SELF-MANAGEMENT ASSESSMENT

Name: **Kyle Krumm**

Date of *Self-Management Assessment* development: 11/10/2020 For the annual period from: November 2021 – November 2022

Name and title of person completing the review: Megan Duffy, Designated Coordinator

Within the scope of services to this person, the license holder must assess, at a minimum, the areas included on this document. Additional information on self-management may be included per request of the person served and/or legal representative and case manager. The *Self-Management Assessment* will be completed by the company's designated staff person and will be done in consultation with the person and members of the support team.

The license holder will complete this assessment before the 45-day planning meeting and review it at the meeting. Within 20 working days of the 45-day meeting, dated signatures will be obtained from the person and/or legal representative and case manager to document the completion and approval of the *Self-Management Assessment.* At a minimum of annually, or within 30 days of a written request from the person and/or legal representative or case manager. This *Self-Management Assessment* will be reviewed by the support team or expanded support team as part of a service plan review and dated signatures obtained.

Assessments must be based on the person's status within the last 12 months at the time of service initiation. Assessments based on older information must be documented and justified.

The **general and health-specific supports and outcomes necessary or desired to support the person** based upon this assessment and the requirements of person centered planning and service delivery will be documented in the *CSSP Addendum.*

Health and medical needs to maintain or improve physical, mental, and emotional well-being

Assessment area	**Is the person able to self-manage in this area?**	**Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms**
Allergies: **Codeine, Seasonal allergies**	☐ Yes ☒ No ☐ NA – there are no allergies	**Strengths, Skills, and Abilities:** Kyle may be aware of his season allergies. Kyle shows signs of his seasonal allergies when they flair up. **Behavior and Symptoms:** Due to Kyle's TBI he may not understand his allergies and their effect on him. Kyle is not able to inform others of his allergies.
Seizures: **Tonic/Clonic Seizures, Seizure Protocol, PRN Seizure medication**	☐ Yes ☒ No ☐ NA – no seizures	**Strengths, Skills, and abilities:** Kyle may be aware of his seizure disorder. Kyle is accepting of his PRN medication if it is needed. **Behavior and Symptoms:** Kyle's seizure disorder is a result of his TBI. Kyle would be unable to follow his seizure protocol or administer his seizure PRN.
Choking	☐ Yes ☒ No	**Strengths, Skills, and Abilities:** Kyle may be aware of his risk of choking. Kyle accepts his G-tube feedings and does not attempt to eat orally. **Behavior and Symptoms:** Due to Kyle's TBI he is unable to take food or fluids orally and would be at risk of choking/aspirating should he have food or liquid in his mouth.

Special dietary needs: **NPO** (Nothing By Mouth), **All nutrition & fluids via G-tube**	☐ Yes ☒ No ☐ NA – there are no special dietary needs	**Strengths, Skills, and Abilities:** Kyle may be aware of his dietary needs. Kyle accepts his G-tube feedings and does not attempt to eat orally. **Behavior and Symptoms:** Due to Kyle's TBI he is unable to take food or fluids orally. Kyle is not able to administer his fluids or nutrition via his G-tube and relies on staff support.
Chronic medical conditions: **Traumatic Brain Injury (TBI), Quadriplegia, Intellectual Disability (ID), Acid Reflux, intermittent Asthma, Spinal Fusion, Sleep Apnea**	☐ Yes ☒ No ☐ NA – there are no chronic medical conditions	**Strengths, Skills, and Abilities:** Kyle may be aware of his chronic medical conditions. Kyle may show some discomfort caused by his chronic medical conditions. **Behavior and Symptoms:** • **Traumatic Brain Injury** (TBI): is an injury that affects how the brain works. TBIs are usually caused by a blow or other traumatic injury to the head or body. Kyle sustained as TBI at the age of 10. TBIs sustained during childhood of any severity effect the developing brain generally resulting in developmental and cognitive delays. • **Intellectual Disability** (ID): is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning, and is often accompanied by a neurological disorder. • **Quadriplegia:** refers to the paralysis of all four limbs and occurs when the neck area of the spinal cord is injured. Those who experience this have paralysis of both arms and both legs. As a result Kyle is unable to shift his weight/reposition himself putting him at risk of developing pressure sores. Kyle also experiences incontinence and respiratory issues as a result of his quadriplegia. • **Spinal Fusion:** is a surgical technique that joins two or more vertebrae. This procedure prevents any movement between the fused vertebrae and is used to relieve pain and correct spinal deformities. • Kyle is also diagnosed with **acid reflux**, **intermittent asthma** and **sleep apnea**, he requires no supports while at PAI in these areas.
Self-administration of medication or treatment orders	☐ Yes ☒ No	**Strengths, Skills, and Abilities:** Kyle may be aware of his medications. Kyle is corporative during his medication administration. **Behavior and Symptoms:** Kyle receives his medications via G-tube. Due to Kyle's diagnoses he may not understand the full scope of medications and their administration including side effects, doses, and following prescriber's orders. Kyle is unable to request medications, administer medications to himself or inform someone if there are issues associated with his medications. Kyle relies of full staff support in this area.
Preventative screening	☐ Yes ☒ No	N/A - PAI does not set up or attend preventative screening appointments with Kyle.
Medical and dental appointments	☐ Yes ☒ No	N/A - PAI does not set up or attend medical or dental appointments with Kyle.

