

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 the right time/day to do the glucometer check 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 assistance regarding storage, packaging or disposal. Continue to #9
  
9. **Able to use lancet/lancet pen correctly.**  
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. Continue to #10
  
10. **Knows how 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.

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**Record Assessment Outcome below**

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**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. Provide specific instruction in the individual's ISP.
  - 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; checking glucometer with test solutions; cleaning the glucometer; disposal of equipment.
- 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: \_\_\_\_\_

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*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