

MEDICATION ADMINISTRATION IN MISSOURI SCHOOLS

Guidelines for Developing Training and Practice



2020

ACKNOWLEDGEMENTS

Medication Administration in Missouri Schools, 2020
is a revision of the
Medication Administration in Missouri Schools, 2005.

The School Health Program is a statewide program to support workforce development for school nurses and others working with students in the school setting. The purpose of this publication is to be a tool to plan training and support of unlicensed personnel to assist in the school health office. Our thanks to the Missouri State Board of Nursing for providing practice guidance in delegation and training.



Table of Contents

I. MEDICATION ADMINISTRATION IN SCHOOLS	1
A. Introduction	1
B. Rationale	1
C. Considerations	1
II. ROLES AND RESPONSIBILITIES	2
1. School Administrator	2
2. School Nurse (RN/LPN)	2
3. Staff and School Personnel	2
4. Parent(s)/Guardians(s)	2
III. GUIDELINES FOR TRAINING UNLICENSED SCHOOL PERSONNEL	3
A. Purpose	3
B. Goal	3
C. Objectives	3
D. Training Materials	3
Sample Agenda for Training	4
Appendix A Recommended Policy	6
Appendix B Consensus Policy	10
Appendix C Possession, Self-administration	11
Appendix D Assisting Students	13
Appendix E Administering Medications	16
Appendix F Pre- Post Test	24
Glossary	29
FORMS	31
Evaluation of Mastery	32
Parent Authorization for Medication Administration	35
Medication Administration Daily Log	36
Medication Error Report Form	38
Training/Supervision/Monitoring Record	39
Medication Administration Training Certificate	40

I. MEDICATION ADMINISTRATION IN SCHOOLS

Introduction

School districts must establish policies and implement procedures that meet all legal requirements for administration of medication required during school hours. The procedures must be consistent with standards of medical, nursing, and pharmacy practice guidelines.

Rationale

Children with acute and chronic health conditions or illnesses may require medication during the school day. School districts must meet this need in the interest of facilitating school attendance, program participation, and to comply with applicable state and federal laws.

Considerations

Medications, when administered and used appropriately, can improve student health but may be harmful if administered incorrectly. The district should employ/contract with registered professional nurses to oversee and approve the management of a system of safe administration of medication. This system may include delegation of medication administration to unlicensed personnel (i.e. health room aides, support staff, teachers, and bus drivers).

The Missouri Nurse Practice Act (Chapter 335, RSMo) allows for delegation of medication administration. This is interpreted to mean that the nurse:

- Determines who can safely and competently perform this task.
- Assesses any learning needs of the individual.
- Provides a standardized training of the procedure.
- Periodically monitors and supervises the individual performing the task to determine that the individual is following correct procedure, and to determine the extent of supervision needed.
- Periodically repeats the instruction.
- Is available for consultation regarding the procedure.

II. ROLES AND RESPONSIBILITIES

All school personnel should understand and follow school district policy and procedures related to medication administration. Here are some examples of the roles and responsibilities for specific personnel:

School Administrator

- Assist in development of medication administration policy and procedures and seek school board support for policy (see Appendix A, Medication Administration in Schools).
- Provide administrative support for compliance with district medication administration procedures.
- Assist nurse in educating staff and parent/guardian about the district's commitment best practice related to medications in school.
- Be aware of liability issues related to medication administration at school.

School Nurse (RN/LPN)

- Understand recommended updates and revisions, and continually evaluate district policy and procedures related to medication administration.
- Determine who can safely provide medication administration.
- Provide guidance for special circumstances, i.e., field trips, verbal orders, etc.
- Provide a standardized training course for all personnel who will administer medications.
- Maintain a record of training, including course attendance, written tests, and performance evaluations demonstrating 100 percent mastery of course content.
- Periodically monitor performance through observation of procedures, review of documentation, handling of medications, etc., (at least yearly).
- Provide medication information resources and update as needed.
- Encourage open communication with individuals delegated to administer medication.
- Review and take appropriate action regarding any reported medication error.
- Share policies, procedures, and forms with local authorized prescribers.

Staff and School Personnel

- Participate in annual district training related to medication policy and procedures.
- Administer medications following the policies and procedures.
- Provide accurate documentation of medications administered.
- Call for consultation with delegating nurse, following appropriate chain of communication when there is any question, or when a parent/guardian does not comply with policy.
- Provide safe storage and handling of medications as outlined in district policy.

Parent(s)/Guardians(s)

- Have knowledge of the district's policy regarding medication administration.
- Provide written authorization to administer medication, in accordance with board policy.
- Provide the school with the medication as outlined in the policy.
- Communicate any changes in student's health status, medication regime, change of health care provider, etc.
- Sign authorization for school to communicate with student's health care provider if needed.

III. GUIDELINES FOR TRAINING UNLICENSED SCHOOL PERSONNEL

Purpose

The purpose of medication administration training is to teach school personnel basic knowledge of medication administration in the school setting.

Goal

Appropriate school staff are educated in the safe administration of medication in the school setting.

Objectives

Upon successful completion of training, the school employee will be able to:

- Describe the responsibilities of the school nurse and school personnel in medication administration.
- State the general purpose of medication administration.
- List any needed equipment and supplies.
- Understand and apply the six (6) rights of medication administration.
- Demonstrate safe medication administration.
- Describe and demonstrate appropriate and accurate documentation of medication administration.
- Describe verification of student instruction on self-administration of medications.
- Describe and demonstrate administration of emergency medication.
- Describe appropriate action if unusual circumstances occur, i.e., medication error, adverse reaction, student refusal, etc.

Training Materials needed:

- Samples of different pills and tablets.
- Samples of different types of topical medications (ear, eye, skin).
- Samples of different types of liquid medications.
- Samples of different types of medication administration dosage containers (oral syringe, medicine spoons, medicine cups).
- Samples of medication administration log.
- Medication error report form.

SAMPLE AGENDA FOR TRAINING

MEDICATION ADMINISTRATION IN SCHOOLS

(Suggest using a written pre-test to determine knowledge-base prior to in-service -- Appendix F)

Overview of Course

Goals and objectives
Review of materials to be covered
Discussion of participant's responsibility
Discussion of evaluation criteria

Legal Requirements

Local school board-approved policy and procedures regarding medications
Statute regarding self-administration of certain medications (Appendix C)
Confidentiality policy

Review of Proper Handwashing Technique and Standard Precautions

Medication Administration

Purpose of medications
General rules – “six rights” – (see Appendix D)

- Right name (of student)
- Right medication
- Right dose/amount
- Right time
- Right route (by mouth, injection, etc.)
- Right documentation

Routes of administration (determine at the local level)

Medication Administration (Appendix E)

- Oral
- Rectal
- Topical
- Eye
- Ear
- Intranasal
- Inhalant (inhalers and nebulizers)
- Emergency drugs (i.e. EpiPen®)

Documentation

- Forms for authorization and how they are to be used.
- Information on prescription labels.
- Record keeping forms and how to use.
- Medication Errors.

