

Self-Administration Assessment for Administration of Medications, Nutrition, Fluids per G/J Tube

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 medications, nutrition and fluids via G/J Tube. 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 why medications/nutrition/fluids are given per G/J Tube.**

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

**2. Knows what medication/nutritional formula/fluid are for (i.e. pain, seizures, breathing, nutrition/food).**

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

**3. Knows how to recognizes the medication/nutritional formula/fluid and knows how to administer the correct medication/product in the correct dosage/amount (i.e., can read, 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 how to regulate the rate of flow of administration (i.e., gravity or pump, as applicable).**

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

**5. Knows how to safely and properly prepare medication/nutrition/fluid for self-administration and knows how to correctly administer once prepared (i.e., crushed and dissolved in water, measure liquid).**

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

**6. Knows how to address blockages or other problems (may seek help from healthcare professional or natural support).**

Yes  Continue to #7 No  Unable to Self-Administer With or Without Assistance. Continue to #7

**7. 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 #8 No  Unable to Self-Administer With or Without Assistance. Continue to #8

**8. Knows when a refill is needed so medication/nutritional formula never runs out (i.e., 4-7 days of medication/nutritional formula left). Will get refill; knows who to tell to get refill when needed; will seek assistance if needed for refill or if medication/nutritional formula is not available.**

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

**9. Knows when to take medications/nutritional formula/fluid and has demonstrated the ability to initiate at the right time every day by using a clock or routine (i.e., after waking, before bed, before meal/tube feeding).**

Yes  Continue to #10 No  If able to self-administer (questions 1-8 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include reminder assistance. Continue to #10

**10. Able to get medication/nutritional formula/fluid to and from storage.**

Yes  Continue to #11 No  If able to self-administer (questions 1-8 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding storage. Continue to #11

**11. Able to store left-over nutritional formula and properly dispose of it if it is more than 24 hours old.**

Yes  Continue to #12 No  If able to self-administer (questions 1-8 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance regarding storage and disposal. **N/A**  Continue to #12

**12. Able to open formula container, prepare medication/formula/fluid, assemble equipment and administer.**

Yes  Continue to #13 No  If able to self-administer (questions 1-8 are all "Yes", outcome is "Self-Administration with Assistance"), the service plan will include need for physical assistance. Continue to #13

**13. Able to clean and maintain equipment (i.e., syringe, tubing).**

Yes  "Yes" to all thirteen questions, able to Self-Administer Without Assistance No  If able to self-administer (questions 1-8 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 medications/nutrition/fluids will be administered (assessment outcome plus supports if needed). Based on all answers to questions 1-13, choose one of the outcomes listed below:

- Able to "self-administer" without assistance (Questions 1 through 13 are all "Yes")
- Able to "self-administer" with assistance (Questions 1 through 8 are "Yes"; any one or all of 9 through 13 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.
  - The individual receives assistance with self-administration of medications/nutrition/fluids through reminders of when to administer the medications/nutrition/fluids and/or confirm directions on the container/label.
  - The individual receives assistance with medications/nutrition/fluids administration by removing medications/nutrition/fluids and/or equipment from storage area, physically handing the medication/nutritional formula/fluid to the individual and returning to proper storage.
  - Upon request or with consent, and at the **individual's direction**, provide physical assistance with any step of the process (i.e., open/assist with opening the medication or nutritional formula container, preparing the medications/nutritional formula/fluid for administration, assemble equipment, administer, cleaning equipment, etc.)
- 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 1-8). Choose one of the following:
  - The individual can do some steps of administration and a properly licensed or delegated person completes the other steps (nurse delegation and if medications, Medication Administration Certification 1 and Certification 2). List details in ISP.
  - A properly licensed or delegated person must do all steps of administration (nurse delegation and if medications, Medication Administration Certification 1 and Certification 2).

**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:

\_\_\_\_\_  
\_\_\_\_\_

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*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