Medication Administration Training Manual for Non-Licensed School Personnel

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ACKNOWLEDGEMENT

The Kentucky Department of Education (KDE) recognizes the need for a uniform medication administration training program for unlicensed school personnel. This course was developed collaboratively between the KDE, the Kentucky Department for Public Health (KDPH) and in consultation with the Kentucky Board of Nursing (KBN) to ensure compliance with 201 KAR 20:400, KRS 156.502, and 704 KAR 4:020.

FOREWARD

The KDE and the Kentucky Board of Education (KBE) recognize the need for a standardized medication administration training program for unlicensed school personnel that will ensure student safety. Clarification of what may be safely delegated per KRS 156.502, as well as an understanding of procedures related to medication administration by unlicensed personnel is needed because licensed professional may not be physically present in the school building at all times.

A standardized training curriculum for medication administration by unlicensed school personnel was developed by the KDE in collaboration with the KDPH and the KBN. The curriculum has been reviewed and approved by KBN, verifying compliance with 201 KAR 20:400. This curriculum is the official training program for all unlicensed Kentucky public school personnel who accept delegation to perform medication administration.

All curriculum revisions shall be made by KDE when Kentucky Revised Statutes or Kentucky Administrative Regulations indicate revisions are needed.

COURSE OVERVIEW

Course Overview

Course Objectives

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

- understand how medication administration may be safely delegated
- identify the responsibilities of the school nurse and unlicensed school personnel in medication administration
- understand 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
- understand appropriate and correct documentation of medication administration
- understand proper action and documentation necessary for refusal and omission of scheduled medications
- understand prevention of medication errors and incident reporting
- recognize when it is appropriate to contact additional resources (nurses, physicians, poison control and emergency medical services)

Course Goals

This course is intended for non-licensed personnel who have accepted the delegation to provide medication administration to students in a school setting. According to 704 KAR 4:020, Section 4(3)(g), beginning with the 2010-2011 school year, proof that all unlicensed school personnel who have accepted delegation to perform medication administration in school have completed a training course provided by the KDE. This course shall be developed in consultation with the KBN to ensure compliance with 201 KAR 20:400. As per KRS 156.502, the delegation is only valid for the current school year. It is understood the employing school will reserve the right to recommend individuals for this training. Upon successful completion of this course the non-licensed school employee will demonstrate competency, as determined by the delegating Registered Nurse (RN), Advanced Practice Registered Nurse (APRN), or physician, in:

- administration of student medication
- verification of student instruction on self-administration of medications
- administration of emergency medications for students with diabetes, allergic anaphylactic reactions and seizures

Course Description

This course is designed to include four modules:

Module I: Introduction, Legal Issues, Policies and Procedures

Module II: Classification of Medications, Medication Preparation, Administration, Storage and Documentation

Module III: Administration of Emergency Medications

Module IV: Local School Board Policies & Procedures

Medication Administration Open Book Exam and Demonstration of Skill Competency

A study guide has also been developed to assist with this training material. Personnel will be expected to score a 100% on the skill competency evaluation and 85% on an open book final exam which will include demonstration of:

1. reviewing student medication history on Medication Administration Record/Medication log for documentation of allergies and other co-existing medical condition
2. using proper hygiene/universal precautions in medication preparation
3. accurately identify student/client medication information by comparing medication label to the transcribed Medication Administration Record/Log
4. application of:
   a. eye ointment/drops
   b. ear drops
   c. topical ointments/creams
5. administration of oral medications
6. correct use of oral/nasal inhalers
7. use of emergency medications: EpiPen®, Diastat® and Glucagon®
8. an understanding of local school district policies and procedures

A score of 85% must be achieved on the open book exam and a score of 100% on the skill competency evaluation to pass the course. School personnel may repeat either the failed 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.

Personnel who are trained and delegated to perform medication administration <u>only</u> of EpiPen®, Diastat® and/or Glucagon® will be expected to score 100% on the final skill competency evaluation and 85% on the open book final exam for administering these emergency medications.

Module I: Legal Issues, Policies and Procedures

Module I: Legal Issues, Policies and Procedures

Introduction

Many children with chronic health conditions or illnesses attend Kentucky's public schools and may require medication that would affect attendance or program participation. While many schools may have a licensed nurse available, there are also schools where students do not have access to a licensed nurse to receive their medication. Due to the increasing number of students who require medication during the school day, whether in the classroom or on a field trip, school nurses sometimes need to delegate the administration of student medications.

There is much more to administering medications than just handing a student a pill and keeping the medicine bottle in a drawer. This curriculum was developed to give school personnel more information about:

- current Kentucky laws
- school district policies and procedures regarding delegation of medication administration
- process of administering medication
- correct and appropriate documentation
- when to seek additional assistance from resources such as a nurse, poison control or emergency medical services

The curriculum was developed collaboratively with the KDE, the KDPH and the KBN.

Laws Related To Medication Administration

The number of students with complex health issues attending school is increasing. Of the students who may require medication during the school day, some require prescribed medications at a scheduled time daily. Others may require over-the-counter medication episodically, such as to treat a headache. Some students may have a chronic health condition that requires an emergency treatment to reduce the threat of a potential life-threatening event.

The potential for unsafe administration of medication in all these scenarios poses a possible liability for schools. An understanding of state laws and school district policies and procedures is necessary to reduce the potential liability issues of medication administration in the school setting. School personnel who accept the delegation of medication administration and successfully complete this course, including demonstrated competency, are protected from liability under KRS 156.502. (See Appendix)

Only Physicians, Dentists and Advanced Practice Registered Nurses (APRN) are licensed to "prescribe" medication. Nurses are licensed to "administer" medications (KRS 314.011). Only registered nurses, APRNs or physicians in the school setting may delegate the task to administer medications to persons who have completed a course such as this, and have demonstrated competency (KRS 156.502). School personnel may be trained to administer emergency drugs that include Diastat®, Glucagon®, and Epipen®. (KRS 158.838, KBN AOS #15).

In Kentucky, a school nurse may be either an Advanced Practice Registered Nurse (APRN), a registered nurse (RN) or licensed practical nurse (LPN). There is a difference in the educational preparation and scope of practice between the APRN, RN and LPN. The scope of practice for the APRN, RN, and LPN are defined in KRS 314.011 and described below in KBN AOS #30, “School Nursing Practice”.

I. Advanced Practice Registered Nursing

It is within the scope of the advanced practice registered nurse (APRN), designated nurse practitioner or clinical nurse specialist, to provide primary healthcare services to students in accordance with 201 KAR 20:057, Scope and standards of practice of APRNs. The APRN may also perform acts within the scope of registered nursing practice.

II. Registered Nursing Practice

It is within the scope of registered nursing practice for a registered nurse, qualified by education, experience, and current clinical competence to provide school health services/acts including but not limited to the following:

a. utilize substantial, specialized nursing knowledge, judgment and skill in providing primary healthcare to students including "... initial assessment, management of minor illness and/or referral to other health professionals, monitoring of chronic diseases, health supervision, counseling, promotion of healthy life-styles, disease prevention, and the coordination of services when specialized care is required." (National Association of School Nurses, Resolution--Primary Health Care, June 1981.)
b. serve as a health advocate of students, and a consultant to educational staff
c. serve in family resource and youth services centers as defined in KRS 156.497
d. provide health teaching with a focus on disease prevention, health promotion and health restoration
e. monitor the quality of the healthcare services provided for students
f. provide direct clinical services for students with special needs and/or teach and verify competency, supervise and delegate [as defined in KRS 314.011(2)] the performance of select acts to unlicensed school personnel in accordance with the administrative regulation 201 KAR 20:400 governing delegation of nursing tasks to unlicensed persons
g. participate in the development of policies and procedures to guide nursing practice in school settings, and to address expanding school health services to students, families and communities
h. delegate select health services to a school employee in accordance with KRS 156.502 and 201 KAR 20:400

III. Licensed Practical Nursing Practice

KRS 314.011(10) defines licensed practical nursing practice. By definition, licensed practical nurses practice under the direction of a registered nurse, physician, or dentist and are not licensed for independent nursing practice. The board recognizes the participation of the licensed practical nurse in school nursing practice when the LPN is qualified by education, experience and current clinical competency and practices under the direction and delegation of a designated registered nurse, physician, or when applicable, a dentist. The licensed practical nurse performs acts within the scope of licensed practical nursing practice as defined in KRS 314.011 (10); however, under KRS 156.502 (2) the LPN does

not delegate the performance of health services to school employees.

The RNs may administer medications and treatments as prescribed by physicians, physician assistants, dentists and advanced practice registered nurses (APRNs). Supervision of the LPN does not require the supervisor to be physically present in the same building. However, the LPN may not practice without oversight of the nursing care provided to students.

While there are similarities in the Registered Nurse practice and the Licensed Practical Nurse practice, the degree of educational preparation and the responsibilities of each are different. Both the RN and LPN must hold a current license from the KBN and their licenses must be renewed annually. For licensure renewal each nurse is required to complete KBN approved continuing education each year, or provide documentation of a state nursing board approved alternative. These and other laws are in place to govern the practice of nurses in the state of Kentucky and to ensure the health and safety of those served.

The KBN has the legal authority (KRS 314.021) to regulate nursing practice in order to safeguard the health and safety of citizens of Kentucky. Delegation is defined by the American Nurses' Association as "the transfer of responsibility for the performance of an activity from one individual to another, while maintaining the accountability for the outcome." School health services (i.e. such as the administration of medications) may be delegated to unlicensed school personnel according to related sections of KRS 156.502. KRS 156.502 describes who may delegate health service(s) (physician, APRN or RN), the training and documentation of the training. The delegation and training is only valid for the current school year. (KRS 156.502 (2)2)

For school nurses, Kentucky Administrative Regulation (KAR) 201 KAR 20:400 - Delegation of nursing tasks to non-licensed personnel, provides direction on how tasks may be delegated to a non-licensed individual by a licensed registered nurse. The delegating school nurse will also be responsible for ongoing training and competency evaluations of the non-licensed personnel to safeguard the health and welfare of the students in their care. Supervision is defined in 201 KAR 20:400 to mean "the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task." The evaluation should include validation that the nursing task has been performed according to established standards of practice. Even when school personnel may perform the task, whoever delegates the task will retain the responsibility for the outcome. Supervision of unlicensed school personnel does not require the delegating nurse to be present in the same building. However, the delegating school nurse should be available by phone for consultation.

Upon successful completion of this course, course exam and skill competency evaluation, the non-licensed school employee will receive a proof of completion certificate. (This in no way identifies the individual as a Certified Medication Administration Technician.)

