

MEDICATION ADMINISTRATION FOR UNLICENSED SCHOOL PERSONNEL

PARTICIPANT/SITE MANUAL (Abbreviated Version)



MASN

Nurse Specialists in School Health

by
Michigan Association of
School Nurses

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Introduction

The purpose of this manual is to provide information to staff administering medications in the school setting. It is intended to be used with training by a R.N. or physician. It is highly recommended that a video accompany the instruction.

Training enables the participant to become more knowledgeable and skillful regarding the task of medication administration. It provides safety for our children and liability protection to school districts and staff. Periodic review and evaluation by a R.N. or physician is imperative.

The training includes a general session, a practice session and a written test. The training takes approximately four hours. The practice session is approximately 1.5 - 2 hours in duration and can be separated from the general session. The ratio for the practice session is six students per instructor.

With improving technology, students are coming to school with more complex health problems, many involving administration of medications not previously required in the school setting. These may include medications given by gastrostomy tube, rectally, intravenously, bladder instillation, injections, inhaler, and/or nebulizer breathing treatments. It is essential that in-service training and supervision of staff who administer medications be comprehensive and ongoing. This manual will cover only medication typically administered in the education setting orally, by meter dosed inhaler, topically, and by auto-injectors. Medications delivered by other means require individualized instruction and delegation by the school nurse or child's physician.

Federal legislation including I.D.E.A. (1990) PL101-476, previously known as PL94-142 of 1973, and Section 504 of the Rehabilitation Act of 1973, PL93-112, obligates local districts to provide related services, including health services, to students. This includes administering medications needed during the school day.

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Goals and Objectives

Goals

- Recognize laws and recommendations about safe administration of medications in schools
- Apply information regarding safe handling and storage of medications in schools
- Use procedures to administer medications safely and accurately
- Apply the principles of the Six Rights (6 R's) and Triple Check when giving medication

Objectives are listed with each lesson.

Lesson I – Legal Issues

Objectives

- Recognize section 1178 of the School code
- Identify the definition of simple negligence
- Identify examples to avoid 'gross negligence' and 'willful and wanton misconduct' when administering medications in school
- Define delegation and supervision under the Public Health Code and its use in the school setting
- Identify situations in which medications must be legally given in school
- Identify examples of breaches in confidentiality
- Identify the need for inclusion of medication administration in your job description

Michigan School Code Section 1178, revised 1995

The School Code of Michigan of 1976, revised in 1995, Section 1178. states that: "A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parents or guardian, and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct."

Districts who comply with the School Code at M.C.L.A. 380.1178 are provided a shield of immunity against civil or criminal action resulting from the administration of medication in allegations of "simple negligence". Black's Law Dictionary, Fifth Edition, defines "negligence" as the failure to use such care as a reasonably prudent and careful person would use under similar circumstances.

Clarification of Section 1178 of the School Code

"Who can administer"

- School administrator,
- Teacher, or
- Other school employee designated by the school administrator

"In the presence of another adult"

- The second person needs to be able to verify that you gave that particular medication to that particular person. In other words, they need to know how to administer medications also
- The second adult needs to initial and sign the log for verification of the person administering the medication to receive the liability protection

"In an emergency that threatens the life or health of the pupil"

- In an emergency, the second adult is not necessary

"Pursuant to written permission of the pupil's parents or guardian"

- Parent must provide written authorization, giving permission to the school district to administer the medication
- Signature must be in ink and dated
- The authorization is valid for one year (usually the current school year) or until medication is changed, whichever is first
- In cases of IDEA or 504 care plans, the year may be considered the calendar year

"In compliance with the instructions of a physician"

- Instruction should be written instructions (Attorney General opinions # 5679 of 1980 and # 6476 of 1987) refer to the need for written instructions. See Appendix A
- MASN further strongly suggests that instructions be in the form of written orders from the licensed prescriber. An R.N. can only give or delegate medications if there is a written order by the physician/licensed prescriber
- Licensed prescriber is typically acceptable. They include: M.D.(medical doctor), D.O. (doctor of osteopathy), dentist, podiatrist, and R.N. or physician's assistant with delegation from the M.D. or D.O.

"Act or omission amounting to gross negligence"

- Conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results

"Willful and wanton misconduct"

- An intentional wrong or reckless and heedless disregard for another's safety

Gross Negligence

Gross Negligence - conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results.

Examples of ways to avoid Gross Negligence

Clarify any discrepancies and/or concerns regarding medication by consulting with the parent and the school nurse, child's physician, or pharmacist before giving the medication in question

Observe the legal rights of every individual

Complete all records carefully

Be informed about the medications, including their actions and adverse effects

Follow the policies of your agency/district

Follow the Six (6) Rights and Triple Check (see Lesson 7)

Check for students who fail to report for their medication within one half hour of the prescribed time

Report any adverse or allergic reactions immediately

Make sure you have both physician instructions, parental authorization and properly labeled medication prior to administering any medication to a child

Willful or Wanton Misconduct

Willful or Wanton Misconduct - an intentional wrong or reckless and heedless disregard for another's safety.

Examples of ways to avoid Willful and Wanton Misconduct

Store all medications in a locked cabinet with limited access

Give only those medications for which you have been trained

Use the Six (6) Rights and Triple Check (see Lesson 7)

Have a safe plan for transportation of medication to/from school

Report any unsafe conditions you see regarding medications that are self-administered and/or self-possessed

Give students only their own medication(s)

Make sure that employees have had proper training

Accountability for Gross Negligence and Willful- and Wanton Misconduct

All persons are accountable for their own actions

Supervisory personnel are accountable for the actions of whomever they direct and supervise

School districts are accountable for policies and procedures for safe administration of- medication (see Lesson 3)

Districts with Nursing Services

In districts with nursing services, the R.N. may serve as a consultant regarding safe administration of medication or s/he may be responsible for the administration of medication. If the R.N. is responsible for the administration of medication, s/he may choose to delegate medication administration. For the nurse to administer or to delegate the administration of medication, there must be written orders signed and dated by the child's physician/licensed prescriber.

If a nurse administers or delegates the administration of medication, s/he is accountable to the Public Health Code. Therefore, the nurse is responsible for the training, delegation and supervision of the employee administering medication. The school administrator may identify who is to be trained, but the R.N. evaluates that individual's competency level and whether delegation is appropriate.

Districts without Nursing Services

In those districts that do not provide health/nursing services, the child's physician is responsible for directing the action of medication administration for that child when the district requires the consent of the parent and instruction from the physician. "Directing the action" would include the delegation and supervision of the school employee administering the medication. See Appendix A, Attorney General Opinions, #5679, April 11, 1980, and #6476 October 27, 1987.

Michigan Public Health Code Act 368 of 1978, as amended

- Safeguards the public when health services are provided in any setting
- Provides laws and rules health professionals must follow

Important explanations of terms used in the Public Health Code are listed in Appendix B. They include:

Prescribe

Delegation

Supervision

Federal Laws

The following laws address medication administration in the schools. Districts receiving federal funding must comply.

I. D. E. A. (Individuals with Disability Education Act of 1975, amended 1991). Guarantees a "free appropriate public education," including special education and related service programming for all children with disabilities. Children with chronic health conditions, attention deficit disorder, etc. needing special related services are protected to receive these services under "other health impairment".

Definitions

Federal - C.F. 300.16

"medical services" means services provided by licensed physician to determine a child's medically related disability that results in the child's need for special education and related services.

"school health services" means services provided by a qualified nurse or other qualified person.

Section 504 of the Rehabilitation Act of 1973, PL 93-112, provides individuals with basic civil rights protection against discrimination. It protects the rights of handicapped persons and obligates local districts to provide related services, including health services (e.g. medication administration) to those not eligible for special education. Accommodation plans (individual health care plans) are developed to provide needed health services in the school for children requiring medication or other health services. Each district must designate a 504 coordinator.

Confidentiality

There are both school and public health code laws that provide for confidentiality.

FERPA - Family Educational Right to Privacy Act Subpart D., Section 99.30 through 99.37, state that "an educational agency shall obtain a signed and dated written consent of a parent or eligible student before it discloses personally identifiable information from the student's educational record.

Public Health Code - Several sections refer to confidentiality issues.

Each school district should: a) develop policy and guidelines/procedures regarding confidentiality of medical records including medication logs; b) have a procedure for obtaining permission from parent, guardian, or eligible student before disclosing identifiable health information; c) provide instruction regarding confidentiality laws. (4)

A breach of confidentiality, the sharing of information without written permission, can result in serious consequences. It can lead to lawsuits and liability for the school. Sharing of health information without written permission that reveals information about the child which is the private domain of the family is inappropriate. Such disclosure can cause the child and family great distress and be possible grounds for a lawsuit. (4)

Examples of ways to avoid breach of confidentiality

- Keep individual log/record
- Share information regarding medication only with staff with "legitimate educational interest, ... need to know"
- Remember that the burden of proof will be for you to prove that the person you are sharing the information with "needs to know" for educational or emergency purposes
- Obtain written consent from the parent to share information -- this is necessary when communicating with an outside agency
- When a student does not come for his/her medication at the prescribed time, call the student to the office without giving the reason
- When others are present, avoid mentioning the name of the medication
- Try to administer medication in a more private area than the office

Michigan Tort Reform Act (1986)

Protects public employees from lawsuits which arise from acts the agency or employee does on behalf of the government. Public employees will remain liable for any torts they commit. They will not be liable for claims of negligence if each of the following is true:

- The public employee was acting in the course of his employment, service or voluntary action on behalf of the government
- The public employee was acting within the scope of his or her authority
- The governmental agency for which the public employee was working was engaged in a governmental function
- The government employee's conduct did not amount to gross negligence

The course of employment/scope of authority of public employees will be determined by what is said in their employment contract, in the job description used to advertise their position, and statements of school policy or procedure regarding that position and what the employee is supposed to do. The most important source, however, is the person in charge of that employee. If you do something at work because the principal or superintendent tells you to do it, you can probably safely assume that this action was in "the course of your employment" and in "the scope of your, authority". (3)

Sample Job Description Wording For Unlicensed Personnel

- Administer medication to student(s) after successful completion of a standardized training by an R.N. or physician.

