

Self-Administration Assessment - Oral and Topical Medication

Name of Individual: _____ Date of Birth: _____

Setting(s) of assessment (home, work, recreation, etc.): _____

This assessment is to be completed by a person who knows the individual well and, when possible, with a second observer present. Assess the individual's knowledge and skills in each environment where medication(s) is taken.

Persons conducting this assessment will need to have ALL necessary information regarding current medications including medication name(s), dose(s), route(s), time(s), purpose for medication(s) and basic side effects. Complete this form (pages 1-2) in its entirety regardless of answers. (See *Introduction-Instruction Self-Administration Assessments* for more information).

Name, Signature & Title of Person Performing Assessment

Date

Name, Signature & Title of Second Observer

Date

1. Recognizes medication by color, size, shape and/or by reading the label (i.e., can read label, has memorized, will ask for help or will confirm with someone else).

Yes Continue to #2 No Unable to Self-Administer With or Without Assistance. Continue to #2

2. Knows what medication is for (i.e., pain, nerves, breathing, rash, itch).

Yes Continue to #3 No Unable to Self-Administer With or Without Assistance. Continue to #3

3. Knows and recognizes how much medication to take/apply (i.e., 1/2 pill, the cup filled to this line, thin coating).

Yes Continue to #4 No Unable to Self-Administer With or Without Assistance. Continue to #4

4. Recognizes when not feeling well; knows who to tell and will tell them. (it may be a side effect of medication i.e., pain, nausea, dizziness).

Yes Continue to #5 No Unable to Self-Administer With or Without Assistance. Continue to #5

5. Knows when a refill is needed so medication never runs out (i.e., 4-7 days of medication left). Will get refill; knows who to tell to get refill when needed; will seek assistance if needed for refill or if medication is not available.

Yes Continue to #6 No Unable to Self-Administer With or Without Assistance. Continue to #6

6. Knows who to ask/tell when there is a problem with medication (i.e., doesn't look right, dose is not correct, spilled medication). Will not take incorrect medication and will notify that person immediately of any problems.

Yes Continue to #7 No Unable to Self-Administer With or Without Assistance. Continue to #7

7. Knows when to take medication and has demonstrated ability to initiate at the right time every day by using a clock or routine (i.e., with meals, before bed).

Yes Continue to #8 No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for reminder assistance Continue to #8

8. Able to get medication to and from storage, out of container and to mouth without spills.

Yes "Yes" to all eight questions, able to Self-Administer Without Assistance No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding storage or packaging or consuming/applying.

***Record Assessment Outcome on page 2**

Self-Administration Assessment – Using a Glucometer

Name of Individual: _____ Date of Birth: _____
Setting(s) of assessment (home, work, recreation, etc.): _____

This assessment is to be completed by a person who knows the individual well, and, when possible, with a second observer present. Assess the individual's knowledge and skills in each environment where the glucometer check is performed.

Persons conducting this assessment will need to have ALL necessary information regarding the individual's physician's orders for glucometer checks. In addition, persons completing this assessment must know how to properly use and maintain the type of glucometer being used by the individual. Complete this form (pages 1-2) in its entirety regardless of answers.

(See Introduction-Instruction Self-Administration Assessments for more information)

Name, Signature & Title of Person Performing Assessment _____
Date

Name, Signature & Title of Second Observer _____
Date

- 1. Knows if glucometer is working correctly and what actions to take if it is not working correctly (fix or seek help).**
Yes Continue to #2 No Unable to Use Glucometer With or Without Assistance. Continue to #2

- 2. Knows how to check the code on the test strip bottle with the glucometer code and what to do if the codes do not match or are expired.**
Yes Continue to #3 No Unable to Use Glucometer With or Without Assistance. **N/A** Continue to #3

- 3. Knows proper procedure for fingerstick (i.e., wash hands, rotate fingers, new lancet for each stick).**
Yes Continue to #4 No Unable to Use Glucometer With or Without Assistance. Continue to #4

- 4. Knows how to correctly place blood sample on test strip and successfully complete the glucometer check.**
Yes Continue to #5 No Unable to Use Glucometer With or Without Assistance. Continue to #5