Role of Unlicensed Personnel in Medication Administration

KRS 156.502 established the definition of “health services” and the provisions for who may provide health services in schools. School employees may be delegated selected health services according to KRS 156.502. (See Appendix)

When accepting the delegation to perform medication administration in the school setting, the unlicensed school employee performs this function under the supervision of the delegating licensed professional (KRS 156.502). Unlicensed school personnel should only accept a delegation that he/she knows is within his/her skill set or knowledge and should always contact the supervising school nurse if unclear about administering a medication. Unlicensed personnel have the responsibility to follow school district policies and procedures and report to the nurse if they have any reason to believe they have made a medication error. This should be reported as soon as possible.

KRS 156.502 requires written documentation of the school employee’s consent to the delegation of medication administration verifying that they have received training and demonstrated competency. The delegation, training and documentation are only valid during the current school year.

Confidentiality and Privacy

Confidentiality is a very important legal concept in the school setting. The Family Educational Rights and Privacy Act (FERPA) is the federal law that protects the privacy interests of students and their educational records. FERPA applies to any educational agency that receives funds from the United States Department of Education (USDOE). Health records maintained by school employees for Pre-Kindergarten through grade 12 students are protected by FERPA. (See Appendix)

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.

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”.

Other Legal Considerations in Medication Administration

All school districts should have written policies and procedures on medication administration. The purpose of these policies and procedures are to give guidance to the local school district employees and students. Each school district employee administering medications should be familiar with their district's policies and procedures on medication administration. The following are accepted practice guidelines on medication administration from the National Association of School Nurses (NASN).

A. **Administration of Medication**

1. Prescribed Medication

   Prescribed medication must be sent to the school in the original labeled container and the label shall include:

   a. name and address of the pharmacy
   b. name of the student
   c. name of the prescribing health care provider
   d. date the prescription was dispensed
   e. expiration date of the medication
   f. name of the medication, dosage and strength of medication
   g. route of administration
   h. frequency of medication

   An authorization form completed by the parent/legal guardian must be on file in the student's cumulative health record and is only valid for the current school year.

2. Non-prescribed/Over the Counter (OTC) medication

   Non-prescribed/OTC medication requires an authorization form completed by the parent/legal guardian must be on file in the student's cumulative health record, and:

   a. medication must be provided by the parent/legal guardian in the original container which includes recommended dosage and directions for administration
   b. an OTC medication shall not be administered beyond its expiration date

3. Student self-medication

   Student self-medication is allowed in certain situations, with a written health care provider's authorization, that allows a student to responsibly carry self-administered medication (e.g. Epipen® or asthma inhaler). An authorization form must be completed by the parent/guardian and health care provider and on file in the school. This authorization must be renewed each school year. Documentation from the prescribing health provider shall include:

   a. the student is capable of administering the prescribed medication
   b. the name and purpose of the medication

c. the prescribed dosage of the medication
d. the times at which or circumstances under which the medication may be given
e. the period of time for which the medication is prescribed

Students may not share any medication with another student. It is recommended as best practice that self-administered medications be documented on the Medication Administration Record. If the student uses his/her medication inappropriately or more often than prescribed, the parent/guardian should be notified. Only share student health information with the student's teachers or school staff on a "need to know" basis

4. Medication Safety

The first dose of any new medication should be given at home and not at school. When possible, all medication should be brought to the school by a parent or guardian. If medication must be transported to the school by the student, it should be transported in it's original container and in a sealed envelope with the student's name on the outside and given to the appropriate school personnel (school nurse or designated school personnel). According to school district policy and procedures, prescribed medication should be counted and the number of pills received should be noted on the Medication Administration Record.

Medication shall only be administered according to the health care provider's instructions on the prescription label. (May apply clear tape over the label to maintain legibility of label.) Discrepancies that exist between the information on the Parent/Guardian Authorization Form and the prescription label should require one of the following:

a. a new Authorization form completed by the parent/guardian
b. a 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.

5. Changes in Medication

The authorization to administer medication is only valid for the current school year or until treatment changes. A new Authorization for Medication Administration 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 a physician, physician's assistant, advanced practice registered nurse (APRN) or dentist. Nurses may not accept requests from parents to change a prescribed medication dose without first contacting the prescribing health care provider.

B. Storage and Disposal of Medications

Except for emergency medications (Diastat®, Glucagon® and EpiPen®) specified in an emergency care plan, all medications should be kept in an appropriately labeled, secure, locked container or cabinet accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be kept in a separate refrigerator in a supervised area or locked container that can be stored with food in a supervised area. Temperature of that refrigerator will be checked on a daily basis and recorded according to agency policy. 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.

For disposal of unused medication or expired medication that has not been picked up by parent/guardian:

1. For pills: pour glue into pill container, after glue is hardened, container may be thrown into garbage can.
2. For liquids: pour cat litter or sand into container and wait for it to set-up, after it becomes hardened, it may be thrown into garbage can.
3. Disposal of medication must be documented on the student's medication record to verify it was destroyed, sign, date and have a witness also sign and date.
4. Items such as inhaler canisters may be placed in a sharps container or disposed of according to the school district's Bloodborne Pathogen OSHA plan.

C. Field Trips and Medication Administration

If a student is attending a field trip away from school during his/her scheduled medication time, school personnel with current training on medication administration may be designated to administer the medication while on the field trip.

Notification and preparation for administering medications during a field trip should begin well in advance of the day of the field trip. Student medication may not be repackaged for field trips by school personnel. The school should request the parent send a separate bottle with enough medication for the field trip day. The medication bottle should also have a pharmacy prescription label attached. Consult local school district policies and procedures for field trip medication administration.(See Module IV)

Kentucky's law (KRS 156.502 and KRS 158.838) only addresses the required provision of "health services" to students in the "school setting." Federal law covers the health services requirement for school field trips that require out of state travel. A Kentucky nurse's provision or delegation to a school employee of health services to students on out-or-state, school-sponsored field trips will be governed by the other state boards of nursing. This will include all the states along the travel route as well as the final destination of the field trip

For more information about medication administration rules on out-of-state field trips, please go to: http://www.education.ky.gov/NR/rdonlyres/3BF2FFFC-D19C-4AD4-B2A0-C66E90925A3D/0/StatebyStateInformationonMedAdminforOutofStatetrips110910.pdf

Note: This information is current as of the date of this document. This is updated as information is available to KDE.

***NLC** - In the Nurse Licensure Compact (NLC), a nurse whose primary state of residence is a compact state (home state) is issued a license by that state and no longer needs an additional license to practice in other compact states (remote states). By virtue of the compact, the licensee is granted the "multi-state privilege to practice" in other compact states. The nurse who lives in a non-compact state is issued a nursing license that is valid only in the compact state (single state license). The licensee holding a single state license will not be granted the "multi-state privilege to practice" in any other compact state.

D. Refusal of Medications

When school personnel are unable to grant the request from a parent/legal guardian to administer medication to a student, the delegating school nurse or physician should be notified. Some of the circumstances may include:

1. medication was sent to school out of the original container
2. medication is prescribed twice daily and can be administered before school and after school hours
3. medication is prescribed three times daily and can be given before school, after school and before bedtime

4. student has requested over-the-counter medication everyday for several days (which may be beyond school district policy of no more than 3 consecutive days without their medical provider's authorization)
5. no written authorization is on file

Other unusual circumstances that are not listed above will require consultation with the supervising school nurse or health care provider.

At student may refuse medications. As best practice and according to the student's developmental level, the student should understand the symptoms for which the medications are prescribed and also know any common side effects. The student should be able to verbalize their understanding that these medications are considered a part of treatment and that the parent and/or prescriber will be notified should he/she refuse the medication.

Refusing medications is not considered a medication error and should be documented on the Medication Administration Record as "refused medication". This shows that the individual has been offered the medication as ordered by the physician. When a student refuses medications, the school nurse and parent should be notified as soon as possible.

E. Medication Errors

Preventing and Reporting Medication Errors

A medication error occurs when one of the "six rights of medication administration" has been violated. Examples are:

1. administering the wrong medication
2. administering the wrong dose of medication
3. administering medication at the wrong time
4. administering the medication in the wrong way (e.g., ear drops administered to eye)
5. administering medication to wrong student
6. failing to document that medication was given or inaccurate documentation of medicine given

Medication errors may result in adverse reactions to the student. These reactions could range from a rash to a life-threatening situation. Therefore, always check the medication label when:

1. removing the medication from storage
2. removing the medication from its container
3. returning the medication to storage

Knowing the following before administering medications will help prevent medication errors**{** XE "Medication Administration" **}**:

1. name of medication (the generic and real or "trade" name)
2. purpose
3. potential side effects

4. special instructions (if appropriate)
5. health care provider and emergency contact names and phone numbers

When a medication administration error occurs, follow these guidelines:

1. keep the student in the health room
2. if the student has already returned to class, have someone accompany the student back to the health room
3. observe the student's status and document what you see
4. identify the incorrect dose or type of medication taken by the student
5. notify the principal and supervising school nurse immediately if medication was given by non-licensed personnel (The supervising nurse will contact the parents of the student and/or health care provider.)
6. if contacting the Poison Control Center for instructions:

   a. give the name and dose of the medication taken in error

   b. give the student's age and approximate weight, if possible

   c. give the name and dose of any other medication the student receives, if possible

7. follow instructions from the Poison Control Center, if possible. If unable to follow their instructions, explain the problem to the Poison Control Center to determine if the student should be transported for emergency care.

8.. complete a Medication Administration Incident Report form. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or the student's health care provider, and the student's status. All reports are to be filed and kept according to district policy.

Errors made in recording medications on the Medication Administration Record should be marked "void," initialed and dated. *Whiteout* may not be used.

SAMPLE **Medication Administration Incident Report Form**

Student Name: _____ Date of Birth _____

School Name: _____ Grade: _____

Date/Time of Error: _____

Name of Person Administering Medication: _____

Name of medication: _____ Dosage:_____ Route: _____

Time (s) to be given: _____

Circle all that apply to this medication error:

Wrong Student Wrong Time Wrong Dose

Wrong Route Wrong Medication Wrong Documentation

Describe the error (Should be completed by the person making the error. If wrong medication given, include the name and dosage of what was given):

_____

_____

_____

Action Taken/Intervention: _____

_____

Persons notified at time of error:

Principal (signature required): _____Date/time of notification_____

Supervising School Nurse: _____Date/time of notification_____

Parent or guardian notified: _____Date/time of notification_____
(if applicable)

Student's Health Care Provider notified: _____

Date/time of notification: _____
(if applicable)

Name of person completing incident report: _____
(please print)

Signature (person completing incident report: _____

Today's Date: _____

Follow-up care/information (if applicable) :_____

_____

*This is an example of the information needed for a medication error report. School board policy dictates who is to be notified and what order. Complete the form in ink as it is a legal record. Do not use "white out", correction tape, eraser, or any other method to cover/correct recording errors. Instead, draw a single line through the error, record the correct information beside it and initial the corrected entry. The completed form is to be sent to the school principal (or designee); copies also should be placed in the supervising

school nurse and employee's files. (KDE 3/2010)

Module II: Classification of Medications, Medications Preparation, Administration, and Documentation

Module II: Classification of Medications, Medications Preparation, Administration, and Documentation

Classification of Medications

Prescribed Medications

Prescribed medications are those medications that a licensed practitioner 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.

