unable to take medication by themselves either because they are unable to physically complete the tasks or they do not have the cognitive skills to know what their medication regimen is and how to follow it. For these individuals, staff has full responsibility for administering their medication. While these individuals may have the ability to do some of the tasks that overlap with activities of daily living like getting a glass of water, these are not specific to the medication administration process and should not be considered self-administration.

These levels are not necessarily permanent and depending on health and intervention people may move from one level to another. With appropriate educational intervention some individuals may be able to move to a more independent level. This is relevant to children and youth and people with good cognitive skills. For people with degenerative disorders like dementia, worsening of their health may move them into a lower level. Therefore on-going assessment is necessary for determining the proper level of help for medication administration.

**Determining Levels of Ability**

The practice of medication self-administration is an opportunity for the promotion of independence, responsibility and autonomy. It has the ability to improve adherence through improved knowledge and understanding of medication regimens. However, medication self-administration is not appropriate for all individuals. Participation is based on criteria including assessment of suitability, safe systems of practice, and informed choice and consent of the individual.
The goal of a self-administration program is to establish a standard assessment of ability, to teach people the necessary skills and knowledge to be independent, to increase their knowledge of their medication regimen to improve adherence, and to assess adherence in an ongoing fashion with improvement of skills through education and personal involvement if needed.

Individuals considered for medication self-administration programs need to be assessed in three areas of skills. These areas include knowledge about their medications; skills needed to take their medication; and how to get their medication. For people living in licensed residential settings where they may not have access to get their medication on their own, the former two areas are sufficient to assess for development of a self-administration program. However, for people living on their own or in an environment where they can get their own medication, the skill should be assessed.

Before we look at people’s knowledge about these three areas, let’s consider who might not be capable of medication self-administration and does not need further assessment. People should participate in medication administration to the level of their ability. Individuals with significant motor problems that prohibit them from reliably opening a container, or pouring a tablet or liquid out, or getting the tablet or liquid into their mouth are not capable of self-administration. Individuals that can verbally direct a staff person in the administration of their medication should be encouraged to do so, however, this is not considered self-administration.

Lack of cognitive skills can also prohibit an individual from self-administration of medication. People that can’t read, distinguish between colors, identify size, or follow verbal instructions also cannot self-administer independently. People with memory problems and confusion are unlikely to be able to safely administer their own medication on a regular basis. Individuals with significant mental health problems may be able to self-administer when their illness is stable, however, that ability should be reassessed if their condition destabilizes.

Now let’s talk about the elements of each of the three areas of knowledge and skill assessment needed to determine if someone is ready to self-administer.

**Areas of Knowledge and Skills**

The characteristics about medications that are considered important to know for self-administration include the following: name of each medication, when the medication is taken, how the medication is administered including route and any special instructions, amount of medication taken, and why the medication is being taken.

In addition to knowing about the medications, the person must know how to take their medication and be able to perform those skills. These include: identification of the appropriate medication; opening the medication container, bottle, blister pack, pill box; counting out the appropriate number of pills; administering medication by the appropriate route such as putting hand to mouth to put pills in mouth or put eye drops in eyes; and filling and drinking water from a glass.

The final area of knowledge involves getting and refilling the medication prescription. The person needs to be able to identify that there is a refill on the medication container, know who to contact to get the prescription refilled, and either get the medication or have it delivered.
Take a moment to read the following three slides. These slides contain questions that can be used to assess whether or not a person is ready to self-administer their medication. These questions appear as a checklist which can be downloaded by clicking the Checklist button or from where the other DPW Medication Administration resources are found.

When you are ready, click Continue.

The questions on this slide are only relevant to people living in their own home or those that have the opportunity to get or refill their own medication.

Does the person know who to contact to get the prescription or refill?

Can the person identify that a refill exists?

Does the person have a way to get the medication such as by pharmacy delivery, transportation, or someone to pick up the medication?

The inability to do any of the first 10 questions may not mean that the person is unable to self-administer, but only that they are not currently able to do so. The answers to these questions should guide the assessor to identify which items could be modified or taught to allow the person to be independent. Both technology and strategies for reminders exist to assist people with accurate medication administration. Many of these can help people to self-administer accurately. Individuals that don’t know the medications that they are taking may be able to be taught them. Tools like pill boxes and lists of medications with spaces to document that they took it can help people keep track of their medication. In this manner people can move from not being able to self-administer medication to being able to do it with assistance or to be independent. This does not imply that every individual on medication will be capable of learning how to safely self-administer or to participate in the process in a meaningful fashion.

Let’s look at some of the issues that might cause a person not to be ready to self-administer, whether or not a person could be ready to self-administer, and some strategies that might help them become ready.

Strategies to Improve Readiness for Self-administration
While self-administration requires all of the skills assessed in the questions, we’ll start with looking at the medication name. In order to safely self-administer medication, people must be able to identify the medication. Because different brands of the same medication look different, teaching people to identify medication by the color or shape of the pill is not adequate. The pills might be blue one month and white the next. People should be able to identify the medication by the name on the label on the bottle.

However, barriers to this include poor reading skills, visual impairments, and memory problems with or without cognitive decline. These barriers can affect a person’s ability to read prescription labels and medication information sheets; determine the color and markings that distinguish medications, and read testing devices. These barriers often result in people attempting to rely on memory to take their medications or not taking them at all.

What are some of the strategies that might help a person identify the correct medication? For a person with a visual impairment the following might be helpful. Using large print on labels and written materials and high contrasts like black ink on white paper to maximize the ability to read them. Avoiding shiny materials that might cause glare and impede a person’s ability to read the label is another strategy. A magnifying glass or other device can also assist with reading labels and materials. Improving the lighting in the space where the person will have their medication can also help make the labels easier to read.

