**SAMPLE TRAINING**

School Nurse Name\_\_\_\_\_\_\_\_\_\_\_\_\_

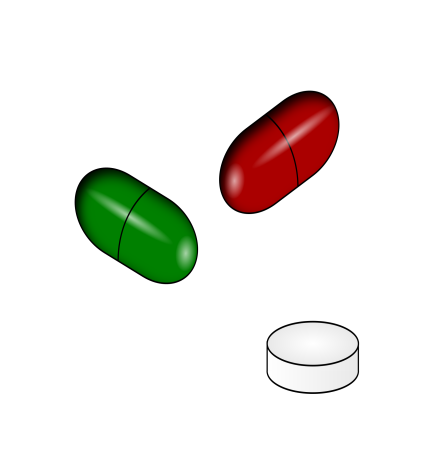
School or District Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR SCHOOL’S NAME**

**DATE OF TRAINING**

**General Medication Administration Training**

for

Unlicensed Assistive

Personnel (UAP)

and

Licensed Practical Nurse (LPN)

**(NURSE TRAINER) YOUR NAME \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINING FOR MEDICATION ADMINISTRATION**

**TENTATIVE TRAINING AGENDA**

**Day 1**  Morning Welcome/Administration

After Lunch Administration Continued

Pre-test

**Day 2** Morning Medication Modules I and II

After Lunch Modules III Medication Practice

**Day 3**  Morning Modules IV and V

After Lunch Medication Practice

**Day 4** Morning Non-Complex (Introduction,

Respiratory, Gastrostomy Tubes, Catheterizations, Postural drainage)

After Lunch Non Complex Practice

**Day 5** Morning Working with the students

After Lunch Working with students continued

Post-test

**INTRODUCTION FOR THE TRAINING**

Due to combined efforts of legislators, parents, disability advocates, as well as health and education professionals; increasing number of children with special health conditions are now able to attend school. These children present with an array of health needs which often must be addressed during the school day. To meet the health needs of student with disabilities, school systems often employ paraprofessional or non-licensed care providers. Non-licensed health care

providers play a valuable role in special education programs. The contributions of theses providers are significantly enhanced when they received appropriate training, monitoring and supervision by licensed school health professionals.

In recognition of the need to train non-licensed school personnel, the Louisiana Department of Education, Office of Special Education Services has provided support for development of a medication training curriculum. The curriculum will be taught by school nurses who will in turn train non-licensed school health providers on safe medication administration practices in school. The curriculum is designed to develop/enhance the knowledge and skill of non-licensed individuals who are responsible for providing medication to students in school.

**TRAINEE’S NOTE**

The medication administration training is a very vital part of the training that will teach you the skills and knowledge needed to properly and safely administer medication to children in school.

It is important that you learn the information presented in this course. Not only will it help you to do your job properly, it will enable students to receive their needed medications safely. Just as medicine is helpful, it can also be harmful. Therefore, it is very important that you not only learn all the material, but that you carefully follow the given instructions.

Each lesson of this course contains objectives at the beginning to give you an outline of items that you will be learning in the particular lesson.

At the end of each section, you will be expected to study and answer questions which related to the content of the section. These questions will test your knowledge of the subject area. The written exam at eh end of this course will be easier if you use your time wisely in class.

**REMEMBER:**

This course is for you to develop skills and knowledge needed to properly and safely administer mediations to individuals you serve. Ask questions now, during the course and when you administer medications in school. If you have any doubt or questions about a medication you are administering, DON’T GIVE IT! Notify the school nurse. A single mistake in administering a medication can be extremely dangerous.

**COURSE OBJECTIVES**

Upon completion of this course, unlicensed school personnel should be able to:

* Discuss Legal Issues, Policies, Procedures and Laws Related to Medication Administration
* State how medication administration may be safely delegated
* Identify the responsibilities of the school personnel (nurse, unlicensed assistive personnel, LPNs and others) in medication administration
* Define local school board policies for medication administration
* Recognize and apply the six (6) rights of medication administration
* Identify proper storage of prescription and over-the-counter medication
* Explain appropriate and correct documentation of medication administration
* Summarize prevention of medication errors and incident reporting
* Recognize when it is appropriate to contact additional resources, i.e., nurses, other licensed health, care providers, poison control, and emergency medical services
* Pass the test at 85% and competencies at 100%

**COURSE GOALS**

Provide consistent training for personnel administering medications to students in Louisiana Public Schools.

**COURSE GUIDELINES**

For successful completion, each person will be expected to score 100% on the skill competency evaluation and 85% on an open book final exam which will include demonstration of:

1. An understanding of medication administration and non-complex policies and procedures.

2. Using proper hygiene/standard precautions in medication preparation and administration.

3. Reviewing student medication history on the Medication Request form for documentation of allergies and other co-existing medical conditions

4. Accurately identify student medication information by comparing the medication label to the transcribed Medication Request form.

5. Accurately documentation of procedures using appropriate language and terms on forms as provided. Follow up with nurse as needed. Know how to complete the Medication Error form when appropriate correctly.

6. Administration of:

a. Oral medications

b. Eye drops/ointment

c. Ear drops

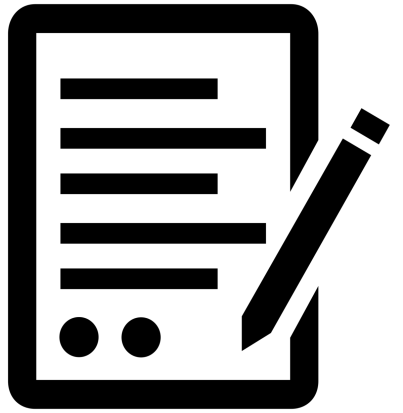
d. Topical ointments, pastes, salves, creams, patches

e. Oral inhalers

f. Nasal medications

g. Emergency medication as Epinephrine, Diastat, etc.

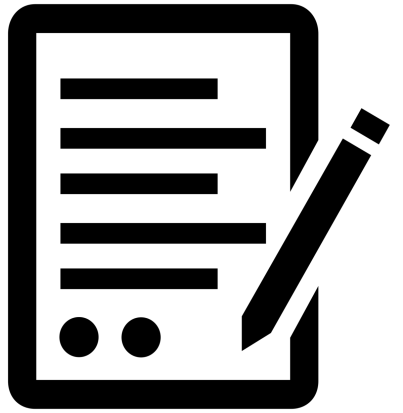
7. School personnel may repeat either the failed open book exam or skill competency evaluation one time. If school personnel fail the final open book exam or the skill competency evaluation twice, they must repeat the training course.



**Module I:**

**Welcome**

**Introduction**



**Module II:**

**Legal Issues**

**Policies and Procedures**

**INTRODUCTION**

In 1993 the Louisiana Legislature enacted R.S. 17:436.1, Act 87, and subsequent amendments (Act 752 of 1995, Act 636 of 2001, and Act 145 of 2009) which mandate that prior to requiring local school board employees to administer prescribed medications to a student, certain training, documentation and rights of the employee, the student and his/her parents must be met. Reference: Louisiana Department of Education School Nurse Handbook 2015.

An Overview of R.S. 17:436.1, ACT 87 of 1993

1. Policy and procedures are to be established by the Board of Elementary and Secondary Education and the Louisiana State Board of Nursing which specifically establishes the procedures to be followed for that administration of medication at each school.
2. **Each parish must promulgate guidelines based on the joint policy and procedures.**

All **medication** administered in the school setting **must be ordered** by a medical physician or dentist licensed to practice in Louisiana or adjacent states, or any other authorized prescribers authorized to practice in Louisiana. (Act 636 of 2001)

1. A school employed physician (MD) or registered nurse (RN) must administer medication to students at school until the LEA has established guidelines to implement R.S. 17:436.1.
2. **A written request and authorization from the parents/guardian to the school is required** for each medication that is to be administered to the student.
3. **Medication must be provided to the school in a container acceptable by pharmacy standards.**
4. **Clear instructions for the administration of medication** must be provided.
5. **At least two unlicensed employees at each school are to be trained to administer medications with not less than 6 hours of training**.
6. **Both general training and child specific training provided by a school employed MD, RN or both is required**.
7. **A school employed MD or RN must assess the health status of the student** in the educational setting and review the orders and authorizations to **determine** that according to standards of care, **the administration of the medication can be safely performed** by, **and delegated** to, unlicensed trained personnel.
8. **Once trained, the designated school employee may not decline to perform such service at the time indicated unless exempted in writing by the MD or RN.**
9. The unlicensed trained school employee has the **right to have a witness present** upon request.
10. School boards remain responsible for providing school employed registered nurses to staff each school; school systems unable to employ a full-time RN are to employ an RN part-time to provide all of the services.
11. Part time nurses are to be compensated on an hourly basis in an amount which is equal to the average amount paid hourly for a nurse with similar experience in hospitals located within the region of the school district.
12. The terms city or parish school board includes all governing authorities of public elementary and secondary schools.

15. Regular education teachers are not required to administer medication. (Act 1181 of 1995).

Additional Information

1. Each student shall be observed by a school employee for 45 minutes.
2. Cannot keep more than a 35-day supply of the medication at school.
3. Initial dose shall be administered at home.

**DELEGATION**

**Why delegate to unlicensed assistive personnel?**

The nursing shortage is one major reason RNs more frequently are delegating tasks to UAP. Many schools do not have nurses and school nurses who are already over extended have even more requirements than ever before. To assist with care for students, Louisiana State Law allows schools to hire Licensed Practical Nurses (LPNs) and Unlicensed Assistive Personnel (UAPs) to perform specific care for students in public schools. Nursing delegation is entrusting the performance of a selected nursing task to an individual who is qualified, competent, and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual. Delegation is one of the most difficult tasks that licensed health care professionals face. Unlicensed assistive personnel are performing increasingly complex tasks, and RNs, in turn, are undertaking increased responsibility for supervising the care UAP provide. Delegated activity involves the right task, right circumstances, right person, right communication, and right feedback.