A. Controlled/scheduled medications

"Controlled/scheduled medications" are medications that are potentially addictive and that are regulated under the Controlled/Scheduled Substance Act of 1970. Controlled/scheduled medications cannot be obtained without a written prescription from a licensed practitioner (e.g. Ritalin® or Tylenol® with Codeine).

It is very important that controlled/scheduled medications be handled according to school district policies and procedures:

- kept under double lock and key, separate from other medications
- signed out each time a dose is administered
- count and record the number of remaining pills on the student's medication record
- disposed of according to medication storage and disposal guidelines in Module

B. Non-controlled/scheduled medications

All prescribed, non-controlled/scheduled medications (e.g.Tegretol® or Dilantin®) require an order from a licensed practitioner. All non-controlled/scheduled medications are kept locked according to school district policies and procedures. School district policies will address student safety in relation to secure storage of medication.

Over the Counter (OTC) Medications

OTC medications are administered to students according to school district policy. OTC medications require a completed authorization form by the parent/legal guardian. It is recommended that OTC medication be given no more than three (3) consecutive days without written orders from a health care provider. (Approval from the student's individual health care provider is highly recommended for any OTC use.) 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 OTCs on the student's Medication Administration Record is required.

Medication Classifications

The chart "Common Medications" (below) lists commonly used medications. These medications may be controlled or non-controlled. The chart is not an all inclusive list. It is very important that a person administering medications compares the medication label with the medication record including the student's name, time of administration, how the medication is to be given and the

dosage for administration. All OTC medications must be given in accordance with school district policies.

It is recommended that school employees administering medication have access to an updated drug book for review of any newly prescribed medications and/or over the counter medication when questions arise.

Student health information is important for student safety in medication administration and management. This information includes, but is not limited to: student name, date of birth, sex, and any allergies.

Common Medications

(Please note that this is not an all inclusive list.)

Medication Classification	Common Use	Common Names	Common Adverse/ Side Effects
Antibiotics *Pay close attention to any student allergies.	Infections caused by bacteria. Not commonly used for viruses.	Amoxicillin, Ampicillin, Penicillin, Cefaclor (Ceclor), Ceftin, Biaxin, Zithromax	Nausea, diarrhea, rash, yeast infections, fever
Anti-Asthma Agents	Asthma, respiratory distress	Advair, Albuterol, Singulair	Nervous feeling, sweating, nausea, vomiting
Antihistamines	Allergies (i.e. hay fever)	Tavist-D, Claritin, Singulair, Zyrtec, Allegra, Benadryl	Drowsiness, insomnia, weakness
Analgesics	Pain relief	Tylenol, Advil, Aspirin	Stomach upset, tinnitus, nausea[
Anticonvulsants Antiepileptic	Neurological disorders, seizures	Phenobarbital, Valproic Acid, Tegretol, Dilantin, Topamax	Dizziness, drowsiness, confusion, fainting
Antidiabetics	To treat diabetes	Insulins, Actos, Glucophage, Glucotrol	Nausea, heartburn, fatigue, dizziness
Cardiovascular	High blood pressure, irregular heart -beat, heart failure	Tenormin, Capoten, Catopres	Dizziness, drowsiness, chest pain, loss of appetite, leg pain
Cerebral Stimulants	Attention Deficit Disorder(ADD/ADHD), Narcolepsy	“CONTROLLED” Adderall, Ritalin	Insomnia, irritability, restless, decreased growth
Decongestants	Relieves congestion	Tavist-D, Clartin-D	Nose bleed, nasal irritation
Dermatological (skin)	Skin infections	Bacitracin, Zovirax, Neosporin	Rash, skin irritation, burning

Medication Classification	Common Use	Common Names	Common Adverse/ Side Effects
Gastrointestinal:			
Antacid	heartburn, acid reflux	Tums, Mylanta, Maalox	Constipation, bloating
Anti-Ulcer	treat ulcer condition	Tagamet, Pepcid,Zantac	Dizziness, mild diarrhea
Anti-Diarrhea	stop diarrhea	Immodium, Lomotil	Fatigue, dry mouth, nausea
Laxatives	relieve constipation	Metamucil, Colace, Surfak	Cramping, depends on medication for bowel movement
Opthalmic (eye)	Eye irritation or infection	Polysporin, Neosporin, Liquifilm	Burning sensation, Itching, blurred vision
Otic (ear)**{** XE "Otic" **}**	External Ear infections	Acetic Acid (VoSol), Ofloxacin	Ear irritation, itching
Psychotherapeutic Agents:			
Antidepressants	Depression	Wellbutrin, Paxil, Zoloft	Weight gain, insomnia, nervous feeling
Antipsychotic	Psychosis, behavior disorder	Abilify, Risperdal, Haldol	Tardive dyskensia, sedation
Anti-mania	Bipolar disorder	Lithium, Eskalith	Tremors, drowsiness, thirst

Understanding Effects of Medications/Adverse Drug Effects

It is very important to be familiar with any medication that is being administered. An adverse effect is an unwanted, unexpected and/or dangerous reaction to a drug. Pharmacies are required to provide a "medication" education sheet with each drug dispensed. The sheet contains the most common adverse effects of that medication.

Another way to learn the adverse effects of medications is to review the medication in a current drug handbook. These books are updated on an annual basis and contain the most current Information on newly developed drugs, to include recommended dosage; what diagnosis or symptom the drug treats; how the drug is absorbed; and most importantly the potential side effects/adverse effects of the drug. Medication information is also available online at the:

National Institute of Health's website Medline Plus:
http://nlm.nih.gov/medlineplus/druginformation.html

Observing the student after a medication has been administered is crucial in identifying any adverse reactions to that medication. If a student vomits after taking a medication, report to the supervising school nurse the student's name and age; medication name and dose; and time interval between the medication administration and when vomiting occurred. Severe adverse reactions should be treated as emergencies and unlicensed school personnel should be familiar with school district policies and procedures regarding how emergencies are to be handled.

An allergic reaction is an immune response to a foreign substance resulting in inflammation and/or organ dysfunction. In the case of medications, the drug itself may be the substance that causes the effect. Allergic reactions may have many symptoms that could appear immediately or not for several days or weeks. Examples of an allergic reaction may be: redness, rash, hives, shortness of breath, itching, swelling, yellowing of the skin or fever.

Anaphylaxis is the most dangerous type of an allergic reaction. Anaphylaxis is a life-threatening event, where the blood pressure drops, respiratory distress occurs (i.e., shortness of breath), and the student may become unresponsive. Emergency procedures should be implemented if anaphylaxis is suspected.

Various Forms of Medication Administration

Medications may be administered in many different ways. Procedures for administering different forms of medication are located in the **Handout** section of this manual.

A. Oral (by mouth)

Oral medications include solid forms such as tablets or capsules and liquid forms such as syrups/ elixirs and suspensions**.** Oral medication should not be crushed without a licensed practitioner's order.

Tablets (pills) come in many forms: regular, chewable, sublingual and scored. Regular tablets are simply taken with liquid. Chewable tablets should be chewed before they are swallowed. Tablets that are not clearly designated as chewable should be swallowed whole. Scored tablets are designed so that they can be cut up into smaller doses with a special cutting tool. Tablets are delivered in either enteric coated or un-coated form. Certain medications can cause irritation to the stomach. These tablets are "coated" so that they cannot dissolve in the stomach, protecting the stomach from irritation. The "coating" actually dissolves in the small intestine instead of the stomach. These tablets should not be split or crushed.

Oral disintegrating tablets dissolve in the mouth (do not chew). Sublingual medications are placed under the tongue to be dissolved and absorbed. Buccal medications are placed inside the cheek and along the gum line to be dissolved and absorbed.

Capsules are coated so they dissolve over a period of time in the stomach or the intestines—but not in the mouth. Most often, the prescription calls for capsules to be swallowed whole, just like tablets. Gel coated capsules are not to be broken.

There are also capsules designed to be broken apart and sprinkled onto soft food, like applesauce. These are called a **"**sprinkle" and are most often given to students who have asthma or seizures. If a capsule should be "sprinkled," the directions on the prescription will specifically say to do so.

Capsules may be coated with substances that permit delayed release in the small intestine in small amounts over a prolonged period of time. Do not break or crush any medications considered slow release, sustained release, long-acting, extended or controlled release (usually identified with SR, LA, EX or CR).

Syrups and elixirs are clear liquids. Suspensions are liquids that are not clear**.** Suspensions contain medication that doesn't dissolve completely in the liquid and usually need to be refrigerated. Because suspensions can separate, they always need to be shaken at least 15 seconds before being measured and given to the student.

All oral medications should be given with at least 4 to 6 ounces of water or other liquid that allows for easy swallowing. After the student has received the medication, it is very important to make sure he/she has swallowed the medication. Ask the student to open his/her mouth and raise their tongue. Inspect cheeks, under tongue, roof of mouth, and teeth for hidden medication. Check orthodontic braces as well. This practice will ensure students are not hoarding medications (cheeking).

B. Topical

Topical medications include eye drops or ointments, ear drops or ointments, and creams and ointments that are applied to the skin. NOTE**:** Gloves should be worn when administering any of the following medications. Hands should be washed before and after use of gloves. Be sure to verify whether the student is allergic to latex prior to using a latex glove. (Always wash off powder left on your hands from gloves.)

Ointments (salves) are a semisolid preparation, usually containing a medical substance, used for external application on the skin.

Creams are a fluid mixture of a thick consistency, usually applied to the skin or body surface.

Drops are a liquid form of medication given through a dropper when a very small dose of medication is required. Drops are usually prescribed for the eyes (ophthalmic) or ears (otic).

C. Inhalers and Nebulizers

Inhaled medications may be delivered in a fine mist by spray bottle/inhaler, an oral inhaler or nebulizer machine. Most inhalers are hand-held portable devises that deliver medication at a metered (pre-measured) dose.

