

Introduction to Completion of Self-Administration Assessment

The purpose of the Self-Administration Assessment is to ensure that the individual is able to **SAFELY** accomplish medication administration and health-related activities. Every individual with developmental disabilities (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 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 three 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 packaging changes (bubble pack to bottle; pill to liquid, etc)
- 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 takes his/her medications or receives medication administration. This is to determine if the individual is able to safely take their medications in their own environment.

Who completes the assessment?

It is recommended the Self-Medication Assessment be completed by one person who knows the individual well and is familiar with the individual's subjective mode of communication. When possible, it is recommended a second observer be present to ensure results are indicative of the individual's capacity to safely self-medicate, should there be any question.

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 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 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 individual requires certified staff assistance due to multiple medications at 8 a.m. but can self-administer one medication at 12 p.m., or can use the glucometer, separate Self-Administration forms must be used.
- ◆ If two people do not agree with the assessment based on safety concerns, a third party should be consulted. If an agreement cannot be determined, the DODD representative should be consulted.

Self-Administration Assessment

Name of Individual: _____

To be completed by a person who knows the individual well and, when possible, with a second observer present.

Signature & Title of Person Performing Assessment

Date

Time

Signature & Title of Second Observer

Date

Time

Persons conducting assessment will need to have ALL necessary information regarding the individual's current medications including medicine name(s), dose(s), route(s), time(s), reason for medication(s), and basic side effects.

1. I can recognize my medication by color, size, shape and/or by reading the label. I will not take my medicine if it looks different.

YES Go to 2.

NO Go to ☹

2. I can tell you what my medicine is for (pain, nerves, breathing).

YES Go to 3.

NO Go to ☹

3. I know and recognize how much medicine I'm to take (1/2 pill, the cup filled to this line). I will not take my medicine if it is the wrong amount.

YES Go to 4.

NO Go to ☹

4. I will recognize and know whom to tell if I don't feel good (pain, nausea, dizziness). It may be a side effect.

YES Go to 5.

NO Go to ☹

5. I know whom to tell when I have 3-4 days of medicine left so I never run out.

YES Go to 6.

NO Go to ☹

6. I know whom to call if my medicine is wrong and will tell him/her right away.

YES Go to 7.

NO Go to ☹

7. I take my medicine at the right time every day by using the clock or my routine (after the news, before lunch, etc).

YES Go to 8.

NO Go to ☹

8. I can get medication to and from storage, out of the container and to my mouth without spills.

YES Go to ☹ & NOTE NO Go to ☹ & NOTE



Unable to Self Administer With or Without Assistance

Will Require Medication Administration Certified Staff to Administer Medication

Continue to next assessment question.
Complete this form in its entirety.



Self Administer With Assistance

Service Plan to Include Time Reminder

Continue To 8



Self Administer With Assistance

Service Plan to Include Assist with Removal from Storage Removal from Container and/or to my mouth



Self - Administer Without Assistance

(answered YES to all eight questions)

NOTE:

Reasons to re-evaluate this assessment include but are not limited to:

- ♦ Individual moves to a new home
- ♦ Medication packaging changes
- ♦ Change in the individual's health status
- ♦ Individual exhibits changes in behaviors

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Continuation of Self-Administration Assessment

Once the assessment is completed, the service plan for the individual should specify how medication administration will occur. Any of the following statements could be used in the service plan depending on what the individual needs.

- I can self-administer medication(s) without assistance.
- I can self-administer medication(s) with assistance (select one of the following related to the assistance).
 - The individual receives assistance with self-administration of medication(s) through reminders of when to take the medication(s). Specify reminders needed in the individual's ISP.
 - The individual receives assistance with self-administration of medication(s) through physically handing the medication container to the individual. Provide specific instructions in the individual's ISP.
 - The individual is physically impaired and the provider may open the medication container for the individual to assist with self-administration of medication. Place specific instructions in the ISP.
 - The individual is physically impaired and the provider physically assists them with opening the medication container and getting the medication to their mouth to prevent spilling, therefore, assisting with self-administration of medication. Place specific instructions on 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 - #6 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 timeframes. See 5123:2-6-02 (C).)
- I can self-administer a specific medication or task (i.e., inhaler, nebulizer, sublingual, 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 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 s/he requires medication administration 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 a Level One Certification for medication administration.
- OR**
- I will receive DN services per the State DN Rules.

Annual Review By:

First _____
Signature & Title *Date*

Second _____
Signature & Title *Date*