- 5. Knows what to do with the number/test result (i.e., tell/show someone, write it down, seeks help).**
Yes Continue to #6 No Unable to Use Glucometer With or Without Assistance. Continue to #6

- 6. Knows when a refill is needed so test strips never run out (i.e., 4-7 days of test strips left). Will get refill; knows who to tell to get refill when needed; will seek assistance if needed for refill or if test strips are not available.**
Yes Continue to #7 No Unable to Use Glucometer With or Without Assistance. Continue to #7

- 7. Knows when to do the glucometer check and has demonstrated the ability to initiate at the right time/day by using a clock or routine (i.e., first day of work week, before church, before meals, before taking insulin).**
Yes Continue to #8 No If able to self-administer (questions 1-6 are all "Yes"; outcome is "Self-Administration with assistance"), the service plan will include need for reminder assistance. Continue to #8

- 8. Able to get glucometer and supplies to/from storage, out of container, and properly dispose of used lancets.**
Yes Continue to #9 No If able to self-administer (questions 1-6 are all "Yes"; outcome is "Self-Administration with assistance"), the service plan will include need for physical assistance regarding storage, packaging or disposal. Continue to #9

- 9. Able to use lancet/lancet pen correctly, place blood sample on test strip and complete the glucometer check.**
Yes Continue to #10 No If able to self-administer (questions 1-6 are all "Yes"; outcome is "Self-Administration with assistance"), the service plan will include need for physical assistance with use of lancet/lancet pen, blood sample, completing glucometer check. Continue to #10

10. Able to clean glucometer and lancet pen (if using pen).

Yes If "Yes" to all ten questions, able to Self-Administer Without Assistance No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with assistance"), the service plan will include need for assistance with cleaning the glucometer.

Record Assessment Outcome below

Assessment Outcome:

The individual service plan (ISP) must indicate the outcome of the assessment and how Blood Glucose Monitoring (BGM) will be done (assessment outcome plus supports if needed). Based on all answers to questions 1-10, choose one of the outcomes listed below:

- Able to "self-administer" without assistance (Questions 1 through 10 are all "Yes")
- Able to "self-administer" with assistance (Questions 1-6 are "Yes"; any one or all of 7 through 10 are "No"). OAC 5123:2-6-02 specifies the three types of assistance that can be provided by **uncertified** personnel. Indicate below the type or types of assistance that apply.
 - 1. The individual receives assistance with blood glucose monitoring through reminders of when to perform the testing.
 - 2. The individual receives assistance with blood glucose monitoring through physical assistance with getting equipment out of storage.
 - 3. Upon request or with consent, and at the **individual's direction**, receives assistance with blood glucose monitoring through physical assistance with any or all of the following: use of lancet/unistik/pen; putting blood on test strip; completing glucometer test; cleaning the glucometer and lancet; disposal of equipment; checking glucometer with test solutions.
- Unable to perform blood glucose monitoring with or without one of the three types of assistance. (the answer is "No" to any one or all of questions 1-6). Choose one of the following:
 - The individual can perform some steps of blood glucose monitoring and a properly licensed or certified and authorized person completes the other steps of blood glucose monitoring. (List details in ISP).
 - A properly licensed or certified and authorized person is required to assist with or perform blood glucose monitoring.

Other Considerations:

Because of demonstrated and documented unsafe behaviors, the individual is unable to safely perform blood glucose monitoring with or without assistance. If yes, according to rule (Ohio Administrative Code 5123:2-2-06, Behavior Support Strategies that include Restrictive Measures), this must be addressed as a rights restriction in the ISP. Brief summary:

The individual can perform blood glucose monitoring without assistance in some locations or times; and requires assistance at other locations or times. Separate assessments should be done for the variable places/times. All outcomes are listed in the ISP. Comments: _____

The Self-Administration Assessment must be completed at a minimum of every 3 years, with a review completed annually.

Annual Review; the confirmation of no changes

First Review: _____ Name, Signature & Title of Person Performing Assessment _____ Date

Second Review: _____ Name, Signature & Title of Person Performing Assessment _____ Date

Self-Administration Assessment - Inhaled Medications

Name of Individual: _____ Date of Birth: _____

Setting(s) of assessment (home, work, recreation, etc.): _____

This assessment is to be completed by a person who knows the individual well and, when possible, with a second observer present. Assess the individual's knowledge and skills in each environment where medication(s) is taken.

