

Continuation of Self-Administration Assessment for Using a Glucometer

Once the assessment is completed, the service plan for the individual should specify how Blood Glucose Monitoring (BGM) will be done. Any of the following statements could be used in the service plan, depending on what is correct for each specific person.

- I can perform my own blood glucose monitoring (BGM) without assistance.
- I can perform BGM with assistance (select one of the following related to the assistance).
 - The individual receives assistance with BGM through reminders of when to perform BGM. Specify reminders needed in the individual's ISP.
 - The individual receives assistance with BGM through physically handing the equipment needed to the individual. Provide specific instructions in the individual's ISP.

Other:

- I need certified staff to do my blood sugar testing. Use this if answer to any question leads you to the top box on the right side of this form. If any question, #1-10 is answered "no" use this answer.
- I require certified staff to do my blood sugar checks while I am learning how to do them. IP Team should consider Skill Development programs as appropriate. Use this answer if the individual cannot consistently do own BGM. A specific plan should be written with goals and time frames. See 5123:2-6-02 (C).
- I can do my own BGM.
 - Describe BGM procedure _____
 - Ability Level with task _____
 - Designate if independent or staff performance of BGM is applicable to a specific location or time of day (ie. Work setting) _____
- I have demonstrated unsafe behaviors and am therefore unable to do my own BGM with or without assistance. Identify behavior / justification.

If the individual has a history of unreliability or noncompliance the person doing the assessment may indicate that the individual requires someone to do his / her BGM to assure safety.

RESULT:

- Self BGM with assistance
 - Self BGM – no assistance needed.
- BGM / Delegated Nursing (DN)
- I live in a 5 bed or less setting and will receive my BGM from staff that have been trained to do BGM.
 - (or)**
 - I will receive DN services per the state DN rules

Annual Review By:

First _____

Signature, Title, & Date

Second _____

Signature, Title, & Date