Lesson 2 - Roles and Responsibilities

Objectives

- Identify the role of school administrators in medication administration
- Identify the role of the professional school nurse or other licensed health professional
- Identify the role of the non-licensed employee
- Identify the role of the parent(s)

Roles and Responsibilities of School Administrator(s) in the Administration of Medications

- Ensure that Board policy and procedures regarding medications are in place and adhered to
- Involve the school nurse/licensed prescriber in policymaking re: medications and other health services
- Designate and provide for training of employee(s) by appropriate licensed health professional (e.g. R.N. or physician)
- Provide for review training
- Ensure that only successfully trained personnel administer medications
- Keep a file of employee's training verification. The district determines where the file is kept (e.g. personnel office, on site, employee copy)
- The Superintendent or designee determines the process by which there is a professional nurse/licensed prescriber included in the evaluation of medication errors/incidents
- Provide a locked storage area for medications with limited access
- Provide for confidentiality of records
- Report stolen controlled substances to the local police department
- Provide information regarding policy/procedure to physicians and parents
- Provide uninterrupted time to the employee while administering medication

Roles and Responsibilities of the School Nurse in the Administration of Medications

- Develops and revises policies and procedures to present to the School Board for the administration of medication in school
- Supervises the implementation of the school policies for the administration of medication in school to ensure the safety, health and welfare of the students
- Provides and verifies training for the designated staff
- Develops and implements procedures for handling, storing, and disposing of medication
- Delegates and supervises, or consults with employees administering medication
- Provides continuous availability of communication with delegatee (uses the minimum of a pager)
- Reviews the importance of confidentiality in the administration of medication
- Reviews medication records
- Accepts/maintains medication only in a properly labeled prescriptive container or an original over-the-counter container
- Only the nurse shall receive telephone orders from the licensed prescriber, (written orders shall be received within 2 days or the order will be canceled). Parental consent for administration of the medication is required

Note *When an R.N. works for the district she most likely will be the delegator and supervisor of medications or make recommendations in a consulting capacity. In those districts that do not employ school nurses or have services provided by the local health dept., the child's physician is responsible for the delegation and supervision and child specific training or any delegation or supervision necessary of the nonlicensed personnel administering medication.*

Roles and Responsibilities of the Child's Physician in Districts without a School Nurse

(see Appendix A for Attorney General Opinions)

- Provide complete written orders/instructions (preferably orders) to the school that will administer medication(s)
- Require that school employee(s) administering the medication is trained (see Appendix A and B regarding A.G. opinions and Public Health Code)
- Provide child specific information as needed to the school employee(s) administering medication (e.g. student has difficulty swallowing)
- Identify potential problems regarding the medication a child is taking and how to resolve them (e.g. side effects, adverse reactions)
- Identify physician or R.N. to train the school employee(s) administering the medication
- Provide individualized health plan/emergency plan for medications required on a p.r.n. (as needed) basis, including a list of symptoms for which the medication is needed.
- Provide availability by electronic means (e.g.phone, pager) for child specific questions/problems
- Medications needing child specific instruction and delegation include:
 - nebulized medication (which is also a treatment)
 - injectable medication
 - medication(s) needing to be mixed
 - patches
- Self-administration and possession requires verification that the:
 - school environment is safe
 - child is knowledgeable regarding the use/misuse and administration of the medication"

Note: *In those districts that do not employ school nurses, the child's physician is responsible for the delegation and supervision and child specific training or any delegation or supervision necessary of the nonlicensed personnel administering medication.*

Roles and Responsibilities of Nonlicensed School Personnel Who Administer Medications

- Request and receive any standardized and child specific training needed, prior to administering medication(s)
- Keep a copy of verification of their standardized training
- Check the medication form, making sure it is completed correctly
- Transcribe the medication orders to the individual student log
- Accept/maintain medication only in properly labeled prescriptive container or an original over-the-counter container
- Document receiving the medication and verify that the label on the medication matches the order on file for the student
- Scheduled controlled substances, such as Ritalin, shall be counted in the presence of another adult (preferably the parent). The date, name of person delivering the medication and amount delivered shall be documented on the medication log and signed by both persons (unless district policy states otherwise)
- Administer medications to students who have valid orders/instructions, properly labeled medication containers and written parental consent
- Maintain records for receipt, storage, and administration of medications
- Report immediately to the school nurse/physician and the school principal any unusual signs, symptoms, occurrences, unsafe or improper use of medications
- Seek guidance and supervision from the school nurse or licensed prescriber, especially when uncertain about medications
- Keep all medications in a locked cabinet/container
- Notify parent of the need for more medication when 3 doses (or local district policy) remain
- Notify parent regarding pickup of unused medication at end of year or when there is a change in medication (or local district policy)

Prohibited Functions of Nonlicensed School Personnel Who Administer Medications

- Shall not administer medication by intramuscular (other than auto-injector), intravenous, subcutaneous, nebulizer (also a treatment), gastrointestinal G-tube, vaginal, rectal, or bladder instillation route other than emergency medications. These must be delegated by the physician/school nurse with child specific instruction/training. In districts without nurses, the physician must be contacted
- Shall not receive or assume responsibility for accepting any oral and/or telephone orders from a licensed prescriber, the parent, or other school employee. Fax orders are acceptable
- Shall not alter medication dosage as delivered from the pharmacy/physician order
- Shall not administer any medications when there is indication that the medication has been inappropriately dispensed by the pharmacist/physician or mishandled by other individuals, improperly labeled refills, or student is experiencing adverse reactions
- Shall not decide to withhold medications from a student without the approval of the school nurse/physician
- Shall not decide to refuse the assignment of medication administration without the approval of their supervisors

Roles and Responsibilities of Parent(s)

- Have district forms completed by the child's physician and themselves
- Provide the completed paperwork/authorization and properly labeled prescriptive/over-the-counter (OTC) container(s)
- Deliver and retrieve medication in their original properly labeled prescriptive/over-the-counter (OTC) container(s) in a safe manner
- Inform school personnel of any changes in the condition of their child
- Inform school personnel of all currently prescribed medications their child is taking, (even at home)
- If medication changes occur, have new form(s) completed
- Supply refills in a timely manner
- Cut tablets in half prior to bringing in the medication, if indicated
- Provide crusher if needed

Notes

Policy and Guidelines

Objectives

- Identify important items needed in a district's medication policy/procedure
- Identify the need for policy and procedures

Each district should implement a policy regarding medications to comply with federal laws such as Section 504 and IDEA, and Michigan laws such as Section 1178 of the School Code, the Public Health Code and the Tort Reform Act. A school nurse/RN or physician needs to serve in the development, revision and approval of policy, procedures and protocols for the administration of medications. Appendix C contains a memorandum from the Michigan Department of Education, dated November 19, 1996, which has suggestions for the development of policy and procedures to be used by local districts.

MASN does not completely agree with these guidelines and makes additional recommendations in their Position Statement. See Appendix D.

2780 Administration of Medications by School Personnel

2780

This policy is intended to cover all students. It includes students with disabilities who have an Individualized Education Program (IEP) or Section 504 Plan. The following definition of “medication” is adopted for use in this District: “Medication,” includes prescription, non-prescription and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.

Whenever possible, medications for students should be administered by parents/guardians at home. As a service to the family, the Superintendent shall establish procedures for the administration of medication by school personnel in circumstances where such administration is deemed necessary for the student’s well being by the student’s parent/guardian or physician. The pupil’s parent/guardian must provide the school with written permission and a written request to administer medications to their child. Written instructions from a physician, which include the name of the pupil, name of the medication, dosage of the medication, route of administration, and time the medication is to be administered to the pupil shall accompany the request and be kept on record by the school. The parental or guardian request/permission and a physician’s instructions for administration shall be renewed every school year.

Any and all “biohazards” generated, such as, but not limited to: sharps, bandages, gauze, towellettes, and discarded live or attenuated vaccines, due to the administration of medications by school personnel shall be disposed of in accordance with the Michigan Medical Waste Regulatory act, 1978 PA 368, R325.1545(10). Students who “self administer” medications shall be responsible for returning any such wastes to their home for disposal. The Superintendent shall be responsible for providing staff members with written procedures to implement this requirement.

2780 Administration of Medications by School Personnel

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Each building shall have a plan for handling medical emergencies.

The school administrator will designate an individual(s) responsible for administering medications to pupils at that school. A school administrator, teacher or other school employee authorized to do so by the school administrator, may administer medication to a pupil in the presence of another adult employee pursuant to written permission of the pupil's parent(s) or guardian(s), and in compliance with, the written instructions of a physician. Where the individual administering the medication is a licensed registered professional nurse, or when an emergency threatens the life or health of the pupil, a second adult need not be present.

Self-Administration/Self-Possession of Medications

The following definition of "self-administration/self-possession" is adopted for use in this District: "Self-administration" means that the pupil is able to consume or apply prescription and non-prescription medication in the manner directed by the physician without additional assistance or direction. Self-possession means that the pupil may carry medication on his/her person to allow for immediate and self-determined administration.

