

## INJECTABLE MEDICATION ADMINISTRATION AUTHORIZATION

Resident Name: \_\_\_\_\_

Homes Plus (AFC) Provider Name: \_\_\_\_\_

The Homes Plus Service Provider may administer medication to this resident only under certain conditions of 9555.6225 Subp 8 (listed in the document).

The resident is capable of administering his/her own medication. \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If no, or if the resident chooses to have medications administered, his/her provider must obtain written permission from the resident or resident's legal representative to administer the injectable medication and a statement declaring administration status from the physician.)

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*I \_\_\_\_\_ (resident), give permission for the Homes Plus Provider to give me injectable medication as directed by my physician.*

\_\_\_\_\_  
Signature of resident

\_\_\_\_\_  
Date

OR

*As the legal representative of \_\_\_\_\_ (resident),  
I \_\_\_\_\_ (legal representative) give permission for the Homes Plus Provider to give injectable medication to \_\_\_\_\_ (resident) as directed by his/her physician.*

\_\_\_\_\_  
Signature of Resident's Legal Representative

\_\_\_\_\_  
Date

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*As the Homes Plus Provider \_\_\_\_\_ (provider) I agree to administer medication to \_\_\_\_\_ (resident) in accordance with the requirements found in 9555.6225. Subp 8.*

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

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*As the resident's physician, \_\_\_\_\_ (physician), I authorize Homes Plus Provider(s) \_\_\_\_\_ to give injectable medications per my specific directions on what medication may be given, when, and how to resident \_\_\_\_\_ (resident).*

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

Requirements of 9555.6225 Subp 8 regarding medication assistance/administration.

Medication by a Homes Plus Service Provider may only be given in accordance with the written instructions of the physician. A prescription label constitutes written instructions from the physician.

A Homes Plus Service Provider shall not give injectable medication unless:

\* The provider is a registered nurse or licensed practical nurse with a current Minnesota license, is authorized to do so in writing by the resident's physician (attach authorization), and is covered by professional liability insurance.

OR

\* There is an agreement signed by the Homes Plus Provider, the resident's physician, the resident, and the resident's legal representative specifying what injections may be given, when, how and that the physician shall retain responsibility for the providers giving injections. A copy of the agreement must be placed in the resident's personal records.