

SECTION D — CHANGE IN CLIENT CONDITION

Have you noticed any recent changes in your client's condition? Check all that apply.

- Change in bowel patterns (diarrhea, constipation, gas)
- Change in bladder patterns (frequency, odour, colour)
- Change in behavior, memory, mood, or thinking pattern
- Change in mobility (problems with walking, standing up, dizziness, falling)
- Change in appetite (increased/decreased appetite, nausea, dry mouth, thirst)
- Change in energy level (more tired than usual or more energy than usual)
- Change in sleeping pattern (difficulty staying awake/falling asleep)
- Change in comfort level (unusual discomfort, pain, headache)
- Other _____

If any of the above are checked, please **GO TO SECTION D, THE YELLOW SECTION OF THE RESOURCE GUIDE** (page 19) and describe the problem further in the space below:

SECTION E — CHANGE IN CLIENT MEDICATION

Are you aware or have you been informed of any recent changes in the client's medication either after a visit to the doctor or discharge from the hospital?

- Yes No

If YES, please **GO TO SECTION E, THE GREEN SECTION OF THE RESOURCE GUIDE** (page 21).

Medication Problem A.C.T.I.O.N. Plan

A Screening Tool for Home Support Workers



This screening tool is a list of questions that you should apply to each of your elderly clients to identify possible medication-related problems that your client may be experiencing. Please note that this tool is not meant to replace your agency's (or health authority's/region's) policies or procedures. It is especially important that, if at any time a problem appears to be life-threatening, you follow the emergency procedures of your agency (or health authority/region).

Does the client usually take medication on his/her own?

- Yes No Unsure

If NO, who helps the client with his/her medication?

- Son/Daughter Spouse Neighbour/Friend Paid Caregiver Other

If other, please specify _____

How does this person help?

- Reminds Client Assists Client Administers Medication to Client Other

If other, please explain _____

How often does this person help?

- Multiple Times Per Day Daily Weekly Monthly Other

If other, please explain _____

SECTION A — PROBLEMS TAKING MEDICATION CORRECTLY (5 RIGHTS)

Have you noticed any of the following behaviours that might suggest that the client has not taken his/her medication correctly? Check all that apply.

Right Patient:

- Client is taking medication prescribed for someone else

Right Medication:

- Client took the wrong medication

Right Dose:

- Client took the wrong dose (e.g., too little/too much medication or no medication taken)

Right Time:

- Client took the medication at the wrong time

Right Route:

- Client used the wrong method/way to take medication*

* An example of wrong method/way:

- Client put ear drops in eye

If any of the above are checked please **GO TO SECTION A, THE RED SECTION OF THE RESOURCE GUIDE** (page 5) and describe the problem further in the space below:

SECTION B — PHYSICAL OR COGNITIVE PROBLEMS

Have you noticed any of the following physical or cognitive problems that might make it difficult for the client to take medication? Check all that apply.

Physical:

- Client has difficulty seeing (page 7)
- Client has difficulty hearing (page 8)
- Client has difficulty taking or preparing medication, e.g., swallowing pills, cutting tablets, using inhalers, giving injections, measuring medication (page 9)
- Client has difficulty opening medication bottles (page 10)

Cognitive:

- Client has difficulty remembering (page 11)
- Client does not understand the purpose of medication (page 12)
- Client does not understand what medication to take (page 12)
- Client does not understand how/when to take the medication (page 12)
- Other _____

If any of the above are checked, please **GO TO SECTION B, THE BLUE SECTION OF THE RESOURCE GUIDE** (pages 7 to 12) and describe the problem further in the space below:

SECTION C — BARRIERS AND OTHER PROBLEMS

Does your client have any other problems related to medication? Check all that apply.

Barriers:

- Client is unwilling to take medication as prescribed (page 13)
- Client has financial difficulty paying for prescriptions (page 14)
- Client is physically unable to leave home and visit doctor for prescriptions and/or pharmacy to pick-up prescriptions (page 15)
- Client has no transportation to visit doctor for prescriptions and/or pharmacy to pick-up prescriptions (page 15)
- Client needs more caregiver support with medication (page 16)

Other Problems:

- Client keeps old or expired bottles of medication (page 17)
- Poor storage conditions of medication, e.g., unlabelled containers, too near a stove, too much sunlight (page 18)
- Other _____

If any of the above are checked, please **GO TO SECTION C, THE PURPLE SECTION OF THE RESOURCE GUIDE** (pages 13 to 18) and describe the problem further in the space below:
