

Medication Administration in the School Setting

Lompoc Unified School District



Medication Administration in the School Setting

- Laws & Regulations
- Administration of Medications
 - Lecture/demonstration
 - Hands on observation
- Emergency Medication Administration
 - Lecture/demonstration
 - Hands on observation
- Exam



Medication Administration in the School Setting

- Drug: A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease

(Webster's Collegiate Dictionary)

Medication Administration in the School Setting

- Medication: Includes substances dispensed in the United States by prescription and substances that do not require prescriptions, such as over-the-counter (OTC) remedies, nutritional supplements, and herbal remedies
 - Controlled substances are drugs that are regulated by the U.S. Drug Enforcement Administration (DEA). These drugs generally have potential for abuse or illicit distribution. A drug that is commonly administered in school is Ritalin. It is a criminal act to violate federal law related to controlled substances.



Medication Administration in the School Setting

Large numbers of students with chronic and acute illnesses, the huge array of available medications, new treatment regimes, and advanced technologies for administering medication have significantly affected our schools. Many students with special needs are able to participate in school because of the effectiveness of the medication taken. Some students who need medication at school require close observation or other health interventions following the administration of medication to achieve positive outcome and improved health status.

Medication Administration in the School Setting

- Medication administration in LUSD school is in accordance with:
 - LUSD Board Policy 5141.21
 - Education Codes
 - Business and Profession Codes
 - Code of Regulations, Title 5
 - United States Code, Title 20
 - United States Code, Title 29



Medication Administration in the School Setting

- If a parent/guardian chooses, he/she may administer the medication to his/her child at school or designate another individual who is not a district employee to do so on his/her behalf.
- Upon written request by the parent/guardian and with the approval of the student's authorized health care provider, a student with a medical condition that requires frequent treatment, monitoring, or testing may be allowed to self-administer, self-monitor, and/or self test. The student shall observe universal precautions in the handling of blood and other bodily fluids.



Medication Administration in the School Setting

- Any medication prescribed by an authorized health care provider may be administered by the school nurse or other designated school personnel only when the Superintendent or designee has received written statements from both the student's parent/guardian and authorized health care provider (Ed. Code 49423; CCR 600)

Medication Administration in the School Setting

The following forms are used at LUSD:

- The Physician's Directive for Students Receiving Medication at School (HE-9)

LOMPOC UNIFIED SCHOOL DISTRICT
HEALTH SERVICES
SERVICIOS DE SALUBRIDAD

PHYSICIAN'S DIRECTIVE FOR STUDENT RECEIVING MEDICATION AT SCHOOL
INDICACIONES DEL MEDICO PARA QUE EL ESTUDIANTE RECIBA MEDICAMENTO EN LA ESCUELA

California Education Code provides that any student required to take, during the regular school day, medication prescribed for him by a physician, can be assisted by designated school personnel if the school receives the following written information:

El Código Educativo de California provee que cualquier estudiante que requiere tomar medicamentos recetados por su médico durante el día regular de clases, sea atendido por personal escolar designado si la escuela recibe la siguiente información por escrito:

Student's Name _____ School _____
Nombre del Estudiante _____ Escuela _____

Medication _____

Name of Medication: _____

Dosage: _____

When to be given (frequency): _____

Effects to observe: _____

Side effects: _____

Discontinuation date: _____

Physician's Signature: _____ Date: _____

Physician's Name Printed: _____

Address: _____

Stamp _____ Phone Number: _____

Parent or Guardian's Permission:

I hereby request that the school nurse or other designated personnel administer the above prescribed medication to my child _____ as directed by the physician. I also grant permission for the school nurse to contact above physician as necessary.

Parent's Signature _____

Address _____ Date _____

Permiso del Padre de Apoderado:

Por medio de la presente solicito que la enfermera escolar u otro personal designado administre la medicina recetada arriba a mi estudiante _____ de acuerdo a las indicaciones del medico. También doy permiso a la enfermera escolar para comunicarse con el doctor mencionado cuando sea necesario.

Firma del Padre _____

Dirección _____ Fecha _____

MEDICATION FOR STUDENTS

Short term administration of medicine at school is to be discouraged. Ill children who need antibiotics, etc should stay at home as long as directed by their physician.

Most drug schedules can be modified enabling students to take their medicine before school, after school, and at bedtime. Arrangements also can be made with parents for the child to go home at lunch time.

For those students with a chronic physical or emotional condition who need medication in order to stay in school or those students who may need medicine only on the appearance of symptoms, parents will follow the procedure given below.

PROCEDURE TO BE FOLLOWED WHEN A CHILD MUST BE GIVEN MEDICATION AT SCHOOL

1. The parent requests that the doctor write double prescriptions. (One container of medication for use at home and one for use at school).
2. The parent brings to the child's school the completed form (HE-9, Physician's Directive for Pupil Receiving Medication at School or the HE-84, Parent/Guardian/Foster Parent and Physician/Surgeon Request for Self-Administration of Asthma and/or Epinephrine Medication) with the medication in the prescription labeled container. Over-the-counter medication that has been prescribed by an authorized health care provider as noted on the Physician's Directive and is delivered to the school in the original sealed container may be administered.
3. The directive, once recorded on the Health Supplement by the nurse, will then be kept on file in the health room. A medication administration log which includes medication, dosage and time of administration will be established for the student and kept on file. The log will reflect each dose of medication given, date, time and person administering.
4. Medication will be administered only by staff trained in medication administration.
5. The teacher may be notified when a student goes on medication and may be asked to keep a record of any changes noted in the child and report them to the nurse.

MEDICAMENTOS PARA LOS ESTUDIANTES

La administración de medicinas a corto plazo no es recomendable. Los estudiantes enfermos que necesitan antibióticos, etc., deben permanecer en casa el tiempo que indique su médico.

La mayoría de los honorarios para la administración de medicamentos pueden ser ajustados para que los estudiantes puedan tomar sus medicinas antes de ir o después de la escuela y a la hora de acostarse. También se pueden hacer arreglos con los padres para que los estudiantes vayan a casa durante la hora del almuerzo.

Los padres deben seguir el siguiente procedimiento con aquellos estudiantes con una condición física o emocional crónica que necesitan medicamentos para poder asistir a la escuela o aquellos estudiantes que necesitan medicamento solamente si se desarrollan ciertos síntomas:

PROCEDIMIENTO A SEGUIR CUANDO UN ESTUDIANTE NECESITA TOMAR MEDICAMENTOS EN LA ESCUELA

1. Los padres deberán solicitar que el doctor indique en la receta doble medicamento. (Un medicamento para administrarlo en la escuela y otro para uso en la casa.)
2. Los padres deberán llevar a la escuela de su estudiante esta forma completada (HE-9, Physician's Directive for Pupil Receiving Medication at School o la forma HE-84(s), Parent/Guardian/Foster Parent and Physician/Surgeon Request for Self-Administration of Asthma and/or Epinephrine) junto con el medicamento en el contenedor recetado. Los medicamentos que se pueden comprar pero que han sido recetados por un proveedor de servicio médico autorizado como se indica en la forma de Instrucciones del Médico y son entregados a la escuela en el contenedor original sellado pueden ser administrados.
3. Las indicaciones, una vez registradas en el Suplemento de Salubridad por la enfermera, se mantendrán en el archivo en la enfermería de la escuela. Un registro de administración del medicamento el cual incluye la dosis y la hora de administración será establecido para el estudiante y se mantendrá en el archivo. El registro reflejara cada dosis de medicamento administrada, la fecha, hora y el nombre de la persona que lo administra.
4. El medicamento se administrará solamente por el personal entrenado en la administración del medicamento.
5. El maestro puede ser notificado cuando un estudiante comienza un medicamento y se le pedirá que mantenga un registro de cualquier cambio que note en el estudiante y los reporte a la enfermera de la escuela.

Medication Administration in the School Setting

The following forms are used at LUSD:

- The Physician's Directive for Students Receiving Medication at School (HE-9)
- Physician Request for Student Self-Administration of Prescribed Inhaled Asthma or Auto-injectable Epinephrine Medication/ Parent/Guardian/Foster Parent **and** Physician/Surgeon Request for Self-Administration of Asthma and/or Epinephrine Medication [(HE-84orHE84s) front and back]

LOMPOC UNIFIED SCHOOL DISTRICT
HEALTH SERVICES

**Parent/Guardian/Foster Parent and Physician/Surgeon Request for
Self-Administration of Asthma and/or Epinephrine Medication**

Name of Student: _____ Birthdate: _____

School: _____ Room: _____ Grade: _____

**Parent Request/Consent for Students to Carry and Self-Administer Prescription
Inhaled Asthma or auto-injectable Epinephrine Medication at School**

California Education Code sections 49423 and 49423.1 allow students to carry and self-administer prescribed inhaled asthma and auto-injectable epinephrine medication during the school day.

I request my child _____ be allowed to carry and self-administer prescribed inhaled asthma medication and/or prescribed auto-injectable epinephrine medication in accordance with my physician/surgeon's written statement dated _____.

I authorize the school nurse or other designated school personnel to consult with my child's health care provider _____ regarding any questions that may arise with regard to the prescribed inhaled asthma and/or auto-injectable epinephrine medication.

Health Care Provider: _____ Telephone #: _____
I agree to release the Lompoc Unified School District and District personnel from any and all civil liability if my child suffers an adverse reaction as a result of carrying and self-administering the prescribed inhaled asthma and/or auto-injectable epinephrine medication.

I understand and agree the medication must be stored and carried in the student's original, labeled pharmacy container.

I understand this request/consent and the physician/surgeon's written statement must be provided annually or more frequently if my child's medication, dosage, frequency of administration, or reason for administration changes.

I understand my child may be subject to disciplinary action under Education Code section 48900et seq. if my child uses the prescribed inhaled asthma and/or auto-injectable epinephrine medication in a manner other than as prescribed by the physician/surgeon.

Date _____ Signature of Parent/Guardian/Foster Parent _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

LOMPOC UNIFIED SCHOOL DISTRICT
HEALTH SERVICES

**Physician Request for Student Self-Administration of Prescribed Inhaled
Asthma or Auto-injectable Epinephrine Medication**

Diagnosis/Reason for Medication: _____

Medication: _____

Method: _____ Amount: _____

Time schedules by which medication is to be taken: _____

Possible Reactions: (Possible serious reactions with this medication, i.e. allergic reaction, localized /general, etc): _____

Instructions for emergency care: _____

I certify and confirm that _____ is able to self-administer the above prescribed medication.

