

# **Introduction to Completion of Self-Administration Assessment For Administration of Tube Feedings and Medications per G-J Tube**

The purpose of this Self-Administration Assessment is to ensure that the individual is able to **SAFELY self administer tube feedings and medications per G – J Tube**. Every individual with DD has the right to self-administer their medications. The county board (CB) and the service provider are responsible for the safety of the individual with developmental disabilities.

## **When should a Self – Administration Assessment be completed?**

Consider the individual's safety. If on occasion s/he cannot safely self administer formula or medications **certified** staff will need to provide assistance or administer medications for the individual during those times. When able, the individual can self administer formula/medications as indicated in the ISP. Examples of such occasions include, but are not limited to, when the individual experiences an episode of mental illness, becomes physically ill, or goes to a new environment and cannot transfer skills to the new environment immediately.

The self administration assessment needs to be completed at a minimum of every 3 years, with a review done annually. A new assessment should be completed in the event of, but not limited to, the following occurrences:

- The individual experiences a significant health change
- The medication or formula packaging changes (flip top to screw top can; liquid formula to powder)
- There is a change in the usual medication routine (new location, new provider)

## **Where to complete the assessment**

Complete the assessment in the setting(s) where the individual takes / receives medications / feedings. This is to determine if the individual is able to safely take medications or self administer tube feedings in their own environment.

## **Who completes the assessment?**

This specific assessment must be completed by a licensed nurse. If the nurse does not know the individual well, then it is recommended that a second observer who does and who is also familiar with the individual's subjective mode of communication be present.

## **Using the form**

Answer each question on the form. Questions are answered with a "Yes" or "No." Follow the instructions on the form to determine where to go following a "Yes" or "No" response.

## **Processing the Assessment results**

Once the assessment is completed, the Individual's Service Plan should specify how medication / formula administration will be done. See the form for statements that could be used. Check the appropriate statements to include in the ISP. The plan coordinator shall ensure that self-medication assessment information appears on the ISP accordingly.

## **Other**

- ◆ Individuals with DD have the right to do as many steps of medication/formula administration as they can do either independently or with support, even if they are not assessed to be able to self-administer with or without assistance (5123: 2-6-02 (C)).
- ◆ Multiple Self-Administration Assessments may be used for an individual. For example, if an individual requires certified staff assistance due to multiple medications at 8am but can self – administer 1 medication at 12N or can self-administer formula, separate Self - Administration forms must be used.

## **Review**

- ◆ If the delegating nurse did not complete the assessment for the individual, s/he should review and sign the assessment prior to delegation.

# Self-Administration Assessment for Adm. Food/Meds per G/J Tube

Name of Individual \_\_\_\_\_

To be completed by a licensed nurse, and when possible, with a second observer present. Either the nurse or observer must know the individual well.

Signature of Nurse Performing Assessment \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Signature and Title of Second Observer \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Persons conducting assessment will need to have ALL necessary information regarding the individual's current medications and physician's orders for tube feeding. The demonstrations must take place during the actual assessment. See reverse side for additional documentation.

1. I know why I receive food / medications per G / J Tube

YES  Go to 2.

NO  Go to

2. I know the name(s) of my formula / medications

YES  Go to 3.

NO  Go to

3. I know when to take my formula / medications. I have demonstrated that I take my formula / medication(s) at the right time every day by using the clock or my routine (after the news, before lunch, etc).

YES  Go to 4.

NO  Go to

4. I have demonstrated that I can read the label on the formula / medications and that I can administer the correct amount of formula / medications.

YES  Go to 5.

NO  Go to

5. I have demonstrated I can regulate the rate of formula administration .

YES  Go to 6. NO  Go to N/A  Go to 6.

6. I know who to tell when I have 4-7 days of formula or medications left so I never run out.

YES  Go to 7.

NO  Go to

7. I have demonstrated how to prepare my medications for self administration and have demonstrated ability to correctly self administer medications once they are prepared (crushed and dissolved in water)

YES  Go to 8.

NO  Go to

8. I know how to store left-over formula and how to dispose of it if it is more than 24 hours old.

YES  Go to 9.

NO  Go to

9. I know how to trouble shoot clogs and how to properly care for my equipment.

YES  Go to 10.

NO  Go to

10. I have demonstrated harmful behaviors to self and cannot self administer my formula / medications with or without assistance.

YES  Go to

NO  See comment below

If the answer to questions 1-9 were all yes, go to

**Unable to Self Administer With or Without Assistance**

*Will Require Staff with Certification 1 & Certification 2 in Adm. of Food or Medications by G/J Tube to Administer All Medication/Formula*

Continue to next assessment question.

Complete this form in its entirety.

**Self Administer With Assistance**

*Service Plan to Include: Time Reminder*

**Continue To Next Step**

**Self - Administer Without Assistance**

**Unable to Self Administer With or Without Assistance**

*Will Require Staff with Certification 1 & Certification 2 in Adm. of Food or Medications by G/J Tube to Administer All Medication/Formula*

Identified Behavior / Justification MUST be documented

Go to next page

## Self-Administration Assessment continued

Once the assessment is completed, the service plan for the individual should specify how medication administration 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 self-administer medication(s)/ formula without assistance.
- I can self-administer medication(s) / formula with assistance (select one of the following related to the assistance).
  - The individual receives assistance with self-administration of medication(s) / formula through reminders of when to take the medication(s). Specific reminders needed in the individual's ISP.
  - The individual receives assistance with self-administration of medication(s) / formula through physically handing the medication container / formula container to individual. Provide specific instructions in the individual's ISP.
  - The individual is physically impaired and the provider may open the medication container / formula container for the individual to assist with self-administration of medication / formula. Place specific instructions in the ISP.
  - The individual is physically impaired and the provider physically assists them with opening the medication or formula container and preparing the medication or formula for administration. Place specific instructions in the individual's ISP

### Other:

- I need certified staff to administer my medication. Use this if answer to any question leads you to the top box on the right side of this form. If any question, #1-9 is answered "no" use this answer.
- I require certified staff to administer my medications while I am learning to self-medicate. IP Team should consider Skill Development programs as appropriate. Use this answer if the individual cannot consistently self- medicate. A specific plan should be written with goals and time frames. See 5123:2-6-02 (C).
- I can self-administer specific medication or task (ie. prepare formula, check placement of feeding tube, etc.)
  - Describe medication and/or task \_\_\_\_\_
  - Ability Level with task \_\_\_\_\_
  - Designate if independent or staff administration of a task/ medication is applicable to a specific location or time of day (i.e., work setting).  
\_\_\_\_\_
- I have demonstrated unsafe behaviors and am therefore unable to self-administer medication/ formula 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 med administration / tube feeding for his / her own safety.

### RESULT:

- Self Administration with assistance                       Self Administration

Medication Administration/ Delegated Nursing (DN)

- I live in a 5 bed or less setting and will receive my medication from staff that have level one & two certification for medication administration                      (or)                       I will receive DN services per the state's DN rules

### Review by delegating nurse (if assessment completed by a different nurse)

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Annual Review By:

**First** \_\_\_\_\_  
Signature, Title, & Date

**Second** \_\_\_\_\_  
Signature, Title, & Date