For people that do not have enough vision to read labels or who have limited abilities to read, there may be ways that they can make their medication identifiable although they will be dependent on someone else to assist them in setting this up. Pill organizers can help people identify not only what medication to take, but also when to take it. Using color coded or different sized medication containers or pillboxes can help people distinguish between medications. Electronic dispensing devices with alarms can also help someone take the right medication. Tape recording instructions about the medication can also help people identify the correct medication as well as when to take it.

Other strategies for people with limited cognitive abilities include simplifying the label and instructions and confirming that people understand them. This can be accomplished by having the person repeat back the information. One can also teach the person to read the names of their medications or match the label to the written name as part of a bigger organizational plan. Reminder strategies in addition to pill organizers and electronic devices include calendars and phone reminder systems.

People that are not able to recognize their medication or follow the instruction after these strategies are implemented are unlikely to be capable of medication self-administration and should be considered for the possibility of participation and medication assistance, but not independent self-administration. However, identification of the medication is just one piece of self-administration. If a person is able to identify their medication after implementation of any of these strategies, they still need to be able to do the other skills. So they need to know the amount of medication that they will be taking, when they need to take it and how to take it. Similar strategies can be applied to address these skills.
People also need to be able to perform the physical tasks for administration. Many people have difficulties with muscle strength and use of their hands that make it difficult to do tasks like open bottles, pour liquids, and fill syringes. Modifications that can help address these needs include pre-filled syringes or liquid doses, pre-cut tablets, and non-childproof medication containers that are easier to open.

People can also use pill organizers that may be easier to manipulate than a bottle or blister pack. Requesting unit dose packs where only one packet needs to be opened at a time also can make this task easier. Putting all of the medications into one “pillow” can help as well since only one would need to be opened at a time. However, if a medication or dose changes, then what is in the pillow may no longer be the right medication or dose. Taking medication by routes other than by mouth like a patch can also help.

**Steps to Assess Readiness**

We’ve been talking about ways to increase readiness for someone to self-administer their medication. Let’s now talk about how to assess if the person is ready to self-administer medication.

The first step is to identify what the person knows about their medication regimen. Can they identify the medications they take? Do they know what they are for? Do they know how much and when to take the medication?

For step 2 you would pull out the medication containers. Hand the person one and ask them to tell you what it is. Can the person read the pharmacy label on the bottle? Can they identify the medication name? Can they read the instructions? From reading the label can they tell you how they would take the medication including when, how much and any special instructions?

Step 3 - ask the person to demonstrate how to administer the medication including opening the packaging or showing how to administer the inhaler or how to put eye drops in. Assure that they can do everything required to take the medication without actually taking it.

Step 4 is to determine whether or not they are ready to self-administer.

Step 5 is next steps.

If they are ready to self-administer and want to participate in this, then their self-administration program should be developed and implemented including independent access to their medication and strategies for monitoring and supervision to assure continued abilities to self-administer.

If they are not ready and they have cognitive and motor skills consistent with learning to self-administer, then a program to teach them how to do this can be developed if they want to participate.
Transcript

(Jill Morrow-Gorton) Barb, I’d like to interject for a moment to consider the scenario where a person may have skills to self-administer some medications and not others.

Let’s consider Sally who has diabetes and high blood pressure. She takes oral medication for her high blood pressure and insulin which is injected subcutaneously, below the skin, for her diabetes. Sally may be able to self-administer her high blood pressure medication because she can identify the medication and take the pill. However, she may not have the hand eye coordination to be able to safely inject the insulin. In her case, she should be allowed to self-administer the high blood pressure medication, but would need staff to administer her insulin.

This is an example of a person who is capable of self-administering oral medication, but not able to self-administer medication by a different route.

So Barb, why don’t you move on to talking about monitoring self-administration.

Monitoring Self-Administration

(Barbara Breen) Self-administration programs should be monitored by both the individual and their team to assure that they are adhering to the medication regimen developed by their health care practitioners. Regular self-assessment can help the person identify their success at self-administration and also identify issues and needs for improvement. Asking questions about knowledge and skills that were mentioned earlier is one place to start.

If any of those questions are answered no, then the person may need to have someone review their medications with them to make sure that the person knows what they are. The strategies being used for self-administration may need to be modified to make them more effective for the person.

If you would like to review the knowledge and skills questions again, click on the Knowledge and Skill Questions button. Otherwise, click Continue.

Other good questions to ask the person to assess their success with self-administration are:

- Do you ever forget to take your medication?
- When you feel better, do you sometimes stop taking your medication?
- If you think that your medication is making you feel worse, do you sometimes stop taking it?

If the answer is yes to any of these questions, then additional education is needed about the importance of taking medication and communicating with the health care practitioner about medication effects. In addition, this may indicate that closer monitoring is needed.

Summary
**Transcript**

This lesson about self-administration of medication covered key points that included:

- Participation in medication self-administration increases a person’s involvement in their medication regimen which can help improve their health and health care.
- It is important to evaluate each individual for the ability to safely self-administer medication in a standard manner.
- Readiness to self-administer requires both knowledge and skills. For people that may have the ability to self-administer, but not the knowledge or skills, a program to work with them towards those goals can be developed.
- Individuals participating in self-administration of medication should be monitored on an ongoing basis to assure their continued abilities to self-administer safely.

**Next Step**

Now that you have completed the lesson, it is time to take the quiz. Return to where you launched this lesson to take the quiz. You may need to refresh the screen for the quiz to become available.