I understand this request is valid for a maximum of one year and this statement must be provided more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

Physician/Surgeon Signature: _____ Date: _____

Address: _____ Phone: _____

FOR SCHOOL USE:

Nurse: _____ Date: _____

Administrator: _____ Date: _____

DISTRITO ESCOLAR UNIFICADO DE LOMPOC
SERVICIOS DE SALUBRIDAD

**SOLICITUD DE LOS PADRES/APODERADOS/PADRES ADOPTIVOS Y MEDICO/CIRUJANO PARA LA
AUTO-ADMINISTRACIÓN DE MEDICAMENTOS PARA EL ASMA Y/O EPINEFRINA
(ASTHMA AND/OR EPINEPHRINE MEDICATION)**

Nombre del Estudiante: _____ Fecha de Nac.: _____

Escuela: _____ Salón: _____ Grado: _____

**SOLICITUD/CONSENTIMIENTO DE LOS PADRES PARA QUE LOS ESTUDIANTES POSEAN O SE AUTO-
ADMINISTREN MEDICAMENTOS DE INHALADORES PARA EL ASMA O EPINEFRINA EN LA ESCUELA**

Las secciones del Código Educativo de California 49423 y 49423.1 permiten que los estudiantes posean y se auto-administren medicamentos de inhaladores para asma y epinefrina auto-inyectable (*Inhaled asthma medication and/or prescribed auto-injectable epinephrine medication*) durante el día de clases.

Yo solicito que se permita a mi estudiante _____, que posea y se auto-administre el medicamento recetado de inhalador para asma y/o el medicamento recetado auto-inyectable epinefrina, de acuerdo a las indicaciones por escrito de mi doctor/cirujano con la fecha _____.

Yo autorizo a la enfermera de la escuela u otro personal escolar designado consultar con el proveedor del cuidado de salud de mi estudiante _____ acerca de cualquier pregunta que pueda surgir con respecto al medicamento del inhalador para asma y/o epinefrina inyectable.

Proveedor de Cuidados de Salubridad: _____ Tel. _____

Yo estoy de acuerdo y exonerolibero al Distrito Escolar Unificado de Lompoc y al Personal del Distrito de cualquier y de toda responsabilidad civil si mi estudiante sufre una reacción adversa como resultado de poseer y auto-administrarse el medicamento recetado del inhalador para asma y/o epinefrina inyectable.

Yo entiendo y estoy de acuerdo que el medicamento debe estar guardado y cargado con su etiqueta y recipiente original de la farmacia.

Yo entiendo que esta solicitud/consentimiento y las indicaciones del medicamento por escrito del doctor/cirujano deben ser proporcionada anualmente o con más frecuencia, si la dosis del medicamento, la frecuencia de la administración o las razones de los cambios en su administración.

Yo entiendo que mi estudiante puede estar sujeto a una acción disciplinaria bajo la sección 48900etseq, del Código Educativo, si mi estudiante utiliza el medicamento de inhalador para asma y/o epinefrina auto-inyectable en una manera que no sea la recetada por el doctor/cirujano.

Fecha _____ Firma del Padre/Apoderado Legal/Padre Adoptivo _____

Tel. Hogar: _____ Tel. Trabajo: _____ Tel. Celular: _____

LOMPOC UNIFIED SCHOOL DISTRICT
HEALTH SERVICES

**Physician Request for Student Self-Administration of Prescribed Inhaled
Asthma or Auto-injectable Epinephrine Medication**

Diagnosis/Reason for Medication: _____

Medication: _____

Method: _____ Amount: _____

Time schedules by which medication is to be taken: _____

Possible Reactions: (Possible serious reactions with this medication, i.e. allergic reaction, localized /general, etc): _____

Instructions for emergency care: _____

I certify and confirm that _____ is able to self-administer the above prescribed medication.

I understand this request is valid for a maximum of one year and this statement must be provided more frequently if the medication, dosage, frequency of administration, or reason for administration changes.

Physician/Surgeon Signature: _____ Date: _____

Address: _____ Phone: _____

FOR SCHOOL USE:

Nurse: _____ Date: _____

Administrator: _____ Date: _____



Medication Administration in the School Setting

- Who is an authorized health care provider
 - California licensed physicians and surgeons
 - California licensed dentists, optometrists, and podiatrists
 - California licensed nurse practitioners and California certified nurse midwives
 - California licensed physician assistants

Medication Administration in the School Setting

- The written statement shall include:
 - Student's name
 - Name of the medication
 - Amount or dose
 - Method of administration
 - Time of medication to be administered
 - Possible side effects
 - Name, address, telephone number, and signature of student's authorized health care provider
 - For as needed medication, specific symptoms when to administer medications

Medication Administration in the School Setting

- Confirmation that the student is able to self-administer the medication when a parent/guardian has requested that his/her child be allowed to self-administer medication
- Written statement is to be renewed yearly or whenever changes occur:
 - Changes in medication dose, time, method
 - Change in medication
 - Change in CA authorized health care provider
 - Discontinuation of medication

Medication Administration in the School Setting

- Written Statement from the Parent or Guardian
 - Request for school nurse or other designated personnel to administer as prescribed
 - Authorizes the school nurse to contact prescribing physician as needed.
- Self-carry parent written statement includes
 - Consent to the self-administration
 - Release the district and school personnel from civil liability if the student suffers an adverse reaction as a result of self-administering the medication

Medication Administration in the School Setting

- Designated school personnel
 - Unlicensed staff > trained and determined to be capable and competent to be able to safely and accurately administer the medication
 - Unlicensed staff is supervised by the licensed staff who provided the training, and the supervision, review, and monitoring of the medication administration is documented
 - Unlicensed staff does not administer injections except for emergency medications as allowed by law
 - Unlicensed staff designated to administer life sustaining emergency medications receives documented and maintains current certification in cardiopulmonary resuscitation (CPR)

Medication Administration in the School Setting

- Delivery and Storage of Medication
 - Accept delivery of medications from parent/guardian and count and record them upon receipt (use pill counter)
 - The medication container label indicates student name, physician, name of medication and directions – label to coincide with written instructions
 - OTC medications are to be delivered in original container
 - All medications except for those authorized to self-carry will be stored in locked medication cabinet or locked refrigerator only available to those authorized to administer medication

LOMPOC UNIFIED SCHOOL DISTRICT

MEDICATION ADMINISTRATION LOG

Student Name: _____ DOB: _____

Parent Name: _____ Gr/Rm: _____

Phone numbers: H: _____ C: _____ W: _____

Physician Name: _____

Phone number: _____ Fax: _____

Medication: _____ Dosage: _____ Route: _____

Time of Day/Frequency: _____

Date	Amount	Delivered by:	Staff Signature

Date	Amount	Picked up by:	Staff signature

Notes:



Medication Administration in the School Setting

- Unused, discontinued and outdated medication
 - All discontinued medication will be returned to parent/guardian
 - At the end of the school year remaining medication will be returned to parent/guardian
 - Return of medication is to be recorded on medication log
 - If parent does not arrange pick-up of medication, medication will be disposed of in accordance of state law

Medication Administration in the School Setting

- All medications administered by licensed personnel or designated school personnel needs to be recorded on a medication log
 - The medication log specifies administration, time of administration of specified medication, and authorized health care provider
 - Space to log date and time of delivery, initials of person who administered, and signature of person administering medication

LOMPOC UNIFIED SCHOOL DISTRICT

MEDICATION ADMINISTRATION LOG

Student Name: _____ DOB: _____

Parent Name: _____ Gr/Rm: _____

Phone numbers: H: _____ C: _____ W: _____

Physician Name: _____

Phone number: _____ Fax: _____

Medication: _____ Dosage: _____ Route: _____

Time of Day/Frequency: _____

Week dated: _____					Week dated: _____				
M	T	W	TH	F	M	T	W	TH	F
Week dated: _____					Week dated: _____				
M	T	W	TH	F	M	T	W	TH	F
Week dated: _____					Week dated: _____				
M	T	W	TH	F	M	T	W	TH	F

Print Name	Initials	Title	Signature
		RN LVN HA	
		RN LVN HA	
		RN LVN HA	
		RN LVN HA	

All services _____ min except as noted

Medication Administration in the School Setting

- Administering Medication to the Correct Student
 - The Six Rights -
 1. Right student – properly identify the student
 2. Right time – Administer medication at the prescribed time
 3. Right medication – Administer the correct medication
 4. Right dose – Administer the correct amount
 5. Right route – Use the prescribed method of delivery
 6. Right documentation – Record and report the top five rights of medication administration

Medication Administration in the School Setting

- Any medication error in administration of medication report following school guidelines
 - Call the school nurse immediately (will determine if physician needs to be notified)
 - Complete incident (accident) report (HE-2)
 - Observe student for adverse reaction, if needed due to medication error. Call 911 if blue/grey discoloration of lips or fingernails, loss of consciousness, difficulty breathing. Start CPR if needed

Medication Administration in the School Setting

- Medication errors include:
 - Medication given to wrong student
 - Wrong medication given to student
 - Wrong medication dosage
 - Medication given by wrong route
 - Medication omission
 - Medication dropped on floor and discarded

Medication Administration in the School Setting

- New medication orders received
 - Check that orders are written and signed by authorized health care provider
 - Check that form is signed by student's parent/guardian
 - Only accept medication that comes with/or has on file medication orders and in box/bottle with pharmacy label (original box/bottle for OTC medicine – write student's name on box/bottle)
 - Notify school nurse of new orders received

Medication Administration in the School Setting

The number one prevention against the spread of germs is

Hand Washing

When working in the health office you need to wash your hands at least:

1. At the beginning of the day
2. After using the bathroom
3. Before administering medication
4. After administering medication
5. After removing gloves
6. Before eating
7. After eating.

Medication Administration in the School Setting

Administering a medication

Step 1. Identify the student

- Ask student his/her name
- Check with teacher/aide

Step 2. Wash your hands



Medication Administration in the School Setting

Step 3. Find correct medication log for student

- medication binders are in ABC order

Step 4. Check medication to be given

- Name
- Dosage
- When to be given/how often
- When dosage last was given

Medication Administration in the School Setting

- Step 5. If medication is due to be given, remove correct medication from medication cabinet or medication refrigerator
- Step 6. Verify student's name, name of medication, dosage, amount to be given, route to be given on medication box/bottle label with medication log. If this is not the same, do not give and call your school nurse (DO NOT ASSUME THAT IT IS THE CORRECT MEDICATION)

Medication Administration in the School Setting

Step 7. Have student wash hands



Step 8. Prepare medication (we will go over each type of medication)

- Pills, caplets, tablets
- Liquids
- Topical (ointments)
- Eye drops/ointments
- Ear drops
- Emergency medication Epi-Pen/Glucagon

Medication Administration in the School Setting

Step 9. Administer medication

Step 10. Record time medication was administered and initial

- Sign log if not done so previously

LOMPOC UNIFIED SCHOOL DISTRICT

MEDICATION ADMINISTRATION LOG

Student Name: Apple Fruit DOB: 2-14-2000
 Parent Name: Banana Fruit Gr/Rm: 7
 Phone numbers: H: 111-2222 C: 222-3333 W: _____
 Physician Name: Dr. Bandaid
 Phone number: 111-1234 Fax: _____

Medication: Tylenol 325 mg Dosage: 1 tab Route: mouth
 Time of Day/Frequency: every 4 hrs as needed for
headache

Week dated: <u>9-30-2010</u>					Week dated:				
M	T	W	TH	F	M	T	W	TH	F
		9:20 PF							
Week dated:					Week dated:				
M	T	W	TH	F	M	T	W	TH	F
Week dated:					Week dated:				
M	T	W	TH	F	M	T	W	TH	F

Print Name	Initials	Title	Signature
<u>Pain Free</u>	<u>PF</u>	<u>RN LVN HA</u>	<u>Pain Free</u>
		<u>RN LVN HA</u>	
		<u>RN LVN HA</u>	
		<u>RN LVN HA</u>	

All services _____ min except as noted

Medication Administration in the School Setting

Step 11. Lock up medication in medication cabinet/refrigerator

Step 12. Wash your hands



How is each different type of medication administered?

Medication Administration in the School Setting

Tablets, Caplets, or Capsules

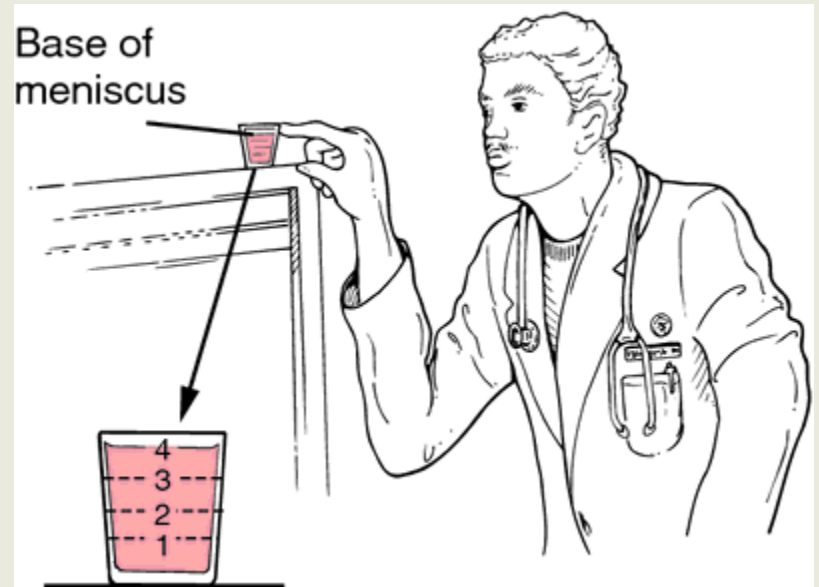
- After student has washed his/her hands have student prepare cup of water
 - Pour the required amount of medication from bottle into bottle cap. Do not touch medication – Transfer medication from cap to student's hand
- or
- Press medication out of foiled pack into paper cup and transfer to student's hand
 - Observe student swallowing medication

Medication Administration in the School Setting

Liquid medication

- After student has washed his/her hands have student prepare cup of water
- Shake container per label instructions
- Holding label in palm of hand pour the required amount of medication from bottle into measuring cup/spoon provided
- Pour medication at eye level
- Measure the dosage at the bottom of the disc

Medication Administration in the School Setting



Medication Administration in the School Setting

Liquid medication continued

- Wipe any medication off the outside of the container
- Observe swallowing
- Have student drink water unless orders state not to
- After recording medication administration rinse measuring cup/spoon with plain water and dry it before storing.

Medication Administration in the School Setting

Topical medication

- ❖ Following instructions written by provider gather all necessary equipment
- ❖ Prepare medication. Ointments will be applied to tongue depressor before applying to student's skin.

!! DO NOT TOUCH MEDICATION !!

- ❖ Prepare skin and apply ointment following written instructions. Cover if ordered

Medication Administration in the School Setting

Eye drops/ointment

- ☐ Get a moist cotton ball and dry tissue one for each eye that will have medication administered
- ☐ Position student with head tilted back and eyes looking up
- ☐ Put on gloves
- ☐ Cleanse the eye lids with a cotton ball wiping once from inside to the outside. Use a new, clean cotton ball for each eye.
- ☐ Prepare medication; remove cap

Medication Administration in the School Setting

Eye drops/ointment continued

- ❑ Open eye to expose lower inner eye lid



- ❑ Approach the eye from the outside

Medication Administration in the School Setting

Eye drops/ointment continued

- ❑ Apply the medication. Do not touch tip of tube or dropper to eye or surrounding tissue

- ❑ Ribbon of ointment about $\frac{1}{2}$ inch long to inner eye, not on the eyeball

or

- ❑ Number of drops ordered to inner eye lid, not to the eyeball, with drop falling no more than 1 inch