**ROLE AND RESPONSIBILITIES**

**Licensed Prescribers**

Only licensed physicians and surgeons, dentists, osteopathic physicians and surgeons, naturopathic physicians, podiatric physicians and surgeons, osteopathic physician and advanced registered nurse practitioners (ARNPs) are licensed to “prescribe” medication.

**Nurses in Louisiana**

In Louisiana, nurses working in schools may be an Advanced Registered Nurse Practitioner (ARNP), Registered Nurse (RN), or a Licensed practical nurse (LPN). There is a difference in the educational preparation and scope of practice between the ARNP, RN and LPN; therefore, they will perform different jobs in the school settings.

1. Advanced Registered Nurse Practitioner (ARNP)

It is within the scope of the ARNP to provide primary healthcare services to students in accordance with scope and standards of practice of ARNPs. The ARNP generally practice in school based clinics.

2. Registered Nurse (RN) Practice

Louisiana Nurse Practice Act specifically delegation allow licensed registered nurses to “administer” medications in the school setting, to delegate the task to administer medications to persons who have completed a course such as this, and have demonstrated competency. "Each certified school nurse shall be responsible for performing such health care services as may be required by state law, guidelines established by the Department of Education, or both, provided these services comply with the rules and regulations as established by the Louisiana State Board of Nursing." La. R.S. 17:28(A). All RNs must operate under the Louisiana Nursing Practice Act and the Board of Nursing rules and regulations, as well as all federal, state, and local laws affecting the nurse’s current area of nursing. a. The Louisiana Nurse Practice Act (NPA) is found in the La. Revised Statute 37:911 et seq. b. The Louisiana Board of Nursing Rules and Regulations may be found in the Louisiana Administrative Code, Title 46. The state definition of "Registered Nursing" includes twelve articulated activities within the scope of nursing that are appropriate to the individual's educational level, knowledge, skills, and abilities

3. Licensed Practical Nurse (LPN) Practice "Licensed Practical Nurses" ("LPN") -- LAC 46:XLVII.101 and La. R.S. 37:9619(2). There is no prohibition against the school district employing the licensed practical nurses ("LPN") in the school setting. However, the LPN is limited in his or her ability to perform certain tasks unless delegated by the RN. LPNs typically go through a two-year certification program. RNs must go through a four-year college decree program. LPNS are the worker bees. They are responsible for the delivery of basic nursing services for patients who experience common, well-defined health problems. RNs, on the other hand, are trained in assessment of more complex health conditions. Any situation that requires an in-depth assessment or nursing judgment is likely to require an RN. RNs are also trained to supervise other unlicensed personnel and to evaluate the care that the unlicensed individuals carry out. Only RNs can delegate certain health task to unlicensed personnel.

**Unlicensed Assistive Personnel**

Unlicensed Assistive Personnel -- an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient activities as delegated by the nurse. LAC 46:XLVII.3703. Other competent nursing personnel" and "licensed or unlicensed assistive personnel"-- terms found within the definition of "Delegating Nursing Interventions. LAC 46:XLVII.3703.

Role and Responsibilities of Unlicensed Trained School Health Providers

Unlicensed school health providers assume responsibility and accountability for medication administration procedures.

A. The following requirements apply:

1. Receive medication and verify that the label on the medication matches the order on file for the student. Further, they shall document in the presence of the adult delivering the medication: the date, the name of the person delivering the medication to the school, the name and amount (counted) of medication, the renewal date, the signature of the adult delivering the medication, and other information according to the school policy.

* 1. Store the medication in the appropriate designated place.
  2. Administer oral medications, ointments for diaper rash, or pre-measured inhalants as prescribed, unless otherwise indicated.
  3. Administer medications to students who have valid prescriptions, following documented training, and under the supervision of a school-employed registered nurse.
  4. Records should be maintained for:

1. receipt, storage, and disposal of medication
2. daily record of administration of medication to the student, including the name, time, medication, dose, route, date, person administering the medication, and observation of desired and adverse effects or unusual occurrences
3. monitoring of a student’s self-administration of medication
4. appropriate vital signs as indicated by the prescriber’s and/or knowledge of the drug.
   1. Request, in writing, the desire to have a witness to the procedure(s) or to withdraw the request for a witness.
   2. Report immediately to the school nurse and the school principal, any unusual signs, symptoms, or occurrences.
   3. Seek guidance from the school nurse when uncertain about medications.

Prohibited Functions of Unlicensed Assistive Personnel

|  |  |
| --- | --- |
| **Prohibited functions** of Unlicensed Assistive Personnel | |
| 1. Shall not **administer IM, IV, or SQ** medication (other than emergency) |  |
| 2. Shall not administer medications by the **oral inhalant aerosol route without additional training**, documented proficiency, and supervision. |  |
| 3. Shall not receive **any written or oral and/or telephone orders from physician and/or dentist, the parent, or other school employee.** |  |
| 4. Shall not **alter medication dosage** as delivered from the pharmacy. |  |
| 5. Shall not **administer medication to any student other than those in the specific school for** which training has occurred |  |
| 6. Shall not administer any medications when there is indication that the medications were **inappropriately dispensed by the pharmacist or mishandled by other individuals.** |  |
| 7. Once trained, shall **not refuse to administer medication without a written excuse** from either the physician or the registered nurse. |  |

**Student Self-Medication**

Each LEA should establish developmental levels of students to be considered for self-medication. Compliance with the school policy for the Drug Free Zone should be met if possible

The student who understands the issues of medication should be encouraged to participate in his/her own medication therapy. If appropriate, the medication administration plan should be a part of any other health or educational plan.

Self-administration of medications by a student may be permitted provided that:

(1) Authorizations from the physician and from the student’s parent or guardian are on file and communication with the prescriber has been established.

(2) The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student’s cumulative health record; and has developed a plan for general supervision. The plan may include observation of the procedure, student health counseling, and health instruction regarding the principles of self-care.

(3) The principal and appropriate staffs are informed that the student is self-administering the prescribed medication.

(4) The medication is handled in a safe, appropriate manner.

(5) Such medication is transported to the school, and maintained under the student’s control in accordance with the school policy

(6) The Board of Education’s policy on self-medication by students and the school Drug Free Zone policy permits.

(7) The school principal and the school employed registered nurse determine a safe place for storing the medication for the individual student. The medication must be accessible if the student’s health needs require it; this information is included in the Medication Administration Plan.

(8) Some medications should have a backup supply readily available (such as an inhaler).

(9) The student records the medication administration and reports unusual circumstances.

(10) The school employed registered nurse, and/or the designated employee monitors the student.

**CONFIDENTIALITY AND PRIVACY**

**FERPA -** Family Educational Rights and Privacy Act of 1974

Federal law protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA deals specifically with the education records of students, affording them certain rights with respect to those records.

**HIPAA** - Health Insurance Portability and Accountability Act of 1996

Primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs.

Confidentiality is a very important legal concept in the school setting. Information regarding student health information should be shared with school personnel only on a “need to know” basis. Health records contain sensitive information and may not be disclosed without parental/guardian permission. Certain student health information may be necessary to share with school personnel who may be assisting with medication administration. However, this information is confidential and should not be shared with other students or school employees without a legitimate need to know.

Privacy is a separate legal concept. If a student tells school personnel how they feel about having a chronic health condition, this information should be shared with the school nurse but not disclosed to those who do not have a “need to know.”

It is important to be aware of what we are doing and saying at all times. Do not talk about students in the hallways, classroom, cafeteria, or other parts of the building. People can figure out who you are speaking about even if you are using special terms. Do not yell confidential information to other staff down the hallways. Keep sensitive paperwork covered when working in open areas. Be mindful of your conversation when students are in the teacher’s lounge or the front office.

There are severe penalties for violating both FERPA and HIPAA. Violating the law can cause school to receive extensive fines and you can be imprisoned.

**Malpractice and Negligence**

Malpractice is an act of negligence as applied to a PROFESSIONAL person, such as a physician, nurse, and dentist.

1. Malpractice is any improper or injurious practice or any unskillful or faulty medical treatment.

Negligence is performing an act that a reasonably prudent person under similar circumstances would not do, or failing to perform an act that a reasonable prudent person under similar circumstances would do.

1. By law, individuals can expect safe and efficient care.

2. Individuals expect personnel to administer medication accurately.

3. The employees are obligated to perform care that meets minimum standards.

4. Individuals are protected from health care negligence/malpractice by a law called “Duty of Care.”

The employee is negligent if REASONABLE care is NOT given or if UNREASONABLE care IS given.

**OTHER LEGAL CONSIDERATIONS IN MEDICATION**

**Legal Action**

May result from claims of negligence and/or malpractice:

Actions can be brought against the school, supervisory personnel, and/or an individual who is considered negligent. If the employee had “no intent to harm,” then a financial settlement may be made. If the individual proves “intent to harm” or the individual’s injury is severe the employee may be fired.

**Criminal actions**

May also be taken if a crime is committed, such as:

Assault – a threat or attempt to make bodily contact with another person without that person’s consent.

Battery – an assault that is carried out.

Neglect – omission of any reasonable precaution, care or action.

Misuse of controlled substances – The use of a controlled substance for any other purpose than the prescribed purpose.

**Ethical Considerations**

“Code of Ethics” is a voluntary set of rules that influence relationships between people based on dignity and respect for each individual’s rights.

Words that describe ethical behavior

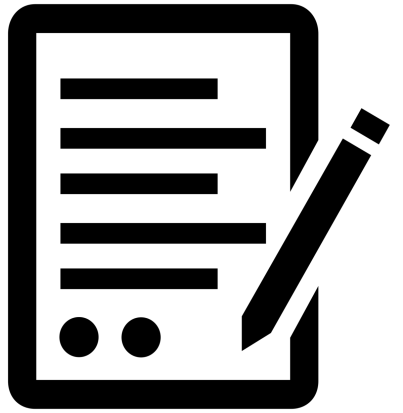
* + 1. Honesty
    2. Sincerity
    3. Loyalty
    4. Dependability

Unethical behavior results in  
1. Discipline of the worker or group.

