

# CHAPTER 9 MEDICATION ADMINISTRATION

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Rules and Regulations

UAP Competency Assessment

Emergency Response to Life threatening Asthma or Systemic Allergic Reactions (Anaphylaxis)

Medication

### Rule and Regulations for Medication Administration

#### Nebraska Department of Education Rule 59

Each school district shall provide competency assessment for unlicensed personnel to give medication to students.

- All school unlicensed assistive personnel (UAP) will be assessed by a licensed health care professional for medication administration competency prior to administering medications
- NDE Rule 59 may be accessed at <http://www.education.ne.gov/LEGAL/webrulespdf/RULE592006.pdf>

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**172 NAC 95 is the Regulation for Administration of Medications by Medication Aides and Medication Staff.**

- It may be accessed at [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-095.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-095.pdf)

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### **Summary of 14 Areas of Competency for Medication Administration by Unlicensed Assistive Personnel**

1. Recognize the recipient's right to personal privacy.
2. Recognize the recipient's right to refuse medication.
3. Maintain hygiene and standards of infection control.
4. Follow facility procedures regarding storage, handling, and disposal of medications.
5. Recognize general conditions when the medication should not be given.
6. Accurately document all medications: Student name, medication name, dose, route, time administered, or refusal.
7. Follow the Five Rights:
  - a. Right Person
  - b. Right Medication
  - c. Right Time
  - d. Right Dose
  - e. Right Route
  - f. A sixth right is documenting the five rights of medication administration
8. Provide medications according to the specialty needs of the recipient.
9. Recognize general conditions which may indicate an adverse reaction to medication.
10. Have the ability to understand and follow instructions.
11. Practice appropriate safety standards when providing medications
12. Recognize the limits and conditions by which unlicensed persons may legally provide medications.
13. Recognize the responsibility to report and the mechanisms for reporting possible child or adult abuse or neglect if reasonable cause exists.
14. Recognize the recipient's property rights and personal boundaries.

## **Recommendations:**

- Each school district will develop policies and procedures for administering medications to students in school and on field trips
- The parent will provide written permission for the school to administer the medication at school
- Each medication will be received in original or pharmacy labeled container and stored in its original container in a secure location under lock and key. Prescription medication label will have student's name, healthcare provider's name, pharmacy name and phone number, name of medication, directions concerning dosage and date of prescription.
- Medication authorization by parent/guardian is required for all medications, including over the counter medications that are to be administered at school. District policy will determine if a health care provider's signature is necessary.
- All medications administered will be documented on a Student Medication Log either on paper or in an electronic health record.
- All medications will be transported to and from school by a responsible adult.
- Each school district may develop their own medication authorization form.
- Every attempt will be made by the student's parent/guardian and healthcare provider to have medications administered at home during non-school hours. When this is not possible a completed medication authorization will be provided by the parent/guardian for each medication to be administered during school hours.

## **Medication Administration Procedures**

- The School Administrator may designate an unlicensed assistive staff member to give medication after the staff member has been assessed by a licensed health care provider as competent to give medication to students in the school setting. Competency will be reassessed every three years and as needed before then.
- Medication authorizations are valid for the length of the school year from the date the authorization was completed by the parent/guardian unless specified to expire at an earlier date. A copy will be kept on file at the school.

- Any changes in the type, dosage, or frequency of medication being administered will require a new medication authorization completed by the parent/guardian and verified by the prescribing health care provider according to district policy.
- Medication authorization can be received by fax from a prescribing health care provider.
- Every time a medication is given, all personnel will follow the Five Rights of Medication Administration.
- Always wash hands before administering any medication. Remember to wash your hands between students as well.
- If there is any question concerning the medication, contact the school nurse, parent, or prescribing health care professional before administering the medication.

### **When giving medications DO NOT:**

- Pre-pour medications, i.e. the day before they are to be administered or in the morning for the entire day.
- Touch medications with bare hands while counting or dispensing
- Store liquid antibiotic in a cabinet if the label indicates it is to be refrigerated.
- Allow students to retrieve their medications from the storage cabinet.
- Administer medications unless the Medication Authorization Form is current.
- Do not give medications to someone to administer on a field trip unless the person has been assessed for and deemed competent to administer medications.

### **Things to remember:**

- School Administrator must select regular and back up staff to administer medications.
- Designated school personnel are required to be assessed for medication administration competency, even to give medications on a field trip.

## **Five Rights of Medication Administration**

### **Right Student**

Always verify that you have the correct student prior to giving any medication. You should check the name on the medication bottle and compare it to the Medication Authorization Form and the Student Medication Log. Always ask the student to tell you his/her name and make sure it is the same name as on the medication bottle and forms. Even if you know the student always have him/her tell you his/her name. Do not allow the student to remove medications from the cabinet. Do not hand a medication bottle to the student to remove the medication. Remove the correct dose from the container and give it to the student to take. Observe the student taking the medication and ensure that he/she has swallowed the medication. It is often

helpful to have the student drink water after taking the medication to ensure that it was swallowed.

### **Right Medication**

Once you have confirmed that you have the right student then you need to ensure that you have the right medication. Once again you need to compare the medication bottle with the Medication Authorization Form and the Student Medication Log to confirm that the medication is the same in all three places. Ensure that the medication is in its original container and is labeled correctly. For prescription medications the container should have the student's name, the prescribing physician's name, the name of the medication, the name of the pharmacy, the date filled and an expiration date. For over the counter medications, it should be in original container and clearly labeled. The name of the medication must match exactly with the medication on the Medication Authorization Form. Be very careful with over the counter medications as there are many with similar names. And be careful with Tylenol products as there are many different types such as Tylenol Sinus, Tylenol Cold and Flu and many more. If the Medication Authorization Form is for Tylenol only then any of the other combinations cannot be used. The parent will also need to put a label with the student's name on over the counter medications. You should also check the container for an expiration date. Do not administer any medications that are past the expiration date on the container.

### **Right Dose**

Make sure the dose on the Medication Authorization Form matches what is on the prescription bottle. Many medications come in different strengths so you must verify that what was prescribed on the Medication Authorization Form is what is on the prescription bottle. Medications can only be administered in the dose ordered on the Medication Authorization Form. Please note that for some medications you may need to give more than one tablet or teaspoon to give the correct dosage. For example, the Medication Authorization Form may indicate that a student is to receive 50mg of a medication and the prescription bottle may be labeled as containing 25mg tablets with the directions to give 2 tablets. Two 25 mg tablets would be the correct amount to give 50mg total of the medication.

### **Right Time**

Medications generally need to be given within 30 minutes of the prescribed time to be given. If a medication is to be given at 10 a.m. then you may give it any time between 9:30 a.m. and 10:30 a.m. Some medications may need to be given specifically before or after lunch and this time may vary by grade level. Any time outside of this time frame would not be the right time to give the medication. Many medications need to sustain a "drug level" in the blood stream to be effective. Therefore not giving them at a certain time can affect the way the medication is intended to work. This is especially important with medications for Attention Deficit Disorders and Seizures and some antibiotics. If a student receives medication in the early morning at school and arrives late to school, check with the parent to verify if the student has taken the medication prior to coming to school. Also, for medications given later in the afternoon, remind parents that on early release days the medication will not be given at school that day.