Medication Administration in the School Setting

Eye drops/ointment continued

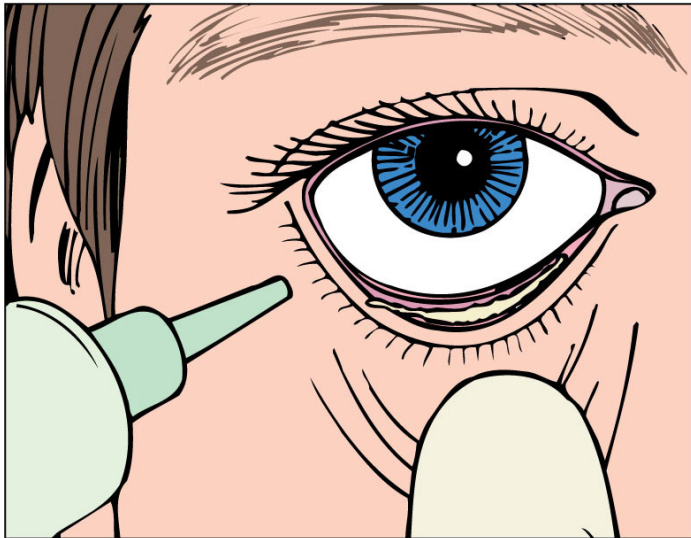


Fig. 8-7. Administering ophthalmic ointment. To instill the ointment, gently pull the lower lid down as the patient looks upward. Squeeze ophthalmic ointment into the lower sac. Avoid touching the tube to the eyelid.

Mosby Items and derived items © 2010, 2007, 2004 by Mosby, Inc., an affiliate of Elsevier Inc.



Medication Administration in the School Setting

Eye drops/ointment continued

- ☐ Gently close eye. Ask the student to keep the eye closed for a minute
- ☐ Blot excess medication with clean tissue for each eye treated
- ☐ Remove gloves
- ☐ Record time medication administered

Medication Administration in the School Setting

Ear drops

- Get a moist cotton ball for each ear to be treated
- Position student
 - If lying on a cot, have ear up to be treated
 - or
 - If sitting in chair, tilt head sideways until ear is horizontal

Medication Administration in the School Setting

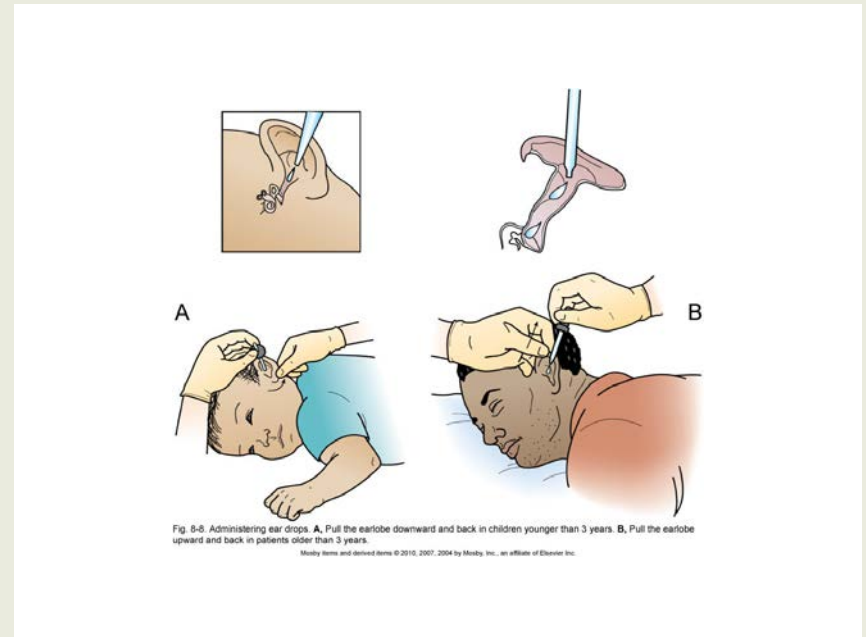
Ear drops continued

- Put on gloves
- Cleanse the entry to the ear canal with moist cotton ball as needed
- Prepare medication; remove cap
- Straighten the ear canal, pull outer ear lobe gently up and back (3years and older)

Medication Administration in the School Setting

Ear drops continued

- Drop the ordered number of drops on the side of the ear canal.
Do not touch the dropper on surrounding skin
- Instruct the student to stay in this position for one minute



Medication Administration in the School Setting

Ear drops continued

- If both ears are to be treated, repeat procedure on other ear after waiting one minute
- Loosely place a cotton ball in the ear if ordered
- Remove gloves
- Record time medication administered

Medication Administration in the School Setting

Inhaler (without chamber)

- ✓ Have student shake inhaler
 - ✓ A) Have student place inhaler in mouth
 - ✓ B) Have student push down on inhaler while taking a slow deep breath in
 - ✓ C) Have student hold breath for at least 10 seconds (hold as long as possible)
 - ✓ Wait at least one minute – breathing regular
- ✓ Repeat A through C
- ✓ Recap inhaler
- ✓ Record time medication administered