Other health and medical needs: **Holding Breath**	☐ Yes ☒ No ☐ NA	**Strengths, Skills, and Abilities:** Kyle is aware of when he is feeling distressed or getting sick. Kyle is accepting of assistance. **Behavior and Symptoms:** Kyle doesn't communicate with words and will hold his breath when he is feeling distressed or sick. Due to Kyle's TBI he is unable to inform staff why he is feeling distressed or ill.
Other health and medical needs: **Personal Cares**	☐ Yes ☒ No ☐ NA	**Strengths, Skills, and Abilities:** Kyle may be aware of when he is needing personal care supports and may indicate discomfort at being soiled. Kyle is accepting of supports in this area. **Behavior and Symptoms:** Kyle wears a disposable brief due to incontinence. Kyle is not able to reposition himself and requires full support to provide for his personal care needs.
Other health and medical needs: **NA**	☐ Yes ☐ No ☒ NA	NA

Personal safety to avoid injury or accident in the service setting		
Assessment area	**Is the person able to self-manage in this area?**	**Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms**
Risk of falling: **Seizure Disorder and Chronic Medical Conditions increasing risk of falling.**	☐ Yes ☒ No ☐ NA – not at risk for falling	**Strengths, Skills, and Abilities:** Kyle's functional awareness of his increased risk of falling is unknown. Kyle is accepting of supports in this area. **Behavior and Symptoms:** Due to Kyle's medical conditions and muscle contractions he has limited limb and trunk control. Kyle is unable to bear weight or reposition himself, Kyle relies on others to ensure he is properly positioned in his wheelchair and all positioning belts are secured.
Mobility issues: **Chronic Medical Conditions and vision impacting mobility.**	☐ Yes ☒ No ☐ NA – there are no mobility issues	**Strengths, Skills, and Abilities:** Kyle may be aware of his limited mobility. Kyle waits patiently for someone to move his chair and is accepting of mobility supports. **Behavior and Symptoms:** Due to Kyle's medical conditions and spinal fusion he has limited limb and trunk control. Kyle utilizes a manual wheelchair as his primary means of mobility and is unable to independently propel his wheelchair. Kyle is unable to reposition himself and relies on the support of staff and an in-ceiling or Hoyer lift.
Regulating water temperature	☐ Yes ☒ No	**Strengths, Skills, and Abilities:** Kyle may pull his arms/hands away should water not be a comfortable temperature for him but his functional awareness of water temperature is unknown. Kyle is accepting of assistance to regulate water temperatures. **Behavior and Symptoms:** Kyle is unable to adjust the water temperature or determine a safe water temperature due to his intellectual l and physical disabilities. Kyle is at risk of being exposed to extreme water temperatures if not regulated and supported.
Community survival skills	☐ Yes ☒ No	**Strengths, Skills, and Abilities:** Kyle enjoys spending time in the community and can communicate choices/preferences using eye blinks with familiar people. Kyle is accepting of assistance and support in this area.

		Behavior and Symptoms: Kyle has been diagnosed with an intellectual disability and lacks a formal communication system. Kyle is not able to comprehend the potential dangers related to the community, traffic skills, or pedestrian safety skills. He is not able to independently propel his wheelchair, navigate unfamiliar areas without support and does not have the ability to drive. Kyle would require support if an emergency situation were to occur or to ask for assistance.
Water safety skills	☐ Yes ☒ No	**Strengths, Skills, and Abilities:** It is unknown if Kyle possesses water safety skills. Kyle is accepting of staff supports when near bodies of water. **Behavior and Symptoms:** Kyle has been diagnosed with physical disabilities that put him at high risk of drowning. He does not have the cognitive or physical ability to keep himsel**f** safe in water.
Sensory disabilities	☐ Yes ☒ No ☐ NA	**Strengths, Skills, and Abilities:** Kyle responds to cues of "bring your eyes in" to focus better and is able to communicate yes/no by blinking his eyes. Kyle is accepting of vision supports. **Behavior and Symptoms:** Kyle's eyes work independently of each other resulting in poor vision. Kyle may require other options of choices such as tactile or touch choices.
Other personal safety needs (state specific need): **NA**	☐ Yes ☐ No ☒ NA	NA
Other personal safety needs (state specific need): **NA**	☐ Yes ☐ No ☒ NA	NA

Symptoms or behavior that may otherwise result in an incident as defined in section 245D.02, subd. 11 clauses (4) to (7) or suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and safety of the person or others.		
Assessment area	**Is the person able to self-manage in this area?**	**Assessment – include information about the person that is descriptive of their overall strengths, functional skills and abilities, and behaviors or symptoms**
Self-injurious behaviors (state behavior): **NA**	☐ Yes ☐ No ☒ NA	NA
Physical aggression/conduct (state behavior): **NA**	☐ Yes ☐ No ☒ NA	NA
Verbal/emotional aggression (state behavior): **NA**	☐ Yes ☐ No ☒ NA	NA
Property destruction (state behavior): **NA**	☐ Yes ☐ No ☒ NA	NA
Suicidal ideations, thoughts, or attempts	☐ Yes ☐ No ☒ NA	NA
Criminal or unlawful behavior	☐ Yes ☐ No ☒ NA	NA

Mental or emotional health symptoms and crises (state diagnosis): **NA**	☐ Yes ☐ No ☒ NA	NA
Unauthorized or unexplained absence from a program	☐ Yes ☐ No ☒ NA	NA
An act or situation involving a person that requires the program to call 911, law enforcement or fire department	☐ Yes ☐ No ☒ NA	NA
Other symptom or behavior (be specific): **NA**	☐ Yes ☐ No ☒ NA	NA