A nasal spray/inhaler is medication delivered as a spray directly into the external nares (nostrils) and may be prescribed for allergies. Oral inhalers deliver medication directly to the lungs through the mouth by squeezing the canister or by direct inhalation. The nebulizer produces a fine spray mist by rapidly passing air through a liquid that is inhaled through the mouth. Nebulizer medication use may be prescribed for treatment of asthma. Pre-mixed nebulizer medication is already prepared to be used with a nebulizer. Consult the equipment product information on how to use the nebulizer. Individualized training is advised to ensure understanding of medication and use of equipment. Common inhaler problems include:

- not taking the medication as prescribed
- incorrect activation which may occur by not following the recommended sequencing of inhaling and squeezing the canister
- forgetting to shake the canister - if the canister is not shaken multiple times, the correct amount of medication may not be delivered
- not waiting long enough between puffs
- failure to clean the valve - if debris is present, this will cause delivery failure of the correct amount of medication
- failure to observe whether the inhale is actually releasing a spray - if not, call the delegating school nurse

A student's need for bronchodilators (inhalers) more than every 4 hours can signal respiratory problems. Call the supervising RN, APRN or physician if this occurs.

D. Emergency Medications

Diastat® rectal gel is prescribed for emergency treatment of seizures. See Module III for more information on this medication.

Epipen® is an emergency injectable medication (epinephrine) prescribed for treating severe allergic reactions causing life-threatening respiratory distress, or a condition referred to as anaphylaxis. Anaphylaxis is a life threatening allergic reaction that may be fatal within minutes and requires immediate action. Anaphylaxis may be a reaction to: food (particularly peanuts, tree nuts, fish, wheat or eggs), stinging insects, latex, exercise or medication. See Module III for more information on this medication.

Glucagon® is an emergency injectable medication prescribed for students with diabetes to treat a severe low blood sugar event when the student's level of consciousness prevents treatment by oral medication. See Module III for more information on this medication.

Handling Medication

A. Hand Washing

Before administering any medication to a student, always wash your hands. If the student will touch the medication, he or she should also wash their hands. Good hand washing techniques include washing the hands with soap and water. Alcohol –based hand sanitizers are an excellent alternative to and washing when soap and water is not available. However, if the hands are visibly soiled, wash hands with soap and water. (See Hand Washing Procedure in **Handout** section.)

B. How to Avoid Touching the Medication

Pour pills, tablets, or capsules into the bottle cap first, and then pour them into the disposable medicine cup. (This technique allows for more control in pouring and avoids having to remove extra amounts.) A clean paper towel or catsup-sized paper cup may also be used if the medicine is only one capsule or tablet. Have the student pick up the medication themselves and put it in their mouth.

Some children do not have the developmental skills to put tablets or capsules into their mouth. If you must put the medication directly into the child's mouth, use disposable gloves. The gloves are considered contaminated after use. (Note: Be aware of any allergies to latex gloves.)

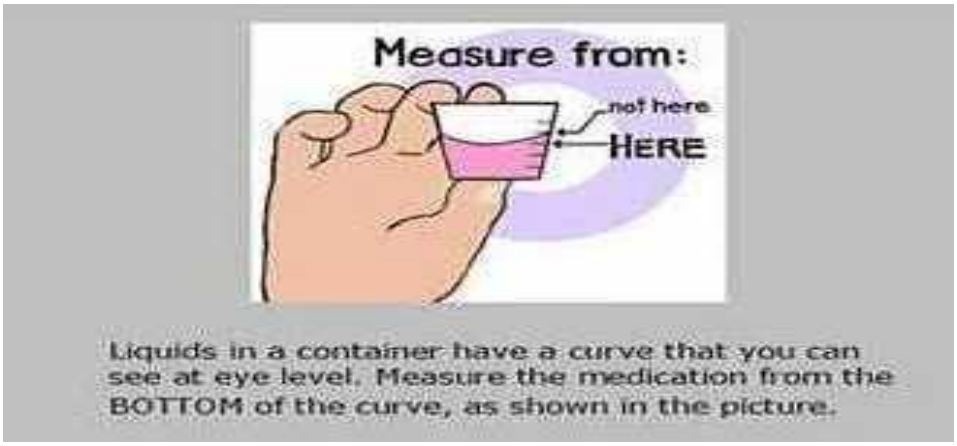
C. Cutting or Crushing Tablets

Cutting, crushing or sprinkling of the medication are examples of changing the form of an oral medication. If the form of an oral medication must be changed, (e.g. cutting, crushing or sprinkling) the prescribing health care provider will indicate this in the written prescription and on the pharmacy label.

Scored tablets that must be cut in half to obtain a smaller dose should be cut by either the school nurse or the student's dispensing pharmacist. (For example, the medication is packaged in 10 milligram (mg) tablets and the health care provider's order or prescription indicates the student is to receive 5 milligrams or ½ a tablet. (The school nurse, licensed health care provider or dispensing pharmacist should cut the scored tablets.)

D. Measuring Liquid Medication

When pouring liquid medications, always place bottle cap upside down on a solid surface to avoid contaminating the inside of the bottle cap. Liquid medications must be measured to ensure accurate dosage. For liquid medications, always use a plastic marked medicine cup, oral syringe or dropper. Pay close attention to the medication order (dosage on the bottle) and find the corresponding markings on the medicine cup or dropper. When using a plastic marked medicine cup, place the cup on a solid, level surface and look at the medicine cup at eye level to ensure the correct amount has been poured.



If a student is to receive more than one liquid medication at the same time, each liquid medication must be measured separately.

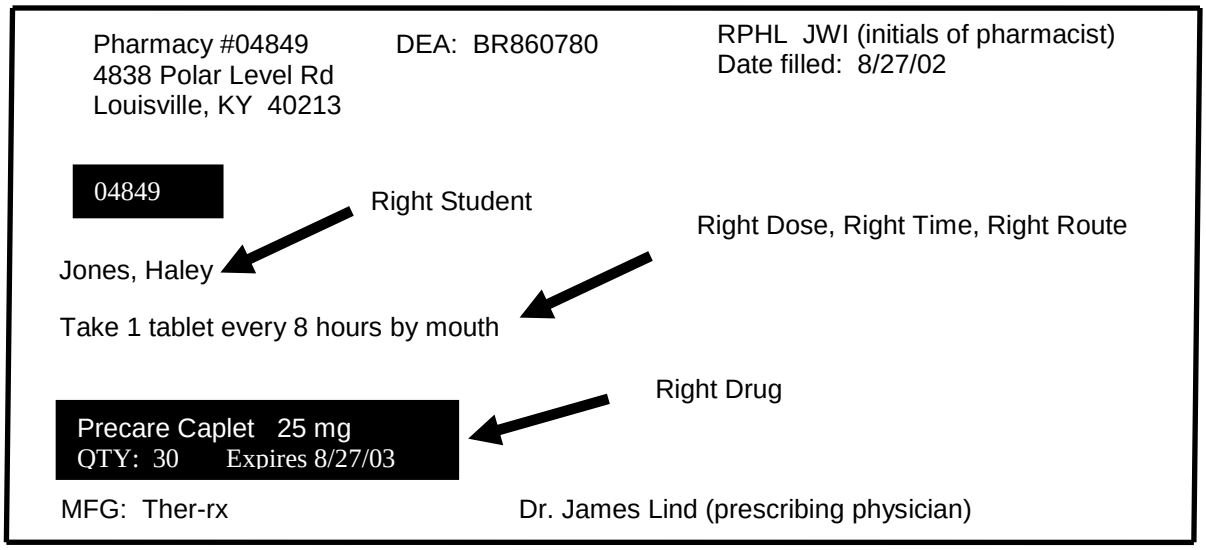
When pouring the medication out of the container, hold the bottle so the label is in the palm of your hand to prevent spillage and causing the label to be illegible. Some liquid medications are suspensions and require shaking before being administered. This information will be on the label of the medication bottle.

Ensuring Accurate Administration of Medication

To safely manage and administer medications to students, the “six rights of medication administration” must be followed. ***(See Handouts section for the Six Rights)***

Note: Only set up and administer one individual's medication at a time. Never document administration of the medication before the student receives it.

Prescription Label Example



Procedure for Administering Medications

All medication administration procedures must include these basic steps regardless of the type of medication to be administered:

- Student reports to office or call student to the office
- Verify identity of student (using two methods of identification)
- Identify yourself and what you will be doing
- Assemble necessary equipment
- Wash your hands before and after administering medications

Steps to follow when administering each type of medication are located in the **HANDOUT** section.

Medication Errors

District policies and procedures state what documentation is required if a mistake in medication administration has been made. Any error must be documented on the school district's "medication error" or incident form and reported as soon as possible to the school nurse, school principal and parents.

Report accidental errors such as:

- forgetting to give a dose of medication
- giving medication to the wrong student
- giving the wrong medication or the wrong dose
- giving medications at the wrong time
- giving medication by the wrong route

Accidents do happen and in the interest of the student's health and safety, report all errors promptly.

Refusal of Medications

Refusing medications is not considered a medication error, and the refusal should be documented on the Medication Administration Record as a "refused" medication. The documentation assures the student has been offered the medication as ordered, and also proves staff followed school district policy in administration/documentation.

As best practice and according to the student's developmental level, the student should understand why the medication is being administered, and also should be made aware of any common side effects. He/she should also be able to verbalize understanding that these medications are considered a part of treatment and that the parent/guardian will be notified should he/she refuse the scheduled medication.

Medication Documentation (Medication Log/Medication Administration Record)

Record-keeping is very important when medication is given at school. A medication "log" (medication administration record) must be kept for each student. The log can be kept on paper or in the Kentucky Student Information System 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 (allergies in red ink if on paper). It is also recommended that a picture of the student be attached to the document if paper is used for identification purposes.

Compare the information on the medication label with the information on the medication log. This information must match. Whenever a change in the dose of the same medication is ordered by the prescribing medical provider, a new medication log 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.

The medication record (log) may be used to also make notes of additional comments of any unusual circumstance related to the student receiving the medication. This medication record becomes a permanent part of the student's file (in student's cumulative health folder) and provides legal documentation for those who administer medications to students. When a student receives a medication the actual time must be recorded on the medication record (initial if on paper). This must also be done when a medication is missed due to an absence or a field trip, or if the student refuses to take the medication. The medication administration record (log) is a legal and permanent document. Use only ink and never use "whiteout" if using a paper log. If a mistake is made in the recording of the time of the medication administration on a paper log, draw a single line through the time, write "void" and initial beside the time. A sample copy of a student medication log may be found in the Handout Section.

See local school district medication administration form and follow local school district policies for documentation. (Module IV)

Handouts available:

- Common Medication Abbreviations
- Glossary of Medical Terms
- Proper Hand Washing Techniques
- Six Rights of Medication Administration
- Medication Administration Record (Medication Log) Example
- Brand Names and Generic Names of Common Medications
- Medication Administration Procedures:
  Oral Medication, Liquid Medication, Eye Drops or Ointment, Ear Drops, Topical Ointment or Creams, Nasal Spray, Metered Dose Inhalers

Module III: Emergency Medication Administration

Module III: Emergency Medication Administration

Emergency Medications

According to KRS 158.838 and the Kentucky Board of Nursing, unlicensed school personnel may administer emergency medications (e.g. Glucagon®, Diazepam rectal gel (Diastat®) and EpiPen®) provided they have received training from a registered nurse. (KRS 156.502 and KBN AOS 15) These are medications prescribed to be given during a life-threatening event.