2. Feelings of guilt

“Golden Rule” for ethical behavior – “Do unto others as you would have them do unto you, or one of yours.”

**Module III:**

**Classification of Medications, Understanding Effects of Medications/Adverse Drug Effects Medication Preparations, Various Forms of Medication Administration, Medication Administration Guidelines, Medication Safely, Changes in Medication, Abbreviations, Storage, Medication Errors, Administration & Documentation**

**Handling Medication**

**Procedure for Administering Medications**

**Medication Resources**

**Administration**

**CLASSIFICATION OF MEDICATIONS**

**Prescribed Medications**

Prescribed medications are those medications that a physician has ordered for treatment of a student’s particular diagnosis or symptoms. These medications may include controlled/scheduled or non-controlled/scheduled. Prescribed medications may be ordered on an “as needed” basis (PRN) or on a routine scheduled basis.

**Over-the-counter (OTC) medications**

Over-the-counter (OTC) medications are administered to students according to school district policy. OTC medications require a completed Medication Request form by the parent/legal guardian and orders from the student’s physician. Examples of these medications would be ibuprofen (Motrin®), acetaminophen (Tylenol®), cough medication (Robitussin®),

antibiotic ointment (Neosporin® or Bactracin®), antacids (Tums® or Rolaids®), etc. Documentation of Over-the-counter on the student’s Medication Administration Record is required and the purpose for administration.

**Controlled Substances and Drug Classifications**

CONTROLLED SUBSTANCES shall mean a drug regulated by federal law under the Controlled Substance Act of 1970. Included are psychoactive drugs and narcotics, according to five schedules based on abuse potential, medical acceptance, and ability to produce dependency. The Controlled Substance Act also establishes a regulatory system of the manufacture, storage, and transport of the drug in each schedule. The drugs are documented when received and at the time of administration. Examples are listed. This list is not complete and is subject to change. Contact a pharmacist for additional information.

1. Schedule I. Substances that have no accepted medical use in the U.S. and have a high abuse potential (heroin, marijuana, LSD, MDMS, peyote, mescaline).
2. Schedule II. Substances that have a high abuse potential with severe psychic or physical dependence liability; includes certain narcotic, stimulant and depressant drugs, (opium, codeine, Demerol, Percodan, Dexedrine, Ritalin, Talwin-NX).
3. Schedule III. Substances that have an abuse potential less than those included in I and II; includes compounds with limited quantities of certain narcotic drugs and non-narcotic drugs (Doriden, compound or mixture containing secobarbital).
4. Schedule IV. Substances with potential for abuse less than those in III (Phenobarbital, Placidly, Librium, Valium, Tranxene, Darvon, Cylert).
5. Schedule V. Substances with an abuse potential less than IV and contain limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrhea, and analgesic purposes (buprenorphine and propylhexedine) IN LOUISIANA THERE ARE NO CURRENT SCHEDULE V DRUGS SOLD WIHTOUT A PRESCRIPTION.

**Understanding Effects of Medications/Adverse Drug Effects**

Route of administration and the form of medication will produce various effects. Most of you at one time or another will use some type of medication. When properly prescribed and administered medications can have several possible outcomes. The three primary outcomes are: desired effects, side effects and no apparent desired effects.

A. The Observable Results of Changes in the Body

1. A systemic action affects the entire body.

2. A local action affects only the area of the body where the medication has been applied.

B. Effects from a single medication:

1. Primary or desired effect

2. Secondary effect

3. Adverse effect

4. Allergic effect

5. Toxic effect

6. Cumulative effect

7. Tolerance

8. Idiosyncrasy

9. Psychological or emotional dependency

10. Physical dependency or addiction

C. Desired Effects (Therapeutic Effects)

Medications may be prescribed to prevent or cure an illness or reduce the related symptoms. The desired effect is when the medication is working correctly. Eliminating a headache by taking aspirin is an example of a desired effect.

D. Side Effects (Unwanted Effects)

Whether are not the desired effect occurs, there is always the possibility that side effects will also occur. Side effects are those produced by the medication other than the desired effects. Side effects are often called unwanted or adverse effects. This lesson will use the term “side effects.” Side effects may be expected and predictable (such as drowsiness when taking a tranquilizer) or unexpected and unpredictable (such as increased activity when taking a tranquilizer). These effects can be minor and relatively harmless (such as urine discoloration from phenytoin) or major and potentially fatal (such as a severe reaction to penicillin). Side effects are physical or behavioral changes that may require follow up actions. It is important to remember that any change (physical or behavioral during the first few hours or days following administration of a new medication may have been caused by the medications.

As the direct care giver, you have the most contact with the individual; therefore, you are the person best able to recognize any changes. It is your responsibility to observe, report and record any and all suspected effects of medications.

E. No Apparent Desired Effects

All medications have different periods of time in which their full benefit is expected. However, due to unique body differences, there are sometimes no apparent desired effects. The medication has not worked within its usual time period. For example, aspirin is ordered to be administered every 4 hours for a fever. After 24 hours, the fever remains unchanged. Therefore, there had been no desired effect.

The main responsibility in this situation is to record and report the lack of desired effects. The physician may then prescribe an alternate medication or change the dosage of the present medication.

F. Interactions

Individuals may be receiving more than one medication at a time. Every medication has the potential to interact with another mediation. Medication interactions are unwanted effects which are the result of being on more than one medication at a time. Some medications increase the effect of another medication, while other medications decrease the effects. The interactions may be:

1. Synergistic or Potentiation – one medication will increase the effect of another medication.

2. Antagonistic or Against - one medication will decrease the effects of another medication.

3. There are two important points to remember concerning medication interactions

a. The more medications individual takes, the greater the possibility that a medication interaction will occur.

b. By being aware of what medications an individual is taking, the physician can prescribe a new medication that has the least chance of interacting with the medications the individual may already be taking (non-prescription medications will also cause interactions).

4. In addition to medications interacting, there may also be food and medication interactions. The result of food/medication interactions can be the same as medication interactions. Depending on the medications prescribed, some foods may be limited and others suggested. An example would be to avoid foods high in acid when taking antibiotics because antibiotics are destroyed by stomach acid. The reverse of this: increase foods high in acid when taking urinary antiseptics, as these medications work best when the body has a high acid content.

5. In addition to medication effects previously described, there are additional terms to be familiar with when discussing medication effects.

a. Medication Allergy: A response which may be immediate and threatening or delayed and slow to appear.

b. Cumulation: The body does not eliminate one dose of a drug before another dose is given.

c. Tolerance: Resistance to the effect of a medication.

d. Addictive Effect: The physical or emotional dependence on certain medications.

**FORMS OF MEDICATION**

Because of the various make-ups of different medications and the many uses some of them have, it is necessary to have different ways to prepare them for use. Listed below are the more common medication forms which you may come in contact with and which also contribute to variations of response among individuals.

* 1. Oral Forms
     1. Capsules

1. Capsules are small, cylindric gelatin containers that hold a dry powder or liquid drug.
2. Capsules are a convenient way of administering medication with an unpleasant odor or taste. They are available in various sizes.
3. Capsules can contain several doses of a medication. The doses have a special coating that dissolves at different rates, so that the medicine is released in the body gradually. These timed-released capsules allow the medication effects to continue at the same level over a long period of time.
4. Other words which indicate a drug is “timed-released” are sustained-release or spansule. Example: Contact Spansule.

CAUTION: Never crush, open or empty the contents of a timed-released capsule into food or liquid. Any of these actions could cause all of the medicine to be released at once, and the individual would receive an overdose of medicine.

* + 1. Tablets
  1. Tablets are powdered medications compressed into small disks. Many are easily dissolved. Example: Aspirin.
  2. Tablets may also have coatings that allow the medication to be dissolved in the intestines instead of the stomach. This is known as an enteric coating. Like timed-release forms, enteric-coated tablets must not be crushed or mixed into food or liquid. This would destroy the enteric coating and cause the medicine to be released in the stomach instead of the intestines.
  3. Tablets may also be scored (line through center) which allows the tablet to be split if necessary.
     1. Suspensions
  4. Suspensions are solid, insoluble particles dispensed in a liquid.
  5. All bottles of suspensions must be shaken well before use. Example: Dilantin. Suspension – an anticonvulsant.
     1. Gels

Gels are suspension of insoluble drugs in hydrated form. Example: Aluminum Hydroxide Gel (Amphojel) – an antacid.

* + 1. Extracts

Extracts are concentrated, solid preparations of drugs obtained by dissolving the crude drug in alcohol or water. The solution is then allowed to evaporate. Example: Cascara Sagrada, used as a laxative.

* + 1. Lozenges

1. Lozenges are flat disks containing a medicinal agent in a suitable flavored base. The base may be hard sugar candy or the combination of sugar with sufficient mucilage to give it form.

b. Lozenges are placed in the mouth to slowly dissolve, liberating the antiseptic or astringent ingredient. Example: cough lozenges – given to stop irritation of a dry tickling cough.

* + 1. Elixirs

Elixirs are palatable preparations of drugs made up with alcohol, sugar, and some aromatic or pleasant-smelling substance. Example: Elixir of Terpin Hydrate – a cough medicine, and Elixir of Phenobarbital – a sedative and anticonvulsant.

* + 1. Magma

Magma are bulky suspensions, in water, of drugs or preparations that are insoluble. They look like milk or cream. Example: Milk of Magnesia – a laxative.

* + 1. Syrups

Syrups contain medicinal agents dissolved in a sugar and water solution. They are particularly effective for masking the taste of a drug. Example: Cherry Syrup

B. Rectal/Vaginal

1. Suppositories
   1. Suppositories are mixtures of medications with a firm base, such as cocoa butter. They are molded into a shape suitable for insertion into a body opening, such as the rectum or the vagina.
   2. Suppositories melt at body temperature. This allows the medication to come in contact with the mucous membranes of, for example, the rectum or vagina. The medication then produces a local or general effect. Example: Glycerin and Dulcolax – medications to move the bowels (should be refrigerated).