### **Right Route**

Routes of medications include oral, topical, instilled in eyes or ears and inhaled. Oral medications are taken by mouth and include tablets, capsules, elixirs and suspensions. Topical medications are applied to the skin and include medicated ointments and creams, medicated eye, ear and /or nose drops. Inhaled medications are suspended in an aerosol and inhaled into the lungs and include inhalers and nebulizer treatments. The majority of medications given at school will be given orally.

## Administration Techniques

Always wash hands well before and after giving medications. Record all medications administered immediately on the Student Medication Log. Date and initial each entry with the time given. The Student Medication Log and the Medication Authorization Form are to be kept together in a Medication Administration Binder. Each student's forms should be separated by dividers in the binder.

## Oral Medications

- |  |
|--|
| <ul style="list-style-type: none"><li>• Some students may take medications in food such as pudding or applesauce. Sometimes capsules may be opened and put in food or tablets crushed and put in food in order to assist children in taking the medication – check with the dispensing Pharmacist to see if a capsule can be safely opened.</li><li>• Anytime a parent tells you this is how a student takes his/her medication it must be written by the healthcare provider under special instructions for each medication. It may say something like OK to crush medication and give in applesauce.</li><li>• Some medications are OK to crush and others may not.</li><li>• The parent must supply the food student uses to assist with taking medication.</li></ul> |
| <ul style="list-style-type: none"><li>• Oral liquid medications are frequently ordered to be administered by the “teaspoon”. A disposable calibrated medicine cup is preferable for making this measurement. Always measure medication carefully on a flat surface and dispose of cup immediately after use.</li></ul>   |
| <ul style="list-style-type: none"><li>• Oral medications should always be given with the child sitting up.</li></ul>   |
| <ul style="list-style-type: none"><li>• Measure the liquid medication or remove the correct number of pills from the bottle.</li></ul>   |
| <ul style="list-style-type: none"><li>• Check the student's name against name on the bottle.</li></ul>   |
| <ul style="list-style-type: none"><li>• Hand medication to the student or assist the student with putting the medication in his/her mouth.</li></ul>   |

<ul style="list-style-type: none"> <li>• Observe student taking medication – student does not leave the health office until medication is taken.</li> </ul>
<ul style="list-style-type: none"> <li>• Always follow the medication with a drink of water unless otherwise directed.</li> </ul>
<ul style="list-style-type: none"> <li>• If a tablet is to be broken in half, the parent should do this if possible before bringing the medication to school. Tablets should be crushed only if verified by a pharmacist it is safe to do so.</li> </ul>
<ul style="list-style-type: none"> <li>• If the student vomits after the medication is given, call the parent and give him/her the time the medication was given as well as the time the child vomited.</li> <li>• Document the time the student vomited on the back of the Student Medication Log (paper or electronic health record).</li> <li>• Do not repeat medication does without specific instructions from the prescriber.</li> </ul>

## Eye Drops or Ointment

<ul style="list-style-type: none"> <li>• Wash your hands.</li> <li>• Instillation of eye drops is an aseptic (clean) technique necessary to prevent the introduction of bacteria into the eye.</li> </ul>
<ul style="list-style-type: none"> <li>• Make sure you are putting the medication in the correct eye.</li> </ul>
<ul style="list-style-type: none"> <li>• Have the student lie down and extend his/her neck back over a rolled pillow.</li> </ul>
<ul style="list-style-type: none"> <li>• Have the student close his/her eyes.</li> </ul>
<ul style="list-style-type: none"> <li>• Do not put the medication in if the student is crying.</li> </ul>
<ul style="list-style-type: none"> <li>• Rest your hand on the student’s forehead. Gently pull the lower lid down and administer the drops inside the lower lid close to the nose. Do not administer the medication directly on the eyeball.</li> </ul>
<ul style="list-style-type: none"> <li>• Apply drops or ointment without touching the container tip to the eye, skin or anything else.</li> </ul>
<ul style="list-style-type: none"> <li>• If you contaminate the tip of a tube of ointment by touching it, squeeze out a small amount of the ointment on a gauze pad or cotton tip applicator and start over.</li> </ul>
<ul style="list-style-type: none"> <li>• Have the student remain lying down for a few minutes after the instillation of the eye medication.</li> </ul>



<ul style="list-style-type: none"> <li>• Have the student remain lying down for a few minutes after the instillation of the eye medication.</li> </ul>
<ul style="list-style-type: none"> <li>• Wash your hands when finished and document administration of medication on Student Medication Log.</li> </ul>

## Ear Drops

<ul style="list-style-type: none"> <li>• Double check to make sure medication is being instilled in the correct ear.</li> </ul>
<ul style="list-style-type: none"> <li>• Ask the child to lay on the opposite side of the prescribed ear.</li> </ul>
<ul style="list-style-type: none"> <li>• Pull up and back on the ear and instill the correct number of drops.</li> </ul>
<ul style="list-style-type: none"> <li>• Let the student stay on his/her side for a few minutes.</li> </ul>
<ul style="list-style-type: none"> <li>• Wipe off any medicine that runs out of ear when student sits up.</li> </ul>
<ul style="list-style-type: none"> <li>• Do not place a cotton ball in the ear.</li> </ul>
<ul style="list-style-type: none"> <li>• Wash your hands when finished and document administration of medication on Student Medication Log (paper or electronic health record).</li> </ul>

## Topical Medications

<ul style="list-style-type: none"> <li>• Apply to clean skin surface</li> </ul>
<ul style="list-style-type: none"> <li>• Always use a cotton tip applicator, tongue depressor or gloved hand to apply salves and ointments. Never use your fingers.</li> </ul>
<ul style="list-style-type: none"> <li>• Make sure to cover the site with gauze or an adhesive bandage if the healthcare provider's order indicates to keep the area covered.</li> </ul>
<ul style="list-style-type: none"> <li>• Wash your hands when finished and document administration of medication on Student Medication Log.</li> </ul>

## Nose Drops

<ul style="list-style-type: none"><li>• Position the student lying down with his/her neck extended back over a rolled pillow.</li></ul>
<ul style="list-style-type: none"><li>• Instill the drops in prescribed nostril</li></ul>
<ul style="list-style-type: none"><li>• Keep the student in this position for a few minutes</li></ul>
<ul style="list-style-type: none"><li>• Observe closely for choking or vomiting.</li></ul>
<ul style="list-style-type: none"><li>• Wash your hands when finished and document administration of medication on Student Medication Log.</li></ul>

## Inhaled Medications

<ul style="list-style-type: none"><li>• A metered dose inhaler (MDI) is a device used to deliver medication directly to the lungs. To ensure effective administration of the medicine, the following steps will be performed by the student:</li></ul>
<ol style="list-style-type: none"><li>1. Remove the cap and hold the inhaler upright.</li></ol>
<ol style="list-style-type: none"><li>2. Shake the inhaler.</li></ol>
<ol style="list-style-type: none"><li>3. Tilt the head back slightly, take a deep breath and breathe out as much air as possible.</li></ol>
<ol style="list-style-type: none"><li>4. Position the inhaler in one of the following ways:<ol style="list-style-type: none"><li>a. Use a spacer (aero-chamber) if available, or</li><li>b. Open mouth and position mouth 1 to 2 inches away</li></ol></li></ol>
<ol style="list-style-type: none"><li>5. Put in mouth.</li></ol>
<ol style="list-style-type: none"><li>6. Press down on the inhaler to release the medication and start to breathe in slowly.</li></ol>
<ol style="list-style-type: none"><li>7. Press down on the inhaler to release the medication and start to breathe in slowly.</li></ol>
<ol style="list-style-type: none"><li>8. Breathe in slowly for 3 to 5 seconds.</li></ol>
<ol style="list-style-type: none"><li>9. Hold breath for 10 seconds to allow the medication to reach deep into the lungs. If the student cannot hold breath for 10 seconds encourage him/her to hold it for as long as possible.</li></ol>

10. Repeat puffs as directed on the authorization. Wait 1 minute between puffs to permit the first puff to penetrate the lungs better. Repeat steps 1-8 for second puff.

## PRN Medications

- PRN shall mean an administration scheme in which a medication is not routine, is taken as needed and requires assessment for need and effectiveness.
- Direction for PRN medication must be in writing and include the parameters for provision of the PRN medication.
- Direction for observing and reporting for monitoring medication must be in writing and include the parameters for the observation and reporting.
- Staff members of a school shall comply with written directions.

## Side Effects

- All medications have potential side effects.
- Report promptly any unusual symptoms or behaviors to the student's parent.
- Document findings on back of Student Medication Log.
- Remember, side effects are different from allergic reactions

## Allergic Reactions

- Carefully observe the student for adverse reactions after a student has taken the medication.
- An allergic reaction to medication can happen at any time, no matter how long the student has been taking the medication. Call the parent and/or healthcare provider immediately. Notify the principal. Stay with the child until help arrives or symptoms improve.
- The most common allergic symptoms are rash, itching, swelling, and breathing problems. Diarrhea, abdominal cramps, nausea, vomiting, behavioral changes, or bluish color of the skin can also be indicative of an adverse reaction to a medication.

<ul style="list-style-type: none"> <li>• Call 911 immediately for signs of a severe allergic reaction i.e. difficulty breathing, tongue or facial swelling, difficulty swallowing, be prepared to carry out Rule 59 Protocol for Life Threatening Asthma and Anaphylactic Allergic Reaction.</li> </ul>
<ul style="list-style-type: none"> <li>• Notify the student's parent and healthcare provider</li> </ul>
<ul style="list-style-type: none"> <li>• Notify the principal</li> </ul>
<ul style="list-style-type: none"> <li>• Document occurrence on the back of the Student Medication Log.</li> </ul>

### Medication Storage Procedures

<ul style="list-style-type: none"> <li>• Medications must always kept in original, appropriately labeled container</li> </ul>
<ul style="list-style-type: none"> <li>• They are to be stored in a locked cabinet</li> <li>• Some liquid medications must be stored in a refrigerator.</li> <li>• If you do not have a separate refrigerator just for medications, the medication is to be kept in a sealed container, separate from the rest of the items in the refrigerator.</li> <li>• Do not put medications that require refrigeration in the door of the refrigerator.</li> </ul>

### Medication Disposal Procedures

<ul style="list-style-type: none"> <li>• When medications must be taken at school it is the parent/guardian's responsibility to supply the school with the medication and to pick up any unused medication either at the end of the school year or when the student's healthcare provider discontinues the medication.</li> </ul>
<ul style="list-style-type: none"> <li>• Contact should be made with the parents of all students receiving medications in school one about month prior to the end of the school year, reminding them that they need to pick up the student's medication prior to or on the last day of school.</li> <li>• They can leave you with just enough medication to finish out the school year.</li> </ul>
<ul style="list-style-type: none"> <li>• When medications are discontinued contact should be made with the parent/guardian requesting they come to the school to pick up the unused medication.</li> <li>• If a parent/guardian does not come to school to pick up the medication, a second contact should be made to the parent/guardian requesting he/she</li> </ul>

come to pick up the medication within 2 weeks. A notation should be made on the back of the Student's Medication Log noting the dates of contacts with the parent/guardian and the response or lack of response received.

- If the parent/guardian does not respond to the second notification, the medication will be disposed and the disposal will be witnessed by two school staff members.
- Medication should not be flushed down a toilet.
- Many local pharmacies have take-back programs to dispose of unwanted medications.
  - If there is no take-back facility near your school, the following procedure may be used:
    - Mix medication with coffee grounds or kitty litter in a water proof container; add water to help break down the medication, seal the container, and dispose of in the garbage.
- A notation should be made on the back of the Student Medication Log with the date, time, and method the medication was disposed. Both staff members will sign the entry noting the disposal of the medication.

## Documentation

- The medication authorization will be checked carefully for name of medication, dosage to be given, time to be administered, route to be administered, healthcare provider and parent signatures and expiration date. This is to be done before you begin administering the medication.
- The School must maintain a student medication log (paper or electronic health record). Document for each student receiving medications. The log must state the name of the medication and the amount and time to be administered. A new log should be started at the beginning of each school year. Each day of the month, with the exception of Saturdays and Sundays are to be filled in at the beginning of each month. If a student is absent or for any other reason does not receive the medication that needs to be documented on the student medication log (paper or electronic health record) with the appropriate code from the legend on the log.
- The person administering the medication will identify themselves on the student medication log (paper or electronic health record).
- The authorization for medication and the student medication log (paper or electronic health record) are to be maintained by the school. The student medication log (paper or electronic health record) is to be near the location where medication is administered.
- If a medication dose is omitted for any reason, document the reason on the student medication log (paper or electronic health record) and notify the parent/guardian as soon as possible. A narrative note can be written in the student medication log. Complete a medication error report according to District policy.

- Parental requests to hold medications will be submitted in writing with specific dates and times. A copy of the parental request will be kept with the authorization for medication. Document in the student medication log (paper or electronic health record) that the medication was placed on hold per parental request.
- Since the student medication log (paper or electronic health record) is a legal document, correction fluid, correction tape or similar products are not used. Errors in documentation should be crossed out with a single line and initialed. Then the correct information is entered.
- When a medication is discontinued, indicate so according to District policy in the student medication log (paper or electronic health record). The identity of the person discontinuing the medication will be noted.

### **Storage & Retention of Medication Records**

Medication records are to be stored in a confidential manner. Check with your School District Policy to see if there is a specific site where hard copy records are kept and also how electronic records are maintained. Retention of medical records is governed by Schedule 10 available at [http://www.sos.ne.gov/recordsmanagement/pdf/10\\_website.pdf](http://www.sos.ne.gov/recordsmanagement/pdf/10_website.pdf)

### **Confidentiality**

Remember, student medication files are confidential. Access is limited to authorized school staff that is administering medications. Do not discuss what medications students are taking with other school staff or parents.

### **Medication Errors**

- **Preventive Measures**
  - Take your time. Don't allow yourself to be rushed.
  - Concentrate on what you are doing. Avoid distractions and interruptions.
  - Work with one student at a time.
  - Log medication immediately after administering it.
  - Always use the five rights.
  - Medication errors include
    - Wrong medication
    - Wrong student
    - Wrong or missed dose
    - Wrong route
    - Wrong time
- If medication error occurs:
  - Notify the student's parent/guardian

- Notify the principal or principal designee
- Notify School Nurse
- Complete the Medication Error report per District policy
- If the error is giving the wrong medication or dose or giving medication to the wrong student:
  - Notify the student's parent/guardian.
  - Contact the Poison Control Center at 1-800-222-1222 for possible adverse effects and follow instructions given. Inform parent/guardian of instructions also.
  - Keep the student under observation for possible adverse side effects until the situation has been resolved.
  - Call 9-1-1 for severe adverse reactions i.e. difficulty breathing, tongue or facial swelling or difficulty swallowing
  - Contact the student's healthcare provider if necessary.
- If the error involves a late or missed dose:
  - Call the parent for recommendations on how to proceed.
  - Contact the student's healthcare provider if necessary.
  - Document actions taken.

### **Handling Unexpected Situations**

- Student does not come to clinic at scheduled time
  - Send for the student
  - Document that student did not come at scheduled time
  - Notify parent if situation continues.
- Student refuses the medication
  - Encourage student to take the medication
  - Do not force the student to take the medication
  - Document that student refused the medication
  - Notify parent.
- Student vomits or spits out the medication
  - Document occurrence
  - Notify parent
  - Check for signs of illness.

### **Self-Management of Health Condition**

- Students with asthma, diabetes or severe allergic reactions may self-manage their health conditions at school with proper authorization. They are also permitted to carry their medications at all times with the following provisions:
  - Requires completed Self-management of Diabetes at School or Self-management of Asthma and Severe Allergy (Anaphylaxis) at School consent/release form
  - Authorization form must be signed by the healthcare provider, and the parent/guardian. The student may sign the authorization.
  - Documentation on the student medication log (paper or electronic health record) are required when a student is administering medications to self-manage a health condition

### Diabetes Management at School

- It is the parent's responsibility to transport, provide and maintain all medications and supplies, equipment and snacks needed by the student.
- Supplies needed are blood glucose monitor with test strips, lancets, and extra batteries, insulin and syringes and glucose tablets or gel.
- They will also need to provide student snacks as needed.
- Students with insulin pumps will also need extra tubing and batteries for the pump.
- Parents are responsible for having the student's healthcare provider complete the Diabetes Medication Authorization Form. (Self-management form is available on the School Health website at [www.dhhs.ne.gov/schoolhealth](http://www.dhhs.ne.gov/schoolhealth) under Forms – specify Form # FH25)
- If the student is using an insulin pump, the parent must also have the healthcare provider complete instructions for use of the Insulin Pump.
- The healthcare provider should
  - State the specific time frame in which the student should check his/her blood glucose level
  - Identify symptoms of high or low blood glucose levels specifically demonstrated by each diabetic student and preferred treatment for both high and low blood glucose levels.
  - Specify any limitations in physical activity they may have
  - Note food that the student may need to eat when blood glucose level is low.
  - State if the student is able to test his/her blood glucose levels and administer his/her own insulin
- **Students who self-administer** their insulin may keep insulin and syringes and blood glucose monitoring equipment and lancets with them at all times.
  - If students wish to do so, they may do all diabetes related tasks (blood glucose monitoring and insulin administration) in the classroom.
- **The insulin pump**, which is approximately the size of a beeper, is like a small computer and needs to be programmed to administer insulin. It does this in two methods, basal



and bolus. The basal rate is the amount of insulin delivered continuously. The bolus rate is the amount that is given to cover the amount of food the student is going to eat.

- Every time the student eats a snack or meal, he/she will need to check his/her blood glucose and then program the pump to deliver the correct bolus amount of insulin.
- The pump must be worn at all time.
- Students usually inject the needle under the skin on their abdomen or upper hips and wear the pump on their belt.
- If the needle becomes dislodged, apply a Band-Aid to the site and notify the parent immediately.
- If the tubing is disconnected from the pump but the catheter is intact, the student may reconnect the tubing.
- You should notify the parent so the tubing can be changed at home.
- Exercise or increased activity may warrant increased food intake without extra insulin.
- Students using insulin pumps are still susceptible to high and/or low blood glucose levels.
- It is the parent's responsibility to provide the school with the number of carbohydrates in the food that the student will possibly eat for the day.
  - School personnel or the student will calculate what was actually eaten and the amount of insulin for the student's bolus.
- The Physical Education staff is to be informed if the Healthcare provider has stated the student has any physical limitations.
- Staff should be aware of students with diabetes and what to do should an emergency arise.
- Students with diabetes should have juice or another type of fast acting glucose with them when participating in recess and/or physical education.
- A plan of action should be discussed about educating staff with the specific information needed to assist the diabetic student. The assigned school nurse should plan to provide a scheduled in-service to the personnel including teachers, bus drivers and school food personnel.

## **Asthma**

- The parent must be given an Authorization for Medication Form for medication that must be given during school hours. (Self-Management of Asthma form is available on the School Health website at [www.dhhs.ne.gov/schoolhealth](http://www.dhhs.ne.gov/schoolhealth) under Forms – specify Form # FH31)The student should be allowed to keep the inhaler in his/her possession if the student's prescribing medical provider, parent/guardian & student provide written authorization for this. Otherwise it should be kept in a locked cabinet in the school health office.
- Should a physician prescribe the use of a nebulizer for breathing treatments, he/she needs to complete the Authorization for Medication Form. Parents are responsible for providing all supplies, medication and equipment needed.

- Each student with asthma has a different capacity to exercise. Running can trigger an episode in over 80% of students with asthma. Swimming seems to be the least asthma producing sport. Warm up exercises often help ward off episodes caused by activity. Students should learn to pace themselves. Bronchodilator medications used before exercise can prevent most episodes. Most students can participate fully in physical activities.
- The student's healthcare provider should state when the student should administer a medication prior to physical activity. The healthcare provider should also state any of the student's limitations, such as avoiding prolonged running, or avoiding sports in cold or extremely hot weather.
- Staff should be alert as to what symptoms to look for in order to prevent upper respiratory distress. Early detection of symptoms and an appropriate response can prevent the need of a 9-1-1 experience.

## Allergic Reactions

- Extreme hypersensitivity to insect and bee stings and certain foods are a potentially life-threatening situation. Severe allergic reaction (anaphylaxis) can be fatal within minutes if not quickly and properly treated. Many healthcare providers require these students carry an Epi-pen or Epi-pen Jr. and/or an oral medication.
- It is the responsibility of the student's parents to provide the school with this medication for children with known server allergies.
- A student with extreme hypersensitivity to an allergen must have a completed authorization signed by the prescribing medical provider, the parent/guardian and the student on file stating that the student may carry the Epi-Pen and self-administer it. The Epi-pen should always be in a place immediately accessible by the student or responsible adults as well as any other instructions that must be done as part of the emergency care for this student. It is preferable for a student to perform self-injection because this can be a life-long problem.
- Notify the school nurse to set up an immediate training program for staff members who have contact with the student, especially the classroom teacher, physical education teacher, principal designee for administering medications, the bus driver and any special teachers who work with the student.
  - Training should include symptoms of anaphylaxis, immediate emergency measures, how to administer emergency injection, calling 9-1-1 and parent, side effects of epinephrine, and the importance of monitoring the student until help arrives. Remember, even though a student has been trained to self-administer emergency epinephrine, in an emergency, they may not be able to do so. An adult must be trained to assist students with this procedure.
  - Maintain a list of students with severe allergic reactions. Copies of this list should be given to all teachers, administrative staff and the school nurse. Staff should be aware of 9-1-1 procedures.
  - Emergency posters should be completed and posted in obvious locations with current information.

