

Ohio Department of Job and Family Services
HOME CARE ATTENDANT MEDICATION AUTHORIZATION

TRAINING DETAIL

CONSUMER/AUTHORIZED REPRESENTATIVE (If applicable, please read before signing and dating)

I agree to have the Home Care Attendant (HCA) identified below to assist me (the consumer) in the self-administration of medication.

Consumer Name (Please print) <i>Betty Rubble</i>	Consumer Signature <i>Betty Rubble</i>	Date Signed <i>3/31/2010</i>
Authorized Representative (Please print) <i>N/A</i>	Authorized Representative Signature <i>N/A</i>	Date Signed <i>N/A</i>

HOME CARE ATTENDANT (Please read before signing and dating)

I have received training in administering the medications listed on the Medication Profile section of this Medication Authorization and will assist the consumer in accordance with OAC Rule 5101:3-46-04.1 or 5101:3-50-04.1, as appropriate, and as trained by the consumer, authorized representative and/or trainer. I understand that I am approved to assist the consumer in the self-administration of only those medications for which I have received training in administering. By initiating each medication listed, I verify that I have been trained to assist the consumer in the self-administration of the medication.

Home Care Attendant (Please print) <i>Helen Helper</i>	Home Care Attendant Signature <i>Helen Helper</i>	Initials <i>HH</i>	Date Signed <i>4-1-2010</i>
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TRAINER (Please read before signing and dating)

By initiating each medication listed, I verify that I have trained the Home Care Attendant to assist the consumer in the self-administration of medication.			
Trainer Name (Please print) <i>Betty Rubble</i>	Trainer Signature <i>Betty Rubble</i>	Initials <i>BR</i>	Date Signed <i>4-1-2010</i>

AUTHORIZING HEALTH CARE PROFESSIONAL (Please read before signing and dating)

I hereby support the decision of the consumer or his/her authorized representative to direct and supervise the Home Care Attendant in assisting the consumer in the self-administration of medication.

Authorizing Health Care Professional Name/Title (Please print) <i>Wilma Flinestone, M.D.</i>	Authorizing Health Care Professional Signature <i>Wilma Flinestone M.D.</i>	Initials <i>WF</i>	Date Signed <i>4-1-2010</i>
License # <i>99999</i>	Emergency Phone Number (Including Area Code) <i>614-555-5555</i>	Fax Number (Including Area Code) <i>614-555-0000</i>	

In the event that no physician is aware of or supports the consumer's decision to use the Home Care Attendant option, the Registered Nurse who is serving as the Authorized Healthcare Professional must be made aware of the physician's exclusion or non-support.

Consumer/Authorized Representative Initials _____

Authorized Healthcare Professional Initials _____

MEDICATION PROFILE

DIRECTIONS Please complete all boxes for each medication that the Home Care Attendant (HCA) will assist the consumer in self-administering. If the prescription is changed in any of the medications listed on this form, including name of medication, dosage (amount, route, frequency (times per day), or side effects, enter a "STOP/Change Date: on the current line and re-write the medication with updated information as new entry on a different line.

* The Home Care Attendant (HCA) and Trainer (T) must initial each entry after training is complete.

Start/Change Date	Initials	Name of Medication	Dosage	Route	Frequency (Times a Day)	Common Adverse Reactions (Must be reported)	Stop/Change Date	Initials
April 2, 2010	HH/BR	Lasix	40mg	by mouth	twice a day 9 AM 9P	Dizziness, Headache, irregular heart beat	May 6, 2010	HH/BR
April 2, 2010	HH/BR	Digoxin	0.125mg	by mouth	once a day 6A	nausea, diarrhea, blurred vision, headache	June 13, 2010	HH/BR
May 6, 2010	HH/BR	Lasix	20mg	by mouth	twice a day 9 AM 9P	Dizziness, headache, irregular heart beat		
May 15, 2010	HH/BR	Lasix	40mg	by mouth	once a day 6A	Nausea, headache, stomach pain, dizziness	June 23, 2010	HH/BR
June 10, 2010	HH/BR	Prilosec	40mg	by mouth	once a day 6A	nausea, rectal bleeding		
June 10, 2010	HH/BR	Miralax (+802 water)	17Gm	by mouth	once a day as needed	nausea, diarrhea, blurred vision, headache		
June 13, 2010	HH/BR	Digoxin	0.250mg	by mouth	once a day 6A			