

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. Is aware of 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 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. Is 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.

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**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. Provide specific instruction in the individual's ISP.

- 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  |