Policy for Proper Storage and Handling of Medications

- Medication containers
- Storage requirements
- Controlled medications
- Cutting or crushing tablets
- Procedure for receiving medication
- Stolen or missing medication

Common Side Effects

- Sources of information regarding specific drugs
- Procedure for consultation
- Signs and symptoms to report

Return Demonstration

- Repeated for 100 percent mastery
- See Evaluation of Mastery Form for steps in evaluation of demonstration of medication and administration

(Administer a written post-test to assess knowledge gain -- Review and repeat training until demonstrates mastery and scores 100 percent.)

Administration of Medications in Schools

Recommended Policy

It is generally recognized that some students may require medication for chronic or short-term illness during the school day to enable them to remain in school and participate in their education.

Unless specifically included in the Individualized Education Plan (IEP) of a student receiving special education services or a Section 504 Accommodation Plan, the school district is not obligated to administer medications to students. The superintendent, in collaboration with the district's school nurses or public health nurses, will establish administrative procedures for administration of all medications pursuant to state and federal laws. *Prescribers should be encouraged to write prescriptions for medications to be given outside of school hours whenever possible.*

A health professional, licensed to prescribe by a state regulatory body, may recommend that an individual student with a chronic health condition assume responsibility for his/her own medication (e.g., inhalers used for asthma) as part of learning self-care. The district may allow self-administration of medication if the student meets certain conditions.

School districts must use reasonable and prudent judgement to determine whether or not to administer particular medications at school while working in collaboration with parents and school administration. To protect the health and safety of students, the nurse will clarify, when necessary, any medication order. The district will not administer the first dose of any medication. The school nurse will not, without clarification from the prescriber, administer any medication if the dosage exceeds the recommendations of the manufacturer.

Unless the subject is fully addressed in policy, local district procedures should include:

1. Instructions for providing the school district with standing orders, annually, at the beginning of each school year, regarding the administration of medications in emergency situations such as a severe allergic reaction or anaphylaxis. The standing order must include the protocol to follow and who may administer the medication. A licensed healthcare provider will train designated personnel in the proper administration of the medication. Parent/guardian of students with known severe allergic reactions must supply the medication, which along with the standing order will be maintained in a secure location. This location will be designated in the student's individualized emergency action plan, and the medication must be accessible to the student at all times.
2. Procedures to be followed when a student requires administration of prescription medication at school, including obtaining a physician request/order (may stipulate that prescription label will serve as physician order). Receipt of medications in the school health office must be documented.
3. A requirement that all medications, prescribed and over-the-counter (OTC), only be administered upon authorization from a parent/guardian.
4. Procedures for allowing privacy for students receiving medication.

5. A statement that OTC drugs will not be dispensed in excess of the manufacturers' recommended dosage without written physician orders. The registered nurse in charge of medication administration will use his/her professional judgment regarding the administration of these drugs following physician orders.
6. A statement addressing receipt and administration of medications not regulated by the US Food and Drug Administration (FDA), including herbal or homeopathic preparations, essential oils, Cannabidiol (CBD) oil and Medical Marijuana.
7. Assurance that medication will be administered in accordance with the student's Plan, IEP, or Section 504 Accommodation plan, if applicable.
8. A statement that all medication must be delivered by a parent/guardian to the designated school personnel in a properly labeled container from the pharmacy, or in manufacturer's packaging.
9. An explanation of the responsibilities of all school personnel in the administration of medications consistent with these recommendations, including an explanation of the procedures for training staff and school personnel in the administration of medications. The decision regarding delegation is based on the student's health status, the medication to be administered, and knowledge, skills, and demonstrated abilities of the designated school personnel as authorized under the Missouri nurse practice act. (See Joint Statement on Delegation, *Manual for School Health Programs*, Appendix B.6.)
10. An explanation of the district's procedures for permitting the self-administration of medications by way of a metered-dose inhaler by students with potentially life-threatening respiratory illnesses. All such procedures must reflect the requirements of section [167.627 RSMo](#) and include:
 - Written authorization from the parent/guardian, including a medical history of the illness.
 - A plan of action for addressing emergency situations (Asthma Action Plan/Quick Relief and Emergency Plan).
 - Written certification from a physician attesting to the student's need for, and ability to administer the medication.
 - A statement from the district that the district assumes no liability as a result of injury arising from self-administration.
 - A requirement that this authorization be renewed annually.

In addition, there should be a description of the nurse's role in assuring safe self-administration of medication, including observation of student's techniques and adherence to prescription. (Include in documentation of the assessment tool used to evaluate student skill in self-administration of the medication.)

11. A procedure for documenting administration of medications, both routine and as needed. This information should be documented on an individual medication record that includes the student's name, prescriber, pharmacy, prescription number, drug, dose, date, time, and name or initials of persons administering the medication. Student health records may be a hybrid record, consisting of electronic and paper documentation. All medication administration records should include the signature of persons administering medication (handwritten or electronic signatures) referencing the initials or name.
12. Procedures for collection, storage, and delivery of medications.
13. Procedures for governing personnel access to medications, including emergency medications. These procedures must be restrictive enough to protect medications from improper distribution, but flexible enough so that medications can be accessed when needed.

14. (If applicable). Notice that schools in the district are equipped with epinephrine pre-measured, auto-injection devices that can be administered in the event of severe allergic reaction causing anaphylaxis. This notice should include a list of personnel trained in the proper administration of this drug. Epinephrine will only be administered in accordance with written protocols provided by the prescriber. [As authorized under section [167.630 RSMo](#)].

Handling, Storage, and Disposal of Medications:

1. The school district must provide secure, locked storage for all medications to prevent diversion, misuse, or ingestion by another individual. All medications shall be inventoried on receipt. Schedule II controlled substances, e.g. Ritalin, should be inventoried upon receipt, and daily by the person routinely administering the drug. The record of the drug count should be maintained in a log, or on the student's medication record. Any count discrepancies should be reported per school district policies and protocols. It is recommended that schools provide a double-locked storage for controlled substances, i.e. a locked box in a locked cabinet or room.
2. Expiration dates on any medications must be checked on a routine basis.
3. Access to stored medications should be limited to the building principal and persons authorized to administer medications and to self-medicating students. Students who are self-medicating must not have access to other student's medications. Access to keys must be restricted to the extent possible.
4. A parent/guardian may retrieve their student's medication from the school at any time.
5. When possible, all unused, discontinued, or outdated medication should be returned to the parent/guardian, and the return documented. With parent/guardian consent, medications may be destroyed by the school nurse or other designated health office/school personnel, witnessed by another individual, and appropriately documented. All medications should be returned/destroyed at the end of the school year.

It is recommended that schools develop stringent policies that require parent/guardian to pick-up student's medication from the school nurse's office. In order to prevent accidental poisonings or drug abuse, a school nurse should never send a student home with unused medicine. If a school nurse is left with medicine from students after attempting to return it to the parent/guardian, this material will require disposal. Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so. Check with your police department to see if they have a drug collection program. If no disposal instructions are provided on the drug labeling and no collection options exist, then follow these steps:

- Remove all personal identification, including the prescription (Rx) number, from prescription bottles by covering it with a marker or scratching it off.
- Mix all unused drugs with coffee grounds, kitty litter, dirt, or another undesirable substance. Do this with both liquid medications and pills or capsules. Place this mixture in a sealed container before disposing in the trash. Place the empty medicine containers in the recycling or trash.

Talk to your local pharmacist if you have any questions. As medication experts, pharmacists are available to guide you on how to properly dispose of your unused medications.

Role of the school nurse in medication administration:

The administration of medications in schools, including OTC medications, is a nursing activity that must be under the control of a registered professional nurse (RN) and/or licensed practical nurse (LPN). A RN may delegate, train, and supervise the administration of medication by LPNs and unlicensed assistive personnel (UAPs) who are qualified by education, knowledge, and skill to administer medication. Nursing practice in Missouri also allows LPNs to perform tasks in delegating, training, and supervision of the administration of medication. A RN/LPN shall provide and document the requisite education, training, and competency verification.

It is the responsibility of the RN/LPN to:

- Document the training, education, competency verification, and supervision of unlicensed personnel who are delegated medication administration. A registered nurse may delegate the training of unlicensed personnel to licensed practical nurses who have demonstrated the competency to provide such training. The nurse must periodically monitor medication administration procedures of those trained by the nurse and licensed practical nurse; See Joint Statement on Delegation, *Manual for School Health Programs*, Appendix B.6.
- Provide product information, safe dosage limits, side effects, drug interactions, adverse reactions, emergency procedures, and other pertinent drug information as indicated.
- Ensure medications originate from an order from an authorized prescriber and are appropriate, labeled, administered as prescribed and documented appropriately.
- Provide for safe, appropriate storage of medication.
- Monitor the use of OTC medications and discourage the use of medication that might mask health problems, or send the wrong message to students regarding drug use.
- Communicate to the parent/guardian and/or authorized prescriber the effect of the medication on the student's performance and behavior, and apprise them of frequent requests for medication that has been prescribed "as needed."
- Establish procedure to document any situations where the medication is not given as prescribed, i.e., refusal, vomiting, spilled, or lost.
- Establish a written procedure for dealing with questionable medication orders/requests, including OTC medications, and the manner in which refusal to give medication due to a concern for the safety of the student is handled.

The nurse has a right to refuse to administer any medication the nurse believes is not in the best interest of the student, due to dosage, side effects, or other concerns. This issue of nurse refusal should be covered in board-approved policy. This situation may require the development of a 504 Accommodation Plan if the parent/guardian requests the medication still be administered in school.

(The Missouri School Boards Association (MSBA) and Missouri Association of Rural Education (MARE) have sample medication policies that may be utilized for individual district policy development.)

Consensus Policy on Medication Administration

There has been confusion regarding the issue of administration of medications in Missouri schools. In order to clarify the current position of interested agencies, such as the Department of Elementary and Secondary Education (DESE), the Department of Health and Senior Services (DHSS), the Missouri School Boards Association (MSBA) and the Missouri Association of School Nurses (MASN), designated representatives of these organizations to meet to discuss the issue. The MSBA developed a model policy for school districts that was endorsed by all the agencies involved.

School boards and school superintendents are responsible for establishing policies and detailed procedures for the safe administration of medication in the school setting. Each school district must establish their own policies related to the administration of medication to students, and implementation guidelines based on best practice. Public school laws in Missouri do not mandate the provision of medication administration during school hours, with the exception of provisions under Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act (IDEA) that require schools to make reasonable accommodations supporting the safe inclusion of students with disabilities in school programs.

The MSBA and the MARE have made available to their member school districts sample policies and guidance to develop and establish medication policies and practices.

In developing medication policy and procedures, school districts should also determine whether or not their school nurses may administer OTC medications without a physician's written order, but with written parent authorization. There is no legal basis requiring the physician order for OTC medication as it is within the scope of nursing practice to determine whether or not that nurse chooses to administer a particular OTC medication. The decision is based on the indication for the medication, knowledge of the drug action and possible interactions, and the child's health status.

The American Academy of Pediatrics, along with the National Association of School Nurses, in their Policy Statement (2009) propose that school district policies should also address procedures and practices for the administration of alternative medications. The FDA does not test alternative medications, including herbal and homeopathic compounds, for safety and effectiveness. As per this recommendation, the lack of this safety information limits the appropriateness for use at school, and should never be administered without written physician order.

Possession and Self-Administration of Medication in School

Excerpted from Chapter 167 Revised Statutes of Missouri

[167.627](#). Possession and self-administration of medication in school — requirements.

1. For purposes of this section, the following terms shall mean:
 - (1) "Medication", any medicine prescribed or ordered by a physician for the treatment of asthma or anaphylaxis, including without limitation inhaled bronchodilators and auto-injectable epinephrine.
 - (2) "Self-administration", a pupil's discretionary use of medication prescribed by a physician or under a written treatment plan from a physician.
2. Each board of education and its employees and agents in this state shall grant any pupil in the school authorization for the possession and self-administration of medication to treat such pupil's chronic health condition, including but not limited to asthma or anaphylaxis if:
 - (1) A licensed physician prescribed or ordered such medication for use by the pupil and instructed such pupil in the correct and responsible use of such medication.
 - (2) The pupil has demonstrated to the pupil's licensed physician or the licensed physician's designee, and the school nurse, if available, the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered.
 - (3) The pupil's physician has approved and signed a written treatment plan for managing the pupil's chronic health condition, including asthma or anaphylaxis episodes and for medication for use by the pupil. Such plan shall include a statement that the pupil is capable of self-administering the medication under the treatment plan.
 - (4) The pupil's parent/guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan required under subdivision (3) of this subsection and the liability statement required under subdivision (5) of this subsection.
 - (5) The pupil's parent/guardian has signed a statement acknowledging that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil or the administration of such medication by school staff. Such statement shall not be construed to release the school district and its employees or agents from liability for negligence.
3. An authorization granted under subsection 2 of this section shall:
 - (1) Permit such pupil to possess and self-administer such pupil's medication while in school, at a school-sponsored activity, and in transit to or from school or school-sponsored activity.
 - (2) Be effective only for the same school and school year for which it is granted. Such authorization shall be renewed by the pupil's parent/guardian each subsequent school year in accordance with this section.
4. Any current duplicate prescription medication, if provided by a pupil's parent/guardian or by the school, shall be kept at a pupil's school in a location at which the pupil or school staff has immediate access in the event of an asthma or anaphylaxis emergency.

5. The information described in subdivisions (3) and (4) of subsection 2 of this section shall be kept on file at the pupil's school in a location easily accessible in the event of an emergency.

167.627 RSMo - Possession and self-administration of medication in school —full text available at:
<http://revisor.mo.gov/main/OneSection.aspx?section=167.627&bid=8386&hl>.

Assisting Student to Take Own Medica-

School personnel who can appropriately provide care or assist the student:

- Registered nurse, or other, to be determined with the student's physician.

Training needs:

- To be identified by the RN/LPN/Health Care Provider/Other.

Circumstances which require RN action:

- Assisting the student to take his/her medication, will not usually be delegated by the RN when the medication requires taking blood pressure (BP), or radial or apical pulse before or after administration; or when administering medication that requires nursing judgment to determine dose. A LPN or unlicensed assistive personnel (UAP) may follow a protocol that provides a guideline to follow for assessing BP, pulse, etc., and if the results fall outside the appropriate range then the LPN/UAP will have established protocol for contacting the RN or health care provider in the student’s heath care action plan.

Remarks:

- The school district should have a policy regarding administration of medications regardless of route. Refer to Appendix A for Medication Administration in Schools.

(Excerpt from Technical Skills and Services Chart, *Manual for School Health Programs*, Appendix D.1, DHSS/DESE, 2014.)

RECOMMENDED PROCEDURE FOR ASSISTING STUDENT

Steps	Notes
Obtain the parent/guardian1's written request and permission for medication.	
Determine the need for taking medication at school.	Develop an individual healthcare action plan (HAP) if administration of medication dose is dependent on nursing judgment.
Obtain written authorization of a physician.	Medication administration is considered a special health care procedure when the administration requires nursing judgment. Policy should include requirement of a written physician order.

Have the medication provided by the parent/guardian in an individual pharmacy-labeled bottle for the student who is to receive it.

Store medications at school at the correct temperature in a secure, locked, clean container or cabinet.

A written, practical plan to give the student medication at the date and time prescribed should be included in the HAP.

Keep a written record of medications given at school.

When ready to take medication, assist the student to assemble the medication and supplies needed.

Help the student review the six "R's" to ensure he/she is taking the correct medication.

Determine the student's blood pressure, pulse and/or correct dose if indicated.

Place the medication within reach of the student. Loosen the top of bottles or tubes.

Assist the student as necessary:
Oral medications - steady their hand to bring medication to their mouth.
Ointments - help to apply the right amount to affected skin and dress it appropriately.
Eye drops - guide their hand, wipe excess liquid or ointment from under eye from nose to outer area.

Observe the student for possible side effects.

Student's individual HAP should address need for medication at school.

Parent/guardian's responsibility includes provision of medication in properly labeled bottles as per policy.

Policy should address proper storage.

Regular administration protects acceptable blood levels of medication.

Policy should include use of an individual medication record for documentation.

These might include: the medication, a measuring spoon, water or other liquid, dressing for medication applied to the skin, tissue or cotton balls, etc.

Right name (of student)
Right medication
Right dose/amount
Right time
Right route (by mouth, injection, etc.)
Right documentation

Refer to the student's HAP.

Use assistive devices if necessary to maintain student in a functioning position.

Student's physical and mental ability determine the amount of assistance needed.

Review the pharmaceutical literature for each medication, the student is taking.

Help the student put medication in its proper place after use.
Dispose of used equipment.
Remove and discard gloves, if worn.
Help student wash their hands and resume their scheduled classroom activities.
Wash your hands.

Document assisting the student to take medication on the medication record.

Inform the appropriate school staff of the potential benefits and side effects of the student's medication.

Summarize the student's compliance with and apparent benefit (or lack of benefit) from taking this medication at school.

Self-administration of asthma medications via inhalers and/or nebulizers. Refer to: *Missouri School Asthma Manual* (2011)

Log sheet should identify the route of administration, as well as date, time, and name of person administering each dose. Record should include area in which to record comments regarding unusual response, problems encountered, and action taken.

This allows the staff to plan to optimize the student's performance, and to report any reactions to the medication that they observe.

Give this information to the parent/guardians and physician on a periodic basis or as indicated in the student's healthcare action plan.

Administering Medications

- School personnel who can appropriately care or assist the student:
- Should be defined by the district policy, using Technical Skills and Services Chart.

- Training Needs:
- To be identified by the RN/LPN/Health Care Provider/Other.

- Remarks:
- The school district should have a policy regarding administration of medications regardless of route. Refer to Appendix A for Medication Administration in Schools.

(Excerpt from Technical Skills and Services Chart, *Manual for School Health Programs*, Appendix D.1, DHSS/ DESE, 2014.)

RECOMMENDED PROCEDURE FOR ORAL MEDICATION

Steps	Notes
Obtain parent/guardian’s written request and permission.	
Determine the need for taking medication at school.	Develop an individual HAP if administration of medication dose is dependent on nursing judgment.
Obtain written authorization of a physician.	Medication administration is considered a special health care procedure when medication dose is dependent upon nursing judgment. Policy should include requirement of a written physician order.
Have the medication provided by the parent/guardian in an individual pharmacy-labeled bottle for the student who is to receive it.	Student’s HAP should address need for medication at school if nursing judgment is involved. Parent/guardian responsibility includes provision of medication in properly labeled bottles as per policy.
Store the medications in the school at the correct temperature in a secure, locked, clean container or cabinet.	Policy should address proper storage.

A written, practical plan to give the student medication at the date and time prescribed should be included in the HAP.

Keep a written record of medications given at school.

Assemble the medication and supplies needed.

Wash your hands.
Use disposable gloves if indicated.

Determine the student's blood pressure, pulse and adjust dose if indicated.

Review the six "R's" to ensure administration of the correct medication.

Give the student the authorized medication *via the route* specified.

Review specific procedures for application of rectal, otic, ophthalmic, and intranasal medications that follow this section.

Observe the student for possible side effects.

Dispose of used equipment.
Remove and discard gloves, if worn.

Have the student resume scheduled classroom activities.

Wash your hands.

Document giving medications on the student's record or medication/treatment record.

Regular administration protects acceptable blood levels of medication.

Policy should include the use of a medication record or documentation.

These might include the medication, a measuring spoon, water, or other liquids.

Refer to student's HAP.

Right name (of student)
Right medication
Right dose/amount
Right time
Right route (by mouth, injection, etc.)
Right documentation

Return unused medication to secure area.

Review the pharmaceutical literature for each medication the student is taking.

Refer to district's guidelines on infection control or *Manual for School Health Programs*, Infection Control Procedures for Schools.

Medication record should include name of medication, route of administration, and dosage. Entries should identify name of person giving medication, date, and time. Record should include area in which to record comments regarding unusual response, problems encountered, or action taken.

Inform the appropriate school staff of the potential side effects of the student's medication.

This allows the staff to plan to optimize the student's performance and to report any reactions to the medications.

Summarize the student's compliance with and apparent benefit (or lack of benefit) from taking this medication at school.

Give this information to student's parent/guardian and physician on a periodic basis or as indicated in the student's plan.