- Periodically, the principal should have the playground, fields and buildings inspected for beehives, wasp nests and red ant colonies. These should be properly treated and removed as soon as possible. No time is a safe time for students with allergies to insect stings. Caution should be taken with any classroom activities that will use any bees, wasps or insects.
- Children with severe food allergies should not be given any food unless you are certain of all ingredients.
  - This includes food sent to school by parents for classroom parties.

### **Self-Carrying of Medication**

There may be occasions when a parent/guardian requests that a student may self-carry a PRN medication such as an inhaler, EpiPen or Diastat, but not self-administer the medication or manage their condition. The parent simply wants the medication to be with the child at all times. This situation is best handled by your local School District Medication Policy. The parent/guardian will need to sign a consent form for school personnel to administer the medication when needed with specific written directions on when to give this PRN medication. The School District Medication Policy may also want to include language similar to the Self-Administration forms which require the parent/guardian to assume liability if the child injures a staff member or another student while they are carrying a medication. Special circumstances can be addressed in the student's IHP/IEP or 504 Accommodation plan if needed.

### **Field Trip Medication Administration**

When students go on school field trips, many of the constants of giving medication in the school may change. If the medication administration is routinely delegated in school setting, consider whether or not it can still be delegated while the child is on the field trip. Things to consider for medication administration for a student on a field trip:

- The student is in a different location.
- Locked storage, refrigeration or other storage requirements may not be available.
- Is the field trip destination in Nebraska or is this an out of state field trip?
  - Nursing Compact states will allow Nebraska nurses to practice in their states according to their state Nurse Practice Act.
    - Nursing Compact information can be found at <https://www.ncsbn.org/nurse-licensure-compact.htm>
  - Delegation of medication administration may not be allowed in other states.
  - States who do not belong to the Nursing Compact do not allow nurses from Nebraska to practice in their states
  - Best practice is to call ahead as soon as you know when and where the field trip will take place to make arrangements for medication administration for the student.
  - Parents/guardians/caretakers can give medication to their child in any state.
- Do not give medications to someone to administer on a field trip unless the person has been assessed for and deemed competent to administer medications.

- Overnight field trips should have a separate parent/guardian authorization. Parent/guardian may not have disclosed medication use outside of school hours or other health needs that will need to be addressed for an overnight field trip.

## Diastat

- When students with seizures have orders for Diastat remember the following:
  - Diastat is NOT a routine medication given daily for seizures
  - Diastat is given only when students have prolonged seizures
  - Diastat is given rectally to students during a seizure
  - Child specific training is required for all students with orders for Diastat
  - Not all students who have seizures will have an order for Diastat
  - Not all orders for Diastat can be delegated to unlicensed personnel to administer. This will be dependent at least in part on the complexity of the student's overall needs and will be determined by the licensed RN.

## Definitions of Terms:

- Drug: any substance taken by mouth, injected into a muscle, the skin, a blood vessel, or applied topically to treat or prevent a disease or condition
- Prescription Medications: those medications whose use in the treatment of a physical condition and/or illness is required to be authorized in writing for a given period of time and in specific dosages by a licensed healthcare provider
- Non-prescription Medications/Over the Counter Medications: those medications that may be purchased by the general public for treatment of physical conditions and/or illnesses without the authorization of a licensed healthcare provider.
  - Over the counter medications shall include, but are not limited to, all forms of pills, tablets, capsules, lozenges, liquids, creams, etc., that may be taken internally or applied to the body.

## Standard Abbreviations

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• ac: Before meals</li> <li>• a.d. or A.D. Right ear</li> <li>• a.s. or A.S. Left ear</li> <li>• a.u. or AU each ear or both ears bid:<br/>Twice a day</li> <li>• ad lib As desired / needed</li> <li>• ASAP As soon as possible</li> <li>• b.i.d. or BID Twice daily (not the same as q 12 °)</li> <li>• BP: Blood pressure</li> </ul> | <ul style="list-style-type: none"> <li>• cap: Capsule</li> <li>• č: With</li> <li>• DNR or DNAR: Do not attempt to resuscitate. This is a specific order to not revive a patient artificially if he/she experiences cardiac or respiratory arrest. If a patient has a DNR order, he/she is not to receive CPR, and no "code blue" is called.</li> <li>• ec: Enteric coated</li> <li>• elix: Elixir</li> </ul> |
|--|---|

- fl: Fluid
- gtt: Drop
- GT: G-tube
- I.D. Intradermal route
- I.M. or IM Intramuscular route
- I.T. Intrathecal route
- I.V. or IV Intravenous route
- IVP Intravenous push
- IVPB Intravenous piggyback
- L: Liter
- MAR: Medication administration record
- ml: Milliliters
- NGT Nasogastric tube
- NPO: Nothing by mouth. For example, if a patient was about to undergo a surgical procedure requiring general anesthesia, they may be required to avoid food or beverage for several hours prior to the procedure.
- od or O.D. Right eye
- os or O.S. Left eye
- ou or O.U. Each eye or both eyes
- O2: Oxygen
- 21
- oz.: Ounce
- pc: After meals
- PO: By mouth
- Post: After
- P.R. or PR By rectum
- Pre: Before
- PRN: As needed
- q: Every
- q am: Every morning
- q.d.: Every day
- q hr Every hour
- q2h: Every 2 hours
- q3h: Every 3 hours
- q4h: Every 4 hours
- qid: Four times daily
- q.o.d. or QOD Every other day
- š: Without
- SL: Sublingual
- SQ, sub q, subcut: Subcutaneous route
- S & S Swish and swallow
- Stat or STAT Immediately! [not when you can get around to it]
- Supp: Suppository
- T: Temperature. It is one of the “vital signs”.
- tab: Tablet
- tid: Three times a day
- TPR: Temperature / pulse / respiration
- tsp: Teaspoon
- Tbsp.: Tablespoon
- V or P.V. Vaginal route
- Wt.: Weight

**Forms available on request:**

- Medication Administration Form
- Parent Authorization Form
- Sample Medication Administration Log
- Sample Competency Test and Answer Key



## Medication Administration at School

- Nebraska's Medication Aide Act – Rule 59 Nebraska Department of Education, REGULATIONS FOR SCHOOL HEALTH AND SAFETY
- Title 172, Chapter 95, Section 004 Minimum Competency Standards

### Introduction:

The School District establishes and implements procedures which meet all legal requirements for administration of medication required during school hours.

### Background

The provision of medications to students at school is regulated in the state of Nebraska. The Medication Aid Act (Neb. Rev. §71-6718-§71-6742) was passed in 1999 and encompasses medication administration in many settings. The Department of Education was charged with writing the regulations to guide compliance with the Medication Aide Act in schools. The Medication Aide Act provides a mechanism for “who” shall give the medications to students at school.

In addition, in 2006, the Nebraska Legislature passed statutes permitting student with asthma and with diabetes to carry and self-administer their medications if certain conditions are met. These statutes may be found at:

Medication Aid Act

<http://nebraskalegislature.gov/laws/statutes.php?statute=71-6718>

Asthma Self-Management

<http://nebraskalegislature.gov/laws/statutes.php?statute=79-224>

Diabetes Self-Management

<http://nebraskalegislature.gov/laws/statutes.php?statute=79-225>

## The Role of the School in Medication Administration

Children with chronic illnesses and conditions are attending schools regularly, and may require medication administration during the school day.