A pupil whose parent/guardian and physician provide written permission will be able to self-administer and self-possess his/her own medications. A medication that a pupil possesses must be labeled and prepared by a pharmacy or pharmaceutical company and include the dosage and frequency of administration. A pupil's use shall not be denied if the conditions of written permission and physician direction are met. A building administrator may discontinue a pupil's right to self-administer and self-possession if there is misuse by the pupil. The denial shall come only after a consultation with the parent/guardian. For example, a pupil who requires the use of an inhaler for relief or prevention of asthma symptoms shall be allowed to carry and use the inhaler if there is written approval from the pupil's physician and parent/guardian on record at the

2780 Administration of Medications by School Personnel

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school (as described in the Michigan Revised School Code, Section 380.1179). A pupil who is in possession of an inhaler under the above conditions shall have each of his/her teachers notified of this by the building administrator.

Diabetic Emergencies

Staff shall be made aware of the symptoms of a diabetic emergency. Staff with diabetic students should know the signs of possible side effects of diabetic medications, and also, be aware which side effects are serious enough to warrant reporting to the child's parent/guardians or health provider.

Management of Students with Asthma in the School Setting

If needed, school administrators may have direct communication with the child's health care provider in order to resolve individual problems that may arise because of a child's asthma. All staff shall be informed about the early warning signs of an acute asthma episode and should be aware of emergency procedures and contacts in case a child needs medical assistance. Copies of the "Signs of an Asthma Emergency," as published by the Michigan Department of Education, will be distributed to all staff and shall be posted on appropriate bulletin Boards in school buildings.

Exercise Induced Asthma Attacks

Physical education teachers, playground aides, and teachers are to be informed that exercise can induce acute episodes for many students with asthma. It shall be the responsibility of the administration to inform school staff who are responsible for students during physical activity of the identity of those students who have exercise-induced asthma. A child with exercise-induced asthma shall be allowed to stop any physical activity if they are having difficulty.

The Superintendent will promulgate rules and guidelines to implement this policy.

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School Staff Training

All individuals designated or authorized to administer medication are required to receive in-service training on all district policies and procedures related to this responsibility. School staff must be trained by a licensed registered professional nurse, physician, or physician assistant who has knowledge of local school medication policies and procedures.

Storage and Access to Medications

All medication shall be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company with the pupil's name of the medication, dosage, and the frequency of administration. Medications shall be stored in a school location that is kept locked. However, emergency medications may be stored in an area readily accessible to the individuals designated to administer them. All controlled-substance medications will be counted and recorded upon receipt from the parent/guardian. The medication shall be recounted on a regular basis (monthly or bi-weekly) and this count shall be reconciled with the medication administration log/record.

Record-Keeping of Medications

A log of medication administration shall be kept in a school office and filed in a pupil's permanent record at the end of each school year (see sample Medication Administration Daily Log). The individual pupil log shall be kept until one year after the pupil's graduation from high school.

Approved: April 21, 2003

LEGAL REF: MCL 380.1178; MCL380.1179; OAG, 1979-1980, No 5679, p 7-0

(April 11, 1980); OAG, 1993, No 6746, (January 13, 1993); MDE Bulletin, October 18, 1999, PA 378, 1978, Medical Waste Regulatory Act, R325.2545 (2)

Lesson 4 - Storage and Handling

Objectives

- Identify proper storage of medication
- Identify general principles in handwashing technique
- Identify appropriate measures for:
 - confidentiality
 - receiving medication
 - verifying medication label
 - returning medication
 - expired medication
 - disposing of medication
- Identify, handling of medication for field trips

Storage

- Medications shall be stored in a locked space reserved for medication only
- Access to all stored medications shall be limited to persons authorized to administer medications
- Medications requiring refrigeration shall be kept in a separate refrigerator or in a locked container in the refrigerator, at 36-46° F
- Medications shall be stored in their original containers
- Storage area shall be light and heat resistant. Medications are generally temperature and light sensitive
- Glass or other transparent breakable storage cabinets should not be used

Handling

- Administer medications under sanitary conditions
- Always wash hands prior to administering medication. Antibacterial (tube rculocidal) towelettes/waterless soap may be used as a substitute only when a sink is unavailable
- Don't touch medications with bare hands
- Wear gloves when:
 - needing to touch a medication
 - contacting body fluids
- Cutting, crushing, sprinkling or mixing medications needs special direction by the physician/school nurse
- Drinking water for oral medication administration should be obtained from either the drinking fountain by the child or a water cooler/dispenser by the person administering the medication. A new disposable cup must be used each time

Handwashing *

Vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under a stream of water.

Purpose - to prevent the spread of infection

Objectives

- To remove disease-causing organisms from the hands
- To prevent the spread of micro-organisms to students.
- To prevent the spread of micro-organisms to personnel

Equipment

- Soap
- Running warm water
- Paper Towels

Procedure

- Wet hands with warm, running water

- Apply soap and water

- Wash hands, using vigorous, brief (at least 17 seconds) rubbing together of all surfaces of lathered hands

- Rinse hands well under running water

- Dry thoroughly

- Turn off water with towel

- Discard towel

Important Points

Warm water, combined with soap, makes better suds. Hot water removes protective oils

Liquid soap is preferred. The dispenser is replaced or cleaned and filled with fresh soap when empty. Bar soap is kept on a rack allowing drainage of water

Include front and back, between fingers and knuckles, around and under nails, and wrist areas. Avoid harsh scrubbing. If hands are visibly soiled, more time is required

Soaps and running water allow most micro-organisms to be washed off. Leave water running

Dry gently to avoid chapping

Prevent organism transfer from handle

*adapted from Reference # 9 (Iowa)

Confidentiality

Records

- Must be individualized

Parents

- Have the right to keep information or the reason for administration of medication confidential
- When you are speaking with parent (either in person or on the phone) try to speak privately
- When others are around and you must speak about the medication avoid using all the specifics, for example:

Incorrect - Hello Ms. Jones, your daughter Jenny needs more of the Ritalin brought in. There only one dose left. I will send the empty container home with her today.

Correct - Hello Ms. Jones, your daughter Jenny needs more of her medication brought in. There is only one dose left. I will send the empty container home with her today.

Students

- When calling a student away from class, avoid stating the reason
- When other students or persons other than the second adult are present, avoid stating the reason or name of the medication

Receiving

Home to school

- It is the responsibility of the parent or designated adult to make sure the medication is delivered to the school employee designated to receive/administer it in a safe manner

Verifying Label

- In the presence of the person who has delivered the medication, the person receiving it will verify that the label on the medication corresponds to the medication order/authorization. Exception: the medication label may say "take as directed" when a student is being introduced to or weaned from a medication as long as written directions are included in the physician order/authorization form
- If there is an incorrect match, inform parent, return the medication and order/authorization form so that the situation is corrected. Document the conversation on the medication log

Counting controlled substances

- In the presence of an adult witness, delivered medication will be counted by using a pill counter or
 - pour the pills from container onto a new, unused sheet of paper (different color than the medication)
 - use an unused toothpick or other clean utensil to count the pills
 - fold the paper so the pills can be returned to the container without touching them
- If the -medication is liquid, verify the measurement amount in the container

Document the count/amount on the medication log by noting

- amount
- time
- date
- person witnessing the count

Note: There may be situations other than those involving controlled substances in which you may wish to count medications. Medications presumed stolen must be documented on the student medication record reported to the local police and parent.*

Returning

- Parent may retrieve medication at any time by coming to school and requesting the unused portion. This must be documented.
- Contact the parent when 3 day supply is left (or district policy). Inform the parent of the need for more medication, and that you will be sending home the empty container with the child in 3 days. Document conversation on the medication log. (See sample note in Appendix E. Other sample forms are also in Appendix E)
- Parent will be notified/requested to pick up medication if: the medication has expired, been discontinued, changed, no longer being given at school, or for other reasons. Inform them the medication will be destroyed in one week if not picked up or other arrangements are not made. Document notification on the medication log
- All medications not retrieved by the parent will be destroyed one week after: a) the expiration date, b) contact with the parent or, c) the end of the school year, whichever is first

Expired Medications

- All medications have an expiration date listed on the container (unless it was packaged and dispensed by the child's physician)
- Always check the expiration date at the time of receipt and at least monthly
- At least one week prior to the expiration date, contact the parents informing them of the need for more medication
- Document parent contact on the student's medication record/log
- If parent does not pick up the expired medication, dispose of it properly one week after notification

Disposing

All medications not retrieved by the parent will be destroyed one week (or according to district policy) after the expiration date, contact with the parent, or the end of the school year, whichever is first.