A. Glucagon® for Hypoglycemia

Hypoglycemia is the term used for a low blood sugar level. Hypoglycemia (low blood sugar level) is one of the most frequent complications of children with diabetes who require insulin. Hypoglycemia is the result of a drop in the level of the student's blood glucose (blood sugar) and may occur very suddenly.

Sometimes an extremely low blood sugar level will cause the student to become unable to help themselves due to an impaired level of consciousness or motor function. Hypoglycemia may result from:

1. too much insulin
2. student administered insulin without eating
3. too little food consumed
4. delay in receiving snack/meal
5. increased physical activity
6. illness (at times)
7. alcohol use (a concern in adolescents)

Hypoglycemia symptoms are characterized as mild, moderate or severe. Students who receive insulin for the treatment of diabetes should have a written individual health care plan (IHP) or Emergency Diabetes Care Plan/Action Plan describing how to treat all of these symptoms according to the severity of the hypoglycemia.

If a student shows signs of hypoglycemia, unlicensed school personnel should consult the student's IHP or Emergency Diabetes Care Plan/Action Plan for guidance on how the hypoglycemia is to be treated. The IHP or Emergency Diabetes Care Plan/Action Plan may include the administration of the emergency medication Glucagon®, which unlicensed school personnel may administer after receiving training from a registered nurse. (KBN AOS #15)

Glucagon® is a life-saving injectable hormone prescribed for the student experiencing severe symptoms of hypoglycemia (severe sleepiness, loss of consciousness, seizure or inability to swallow). Glucagon® is used to treat a student's low blood sugar level when they are unable to take liquid or food by mouth. After injecting Glucagon®, the level of glucose in the blood increases within 5-15 minutes. Glucagon® does not harm the child. However, after receiving Glucagon®, the student may experience nausea and vomiting. Position the student on their side after administering Glucagon®. Hypoglycemia can be easily and effectively treated. However, potential life threatening complications can occur if hypoglycemia isn't treated promptly.

It is the responsibility of the parent/guardian to provide the Glucagon® along with written orders when to administer the Glucagon® from the student's health care provider. KRS 158.838 requires "each local public school district to have at least one (1) school employee who has met the requirements of KRS 156.502 on duty during the entire school day" to administer Glucagon® in an

emergency." (See Appendix)

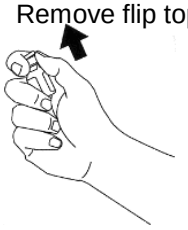
The Glucagon® kit should be stored at room temperature in an area where trained school personnel will have easy access to it. As per KRS 158.838, the expiration date of the Glucagon® kit should be checked monthly and the parent/guardian notified one month in advance of the expiration date.

How to Administer Glucagon®

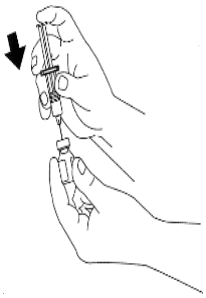
Eli Lilly and Company

GlucaGen® HypoKit®

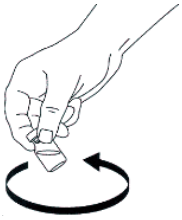
- Identify someone to call 9-1-1
- Open kit
- Remove flip top seal from vial



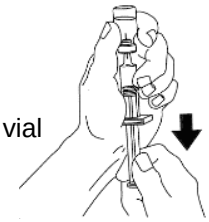
- Remove needle protector from syringe
- Slowly inject all sterile water from syringe into vial of Glucagon® (leave needle in vial if possible)



- Gently swirl vial (don't shake) until solution is clear. (May leave syringe in vial)

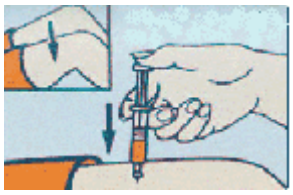


- Withdraw amount of Glucagon® prescribed from vial back into syringe



- Inject straight (90° angle) into
  - arm (upper)
  - leg (thigh)
  - or buttocks

  (may inject through clothing if necessary)



- Slowly inject Glucagon® into site
- Withdraw needle, apply light pressure at injection site
- Turn person on his/her side, person may vomit
- Place used needle back in kit and close lid (do not recap)
- Give used kit to EMS personnel
- Document administration of Glucagon® on Medication Administration Record

(Modified from Eli Lilly and Company, 2005 and Safe At School, Diabetes Care Tasks at School: What Key Personnel Need to know, American Diabetes Association, 2008)

B. Epinephrine for Anaphylaxis

Anaphylaxis is a life threatening allergic reaction that can be fatal within minutes. Anaphylaxis can be a reaction to: food (particularly peanuts, tree nuts, fish, wheat or eggs), stinging insects (such as wasps or bees), medications, latex or exercise.

Symptoms of anaphylaxis include:

- itching and/or hives, particularly in the mouth or throat
- swelling of the throat, lips, tongue and/or eye area
- difficulty breathing, swallowing or speaking
- increased heart rate and/or sense of impending doom
- abdominal cramps, nausea, vomiting, diarrhea
- weakness, collapse, paleness, lightheadedness or loss of consciousness

Since the severity of an allergic reaction is difficult to predict, the allergic response may rapidly progress to anaphylaxis. It is important for students with severe allergies who are at risk of anaphylaxis to have an Allergy or Anaphylaxis Emergency Action Plan of Care. The Allergy or Anaphylaxis Emergency Action Plan may include the administration of epinephrine from an EpiPen®.

Severe allergic reactions may be unavoidable because foods may contain unknown ingredients; insects range widely; and latex can be found anywhere. Once anaphylaxis has begun, the treatment may be an immediate injection of epinephrine (EpiPen®) which is effective for only 10 to 15 minutes. It is not necessary to remove the student's clothing before administering the EpiPen® auto injector. After receiving the epinephrine, the student should then be transported for further emergency medical attention at the nearest hospital emergency room.

The EpiPen® is a prescribed medication that contains epinephrine to reverse the most dangerous effects of an anaphylactic reaction. The prescription is written according to the weight of the child. The prescribing health care provider will instruct the student under what circumstances the EpiPen® should be used. Per KRS 158.834 and KRS 158.836, the student may carry and self-administer an EpiPen®. Unlicensed school personnel may administer the EpiPen® after receiving training from a registered nurse. (KBN AOS #15) (See Appendix)

The manufacturer recommends the EpiPen® be stored at room temperature in a dark area. The expiration date of the EpiPen® kit should be checked monthly and the parent/guardian notified by school personnel one month in advance of the expiration date.

How to Administer an EpiPen®

- Identify someone to call 9-1-1.
- Flip open cap at top of carrier tube.

- Remove EpiPen® from carrier tube and remove the blue safety release.

- Form a fist around the unit with the orange tip pointing downward.
- Swing and **firmly push** orange tip against outer thigh until click is heard. (Auto-injector may be given through clothing).

- **Hold in place for 10 seconds**. The injection is now complete.
- Remove pen from thigh and message injection site for 10 seconds.
- Place used auto-injector into carrier tube and give to EMS when they arrive.
- Document administration of EpiPen® in Medication Administration Record (MAR).

Note: Always refer to the package insert for additional information on administration.

(Modified from http://files.EpiPen®.gethifi.com/footer-pdfs/patient-packaging-insert-pdf/Patient-Information.pdf, January 2011)

C. Diastat® Rectal Gel for Seizures

Epilepsy is a neurological disorder that causes a student to have recurrent seizures. Seizures are caused by a brief disruption in the brain's electrical activity resulting in altered or loss of awareness, shaking, convulsing, confusion or sensory experiences.

Seizures can take many different forms, often not resembling the convulsions that many associate with epilepsy. Common types of seizures include:

- Generalized Tonic Clonic (Grand Mal)- Convulsions, muscle rigidity, jerking
- Absence (Petit mal)- Blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions
- Complex Partial (Psychomotor/Temporal Lobe)- random activity where the student is out of touch with their surroundings
- Simple Partial - jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers
- Atonic (Drop Attacks)- sudden collapse with recovery within a minute
- Myoclonic - sudden, brief, massive jerks involving all or part of the body

Seizure symptoms depend on where in the brain the disruption occurs and how much the brain is affected by the seizure. Seizures may last from a few seconds to a few minutes. Most seizures are not medical emergencies and resolve after one or two minutes. Use a watch to time the seizure from the beginning to the end.

Many students achieve good seizure control with prescribed medication. However, a seizure is generally considered an emergency under the following conditions:

- a convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- a student has repeated seizures without regaining consciousness
- a student is injured or has diabetes
- a student has a first-time seizure
- a student has breathing difficulties
- a student has a seizure in water

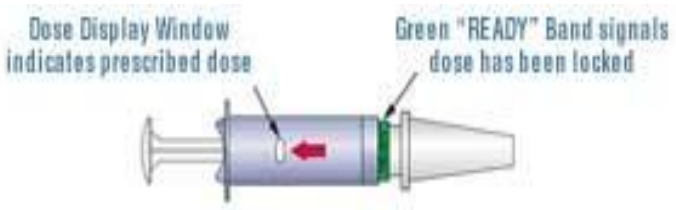
The first two priorities during a seizure are airway patency (keeping the airway open) and safety. Do not try to place an object in the student's mouth during a seizure. Efforts to hold the tongue down could injure teeth or jaw. Instead, turn the student to one side. This will help keep the airway open. Do not attempt to hold the student down or restrain their movements. Instead, clear the area around the person of anything hard or sharp.

Students receiving medication for the control of their seizures should have a written Seizure Emergency Action Plan with instructions for how to manage the student's seizures during school hours. The student's health care provider will determine when emergency rescue medication should be given for seizure activity. The Seizure Emergency Action Plan may include the administration of the emergency medication Diastat® which unlicensed school personnel may administer after receiving training from a registered nurse. Per KRS 158.838, the expiration date of the Diastat® kit should be checked monthly and the parent/guardian notified by school personnel one month in advance of the expiration date.

Dial and Lock Reminder

IMPORTANT: Check the dose when receiving Diastat® from a parent

DIASTAT®® AcuDial™ has a unique locking mechanism that ensures that the student receives the correct dose. ALWAYS make sure that the green "READY" is visible.



1. If the prescription is for a child, ensure that you have the smaller tip size. Tip sizes come in 4.4 cm or 6.0 cm.
2. Because you receive 2 DIASTAT® AcuDial delivery systems as part of your Twin Pack with each prescription, be sure to double-check both.