Medication Administration in the School Setting

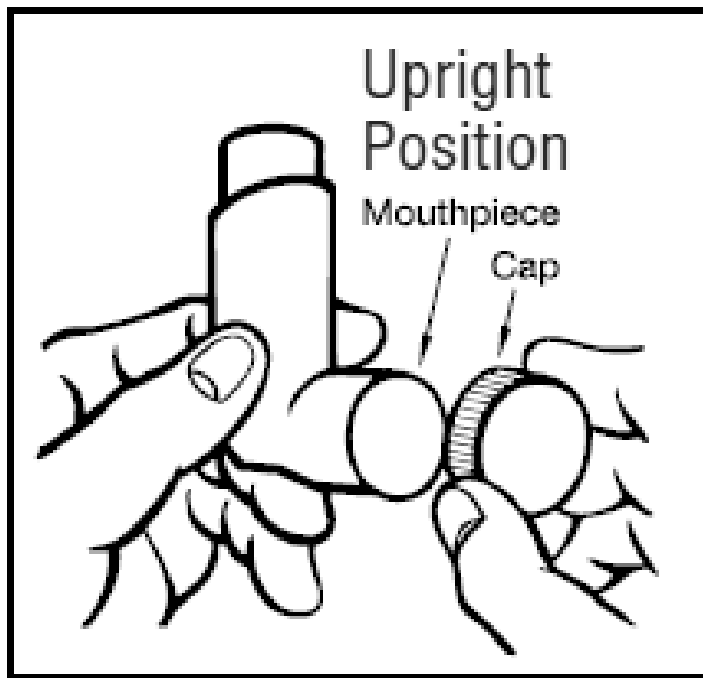


Figure 1

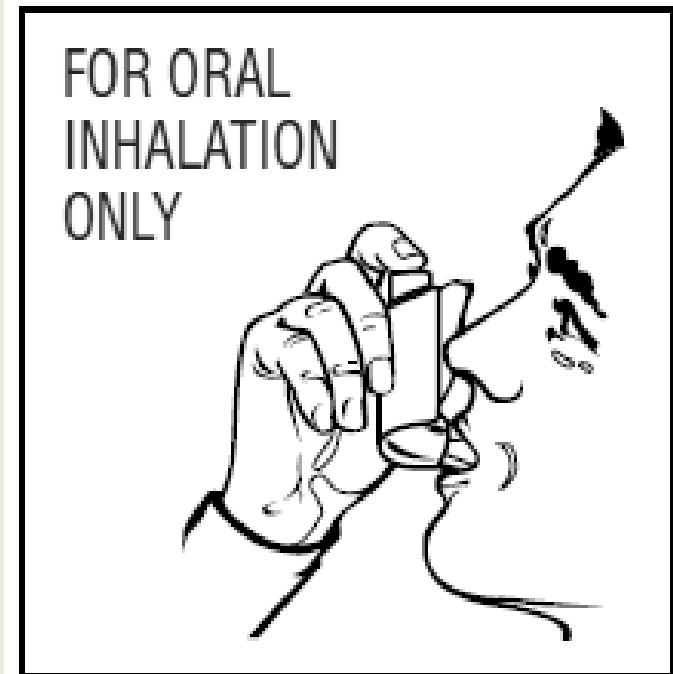


Figure 2

Medication Administration in the School Setting

Inhaler with chamber

- ✓ Have student shake inhaler
- ✓ Have student attach inhaler to chamber
- ✓ Have student place chamber mouth piece in mouth
 - ✓ A) Have student push down once on inhaler and take a slow deep breath in – have student hold breath as long as he/she can
 - ✓ B) have student breath normal 3-4 breaths while continues to keep mouth piece in mouth
- ✓ Repeat steps A and B after 1-2 minutes

Medication Administration in the School Setting



From Potter PA, Perry AG: *Fundamentals of nursing*, ed 7, St Louis, 2008, Mosby.
Fig. 8-12. Metered-dose inhaler with an extender or spacer.

!! If you hear a whistle student is breathing too fast.
Have student slow down !!

- ✓ Have student remove chamber and recap inhaler
- ✓ Record time medication administered

Medication Administration in the School Setting

Diabetic Management

- For those students with:
 - Diabetes Type 1
 - Diabetes Type 2 – controlled with insulin

Diabetes Type 1 – Produce no insulin on their own

Diabetes Type 2 – Body does not produce enough or
cells ignore insulin

<<< INSULIN >>>

Helps the body use or store glucose it gets from food

Medication Administration in the School Setting

Diabetic Management

Glucose/blood sugar management is provided following the parent consent and physician's authorization for diabetes management at school and school sponsored event.

EACH STUDENT HAS THEIR OWN ORDERS BASED ON
THE NEED OF HIS or HER BODY

Medication Administration in the School Setting

Lompoc Unified School District
Parent Consent and Authorized Health Care Provider Authorization
for Management of Diabetes at School and School Sponsored Events

Name: _____ DOB: _____ Grade: _____

Physician's written authorization: Please check all boxes that apply and fill in as needed.

Type of Diabetes: ☐ Type 1 ☐ Type 2 Blood glucose target range _____ - _____ mg/dl

Blood Glucose Testing:
☐ Before am/pm snack ☐ Before meals ☐ Before PE/vigorous exercise
☐ By licensed nurse ☐ By pupil: ☐ Independent/ ☐ Supervised/ ☐ Needs assistance

Blood glucose less than 70 (hypoglycemia)
☐ Self treatment for mild lows ☐ Assistance for all lows
☐ Glucose gel: ☐ conscious ☐ unconscious
☐ Glucagon: ☐ 0.5 mgm ☐ 1 mgm (unconscious, unable to swallow, or is having a seizure)

High blood glucose (hyperglycemia)
☐ Check for ketones blood glucose greater than _____ 250mg/dl _____ 300mg/dl
****Call MD for blood glucose greater than _____****

Insulin at school
☐ Syringe and vial ☐ Insulin pen ☐ Insulin pump

☐ Not at this time

☐ At breakfast ☐ sliding scale ☐ sliding scale and carb counting ☐ carb counting ☐ per pump
☐ At lunch time ☐ sliding scale ☐ sliding scale and carb counting ☐ carb counting ☐ per pump
☐ Correction dose blood glucose greater than _____
☐ Insulin to carbohydrate ratio: _____ # unit(s) insulin per _____ gms carbohydrates

Insulin Orders
 Brand name and type: _____

Sliding scale:
 Blood glucose from _____ to _____ = _____ units
 Blood glucose from _____ to _____ = _____ units
 Blood glucose from _____ to _____ = _____ units
 Blood glucose from _____ to _____ = _____ units
 Blood glucose from _____ to _____ = _____ units
 Blood glucose from _____ to _____ = _____ units

Administered by:
☐ Licensed nurse ☐ By pupil (Supervised by trained adult ☐ / licensed nurse ☐ ☐ By parent

Before PE or vigorous exercise
☐ If pre-activity blood sugar is less than _____, give snack of 15 carbohydrates.