C. Topical

1. Lotions

a. Lotions are commonly used as soothing applications to protect the skin and relieve rashes and itching.

b. Some lotions have a cleansing action, while others have a drying or drawing action.

c. To prevent increased circulation and itching, lotions should generally be patted on the skin instead of rubbed on.

d. All lotions should be shaken before using. Example: Calamine Lotion

2. Tinctures

Tinctures are diluted alcoholic extracts of drugs. They vary in strength from 10% to 20%. Example: Triamcinolone Ointment – used for treatment of skin rash.

3. Creams

Creams are solid emulsions containing medicinal agents. Example: Hydrocortisone Cream – a corticosteroid applied to rashes caused by an allergic reaction.

**MEDICATION ADMINISTRATION GUIDELINES**

* + - * 1. The “7 RIGHTS” of Medication Administration
      1. Give the Right Medication – compare the label on the medication container with the individual’s medication report
      2. Give the Right Dose – compare the order on the medication record with the label on the medication. If it is different, ask the staff nurse for further instructions
      3. Give medication to the Right Individual – compare the name on the medication record with the individual’s Photo. /I.D. band (or other means of identifying the individual
      4. Give medication by the Right Route – compare the medication record and the label
      5. Give medication at the Right Time – compare the medication record and the label. Always chart the exact time administered. If not administered within one hour prior to or after the prescribed time, you must chart the exact time you administered it.
      6. Right Documentation – record medication after it is given.
      7. Right Indication – giving the medication for the right reason as prescribed.

II. Beyond the “7 Rights”

Beyond the “7 Rights” of medication administration. These are some additional safeguards to follow that will help to minimize medication risk. These have been divided into three (3) DO’s and (3) DON’Ts.

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.

Before administering a medication, double check the medication record to be sure the medication is in the form ordered by the physician. If the medication record says capsules, be sure you have capsules and not tablets. The medication record and pharmacy label should state the route (method) by which the drug should be administered. For instance, you might be instructed to externally apply an ointment to diaper rash. Follow the directions carefully.

If you have any doubt as to whether the medication is the correct form as ordered, or can be administered as specified, call the nurse before administering the medication.

For instance:

* If the medication in the container is in tablet form and the instructions says “apply externally” contact the school nurse
* If the individual has difficulty swallowing and the medication is in capsule form, contact the school nurse
* If the medication in the container is in a suppository form and the instructions say “take orally three (3) times a day,” contact the school nurse.

**Medication Safety**

The first dose of any new medication should be given at home and not at school, although this may not always be possible. Except for “self-carry” medications, all medication should be transported to and from the school by a parent/guardian. According to school district policy and procedures, prescribed medication should be counted and the number of pills received should be noted on the Medication Request form/Record-Log and signed by two adults, preferably one being the parent/guardian. Medication shall only be administered according to the LHP’s instructions on the Medication Request form and this should match the information on the prescription label. (Staff may apply clear tape over the label to maintain legibility.) Discrepancies that exist between the information on the Parent/Guardian/LHP Medication Request form and the prescription label will require one or both of the following:

a. New Medication Request form completed by the parent/guardian and LHP

b. New prescription bottle or label issued by the pharmacy

Medications shall not be given beyond the date specified on the authorization form or beyond the expiration date on the label.

**Changes in Medication**

The authorization to administer medication is only valid for the current school year or until treatment changes. A new Medication Request form must be obtained whenever there is a change to the medication, dosage, time and/or frequency and a new prescription bottle (or medication label, if applicable) from the pharmacy indicating the prescription change.

Nurses may only accept medication orders as prescribed by authorized providers with prescriptive authority. Nurses may not accept requests from parents to change a prescribed medication dose without first contacting the prescribing physician.

**ABBREVIATIONS**

Note: When in doubt write it out. Abbreviations have been known to lead to many drug errors from staff misinterpreting what is intended.

Abbreviations Used to Designate Time and Frequency

1. Abbreviations used to specify the number of times per day:

BID – twice a day

TID – three times a day

QID – four times a day

QD– daily

QOD – every other day

HS – at bedtime

BC – before meals

PC – after meals

QHS – every night at bedtime

1. Abbreviations used to specify the number of hours between doses:
   1. qh – every hour
   2. q2h – every two hours
   3. q3h – every three hours
   4. q4h – every four hours
2. Abbreviations used for medications ordered as needed (NOTE: YOUR SCHOOL NURSE WILL GIVE YOU GUIDELINES FOR AS NEEDEED MEDICATION)
   1. ad. lib. – as desired
   2. stat – immediately, now
   3. s.o.s. – if necessary, one time only
   4. prn – as needed – usually ordered with a certain time interval

Example: Tylenol 2 tabs q4h prn for pain. The prn means that the medication is given when the individual needs it. The q4h is a safeguard, meaning that if an individual should need another prn dosage, it should be given at least four (4) hours after the first prn dosage.

1. Medications ordered QD should be given at the same time each day. Be sure to

know the time schedule for daily medication for your school.

**STORAGE AND DISPOSAL OF MEDICATIONS**

Louisiana Law requires medications to be maintained in a double lock system. The door is the first lock and the file cabinet or drawer is the second lock. Medications should be stored in locked cabinets or locked drawers with access limited to those who are designated to receive medications for use at school and/or to administer medications. Exceptions may be needed for emergency medications as epinephrine specified in an emergency care plan which may have different storage/student availability, requirements. Medications requiring refrigeration shall be kept in a supervised area locked away from any food storage. Temperature of that refrigerator will be checked on a regular basis and the temperatures documented on a log. Temperatures should be maintained between 33 and 45 degrees Fahrenheit. For students receiving medication throughout the school year, it is recommended that no more than a month’s supply of medication be stored on school property. When a medication is no longer needed, the school should notify the parent/guardian and request that it be picked up by the parent/guardian.

Disposal of unused medication or expired medication that has not been picked up by parent/guardian should be discarded as per the disposal policy.

**MEDICATION ERRORS**

A medication error includes any failure to administer medication as prescribed for a particular student including:

(1) Failure to administer the medication

(2) Failure to administer the right medication

(3) Failure to administer the right medication to the right student

(4) Failure to administer the mediation within appropriate time frames; (Unless otherwise specified, the acceptable time is 30 minutes before or after the specified time.)

(5) Failure to administer the medication in the correct dosage, and

(6) Failure to administer the medication by the correct route in accord with accepted practice

When an error is made, the appropriate school employee shall:

(1) Notify the school nurse and the principal and follow the written plan for the individual student for immediate notification of the parent/guardian (document every effort to reach the parent).

(2) The registered nurse shall notify the prescriber of the medication incident.

The school employee responsible for the medication error shall document the error on the accident/incident report form.

The report is signed by the registered nurse and the principal and is placed in the designated file for the purposes of review by the registered school nurse and monitoring by the Louisiana Department of Education.

All suspected diversion, tampering, or misuse of drugs shall be reported to the appropriate supervisor.

The school nurse reviews reports of medication errors and takes necessary steps to ensure appropriate medication administration in the future.

Knowing the following before administering medications will help prevent medication errors:

1. Focus only on give the medication

2. Perform three checks every time

3. Verify the doctor’s orders

4. If something is not right, don’t give the medication.

If an error is committed, follow the school’s policy. Remember to notify the nurse immediately. The student might require medical evaluation and/or follow up. The parent and physician will need to be notified. Complete a Medication Administration Incident Report form (see enclosed form).

**Medication Documentation**

Record-keeping is very important when medication is given at school. A medication must be kept for each student. Each medication given must be recorded on a separate

form. The log contains the student’s name, the prescribed medication and dosage, the route the medication is to be given, the time the medication is scheduled to be given, and any student allergies. Compare the information on the medication label with the information on the Medication Request form. This information must match. Whenever a change in the dose of the same medication is ordered by the physician, a new Medication Request form must be created. Contact the school nurse immediately and do not give the medication if the medication label is missing or the label cannot be read. All documentation shall be recorded in ink and shall not be altered.

Student information to be filed in the student’s cumulative health record includes:

(1) Authorization and permission for administration of medication. The request for the school to administer medication includes:

(a) Clear instructions

(b) Name of student

(c) Prescription number, if any

(d) Current date

(e) Name of medication

(f) Dosage, frequency, and route

(g) Name of physician or dentist

(h) Printed name and signature of the parent or guardian

(i) Parent or guardian emergency phone numbers and emergency contacts and their names and telephone numbers.

(2) Nurse Assessment and other procedures of the documentation of:

(a) The current health statue of the student

(b) Medication history

(c) A list of all medications the student is currently taking

(d) The student’s medication administration plan

(e) The emergency plan

(f) The plan for supervision of the procedure

(3) The medication administration record daily log

(a) By the school employee

(b) By the student self-administering

(c) On a field trip

(4) List of persons to be notified in case of a medication error or unusual occurrence

(5) Observation of the student relative to the desired and adverse effects

(6) Supervision of the student who is self-medicating.

Training documentation to be filed in the school nurse administrative files includes:

(1) A copy of the course outline for training school employees to administer medications

(2) Attendance records and written tests

(3) Checklist of proficiency of skills

(4) Annual review and informational update

(5) Documentation of work-site observation and supervision of employee

(6) Record of specific related procedures taught such as vital signs

(7) Location and use of resources for specific situations

(8) Procedures for administration of medication on field trips

Other documentation as follows:

(1) Handling, storage and disposal of medication

(2) Reporting use of emergency drugs

(3) Reporting stolen medication

(4) Disseminating medication policies to parents or guardians

(5) Recording resolution of questions among the school nurse, other professionals, parents and students

**Emergency Medication Administration**

Plans for the care of a student when an emergency arises in the routine administration of medication shall be established before any medication is administered to the student at school. These plans include:

(1) The establishment of procedures for handling emergencies when medications are administered to students at school; for example, anaphylaxis, seizures, and others.

