





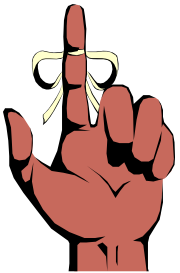




MEDICATION NON-ADHERENCE – A Staff Education Tool

Purpose: To promote a comprehensive and standardized approach to evaluating the presence and possible underlying causes of medication non-adherence.

When general assessment findings suggest patient is not taking oral medications as prescribed, assess further.

Potential Non-Adherence Issues	Assessment Strategies	Referral Triggers?
Knowledge Deficit 	Is there evidence to support/suggest that patient/caregiver does not understand medication regimen? <ul style="list-style-type: none"> • “I’m not having (symptom) anymore, so I’m not sure whether to keep taking this.” • “That makes my stomach upset, so I try not to take it.” • “I don’t know when to take my meds or what dose to take.” 	RN
Illiteracy 	Is there evidence to support/suggest that patient’s/caregiver’s inability to read is affecting medication compliance? <ul style="list-style-type: none"> • Unable to read medication name, frequency, does, other instructions. 	RN, SLP, OT
Financial Concerns* 	Is there evidence to support/suggest that patient is limiting medication use to save drug (i.e. to save money)? <ul style="list-style-type: none"> • “I take it when I really need it.” • “I sometimes only take half the ordered amount.” 	RN, MSW
Fear of Addiction* 	Is there evidence to support/suggest that patient is limiting medication use due to concerns he or she will become addicted? <ul style="list-style-type: none"> • “I want to get off that stuff.” • “I only take it when I can’t stand it anymore.” 	RN, MSW
Drug Diversion or Over-Medicating* 	Is there evidence to support/suggest that patient is taking too much medication? <ul style="list-style-type: none"> • “I need a refill; the bottle spilled in the sink.” • “Even doubling the prescribed amount does not touch the pain.” (do not assume intentional over-medicating without evaluating for true ineffectiveness of current meds, need for adjuvant therapy, etc. 	RN, MSW

<p>Health Belief/Expectations</p> 	<p>Is there evidence to support/suggest that the patient’s medication non-compliance may be due to general beliefs or expectations about health and illness?</p> <ul style="list-style-type: none"> • “If he is meant to get better, it will happen.” • “If I take the pills, it will show a lack of faith.” 	<p>RN, MSW</p>
<p>Memory Deficits</p> 	<p>Is there evidence to support/suggest that the patient is forgetting to take medications, or forgetting that medications have already been taken-resulting in non-compliance?</p> <ul style="list-style-type: none"> • “I usually take one after lunch, but my daughter called, and I can’t remember if I took it.” • Pills found in chair, on table by cup, etc. • Incorrect pill counts • Signs of ineffective drug therapy 	<p>RN, OT, SLP</p>
<p>Functional Deficits</p> 	<p>Is there evidence to support/suggest that patient/caregiver non-adherence is due to functional deficits?</p> <ul style="list-style-type: none"> • Fine motor/gross motor/mobility • Vision • Swallowing 	<p>OT, SLP, PT</p>
<p>Disorganization</p> 	<p>Is there evidence to support/suggest that the patient’s medication administration methods lack organization?</p> <ul style="list-style-type: none"> • Bottles/pills in multiple locations • Unable to locate all medications • Reported administration methods vary from day to day (inconsistent) • Lack of established or predictable routines (sleep, meals, ADLs, etc.) 	<p>RN, OT, SLP, MSW</p>

*May not affect patient’s ability to take medications, therefore may not impact M2020. Referrals should be made based on patient need, state practice acts, and agency policy.

Medication Non-adherence (staff education tool) “Best Practices in Management of Oral Medications” OASIS ANSWERS, Inc. © 2005.

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