

# Self-Administration Assessment-Oral & Topical Medications

Outcome(s):

This assessment applies to the following setting(s):  All Settings  At Home  At ADA/Work  Other:

Name/Title of Person Performing Assessment:  Date:

Name/Title of Person of Second Observer:  Date:

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 medication(s) is taken. Persons conducting this assessment will need to have ALL necessary information regarding current medications including medication name(s), dose(s), route(s), time(s), purpose for medication(s) and basic side effects. Complete this assessment (two pages) in its entirety regardless of answers. See *Introduction-Instruction Self-Administration Assessments* for more information.

## ANSWER QUESTIONS 1-8 FOR EVERYONE TAKING ROUTINE MEDICATIONS

1. I can recognize my medication by color, size, shape and/or by reading the label (i.e., can read label, has memorized, will ask for help or will confirm with someone else).  
YES                       NO  Unable to self-administer with or without assistance.
2. I know what my medication is for (i.e. pain, nerves, breathing, rash, itch).  
YES                       NO  Unable to self-administer with or without assistance.
3. I know and recognize how much medication to take (i.e., 1/2 pill, the cup filled to this line, thin coating).  
YES                       NO  Unable to Self-Administer with or without assistance.
4. I will recognize when I am 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                       NO  Unable to Self-Administer with or without assistance.
5. I know when a refill is needed so medication never runs out (i.e., 4-7 days of medication left). Will get refill; knows who to tell to get refill when needed; will seek assistance if needed for refill or if medication is not available.  
YES                       NO  Unable to Self-Administer with or without assistance.
6. I know who to ask/tell when there is a problem with my medication (i.e., doesn't look right, dose is not correct, spilled medication). Will not take incorrect medication and will notify that person immediately of any problems.  
YES                       NO  Unable to Self-Administer with or without assistance.
7. I know when to take medication and have demonstrated my ability to take it at the right time every day by using a clock or routine (i.e., with meals, before bed).  
YES                       NO  If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the need for reminder assistance must be detailed on the next page.
8. I am able to get medication to and from storage, out of container and to my mouth without spills.  
YES  If "YES" to all 8 questions, I CAN SELF-ADMINISTER WITHOUT ASSISTANCE.  
NO  If able to self-administer (questions 1-6 are all "Yes", outcome is "Self-Administration with Assistance"), the need for physical assistance regarding storage or packaging or consuming/applying medication must be detailed on the next page.

# Self-Administration Assessment-Oral & Topical Results

Name: \_\_\_\_\_

Based on all answers to questions 1-8, **choose one** of the 3 outcomes listed below.

1.  Able to "self-administer" without assistance (Questions 1 through 8 are all "Yes").
2.  Able to "self-administer" with assistance (Questions 1 through 6 are "Yes"; 7 and/or 8 are "No"). OAC 5123:2-6-02 specifies the three types of assistance that can be provided by **uncertified** personnel.

**2a.** Indicate below the **type or types** of assistance that apply.

- The individual receives assistance with self-administration of medication through reminders of when to administer the medications and/or confirm directions on the container.
- The individual receives assistance with medication by removing medication from storage area, handing the container of medication to the individual, and, if physically unable, opening the container for the individual.
- Upon request or with consent, and at the **individual's direction**, removing oral or topical medication from the container and assisting the individual take or apply the medication. If the individual is physically unable to place the dose of medication in his/her mouth or topically apply to skin, assisting the individual to do so.

**2b.** Indicate the means in which assistance is provided:  Remote Supports  In Person by Staff Provided By: \_\_\_\_\_

3.  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 1-6). **Choose one of the following:**

- The individual can do some steps of medication administration and a properly licensed or certified and authorized person completes the other steps of medication administration (list details):

**OR**

- A properly licensed or certified and authorized person must administer medication.

## 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 (OAC 5123:2-2-06, Behavior Support Strategies that include Restrictive Measures), this must be addressed as a rights restriction in the My Plan. Brief summary:

- The individual can self-administer some medications/doses/routes (certain drugs or administration times or topical vs. oral); Other medications are administered as indicated by the outcome listed above. List the medication(s) the individual can self-administer:

- The individual has a G/J Tube or modified texture diet.

- Medications are given via G/J tube.

- The prescriber and team have confirmed the safe administration or any medications given orally (or modified the administration to ensure safety).