In the presence of another adult, dispose of unused, expired, unclaimed or contaminated†† medication(s)

- Flush the medication down the commode
- Dispose of sharps in a puncture-proof container according to MIOSHA guidelines
- Destroy the label. Discard the container unless local district policy dictates otherwise
- Document the amount, method, name of witness and reason for disposal on the student medication record/log

†† Contaminated Medications

- Medications that have fallen or been removed from the container onto a surface (e.g. hand, floor, counter top) other than a clean, unused, untouched surface (e.g. sheet of unused paper) are considered contaminated and must be disposed of properly
- Document the contamination and disposal on the student medication record/log
- Notify parent of disposal of contaminated medication if necessary

Field Trip Medications*

- Student emergency cards should always accompany the teacher on field trips
- Waterless soap/towelettes shall be used by the teacher prior to administering the medication

The following guidelines must be adhered to on a field trip:

- Teachers need to provide the school nurse/medication trained personnel with the date of their planned field trip at least 3 days in advance for students needing regular, p.r.n. (as needed) or potential emergency medications
- The school nurse or medication-trained personnel will list the following information on an envelope/ziplock bag: a) name of student; b) teacher; c) time medication is to be given
- A copy of the student log will be placed inside the envelope/ziplock bag for the teacher and witness to Initial and sign for the day and time the medication was given to the student
- The school nurse/medication-trained personnel will put the medication in its original container in the envelope/zip lock bag, seal the envelope/ziplock bag and give it directly to the teacher. A separate envelope/ziplock bag should be used for each medication. Liquid medication, inhalers, and topical medications will also need additional supplies (e.g. measuring device, spacer)
- Upon returning to the school following the field trip, the teacher will return the medication and copy of log to the school nurse or trained health room para/secretary
- The teacher and witness must also initial and sign the student's school medication record/log for the day and time the medication was given to the student
- When at all possible, the school nurse should prepare medications for field trips
- When at all possible, the parent should be the chaperone for the student needing injections or requiring medication for potential serious allergic reactions
- Auto injector -Teacher should do return demonstration to school nurse/child's physician with auto injector trainer prior to the field trip. Place a piece of rolled corrugated cardboard in the envelope for the needle of used injector. Place used injector in sharps container upon return to school

*adapted from Reference # 4 (Colorado)

Lesson 5 – Purpose/Side Effects/Allergic Reactions

Objectives

- List five (5) purposes of medication
- Define side effects
- Define adverse reactions
- Define allergic reaction
- List symptoms of an allergic reaction
- Identify symptoms of anaphylactic reaction

Purpose of Medications*

- Prevent disease
- Help to diagnose a disease
-
- Treat a disease
-
- Restore the normal function of an organ or a part of the body
-
- Maintain the normal action of an organ or a part of the body

* Reference # (4)

Undesired Results

Medications can produce both desired and undesired results. The desired result is the reason the drug was prescribed. There are **four types of undesired results**

- Side effects
- Adverse reactions
- Allergic reactions
- Anaphylaxis (severe allergic reaction)

Side Effects These are mild, predictable reactions of the drug that may occur at the same time as the desired effect. Most side effects are minor and are not cause for great concern. Examples of common side effects are dry mouth and drowsiness experienced after taking an antihistamine. See Appendix F for Side Effects Chart of most commonly used medication.

Adverse Reactions These are **reactions** that are **undesirable and potentially harmful**. If an adverse reaction is identified in a child, report it to the:

- School nurse
- Parent - inform them to contact the physician
- Physician (if consent allows)

The doctor might want to change the medication, or change the dosage of the medication. Examples of adverse reactions are double vision and ringing in the ears.

Allergic Reactions These reactions are related to the action of the medication. It is difficult to predict whether someone will be allergic to a particular drug. When an allergic reaction to a drug occurs, the body's immune system reacts to the drug by producing histamines. Histamines produce symptoms of an allergic reaction. The severity of symptoms can quickly change. The reactions can become more dangerous and severe if medication continues. If you suspect a student is exhibiting allergic symptoms, withhold the scheduled dose. **Report your observations immediately to the:**

- School nurse
- Parents - inform them to contact the physician
- Physician (if consent allows)

Signs (not inclusive)

<u>System</u>	<u>Symptom</u>
● Mouth	itching & swelling of the lips, tongue or mouth
● Throat†	itching/sense of tightness in the throat, hoarseness, and hacking cough
● Skin	hives, itchy rash, and/or swelling about the face or extremities
● Gut	nausea, abdominal cramps, vomiting, and/or diarrhea
● Lung†	shortness of breath, repetitive coughing, and/or wheezing
● Heart†	'thready' pulse, 'passing out'/loss of consciousness

† All above symptoms can potentially progress to a life-threatening situation.

Anaphylaxis "The most dangerous type of allergic reaction is anaphylaxis. This is a very severe allergic reaction which is life-threatening. Anaphylaxis occurs after the administration of a drug, eating a particular food (such as peanuts) or the sting of an insect to which the person is allergic. Many schools have policies to call 911 if a severe allergic reaction occurs. Phone numbers for parents or guardians should be available so they can be reached in an emergency". (4) Each building should have someone on duty who is trained in basic first aid and CPR. An emergency care plan should be in place for each child with life-threatening allergies. The emergency plans for students with potentially severe allergic reactions and/or anaphylaxis should be reviewed with parent and staff by the school nurse/physician on an annual basis.

Anaphylactic reactions are:

- Severe allergic reactions
- Life-threatening

If you observe or think someone is having an anaphylactic reaction:

- Instruct someone to call 911
- Administer medication for allergic reaction if prescribed

Signs and symptoms of anaphylaxis may include:

- Hives/itching
- Dizziness/weakness
- Nausea/vomiting
- Abdominal cramps
- Swelling of face, hands, feet and mucous membranes
- Wheezing
- Shortness of breath
- Difficulty breathing
- Sense of impending doom
- Loss of consciousness

Notes

Lesson 6 – Drug Classifications/Common Medications

Objectives

- Identify three (3) classifications of drugs
- Identify common medications administered in school

Classification of Drugs*

- **Prescription**
- **Over-the-counter (OTC)**
- **Controlled substances -- (also prescribed)**

Definitions

- **Prescription** - medications including controlled substances which require a prescriber's order
- **Over-the-Counter (OTC)** - drugs which may be purchased without a prescription, e.g., first aid cream, analgesics and antacids
- **Schedules of Controlled Substances** - there are five schedules of drug and drug products under the jurisdiction of the Controlled Substances Act. Some examples are listed. See also pages 39-40. Listings are subject to change. For a complete list contact the Drug Enforcement Administration or a pharmacist. There should be a C or an N after the Rx number on the prescription label. The drugs are to be kept in a locked container
 - **Schedule I** Substances that have no accepted medical use in the U.S. and have a high abuse potential (heroin, marijuana, LSD, MAMA, peyote, mescaline)
 - **Schedule II** Substances that have a high abuse potential with severe psychic or physical dependence liability. This category consists of certain narcotic, stimulant and depressant drugs (opium, codeine, Doriden, Demerol, Percodan, Dexedrine, Ritalin)
 - **Schedule III** Substances that have an abuse potential less than those in I and II. Includes compounds with limited quantities of certain narcotic drugs and non-narcotic drugs (hydrocodone, compound or mixture containing secobarbital, anabolic steroids)
 - **Schedule IV** Substances with potential for abuse less than those in III (phenobarbital, Placidyl, Librium, Valium, Tranxene, Darvon, Talwin-NX).
 - **Schedule V** Substances with an abuse potential less than IV and contain limited quantities of certain narcotic and stimulant drugs, generally for antitussive, antidiarrheal and analgesic purposes (buprenorphine)

*adapted from Reference # 9 (Iowa) for Mich. P.H.C. of Act Article 7 Part 72 of 1978, as amended

Controlled Substances (usually have a C or N after prescriptive label Rx #)

Adderall	Codclear DH syrup	Ethchlorvynol
Adipex	Codimal DH syrup	Fastin
Adipost	Cophene XP liquid	Fentanyl
Alprazolam	Cylert	Fiorinal
Ambenyl	Dalmane	Fluoxymestern
Ambien	Darvocet	Flurazepam
Amytal	Darvon	Glutethimide
Anadrol	Deca Durabolin	Halcion
Adnroid	Decohistine DH liquid	Halotesin
Andropository	Delatestryl	Histussian HC
Anexsia	Demerol	Hy Phen
Ativan	Depo Testadiol	Hycodan
Azdone	Depo Testosterone	Hycomine
Ban Tuss	Deprol	Hydrmrph
Bancap	Desoxyn Gradumet	Hydrocodone
Bontril	Desoxyn Tab	Hydromet
Brevital	Detussin liquid	Hydrostat IR
Bromanate DC Cough	Dexedrine	Ionamin
Bromanyl syrup	Dextroamphetamine	Iphen
Bromphenirmn DC syrup	Dhc Plus	Isoclor
Brontex	Diazepam	Isollyl
Butabarbital	Dihistine DH liquid	Klonopin
Butalbitai comound	Dilaudid	Kwelcof
Butisol	Dimetane DC cough	Levo Dromoran
Calcidrine	Diphenoxyl	Levorppnl
Carisoprodol	Diphenoxylate/	Libirtabs
Centrax	Atropine sulfate	Librium
Chlordiazepozide	Doral	Limbitrol
Chilorohydrate	Doriden	Lomanate
Clorazepate	Durabolin	Lomotil
Chlordiazepozide	Duragesic	Lonox
Clonasepan	Duramorph	Lorazepam
Co-Gesic	Endal expect syrup	Lorcet
Cocaine	Entuss expect tabs	Lortab
Codine Preparations	Equagesic	Marinol
Codamine syrup	Equanil	Mazanor
CodeHist DH elixer	Equagesic	Mebaral

Controlled Substances (usually-have a C or N after prescriptive label Rx #)