Alternative Routes of Medications

Specific Instructions

ADMINISTERING RECTAL MEDICATIONS

1. Provide privacy.
2. Assist student to a position in which rectum is easily accessible.
3. Lubricate suppository with water-soluble lubricant.
4. With free hand, gently lift upper buttock.
5. With gloved hand, guide suppository into anus, along the rectal wall, away from fecal mass. Be sure to insert beyond internal sphincter.
6. With tissue or gauze pad, press gently on anus for a few moments to help student retain medication.
7. Encourage student to retain suppository for at least 20 minutes, if it is appropriate for suppository to be expelled (i.e., laxative).

Note: Rectal medications that are given in emergencies should be delegated to specific personnel that have been trained in the emergency action plan for the student.

ADMINISTERING OPHTHALMIC (EYE) MEDICATIONS

Ensure that the date on the medication has not expired and appearance indicates sterility has been maintained.

Ointment

1. Student should be sitting or lying flat, head tilted back slightly.
2. Remove any secretions, wiping from inner to outer canthus with sterile gauze pad or cotton ball.
3. Instruct student to look up as you instill medication to reduce chance of stimulating corneal reflex.
4. Expose lower conjunctival sac by gentle traction on area distal to center of eye to form a pocket.
5. Gently squeeze a 1-2 cm strip of ointment along the lower conjunctival border moving from the inner canthus outward.
6. Release lower lid and instruct student to close the eyelid and move the eye around to distribute ointment.
7. Remove excess ointment by gently wiping from inner canthus outward with sterile gauze or cotton.

Drops

1. Same as ointment, but drop medication into center of lower conjunctival sac.
2. Instruct student to close eyelid and move eye while you apply pressure to inner canthus to minimize possible systemic absorption via tear ducts.

ADMINISTERING OTIC (EAR) MEDICATIONS

1. Warm medication to room temperature.
2. Fill dropper with prescribed amount.
3. Turn student's head so that affected side is uppermost.
4. Straighten auditory canal.
 - a. Infant - pull down and back on earlobe.
 - b. Children/adults - pull up and back.
5. Rest dominant hand on student's head to stabilize area.
6. Administer medication toward walls of canal rather than directly into eardrum.
7. Unless instructed otherwise, insert a small piece of cotton loosely into external canal.
8. If possible, allow student to keep affected ear uppermost for 10-15 minutes to retain solution.

ADMINISTERING INTRANASAL MEDICATION

1. Instruct student to gently blow nose.
2. Position student lying down. May use small pillow or rolled towel under shoulders.
3. Press gently on tip of nose to open nares.
4. Insert dropper just inside nostril and instill the prescribed amount of medication.
5. Encourage student to remain in this position for a few minutes to allow time for medication to drain through nasal passage.
6. Student may wish to expectorate solution that drains into nose and mouth.

ADMINISTERING EMERGENCY MEDICATION

The school district should have an emergency action plan for any student who might require administration of this emergency medication. Staff authorized and trained to administer this drug must be trained to follow an emergency action plan, including recognition of the stages of a severe allergic reaction, and to call 911 prior to proceeding with medication administration.

Asthma Emergency - Emergency Administration of Albuterol via Nebulizer

Follow child's Asthma Action Plan. If child does not have known asthma, call 911 and follow emergency protocol for breathing emergency.

Student readiness assessment to self-carry a quick-relief inhaler: <https://lung.training/courses/readiness.html>

167.635 RSMo - Asthma-related rescue medications; school nurse may be authorized by the school board to maintain medications and establish procedures. (8/28/2012) full text available at: <http://revisor.mo.gov/main/OneSection.aspx?section=167.635&bid=8388&hl=>

Severe Allergic Reaction (EpiPen® or AUVI-Q®)

Instructions for EpiPen®

https://www.epipen.com/-/media/epipencom/assets/pdf/epi_2018_0079-digital-download_epipen-how-to-use_v1.pdf?la=en

1. Check for color – don't inject if liquid is yellow or brown.
2. Pull off safety cap.
3. Place tip of injector on outer thigh at right angle to leg.
4. Press hard into thigh, the syringe will automatically inject (If there is no time, the EpiPen® may be used directly through clothing).
5. Hold in place for 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Dispose of EpiPen® in a sharps disposal container.

Instructions for use of AUVI-Q®

1. Pull AUVI-Q from outer case.
2. Pull off red safety guard.
3. Place black end against outer thigh, then press firmly and hold for 5 seconds.

167.630 RSMo - Epinephrine prefilled auto syringes, school nurse authorized to maintain adequate supply — administration authorized, when... (8/28/2010) full text available at:

<http://revisor.mo.gov/main/OneSection.aspx?section=167.630&bid=8387&hl=>

Diabetes Training Resources:

American Diabetes Association

Diabetes Care Tasks at School: What Key Personnel Need to Know – curriculum.

<https://www.diabetes.org/resources/know-your-rights/safe-at-school-state-laws/training-resources-school-staff>

Helping the Student with Diabetes Succeed: A Guide for School Personnel

<https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/diabetes/helping-student-diabetes-succeed-guide-school-personnel>

167.800 RSMo - Diabetes Management Definitions (8/23/2013).

Available at: <http://revisor.mo.gov/main/OneSection.aspx?section=167.800&bid=8397&hl=>

167.803 RSMo - Diabetes Management Training of school employees, content, requirements. (8/23/2017)

Available at: <http://revisor.mo.gov/main/OneSection.aspx?section=167.803&bid=8398&hl=>

167.806 RSMo - Plan to be submitted by parent or guardian of student with diabetes — review by school.

(8/23/2017) Available at: <http://revisor.mo.gov/main/OneSection.aspx?section=167.806&bid=8399&hl=>

167.809 RSMo - Diabetes care may be provided to students, when, trained personnel to be on site.

(8/28/2013) Available at: <http://revisor.mo.gov/main/OneSection.aspx?section=167.809&bid=8400&hl=>

167.812 RSMo - Diabetic care not practice of nursing, when — health care professionals may provide training.

(8/28/2013) Available at: <http://revisor.mo.gov/main/OneSection.aspx?section=167.812&bid=8401&hl=>

167.818 RSMo - Student may perform certain diabetic care for self, when... (8/28/2013)

Available at: <http://revisor.mo.gov/main/OneSection.aspx?section=167.818&bid=8402&hl=>

167.821 RSMo - Immunity from liability, when... (8/28/2013)

Available at: <http://revisor.mo.gov/main/OneSection.aspx?section=167.821&bid=8403&hl=>

Seizure Emergency – Follow the child’s Emergency Action Plan (EAP)

- ☐ Identify someone to call 9-1-1.
- ☐ Turn student on side where they cannot fall.
- ☐ Put on gloves.
- ☐ Remove medication (syringe) from container. (Note: Seal pin is attached to the cap.)
- ☐ Push up with thumb and pull to remove protective cap from syringe tip. (Be to remove seal pin with the cap.)
- ☐ Lubricate rectal tip with lubricating jelly from kit.
- ☐ Turn student on side facing you and lower clothing.
- ☐ Bend upper leg forward to expose rectum.
- ☐ Separate buttocks to expose rectum.
- ☐ Gently insert lubricated syringe tip into rectum. (Rim of syringe should be against rectal opening.)
- ☐ Slowly count to three (3) while gently pushing plunger until it stops.
- ☐ Slowly count to three (3) before removing syringe from rectum.
- ☐ Slowly count to three (3) while holding buttocks together to prevent leakage.

