

# **Introduction to Completion of Self-Administration Assessment: Insulin and Blood Glucose Monitoring**

The purpose of these Self-Administration Assessments is to ensure that the individual is able to SAFELY administer insulin to him or herself or perform their own blood glucose monitoring as needed. Every individual with DD has the right to self-administer their medications. The CB and the service provider are responsible for the safety of the individual with DD.

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

Consider the individual's safety. If on occasion s/he cannot safely self administer medications **certified** staff will need to provide assistance or administer medications for the individual during those times. When able, the individual can self medicate 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 delivery system changes (ie. insulin syringe to insulin pen or vice versa, new glucometer used).
- There is a change in the usual medication routine (new location, new provider)

## **Where to complete the assessment**

Complete the assessment in the setting where the individual self administers their insulin or receives insulin administration/blood sugar monitoring. This is to determine if the individual is able to safely administer insulin/do blood glucose monitoring in their own environment.

## **Who completes the assessment?**

The assessment for insulin injection 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. It is recommended that the assessment for using a glucometer be completed by a person who knows the person well, and whenever possible, with a second observer present to ensure the results are indicative of the individual's capacity should there be any question.

## **Using the forms**

Answer each question on the appropriate 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 insulin administration/ blood glucose monitoring 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 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 a client requires certified staff assistance due to multiple medications at 8am but can self – administer 1 medication at 12N, or can use the glucometer, separate Self –Administration forms must be used.

## **Review**

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

# Self-Administration Assessment for Subcutaneous Insulin Injection

**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 glucometer checks. The demonstrations must take place during the actual assessment. See reverse side for additional documentation.*

1. I know why I take insulin.  
 YES  Go to 2.                      NO  Go to 

2. I know how many units of insulin I should take, including how many units to take if I am on a sliding scale.)  
 YES  Go to 3.                      NO  Go to 

3. I know when to take my insulin. I have demonstrated that I take my insulin 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. If the insulin is from a vial, I have demonstrated that I can read the label on the vial and the numbers on the syringe. I have demonstrated that I draw up the correct dosage into the syringe. I will not take insulin from the wrong vial.  
 YES  Go to 5                      NO  Go to                       N/A

5. If the insulin is from a pre-filled insulin pen, I have demonstrated that I can dial the correct dose.  
 YES  Go to 6                      NO  Go to                       N/A

6. I know who to tell when I have 4-7 days of insulin left so I never run out.  
 YES  Go to 7.                      NO  Go to 

7. I know the places on my body where I can inject the insulin and I know how to rotate sites. I have demonstrated that I can safely and properly inject myself with insulin.  
 YES  Go to 8.                      NO  Go to 

8. I keep my insulin in the correct place and properly dispose of used syringes.  
 YES  Go to 9.                      NO  Go to 

9. I have demonstrated harmful behaviors to self and cannot self administer my glucometer check with or without assistance.  
 YES  Go to                       NO  see comment below

  
**Unable to Self Administer With or Without Assistance**  
*Will Require Staff With Certification 1 and current Certification 3 in Subcutaneous Insulin Injection to give insulin under Nursing Delegation*  
 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 and current Certification 3 in Subcutaneous Insulin Injection to give insulin under Nursing Delegation*  
 Identified Behavior/Justification  
 MUST be documented

If the answer to questions 1-8 were all Yes Go to 

Continue to next page 