Melfiat	Pentobarbital	Sufenta
Meprgan	Pentotho!	Synalgos
Meperidine	Percocet	Talacen
Meprobamate	Percodan	Talwin
Meprospan	Phenaphen	Temazepam
Metadren	Phenobarbital	Tenuate
Methadone	Phentermine	Tenuate Dospan
Methylphenidte	Phrenilin	Terpin Hydrocodone
Methyltest	Plegine	Teslac Tab
Micrainin Tab	Poly Histine CS syrurp	Test Estro
Miltown	Pondimine	Testode rm
Morphine	Prazeparn	Testostrone
Motofen	Prelu-2	Testred
Ms Contin	Promethazine/codein	Thiopentl
Mslr Cap	Propacet	Thiopntl
Myphetane	Propoxyphene	Tranxene
Nandrlne	Prosom	Triacin
Nembutal	R-M S Supp	Triazolam
Noctec	Restoril	Tuinal
Noludar	Ritalin	Tussafin
Norco	Roxanol	Tussar
Nucotuss	Roxanol	Tussend
Numorphan	Roxicet	Tussigon
Obetroi	Roxicodone	Tussi Organidin
Oms Conc	Roxilox	Tussigon
Opium	Roxiprin	Tussionex
Oramorph	Ru Tuss/hydrocodone	Tylox
Oreton	Sanorex	Valium
Oxazepam	Secobarb	Valmid
Oxcodone	Seconal	Valrelease
P V Tussin	Serax	Vanex
Paral	Sod Barbita	Vicodin
Paraldehyde	Solofoton	Vicoprofen
Paregoric	Soma	Visr,iton
Paxipam	Stagesic	Winstrol
Pediacof	Status expect	Wygesic
Pedituss	Sublimaze	Xanax
		Zydone

Common Medications Administered in School

<u>Generic Name (Brand Name)</u>	<u>Use (not inclusive)</u>
	Pain
† Acetaminophen (Tylenol)	Pain
† Acetaminophen #2 (Tylenol #2 with Codeine)	Pain/Arthritis
Acetylsalicylic Acid (Aspirin)	Severe Allergic Reactions
Adrenalin (EpiPen®, EpiE•ZPen™)	Asthma
Albuterol (Proventil, Ventolin)	Anxiety
† Alprazolam (Xanax)	Antibiotic
Amoxicillin (Amoxil, Larotid, Polymox)	Allergies/Antihistamine
Brompheniramine Maleate (Dimetane)	Depression
Bupropion (Wellbutrin)	Anxiety
Buspirone (Buspar)	Seizure Disorders
Carbamazepine (Tegretol)	Seizure Disorders
Clonazepam (Klonopin)	ADHD/High Blood Pressure
Clonidine Hydrochloride (Catapres)	Depression
Clomipramine (Anafranil)	Asthma
Cromolyn Sodium (Intal)	Depression
Desipramine (Norpramin)	ADHD
† Dextroamphetamine (Dexedrine)	Allergies/Antihistamine
Diphenhydramine (Benadryl)	Seizure/Mood Disorders
Divalproex Sodium (Depakote)	Depression/Obsessive Compulsive Disorder
Fluoxetine (Prozac)	Allergies/Antihistamine
Fexofenadine (Allegra)	Seizure Disorders
Gabapentin (Neurontin)	Schizophrenia
Haloperidol (Haldol)	Pain/Inflammation
Ibuprofen (Advil, Motrin, Medipren, Midol, Nuprin)	Diabetes
Insulin (Humulin, Lente, Novolin)	Seizure Disorders
Lamotrigine (Lamictal)	Allergies/Antihistamine
Loratadine (Claritin)	ADHD
† Methyphenidate (Ritalin)	Depression
Paroxetine (Paxil)	ADHD
Pemoline (Cylert)	Seizure Disorder
Phenobarbital (Luminal)	Seizure Disorders
Phenytoin (Dilantin)	Decongestant
Pseudoephedrine (Sudafed)	Mood Disorders
Risperidone (Risperdal)	Pain
Tramadol (Ultram)	Depression
Venlafaxine (Effexor)	

Note: Generic name is listed first, followed by brand name in parentheses ().

† = Controlled Substances

Common Medications Administered in School

<u>Generic Name (Brand Name)</u>	<u>Use (not inclusive)</u>
Adderall/cetaminiphen (Tylenol)	ADHD
Advil, Midol, Motrin, Nuprin (Ibuprofen)	Pain/Inflammation
Allegra (Fexofenadine)	Allergies/Antihistamine
Amoxil, Larotid, Polymox (Amoxicillin)	Antibiotic
Anafranil (Clomipramine)	Depression
Aspirin (Acetylsalicylic Acid)	Pain/Arthritis
Benadryl (Diphenhydramine)	Allergies Antihistamine
Buspar (Busprione)	Anxiety
Catapres (Clonidine Hydrochloride)	ADHD/High Blood Pressure
Claritin (Loratadine)	Allergies Antihistamine
Cylert (Pemoline)	ADHD
Depakote (Divaproex Sodium)	Seizure/Mood Disorders
† Dexedrine (Dextroamphetamine)	ADHD
Dilantin (Phenytoin)	Seizure Disorder
Dimetane (Brompheniramine Maleate)	Allergies/Antihistamine
Effexor (Venlafaxine)	Depression
EpiPen®, EpiE•ZPen™	Severe Allergic Reactions
Haldol (Haloperidol)	Schizophrenia
Humulin, Lente, Novolin (Insulin)	Diabetes
Intal (Cromolyn Sodium)	Asthma
Klonopin (Clonazepam)	Seizure Disorder
Lamictal (Lamotrigine)	Seizure Disorder
† Luminal (Phenobarbital)	Seizure Disorders
Neurontin (Gabapentin)	Depression
Norpramin (Desipramine)	Depression
Paxil (Paroxetine)	Depression
Proventil, Ventolin (Albuterol)	Asthma
Prozac (Fluoxetine)	Depression/Obsessive Compulsive Disorder
Risperdal (Risperidone)	Mood Disorders
Ritalin (Methyphenidate)	ADHD
Sudafed (Pseudoephedrine)	Decongestant
Tegretol (Carbamazepine)	Seizure Disorders
Tylenol (Acetameniphen)	Pain/Fever
Tylenol #2 (Acetameniphen with Codeine)	Pain
Ultram (Tramadol)	Pain
Wellbutrin (Bupropione)	Depression
† Xanax (Alprozolam)	Anxiety

† = Controlled Substances

Note: Brand name is listed first, followed by generic name in parentheses ().

Lesson 7 - Medication Rights/Strategies/Triple Check

Objectives

- List the Six Rights (6 R's) in medication administration
- List additional safeguards that will help minimize medication risks
- Identify how to 'Triple Check' each time medication is administered

The “6 RIGHTS” of Medication Administration*

- Right **Student** - Have the student identify himself by name. Verify the name on the medication record/log with the student and the label on the medication container. A student I.D. photo on the medication record/log is helpful. Say the student's name when you hand him his medication
- Right **Medication** - compare the label on the medication container with the student's medication record/log
- Right **Dose** - compare the order on the medication record with the label on the medication. If it is different, ask the school nurse/physician for further instructions before administering
- Right **Route** - compare the medication record/log and the label. Make sure they both match (e.g. by mouth, by injection)
- Right **Time** - compare the medication record/log and the label. Make sure it has not already been given by checking the medication record/log. If not administered within 30 minutes prior to or after the prescribed time, you must chart the exact time you administered it
- Right **Documentation** - record medication after it is given

* adapted from Reference # 21 (Louisiana)

Safeguards (Beyond the "6 RIGHTS")

Beyond the "6 RIGHTS" of medication administration, there are some additional **safeguards** to follow that will help to minimize medication risks. These have been divided into three (3) DO's and three (3) DON'TS. (21)

- **DO** give your full attention to the task
- **DO** remain with the individual until the medication has been taken
- **DO** prepare medication for only one individual at a time

- **DON'T** give a medication from a container which has a label that you can't read
- **DON'T** give a medication from another person's container
- **DON'T** try to hide a medication error

If you have any doubt as to whether the medication is in the correct form as ordered, or can be administered as specified, call the school nurse/child's physician before administering the medication.

For instance, if the medication in the container is in tablet form and the instructions say "apply externally," contact the school nurse/child's physician.

Triple Check*

the 6 R's each and every time you give medication

- When getting out medication
- When pouring medication
- When returning medication

* adapted from Reference #4 (Colorado)

Notes

Lesson 8 - Routes and Procedures

Objectives

- Identify at least four (4) common routes by which medication is administered

- Identify procedures for administering medications by the following routes:
 - oral
 - inhaled
 - topical
 - auto-injector
 - other medications

Procedures/steps for administering each type of medication is adapted from Reference # 9 (Iowa)

Oral Medication

Tablets/Caplets - taken by mouth and swallowed

- **Coated** tablets are swallowed whole and are not chewed. Examples are Advil tablets, Tylenol caplets
- **Scored** tablets are made to be cut in half to obtain the proper dose. Be sure that a scored tablet matches the prescription dose. For example, the prescription may indicate 10 milligram tablets of Ritalin, but the child is supposed to take 5 milligrams at school. Tablets that need to be cut should be done by the parent prior to bringing them to school. If done at school, it must be done with a pill cutter wearing gloves
- **Crushed** are to be crushed with a pill crusher just prior to being administered. The crusher needs to be cleaned after each use or each pill should have its own crusher
- **Chewable tablets** are to be chewed before swallowing to maximize effect

Capsules - taken by mouth and swallowed whole

- Be sure that capsules are complete and haven't been taken apart.
- Do not crush or chew

Sprinkles - usually come in capsule form to be sprinkled and mixed with food. Not to be chewed; may also be swallowed whole

Suspensions - undissolved medicine in liquid

- Must be shaken well before administration to be sure that the particles of medicine are equally distributed in the liquid
- Liquid medications must be accurately measured. Suspensions usually need refrigeration. Examples are Amoxicillin and Ceclor

Syrups or Elixirs - sweetened liquid that contains dissolved medication

- Liquid medications must be accurately measured. Examples are Tylenol elixir or Prednisolone syrup

