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| AUTHORIZATION AND AGREEMENT FOR INJECTABLE MEDICATIONS |
| Name: Date of birth: |
| Injectable medications may be administered according to prescriber’s order and written instructions when one of the following has been met:   1. A registered nurse or licensed practical nurse will administer the injections; 2. A supervising registered nurse with a physician’s order has delegated the administration of injectable medication to an unlicensed staff member and has provided the necessary training; or 3. There is an agreement signed by the company’s Designated Coordinator and/or Designated Manager and the person served and/or legal representative specifying what injections may be given, when, how, and that the prescriber must retain responsibility for the license holder’s giving the injections.     **The following injectable medications that are marked with an “X” have a prescriber’s order and written instructions and may be given:**         Epi-pen         Pre-drawn Insulin Syringes         Insulin Pens         Glucagon – Specific instructions attached         Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For the above checked injectable medications, please provide information regarding:**  When the medication may be given:  How the medication may be given:  A health care professional or pharmacist will prepare specified dosages in advance according to a prescriber’s order. Staff will administer the medication according to the prescriber’s order and written instructions and only after receiving specific training by a registered nurse or licensed health care professional. Staff who have not been specifically trained will not administer any injectable medication.  Only a licensed health care professional will administer psychotropic medications by injection.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person served and/or legal representative Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prescriber Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designated Coordinator and/or Designated Manager signature Date |