# Appendix One - Medication Risk Assessment Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Service user Name** |  | **CareFirst Number** |  |
| **Address** |  | **Date of Birth** |  |

**Key Points**

* The aim should be to promote independence with medicines wherever possible.
* Informal Carers should be encouraged to help if able. If substantial help is given by Informal Carers, their contact details should be available and arrangements agreed for unexpected situations e.g. carer illness.

| **POSSIBLE RISK** |  | **IF NO** | **OUTCOME/actions taken** |
| --- | --- | --- | --- |
| Is the service user able to order and collect prescriptions if needed? | Yes/No | * Can family /Informal Carers collect?
* Does community pharmacy deliver?
* Consider level 1 support if no other option
 |  |
| Can service user provide a list of their medicines?Do they know where all medicines are stored in the home? | Yes/No | * Contact GP if unable to establish what service user should be taking
* Can Informal Carers tell you where medicines are kept?
 |  |
| If able to assess, do medicines appear to be stored appropriately? | Yes/No | * Advise
* Seek advice from community pharmacist if necessary
 |  |
| Do quantities of medicine in the house appears to be appropriate? | Yes/No | * Advise service user or Informal Carers to return unwanted medicines to the pharmacy
* Advise service user to contact GP surgery if large amounts of waste medicines –so repeat prescription can be checked.
 | *Note: medicines are the property of the service user. Disposal should only be arranged by SU themselves or Informal Carers.* |
| Does service user know and understand what medicines they should be taking? | Yes/No | * Advise service user /carer to contact GP surgery or community pharmacist
* (Simplification of regime, explanation and/or issue of reminder chart may help)
* If unable to cope with regime after advice, consider level 3 support
 |  |
| Is service user aware of date, day, time? | Yes/No | * Is help available from Informal Carers?/aids
* Consider safety / storage issues
* Consider level 3 support
* Inform all relevant parties if storage out of service user’s reach is planned.
 | *If level 3 support is being**considered, liaise with GP or community nurse* |
| Does the service user always *want* to take their medication? | Yes/No | * Explore reasons – Encourage service user to discuss with GP, or Community Nurse. (or assessor to liaise on service user’s behalf as appropriate)
* Inform GP or Community Nurse if service user considered to be at risk.
 | *It is the service user’s right to refuse treatment, but this should be based on an informed choice as far as possible.* |
| Does the service user usually remember to take his/her medication at the right time? | Yes/No | * Can Informal Carers help?
* Can community pharmacist offer reminder chart?
* Seek advice from pharmacist/GP, community nurse
 |  |
| Can service user read the labels on medicines? | Yes/No | * Can an informal carer help?
* Seek advice from community pharmacist – may be able to produce larger print labels or consider alternative packaging
* Consider level 1 support if no other options
 |  |
| Can service user remove tabs/caps from the container him/ herself? | Yes/No | * Can an informal carer help?
* Can community pharmacist supply alternative packaging, or aids to open?
* Consider level 2 or 3 support
 |  |
| Is the service user able to swallow their tablets / capsules? | Yes/No | * Can community pharmacist advise alternative options?
* Seek advice from GP
* Seek advice from SALT
 | *Refer to GP / Community Nurse if swallowing problems give rise to concern.* |
| Can service user pick up a bottle and pour out a dose of liquid medicine accurately? | Yes/No | * Can an informal carer help?
* Can community pharmacist supply a device to assist?
* Consider level 2 or level 3 support if no other option
 |  |
| If applicable, doesservice user describe any problems usinginhalers? | Yes/No | * Seek advice from community nurse or pharmacist
* Consider level 2 support if physically unable to manage, even with device to assist
 |  |
| If applicable, does theservice user describe any problems instilling eye drops? | Yes/No | * Can an informal carer help?
* Can community pharmacist advise on a device to assist service user?
* Request assistance as a ‘Specialist task’ if unable to manage even with assistive device
 |  |

**Outcome of Assessment**

|  |  |
| --- | --- |
| **Outcome** | **Details of the assessed level of support required** |
| LEVEL 1No formal support required. Unpaid carer can assist. |  |
| Service user needs help ordering, reading the labels, reminders on safe storage, occasional verbal reminder to take tablets. |  |
| LEVEL 2Service user is responsible and able to manage their own medication but need reminding or prompting to take their own medication.  |  |
| LEVEL 3Service user unable to take responsibility for their medicines. Tasks from direct administration of medicines are required and will include ordering or collecting prescriptions.***Note:*** *involve GP or community nurse before proceeding with Level 3 arrangements.* |  |

|  |  |
| --- | --- |
| **Name of Assessor (print)** |  |
| **Contact details of Assessor**  |  |
| **Signature** |  | **Date** |  |

|  |
| --- |
| **Statement of service user/Agreed representative****I confirm that I have given all necessary information to support the planning of any help with my medicines.****I agree to the support being offered** |
| **Signed ( service user)** |  | **Date** |  |

|  |  |
| --- | --- |
| **Representatives name** |  |
| **Relationship to service user** |  | **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Review of Medication**  | **Date** |  |