

10. Able to get medication/nutritional formula/fluid to and from storage.

Yes Continue to #11 No If able to self-administer (questions 1-8 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding storage. Continue to #11

11. Knows how to store left-over nutritional formula and how to properly dispose of it if it is more than 24 hours old.

Yes Continue to #12 No If able to self-administer (questions 1-8 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding storage and disposal. N/A Continue to #12

12. Able to open formula container, prepare medication/formula/fluid for administration, assemble equipment.

Yes Continue to #13 No If able to self-administer (questions 1-8 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance. Continue to #13

13. Able to clean and maintain equipment (i.e., syringe, tubing).

Yes "Yes" to all thirteen questions, able to Self-Administer Without Assistance No If able to self-administer (questions 1-8 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 medications/nutrition/fluids will be administered (assessment outcome plus supports if needed). Based on all answers to questions 1-13, choose one of the outcomes listed below:

- Able to "self-administer" without assistance (Questions 1 through 13 are all "Yes")
- Able to "self-administer" with assistance (Questions 1 through 8 are "Yes"; any one or all of 9 through 13 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.
 - The individual receives assistance with self-administration of medications/nutrition/fluids through reminders of when to administer the medications/nutrition/fluids and/or confirm directions on the container/label.
 - The individual receives assistance with medications/nutrition/fluids administration by removing medications/nutrition/fluids and/or equipment from storage area, physically handing the medication/nutritional formula/fluid to the individual and returning to proper storage.
 - Upon request or with consent, and at the **individual's direction**, provide physical assistance with any step of the process (i.e., open/assist with opening the medication or nutritional formula container, preparing the medications/nutritional formula/fluid for administration, cleaning equipment, etc.)
- 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 1-8). Choose one of the following:
 - The individual can do some steps of administration and a properly licensed or delegated person completes the other steps (nurse delegation and if medications, Medication Administration Certification 1 and Certification 2). List details in ISP.
 - A properly licensed or delegated person must do all steps of administration (nurse delegation and if medications, Medication Administration Certification 1 and Certification 2).

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 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: _____ Date _____
Name, Signature & Title of Nurse Performing Assessment

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