

Self-Administration Assessment – Using a Glucometer

Individual's Name: _____ Date of Birth: _____

Location: ☐ Home ☐ ADS ☐ Other

1. **Knows proper procedure for fingerstick** (i.e., wash hands, rotate fingers, new lancet for each stick).

Yes ☐ Continue to #2

No ☐ Continue to #2

2. **Knows if glucometer is working correctly. Knows who to ask/tell if there is a problem.**

Yes ☐ Continue to #3

No ☐ Continue to #3

3. **Knows what to do with the number/test result** (i.e., tell/show someone, write it down, seeks help).

Yes ☐ Continue to #4

No ☐ Continue to #4

4. **Knows when a refill is needed so strips or lancets never run out** (i.e. 4-7 days left). **Will get refill, will ask for refill or medication delivery system provides for automatic refills.**

Yes ☐ Continue to #5

No ☐ Continue to #5

5. **Recognizes the time to complete glucometer check and has demonstrated the ability to initiate at the right time/day by using a clock, routine, symptom** (i.e., first day of work week, before meals, before taking insulin).

Yes ☐ Continue to #6

No ☐ Continue to #6

6. **Knows how to check the code on the test strip bottle with the glucometer code and what to do if the codes do not match or are expired.**

Yes ☐ Continue to #7

No ☐ Continue to #7

7. **Able to get glucometer and supplies to/from storage, out of container, and properly dispose of used lancet and strip.**

Yes ☐ Continue to #8

No ☐ Continue to #8

8. **Able to use lancet/lancet pen correctly, place blood sample on test strip and complete the glucometer check.**

Yes ☐ Continue to #9

No ☐ Continue to #9

9. **Able to clean glucometer and lancet pen (if using pen).**

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 1-9, choose one of the results listed below:*

☐ **Able to self-administer without assistance** (Questions 1-9 are "yes")

☐ **Able to self-administer with assistance** (Questions 1-4 are "yes", 5 and/or 6 & 7, 8, 9 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 perform glucose monitoring and observe to ensure the individual follows the directions

☐ Removing glucometer from storage area and handing the equipment to the individual,

☐ Upon request, with consent, or at the individual's direction, receives physical assistance with any or all the following:
use of lancet /pen; putting blood on test strip; completing glucometer test; cleaning the glucometer and lancet pen;
disposal of equipment; checking glucometer with test solutions

☐ **Unable to self-administer with or without assistance** (The answer is "no" to any or all of Questions 1-4)

Choose one of the following:

☐ The individual can do some steps of blood glucose monitoring and a properly licensed or certified and authorized person completes the other steps of blood glucose monitoring. (List details on OhioISP– **fillable space for summary**).

☐ A properly licensed or certified and authorized person is required to assist with or perform blood glucose monitoring.

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☐ **Other Considerations** Through the person-centered planning process, the team has identified that the individual is unable to safely perform blood glucose monitoring with or without assistance. The OhioISP will identify appropriate supports necessary for safe glucose monitoring. - 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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