

Self-administration of medicines form

Full name: _____

D.O.B: _____

Date: _____

Assessment Criteria		
<p>Include all medication the client is currently taking?</p> <p>Include dosage and what they are taking them for.</p> <p>Continue in notes section if necessary.</p>		
Please enter Yes or No in each question:	Yes	No
Has the medication been prescribed by their GP?		
Is the resident responsible for administering their medication at present?		
Is the residents mentally and physically able to self-medicate?		
Can the resident open child resistant lids/blister strips; use their eye drops and inhalers, etc.?		
Can the resident read a label?		
What are the medicines for?		
Does the client understand what the medication is for?		
What dosage to take?		
How to take the medication?		
What to do if their medication runs out?		
What to do if there's a problem with the medication?		

Taking your own Medicines:

Please be aware that **LiveWell Housing does not provide medication administration services**. Instead, residents are supported to **manage and take their own medication independently**, ensuring it is done safely for both them and those around them.

Medicines Safety Notice:

- Medicines can be harmful if they are not taken correctly.
- You are responsible for always storing your medication safely.
- All medication must be kept securely, and you remain accountable for its safe storage.
- Never take more than the amount prescribed for you.
- Do not share your medication with anyone under any circumstances.
- You must inform staff about all medication you are taking, including any changes to dosage or new prescriptions. This ensures staff can provide accurate information to medical professionals in an emergency.
- If you have any worries about your medication, dosage, or possible side effects, contact your GP for advice or attend A&E if urgent.
- Medication must always be kept well out of reach of children.

Notes:

In case of a medication overdose:

Procedure: In the Event of a Medication Overdose, If a client suspects they have taken too much medication or is experiencing adverse symptoms after taking medication, the following steps must be taken immediately:

1. Stay Calm – Do not panic. Prompt action is key.
2. Inform your Housing offer or Key worker Immediately: Notify a support worker or housing staff member as soon as possible. If no staff are on site, proceed to step 3.
3. Call Emergency Services (999) –
 - ✓ Request an ambulance.
 - ✓ Provide clear details: name, address, medication taken (name and dosage), time of overdose, and any symptoms being experienced.
4. Do Not Induce Vomiting – Unless advised by medical professionals, do not attempt to vomit or "flush out" the medication.
5. Keep the Medication Packaging – If possible, retain the packaging or medication container to show emergency responders. This helps them identify what was taken and how much.
6. Remain in a Safe Area – Stay in a safe and visible location until help arrives. Avoid lying down if feeling dizzy or faint unless advised.
7. Staff Role – If staff are present:
 - ✓ Call 999 if it has not already been done.
 - ✓ Stay with the client.
 - ✓ Monitor symptoms (e.g., breathing, consciousness).
 - ✓ Provide the medical team with all relevant information upon arrival.
8. Aftercare – Following medical attention, staff should document the incident and ensure follow-up support is offered to the client, including reviewing medication routines and mental health support if appropriate, and update partner services involved in the residents care plan.

**Self-administration of medicines (SAM)
Resident Consent Form**

Name: |
Date of Birth: |

- I have read/someone has read to me, and I have understood the information above
- The self-administration of medicines at LiveWell Housing has been fully explained I am willing to take responsibility for my medication
- I will keep the medication safe
- I understand that I MUST NOT share my medication with anyone.
- I know I must inform a member of staff if my medication needs change
- I agree to accept responsibility for the safe keeping of my medicines and any consequence of failing to take my medication in the prescribed way.

Resident Full Name: _____

Resident Signature _____

Staff Full Name: _____

Staff Signature _____

Date: