

Self-Administration Assessment for Administration of Medications, Nutrition, Fluids per G/J Tube

Individual's Name: _____ Date of Birth: _____

Location: ☐ Home ☐ ADS ☐ Other

Medication Type: ☐ Routine ☐ As Needed ☐ Both

1. **Recognizes the correct medication/nutritional formula/fluid by color, size, shape, or packaging; will not take incorrect medication/nutritional formula/fluid.** (This includes any means that the individual uses to identify the correct medication/nutritional formula/fluid 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. **Recognizes how much medication/nutritional formula/fluid to administer.** (i.e., ½ pill, cup filled to a specific line, medication in the container/package/organizer/caddy/automated medication dispenser).
Yes ☐ Continue to #3 No ☐ Continue to #3
3. **Knows how to prepare and administer the correct medication/nutritional formula/fluid in the correct dosage/amount.** (i.e., crushed and dissolved in water, measure liquid).
Yes ☐ Continue to #4 No ☐ Continue to #4
4. **Knows how to regulate the rate of flow of administration.** (i.e., gravity or pump).
Yes ☐ Continue to #5 No ☐ Continue to #5
5. **Knows how to address blockages or other problems** (may seek help from healthcare professional or natural support).
Yes ☐ Continue to #6 No ☐ Continue to #6
6. **Recognizes when a refill is needed so that medication/nutritional formula never runs out** (i.e., and will get refill, will ask for refill or medication/nutritional formula delivery system provides for automatic refills; will seek assistance if medication/nutritional formula is not available).
Yes ☐ Continue to #7 No ☐ Continue to #7
7. **Recognizes the time the medication/nutritional formula/fluid is to be administered and administers the medication/nutritional formula/fluid at the correct time.** (The individual recognizes the time by means such as associating medication with an activity such as waking, before tube feeding, before bed, etc., or by use of technology.)
Yes ☐ Continue to #8 No ☐ Continue to #8
8. **Able to get the medication/nutritional formula/fluid to and from storage location.**
Yes ☐ Continue to #9 No ☐ Continue to #9
9. **Able to prepare medication/nutritional formula/fluid, open and assemble equipment and administer.**
Yes ☐ Continue to #10 No ☐ Continue to #10
10. **Able to store left-over nutritional formula and properly dispose of it if it is more than 24 hours old.**
Yes ☐ Continue to #11 No ☐ Continue to #11
11. **Able to clean and maintain equipment** (i.e., syringe, tubing).
Yes ☐ Continue to Assessment Result No ☐ Continue to Assessment Result

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Assessment Result: The OhioISP must indicate the result of the assessment and how medications will be administered. Based on the answers to questions 1-11, choose one of the results listed below:

☐ **Able to self-administer without assistance** (Questions 1-11 are “yes”)

☐ **Able to self-administer with assistance** (Questions 1-6 is “yes”, any one or all of 7 through 11 “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 administer medication/nutritional formula/fluid and observe to ensure the individual follows the directions on the container/label.
- ☐ Removing medication/nutritional formula/fluid and/or equipment from storage area, handing the medication/nutritional formula/fluid/equipment to the individual, and returning it to proper storage.
- ☐ Upon request, with consent, or at the individual’s direction, providing physical assistance with any step of the process (i.e., open/assist with opening the medication or nutritional formula container, preparing the medications/nutritional formula/fluid for administration, assemble equipment, administer, cleaning equipment, etc.).

☐ **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 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**).
- ☐ A properly licensed or certified and delegated personnel must do all steps of administration (nurse delegation and if medications, Medication Administration Certification 1 and Certification 2 are required).
- ☐ **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 administration. - **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		

Revised 3-2024