

Medication Management Care Planning Tool

Purpose: To improve assessment of patient’s medication management performance and assist selecting strategies to support improved medication management

Patient Behavior or Comments	Problem/ Barrier	Assess	Strategies/Interventions
<ul style="list-style-type: none"> • Fills only some prescriptions • Takes only some medications • “I don’t want to be on a lot of medications.” • “I don’t think it’s good for me to take medications.” • Someone I know took pills like those and got worse so I don’t want to take them.” 	<ul style="list-style-type: none"> • Fearful or anxious about addiction or dependence OR • Fearful of undesired effects of medications 	<ul style="list-style-type: none"> • Allow/encourage patient to express, elaborate on concerns • <i>Fear or anxiety is a legitimate emotional inability to take some or all meds</i> 	<ul style="list-style-type: none"> • RN referral to address fears, provide education on purpose, effects, and side effects of medication(s) • SW referral for brief counseling related to fears/anxiety • Rule out financial barriers
<ul style="list-style-type: none"> • “I have trouble reading all that stuff on the bottles.” • Resists requests to read information on medication labels or other medication information 	<ul style="list-style-type: none"> • Limited literacy 	<ul style="list-style-type: none"> • Ask if patient learns better by hearing, seeing demo or reading • Assess reading ability to determine literacy (how does patient manage other print information?) 	<ul style="list-style-type: none"> • OT referral to address alternate means of information acquisition • Try visual model of meds/dosages (i.e. picture of meds for times and dosage) • Try audio recordings of med instructions • If instruction too complicated for model or audio recording, enlist caregiver to supervise complex dosing
<ul style="list-style-type: none"> • “I have trouble reading the labels.” • “I can’t tell which pill is which, they look alike.” • Unable to: <ul style="list-style-type: none"> ○ read information on container OR ○ read other instructional material OR ○ discern shapes/shadings or discriminate between pills 	<ul style="list-style-type: none"> • Visual impairment 	<ul style="list-style-type: none"> • Does patient have/use corrective lenses? • Does patient have/use magnification beyond corrective lenses? 	<ul style="list-style-type: none"> • Consult pharmacy re: system to color code or apply large print or high contrast label to containers • OT referral for low vision compensation strategies • Large print/high contrast model (example) for dosing or filling mediplanner

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	<ul style="list-style-type: none"> • “I have trouble swallowing pills, especially those big ones.” • Patient coughs or gags when attempting to take pills • Patient is on a modified diet for dysphagia 	<ul style="list-style-type: none"> • Dysphagia or uses technique that risks aspiration 	<ul style="list-style-type: none"> • Is patient on dysphagia diet? • Observe patient’s technique to administer/swallow pills and if coughing or gag occurs 	<ul style="list-style-type: none"> • OT or SLP consult for swallowing eval and dysphagia intervention • Consult with pharmacist to determine if: <ul style="list-style-type: none"> ○ Meds can be crushed, or cut ○ Meds can be administered in semisolids (pudding/applesauce) ○ Med is available in a different form i.e. liquid ○ Med is available in a smaller size?
	<ul style="list-style-type: none"> • Patient leaves pill containers open or leaves pills out of containers • Patient doesn’t take meds if containers are securely capped • Patient can’t open caps or close securely, or spills contents when trying to open container • “I can’t get the bottles open” 	<ul style="list-style-type: none"> • Fine motor skills (grasp, dexterity) impairment and/or joint pain 	<ul style="list-style-type: none"> • Observe performance 	<ul style="list-style-type: none"> • OT referral to analyze and simplify task • Consult with patient, family and pharmacist re: appropriateness of non-child proof containers • Explore other dispensing containers (eg. punch packs) • Consider having pharmacist or caregiver set up mediplanner with easy-open compartments