The guidelines under the Medication Aide Act provide school officials, parents/guardians, health professionals, and education personnel alike with the guidance necessary to provide safe and proper administration of medication in schools that are consistent with the standards of nursing and medical practice.

## General Information

Caution!!!

Medications should be limited to those required during school hours which are necessary to maintain the student in school and those needed in the event of an emergency. The School District should avoid giving medications do not need to be given during the school day.

### Parent Responsibility

It is ultimately the responsibility of the parent/guardian to ensure medication administration for the child. If at all possible, medication will be given at home rather than during school hours. It is the parent/guardian's responsibility to ensure that the licensed prescriber's order, written request and medication are brought to the school. The first dose of a new medication or new dosage should be administered at home where parents can monitor potential side effects and adverse reactions. At the end of the school year or the end of the treatment regime, the student's parent/guardian will be responsible for removing from the school any unused medication. If the parent/guardian does not pick up the medication by the end of the school year, the designated school personnel will dispose of the medication(s) and document that it was discarded. Medication must be discarded in the presence of a witness and documentation signed by both parties. A student's parent/guardian may come to the school to administer medication(s) to his/her own child. (Note: Parent action is purely voluntary and may not be forced.)

The School District has the right to refuse to administer medication to a student or seek more information from the prescriber.

When necessary for medication to be given at school, every effort will be made to obtain, as applicable, information regarding any side effects, contraindications, and adverse reactions to be observed for the individual student to be provided by under the Medication Aide Act.

- The medication provided by the parent/guardian has the label intact with legible writing for instructions for dosing. Prescription medications provided by the parent/guardian will have the prescription label, complete with the student's name and prescriber's instructions. Pharmacists may provide two containers – one labeled for school and one for home use.
- All medication should be stored in the original pharmacy or manufacturer's labeled container in such manner as to render them safe and effective. Storage for medications will be available in each school. Emergency medications will be stored in a secure, but quickly accessible location.
- A medication log will be kept for recording administration of medication during school hours. The log will contain: student's name, name of medication with dosage, and date and time of administration and name of person administering medication.
- An individual health plan (IHP) is advised for any student who requires a long-term medication to be administered in school.
- In the event a dosage is not administered as ordered, the reasons shall be entered in the record.
- Effectiveness and side effects shall be monitored with each administration and documented as necessary in the student's individual medication record.



- All medication errors will be documented on the student's medication record. (Some School Districts may have a specific form that is filled out and given to Administration for medication errors.) The student's parent or guardian will be notified immediately that a medication error has been made.
- The prescriber's order for the administration of medication will be documented on the student's school health record. Parental and professional prescriber's consent should be updated annually for continuing long-term medications.
- Parent/guardian authorization and prescriber's statement is renewed annually. New signed licensed prescriber and parent authorizations are needed if medication regime is changed (medication, dose, time to be given, route).
- Verbal orders from the medical provider may only be taken by a Registered Nurse.
  - The verbal order is recorded on the student's school health record and is for a one-time order only.
  - The verbal is followed up by a written/faxed order from the medical provider within five days.
- The parent/guardian or a parent/guardian-designated responsible adult will deliver all medication to the school nurse or other school employee as determined by the school administrator in consultation with the school nurse.
- No more than a 30 school day supply of the prescribed medication is stored at the school. Controlled substances (i.e., Ritalin, Class II drugs) should be counted when received – preferably by two staff members.
- When possible, all unused, discontinued or outdated medications will be returned to the parent/guardian. The school nurse or other school employee determined by the school administrator in consultation with the school nurse in the presence of a witness, disposes in a proper manner, any medication not collected by parent/guardian or a responsible adult.
- Consistent with school policy, students may self-administer prescription medication provided certain conditions and authorizations are met. For the purpose of this policy, self-administration means the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance.
- Medications will be stored in a separate locked drawer or cabinet. Medications requiring refrigeration will be kept in a locked refrigerator separate from food products.

### **Role of School Nurse in the Medication Administration Program at School**

School nurses are in a position to influence the development and use of school medication policies. Medication administration to students is one of the most common health-related activities performed in school. Historically, administering medication within the school setting has been a school nurse responsibility. As more chronically ill, medically stable children enter

the school system each year, awareness of the factors that can promote and support their academic success increases, including the need for medications that enhance the student's overall health or stabilize their chronic condition.

The professional licensed nurse's role in medication administration includes:

### **Policy & Procedure for Medication Administration**

- School nurses are in a position to influence the development and use of school medication policies and procedures that focus on safe and efficient medication administration at school
  - Policies should include prescription and non-prescription medications, and address alternative, emergency, research medication, controlled substances, and medication doses that exceed manufacturer's guidelines. These policies shall be consistent with federal and state laws, nursing practice standards and established safe practices in accordance with evidence based information
  - Procedures must be established and periodically reviewed for receiving, storing, administering, clarifying prescriptive orders, determining the prescribed dosage is within the safe dose range for the child's age and weight and accounting for all medications held or administered in the school setting.
- Adhere to school district specific medication handling and administration procedures/policies, national school nurse standards of practice, Nebraska Nurse Practice Act and state laws governing medication administration.
- To assist non-licensed personnel in understanding the medication they may be dispensing to the student, a good practice to follow is to place with each child's medication administration record an informational medication sheet for that specific medication. The informational sheet contains the name of the medication (brand and generic names), possible side-effects, warnings, etc. for easy reference. If several students have the same medications, then to save on having so many copies of the same medication with each student's record, you can set up a separate section in the medication administration record book with just one copy of each medication you will be dispensing; saving repetitions yet still providing information for personnel administering to your students.
- A list of school staff members who have met the 14 competencies of medication administration is maintained in the building and updated annually.

## When there is no School Nurse

Medications may be provided by unlicensed staff only after competency to do so have been assessed by a licensed health care provider. Competency assessment must be documented in order for the unlicensed person to provide the specific activity for the individual student, and ongoing direction and monitoring must be documented. The school staff is responsible to provide the right medication to the right student at the right time in the right dose by the right route. The overall accountability for monitoring side effects, contraindications, etc. related to the medication remains the responsibility of the parent/guardian.

The competency documentation and student specific record of medications provided must be maintained by the school district for a minimum of three years (until competency is reassessed) or longer if dictated by school district policy.

No specific training for medication administration is required either by statute or rules and regulations. There is an outcome requirement for demonstration of the 14 competency areas.

Initial training of unlicensed school personnel may require approximately 4 hours of classroom time and a refresher course may require about 2 hour of classroom time. Reassessment of competency is required every 3 years by a licensed healthcare professional, but may need to be addressed sooner depending on the route of administration and based on the judgment of the school health professional.

