










MEDICATION NON-ADHERENCE (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 	<p>Is there evidence to support/suggest that patient/caregiver does not understand medication regimen?</p> <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.” 	RN
Illiteracy 	<p>Is there evidence to support/suggest that patient’s/caregiver’s inability to read is affecting medication compliance?</p> <ul style="list-style-type: none"> • Unable to read medication name, frequency, dose, other instructions 	RN, SLP, OT
Financial Concerns* 	<p>Is there evidence to support/suggest that patient is limiting medication use to save drug (i.e. to save money)?</p> <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* 	<p>Is there evidence to support/suggest that patient is limiting medication use due to concerns he or she will become addicted?</p> <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* 	<p>Is there evidence to support/suggest that patient is taking too much medication?</p> <ul style="list-style-type: none"> • “I need a refill; the bottle spilled in the sink.” • “Even doubling the prescribed amount does not <u>touch</u> the pain.” (do not assume intentional over-medicating without evaluating for true ineffectiveness of current meds, need for adjuvant therapy, etc.) 	RN, MSW
Health Belief/ Expectations* 	<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.” 	RN, MSW

<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 M0780 scoring**

Referrals should be made based on patient need, state practice acts, and agency policy.