(2) The completion of authorization forms by both the physician and the parent. These forms shall include emergency telephone numbers

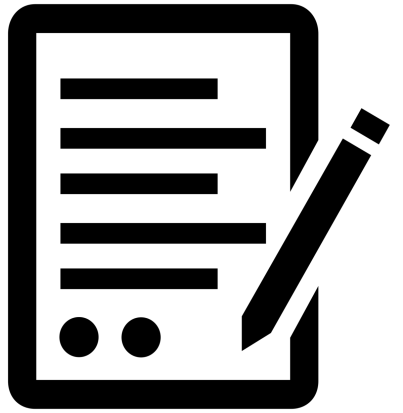
(3) The provision of the readily available number for the local Poison Information Center

(4) The identification of students’ known to require emergency injections. These students, with parental permission, shall be readily identified by appropriate school personnel

(5) The storage of emergency medications in a safe, easily accessible place. These medications should be easily identified

(6) The name of the person responsible for decision-making in the absence of the school nurse. This person should be readily available.

**Sample Forms: Examinations**



* Pre-test
* Post test

**ADMINISTERING MEDICATION TO STUDENTS IN**

**LOUISIANA SCHOOLS**

**Medication Examination Pre Test**

**Circle the appropriate response.**

T F 1. Medication administration at school requires a parent’s written consent.

T F 2. Store medications in an unlocked cabinet in a locked school.

T F 3. Record medication administration prior to giving medication.

T F 4. When a student refuses to take a scheduled medication, you should

report this immediately.

T F 5. Prescription medication is over-the-counter medications.

T F 6. Proper hand washing is very important in fighting the spread of germs.

T F 7. It is proper to put tablets and capsules in the student’s hand if you are

careful.

T F 8. Unwrap individually wrapped medications when you are ready to give

the medication.

T F 9. Measure liquid medication at eye level to assure proper dosage.

T F 10. You may apply topical medications such as ointments, creams and

lotions using your fingers if you wash your hands first.

T F 11. If you are unsure about how to administer a medication, check before

administering.

T F 12. Report any change in the student’s condition.

T F 13. The auto-injector pen may be administered through clothing.

T F 14. Drug legislation is designed to ensure the public’s safety and to

regulate the manufacture and sale of drugs.

T F 15. School personnel may dispense prescription medication.

T F 16. A legal prescriber includes a pharmacist, physician and dentist.

**ADMINISTERING MEDICATION TO STUDENTS IN**

**LOUISIANA SCHOOLS**

**Medication Examination Post Test**

1. Drugs are classified as:

A. OTC

B. Controlled substances

C. Prescription medication

D. All of the above

2. The first action you take when you are unclear about administering a medication is:

A. Check with the student

B. Check with the prescriber

C. Do not administer the medication

D. Use judgment

3. The record of medication administration includes:

A. Name of the student

B. Date

C. Time medication is given

D. All of the above

4. The student does not come from the medication on time. You should:

A. Check with the classroom teacher, attendance officer, or

principal

B. Call the student’s parents

C. Notify the school nurse immediately

D. Call the physician

5. A student vomits after taking medication, you report:

A. Student’s name and age

B. Medication and dose

C. Time interval between medication

D. All of the above

6. You make a medication error. You should immediately:

A. Report the error following school guidelines

B. Fill out an incident report

C. Induce vomiting

D. Notify the student’s parents and physician

7. To prevent the spread of germs, wash hands:

A. 1,2,5 1. Before giving each student’s medication

B. 3,4,6 2. After giving each student’s medication.

C. All of these 3. At the beginning of the day.

D. None of these 4. After using the restroom

5. Between giving each student medication.

6. After removing gloves.

8. The role of the qualified person to administer medication includes all except:

A. Responsibility in following medication administration procedures

B. Obtain medication information from the school health plan

C. No accountability for errors

D. Know the specific instructions for each medication administered

9. The best definition of medication is:

A. A synthetic and artificial substance prepared in labs from

chemicals.

B. A substance to prevent, diagnose, cure or relieve disease

C. The generic name is designed and patented by the manufacturer

D. A substance which is unlikely to produce adverse effects

10. Reliable sources of medication include all the following except:

A. Phenology textbooks

B. Drug reference books

C. School Nurse

D. Pharmacist

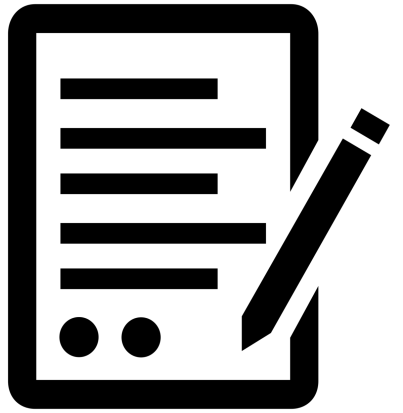
11. List the “Six Rights” of medication administration and explain each one (10

points).

12. Name and explain what is often referred to as the “Sixth Right” of medication

Administration (2 points).

**Sample Administration Forms:**



* Medication Order
* Parent Authorization
* Emergency Plan
* Transportation Plan

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL BOARD MEDICATION ORDER**

(To be completed by a Louisiana Licensed Prescriber)

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAMED OF LICENSED PRESCRIBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMERGENCY PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: Whenever possible, medication should be scheduled at times other than school hours. Only oral, inhalant by pre-measured aerosol, topical ointment for diaper rash, and emergency medications may be given at school by unlicensed personnel trained to give medication at school.

THE USE OF UNIT DOSE PACKAGING OS STRONGLY ENCOURAGED.

DIAGNOSIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER MEDICAL CONDITIONS \*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\* if not a violation of confidentiality)

MEDICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESIRED EFFECTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOSAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FREQUENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOUR OF ADMINISTRATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIFIC DIRECTIONS OR INFORMATION FOR ADMINISTRATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF ORDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DISCONTINUATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL INFORMATION TO BE PRIVIDED BY LICENSED PRESCRIBER:

1. Please list here contraindications to this medication or potential adverse effects specific to this student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. List other medication(s) being taken by this student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. All medication orders must be renewed at the beginning of each school year. Date of next scheduled visit or when advised to return to prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**USE THIS SPACE ONLY FOR STUDENTS WHO WILL ADMINISTER THEIR OWN MEDICATION; SUCH AS STUDENTS USING AN ASTHMA INHALER.**

Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer his/he medication at school provided the school nurse has determined it is safe and appropriate for this student in this particular school setting? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If student uses emergency medications:**

Can medicine be kept in office? Yes\_\_\_ No\_\_\_

Must medicine be on or with the student at all times? Yes\_\_\_ No\_\_\_

Signature of Prescriber\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Parent Request and Authorization for Administration of Medication

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL BOARD**

**(THIS SIDE TO BE COMPLETED BY PARENT OR GUARDIAN)**

**GENERAL INFORMATION ABOUT THE STUDENT:**

**STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_ SEX: \_\_\_\_\_\_\_\_\_\_**

**CHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_ TEACHER: \_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other persons to be notified in case of an emergency if parent/guardian is unavailable:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: (HM) \_\_\_\_\_\_\_\_\_\_\_\_\_ (WK) \_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: (HM) \_\_\_\_\_\_\_\_\_\_\_\_\_ (WK)\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ALLERGIES:(List and describe student’s allergic reactions to any substance) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN’S CONSENT

1. I hereby request and give permission for the school nurse or designated trained unlicensed person, to administer medication at school, to give the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of medication)

to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prescribed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of student) (Name of doctor/dentist, prescriber)

2. I give permission to the school nurse to share with appropriate school personnel information (such as adverse side effects) related to the prescribed medication administration as the nurse determines necessary for my son’s/daughter’s health and safety.

No\_\_\_ Yes: \_\_\_\_\_\_\_\_\_ Restrictions on release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I understand that I may retrieve the medication from the school at any time and that

the medication will be destroyed if it is not picked up within two weeks following termination

of the order or two weeks beyond the end of the current school term.

4.I have administered the initial dose ordered at home and have allowed sufficient time for

observation of adverse reactions before asking school personnel to administer the medication.

Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_

Note: All answers above must be \*YES\* before the medication may be administered at school

by unlicensed personnel, unless other arrangements have been agreed on by parents and nurse.

**NOTICE: USE THIS BOX ONLY FOR A STUDENT WHO WILL ADMINISTER HIS/HER OWN**

**MEDICATIN, SUCH AS AN ASTHMA INHALER. STUDENT WILL BE REQUIRED TO RECORD EACH DOSE**

Do you give permission for your son/daughter to self-administer medication if the school nurse determines it is safe and appropriate in the school setting? Yes: \_\_\_\_ No: \_\_\_\_\_\_\_

Do you feel that your child is sufficiently responsible and informed to administer his/her own medication? Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you assume responsibility for your child’s actions in his/her self-management of medication at school? Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you understand that regular medication orders must be provided for students who self-administer medication at school? Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

RX NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY PLAN**

STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOSAGE \_\_\_\_\_\_\_\_\_\_ TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY ROOM PREFERENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACTS RELATIONSHIP PHONE and E-MAIL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT SPECIFIC EMERGENCIES**

IF YOU SEE THIS: DO THIS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF AN EMERGENCY OCCURS:**

1) If the emergency is life threatening, immediately call 911 or ambulance.

2) Stay with the student or designate another to do so.

3) Call or designate someone to call the principal and/or health care coordinator.

4) If the school liaison is unavailable, the following staff numbers are trained to deal with an emergency and to

initiate the appropriate procedures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am aware that if my child has an emergency in school and I am not available, the school principal or alternate will have my child transported to the emergency room. I will be responsible for payment of emergency care.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Date Witness**

**Transportation plan**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student photograph)

**STUDENT’S NAME**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S HOME PHONE

**SCHOOL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_**Teacher’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Morning Bus # \_\_\_\_\_\_\_\_\_ pick up @a.m.\_\_\_\_\_\_\_\_\_ Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell # \_\_\_\_\_\_\_\_\_**

Address of a.m. Bus Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Afternoon Bus # \_\_\_\_\_\_\_\_ Dismissed @\_\_\_\_\_\_\_\_\_\_ Bus Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_**

Address of p.m. Bus Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substitute Driver**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_

**FATHER \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOTHER** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baby Sitter’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Special Considerations:**

Student Disability/Medical Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student is Allergic to\_\_\_\_\_\_\_\_\_\_\_\_\_ Student may require emergency medication for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student method of communication: \_\_\_\_ Typical \_\_\_\_\_ Requires Special Instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student receives medications: \_\_ Yes \_\_\_\_No. If yes, attach medication plan and effects.