## Fourteen Areas of Competency

1	Recognize the recipient's right to personal privacy.
2	Recognize the recipient's right to refuse medication.
3	Maintain hygiene and standards of infection control.
4	Follow facility procedures regarding storage, handling, and disposal of medications.
5	Recognize general conditions when the medication should not be given
6	Accurately document all medications: Student name, medication name, dose, route, time administered, or refusal.
7	Follow the Five Rights: a. Right Person b. Right Medication c. Right Time d. Right Dose e. Right Route
8	Provide medications according to the specialty needs of the recipient

9	Recognize general conditions which may indicate an adverse reaction to medication.
10	Have the ability to understand and follow instructions.
11	Practice appropriate safety standards when providing medications
12	Recognize the limits and conditions by which unlicensed persons may legally provide medications.
13	Recognize the responsibility to report and the mechanisms for reporting possible child or adult abuse or neglect if reasonable cause exists.
14	Recognize the recipient's property rights and personal boundaries.

### **Conditions and Limitations of Unlicensed Persons**

The Medication Aide Act readily identifies the competent, qualified, unlicensed person as providing the following according to instructions:

- Oral Medications: tablets, capsules, liquids
- Topical Medications: ointments, patches
- Instillation: eye or ear drops
- Inhalation: nasal sprays, inhalers, nebulizers

Providing medications by other routes requires:

- Determination of competency limited to the specific recipient.
- Determination by a licensed health care professional that is safe for the unlicensed person to provide the medication to the specific recipient.
- Determinations and Instructions are in writing.

### **When to give Medications at School**

Minimize distractions whenever medications are being given, as distractions can be a source of errors. Other job responsibilities should be put on hold when a designated school employee is administering medications. Students coming in for medications should line up and wait quietly until it is their turn.

Giving medication at the correct time is one of the five rights of medication administration. The Institute for Safe Medication Practices and the Centers for Medicare & Medicaid Services advocates the following window of time to administer scheduled medications:

Daily, weekly, or monthly doses	Within 2 hours of the scheduled dose
Medications prescribed more often than daily, but no more frequently than every 4 hours	Within 1 hour of the scheduled dose

### **Giving PRN Medications at School**

Giving medications on as needed or PRN schedule differs from the scheduled medications which are due at a deemed time. Written directions for the PRN medication are required guidelines for the safety of the student. The written directions include the name and dose of the medication and the time interval between doses as well as the indication for the administration of the medication.

For instance, a child might have written directions to have Acetaminophen 325 mg every 4 hours PRN for a headache. This medication would not be given routinely, but only as the child needed it for a headache and no more frequently than every 4 hours.

Documentation of PRN medications is very important to establish that the medication was given, for what indication and the time interval between doses. The medication record is always checked before a dose of PRN medication is given to ensure the proper time interval between doses.

### **Self-Management of Medications in the School**

- The School District may permit self-medication by a student provided all the following requirements are met:
- Self-management means fully independent, with supervision.
- Most children fall somewhere on a continuum.
- Independence and capacity to care for oneself can be developed through an individualized health care plan (IHP).
- The licensed prescriber provides a written order for self-administration.
- There is written authorization from the student's parent/guardian that the student may self-medicate with a contract signed by the student.
- The School Nurse has developed and implemented a plan to monitor the student's self-administration, based on the student's abilities and health status. The plan will include a safe place for storing the medication while providing for accessibility if the student's health needs require it.
- The School Nurse will inform the appropriate school personnel working with the student of the plan of self-medication by the student.

Reference legislation: Neb. Rev. Stat. 79-224 and 79-225.

## **Emergency Medications: EpiPen and Albuterol**

An EpiPen auto-injector is used to treat life-threatening allergic reactions caused by insect bites, foods, medications, latex, and other causes.

Administration of the EpiPen causes blood vessels to narrow and opens airways in the lungs. These effects can reverse severe low blood pressure, wheezing, severe skin itching, hives, and other symptoms of an allergic reaction.

Administration of Nebulized Albuterol relaxes the bronchi, helps open the airway, and moves the mucus out of the lungs.

A nebulizer is a machine (compressor) that makes the medication with air to provide the mist (aerosol) for breathing in through a mask or mouthpiece. This is the most efficient way to get the medication into the lungs during an emergency (better than a metered-dose inhaler).

A list of school staff members that are trained in the Emergency Response Protocol is maintained in the building and updated annually.

## **Field Trips**

The Nebraska Attorney General opinion (10/05) makes it clear that any school personnel assigned responsibility to provide medications to students must satisfy the requirements of the Medication Aide Act.

Medications needed on field trips and other short-term school events are best carried in a labeled container, containing just the dose(s) needed. A school employee who has met 14 areas of medication administration competencies can be designated to administer the medication during the trip. The person giving the medication should always document the dose given on the medication form upon returning to school (include time given, initials and signature).

## **Extra-curricular Activities**

Medications ordered to be given during extra-curricular hours before or after the school day should be given by designated school personnel who have met 14 areas of medication administration competencies. Documentation can be done on the same forms used during the school day or on a separate form per district policy. If a separate form is used, it should contain all pertinent information and be filed with the regular forms at the end of the day or week.

Volunteers should not be asked or trained to give medications to students.

## **Medication Errors**

Even the most experienced healthcare providers can make medication errors. Following the safety guidelines listed previously will minimize the chance of mistakes. Being distracted by other duties while giving medications is probably the most likely reason why errors happen in schools.

Medication errors can include:

- An overdose of the right medication,
- An under dose of the right medication
- Giving the wrong medication
- Giving a medication at the wrong time or in the wrong way
- Omission of a scheduled medication dose

Whenever an error in medication administration is recognized or discovered, the following steps should be taken:

1. Keep the student in the health room; if the student has already returned to class, have the student accompanied back to the office or clinic.
2. Ask the student how he/she is feeling and if he/she has any feelings of stomach upset, dizziness, itching or any other symptoms.
3. Identify the incorrect dose or type of medication taken by the student.
4. Notify parents. Immediately notify the principal or school nurse of the error. If an under-dose was given, the remainder of the dose may either be omitted or administered, following medical advice received from parent, physician or school nurse.
5. If unable to reach the parents or child's physician, notify the Poison Control Center for instructions at 1-800-222-1222. The Poison Control Center staff will help you determine if further actions need to be taken.
6. On the student's health record, carefully record all circumstances and actions taken, as well as the student's current status.
7. Complete an incident report, per local policy (usually within 24 hours)
  - Include the name of the student, parent name and phone number, as well as a specific statement of what the medication error was, who was notified and what remedial actions were taken.

## **When NOT to Give a Medication**

- One of the competency areas of the Medication Aide Act is to know when NOT to give a medication.
- Schools have the right and responsibility to decline to administer a medication if it jeopardizes student safety. Notify child's parent/guardian.
- If you have questions or concerns about a child's response to medication, **STOP – HOLD THE DOSE – CONTACT PARENT – AND ASK QUESTIONS!**
- A student has the right to refuse medication, and in some instances may do so. In such instances, it is the school personnel's responsibility to explain to the student as fully and clearly as possible the importance of taking the medication. If the student continues to refuse to comply, the parent/guardian, and administrator will be notified and the refusal documented on the student's individual medication record.