Opioid Overdose – Follow your school district’s protocol

Narcan® (**naloxone**) is an opioid antagonist used for the complete or partial reversal of opioid overdose, including respiratory depression.

HOW TO USE NARCAN® NASAL SPRAY:

1. Gently insert the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
2. Once in place, press the plunger firmly to spray the entire dose of **Narcan** into one nostril. There is no need to spray into both nostrils.

[338.205 RSMo](#) - Opioid antagonist, storage and dispensing of without a license.

Pre- and Post- Test

Medication Administration

Check the appropriate box:

True False

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Medication administration at school requires a parent/guardian's written request. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The school nurse is responsible for verifying the physician order, and documenting information regarding the prescription in the student's health records. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Medications may be stored in an unlocked cabinet in a locked school. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Record medication administration prior to giving the medication. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. You should report immediately if a student refuses to take a scheduled medication. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Prescription medications are the same as over-the-counter drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Proper handwashing is very important in fighting the spread of germs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. It is okay to put tablets and capsules into the student's hand if you are careful. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Unwrap individually wrapped medications when you are ready to give the medication. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Measure liquid medication at eye level to assure proper dosage. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. You may apply topical medications such as ointments, creams, and lotions using your fingers if you wash your hands first. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. If you are unsure about how to administer a medication, check with your supervisor before giving it. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. You should report any change noticed in the student's condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. The auto-injector pen may be administered through clothing. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Drug legislation is designed to ensure the public's safety and to regulate the manufacture and sale of drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Any school personnel may dispense prescription medication. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. A legal prescriber includes a pharmacist, physician, dentist, and nurse practitioner. |
18. Drugs are classified as:
- a. over-the-counter (OTC)
 - b. controlled substances
 - c. prescription medication
 - d. all of the above

19. The first action you take when you are unclear about administering a medication is:
- check with the student
 - check with the prescriber
 - do not administer the medication
 - use your judgment
20. The record of medication administration includes:
- name of the student
 - date
 - time medication is given
 - all of the above
21. The student does not come for medication at the right time. You should:
- check with the classroom teacher, attendance office, or principal
 - call the student's parents
 - notify your supervising nurse immediately
 - call the physician
22. A student vomits after taking a medication. You need to report:
- student's name and age
 - medication and dosage
 - time interval between medication administration and vomiting
 - all of the above
23. You make an error in giving a medication. You should immediately:
- report the error following school policy guidelines
 - fill out an incident report
 - induce vomiting
 - notify the student's parent/guardian and physician
24. 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's medication |
| | 6. after removing gloves |
25. Each time you give a medication, you should:
- perform proper handwashing techniques
 - check the "six rights"
 - fill out the medication log
 - all of the above
26. A student is taking two liquid medications. You do all except:
- measure the liquid using a medicine cup
 - mix two liquid medications in the same cup
 - hold the bottle with the label facing your palm
 - measure the dosage at the bottom of the disc

27. Administration of eye drops includes:
- approach the student from inside his field of vision
 - touch the eye with the dropper
 - after administration, ask student to close his eyes for a few minutes
 - blot excess from the outside of the eye to the inside
28. Administration of the auto-injector medication in emergencies includes:
- pull off safety cap
 - place tip on outer thigh
 - press auto-injector against thigh until mechanism activates
 - all of the above
29. When administering ear drops:
- store the medication at room temperature
 - wait at least 1 minute before putting drops in the second ear
 - washing your hands is not necessary since chances of spreading germs are minimal
 - all but c
30. Qualified school personnel may administer medication by injection:
- in situations where no previous training has occurred
 - in emergency situations such as allergic reactions
 - both A and B
 - none of the above
31. Monitoring student self-administration by inhaler does not include:
- exhale immediately after inhalation for medication to settle
 - reminding the student to take medication
 - shaking the inhaler for two seconds
 - waiting 2 minutes before the second inhalation
32. The role of the qualified person to administer medication includes all except:
- responsibility in following medication administration procedures
 - obtain medication information from the student's health plan
 - no accountability for errors
 - know the specific instructions for each medication administered
33. The best definition of medication is:
- a synthetic and artificial substance prepared in labs from chemicals
 - a substance to prevent, diagnose, cure or relieve disease
 - the generic name is designated and patented by the manufacturer
 - a substance which is unlikely to produce adverse effects
34. Reliable sources of medication information include all of the following except:
- phenology textbooks
 - drug reference books
 - school nurse or nurse supervisor
 - pharmacist

35. List the “six rights” of medication administration, and write a brief explanation of each one. (12 points)

36. Documentation—list the eight critical items to document for each medication administered: this includes items on a medication record and any additional items that should be documented. (4 points)

_____ **Total score** **Possible score - 50 points** **Score 50 points = 100% mastery**

Comments:

Pre- and Post-Test Key

1.	T	18.	D
2.	T	19.	C
3.	F	20.	D
4.	F	21.	A
5.	T	22.	D
6.	F	23.	A
7.	T	24.	C
8.	F	25.	D
9.	T	26.	B
10.	T	27.	C
11.	F	28.	D
12.	T	29.	B
13.	T	30.	B
14.	T	31.	A
15.	T	32.	C
16.	F	33.	B
17.	F	34.	A

35. Right student - properly identify the student.

Right time - administer medication at the prescribed time.

Right medicine - administration of the correct medication.

Right dose - administration of the right amount of medication.

Right route - use the prescribed method of medication administration.

Right documentation – record the information in the appropriate medication record.

(Only after the medication has been administered.)

(Award one point for each “right” and each description for a total of 12 points.)

36. Right documentation - medication record should include the following: student name, time, medication, dose, route, prescriber, pharmacy and prescription number, date, person administering, and any unusual observation or circumstances.

(Award 0.5 point for each item for a total of 4 points.)