Student Emergency Plan attached for: Medication\_\_\_Yes \_\_\_\_NA. Health Procedures: \_\_\_Yes \_\_\_NA

Behavioral difficulties \_\_\_\_Yes \_\_\_\_NA

**Special needs for the bus:**

**A bus aide is required: \_\_\_\_NO \_\_\_\_ YES: NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical needs:** Circle one:Walks up bus stairs independently: YES NO

Circle one: Wheelchair Car Seat Set Belt Chest Harness

Wheelchair restraint checklist: **(Circle all that apply).** Seat belt on Chest harness on Wheelchair brake on Tray off Head rest and hip abductor in place Other\_\_\_\_\_\_\_\_\_\_\_

Positioning and handling requirements. \_\_\_\_No. \_\_\_ Yes: Instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all equipment that must be transported on bus: oxygen, inhaler, epi-pen, glucagon, wheelchair, climate control, etc.

**Have all bus drivers and aides received training regarding the student’s special needs? \_\_\_ No, \_\_\_Yes: Date\_\_\_\_\_**

**STUDENT SPECIFIC EMERGENCIES: The Student’s Specific Emergency Plan is attached. \_\_\_Yes \_\_\_No.**

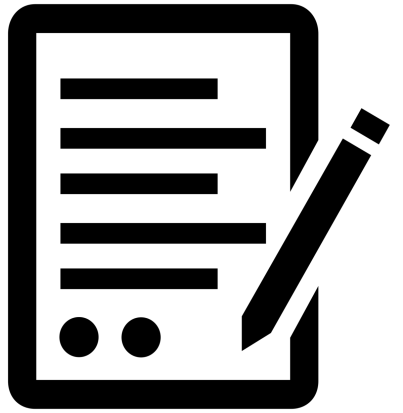
If an emergency occurs Call 911. If a bus attendant is on the bus, Follow the plan, and/or drive to the emergency room.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Bus Driver School Nurse

Sample Parish

Policies



Sample Letter

**LOCAL EDUCATION POLICY**

DEAR PARENTS:

The medication policy of the \_\_\_\_\_\_\_\_ Parish School Board is very strict and specific. An overview is attached for your careful review. It allows medication be administered to only chronically ill students in order to ensure no interruption of the educational experience.

We have noted your request for administration of medication to your child during school hours. In order to approve the administration of medication we must request that the attached forms be completed by you and the attending physician at your earliest convenience.

Medication cannot be given to your child by school officials until the forms are completed and returned to the school office. Therefore, it is necessary that you arrange for administration of the medication until the request has been processed and approved. I may suggest that you come to the school to administer the medication until that final approval is given.

Your immediate attention to this matter will be greatly appreciated.

Sincerely,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish School Board**

***General Policies/Procedures***

**Medication Administration**

**Purpose:** To provide safe and accurate administration of prescription and non-

prescription medications to students with special health care needs in the

school system.

***It is the Policy of the\_\_\_\_\_\_\_\_\_ Parish School Board that:***

1. At least two unlicensed employees at each school must be trained to administer medications. Teachers involved in the regular education process are not required to administer medications.
2. Employee training will include six hours general and child specific training in the administration of medication. This training will include but is not limited to the following:
   1. Legal mandates for administration of medication to students in schools
   2. Legal aspects for delegation of nursing functions to non-licensed personnel
   3. Roles and responsibilities of school employees who administer medications in

school

* 1. Forms and effects of medication administration
  2. Medication administration guidelines
  3. The medication administration plan and documentation errors.
  4. Miscellaneous forms and skills checklists and test.

1. Both general and chills specific training will be provided by a school employed registered nurse.
2. All medications administered in the school setting must be ordered by a physician or dentist licensed to practice in Louisiana or an adjacent state.
   1. Students name
   2. Name and signature of physician/dentist
   3. Physician/dentist business address, office phone number and emergency phone numbers.
   4. Frequency and time of the medication
   5. Route and dosage of the medication
   6. Written statement of the desire effects and the child specific potential adverse effects.
3. A written request and authorization from the parent/guardian to the school is required for each medication that is to be administered to the student.
4. A school employed registered nurse must access the health status of the student in the educational setting and review the orders and authorization to determine that according to the respective standard of care, the administration of the medication can be safely performed by and delegated to unlicensed personnel.
5. Medication must be provided to the school in a container acceptable by pharmacy standards and clear instructions for administration of the medication must be provided. The following information must be printed on the label.
6. Only medication, which cannot be administered before or after school hours are to be administered at school. Each student shall be observed by a school employee for a period of 45 minutes following the administration of medication.
7. Only oral, pre measured aerosols for inhalation, topical ointments for diaper rash and emergency medications are administered at school by u unlicensed trained personnel.
8. Medications should be stored in a locked space reserved for medications and refrigerated when appropriate.
9. Verbal order for medication change may only be received only by the R.N. All verbal orders must be followed by a written order within 3 days. If not received within the 3 days the order will be discontinued and parent will be notified.
10. The parent, or his/her designated adult, is held responsible for delivering medication to the school employee who is designated to receive it.
11. The parent/adult who delivers the medication to the school must give it to the designated employee who will then verify the label with the order on file. The designated school employee and the parent/adult will count the number of tablets received and sign the medication log documenting the amount, date, and time of delivery.
12. No more than a 35 day supply of medication shall be kept at school
13. The initial dose of a medication must be administered by the student’s parent/

guardian outside the school setting. The medication must be given at least 45 minutes before the student is delivered to school to allow time for observation of adverse effects.

1. Regarding unused, contaminated, discontinued or out of date medications: If not retrieved by a parent or responsible adult, all medications will be destroyed one week after the expiration date or the end of the school year, following notification of the parent.
2. Unused and unclaimed medication, including controlled substances, should be disposed of by:
   1. Flushing in the commode in the presence of at least one witness. This act should be documented and signed by the two people involved.
   2. Removing and destroying the label.
   3. Disposal of sharp (needles, lancets) in a puncture proof container. Disposal of this container and other medical waste should follow the Occupational Health and Safety Act (OSHA) guidelines.
3. Regarding missing or stolen medications, the school administrator should contact an internal investigation and notify the local law enforcement agency. The missing medications must also be reported to the parents by a school employee.
4. All student information shall be kept confidential.
5. The parent/guardian shall grant permission for a school nurse consultation.
6. In the best interest of the student, all differences of opinion between parents, school officials/personnel, registered nurse and physician which cannot be reasonably resolved within the system will be presented to that appropriate professional committee/organization which serves as a regulatory of advocate agency for the particular professional or student and parent/guardian. The regulatory agency for a registered nurse will be the Louisiana State Board of Nursing. Physician related problems should be directed to the American Medical Association. Parents and/or guardians may contact advocate of their choosing for representation.

Any problems of differences involving school personnel will be diverted to the Principal of the School. If a resolution cannot be reached, school personnel will follow the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Board’s grievance procedure.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Board**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian (**circle one**) give permission for

the school nurse to see \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or consult and review

(**Name of child)**

education and health records of my child in the school system.

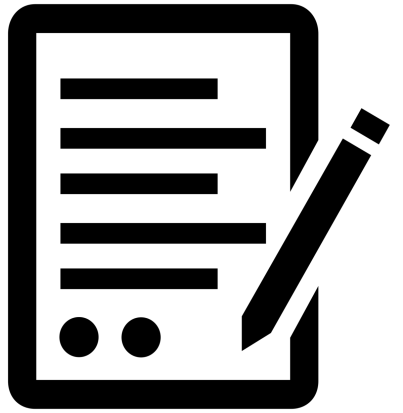
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Witness) (Date)

**Sample Competencies Forms:**

* General Practical Checklist
* Skills Checklist
  + Oral
  + Liquid
  + Topical
  + Inhalation
  + Emergency

**Your School Name HERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Practical Checklist**

Staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: 1. This checklist is to be used during the 6 hours of practical required prior to

the final practical session.

2. This general checklist is rated pass (p), fail (f).

3. Check off procedures performed and comment as needed.

4. Review this checklist with trainee after the practice session and compute your

findings.

5. Sign below and file with trainee’s folder to document the 6 hours of practice.

|  |  |  |  |
| --- | --- | --- | --- |
| CHECKLIST | DATE | DATE | DATE |
| 1. Cleaned top of cabinet/cart where medication be administered |  |  |  |
| 2. Wash hands |  |  |  |
| 3. Gather appropriate equipment. |  |  |  |
| 4. Checked label 3 times: Before pouring, after pouring and before administering. |  |  |  |
| 5. Prepared specific medication correctly |  |  |  |
| 6. Administered a specific medication correctly |  |  |  |
| 7. Documented medication administration/observations correctly. |  |  |  |
| 8. Observed individual swallowing medications. |  |  |  |
| 9. Returned medication and secured medication area |  |  |  |
| 10. Washed hands. |  |  |  |

Procedures performed: CHILD SPECIFIC ONLY:

\_\_\_\_\_ Liquid medications \_\_\_\_\_Taking Blood Pressure

\_\_\_\_\_Oral Medications (Tablets/capsules) \_\_\_\_\_ Counting Respirations

\_\_\_\_\_Topical Medications \_\_\_\_\_ Counting Pulse

\_\_\_\_\_ Hand washing \_\_\_\_\_ Oral Temperature

\_\_\_\_\_ Rectal Temperature

\_\_\_\_\_ Axillary Temperature

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nurse Signature of Employee

**Your School Name HERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Oral Medication (Tablet/Capsules) Practical Checklist**

Staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: 1. Trainee must perform all applicable steps in the task below under the direct supervision of a registered school nurse (RN).

