

(name of RCHD)

**Consent Form for Self-storage and
Self-administration of Drugs**

Resident's name	Sex/Age	HKIC no.	Room and/or bed no.
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(I) Information of Drugs for Self-storage and Self-administration

Name of Drug	Source	Purpose of Medication	Direction of Administration

(II) Confirmation by Resident and *Guardian/Guarantor/Family Member/Relative

(*please delete as appropriate)

I, _____ (resident's name), hereby request to store and administer the above drugs by myself. I am well aware of the medical practitioner's instructions and will administer the drugs on schedule and at advised dosage. I will also store the drugs in a secure and locked cabinet/box to prevent other residents from taking them mistakenly.		
Resident's signature	Name of witnessing *guardian/ guarantor/family member/relative	Relationship with resident
Date	Signature of witnessing *guardian/ guarantor/family member/relative	Date

(III) Assessment by RCHD (please tick as appropriate)

Assessment	Yes	No	Remarks
The resident fully understands the medical practitioner's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
The resident can comply with the medical practitioner's instructions in administering the drugs on schedule and at advised dosage	<input type="checkbox"/>	<input type="checkbox"/>	
The resident is capable of storing the drugs in a secure and locked cabinet/box	<input type="checkbox"/>	<input type="checkbox"/>	
Nearby residents will not take the drugs mistakenly	<input type="checkbox"/>	<input type="checkbox"/>	
The drugs listed in part (I) are suitable for self-storage and self-administration	<input type="checkbox"/>	<input type="checkbox"/>	

Upon an assessment, this RCHD **agree**/ **disagree** to handing over the drugs listed in part (I) to the resident for self-storage and self-administration.

*Name of nurse/health worker _____ Name of home manager _____

*Signature of nurse/health worker _____ Signature of home manager _____

Assessment date _____ Date _____

(IV) Remarks

<p>(1) The RCHD should monitor and assess regularly on the ability of the resident to keep and take drugs by him/herself, and update/invalidate this consent form under any following circumstances –</p> <p>(a) changes in the conditions of nearby residents who may take the self-administered drugs mistakenly;</p> <p>(b) the resident or his/her guardian/guarantor/family member/relative has requested that the drugs will no longer be stored or administered by the resident;</p> <p>(c) the resident's cognitive or drug-handling ability has deteriorated; or</p> <p>(d) changes in the types of the drugs in part (I).</p> <p>(2) The RCHD is required to complete the drug delivery record, which should be signed by the resident and his/her guardian/guarantor/family member/relative for confirmation.</p>
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