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	<ul style="list-style-type: none"> • “I remember my medications in the morning but I forget about those new ones I’m supposed to take later in the day.” • “Sometimes I remember to take my pills and sometimes I don’t.” • “Some days I get up early and other days I stay in bed all day.” • Patient has few routines or daily routine varies on different days of the week • New meds or new dosing times have been added to existing medication schedule • Patient is missing new dosing times but seldom misses long established dosing times 	<ul style="list-style-type: none"> • May be a cognitive/memory impairment but also: • Lack of established routine limits ability to routinize medications OR • Patient has established routine on some days (and takes meds) but not on other days OR • Additional dosing times are not yet routinized 	<ul style="list-style-type: none"> • Assess for presence and consistency of routine and if there are alternate routines (eg dialysis or attending day program) • What are the routines associated with dosing times that patient seldom misses • What interrupts successful routines 	<ul style="list-style-type: none"> • Rule out cognitive (memory) impairment: does the patient have problems remembering other daily tasks? • OT referral to assess for presence and stability of routines and to incorporate new dosing times into established routines • Consult with prescriber re: options for reducing number of dosing times or synchronizing dosing times with most stable and consistent daily routines • Consider portable (1 day) mediplanner to take along on days when routine is different or locate second mediplanner in location where patient will be at later dosing time
	<ul style="list-style-type: none"> • “I just can’t remember to take my medications.” • “I can’t keep track of whether I took my medications or not.” • Pill count shows many doses missed or fewer doses left than refill date indicates • Patient exhibits memory deficits in other activities 	<ul style="list-style-type: none"> • Memory disorder (temporary or permanent) 	<ul style="list-style-type: none"> • Rule out reversible causes of memory problems (UTI, medication interactions, overdosing, use of OTC meds affecting cognitive status) • Assess for depression • Assess for cognitive impairment 	<ul style="list-style-type: none"> • Consult with physician/prescriber re: <ul style="list-style-type: none"> ○ UTI ○ Interactions ○ Beers list meds • OT or SLP referral for cognitive assessment • OT or SLP referral for alternative storage/dispensing devices • Consider use of pre-filled mediplanner to provide visual reminder • Work with caregivers on strategies to involve patient in medication administration but reduce risk of over or underdosing

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	<ul style="list-style-type: none"> • “My (daughter/friend/spouse, etc) gives me my medicine when I need it. I don’t even think about it.” • “My (daughter/spouse/family) doesn’t want me to take my medicine without help. • Caregivers express anxiety or resistance to having self-administer medications 	<ul style="list-style-type: none"> • Lack of knowledge about medications • Risk of over or undermedicating if knowledgeable caregiver is not present 	<ul style="list-style-type: none"> • Knowledge of purpose/dosing of each medication • Alternatives patient or caregivers have established in case caregiver is not present • Observe patient demonstrating physical task of dispensing and administering medication 	<ul style="list-style-type: none"> • Work with patient and caregiver to engage patient in all aspects of administration that s/he is capable of performing • Work with patient and caregivers on strategies to ensure that patient can safely and accurately administer PRN medications
	<ul style="list-style-type: none"> • “It’s too much trouble to go to the (bathroom/kitchen/etc) to get my medicines.” • “I can only go up and down the stairs once a day so I can’t get back there to take my medicine.” • “We have to keep my pills where the children can’t get them, but then it’s hard for me to reach.” • Patient is unable to access or has difficulty accessing where medications are stored 	<ul style="list-style-type: none"> • Medications are inaccessible 	<ul style="list-style-type: none"> • Ask patient to retrieve medications (instead of having them out prior to your visit) • Observe retrieval and patient’s endurance, mobility, balance, reach to successfully retrieve meds 	<ul style="list-style-type: none"> • Work with patient and caregivers on options to store medications where they are accessible to patient at all dosing times but not accessible to children, pets or adults with cognitive impairment • OT or PT referral to improve activity tolerance and/or mobility • OT referral to develop environmental adaptations to optimize medication accessibility