2. This nurse will rate each step in the task pass (p) fail (f)

3. The trainee must have a rating of satisfactory on all steps to pass this practical.

|  |  |  |  |
| --- | --- | --- | --- |
| Oral Medication (Tablets/Capsules) | DATE | DATE | DATE |
| 1. Cleaned top of cabinet/cart where medication be administered |  |  |  |
| 2. Wash hands |  |  |  |
| 3. Read Medication Administration record. |  |  |  |
| 4. obtained appropriate equipment |  |  |  |
| 5. Unlock medication storage area & obtain medication |  |  |  |
| 6."1st check" Check medication label according to the 6 Rights of Medication Administration |  |  |  |
| 7. Take vital signs if necessary |  |  |  |
| 8. "Do 2nd check: using the 6 Rights of medication administration |  |  |  |
| 9. Pour correct dosage. |  |  |  |
| 10. "Do 3rd check: using the 6 Rights of medication administration |  |  |  |
| 11. Identify individual by name and administer medication with cup of water |  |  |  |
| 12. Observe individual to ensure swallowing of medication. |  |  |  |
| 13. Clean medication administration area. |  |  |  |
| 14. Wash hands |  |  |  |
| 15. Document administration of medications in medication administration record. |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall Rating \_\_\_\_\_ Pass \_\_\_\_\_ Fail – Needs to repeat this practical

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nurse Signature of Employee

**Your School Name HERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Liquid Medication Practical Checklist**

Staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: 1. Trainee must perform all applicable steps in the task below under the direct supervision of a registered school nurse (RN).

2. This nurse will rate each step in the task pass (p) fail (f)

3. The trainee must pass each step.

|  |  |  |  |
| --- | --- | --- | --- |
| Liquid Medications | DATE | DATE | DATE |
| 1. Cleaned top of cabinet/cart where medication be administered |  |  |  |
| 2. Wash hands |  |  |  |
| 3. Read Medication Administration record. |  |  |  |
| 4. Obtained appropriate equipment |  |  |  |
| 5. Unlock medication storage area & obtain medication |  |  |  |
| 6."1st check" Check medication label according to the 6 Rights of Medication Administration |  |  |  |
| 7. Shake medication well |  |  |  |
| 8. "Do 2nd check: using the 6 Rights of medication administration |  |  |  |
| 9. Remove cap properly and place open side up on corner. |  |  |  |
| 10. Place thumb nail at correct dosage line. |  |  |  |
| 11. Place measuring cup on flat surface at eye level and pour the prescribed dose. |  |  |  |
| 12. Wipe top of bottle and replace cap. |  |  |  |
| 13. "Do 3rd check: using the 6 Rights of medication administration |  |  |  |
| 14. Identify individual by name and administer medication with cup of water |  |  |  |
| 15. Follow with water unless otherwise indicated and observe individual swallowing medication |  |  |  |
| 16. Close medication administration area and wash hands. |  |  |  |
| 17. Document administration of medications in medication administration record. |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall Rating: \_\_\_\_\_ Pass \_\_\_\_\_ Fail – Needs to repeat this practical

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nurse Signature of Employee

**Your School Name HERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Topical Medication Practical Checklist – for Diaper Rash only**

Staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: 1. Trainee must perform all applicable steps in the task below under the direct supervision of a registered school nurse (RN).

2. This nurse will rate each step in the task pass (p) fail (f)

3. The trainee must pass each step.

|  |  |  |  |
| --- | --- | --- | --- |
| Topical Medications | DATE | DATE | DATE |
| 1. Cleaned top of cabinet/cart where medication is administered |  |  |  |
| 2. Wash hands |  |  |  |
| 3. Read Medication Administration record. |  |  |  |
| 4. Obtained appropriate equipment |  |  |  |
| 5. Unlock medication storage area & obtain medication |  |  |  |
| 6."1st check" Check medication label according to the 6 Rights of Medication Administration |  |  |  |
| 7. "Do 2nd check: using the 6 Rights of medication administration |  |  |  |
| 8. Identify individual by name |  |  |  |
| 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. Administer medication using gloves or applicator. |  |  |  |
| 13. Apply dressing if necessary. |  |  |  |
| 14. Remove gloves, dispose of equipment and was hands |  |  |  |
| 15. Document on appropriate forms |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall Rating \_\_\_\_\_ Pass \_\_\_\_\_ Fail – Needs to repeat this practical

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nurse Signature of Employee

**Your School Name HERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication Inhaler Practical Checklist**

Staff Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: 1. Trainee must perform all applicable steps in the task below under the direct supervision of a registered school nurse (RN).

2. This nurse will rate each step in the task pass (p) fail (f)

3. The trainee must pass each step.

|  |  |  |  |
| --- | --- | --- | --- |
| Medication Inhaler | DATE | DATE | DATE |
| 1. Attach mouthpiece to inhale which contains the medicine |  |  |  |
| 2. Stand up, feet slightly apart. |  |  |  |
| 3. Shake inhaler for approximately two seconds. |  |  |  |
| 4. Position inhaler with canister upside down above mouthpiece |  |  |  |
| 5. Hold mouthpiece 1 - 2 inches from lips (or as instructed), open mouth wide. IF a reservoir is used, place mouthpiece in mouth. |  |  |  |
| 6. Breath out naturally. |  |  |  |
| 7. Open mouth wide and begin to inhale a deep breath slowly. If using an air chamber (spacer), seal mouth around mouthpiece and inhale a deep breath |  |  |  |
| 8. After beginning to deep breath, squeeze canister down on mouthpiece and breathe as slowly and deeply as possible. |  |  |  |
| 9. Hold breath as long as possible - up to 10 seconds - to allow medication to settle as deeply as possible into and onto air passages. |  |  |  |
| 10. Wait approximately 1 - 2 minutes, repeat the process. This technique should allow delivery of medicine into air passages open by first whiff. |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

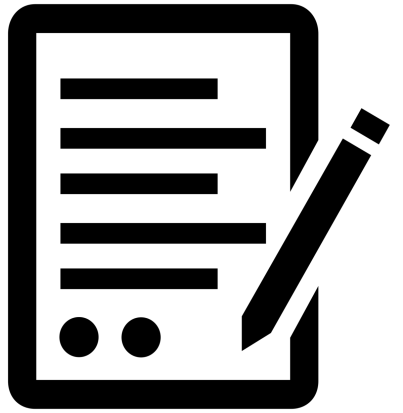
Overall Rating \_\_\_\_\_ Pass \_\_\_\_\_ Fail – Needs to repeat this practical

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nurse Signature of Employee

**Sample Procedure Forms**

* + Handwashing





**Steps for Proper**

**Hand Washing**

Proper hand washing is

essential in preventing

the spread of germs.

Always wash your hands

before preparing to

administer medications.