_____ **Total score** **Possible score - 50 points** **Score 50 points = 100% mastery**

Glossary

- A. **Policy** - a written document that provides general guidelines for decision-making.
- B. **Standing orders** - written protocol for using a medication applying to the general use of that medication, as opposed to an order for a medication written for a specific individual (e.g., epinephrine in anaphylaxis).
- C. **Medication** - prescription or non-prescription substances or preparations:
 - a. tablets and capsules - oral medication to be swallowed.
 - b. suspensions - undissolved medicine in liquid - must be shaken before administration.
 - c. syrups and elixirs - sweetened liquid that contains dissolved medication.
 - d. inhalants - liquid medication in watery form that is applied under pressure as a spray or added to sterile water and given as medicated steam.
 - e. topical - creams, ointments, eye drops and ointments, and ear drops.
- D. **Non-prescription medication** – over-the-counter preparations obtained without a prescription.
- E. **Long-term medication** - preparation utilized for the treatment of chronic illness including both daily and as needed (PRN) medications.
- F. **Licensed prescriber** - physician, dentist, podiatrist, advanced practice nurse, physician assistants, and other health care providers legally authorized to prescribe medications.
- G. **Dispense** - distribution of a prescription drug by a pharmacist, physician, dentist, podiatrist or other person licensed or registered to distribute prescription medication.
- H. **Authorization** - medication instructions from the prescriber and provided by the parent/guardian to administer medication.
- I. **Administration** - assisting a student in the ingestion, application, inhalation, injection, insertion or self-management of medication according to the directions of a licensed prescriber or parent/guardian. A licensed prescriber, the prescriber's agent (RN/LPN) and persons who have successfully completed a medication administration course may administer medications.
- J. **Individual healthcare action plan (IHAP)** - a written plan of care for students with significant special needs and requiring specialized procedures. The IHAP is developed after assessment of the student's health needs, and agreed to by parent, health care provider, school administrator, school nurse or physician.
- K. **Individual Healthcare Plan (IHP)** – a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals. IHPs are useful when the nurse is assisting the student to become better educated about their special health care needs; develop more self-care activities; address health-related absenteeism; and cope more effectively with their condition/disease.
- L. **Delegation** - the process of assigning tasks to a qualified individual. Effective delegation includes the following guidelines:
 - The defined task is clear and the related authority specified.
 - The task demands do not exceed the individual's job description.
 - The method of supervision is established in advance.
- M. **Student** - individual birth to 21 years-of-age.
- N. **Self-administration** - student self-management of medication. Student demonstrates ability to safely manage own medication to designated monitoring health personnel.
- O. **Monitoring** - reminding the student to take medication; visual observation of the student to ensure compliance; recording medication administration; and notifying the parent and licensed prescriber of any side effects or refusal to take the medicine.

- P. **Supervision** - the method of monitoring, coaching and overseeing delegated tasks. Levels include:
- a. immediate - supervisor is physically present.
 - b. direct - supervisor is present and available at the site.
 - c. indirect - supervisor is available in person or through electronic means.
- Q. **Registered professional nurse** - a registered nurse, licensed to practice professional nursing in Missouri and employed in the school setting.
- R. **Qualified designated personnel** - school employee who has successfully completed a medication course and periodic updates (at least annually). Personnel work under the direction of the registered professional nurse responsible for the medication administration program in the school district.

FORMS

- **Evaluation of Mastery**
Skills checklist; evaluation should be adapted to material used in teaching medication administration course.
- **Physician Authorization for Medication**
Documentation form (optional); based on school policy, prescription medication label may be used in lieu of physician written order.
- **Parent Authorization for Medication Administration**
Optional form; student health information and parent authorization may be included on other health form.
- **Medication Administration Daily Log**
Sample form.
- **Medication Error Report Form**
Sample form.
- **Training/Supervision/Monitoring Record**
- **Certificate of Completion for Medication Administration Training**

Evaluation of Mastery

Medication Administration

Name _____

Date _____ Score _____

Key for Scoring:

1 = Satisfactory

2 = Unsatisfactory or Omission

General Medication Administration

- _____ 1. Wash hands using approved method.
- _____ 2. Verify the authorization with the prescription label.
- _____ 3. Gather necessary items.
- _____ 4. Check the label for name, time, medication, dose and route when picking up the container.
- _____ 5. Prepare the medication without touching the container (medicine cup). Check the label for name, time, medication, dose and route.
- _____ 6. Check the label for name, time, medication, dose and route when returning the container to the locked medication storage.
- _____ 7. Identify the student.
- _____ 8. Observe the student for any unusual behaviors or conditions.
- _____ 9. Explain the procedure to the student.
- _____ 10. Position the student properly for the medication administration.
- _____ 11. Administer the medication to the correct student.
- _____ 12. Administer the correct medication.
- _____ 13. Administer at the correct time.
- _____ 14. Administer the correct dose.
- _____ 15. Administer by the correct route.
- _____ 16. Provide equipment and supplies as needed.
- _____ 17. Verify the student received the medication.
- _____ 18. Record medication administration. Record the student, medication, dose, time, route, person administering, and unusual observations.
- _____ 19. Report unusual reactions immediately following school procedure.
- _____ 20. Clean, return, and/or dispose of equipment as necessary.
- _____ 21. Wash hands.

Oral Medication Administration

Tablets or capsules

- _____ 1. Remove bottle cap and hold cap in one hand and container in other hand.
- _____ 2. Pour the medication into the cap.
- _____ 3. Transfer the medication from cap to a clean container (medicine cup) and give cup to the student.
- _____ 4. Give with a full glass of water unless otherwise indicated.
- _____ 5. Verify the student swallowed the medication.
- _____ 6. Recap the bottle and return it to the proper place.
- _____ 7. Individually wrapped medication:
 - a. Remove or tear off number needed and place package in a clean medicine cup.
 - b. Remove from package and transfer into cup when the student takes the medication.

Liquid or powder

- _____ 1. Shake container per label instructions.
- _____ 2. Pour liquid from side of the bottle opposite the label (hold label in palm of hand). Pour into graduated medicine cup.
- _____ 3. Pour medication at eye level and directly in front of eyes.
- _____ 4. Measure the dosage at the bottom of the disc (meniscus).
- _____ 5. Wipe off any medication on the outside of the container.

Topical Medication Administration

Skin Medications

- _____ 1. Gather necessary equipment, which may include: tongue blade, gauze, tape, cleansing material, cotton-tipped applicator and gloves.
- _____ 2. Cleanse the skin, remove previously applied medication, and apply medication in a thin layer or as ordered.
- _____ 3. Cover skin as directed.

Eye Drops

- _____ 1. Gather necessary equipment: cotton balls and tissue.
- _____ 2. Cleanse the eye with a clean cotton ball wiping once from the inside to the outside. Use clean cotton ball for each eye.
- _____ 3. Position the student with head tilted back and eyes looking up. Open the eye to expose the conjunctiva sac.
- _____ 4. Approach the eye outside the field of vision. Avoid touching the dropper tip to anything.
- _____ 5. Drop the medication into the sac, not on the eyeball, with the drop not falling more than one inch into the eye.
- _____ 6. Gently close the eye. Ask the student to keep the eye closed for a few minutes.
- _____ 7. Blot excess medication with a clean cotton ball or tissue for each eye treated.

Eye Ointment

- _____ 1. Gather necessary equipment: cotton balls and tissue.
- _____ 2. Clean the eye with a cotton ball wiping once from the inside to the outside. Use a clean cotton ball for each eye.
- _____ 3. Position student with head tilted back and eyes looking upward. Open the eye to expose the conjunctiva sac.
- _____ 4. Approach the eye outside the field of vision. Avoid touching the tip to anything.
- _____ 5. Apply ointment in a thin layer along inside lower lid.
- _____ 6. Hold the lid open a few seconds.
- _____ 7. Gently close the eye. Ask the student to keep the eye closed for a few minutes.
- _____ 8. Blot excess medication with a new clean cotton ball or tissue for each eye treated.