Expiration dates on medications should be checked on a monthly or bimonthly basis. Notify parent/guardian of upcoming expiration dates. Do not administer a medication that is past its designated expiration date. Useful Information Concerning Medication at School

### **Medication Definition**

Substances used to:

- Prevent disease (prophylactic)
- Help diagnose disease (ADHD)
- Treat a disease
- Restore function or normal action (diuretics)
- Maintain normal action (seizure meds)

### **Medication administration in schools is guided by:**

- State Statutes
- Medication Aide Act
- Pharmacy Act
- Nurse Practice Act
- Controlled Substances Act
- Federal Law



- School district policies
- Program procedures

### **Medication must be brought to the school**

- Will be in a container, labeled appropriately by the pharmacist or manufacturers original label.
- Prescription medication shall display:
  - Student's Name
  - Prescription Number
  - Medication Name and Dosage
  - Administration Route or Other Directions
  - Date dispensed by pharmacy or prescriber
  - Licensed Prescriber's Name
  - Pharmacy Name, Address and Phone Number
- Over the Counter Medication (OTC):
  - OTC (non-prescription) medication shall be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container.

### **Actions of Medications: (may be positive or negative)**

- Local: act mainly at the site of application
- Systemic: absorbed into the bloodstream and circulated throughout the body
- Variables affecting action
  - Dose
  - Route
  - Drug-diet interactions
  - Drug-drug interactions
  - Age
  - Body weight
  - Pathological conditions
  - Psychological considerations

### **Adverse Effects of Medications**

- Side Effects: natural, expected, and predictable actions that occur with the desired effects (ex: dry mouth from antihistamines)

- Adverse Reactions; unexpected and potentially harmful (ex: visual disturbances, nausea, behavior changes)
- Allergic Reactions: unrelated to the action of the medication, mild to severe (ex: rash to difficulty breathing - may be delayed or immediate onset. **MAY BE LIFE THREATENING!**)
- **Classification of Drugs**
  - Prescription: products including controlled substances which require a licensed prescriber's order (MD, DO, PA, APRN, and Dentist). NOTE: chiropractors do not have prescriptive authority in Nebraska.
  - Over the Counter – OTC: may be purchased without a prescription
  - Controlled Substances – medical use and potential for abuse. Ritalin and other stimulants are Schedule II. Some psycho-active drugs and pain control products.
- **More Important Terms**
  - Dispense: a legally regulated function reserved for pharmacists and prescribers (limited).
  - Prescribe: a legally regulated function reserved for specific groups of licensed health care professionals (physicians, Pas, APRNs, NOT chiropractors).
  - Administer: a legally regulated function reserved for specific groups of licensed health care professionals (physicians, nurses, NOT athletic trainers).
  - Provide: the act of giving medication to a person unable to access and administer to him/herself. **THIS IS THE FUNCTION ASSIGNED TO UNLICENSED PERSONNEL AT SCHOOL.**

### **Experimental (or Off-Label) Medications**

A written policy should be in place that addresses the administration of experimental medications to students, if medically necessary, during school hours. However, children are fairly commonly treated with medications that are not officially approved for use in children. This practice occurs for many reasons, including the following:

- The medication is part of an experimental protocol in which the family has voluntarily agreed to participate.

- The medication is commonly used by and approved for adults. Frequently sufficient scientific or experiential evidence exists to support use in pediatric patients, but the FDA has not yet ruled officially on the issue.
- The medication is approved for use to treat one condition but is being used to treat another condition for the same reasons stated above.

The following resources should be made available to the school when giving these medications:

1. Current medical information regarding the condition for which the medication is prescribed
2. Current drug information, provided by the healthcare provider or pharmacist, including side effects and precautions

### **Herbal/Alternative/Complementary Medications and Dietary Supplements**

More and more people are becoming interested in and using alternative and complementary therapies for the management of health problems. Such therapies may not be considered an integral part of conventional medical practice. Therapies are termed complementary when used in addition to conventional treatments and alternative when used instead of conventional treatment. Some of these medications are herbal (also called botanicals, dietary or nutritional supplements or phytomedicinals) in origin and can be obtained over-the-counter and self-prescribed by parents or students.

Herbal medications are FDA-regulated only for product label information and often lack published data in standard references about safety, efficacy and dosages in children. Some herbal products have side effects or contraindications with other medications the student may be taking that the family may be unaware of since these medications are often not obtained from a pharmacist or prescribed by a physician. A written policy should include the following requirements (adapted from NASN Position Statement on Alternative Medicine Use):

- Written order from a healthcare provider authorized to prescribe in the state, including the condition for which the product is being used
- Written request from the parent/guardian
- Verification that the product and requested dosage are safe for the student
- Reasonable information about therapeutic and untoward effects and interactions
- Whenever possible these non-prescribed herbal alternative medications should be given only at home by the parent.

**Sample Prescriber Authorization and Permission for Administration of Medication**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student's Name (Last) (First) (Middle) Birthdate Today's Date

**School medications and health care services are administered following these guidelines:**

*Physician/Prescriber signed dated authorization to administer the medication. Parent authorization signed & dated to administer the medication. The medication is in the original labeled container as dispensed or the manufacturer's labeled container. The medication label contains the student name, name of the medication, directions for use and date. Annual renewal of authorization and immediate notification, in writing, of changes.*

Physician Authorization:

Medication/Health Care Treatment	Dosage	Time to be administered

Intended effect of this medication \_\_\_\_\_

Expected side effects, if any \_\_\_\_\_

Other medications student is taking \_\_\_\_\_

May student self-administer medication under supervision of Health Service personnel or designate? (A student self-administration form must be completed) (Please circle) YES / NO

Administration instructions  
 Discontinue/Re-Evaluate/Follow-up Date (circle one) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Prescriber's Signature Date signed  
 Prescriber's Phone # \_\_\_\_\_

**Sample Parent Authorization and Permission for Administration of Medication**

I hereby authorize (name of School District) and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I authorize the (name of School District) to contact the prescriber of this medication for further information regarding the administration of this medication or for the condition for which it is prescribed.

\_\_\_\_\_ /\_\_\_/\_\_\_      \_\_\_/\_\_\_/\_\_\_  
Student's Name (Last)      (First)      (Middle)      Birthdate      Today's

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Medication/Health Care Treatment      Dosage      Time to be Administered

Parent's Signature \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent's Alternate Phone \_\_\_\_\_

Additional Information :

**Sample Physician Request For Self-Administration of Medication**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Name (Last) (First) (Middle) Birthdate Today's

\_\_\_\_\_  
Medication/Health Care Treatment Dosage Time to be Administered

The above named pupil has \_\_\_\_\_ (Name of Disease or Syndrome)

I am requesting that the above named student take the following medication during school hours.

\_\_\_\_\_  
Name of Medication Type of Medication (Tablet, Liquid or Capsule)

\_\_\_\_\_  
Dosage Time(s) to be given

Possible Side Effects \_\_\_\_\_

I certify that (Name of Student) \_\_\_\_\_  
has been instructed in the use and of self-administration of \_\_\_\_\_  
(Name of Medication)

He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

I may be reached at the following phone # in the event of a reaction to the medication or an emergency: \_\_\_\_\_

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

Date \_\_\_\_\_

## References

- Hockenberry, Marilyn PhD, RN-CS, PNP, FAAN, Wilson, David MS, RNC Wong's Nursing Care of Infants and Children (2007) Mosby;
- NASN Position Statement on Medication Administration in the School Setting (Amended 2012)
- Rule 59, Nebraska Department of Education, (2006)
- School Nurse Resource Manual, A Guide to Practice; School Health Alert (2010); Robert Andrews, Publisher; p 300-309
- Stokowski, Laura A. Timely Medication Administration Guidelines for Nurses: Fewer Wrong-Time Errors? Medscape. Oct 16, 2012