Please note: a 2.5-mg pre-filled syringe of DIASTAT® is still available. This delivery system does not require dialing and locking prior to dispensing or use.

What you should do if you don't see the green "READY" band?

If you don't see the green "READY" band, it means that the medicine in your DIASTAT® AcuDial is not properly locked in. **Do not accept the prescription** and have parent contact the pharmacist and return the DIASTAT® AcuDial to the pharmacy immediately. **Do not use a DIASTAT® AcuDial that does not have the correct dose properly locked in.**

Note: Additional product information: http://www.Diastat®.com/3-Prescription/2-Dial_Lock.html

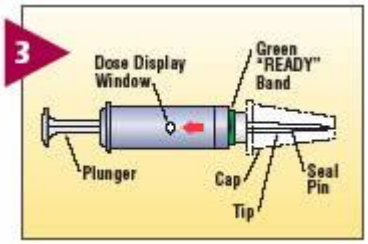
How to Administer Diastat® AcuDial (Diazepam rectal gel)

- Identify someone to call 9-1-1

- Turn student on side where they can't 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 sure seal pin is removed 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

- Keep student on their side, note the time Diastat® was given, continue to observe until EMS arrives

- Give EMS the used Diastat® syringe (Note: you may recap the syringe)
- Document the administration of Diastat® in the student's Medication Administration Record

(Modified from Diastat® AcuDial product instructions, May 2009)

Module IV: Local School District Policies and Procedures

Module IV: Local School District Policies and Procedures

Medication Administration

KRS 156.502 states that schools will administer health services (including medication administration) to students who require this service during the school day. Therefore, school districts should have in place, policies and procedures that address how medications and other health services will be delivered. The school district policies and procedures should be readily accessible for reference by all school personnel who may be delegated and trained to administer medication.

Local school district policies for medication administration should include:

- Consent forms to be signed by parent/guardian giving authorization to the school district to administer medication
- Health Care Provider's forms to be signed regarding medication administration instructions

The above policies would also address prescribed medication, over the counter medication and self-administered medication as per KRS 158.834, 158.836 and 158.838.

Other local school district policies/procedures should include:

- Storage of medication.
- How to dispose of unused medication.
- Administration of medication on a field trip.
- Medication administration documentation.
- Documentation and reporting of medication errors.
- Possession and use of asthma or anaphylaxis medications as per KRS 158.834 and 158.836.
- Emergency administration of diabetes and seizure disorder medications (KRS 158.838).

The above policies/procedures should also specify the appropriate school district forms to be completed.

Handouts

Common Medication Abbreviations

Abbreviation	Definition
ac	before meals
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
bid	Two times a day
bucc	Buccal (inside the cheek, along the gum line)
cc	Cubic centimeter (1cc=1mL)
cap	Capsule
D/C	Discontinue
gtt/gtts	Drop/Drops
inh	Inhalation
MDI	Metered-dose inhaler
mg	Milligram
mL	Milliliter (1mL=1cc)
nka	No known allergies
OD	Right eye
OS	Left eye
OTC	Over the counter
OU	Both eyes
Ounce	(1oz=30cc's=30mL's)
pc	After meals
PCN	Penicillin
po	By mouth
prn	When needed or necessary
qd	Every day
qh (q1h)	Every hour
Every morning	qam
q2h	Every two hours
q3h	Every three hours
q4h	Every four hours
q6h	Every six hours
qid	Four times a day
qod	Every other day
stat	At once
S/E	Side effects
SL	Sublingual (Under the tongue)
S-R	Sustained release (slow release)
susp	Suspension
tab	Tablet
tid	Three times a day
tsp	Teaspoon (5mL=1tsp)

Glossary of Medical Terms

Term	Definition
Abrasion	Superficial scraping away of the skin
Acute	A sudden onset, the opposite of Chronic
ADD	Attention Deficit Disorder. A disorder manifested by poor impulse control, distractibility and forgetfulness.
ADHD	Attention Deficit Hyperactivity Disorder. ADD with added symptoms of hyperactivity
Adverse effects	An unexpected or unwanted reaction to a medication It may be sudden or develop over time
Allergic reaction	An immune response to a foreign substance resulting in inflammation and/or organ dysfunction. Symptoms may occur immediately or over time, such as redness, rash, hives, itching, swelling, and yellowing of skin and fever
Analgesic	A medicine for relief of pain
Anaphylaxis	The most dangerous type of allergic reaction. Anaphylaxis is a life-threatening event that may include symptoms such as falling blood pressure, respiratory distress and unresponsiveness
Anti anxiety	A medication that reduces the feelings of worry or apprehension
Antibiotic	A medication that kills or stops the growth of bacteria
Anticoagulant	A medication that hinders the coagulation of blood (blood thinner)
Antidepressant	A medication used to relieve or prevent depression
Anti mania	A medication used to relieve the mental state of extreme excitement and activity (Manic or Bipolar disorders)
Antipsychotic	A medication that reduces the symptoms of psychosis, such as delusions, hallucinations and distorted reality
Antiseptic	A substance that stops or prevents the growth of various microorganisms on the skin
Binging	A period of excessive indulgence as in eating or drinking
Bipolar Disorder	any of several mood disorders characterized usually by alternating episodes of depression and mania or by episodes of depression alternating with mild nonpsychotic excitement - called also bipolar affective disorder, bipolar illness, manic depression, manic-depressive psychosis
Broad Spectrum Antibiotics	Medication used to treat a wide range of disease causing bacteria
Cerebral stimulants	Medication prescribed for youth with ADD or ADHD often resulting in calmer behavior and better impulse control
“Cheeked”	Medication that has been hidden or attempted to be hidden inside the mouth, generally either in the cheek or under the tongue
Chronic	A persistent or long lasting health condition. Opposite of acute
Conjunctivitis	Itchy swollen eyes that may be caused by allergies, foreign body or bacterial or viral infection. Highly contagious. (also called “pinkeye”)
Controlled substances	Potentially addictive medications regulated by Federal laws

Corticosteroids	(Also called "steroids") are medications prescribed to quickly reduce inflammation and pain. To maximize benefits, but minimize potential side effects, corticosteroids are usually prescribed in low doses or for short durations
Decongestant	a broad class of medications used to relieve nasal congestion. Generally, they work by reducing swelling of the mucous membranes in the nasal passages
Dermal	Refers to skin
Dermatitis	Inflammation of the skin; the skin inflammation varies from mild irritation and redness to open sores, depending on the type of irritant, the body part affected, and sensitivity
Dyspnea	Difficulty in breathing
Dyspepsia	Indigestion, heartburn
Edema	Swelling
Enteric Coating	a substance covering a tablet that will not dissolve until reaching the small intestine
EpiPen®	A disposable pre-filled injectable medication prescribed for treating severe allergic reactions causing respiratory distress (anaphylaxis)
Epilepsy	A neurological disorder that causes recurrent seizures
Expectorant	A medication that loosens mucous from the respiratory tract
Feces	also called stool
Finger cot	A close fitting sheath worn at the end of a finger as a device for protection of the finger
Flat Affect	Lack of emotional response; no expression of feelings; talking in monotone voice or having lack of facial expression
Fungicidal	A medication used to kill fungus
Grandiosity	False or exaggerated belief in one's own worth
Grand Mal Seizure	A major epileptic seizure involving the entire body
Hallucinations	Perceived sights, sounds, tastes, smells, or sensations that are not actually there
Hypertension	High blood pressure readings above the "normal" range appropriate for age
Hypoglycemia	Abnormally low blood sugar
Hypothyroidism	A condition of the thyroid gland characterized by low energy, weight gain and often can mimic depression
Inflammation	A response of the immune system to injury or destruction of cells. Symptoms may include redness, heat, pain and swelling
Jaundice	(Icterus) Yellowing of the whites of the eyes, skin and body fluids
Lacerations	Cuts or scratches on the body
Laxatives	Medications that will cause evacuation of feces (stool) from the body
Lethargic	Drowsy or sluggish, difficult to stay awake
Licensed Practitioner	An individual who has been granted a license to practice within the parameters designated by the board of record. The KBN grants licenses to RNs, APRNs and LPNs. The Kentucky Medical Board grants licenses to physicians and the Kentucky Board of Pharmacy grants licenses to pharmacists
Mania	Mental state of extreme excitement and activity (Manic)

MAR	Medication Administration Record; documentation record for medications given
Narcolepsy	A chronic sleep disorder in which a person experiences extreme tiredness and possibly falls asleep during inappropriate times, such as at work or school
Nebulizer	A device used to administer medication in the form of a liquid mist into the airways
Non-controlled medications	Non-controlled medications – Medications with no history of addictive potential; not governed by the same laws and storage requirements as for controlled medications
Ophthalmic	Pertaining to the eyes
Oral Medications	drugs that are given by mouth
Otic	pertaining to or concerning the ear
Over the Counter (OTC) Medications	Medications that may be purchased without a prescription, such as Tylenol® or Advil®
Paranoid Disorder	An excessive anxiety or fear concerning one's own well being
PRN Medications	Medications ordered to be given only on an "as needed" basis, such as Tylenol for a headache
Psoriasis	Chronic skin disease with scaly red patches
Psychotherapeutic Agents	A classification of medication used to treat mental disorders, may be prescribed to treat depression, psychosis or bipolar disorders
Route of Administration	How a medication is to be given, such as by mouth, on the skin (topical), etc
Seizure	A brief, excessive discharge of electrical activity in the brain that alters one or more of the following: movement, sensation, behavior, awareness
Tardive Dyskinesia (TD)	A neurological disorder that may be due to long term and/or high does use of some antipsychotic medications; characterized by abnormal repetitive, involuntary movement of the face, such as grimacing, lip smacking, or rapid eye blinking
Topical medication	Medications applied to the skin
Tourette Syndrome	A neurological disorder characterized by unusual, involuntary movements or sounds, called tics. Common tics are throat-clearing and blinking. May occur with other neurological disorders such as ADHD, Obsessive-Compulsive Disorder (OCD), anxiety or depression

HANDOUT #1

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 excellent 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 <u>dry</u> (approximately 20 seconds)

HANDOUT #2

Six Rights of Medication Administration

1. **Right Student**
   Always have two (2) ways of identifying the student when administering medications.

2. **Right Medication**
   Verify that the name of the medication on the label on the medication container matches the information on the Medication Administration Log

3. **Right Dose**
   Read the label on the medication container and compare it to the information on the Medication Log. Be sure to note the dose of the medication to be given.

4. **Right Route**
   Read the label on the medication container and compare it to the information on the Medication Log. Be sure this information matches.

5. **Right Time**
   Follow the instructions on the Medication Log. Compare with the instructions on the medication container label. Follow school district policy for the time frame acceptable to give the medication (Example: 30 minutes before or 30 minutes after the scheduled time.)