Ear Drops

- _____ 1. Gather necessary equipment: cotton balls and tissue.
- _____ 2. Position the student.
 - a. If lying flat on a cot, turn face to the opposite side.
 - b. If sitting in a chair, tilt head sideways until ear is horizontal.
- _____ 3. Cleanse entry to ear canal with a clean cotton ball as needed. Observe area.
- _____ 4. Straighten the ear canal. Pull outer ear gently down and back (ages 3 and under) or up and back (older children).
- _____ 5. Drop the medication on the side of the canal. Avoid the dropper touching anything.
- _____ 6. Instruct the student to maintain the position for 1 minute.
- _____ 7. Loosely place a cotton ball in the ear unless contaminated.

Inhaler: Monitoring Student Self-Administration

Follow individual student plan which may include self-management, self-administration and immediate availability with student carrying the medication. Observations when monitoring student self-administration of medication may include:

Metered Dose Inhaler (MDI) Skills Checklist

- _____ 1. Remove the cap to expose the mouthpiece. Shake the inhaler gently back and forth.
- _____ 2. Exhale fully to empty the air from his/her lungs.
- _____ 3. Place the inhaler up to his/her mouth, sealing lips around the mouthpiece.
- _____ 4. Press down on the medication while slowly breathing in for 3-5 seconds.
- _____ 5. Fill lungs with the medication and hold breath for 10 seconds. Then slowly breathe out.
- _____ 6. Repeat steps 1-5 for each prescribed puff. Wait one minute between puffs.
- _____ 7. Avoid exposing the MDI to extreme temperatures. Follow manufacturer's guidelines for care of this device.

Spacer/Chamber Skills Checklist

- _____ 1. Remove the cap and look for foreign objects.
- _____ 2. Attach inhaler to device. Shake the chamber and MDI. Exhale fully.
- _____ 3. Place mouthpiece in mouth (or mask on face).
- _____ 4. Press down on the medication while slowly breathing in for 3-5 seconds.
- _____ 5. Fill lungs with the medication and hold breath for 10 seconds. Then slowly breathe out.
- _____ 6. Repeat steps 1-5 for each prescribed puff. Wait one minute between puffs.
- _____ 7. Follow manufacturer's guidelines for care of the device.

Auto-injector Medication

In allergic emergencies, follow individualized administration instructions that may include:

- _____ 1. Pull off safety cap.
- _____ 2. Place tip of injector on thigh. May be injected through clothing.
- _____ 3. Press auto-injector against thigh until mechanism activates, and hold in place several seconds.
- _____ 4. Follow the school emergency procedure.

_____ **Total Score Possible 76 Mastery is 100% accuracy on return demonstration**

(This evaluation should be adapted to material used in teaching medication administration course.)

Parent Authorization for Medication Administration

Student Name: _____ Date of Birth: _____

Parent/Guardian Name (print): _____

Telephone Numbers Home: _____ Work: _____ Emergency: _____

Other person(s) to be notified in case of a medication emergency:

Name: _____ Telephone Number: _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality): _____

Any special directions, signs to observe, side effects: _____

My son/daughter has the following food or drug allergies: _____

Date to discontinue medication: _____ Follow up visit to prescriber: _____

☐ I am requesting the school nurse or designated school personnel to administer the medication prescribed by:

_____ to _____
(Licensed prescriber) (Student)

☐ I am requesting that the school nurse or designated person administer this over-the-counter (OTC), non-prescription drug according to the manufacturer's directions.

☐ I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate.

I request the above student receive this medication according to the prescription or parental request for OTC drug, and any special instructions. I understand the information is confidential according to the Family Rights and Privacy Act (FERPA), and school personnel, needing to know, have access to this information. I agree to coordinate and work with school personnel and the prescriber if questions arise.

I understand I may cancel this request at any time, and/or retrieve the medication from the school at any time. I understand the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Parent/guardian signature: _____ Date: _____

Relationship to student: _____

Address: _____

Medication Administration Daily Log

(To be completed for each medication)

School Year: _____

Name of Student: _____ Date of Birth: _____ Sex: _____ Grade/Home Room (or Teacher): _____

Name of School: _____ Name of Dispensing Pharmacy: _____ RX #: _____

Name and Dosage of Medication: _____ Route: _____ Frequency: _____ Time(s) Given in School: _____

Directions: Initial with time of administration; a complete signature and initials of each person administering medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															

NOTE: Person administering medication should initial and sign below.

INITIAL	SIGNATURE	INITIAL	SIGNATURE	CODES
1. _____	_____	5. _____	_____	A) Absent (O) No Show
2. _____	_____	6. _____	_____	E) Early Dismissal (W) Dosage Withheld
3. _____	_____	7. _____	_____	F) Field Trip (X) No School (i.e., holiday, weekend, snow day etc.)
4. _____	_____	8. _____	_____	N) No Medication Available

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows").

Medication Error Report Form

Student: _____ DOB: _____

School Building: _____ Grade: _____ Date of Error: _____

Medication: _____ Dosage: _____ Time to be given: _____

Reason for report: (Example: Missed medication, not given with meals as prescribed, wrong time [> 30 min. before or after scheduled time] wrong student, wrong route etc.). Give detailed report as to how error occurred.

ACTION TAKEN/INTERVENTION:

Building Nurse/Nurse Supervisor: _____ Notified: ☐ Yes ☐ No

Time and date of notification: _____

Name of parent/guardian notified: _____ Time and date: _____
(if applicable)

Student's physician notified: _____ Time and date: _____
(if applicable)

Building Administrator signature: _____ Date: _____

Witness(s): _____

Name of person preparing report (please print): _____

Signature of person preparing report: _____ Date: _____

Follow up
contact/care: _____

*This is an example of information needed for a medication error report. School policy dictates who is to be notified and what order. Form should be completed in ink as it is a legal record. Do not use "white out," correction tape, eraser, etc. to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the supervising nurse and a copy maintained in the employee's file in a designated location.

Sample

Training/Supervision/Monitoring Record

Name	Instructor/Supervisor	Date
------	-----------------------	------

Detailed description of training: (attach training agenda or location of course materials)

Performance Evaluation Date	Comments
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Return Demonstration Date	Comments
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Supervision Follow-up Date	Update Due	Comments
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Continuing Documentation:

Date	Comments:
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Certificate of Completion

HAS SATISFACTORILY COMPLETED THE

School Medication Administration Training

Date

Instructor

Update Due

School Health Program

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**DIVISION OF COMMUNITY AND PUBLIC HEALTH
Bureau of Community Health and Wellness**

**PO Box 570
Jefferson City, MO 65102-0570**

Phone: 573-522-2822
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