



OAAS Medication Administration and Health-Related Tasks Planning Reference Guide



Medication Administration	
Participant: _____	
<u>Does the participant have the ability to self-administer medications?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer next question
<u>Does the participant have the ability to self administer with an assistive device?</u> <u>If Yes, indicate type:</u> Pill box <input type="checkbox"/> Electronic Medication Delivery System <input type="checkbox"/> Who fills it: Participant <input type="checkbox"/> Informal Support <input type="checkbox"/> Home Health <input type="checkbox"/> Pharmacy <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer next question
<u>Is there someone capable/available to perform medication administration gratuitously (for free)?</u> If Yes, designate who: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer next question
<u>Is the medication to be administered by an unlicensed paid caregiver?</u> If Yes, attach completed Physician Delegation or Nurse Delegation form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health-Related Tasks	
<u>Does the participant require performance of a Health-Related Task(s) (nursing task)?</u> (Such as catheterization, tube feeding, oral pharyngeal suctioning, tracheotomy suctioning, etc). If Yes, list: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer next question
<u>Does the participant have the ability to self-perform the task?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer next question
<u>Is there someone trained, willing and available to perform the Health-Related Task gratuitously (for free)?</u> If Yes designate who: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer next question
<u>Is there a licensed practitioner (RN, LPN, MD) available to perform the Health-Related Task?</u> If Yes, designate provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer next question
<u>Is the Health-Related Task to be administered by an unlicensed paid caregiver?</u> If Yes, attach completed Physician Delegation or Nurse Delegation form.	<input type="checkbox"/> Yes <input type="checkbox"/> No