

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). Has demonstrated ability to take medication 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. Knows how to clean and store equipment.**

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 assistance for cleaning and storage. Continue to #10

**10. Able to get medication to and from storage.**

Yes  Continue to #11 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 #11 (on page 2)

