

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. Knows 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 connect/disconnect oxygen regulator to cylinder (if applicable), 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