Persons conducting this assessment will need to have ALL necessary information regarding current inhaled medications including medication name(s), dose(s), route(s), time(s), purpose for medication(s), parameters, and basic side effects. In addition, the person completing the assessment must know how to use and maintain the type of medication delivery system used by the individual. Complete this form (pages 1-2) in its entirety regardless of answers. (See *Introduction-Instruction Self-Administration Assessments* for more information)

Name, Signature & Title of Person Performing Assessment Date

Name, Signature & Title of Second Observer Date

1. Recognizes medication by color, size, packaging and/or by reading the label. (i.e., can read label, has memorized, will ask for help or will confirm with someone else).

Yes Continue to #2 No Unable to Self-Administer With or Without Assistance. Continue to #2

2. Knows what medication is for (i.e., make breathing easier, wheezing).

Yes Continue to #3 No Unable to Self-Administer With or Without Assistance. Continue to #3

3. Knows and recognizes how much medication to take (i.e., 1 puff, 1 dose, 1 ampule).

Yes Continue to #4 No Unable to Self-Administer With or Without Assistance. Continue to #4

4. Knows proper technique for taking medication (i.e. shake canister, exhale prior to administration, use spacer, using nebulizer).

Yes Continue to #5 No Unable to Self-Administer With or Without Assistance. Continue to #5

5. Recognizes when not feeling well; knows who to tell and will tell them. (i.e., tremor, hoarse voice, distress).

Yes Continue to #6 No Unable to Self-Administer With or Without Assistance. Continue to #6

6. Knows when a refill is needed so medication never runs out (i.e., 4-7 days of medication left). Will get refill; knows who to tell to get refill when needed; will seek assistance if needed for refill or if medication is not available.

Yes Continue to #7 No Unable to Self-Administer With or Without Assistance. Continue to #7

7. Knows who to ask/tell when there is a problem with medication (i.e., canister doesn't look right, runs out of medication). Will not take medication and will notify that person immediately.

Yes Continue to #8 No Unable to Self-Administer With or Without Assistance. Continue to #8

8. Knows when to take medication (i.e., by time, by feeling) and has demonstrated ability to initiate at the right time/day by using a clock, routine or symptoms (i.e., before breakfast, wheezing, shortness of breath).

Yes Continue to #9 No If able to self-administer (questions 1-7 are all "Yes"; outcome is "Self-administration with Assistance"), the service plan will include need for reminder assistance. Continue to #9

9. Able to get medication to and from storage.

Yes Continue to #10 No If able to self-administer (questions 1-7 are all "Yes"; outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance for storage. Continue to #10

10. Able to assemble medication delivery device, press on canister base, load dry medicine, get mouthpiece to mouth; or knows what to do but is not physically able. (continue to page 2)

Self-Administration Assessment - Oxygen Administration

Name of Individual: _____ Date of Birth: _____

Setting(s) of assessment (home, work, recreation, etc.): _____

This assessment is to be completed by a person who knows the individual well and, when possible, with a second observer present. Assess the individual's knowledge and skills in each environment where oxygen is administered. Persons conducting this assessment will need to have ALL necessary information regarding the individual's current physician's orders for oxygen, purpose for oxygen and basic side effects. In addition, persons completing the assessment must know how to properly use and maintain the oxygen equipment used by the individual. Complete this form (pages 1-2) in its entirety regardless of answers. (See *Introduction-Instruction Self-Administration Assessments* for more information)

Name, Signature & Title of Person Performing Assessment

Date

Name, Signature & Title of Second Observer

Date

1. Knows why oxygen is ordered.

Yes Continue to #2 No Unable to Self-Administer With or Without Assistance. Continue to #2

2. Knows how to tell if oxygen is flowing at prescribed flow rate. Knows who to ask and will ask for help.

Yes Continue to #3 No Unable to Self-Administer With or Without Assistance. Continue to #3

3. Knows who to notify if there are problems with equipment (ex., oxygen not flowing, leaks, concentrator not working, etc.).