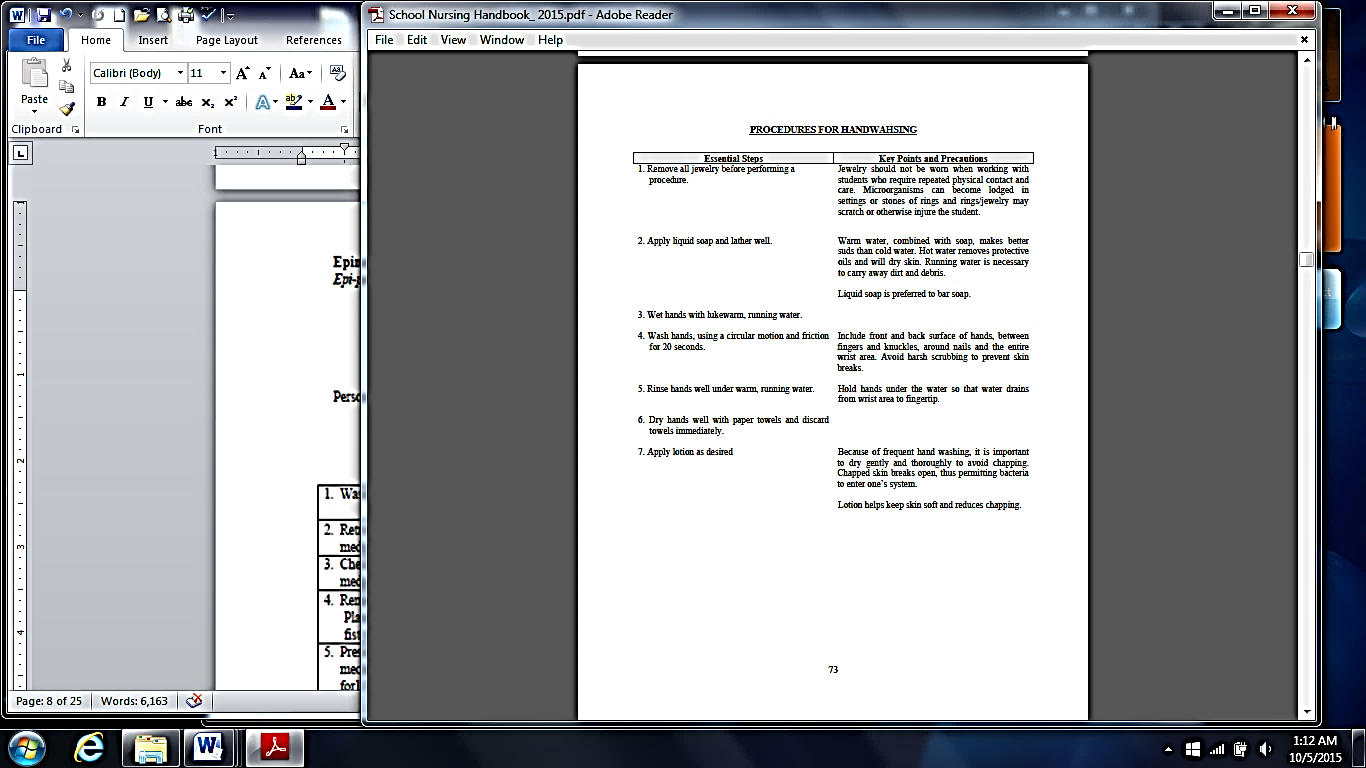
**Alcohol-Based Hand Sanitizers**

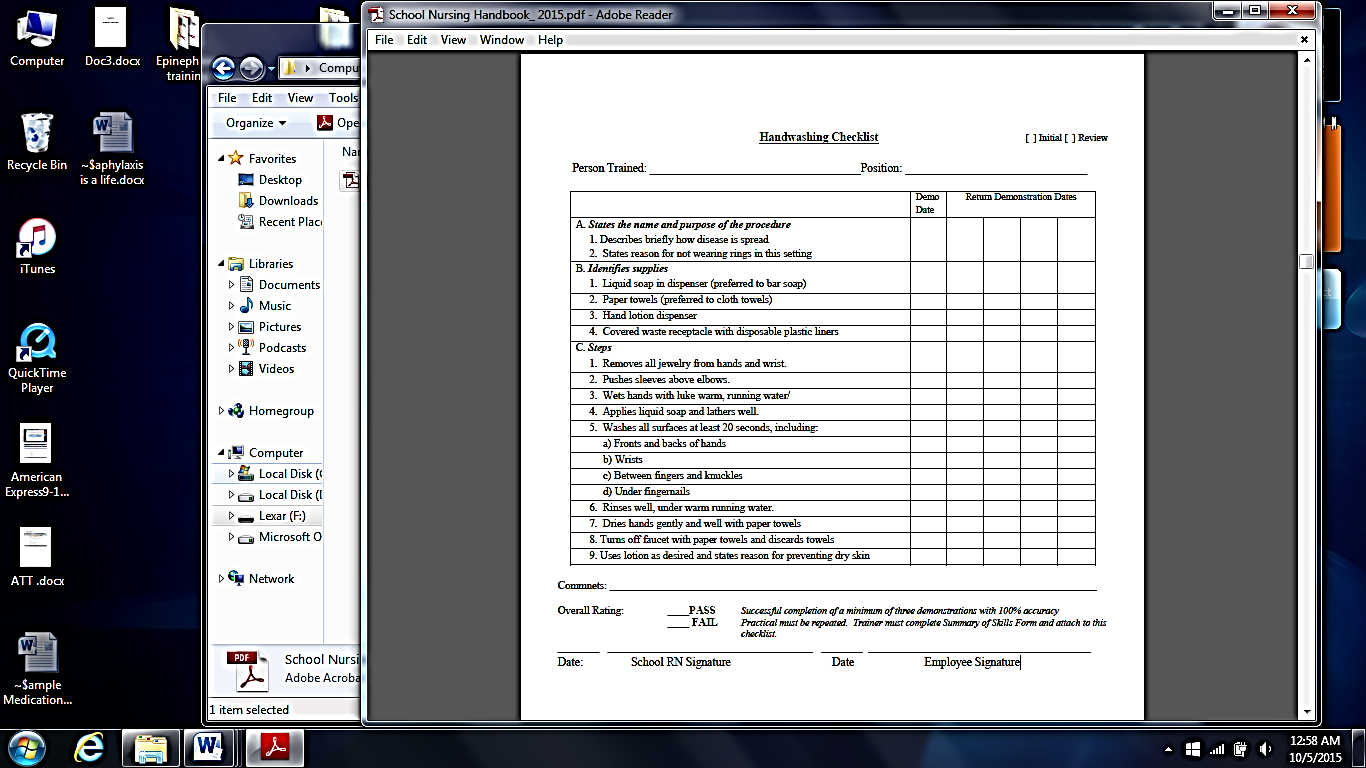
Alcohol-based hand sanitizers are an alternative when soap and water are not available. However, if hands are visibly soiled, soap and water must be used.

Using an alcohol-based hand sanitizer

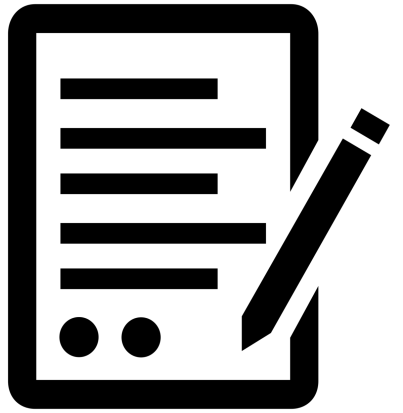
 Apply ½ tsp (nickel size) of the sanitizer to the palm of the hand

 Rub hands together, covering all surfaces until they are dry (approximately 20 seconds)





**Sample Forms: Documentation**



* Medication Error

**MEDICATION ERROR REPORT FORM**

DATE OF ERROR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF ERROR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSONINVOLVED IN ERROR

RESIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ERRORS (6) RIGHTS OF MEDICATION ADMINISTRATION

1) INCORRECT TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) INCORRECT MEDICATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) INCORRECT DOSAGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) INCORRECT ROUTE OF ADMINSTRATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) INCORRECT PATIENT RECEIVED MEDICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) INCORRECT DOCUMENTATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF ERROR IN DETAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW COULD THIS ERROR HAVE BEEN PREVENTED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON WHO DISCOVERED ERROR

EMPLOYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

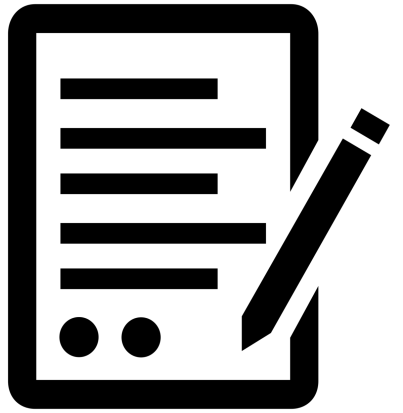
RESIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN NOTIFIED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY WHOM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_ HOUR \_\_\_\_\_\_\_\_\_

SIGNATURE OF PERSON PREPARING REPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF DIRECTOR OF NURSING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sample Learning Topics:**

* Six Rights for Medication

Administration

* Sample Forms of Medications

**Six Rights for Medication Administration**

Checking the “Six Rights” should be followed by all school employees who give medications:

**1. Right Student**

Ask the student to say his or her name (not “Are you Suzy Smith?”) and compare this to the name on the medication label. If the student is unable to state his name, another staff member who knows the student should be asked.

**2. Right Medication**

Compare authorization with label on medication container when taking the medication from the storage area, when preparing the medication for the student, and when returning it to the storage area.

**3. Right Dose**

Compare the dose listed on the authorization form and the medication label when taking the medication from the storage area, when preparing the medication for the student, and when returning it to the storage area.

**4. Right Route**

Administer the medication by the route (oral, nasal, inhaled, etc.) specified on the authorization form and medication label.

**5. Right Time**

The medication should be given within 30 minutes of the time prescribed on the authorization form and medication label. For some medications, such as insulin, medication should be also timed appropriately with a meal.

**The 6th Right**

**6. Right Documentation**

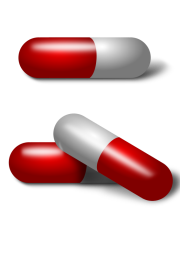
Each medication administered must be documented immediately as it is taken, refused or student is absent. Document per your district medication administration policies and procedures. Document only accurate and appropriate information related to the child and medications given.

**FORMS OF MEDICATIONS**

**ORAL FORMS**

**RECTAL/VAGINAL**

**TOPICAL**

****

Capsules

Suppository

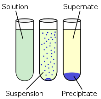
Lotion

****

Tablet



Ointment



Suspension

Tincture

****



Gel

****

Cream

Extracts

****

Lozenges



Elixir

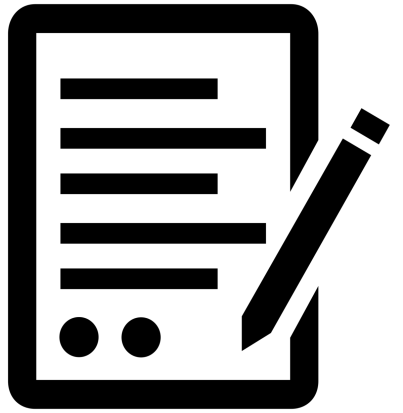


Magma



Syrups

**Sample Training Forms**



* Evaluation
* Certificate

EDUCATIONAL ACTIVITY EVALUATION SUMMARY

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of evaluations included in this summary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation Codes:

5 = Strongly Agree

4 = Agree

3 = Neutral

2 = Disagree

1 = Strongly Disagree

1. The content/presentation was well 5 4 3 2 1 NA

organized and understandable.

2. The teaching methods used were 5 4 3 2 1 NA

appropriate.

3. The level of the presentation was 5 4 3 2 1 NA

appropriate for me.

4. The instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5 4 3 2 1 NA

was knowledgeable of this subject

5. The audiovisuals were useful and 5 4 3 2 1 NA

clear.

6. The handouts were useful 5 4 3 2 1 NA

7. The environment was supportive of 5 4 3 2 1 NA

learning.

8. The learning objectives for this 5 4 3 2 1 NA

activity were clear and reasonable

9. I am now able to meet learning 5 4 3 2 1 NA

objectives.

Name of Local Education Agency

Certificate of Completion

Unlicensed Trained School Employee Medication Administration Training

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Satisfactorily Completed Six Hours of Training

ADMINISTRATION OF MEDICATION IN LOUISIANA PUBLIC SCHOOLS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Registered Nurse Instructor

References

Children’s Healthcare of Atlanta. (2012). Administration of Medications Guidelines for Schools

from http://www. choa.org

Kentucky Department of Education. (2014). Medication Administration Training Manual for

Non-Licensed School Personnel

Louisiana Department of Education. (2015). Louisiana Believes: School-Based Nursing

Services in Louisiana Schools “A Resource Handbook for School Nurses and School

Administrators” (2nd ed.).