

Self-Administration Assessment - Insulin/Metabolic Glycemic Disorder Medications

Name of Individual: _____ Date of Birth: _____

Setting(s) of assessment (home, work, recreation, etc.): _____

This assessment is to be completed by a licensed nurse, and, when possible, with a second observer present. Either the nurse or the observer must know the individual well. Persons conducting this assessment will need to have ALL necessary information regarding current physician's orders for insulin/metabolic glycemic disorder medications including medication name(s), dose(s), route(s), time(s), purpose for medication(s) and basic side effects. In addition, persons completing this assessment must know how to properly use and maintain the type of equipment/supplies 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 Nurse Performing Assessment Date

Name, Signature & Title of Second Observer Date

1. **Knows what insulin/metabolic glycemic disorder medications are for (i.e., diabetes, etc.).**
Yes Continue to #2 No Unable to Self-Administer With or Without Assistance. Continue to #2

2. **Knows and recognizes how much medication to take (i.e., units, cartridges, dose, pump settings). If on an insulin sliding scale, knows how many units to take. (i.e., knows how to use sliding scale or will ask for help or will confirm with someone else)**
Yes Continue to #3 No Unable to Self-Administer With or Without Assistance. Continue to #3

3. **Has demonstrated the ability to recognize the label and numbers on the vial, syringe, pen, pump or other design feature (i.e., can read label, has memorized, will ask for help or will confirm with someone else).**
Yes Continue to #4 No Unable to Self-Administer With or Without Assistance. Continue to #4

4. **Knows who to ask/tell when there is a problem with medication (i.e., doesn't look right – cloudy vs. clear, dose is not correct). Will not take incorrect medication and will notify that person immediately of any problems.**
Yes Continue to #5 No Unable to Self-Administer With or Without Assistance. Continue to #5

5. **If insulin is from a vial, has demonstrated ability to draw up the correct dosage into the syringe.**
Yes Continue to #6 No Unable to Self-Administer With or Without Assistance. N/A Continue to #6

6. **If the insulin is administered by an insulin pump, has demonstrated the ability to use the pump correctly (i.e., program pump, connect cartridge/adaptor/infusion set, prime infusion set, insert cannula).**
Yes Continue to #7 No Unable to Self-Administer With or Without Assistance. N/A Continue to #7

7. **Has demonstrated the ability to safely and properly inject self with insulin/metabolic glycemic disorder medications.**
Yes Continue to #8 No Unable to Self-Administer With or Without Assistance. N/A Continue to #8

8. **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 #9 No Unable to Self-Administer With or Without Assistance. Continue to #9

9. **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 #10 No Unable to Self-Administer With or Without Assistance. Continue to #10

10. **Knows when to take insulin/metabolic glycemic disorder medications and has demonstrated the ability to take medication at the right time every day by using a clock or routine (i.e., before breakfast, before lunch).**
Yes Continue to #11 No If able to self-administer (questions 1-9 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include reminder assistance. Continue to #11

11. **Able to get medication to and from storage.**
Yes Continue to #12 No If able to self-administer (questions 1-9 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding storage. Continue to #12

12. If the insulin/metabolic glycemic disorder medication is from a pre-filled pen, has demonstrated the ability to dial the correct dose.

Yes Continue to #13 No If able to self-administer (questions 1-9 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding dialing pen. N/A Continue to #13

13. If the insulin is inhaled from a cartridge, has demonstrated the ability to insert the cartridge and take the correct dose.

Yes Continue to #14 No If able to self-administer (questions 1-9 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance inserting cartridge. N/A Continue to #14

14. Knows places on body to inject the insulin/metabolic glycemic disorder medications, knows to rotate sites.

Yes Continue to #15 No If able to self-administer (questions 1-9 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding site rotation. N/A Continue to #15

15. Knows how to properly store medication and supplies and how and where to properly dispose of used needles.

Yes "Yes" to all fifteen questions, able to Self-Administer Without Assistance No If able to self-administer (questions 1-9 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding proper storage and disposal.

***Record Assessment Outcome below**

***Assessment Outcome:**

The individual service plan (ISP) must indicate the outcome of the assessment and how insulin/metabolic glycemic disorder medications will be administered (assessment outcome plus supports if needed). Based on all answers to questions 1-15, choose one of the outcomes listed below:

- Able to "self-administer" without assistance (Questions 1 through 15 are all "Yes")
- Able to "self-administer" with assistance (Questions 1 through 9 are "Yes"; any one or all of 10 through 15 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 insulin/metabolic glycemic disorder medication through reminders of when to administer the medication and/or confirm directions on the container/label and/or reading a sliding scale.
- 2. The individual receives assistance with insulin/metabolic glycemic disorder medication administration by removing medication from storage area, physically handing the vial, prefilled syringe/pen to the individual, returning to proper storage and assistance with disposal of needles.
- 3. Upon request or with consent, and at the **individual's direction**, provide physical assistance with steps identified above in questions 12, 13, 14 (i.e., dial pen, insert cartridge, rotate site)

- 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 1-9). Choose one of the following:
 - The individual can do some steps of medication administration and a properly licensed or certified and delegated person completes the other steps (nurse delegation and Medication Administration Certification 1 and Certification 3). List details in ISP.
 - A properly licensed or certified and delegated person must do all steps of administration (nurse delegation and Medication Administration Certification 1 and Certification 3). List details in ISP.

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