Procedures for Administering Oral Medications

Tablets/Caplets or Capsules from a properly labeled prescriptive container or the original over-the-counter container

1. Clean top of cart/cabinet where medication will be administered
2. Wash hands
3. Read Student Medication Record/Log. Ask student's name
4. Obtain appropriate equipment
5. Unlock medication storage area and obtain medication
6. 1st check: compare the medication label to the log according to the 6 Rights
7. Take vital signs if necessary
8. Do 2nd check using the 6 Rights of Medication Administration
9. Pour the prescribed dose into the cap
10. Transfer medication from cap to a clean container (medicine cup) and give cup to the student, or from cap to student's clean hand
11. Identify individual by name and administer medication with a glass of water unless otherwise indicated. Follow special label instructions (e.g., take with milk, do not take with acidic fruit juices or do not take in combination with other medications).
12. Observe individual to ensure swallowing of medication
13. Do 3rd check using the 6 Rights. Recap the bottle and return to its proper place
14. Document administration of medication in Student Medication Record/Log
15. Wash hands

Tablets or Capsules from individually wrapped containers: (alteration from step 9 and 10 above)

1. Remove or tear off the medication needed and place package in a clean medicine cup
2. Remove from package and transfer into cup when student takes the medication

Liquid

1. Clean top of cart/cabinet where medication will be administered.
2. Wash hands
3. Read Student Medication Record/Log. Ask student's name
4. Obtain appropriate equipment
5. Unlock medication storage area and obtain medication
6. **1st check**: compare the medication label to the log according to the 6 Rights
7. Shake medication well as directed
8. Do **2nd check** using the 6 Rights of Medication Administration
9. Remove cap and place open side up on counter
10. Place thumb nail at correct dosage line of the measuring container
11. Place measuring cup on flat surface at eye level and pour the prescribed dose from side of the bottle opposite the label. (Use calibrated medicine dropper or syringe to measure small amount of liquid. Hold medicine dropper at right angle to cup to measure drops)
12. Wipe top of bottle and replace cap
13. Pour liquid medications into separate containers unless otherwise ordered
14. Do **3rd check** using the 6 Rights of Medication Administration
15. Identify individual by name and administer medication
16. Follow with water unless otherwise indicated and observe individual swallowing medication
17. Clean medication administration area and wash hands
18. Document administration of medication in Student Medication Log

Problems with oral medication administration

- Refusal of Medication - Report immediately to nurse/ administrator/parent
- Vomiting Medication - Report: the student's name and age, medication and dosage, time lapse since administration and if medication was intact, and document in medication log
- Suggestions for students with difficulty swallowing medicines
 - position student for medication administration
 - give one medicine at a time with adequate fluids
 - place medicine on back of tongue
 - give liquid medications slowly to the inside of the cheek
 - watch for choking. Call for help if the student has coughing spasms and skin begins to darken, or if the student develops breathing problems
 - verify that the student swallowed the medication

Inhaled Medications

Inhalants - Medications in a liquid or dry form that are given under pressure in the form of sprays or as a medicated steam. The most common ways are metered dose inhalers and nebulizers. **Be sure to read individual instructions very carefully.** Inhalers may have different adapters or mouthpieces. **A respiratory nebulizer machine** is necessary for some types of inhalants. Delivery by nebulizer is also considered a treatment and must be administered by the school nurse or delegated. Examples of inhaled medications are Proventil and Intal.

Metered Dose Inhaler "A metered dose inhaler delivers medication in a fine mist to the lungs. Coordinating a quick puff from the inhaler and taking a deep breath can pose a problem for some children. A SPACER/HOLDING CHAMBER should be used to allow for the correct distance from the mouth and the taking in of a deep breath to get the medication in the child's lungs." (4) The inhaler itself should be labeled in addition to the container/box.

Procedure for Administering Metered Dose Inhaler

1. Identify student by name. Read Student Medication Record/Log.
(Make sure adequate time has passed since the last dose was given)
2. Unlock medication storage area and obtain medication and spacer if indicated. Check expiration date on the container
3. 1st check: compare the medication label to the log according to the 6 Rights
4. Do 2nd check using the 6 Rights of Medication Administration
5. Identify individual by name and have student administer medication in your presence by the steps listed below
 - a. Attach mouthpiece to inhaler which contains the medicine
 - b. Have student stand up, feet slightly apart or sit erect
 - c. Shake inhaler for approximately two seconds
 - d. Position inhaler with canister upside down above mouthpiece
 - e. Holding mouthpiece 1-2 inches from lips (or as instructed), open mouth wide. If a spacer is used, place mouthpiece in mouth
 - f. Breathe out naturally
 - g. Open mouth wide and begin to inhale a deep breath slowly. If using a spacer, seal mouth around mouthpiece and inhale a deep breath
 - h. After the beginning of deep breath, squeeze canister down on holder and breathe as slowly and deeply as possible
 - i. Hold breath as long as possible--up to 10 seconds--to allow medication to settle as deeply as possible into air passages.
 - j. Wait approximately 1-2 minutes between prescribed puffs, unless otherwise directed. This technique should allow delivery of medicine into air passages opened by first puff
6. Do 3rd check using the 6 Rights of Medication Administration
7. Document administration of medication on Student Medication Record/Log
8. Clean or have the student (if capable) clean the spacer and/or holder on a regular basis as directions/protocol indicate. If the student has symptoms of an infection, daily cleaning is necessary

Nebulizer - see **Other Medications**(not covered in this training)

Nasal Spray - see **Other Medications**(not covered in this training)

Topical Medications

- Use universal precautions when possible exposure to body fluids exists. For example, precautions should be taken when drainage from cuts, abrasions, tears, saliva, etc. is present. Always wear disposable gloves when applying topical medications
- Keep topical medications separate from oral medications
- Read instructions carefully to avoid error (e.g. using ear drops in the eyes)
- Gather supplies:
 - disposable gloves
 - medication
 - clean bandages/box of tissue/cotton balls/tongue blade/cotton tip applicator (Q-tip), as appropriate

Procedures for Administering Topical Medications

Skin Creams/Ointments

1. Clean top of cart/cabinet where medication will be administered
2. Wash hands
3. Read Student Medication Record/Log. Identify student by name
4. Obtain appropriate equipment
5. Unlock medication storage area and obtain medication
6. 1st check: compare the medication label to the log according to the 6 Rights
7. Do 2nd check using the 6 Rights of Medication Administration
8. Identify individual by name (optional here)
9. Do 3rd check using the 6 Rights of Medication Administration
10. Explain procedure, provide privacy and help individual undress if necessary
11. Put on gloves and clean area if necessary
12. If there is a dressing covering the area, remove the dressing and place it in a plastic bag
13. Remove previously applied medication with a gauze pad and discard it in a plastic bag
14. Apply medication using gloves or applicator
15. Apply dressing if necessary. If the child can apply his own dressing, let him do so
16. Remove gloves, dispose of equipment and wash hands
17. Document on Student Medication Record/Log

Eye Drops - preparations labeled, "for ophthalmic use"

1. Read Student Medication Record/Log. Identify student by name
2. Wash hands
3. Obtain_ appropriate equipment
4. Unlock medication storage area and obtain medication
5. 1st check: compare the medication label to the log according to the 6 Rights
6. Check the label to see if the drops need to be shaken. If the eye drops have been refrigerated, the medication should come to room temperature before instilling it into the eye. Rolling the bottle between the palms of your hands can hasten the warming process
7. Apply gloves
8. Have the child clean his eyes by first closing the eyes, wiping each once from the inside of the eye to the outside. Use a clean tissue for each eye
9. Position student with head tilted back and eyes looking up
10. Do 2nd check using the 6 Rights of Medication Administration
11. Ask him/her to look up, then gently open the eye to expose the conjunctival sac (lower lid)
12. Approach the eye from outside the field of vision. Avoid touching the dropper tip to anything, including eye/skin
13. Drop the medication into the sac, not on the eyeball, with the drop not falling more than 1" to the eye
14. Gently close the eye, and have the child put gentle pressure on the inside corner of the eye for about 20 seconds
15. Blot excess medication with a clean cotton ball or tissue for each eye treated
16. If the other eye is to be treated, repeat steps 12 - 16
17. Do 3rd check using the 6 Rights of Medication Administration
18. Remove gloves and wash hands
19. Document administration of medication on Student Medication Record/Log

Eye Ointment -preparations labeled, "for ophthalmic use"

1. Follow steps 1 - 5 and 7 - 11 for Eye Drops
12. Approach the eye from outside the field of vision. Avoid touching the tip of the tube to anything
13. Apply ointment along the inside of the lower eyelid
14. After instilling the ointment, hold the eyelid open for a few seconds
15. Then have the child close eye for 20-30 seconds
16. Blot away any excess ointment with a new tissue
17. If the other eye is to be treated, repeat steps 12 - 16 for **Eye Ointment**
18. Do 3rd check using the 6 Rights of Medication Administration
19. Remove gloves and wash hands
20. Document administration of medication on Student Medication Record/Log

Ear Drops

1. Read Student Medication Record/Log. Identify student by name
2. Wash hands
3. Obtain appropriate equipment
4. Unlock medication storage area and obtain medication
5. 1st check: compare the medication label to the log according to the 6 Rights
6. Apply gloves
7. Position the student
 - a. If lying flat on a cot, turn face to the opposite side
 - b. If sitting in chair, tilt head sideways until ear is horizontal
8. Cleanse entry to ear canal with a clean cotton ball as needed.
Observe area
9. Do 2nd check using the 6 Rights of Medication Administration
10. Shake if directed
Straighten the ear canal. Pull outer ear gently down and back (ages 3 and under) or up and back (older children)
12. Drop the medication on the side of the canal. Keep label up, and avoid the dropper touching anything
13. Have the child stay still for one or two minutes
14. Gently rub the skin in front of the ear
15. Loosely place a cotton ball in the ear if ordered
16. If the other ear is to be treated, repeat steps 11-15 after a one to two minute period
17. Do 3rd check using the 6 Rights of Medication Administration.
18. Remove gloves and wash hands
19. Document administration of medication on Student Medication Record/Log

Nasal Spray - see **Other Medications**

Patches - see **Other Medications**

Injectable Medications

- Emergency medications, such as an EpiPen®, used in a life-threatening allergic reaction, may be given by a specially trained caregiver after delegation by the RN/physician (4)
- Medications to be injected (a shot) should be administered only by a R.N. or delegated and supervised by a registered nurse/physician (4)
- An individualized health care plan/emergency plan is needed for all auto-injectors or other injections

Auto-injector (EpiPen®) An EpiPen® is prescribed for severe allergic reactions. Symptoms may include: hives, wheezing, difficulty swallowing/breathing, swelling (face, neck, tongue) and vomiting.

