

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 take medication 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**

***Assessment Outcome:**

The individual service plan (ISP) must indicate the outcome of the assessment and how medications and treatments will be administered (assessment outcome plus supports if needed). Based on all answers to questions 1-8, choose one of the outcomes listed below:

- Able to “self-administer” without assistance (Questions 1 through 8 are all “Yes”)
- Able to “self-administer” with assistance (Questions 1 through 6 are “Yes”; 7 and/or 8 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. Provide specific instruction in the individual’s ISP.
 - 1. The individual receives assistance with self-administration of medication through reminders of when to administer the medication and/or confirm directions on the container.
 - 2. The individual receives assistance with medication administration by removing medication from storage area, handing the container of medication to the individual, and, if physically unable, opening the container for the individual.
 - 3. Upon request or with consent, and at the **individual’s direction**, removing oral or topical medication from the container and assisting the individual take or apply the medication. If the individual is physically unable to place the dose of medication in his/her mouth or topically apply to skin, assisting the individual to do so.
- Unable to self-administer 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 do some steps of medication administration and a properly licensed or certified and authorized person completes the other steps of medication 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 inhaled medications or other specific health care tasks. Use the specific Self-Administration Assessment for Oxygen, Inhaled Medications, Glucometer or Health Care Tasks to determine level of independence, assistance or supports needed.
- The individual can self-administer some medications/doses/routes (certain drugs or administration times or topical vs oral); those are listed in the ISP. Other medications are administered as indicated by the outcome listed above. List the medication(s) the individual can self-administer _____

- The individual has a G/J Tube or modified diet texture.
 - Medications are given via G/J tube. Note: G/J Tube medication administration requires the nurse to complete a Self-Administration Assessment for Administration of Medications, Nutrition, Fluids per G/J Tube and nurse delegation for properly certified personnel to administer.
 - The prescriber and team have confirmed the safe administration of any medications given orally (or modified the administration to ensure safety).

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