6. **Right Documentation**
   Each medication given must be documented when it is given. (Remember- If a medication has been given but not documented, there is the potential of overdosing.)

   Always Check the Medication:

   - When removing the medication from storage (drawer/shelf)
   - When removing the medication from the container/package
   - When returning the medication container to storage (drawer/shelf)

Handout # 3

Any Public School

Student Picture Here

Medication Administration Record

School Year: ___2008-2009__

Name of Student: _____Date of Birth: _____Sex: _____ Grade: _____

Allergies:_____Name and Dose of Medication_____

Route _____ Times given at School: _____Possible Side Effects_____

ClassroomTeacher when medication is due _____

Health Care Provider Name/Number: _____

Emergency Contact Names/Numbers: _____

Directions: Initial administration or use codes below. A complete signature and initials of each person administrating 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	X	X	X	X	X	X	X	X	X	X	X	X				X	X						X	X			X			X	X
Sep	X					X	X						X	X						X	X						X	X			X
Oct				X	X				X	X	X	X	X					X	X						X	X					
Nov	X	X	X	X				X	X						X	X						X	X			X	X	X	X	X	X
Dec						X	X						X	X						X	X	X	X	X	X	X	X	X	X	X	X
Jan	X	X	X	X						X	X						X	X	X					X	X						X
Feb	X						X	X						X	X	X					X	X						X	X	X	X
Mar	X					X	X	X						X	X						X	X	X					X	X		
Apr				X	X	X	X	X	X	X	X	X						X	X						X	X					X
May		X	X						X	X						X	X		X				X	X	X			X	X	X	X

Authorized Person(s) administering or counting medication: Signature/Initials

_____/_____

_____/_____

_____/_____

_____/_____

Documentation Codes:

(A) Absent **(R)** Refused* **(W)** Dosage withheld* **(E)** Early Dismissal

(F) Field Trip **(X)** No school **(N)** No medication available* **(S)** Self-administered

***Documentation required in student's health file and Parent/Guardian to be contacted. Please notify teachers if medication withheld for any reason. Documentation of medication count is on the back of this MAR**

Student Picture Here

Medication Administration Record

Medication Count			Notes on Administering Medications		
Date	**Amount Present**	**Initials**	**Date**	**Event Description**	**Initials**

Modified from Southgate Independent School District, KDE 2010

Handout # 4

Brand and Generic Names for Common Medications

Brand Name	Generic Name	Brand Name	Generic Name
Abilify	Aripiprazole	Metadate ER, Metadate CD	Methamphenidate
Actifed	Aphedrid, Aprodine	Mellaril	Thioridazine
Adderall, Adderall XR	Amphetamine Sulfate	Motrin	Ibuprofen
Advil	Ibuprofen	Neurontin	Gabapentin
Atarax	Hydroxyzine	Paxil	Paroxetine
Ativan	Lorazepam	Prozac	Fluoxetine
Benadryl	Diphenhydramine HCL	Remeron	Mirtazapine
Buspar	Buspirone	Risperdal	Risperidone
Catapres	Clonidine	Ritalin, Ritalin SR, Ritalin EC	Methamphenidate
Celexa	Citalopram	Robitussin DM	Guaifenesin Dextromethorphan Hbr
Claritin	Loratidine	Seroquel	Quetipine
Cogentin	Benztropine	Singulair	Montelukast
Colace	Docusate Sodium	Strattera	Atomoxetine
Concerta	Methamphenidate	Synthroid	Levothyroxine
DDAVP	Desmopressin acetate	Tegretol, Carbitrol	Carbamazepine
Depakote	Divalproex Sodium`	Tenex	Guanfacine
Desyrel	Trazodone		
Dexadrine	Dextroamphetamne Sulfate	Thorazine	Chlorpromazine
Effexor	Venlafaxine	Tinactin	Tolnaftate
Eskalith	Lithium	Topamax	Topiramate
Gabitril	Tiagabine		
Gas-X	Simethicone	Trileptal	Oxcarbasepine
Geodon	Zipraxidone	Tylenol	Acetameniphen
Haldol	Haloperidol	Valium	Diazepam
Imipramine Hcl	Imipramine	Wellbutrin, Wellbutrin SR	Bupropion
Immodium	Loperamide	Xanax	Alprazolam
Lamictal	Lamotrigine	Zantac	Ranitidine
Lexapro	Escitlopram	Zoloft	Sertraline
Lithobid	Lithium	Zyprexa	Olanzapine
Lotrimin	Clotrimazole		
Luvox	Fluvoxamine		

Handout # 5

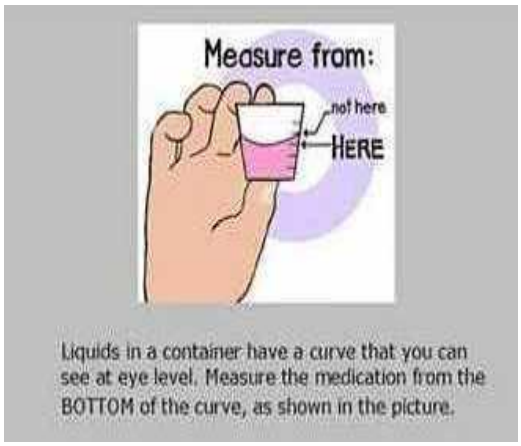
Oral Medication Administration

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.
- ✓ Pour medication into the bottle lid and then into the disposable medicine cup.
- ✓ Provide the student with 4 to 6 ounces of water or other liquid that allows for easy swallowing.
- ✓ Verify the student has swallowed the medication.
- ✓ Document on the medication administration record (medication log) that you have administered the medication.
- ✓ Replace the medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.

Handout # 6

Liquid Medication Administration

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.
- ✓ Have the container at eye level when measuring.
- ✓ Holding the bottle so that the label is in the palm of the hand, pour the liquid into a plastic marked cup. Pay attention to the markings on the container to make sure the dose is accurate.



- ✓ Verify the student has swallowed the medication.
- ✓ Document on the medication administration record (medication log) that you have administered the medication.
- ✓ Replace the medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.

Handout # 7

Eye Drops or Ointment

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation. (Know which eye is to be treated. Initials may be used to specify the eye that requires treatment, O.D.= right eye; O.S.= left eye; O.U.= both eyes).
- ✓ Put on gloves.
- ✓ Stabilize the head by having the student tilt their head back or have them lie down.
- ✓ Have the student look upward.
- ✓ Gently pull the lower lid away from the eye to form a "pocket".
- ✓ Place drop(s) into pocket area allowing the drop to fall into the pocket. Do not place medicine directly on the eye itself. Make sure the bottle tip does not touch the eye or eyelid.

- ✓ If an ointment is used, apply a thin strip into the "pocket" without touching the eye or eyelid.
- ✓ Have the student close their eye(s) for a few moments.
- ✓ Dab away excess with tissue.
- ✓ Remove gloves.
- ✓ Document on the medication administration record (medication log) that you administered the medication.
- ✓ Replace medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.

Handout # 8

Ear Drops

- ✓ Follow the Six Rights of Medication Administration: Right student, Right medication, Right dose, Right time, Right route and Right documentation.
- ✓ Put on gloves.
- ✓ Loosen lid on medication and squeeze rubber stopper to fill the dropper.
- ✓ Stabilize the student's head by tilting it toward the opposite shoulder and turn head to the side.
- ✓ Gently pull the top of the ear (cartilage) back and up and hold.
- ✓ Place the prescribed number of drops into the ear canal without touching the dropper to the ear.
- ✓ Have the student to remain in the same position for a few minutes to avoid leakage.
- ✓ Remove gloves.
- ✓ Document on the medication administration record (medication log) that you administered the medication.
- ✓ Replace medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.

Handout # 9

Topical Ointment or Creams

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation
- ✓ Put on gloves
- ✓ Loosen cap on the medication and squeeze a small amount directly onto cotton tipped applicator (Q-tip®)
- ✓ Apply ointment directly to the area or give applicator to student for them to apply
- ✓ Cover Area, if indicated
- ✓ Remove gloves
- ✓ Document on the medication administration record (medication log) that you administered the medication
- ✓ Replace medication in locked storage area
- ✓ Observe the student for any medication reaction as appropriate

Handout # 10

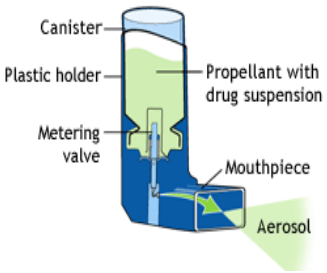
Nasal Spray

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation
- ✓ Have the student blow their nose
- ✓ Have the student block one nostril with a finger
- ✓ Insert the nozzle of the inhaler into the other nostril
- ✓ Aim inhaler so that the spray is directed upward and outward away from mid line
- ✓ Instruct student to exhale
- ✓ Squeeze the inhaler quickly and firmly, then instruct the student to inhale
- ✓ Repeat as directed for other nostril
- ✓ Document on the medication administration record (medication log) that you administered the medication
- ✓ Replace medication in locked storage area
- ✓ Observe the student for any medication reaction as appropriate

Handout # 12

Metered Dose Inhalers (MDI)

HFA (hydrofluoroalkane) Inhalers



A metered dose inhaler is a pressurized canister of medicine that is sprayed through a mouthpiece. You can help a student follow these simple steps to properly use their MDI.

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.
- ✓ Shake the inhaler several times.
- ✓ Check that canister is firmly positioned in plastic holder (and attach spacer if required.)
- ✓ Have student slightly tilt their head backward.
- ✓ Have student breathe out (exhale) completely.
- ✓ Have student place the mouthpiece between the teeth and close lips around it.
- ✓ Squeeze the inhaler to discharge the medicine and have student begin to inhale immediately.
- ✓ Instruct student to breathe in slowly and deeply for 3-5 seconds. Once inhaled, have student remove the inhaler from their mouth, hold their breath for 5-10 seconds and then exhale.
- ✓ Rest for a minute, then repeat this sequence for each prescribed “puff”.
- ✓ Document on the medication administration record (medication log) that you administered the medication.
- ✓ Replace medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.

Additional Product Information for Inhalers

Until recently, all MDIs contained a chemical harmful to the Earth’s ozone (CFC). The government is requiring that all MDIs be transitioned to HFA (hydrofluoroalkane) inhalers which are more environmentally friendly. The new HFA propelled inhalers are different than what most students may be accustomed, and education may be required. Some differences include:

- Since there are only branded products available, prescriptions and student instructions should be appropriate to each product.
- The propelled spray (plume) with HFA propelled inhalers are softer than CFC propellants and students need to be reassured that they will be receiving the correct dose of active ingredient.
- HFA MDIs have different cleaning requirements. HFA MDIs need to be cleaned more frequently than CFC MDIs. The HFA medication tends to clog the exit port of the plastic actuator more quickly than CFCs. This prevents medication from reaching student’s airways, which may explain why students sometime report HFA inhalers aren’t working.
- HFA MDIs have different priming requirements. Priming (spraying multiple doses into the air) loads the correct dose of medication inside the inhaler. Each HFA inhaler has different priming instructions-how many sprays are needed and exactly when the medication requires priming-which can be different from CFC priming.