Paramedics are to be called immediately, if EpiPen® is given. EpiPen® effects only last 20-30 minutes.

Procedures for Administering Auto-Injector

EpiPen® / EpiPen® Jr.

1. Read Student Emergency Plan and orders. Identify student by name
2. Instruct someone to call 911
3. Obtain appropriate equipment
4. Obtain medication from storage area
5. **1st check**: compare the medication label to the log according to the 6 Rights
6. Do **2nd check** using the 6 Rights of Medication Administration
7. Identify individual by name and administer medication:
 - a. Pull off gray cap
 - b. Place black tip against upper outer thigh
 - c. Press hard into outer thigh, until it clicks
 - d. Hold in place 10 seconds (count one one thousand, two one thousand ... to ten one thousand, etc.) then remove and do the **3rd check** using the 6 Rights of Medication
 - e. Discard EpiPen® in biohazard container or give to emergency care responder. (Do not return to holder)
8. Wash hands
9. Document administration of medication on Student Emergency Plan/orders

EpiE•ZPen™ / EpiE•ZPen™ Jr.

1. Read Student Emergency Plan and ,orders. Identify student by name
2. Instruct someone to call 911
3. Obtain appropriate equipment
4. Obtain medication from storage area
5. 1st check: compare the medication label to the log according to the 6 Rights
6. Do 2nd 'check using the 6 Rights of Medication Administration
7. Identify individual by name and administer medication:
 - a. Twist clip-on cap to align with black dot
 - b. Pull cap to remove
 - c. Place black tip against outer thigh and hold firmly in place
 - d. Press gray button to activate
 - e. Hold in place 10 seconds (count one one thousand, two one thousand ... to ten one thousand), then remove and do the 3rd check using the 6 Rights of Medication
 - f. For disposal, place cap on hard surface and insert exposed needle into cap. Discard in biohazard container or give to emergency care responder
8. Wash hands
9. Document administration of medication on Student Emergency Plan/ orders

Other injectables (requirements)

- Delegation by the school nurse/RN/physician
- Need individualized health care plans/emergency plan

Other Medications* (not covered in this training)

Rectal, vaginal, bladder instilled, nasal spray, nebulizer, and patch medications need child-specific instruction training and delegation. They are not covered in this training.

Rectal/Vaginal

- **Suppositories** are medications pressed into an oval or bullet-shaped form that are given into the rectum. Administration of a rectal medication in the child care or school setting should be by a registered nurse or under direct supervision of registered nurse
- **Liquid medications** may also be administered through the rectum. Some emergency medications for seizures are given this way
- **Ointments/creams** may be inserted through the rectum

Bladder Installation

- Liquid medications may be inserted via catheterization

Nasal Sprays

- Liquid mist medication inserted in the nostrils

Nebulizer

- Liquid medication inhaled via a machine by mask or mouthpiece
- It is a treatment, therefore a treatment order is necessary
- An individualized health care/emergency plan is needed
- It is strongly recommended that an RN be involved in the administration of nebulized medication. This recommendation is made due to the possibility of severe respiratory response in children needing this type of medication. Nebulized medication often requires mixing of the medication

Patches

- Medication absorbed through the skin via a preformed patch applied to the skin

*adapted from Reference # 4 (Colorado)

Lesson 9 - Self-Administration and Self-Possession

Objectives

- Identify when Self-Administration of medication is acceptable
- Identify when Self-Possession of medication is acceptable

Self-Administration

Self-administration -- Student consumes or applies prescription or non-prescription medication in the manner directed by the physician without additional assistance or direction. Many district policies allow the self-administration of medication if the following conditions are met:

- Medication Authorization with physician instruction/order and parental consent
- School Nurse or Child's Physician has verified the child is capable of safely-administering medication in the school setting
- Medication is in original prescription or over-the-counter container, properly labeled

Self-Administration & Possession

Self-possession -- Under the direction of the physician, the student may carry medication on his or her person to allow for immediate self-administration. Some districts allow certain medications to be carried by the student if the following conditions are met:

- Medication Authorization with physician instruction/order and parental consent
- School Nurse or Child's Physician verifies that the child is capable of safely administering medication in the school setting. This includes verifying that the school environment (setting, other classroom student's behavior and allergies, etc.) is considered
- Medication is properly labeled in the original prescription or over-the-counter container
- Student agrees in writing to safely store and to not share medication with other student
- The place of storage is mutually agreed upon
- Student shall carry a medication pass/copy of Authorization Form to verify to any inquiring school personnel that (s)he has school permission for self-administration and possession
- The building administrator may discontinue the student self-administration and possession privilege upon advance notification to the parent/guardian if misuse of the medication is observed

Note: Due to Drug Free Schools. Controlled Substances are rarely self-possessed. If district policy allows, only that day's dose should be carried in the prescription labeled container.

Lesson 10 - Documentation

Objectives

- Demonstrate proper documentation protocol
- Demonstrate procedure for transcribing orders/instructions from the authorizing form to the student medication record/log
- Demonstrate procedure for receiving and documenting controlled substances
- Demonstrate procedure for documenting disposal of medication
- Demonstrate procedure for reporting and documenting medication errors/incidents

Authorization Criteria

Physician*

*adapted from Reference #4 (Colorado)

For both prescription and over-the-counter medications, it is best to have written instructions in the form of an order. Include the following:

- Child's name
- Name of the medication
- Date of the authorization
- Dosage
- How the medication is to be given (route)
- When the medication is to be given
- Special instructions pertinent to the child to be followed at school
- Expiration date of the order
- Possible side effect(s)
- Possible adverse reactions
- Physician's name, phone/FAX and pager number, signature, and date

Parent

Usually this is included on the physician order/instruction form. Parent signs and the form requesting school personnel to administer medication. It is best to include permission to contact the physician.

Prescriptive Label

A few districts' policies accept a current pharmacy label must include the following: A pharmacy label must include the following:

- Pharmacy/dispensing name and phone #
- Rx number
- Child's name
- Name of the medication
- Date the prescription was filled
- Dosage to be given
- Dosage per unit of medication
- How the medication is to be given (route)
- When the medication is to be given
- Expiration date of the medication
- Physician's name

XX Pharmacy
9 Drug St., Nervona, MI 99999 Phone: 999-9999
RX 556N 9/8/99
Doe, Jane Dr. N. Doze D.O.
Take 1 1/2 tablet by mouth at Noon

Methylphenidate Hydrochloride 10 mg/tab
(for Ritalin) 2 refill
Discard after: 9/18/00
CAUTION: Federal law prohibits transfer of this drug to any person other than the patient for whom prescribed

Over-the-counter medication

- separate written orders/instructions are needed as with prescription drugs
- medication must be in an **original container** labeled with the child's name by either a:
 - pharmacy label, or
 - label with the child's name & dose added to the original medication container

Documentation Protocol

- Always write in permanent ink (usually black or blue)
- Always sign and date each student log
- Initial the student log each time medication is administered
- If the student is absent or refuses the medication, use the appropriate letter in the log code for that date/time
- Write in the time when a p.r.n. medication is administered (see Appendix G for accepted abbreviations)
- Do not erase, use white-out or completely scribble over an error
- When a written error is made cross one line through the error and write above it 'error'

~~medikation~~ Medication

- Draw a line through any blank spaces • Do not skip any lines

Transcribing orders/instructions to Student Record/Log

- Use physician authorization (order) form when filling out the student record/log
- Check the pharmacy label to make sure it matches the authorization form
- Each student needs his/her own medication record/log for each medication

Medication Error/Incident

Report all medication errors and/or incidents immediately.

- The employee shall immediately notify the school nurse and the building administrator
- The employee shall complete a medication error/incident form
- The school nurse (if no nurse, the principal) shall notify the parents and prescriber of the medication error/incident - **as soon as the error is discovered**
- All suspected diversion, tampering, or misuse of drugs shall be reported to the school nurse and building administrator

MEDICATION INCIDENT/ERROR REPORT FORM

Date of Report 3-2-99 School Moody El. Prepared by A. Human

Name of Student Jane Doe Date of Birth 8-25-92 Grade 2nd

Parent's name Mary Doe Tel. Number 999-1110

Date Error Occurred 3-2-99 Time Noted 1 PM.