Yes Continue to #4 No Unable to Self-Administer With or Without Assistance. Continue to #4

4. Knows when new oxygen tanks are needed so oxygen supply never runs out (i.e. only a few tanks left). Will get additional tanks/refills; knows who to tell to get additional tanks/refills; will seek assistance if needed for additional tanks/refills or if oxygen is not available.

Yes Continue to #5 No Unable to Self-Administer With or Without Assistance. Continue to #5

5. Knows safety precautions with oxygen use (i.e., safe location of tank, no smoking).

Yes Continue to #6 No Unable to Self-Administer With or Without Assistance. Continue to #6

6. Recognizes when not feeling well; knows who to tell and will tell them. (it may be a side effect of oxygen i.e., fatigue, dry/bloody nose).

Yes Continue to #7 No Unable to Self-Administer With or Without Assistance. Continue to #7

7. Knows when oxygen is needed (i.e., by time, feeling, oxygen saturation, if applicable).

Yes Continue to #8 No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for reminder assistance. Continue to #8

8. Able to get tank/concentrator/oxygen supplies to and from storage.

Yes Continue to #9 No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance. Continue to #9

9. Able to connect oxygen mask/nasal cannula to oxygen source.

Yes Continue to #10 No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance. Continue to #10

10. Able to connect/disconnect oxygen regulator to cylinder (if applicable), turn on the oxygen delivery device and adjust to correct flow rate.

Yes Continue to #11 No If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance. Continue to #11

11. Able to apply oxygen mask/nasal cannula.

Yes Continue to #12 **No** If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance. Continue to #12

12. Able to clean and maintain equipment (i.e., nasal cannula/mask, humidifier bottle).

Yes If "Yes" to all twelve questions, able to Self-Administer Without Assistance **No** If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance.

Record Assessment Outcome below

Assessment Outcome:

The individual service plan (ISP) must indicate the outcome of the assessment and how oxygen will be administered (assessment outcome plus supports if needed). Based on all answers to questions 1-12, choose one of the outcomes listed below:

- Able to "self-administer" without assistance (Questions 1 through 12 are all "Yes")
- Able to "self-administer" with assistance (Questions 1 through 6 are "Yes"; any one or all of 7 through 12 are "No"). OAC 5123:2-6-02 specifies the three types of assistance that can be provided by **uncertified** personnel. Indicate below the type or types of assistance that apply.

- 1. The individual receives assistance with self-administration of oxygen through reminders of when to administer the oxygen and when to obtain oxygen saturation readings, if applicable.
- 2. The individual receives assistance with self-administration of oxygen by removing oxygen tank/concentrator/supplies from storage area.
- 3. Upon request or with consent, and at the **individual's direction**, provide physical assistance with any step of the process (i.e., application of oxygen mask/nasal cannula, turning on oxygen concentrator, opening/closing oxygen tank, cleaning equipment, etc.).

Unable to self-administer with or without one of the three types of assistance (answer "No" to any one or all of questions 1-6). Choose one of the following:

- The individual can do some steps of oxygen administration and a properly licensed or certified and authorized person completes the other steps of oxygen administration. (List details in ISP).
- A properly licensed or certified and authorized person must administer medication.

Other Considerations:

- Because of demonstrated and documented unsafe behaviors, the individual is unable to safely self-administer with or without assistance. If yes, according to rule (Ohio Administrative Code 5123:2-2-06, Behavior Support Strategies that include Restrictive Measures), this must be addressed as a rights restriction in the ISP. Brief summary: _____
- The individual has oral, topical, inhaled medications or specific health care tasks. Use the specific Self-Administration Assessment for Medication – oral/topical, Inhaled Medication, Glucometer and/or Health Care Tasks to determine level of independence, assistance or supports needed.

The Self-Administration Assessment must be completed at a minimum of every 3 years, with a review completed annually.

Annual Review; the confirmation of no changes

First Review:

Name, Signature & Title of Person Performing Assessment	Date

Second Review:

Name, Signature & Title of Person Performing Assessment	Date