



**COMPLIANCE AID ASSESSMENT FORM**

<b>Patient Name</b>	
<b>NHS Number:</b>	
<b>Ward/Unit:</b>	
<b>GP Practice Name</b>	
<b>Telephone number:</b>	
<b>Community Pharmacy of choice</b>	
<b>Telephone number:</b>	

**Patient established on compliance aid prior to admission:**

If the patient continues to require a compliance aid and no medicines have changed (for leave/discharge), there may be one prepared at their regular pharmacy and no supply would be necessary.

**New request for compliance aid (to be completed by nursing/medical staff):**

Before continuing to complete this assessment form the following must be considered to determine if there are immediate reasons why the patient may not be suitable for a monitored dosage system (MDS) or other similar compliance aid.

	Yes	No	Comment
Is the medication regime stable?			If no, not suitable
Is the patient being cared for by someone who is willing and able to administer medication?			If yes, not suitable
Are all medicines suitable for use in a MDS? (seek pharmacy advice if necessary)			If no, not suitable as multiple systems will be in use e.g. MDS and foils etc.
Has the medication regime been simplified to the least number of drugs, doses and times?			Answer must be yes

**CLPG13-MHJS - SAFE & SECURE HANDLING OF MEDICINES – ALL STAFF MH  
& H&J - Appendix 17 (July 2017)**

**To be completed by nursing/medical staff:**

<b>Step 1</b>	Total number of medicines taken: .....	<b>Morning</b>	<b>Lunch</b>	<b>Evening</b>	<b>Night</b>
	Total number of doses taken at each time				

<b>Step 2</b>	Does the person have any problems or difficulties when taking their medicines? Complete the table below
---------------	---------------------------------------------------------------------------------------------------------

		Risk level			
		Low	Medium	High	
<b>Physical</b>	<b>Eyesight</b>	Unable to read labels?			
		Unable to distinguish between medicines by sight?			
	<b>Manual dexterity and co-ordination</b>	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?			
<b>Mental</b>	<b>Understanding</b>	Does not understand each medicine instruction?			
		Does not know which medicines are regular or PRN?			
		Doesn't know the reason for taking each medicine?			
	<b>Complexity</b>	On medication with variable doses?			
		Taking many medicines with multiple doses?			
		On medicines with complex dose instructions?			
	<b>Remember to order</b>	Is continuity of supply a problem?			
		Does the patient forget to order?			
	<b>Remember to take</b>	Does the patient forget to take medication?			

**If all or most boxes are rated 'low', it is unlikely a patient requires additional support**

**CLPG13-MHJS - SAFE & SECURE HANDLING OF MEDICINES – ALL STAFF MH  
& H&J - Appendix 17 (July 2017)**

<b>Step 3</b>	Based on the risks identified above, select from the table below suitable adherence support actions.
---------------	------------------------------------------------------------------------------------------------------

**To be completed by Pharmacy staff:**

Problem	Solution	Chosen option(s) (tick)
<b>Eyesight</b>	Enhance label instructions <ul style="list-style-type: none"> <li>• Increase font size</li> <li>• Provide symbol-based labels</li> <li>• Braille labels</li> <li>• Other (describe)</li> </ul>	
<b>Manual dexterity and coordination</b>	Assist with dexterity issues <ul style="list-style-type: none"> <li>• Provide screw caps</li> <li>• Provide wing lids</li> <li>• Dispense blister packed tablets into bottles</li> <li>• Provide halved or quartered tablets</li> <li>• Provide oral syringe or measure</li> <li>• Alternative formulation</li> <li>• Haleraid for inhalers or eye dropper clamp</li> <li>• Other (describe)</li> </ul>	
<b>Understanding</b>	Enhance understanding <ul style="list-style-type: none"> <li>• Medicines use review</li> <li>• Provide written information</li> <li>• Rationalise medicines</li> </ul>	
<b>Complexity</b>	Simplify medicines regime <ul style="list-style-type: none"> <li>• Medication review</li> <li>• MAR chart</li> </ul>	
<b>Remembering to order</b>	Assist with ordering medicines <ul style="list-style-type: none"> <li>• Prescription collection service</li> <li>• Repeat dispensing</li> <li>• Reminder on calendar</li> </ul>	
<b>Remembering to take</b>	Assist with taking medicines <ul style="list-style-type: none"> <li>• Rationalise medicines</li> <li>• Reminder charts</li> <li>• MAR chart</li> </ul>	

**MCA/MDS/Blister pack/NOMAD Suitability**

Only when the above solutions have been tried or none are agreeable to the patient, should the patient be commenced on one of the above compliance aids

**For Pharmacy use only:**

Does the patient require a MDS from an EPUT pharmacy? Yes / No

Date MDS required by:

Date and time order received in pharmacy:

MDS dispensed by:

MDS checked by:

**SAMPLE - DO NOT USE**