

Self-Administration Assessment – Insulin/Metabolic Glycemic Disorder Medications

Individual's Name: _____ Date of Birth: _____

Location: ☐ Home ☐ ADS ☐ Other

Medication Route(s) Being Assessed (Select all that apply): ☐ Injection ☐ Inhaled

1. **Recognizes medication** (i.e., vial, pen, pump). **Will not take incorrect medication.** (This includes any means that the individual uses to identify the correct medication i.e., reads the label, has memorized, will ask for help, will confirm with someone else, use of pharmacy material/picture/description, knows who to tell if there is a problem with medication).
Yes ☐ Continue to #2 No ☐ Continue to #2
2. **Knows how much medication to take. If on an insulin sliding scale, knows how many units to take.**
Yes ☐ Continue to #3 No ☐ Continue to #3
3. **Recognizes the label and numbers on the vial, syringe, pen, pump, or other design feature** (i.e., can read label, has memorized, will ask for help or will confirm with someone else).
Yes ☐ Continue to #4 No ☐ Continue to #4
4. **If the insulin is administered by an insulin pump, has demonstrated the ability to use the pump correctly** (i.e., program pump, connect cartridge/adaptor/infusion set, prime infusion set, insert cannula).
Yes ☐ Continue to #5 No ☐ Continue to #5 N/A ☐ Continue to #5
5. **Has demonstrated the ability to safely and properly inject self with insulin/metabolic glycemic disorder medications.**
Yes ☐ Continue to #6 No ☐ Continue to #6 N/A ☐ Continue to #6
6. **Recognizes when medication refill is needed and will get refill, will ask for refill or medication delivery system provides for automatic refills.**
Yes ☐ Continue to #7 No ☐ Continue to #7
7. **Recognizes the time to take insulin/metabolic glycemic disorder medications and has demonstrated the ability to initiate at the right time every day by using a clock or routine** (The individual recognizes the time by means such as associating medication with an activity such as waking, breakfast, before lunch, etc., or by use of technology.)
Yes ☐ Continue to #8 No ☐ Continue to #8
8. **Able to get the medication from storage location.**
Yes ☐ Continue to #9 No ☐ Continue to #9
9. **If insulin is from a vial, has demonstrated the ability to draw up the correct dosage into the syringe.**
Yes ☐ Continue to #10 No ☐ Continue to #10 N/A ☐ Continue to #10
10. **If the insulin/metabolic glycemic disorder medication is from a pre-filled pen, has demonstrated the ability to dial the correct dose.**
Yes ☐ Continue to #11 No ☐ Continue to #11 N/A ☐ Continue to #11
11. **If the insulin is inhaled from a cartridge, has demonstrated the ability to insert the cartridge and take the correct dose.**
Yes ☐ Continue to #12 No ☐ Continue to #12 N/A ☐ Continue to #12

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12. Knows places on body to inject the insulin/metabolic glycemic disorder medications, knows to rotate sites.

Yes ☐ Continue to #13

No ☐ Continue to #13

13. Knows how to properly store medication and supplies and how and where to properly dispose of used needles.

Yes ☐ Continue to Assessment Result

No ☐ Continue to Assessment Result

Assessment Result: The OhioISP must indicate the result of the assessment and how medications will be administered. Based on the answers to questions 1-13, choose one of the results listed below:

☐ **Able to self-administer without assistance** (Questions 1-13 are “yes” or “N/A”)

☐ **Able to self-administer with assistance** (Questions 1-6 are “yes”, any one or all of 7 through 13 are “no”).

OAC 5123-6-02 specifies the three types of assistance that can be provided by uncertified personnel. Indicate the type or types of assistance that apply.

☐ Reminders of when to take medications and observe to ensure the individual follows the directions on the container and/or reading a sliding scale.

☐ Removing medication from storage area, handing the container of medication to the individual, physically handing the vial, prefilled syringe/pen to the individual, returning to proper storage and assistance with disposal of needles.

☐ Upon request, with consent, or at the individual’s direction provide physical assistance with steps identified above in questions 5 through 13 (i.e., dial pen, insert cartridge, drawing up dosage, rotate site).

☐ **Unable to self-administer with or without assistance** (The answer is “no” to any 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 delegated person completes the other steps of medication administration. (List details on OhioISP– **fillable space for summary**).

☐ Medications must be administered by a properly licensed or certified and delegated person.

☐ **Other Considerations** Through the person-centered planning process, the team has identified that the individual is unable to safely self-administer or self-administer with assistance. The OhioISP will identify appropriate supports necessary for safe medication administration. **Describe - fillable space for summary.**

Name, Signature & Title of Person Performing Assessment

Date

Annual Review	Date of Review	Name, Signature & Title of Person Performing Assessment
First Review		
Second Review		

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