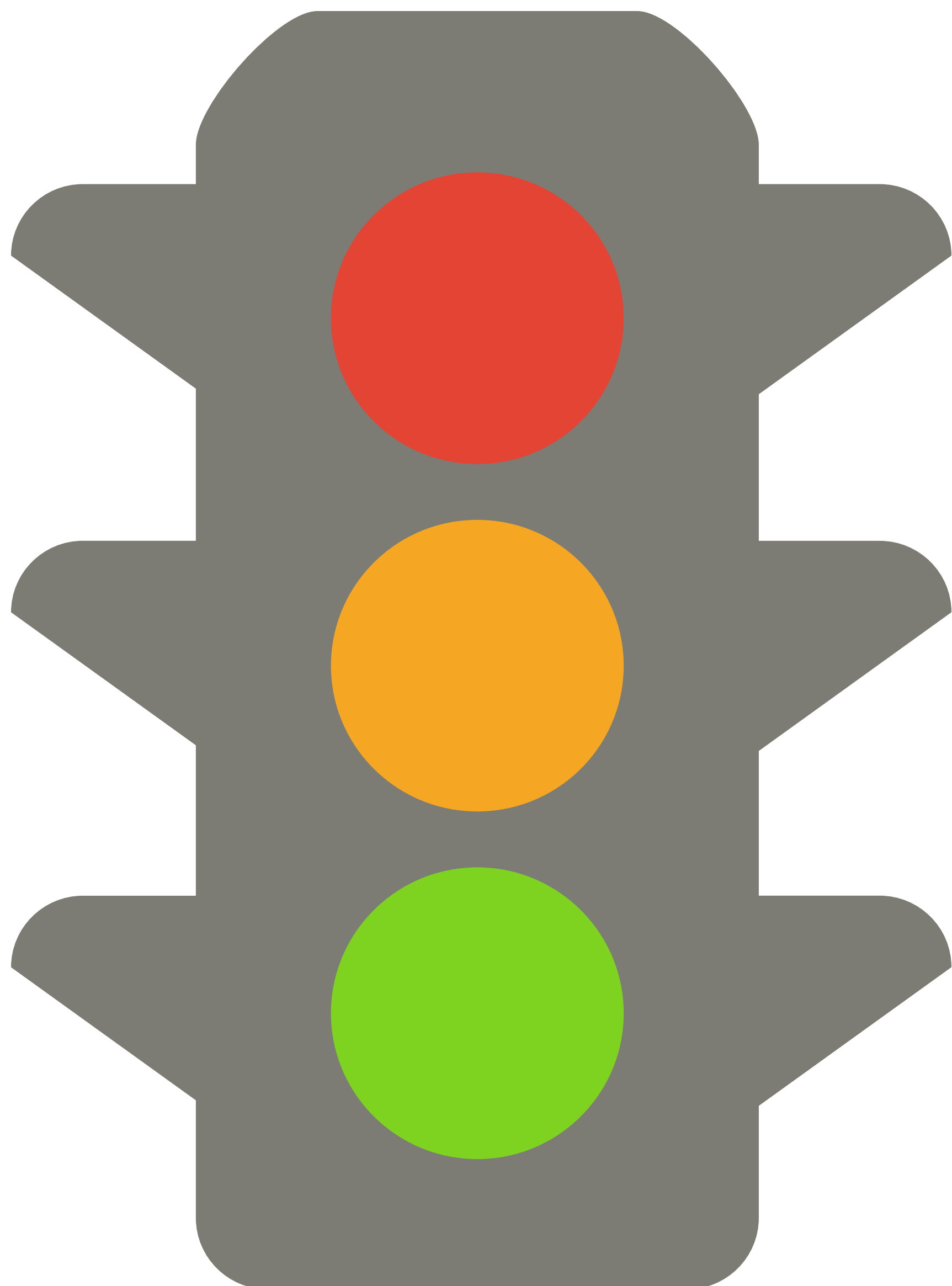


MEDICATION MANAGEMENT

Self-Assessment

Use this self-assessment guide to determine your current medication management practices. The guide is divided into three categories: 1) safe medication storage, 2) medication knowledge, and 3) medication management strategies. Within these categories, the guide prompts you to consider your various environmental and personal practices. Each question prompt is followed by the potential practices you may use, which are divided based on a "traffic light." You can assess the safety of your current practice by looking at the column under which your current practice falls (i.e., if it is considered a red, yellow, or green practice).