ALWAYS CONSULT THE STUDENT’S ASTHMA ACTION PLAN/PRESCRIPTION FOR INSTRUCTIONS ON HOW TO ADMINISTER THE INHALER.

Appendix

Statutory/Regulatory Reference	Title/Description	Link
704 KAR 4:020	School Health Services	http://www.lrc.ky.gov/kar/704/004/020.htm
KRS 156.502	Health services in the school setting – Designated provider– Liability protection	http://www.lrc.ky.gov/KRS/156-00/502.PDF
KRS 314.011	Definitions for Chapter	http://www.kbn.ky.gov/laws http://162.114.4.13/KRS/314-00/011.PDF
KRS 314.021	Policy	http://www.kbn.ky.gov/laws http://162.114.4.13/KRS/314-00/021.PDF
KRS 158.834	Self-administration of medications by students with asthma or anaphylaxis – Authorization – written statement – acknowledgement of liability limitation – duration of permission	http://www.lrc.ky.gov/krs/158-00/834.PDF
KRS 158.836	Possession and use of asthma or anaphylaxis medications	http://www.lrc.ky.gov/krs/158-00/836.PDF
KRS 158.838	Emergency administration of diabetes and seizure disorder medications – required written statements – limitation on liability – renewal of permission – expiration dates of medication	http://www.lrc.ky.gov/krs/158-00/838.pdf
201 KAR 20:057	Scope and standards of practice of advanced registered nurse practitioners http://www.lrc.ky.gov/kar/201/020/057.htm	http://www.lrc.ky.gov/kar/201/020/057.htm
201 KAR 20:400	Delegation of Nursing Tasks	http://www.lrc.ky.gov/kar/201/020/400.htm
AOS #15,	"Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel"	http://www.kbn.ky.gov/NR/rdonlyres/989D2CE9-B548-44E0-825C-4F6E2ACA6AB1/0/aos15pdf.pdf
AOS #30	"School Nursing Practice"	http://www.kbn.ky.gov/NR/rdonlyres/D7D77840-AEEB-45F6-8FFF-C442D350E1D5/0/aos20.pdf
20 U.S.C. § 1232g; 34 CFR Part 99 (see handout on page 64)	The Family Educational Rights and Privacy Act (FERPA)	http://regweb.unc.edu/official/FERPA/FERPA.html

20 U.S.C. § 1232g; 34 CFR Part 99 The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that 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

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Forum Guide to the Privacy of Student Information: A Resource for Schools (NFES 2006–805). U.S. Department of Education, Washington, DC: National Center for Education Statistics

Medication Administration Study Guide For Non-Licensed School Personnel

Revised March 2011
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Course Objectives

- Understand how to safely administer medications.
- Identify the responsibilities of the school nurse and unlicensed school personnel in medication administration.
- Understand 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.
- Understand appropriate and correct documentation of medication administration.
- Understand proper action and documentation necessary for refusal and omission of scheduled medications.
- Understand prevention of medication errors and incident reporting.
- Recognize when it is appropriate to contact additional resources (nurses, physicians, poison control and emergency medical services).

Module I: Legal Issues, Policies and Procedures

1. Understanding state laws and school policies and procedures is necessary to _____ the potential liability issues of medication administration in the school setting.

2. _____ grants liability protection for school personnel who accept the delegation of medication administration and successfully complete the medication administration training course, including demonstrated competency.

3. The three licensed medical professionals who may "prescribe" medication include: _____, _____, _____.

4. Nurses are licensed to _____medication.

5. Unlicensed school personnel may be delegated to administer medications in schools by:

   _____, _____,or _____.

6. The length of time that the delegation and training is valid for unlicensed school personnel is the _____ _____ _____.

7. True or False: The American Nurses' Association defines delegation as "the transfer of responsibility for the performance of an activity from one individual to another, while maintaining the accountability for the outcome."

8. According to 201 KAR 20:400, periodic supervision of a nursing task must be provided by a _____ _____.

9. True or False: Supervision of unlicensed school personnel requires that the supervising nurse be physically present in the same school building.

10. _____ is the federal law that protects the privacy of student educational records, including health records.

11. Information regarding student health information may only be shared with school personnel on a _____ _____ _____ basis.

12. True or False: All school districts should have written policies and procedures on medication administration.

13. True or False: All unlicensed school personnel administering medications should be familiar with their district's policies and procedures for medication administration.

14. The completed medication authorization form signed by the parent/guardian is valid only for the _____ school year.

15. Prescribed medication should be sent to school in the _____ labeled container.

16. Name the information a prescribed medication label should include:

    A._____

    B._____

    C._____

    D. _____

    E. _____

    F._____

    G._____

    H._____

17. True or False: All medications should be kept in an appropriately labeled, secure, locked cabinet accessible only by responsible, authorized school personnel.

18. True or False: Unused medication not picked up by the parent/guardian may be flushed down the toilet or sink.

19. True or False: For field trips, student medication may be repackaged by placing the necessary medication needed into a smaller container and labeled with the student's name, medication name, and time medication is to be given.

20. Refusing medication is not a medication error and should be documented on the Medication Administration Record (log) as _____.

21. Examples of medication errors include:

A._____

B._____

C._____

D. _____

F. _____

G._____

22. Errors made in recording medication on the Medication Administration Record should be marked as _____, _____ and _____.

23. If a medication error occurs, _____ notify the delegating school nurse and Principal and complete a Medication Administration Incident Report form.

24. Identify the information needed if contacting the Poison Control Center:

A._____

B._____

C._____

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Module II: Classification of Medications, Medication Preparation, Administration, and Documentation

1. _____medications are those medications that a licensed practitioner orders to treat a particular medical diagnosis or symptoms.

2. Give examples of the three types of medications that may be administered in the schools:

   A. Controlled/Scheduled: _____

   B. Non-Controlled/Scheduled: _____

   C. Over the Counter:_____

2. Important student health information to know prior to administering medication includes: Student name, date of birth, sex and _____.

3. An unwanted, unexpected or potentially dangerous response to a medication is known as _____.

4. True or False: A Licensed Practitioner must write an order (or prescribe) oral medication to be crushed.

5. _____ tablets are meant to be chewed before swallowing.

6. True or False: Enteric coated tablets protect the stomach from irritation and therefore should not be crushed or spit.

7. True or False: Capsules with SR(sustained release) after the name should not be broken or crushed unless the prescription specifically calls for it.

8. Suspensions are a form of liquid medication that must be _____ before being measured and administered.

9. When pouring liquid medication the label should face the _____ of the hand to prevent spilling on the label and causing the label to be illegible.

10. All oral medications should be given with at least _____to _____ ounces of water or other liquid to allow for easy swallowing.

11. It is important to verify that the student has swallowed the medication by asking them to open their mouth and checking under the tongue, roof of mouth, and _____ for hidden medication.

13. True or False: When administering eye (ophthalmic) drops, gently pull down the lower eyelid to create a pouch or "pocket"

14. True or False: When administering ear drops, gently pull the top of the ear (cartilage) back and up and hold.

15. When washing hands, apply soap and rub hands for _____ seconds.

16. List the "Six Rights" of Medication Administration:

A._____

B._____

C._____

D._____

E._____

F._____

17. It is important to have at least _____student identifiers when administering medication.

18. True or False: To ensure the right medication is given to the right student, always compare the medication label on the prescription bottle with the student's Medication Administration Record.

19. If the medication has been administered but not documented on the Medication Administration Record, there is the potential for _____ if the medication were to be re-administered.

20. True or False: The Medication Administration Record is a legal and permanent document and therefore, only ink and never "whiteout" must be used.

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Module III: Emergency Medication Administration

1. Name the three emergency medications that a registered nurse may delegate and train unlicensed school personnel to administer to treat a life-threatening event:

   _____ _____ _____

Glucagon®

2. Another term for a low blood sugar level is _____.

3. List three examples of potential causes for a low blood sugar level:

   A. _____

   B. _____

   C. _____

4. _____is the name of the medication used to treat a student's low blood sugar level when the student is unable to take liquid or food by mouth.

5. True or False: According to KRS 158.838, each local public school district is required to have at least one school employee on duty during the entire school day to administer Glucagon® in an emergency.

EpiPen®

6. True or False: Anaphylaxis is a life threatening allergic reaction that can be fatal within minutes.

7. True or False: Anaphylaxis can be a reaction to: foods, stinging insects, medication, latex or exercise.

8. List symptoms of anaphylaxis:

   A. _____

   B. _____

   C. _____

   D. _____

   E. _____

9. _____is a prescribed medication that contains epinephrine to reverse the most dangerous effects of an anaphylactic reaction.

10. Once administered, Epinephrine is effective for only _____ to _____ minutes.

11. True or False: KRS 158.834 and KRS 158.836 permits a student to self-carry and self-administer medication to treat anaphylaxis.

Diazepam (Diastat®)

12. _____is a neurological disorder that causes a student to have recurrent seizures.

13. Describe the many different forms of seizures:

    A. Generalized Tonic Clonic (Grand Mal) _____
    B. Absence (Petit mal)_____
    C. Complex Partial (Psychomotor) _____
    D. Simple Partial _____
    E. Atonic (Drop Attacks) _____
    F. Myoclonic _____

14. A seizure is generally considered an emergency when (circle the correct answer):

    A. Convulsive (tonic-clonic) seizures last longer than 5 minutes
    B. Student has repeated seizures without regaining consciousness
    C. Student is injured or has diabetes
    D. Student has a first-time seizure
    E. Student has breathing difficulties
    F. Student has a seizure in water
    G. All of the above

15. The first two priorities during a seizure are _____ _____ and safety.

16. True or False: The emergency medications Glucagon®, EpiPen® and Diastat® must be checked monthly and the parent/guardian notified one month in advance of the medication's expiration date.

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Module IV: Local School District Policies and Procedures

1. Describe your school district's policy and procedure for daily medication administration:

_____
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2. Describe your school district's policy for administering Over the Counter (OTC) medication such as Tylenol:

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3. Describe your school district's policy and procedure for administering medications to students on a field trip during the school day:

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4. How does the school district policy state all student medication is to be stored?

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5. Describe your district's policy for disposing of unused medication:

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6. Describe your district's policy and procedure for reporting and documenting medication errors:

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5. Review your district Medication Administration Record and how to document medications administered or refused.

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