

Self-Administration Assessment – Oral and Topical Medications

Individual's Name: _____ DOB: _____

Location: ☐ Home ☐ ADS ☐ Other Medication Type: ☐ Routine ☐ As Needed and/or Emergency ☐ Both

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

☐ Oral (☐ Sublingual/Buccal) ☐ Topical (☐ Cream/lotion/ointment ☐ Transdermal patch ☐ Eye ☐ Ear ☐ Nasal ☐ Vaginal ☐ Rectal)

1. Recognizes the correct medication by color, size, and/or shape; will not take incorrect medication.

(This includes any means that the individual uses to identify the correct medication i.e., has memorized, will ask for help, will confirm with someone else, use of pharmacy material/picture/description).

Yes ☐ Continue to #2

No ☐ Continue to #2

2. Recognizes how much medication to take/apply. (i.e., ½ pill, cup filled to a specific line, thin coating, medication in the container/package/organizer/caddy/automated medication dispenser).

Yes ☐ Continue to #3

No ☐ Continue to #3

3. 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 #4

No ☐ Continue to #4

4. Recognizes the time the medication is to be taken and consumes/applies the medication at the correct time. (The individual could recognize the time by means such as associating medication with an activity such as waking, breakfast, before bed, etc., or by use of technology.)

Yes ☐ Continue to #5

No ☐ Continue to #5

5. Able to get the medication from storage location, remove the medication from the delivery container (dispenser, packet, bottle), take the medication, and return it to storage.

Yes ☐ Continue to Assessment Result

No ☐ Continue to Assessment Result

Assessment Result: The ISP must indicate the result of the assessment and how medications will be administered. Based on the answers to questions 1-5, choose one of the results listed below:

☐ **Able to self-administer without assistance** (Questions 1-5 are "yes")

☐ **Able to self-administer with assistance** (Questions 1-3 is "yes", 4 and/or 5 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.

☐ 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, with consent, or at the individual's direction, removing oral and topical medication from the container and assisting the individual to take or apply the medication including placing the dose in another container and place the container to the individual's mouth.

☐ **Unable to self-administer with or without assistance** (Questions 1-3, any or all are "no"). 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 on ISP).

☐ Medications will 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 ISP will identify appropriate supports necessary for safe medication administration.

Name, Signature & Title of Person Performing Assessment

Date

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