If you have any yellow or red light practices, use the *Strategies to Improve Medication Management* guide for ideas on safer practices.



Red Light: Stop! Take Action ASAP

Your current medication management practice puts you at high risk of medication errors. Consider implementing a safer practice as soon as possible from the *Strategies to Improve Medication Management* guide.

Yellow Light: Caution... Take Action Soon

Your current practice may lead to medication errors. Consider implementing a safer practice from the *Strategies to Improve Medication Management* guide.

Green Light: All Clear

You are already following a best practice for medication management. Keep up the good work!

Prompts	Green Light: All Clear	Yellow Light: Caution... Take Action Soon	Red Light: Stop! Take Action ASAP
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Category 1: Safe medication storage

<p><i>Take a look at where you store your medications:</i></p> <p>Are your medications stored in one location?</p> <p>Are your medications stored in an organized fashion?</p> <p>Are your medications stored in their original containers, a pillbox, or other form of medication organizer?</p> <p>Are your medications stored with the medications of other household members or pets?</p> <p>Are your medications stored with non-pharmaceutical "look-a-like" substances?</p>	<p><input type="checkbox"/> Medications are stored in a single, organized location.</p> <p><input type="checkbox"/> Medications are stored in their original containers, a pillbox, or other form of medication organizer.</p> <p><input type="checkbox"/> Medications are separate from the medications of other household members.</p> <p><input type="checkbox"/> Medications are stored separate from non-pharmaceutical "look-a-like" substances.</p> <p>Notes:</p>	<p><input type="checkbox"/> Medications are stored in multiple places throughout the home.</p> <p><input type="checkbox"/> Medications are stored together, but in an unorganized fashion.</p> <p>Notes:</p>	<p><input type="checkbox"/> Medications are stored in different containers than their original containers (other than pillboxes or other medication organizers).</p> <p><input type="checkbox"/> Medications are loose (i.e., not stored in a container).</p> <p><input type="checkbox"/> Medications are mixed with the medications of other household members.</p> <p><input type="checkbox"/> Medications are stored close to non-pharmaceutical "look-a-like" substances.</p> <p>Notes:</p>
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Prompts	Green Light: All Clear	Yellow Light: Caution... Take Action Soon	Red Light: Stop! Take Action ASAP
Category 1: Safe medication storage			
<p>Do you take all of the medications you have?</p> <p>Are there any “leftover medications” from previous prescriptions?</p> <p>Are there any expired, unneeded, or unwanted medications?</p>	<p><input type="checkbox"/> I take all of the medications I have.</p> <p><input type="checkbox"/> There are no leftover, expired, unneeded, or unwanted medications.</p> <p>Notes:</p>	<p><input type="checkbox"/> I am unsure if I take all of the medications I have.</p> <p>Notes:</p>	<p><input type="checkbox"/> I have leftover, expired, unneeded, or unwanted medications.</p> <p>Notes:</p>
<p>Note any “high alert medications” - i.e., opioids, cannabis, sedatives, and antidepressants.</p> <p>Are these medications:</p> <ul style="list-style-type: none"> • Locked up? • Kept out of sight and out of reach of children? • Stored separately from the medications of other household members? 	<p><input type="checkbox"/> High alert medications are locked up.</p> <p><input type="checkbox"/> High alert medications are stored out of sight and out of reach by children.</p> <p><input type="checkbox"/> High alert medications are stored separately from the medications of other household members.</p> <p>Notes:</p>	<p><input type="checkbox"/> High alert medications are not locked up, but are out of sight and out of reach of children.</p> <p>Notes:</p>	<p><input type="checkbox"/> High alert medications are plainly visible, not locked up, and easy to reach by children.</p> <p><input type="checkbox"/> High alert medications are intermixed with the medications of other household members.</p> <p>Notes:</p>

Prompts	Green Light: All Clear	Yellow Light: Caution... Take Action Soon	Red Light: Stop! Take Action ASAP
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Category 2: Medication knowledge
For this category, compare your knowledge to the information listed on your care plan, medication instructions, medication label, etc.

