

Patient Assessment For Medicines Compliance Support

This assessment tool should be used on each occasion that a request is made for a patient or service user to have the presentation of their medication adjusted. The most common example of this would be where a pharmacist receives a request (from GP, patient, carer, other healthcare professional) to fill a monitored dosage system (MDS) or other similar compliance box for a person although there are other examples of adjustments to a person's medication (e.g. supply of medicines in non child resistant closures).

People must be assessed to determine the support required to aid medication compliance. This form sets out the person's actual needs, risks and whether compliance support is required. This form can also be used to determine if a reasonable adjustment is required from the pharmacist and/or the prescriber under the Disability Discrimination Act (1995)(DDA).

Patient / Service User Details	
Name	
Address	
	Post Code
GP & GP Practice	
Pharmacy	

Assessor Details	
Name	
Name of organisation (on whose authority you are completing form)	
Telephone Number	Occupation/Profession

Step 1

Total number of medicines taken
Number of doses taken during the day

a.m.	lunch	p.m.	night

Step 2

Does the person have problems / difficulties when taking their medicines?

		Risk Level			
		Low	Med	High	
Physical	Eyesight	Unable to read labels?			
		Unable to distinguish between medicines by sight?			
	Manual dexterity and co-ordination	Cannot manage blister packs?			
		Cannot open or close child resistant packaging?			
		Has difficulty with a prescribed liquid medication?			
	Dosage form (e.g. tablet) is difficult to take?				
Mental	Understanding	Does not understand each medicine instruction?			
		Does not know which medicines are regular or PRN?			
		Does not know the reason for taking each medicine?			
	Complexity	On medication with variable doses (e.g. warfarin)?			
		Taking many medicines with multiple doses in the day?			
		On medication with complex dose directions (e.g. biphosphonate)?			
	Remembering to order	Is continuity of supply a problem?			
		Does this person forget to order?			
Remembering to take	Does this person forget to take medication frequently?				

If all boxes are ticked 'Low' it is unlikely the patient requires additional compliance support.

Step 3

Which adjustment might be appropriate?

This is a list of suggested adjustments to aid compliance problems. This list is not exhaustive.

Problem	Solution	Action Plan
Eyesight	Enhance labeled instructions <ul style="list-style-type: none"> • Increase font size • Provide symbol-based label • Braille labels • Other (describe) 	
Manual dexterity and co-ordination	Assist with dexterity issues <ul style="list-style-type: none"> • Provide screw caps • Provide wing lids • Dispense blister packed tablets into bottles • Provide larger bottles and lids • Provide halved or quartered tablets • Provide oral syringe or measure • Alternative formulation of same medicine • Haleraid (for inhalers) or eye dropper clamp • Other (describe) 	
Understanding	Enhance understanding <ul style="list-style-type: none"> • Medicines Use Review • Provide written information • Rationalise medicines regime 	
Complexity	Simplify medicines regime <ul style="list-style-type: none"> • Medication review • MAR chart 	
Remembering to order	Assist with ordering medicines <ul style="list-style-type: none"> • Prescription collection service • Repeat dispensing • Reminder on calendar 	
Remembering to take	Assist with taking medicines <ul style="list-style-type: none"> • Rationalise medicines regime • Reminder charts • MAR chart 	
Monitored Dosage System (MDS) / Nomad – Please state reason for this supply		

Step 4

Summary of assessment

Summary	
It is my opinion that this person has/does not have (<i>delete one</i>) problems with taking their medicines	
It is my opinion that this person would/would not (<i>delete one</i>) benefit from an adjustment to the presentation of their medication	
The recommended reasonable adjustment(s) for this person is:	<i>Provide details</i>
Patient / Service User Signature (if applicable)	
Assessor Signature	
Date of Assessment	