Person Administering Medication A. Human

Licensed Prescriber Dr. N. Doze 999-1111
name phone number

Medication Ritalin Dose 15mg Route by mouth

Scheduled Time 12 N Frequency daily Date of Order 9-7-99

Instructions for Administration _____

Type of Error

- 1. Time _____
- 2. Medication _____
- 3. Dose _____
- 4. Route _____
- 5. Contamination/ Destruction _____
- 6. Documentation _____
- 7. Incorrect student received medication _____

Description of Error in Detail (use reverse side if necessary)

medication given after it was ^{error #11} discontinued
discontinued

Action Taken

Licensed Prescriber Notified: Yes ___ No Date ___ Time ___ Name _____

Parent/Guardian Notified: Yes No ___ Date ___ Time ___

Other Persons Notified: School nurse

Signature of Person Preparing Report A. Human

Follow-up contact/care Parent notified. Child is taking no other
medications. In this case, unnecessary to contact physician.
J.M. Ready R.N.

Medication Prescriber/Parent Authorization Form

Student Name: Doe, Jane Birthdate: 8-25-92 Teacher: Mrs. High Grade: 2nd School Year: 98-99

To be completed by physician/licensed prescriber:

Medication Name	Dose	Time to be given	Form/Route*	Side Effects	Adverse Reactions
1 Ritalin	15mg	12 N	by mouth	decreased appetite, decreased growth	
2					

*Routes ~ oral (pill/capsule/chewable; liquid) ~ inhaled (inhaler; nebulizer) ~ topical skin application ~ topical (eye drop, ointment) ~ topical ear drop ~ injection ~ other (list)

List minimal frequency between doses (especially if p.r.n.): _____

If p.r.n., list symptoms/conditions under which medication is to be given: _____

Reason for medication (optional): Medication #1 A.D.H.D Medication #2 _____

Special Instructions: _____

Start date if not beginning of the school year: 9-8-98 Stop date if not end of the school year: _____

Dr. Rose Physician's signature 9-7-98 Date Dr. Rose Physician's Printed name

Physician's Phone #: 999-1111 Fax #: 999-1000 Address: 100 E. Zee St., Nerva, Mi.

To be completed by parent/guardian:

I request and give permission for (name of child) Jane Doe to receive the above medication(s)/treatment at school according to standard school district policy and for the physician (s)/staff and school district staff to share information needed to assist my child with medication needs. (Schools require parent/guardian to bring medication in its original container).

Mary Doe Parent/guardian signature 9-7-98 Date

SCHOOL DISTRICT STUDENT MEDICATION LOG

STUDENT: Joey Jane SCHOOL: Nuddy Elementary TEACHER: Mrs High GRADE: 2 SCHOOL YEAR

MEDICATION: Ritalin 15mg ROUTE: by mouth DOSAGE: 15mg

COMMENTS: Make sure refills are long, when giving 1/2 tablets TIME: 12N

*** INITIAL EACH BOX OR USE APPROPRIATE ***

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
AUGUST																																
INITIALS OF PERSON GIVING MEDICATION																																
INITIALS OF WITNESS																																
SEPTEMBER																																
OCTOBER																																
NOVEMBER																																
DECEMBER																																
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY																																
JUNE																																

DESIRED EFFECTS: Increased concentration

ADVERSE EFFECTS TO WATCH FOR: poor appetite

SIGNATURES AND OTHER INFORMATION ON BACK.

CODES	
X: NO SCHOOL	W: DOSE WITHHELD
A: ABSENT	R: REFUSED
D/C: MED. DISCONTINUED	N: NO MEDICATION

STUDENT: Dee Jane

SIGNATURE OF PERSON(S) ADMINISTERING MEDICATION	INITIALS	POSITION	DATE
1. <u>K. Williams</u>	<u>K.W.</u>	<u>Principal</u>	<u>9-8-99</u>
2. <u>Judy Roll</u>	<u>J.R.</u>	<u>Secretary</u>	<u>9-8-99</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

COMMENTS: (DOCUMENT ANY UNUSUAL CIRCUMSTANCES, ACTIONS OR OMISSIONS, THERAPEUTIC AND ADVERSE REACTIONS, DATE EACH SEPARATE ENTRY.)

- 1-6-99 - Parent, Mary De brought in 20 whole long tablets and 20 (5) long tablets coupled together K. Williams
- 1-31-99 - T.C. done: Needs more med. by 2-3-99. Will send empty bottle home. K. Williams
- 2-3-99 - Mother brought in 20 whole long tablets & 20 (5) long tablets - counts & together. K. Williams
- 2-5-99 - Same returned medication - Parent notified. K. Williams
- 2-16-99 - Student vomited - parent contacted - held medication per mother. J. Roll
- 2-17-99 - Student's medication is missing - Principal, police and parent, Mary De contacted, J. Roll and noted
- 3-2-99 - Medication discontinued per parent note on 3-2-99, but 1 dose given error given - Error report completed - nurse notified, parent notified and asked to come and pick up medication from office. J. Roll
- 3-5-99 - Diagnosis of 3 (10mg whole tablets) and 4 (5) 10mg tablets - parent previously notified to pick up - parent has not come to get the medication as of yet. Should medication elapse to be withheld by J. Roll - K. Williams, J. Roll

MEDICATION LOG

SCHOOL YEAR 98-99

SCHOOL: Moody

STUDENT: Jane Doe

CLASSROOM: Ms. High-2nd

DOCTOR: Noe Doze

		SEPTEMBER																														
Medication/Dose/Route	Time	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
		10mg - (1 1/2 tabs) Ritalin 15mg (o)	12N																													

		OCTOBER																														
Medication/Dose/Route	Time	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
		10mg (1 1/2 tabs) Ritalin 15mg (o)	12N																													

		NOVEMBER																														
Medication/Dose/Route	Time	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
		10mg - (1 1/2 tabs) Ritalin 15mg (o)	12N																													

		DECEMBER																														
Medication/Dose/Route	Time	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
		10mg - (1 1/2 tabs) Ritalin 15mg (o)	12N																													

		JANUARY																														
Medication/Dose/Route	Time	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
		10mg - (1 1/2 tabs) Ritalin 15mg (o)	12N																													

Initials/signatures of people administering meds: MS Maria Simon M.H. Merion High
SP Joie Adams

All blocks need to be filled in. Use the following symbols when medication is not given.
 A = Absent C = Comments F = Fied trip N = No medication available R = Refused W = Dose withheld X = No School
 * = Initial of person administering ** = Initial of witness

Document parent contacts & any unusual circumstances or reactions on comment page.

STUDENT: Jane Doe

TEACHER: Ms. High - 3rd gr.

		FEBRUARY																												
I	Medication/Dose/Route	Time	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	10mg - 1 1/2 tabs Ritalin 15mg (o)	12N	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

		MARCH																												
J	Medication/Dose/Route	Time	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	10mg - 1 1/2 tabs Ritalin 15mg (o)	12N	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

		APRIL																												
K	Medication/Dose/Route	Time	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

		MAY																												
L	Medication/Dose/Route	Time	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

		JUNE																												
M	Medication/Dose/Route	Time	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

ADVERSE EFFECTS TO WATCH FOR: decreased appetite

Amt. Rec'd/Date	Disposition	Date
9/10 30-10mg tabs	Cleared & Depleted	
1/7 30-10mg tabs		
1/14 30-10mg tabs	Discontinue	per notification
1/22 30-10mg tabs		
1/21 30-10mg tabs	Returned	
1/6 30-10mg tabs	Destroyed	1/6 - 1 (30mg tab) checked. #1.5 RP
2/20 30-10mg tabs		2/20 - 3 (10mg) tabs checked - M. Spore
		#4 (10mg) checked - flushed J. Brown.

MEDICATION COMMENTS

NAME OF STUDENT: Jane Doe TEACHER/ROOM: Ms. High - 2nd
 PARENT/GUARDIAN: Mary Doe (mother) DAYTIME TELEPHONE: 555-2131
 DOCTOR: Dr. Noe Doze TELEPHONE: 999-1111

<u>DATE/SIGNATURE</u>	<u>PROBLEM</u>	<u>INTERVENTION</u>
10/21 M. Simon	Low on meds	i.c. to parent to inform.
11/24 M. Simon	Low on meds	i.c. to mother to inform.
12/17 M. Simon	Low on meds	i.c. to Moore to remind we needed meds. Stated she would bring in January. MS.
1/21/99 M. Simon	low on meds.	i.c. to inform that meds by 2/3 - will send home empty bottles.
2/5 M. Simon	Refused meds.	i.c. to mother (Mary Doe) to inform MS.
2/8 M. Simon	Contaminated tablet - fell on floor (1 Aug tab)	flushed tab down toilet witnessed by Nurses. Mother informed. - MS
2/17 M. Simon	Medication missing	Principal + police informed. Informed nurse N. Ida. Ev - Mother - Mary Doe informed. Report filed. M Simon
3/1 M. Simon	Note from parent to discontinue medication	Nurse N. Ida informed. Verified with i.c. to mother. informed she needed to pick up meds. M Simon
3/2 M. Simon	Dose given in error.	12w dose (1 1/2 tab) given in error. Has been de'd. Mother - Mary Doe informed. Nurse informed. - Report filed.

Notes

Lesson 11 – Practicum

Objectives

- Demonstrate the use of forms needed for documentation
- Demonstrate the practical skills required for safe administration of medication to children in school including:
 - Oral medication
 - pill
 - liquid
 - Inhaled medication
 - Auto-injector
 - Topical
 - eye
 - ear
 - skin

Note: The rest of the pages to Lesson 11 will be given to participants during the Practicum. Lesson 11 is found in the Instructor Manual.

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