Self-Administration Assessment – Inhaled Medications

Individual's Name: _____ **Date of Birth:** _____

Location: □ Home □ ADS □ Other **Medication Type:** □ Routine □ As Needed □ Both

1. **Recognizes the correct medication by color, size, shape, or packaging; 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. **Recognizes how much medication to take.** (i.e., 1 puff, 1 dose, 1 ampule).

   Yes □ Continue to #3 **No** □ Continue to #3

3. **Knows proper technique for taking medication.** (i.e., shake canister, exhale prior to administration, use spacer, use nebulizer).

   Yes □ Continue to #4 **No** □ Continue to #4

4. **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 #5 **No** □ Continue to #5

5. **Recognizes the time the medication is to be taken and takes the medication at the correct time.** (The individual recognizes the time by symptoms/wheezing/shortness of breath, or associating medication with an activity such as waking, breakfast, before bed, etc., or by use of technology.)

   Yes □ Continue to #6 **No** □ Continue to #6

6. **Able to get the medication to and from storage location.**

   Yes □ Continue to #7 **No** □ Continue to #7

7. **Able to assemble medication delivery device, load dry medicine/instill ampule in nebulizer chamber, get mouthpiece to mouth, press on canister base; or knows what to do but is not physically able.**

   Yes □ Continue to #8 **No** □ Continue to #8

8. **Able to clean and store medication/equipment.**

   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 1-8, choose one of the results listed below:*

□ **Able to self-administer without assistance** (Questions 1-8 are "yes")

□ **Able to self-administer with assistance** (Questions 1-4 is "yes"; any one or all of Questions 5-8 is "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.

□ Removing medication from storage area, handing the container of medication to the individual, and if physically unable, opening the container for the individual; assisting with cleaning of equipment and returning medication to storage.

□ Upon request, with consent, or at the individual's direction, removing the medication from the container and assisting the individual to assemble the delivery device, load/instill the medication, press on the canister base, assist with getting medication/device to the individual's mouth.

□ **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:

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□ 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 on OhioISP – fillable space for summary).
□ Medications must be administered by a properly licensed or certified and authorized personnel.

□ **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. - 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