

Self-Administration Assessment – Performance of Health-Related Activities

Name of Individual: _____ Date of Birth: _____
Setting(s) of assessment (home, work, recreation, etc.): _____
The Health-Related Activities (TASK(S)) being assessed: _____

(i.e.: blood pressure, CPAP, pulse oximetry, compression hose, 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 health care task is performed.

Persons conducting this assessment will need to have ALL necessary information regarding the individual’s current physician’s orders for the health care task. In addition, persons completing this assessment must know how to properly complete the task, use and maintain any equipment for performance of the health care task. 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 health care task(s) is ordered.

Yes Continue to #2 No Unable to Self-Administer With or Without Assistance. Continue to #2

2. Knows how to use the equipment for the task(s) (i.e., blood pressure cuff, pulse oximeter, etc.).

Yes Continue to #3 No Unable to Self-Administer With or Without Assistance. Continue to #3

3. Recognizes if equipment is working correctly.

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 equipment and will notify that person immediately of any problems (i.e., equipment not working, battery needs changed).

Yes Continue to #5 No Unable to Self-Administer 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 Self-Administer With or Without Assistance. NA Continue to #6

6. Knows when to complete health care task(s) and has demonstrated the ability to initiate at the right time/day by using a clock, routine, symptom (i.e., first day of work week, before church, before meals, before bedtime, shortness of breath, distress).

Yes Continue to #7 No If able to self-administer (questions 1-5 are all “Yes”; outcome is “Self-administration with assistance”), the service plan will include need for reminder assistance. Continue to #7

7. Able to get equipment and supplies to/from storage, out of container, assemble equipment.

Yes Continue to #8 No If able to self-administer (questions 1-5 are all “Yes”, outcome is “Self-Administration with assistance”), the service plan will include need for physical assistance regarding storage, packaging, assembling equipment. Continue to #8

8. Able to clean and maintain equipment.

Yes If “Yes” to all eight questions, able to Self-Administer Without Assistance No If able to self-administer (questions 1-5 are all “Yes”, outcome is “Self-Administration with assistance”), the service plan will include need for assistance with cleaning equipment.

Record Assessment Outcome below

Assessment Outcome:

The individual service plan (ISP) must indicate the outcome of the assessment and how the health care task will be done (assessment outcome plus supports if needed). Based on all answers to questions 1-8, choose one of the outcomes listed below:

- Able to “self-administer” without assistance (Questions 1 through 8 are all “Yes”)

- Able to “self-administer” with assistance (Questions 1-5 are all “Yes”; any one or all of 6 through 8 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.
 - 1. The individual receives assistance with health care task through reminders of when to perform the task.
 - 2. The individual receives assistance with health care task through physical assistance with getting equipment out of storage.
 - 3. Upon request or with consent, and at the **individual’s direction**, receives physical assistance with any or all the following: getting supplies out of container; assembly of equipment; cleaning equipment.

- Unable to perform health care task with or without one of the three types of assistance. (the answer is “No” to any one or all of questions 1-5). Choose one of the following:
 - The individual is able to perform some steps of health care task and a properly licensed or certified and authorized person completes the other steps of the health care task. (List details in ISP).
 - A properly licensed or certified and authorized person is required to assist with or perform the health care task.

Other Considerations:

- Because of demonstrated and documented unsafe behaviors, the individual is unable to safely perform health care tasks 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, Oxygen, Inhaled Medications and/or Using a Glucometer 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
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Second Review:

Name, Signature & Title of Person Performing Assessment	Date
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