<p><i>For each medication you take, do you know:</i></p> <p>What condition or symptom you take this medication for?</p> <p>How this medication helps with your condition or symptom?</p>	<p><input type="checkbox"/> I know the condition or symptom I take this medication for, as well as how the medication helps my condition/symptom.</p> <p>Notes:</p>	<p><input type="checkbox"/> I only know the condition or symptom I take this medication for. I do not know how it treats my condition/symptom.</p> <p>Notes:</p>	<p><input type="checkbox"/> I do not know the condition or symptom this medication is for, or how it treats my condition/symptom.</p> <p>Notes:</p>
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<p><i>For each medication you take, do you know:</i></p> <p>How often you take the medication?</p> <p>The time of day you take the medication?</p> <p>Any other time-related details for the medication?</p>	<p><input type="checkbox"/> I know how often I take the medication, the time of day, and any other time-related details.</p> <p>Notes:</p>		<p><input type="checkbox"/> I do not know how often I take the medication, the time of day, and any other time-related details.</p> <p>Notes:</p>
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Prompts	Green Light: All Clear	Yellow Light: Caution... Take Action Soon	Red Light: Stop! Take Action ASAP
<p>Category 2: Medication knowledge <i>For this category, compare your knowledge to the information listed on your care plan, medication instructions, medication label, etc.</i></p>			
<p><i>For each medication you take, do you know:</i></p> <p>If there any special instructions for taking it? (for example, to take the medication with food, with a glass of water, to avoid specific substances/foods, etc.?)</p>	<p><input type="checkbox"/> I know the medication's special instructions.</p> <p>Notes:</p>		<p><input type="checkbox"/> I do not know the medication's special instructions.</p> <p>Notes:</p>
<p><i>For each medication you take, do you know:</i></p> <p>How to take the medication: (i.e., swallow, inject, apply on skin, place under the tongue, etc.)</p>	<p><input type="checkbox"/> I know the correct way to administer the medication.</p> <p>Notes:</p>		<p><input type="checkbox"/> I do not know the correct way to administer the medication.</p> <p>Notes:</p>
<p><i>For each medication you take, do you know:</i></p> <p>How much of the medication you take? (i.e., number of pills, amount of liquid, etc.)</p>	<p><input type="checkbox"/> I know how much of the medication I take.</p> <p>Notes:</p>		<p><input type="checkbox"/> I do not know how much of the medication I take.</p> <p>Notes:</p>

Prompts	Green Light: All Clear	Yellow Light: Caution... Take Action Soon	Red Light: Stop! Take Action ASAP
Category 3: Medication management strategies			
<p>Do you maintain a list of your current medications?</p> <p>Does this list contain the name, amount (dose), time of administration, and special instructions for <u>every</u> medication you regularly take?</p> <p>Is your medication list current and accurate? (<i>compare the list with the medication knowledge you reviewed in Category 2</i>)</p>	<p><input type="checkbox"/> I use a current and accurate medication list that contains the name, amount (dose), time of administration, and special instructions for each medication.</p> <p>Notes:</p>		<p><input type="checkbox"/> I do not have a medication list.</p> <p><input type="checkbox"/> I have an out-of-date, incorrect, or incomplete medication list.</p> <p>Notes:</p>
<p>Do you use a system to help you remember when to take your medications? <i>Examples include a medication checklist, pill organizer, or reminder app.</i></p> <p>Does your reminder system clearly show when you have already taken your medications?</p> <p>Do you consistently use your reminder system?</p>	<p><input type="checkbox"/> I consistently use a system to remind me when to take my medications.</p> <p><input type="checkbox"/> My reminder system clearly shows when I have already taken my medications.</p> <p>Notes:</p>		<p><input type="checkbox"/> I do not use or inconsistently use a system to remind me when to take my medications.</p> <p><input type="checkbox"/> My reminder system does not show when I have already taken my medications.</p> <p>Notes:</p>

Prompts	Green Light: All Clear	Yellow Light: Caution... Take Action Soon	Red Light: Stop! Take Action ASAP
Category 3: Medication management strategies			
<p>Do you use one pharmacy for all of your prescriptions?</p> <p>Do you have a reminder system for when to refill prescriptions?</p>	<p><input type="checkbox"/> I use one pharmacy for all of my prescriptions.</p> <p><input type="checkbox"/> I use a reminder system to refill my prescriptions.</p> <p><i>Notes:</i></p>		<p><input type="checkbox"/> I use multiple pharmacies for my prescriptions.</p> <p><input type="checkbox"/> I do not use a reminder system to have my prescriptions refilled on time.</p> <p><i>Notes:</i></p>