May 2012

Lompoc Unified School District
Parent Consent and Authorized Health Care Provider Authorization
for Management of Diabetes at School and School Sponsored Events

Name: _____ DOB: _____ Grade: _____

Additional comments/orders: _____

Authorized Health Care Provider Authorization for Management of Diabetes at Home
 My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with Education Code Section 49423.5. I understand that specialized health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization (may be faxed).

Physician's Signature: _____ Date: _____

Physician's name printed: _____

Address: _____

Phone number: _____

Stamp _____

☐ I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that _____ (child's name) should be allowed to carry and use medication (insulin pump) by him/herself (High school students only). _____ Physician's initials (parent and school nurse must verify competency).

Parent Consent for Management of Diabetes at School
 We (I), the undersigned, the parent/guardian (of the above named pupil, request that the following for Management of Diabetes at School and School Sponsored Events be administered to our (my) child in accordance with state laws and regulations.

We (I) will: 1. Provide the necessary supplies and equipment
 2. Notify the school nurse if there is a change in pupil health status or attending physician
 3. Notify the school nurse immediately and provide new consent for any changes in doctor's orders

I authorize the school nurse to communicate with the physician when necessary.

Parent/Guardian Signature _____ Date: _____

_____ Date: _____

May 2012

Medication Administration in the School Setting

Distrito Escolar Unificado de Lompoc
Consentimiento de Padres de Familia y Autorización Médica
Para el Control de la Diabetes en la Escuela y Eventos Escolares

Name: _____ DOB: _____ Grade: _____

Physician's written authorization: Please check all boxes that apply and fill in as needed.

Type of Diabetes: ☐ Type 1 ☐ Type 2 Blood glucose target range _____ - _____ mg/dl

Blood Glucose Testing:
☐ Before am/pm snack ☐ Before meals ☐ Before PE/vigorous exercise
☐ By licensed nurse ☐ By pupil: ☐ Independent ☐ Supervised ☐ Needs assistance

Blood glucose less than 70 (hypoglycemia)
☐ Self treatment for mild lows ☐ Assistance for all lows
☐ Glucose gel: ☐ conscious ☐ unconscious
☐ Glucagon: ☐ 0.5 mg ☐ 1 mg (unconscious, unable to swallow, or is having a seizure)

High Blood Glucose (hyperglycemia)
☐ Check for ketones blood glucose greater than _____ 250mg/dl _____ 300mg/dl
**Call MD for blood glucose greater than _____ **

Insulin at school
☐ Not at this time
☐ Syringe and vial ☐ Insulin pen ☐ Insulin pump
☐ At breakfast ☐ sliding scale ☐ sliding scale and carb counting ☐ carb counting _____ per pump
☐ At lunch time ☐ sliding scale ☐ sliding scale and carb counting ☐ carb counting _____ per pump
☐ Correction dose blood glucose greater than _____
☐ Insulin to carbohydrate ratio: _____ # unit(s) insulin per _____ gms carbohydrates

Insulin Orders
Brand name and type: _____
Sliding scale:
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units

Administered by:
☐ Licensed nurse ☐ Pupil (Supervised by trained adult ☐ or licensed nurse ☐) ☐ Parent

Before PE or vigorous exercise
☐ If pre-activity blood sugar is less than _____, give snack of 15 carbohydrates.

October 2012 Span

Distrito Escolar Unificado de Lompoc
Consentimiento de Padres de Familia y Autorización Médica
Para el Control de la Diabetes en la Escuela y Eventos Escolares

Name: _____ DOB: _____ Grade: _____

Additional comments/orders: _____

Authorized Health Care Provider Authorization for Management of Diabetes at Home
My signature below provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with Education Code Section 49423.5. I understand that specialized health care services may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization (may be faxed).

Physician's Signature: _____ Date: _____
Physician's name printed: _____
Address: _____
Stamp Phone number: _____

☐ I have instructed _____ in the proper way to use his/her medications. It is my
(child's name)
professional opinion that _____ should be allowed to carry and use medication (insulin
(child's name)
pump) by him/herself (High school students only). _____ Physician's initials
(parent and school nurse must verify competency).

Consentimiento de los Padres de Familia para el Control de la Diabetes en la Escuela:
Nosotros, los signatarios, padres de familia/tutores legales (del alumno mencionado arriba), pedimos que las sugerencias médicas sobre el Control de la Diabetes en la Escuela y en Eventos Escolares sean administradas a nuestro niño(a) en acuerdo con los reglamentos y las leyes estatales.
Nosotros: 1. Proveeremos los materiales y equipo necesarios
2. Notificaremos a la enfermera escolar si hay algún cambio en el estado de salud o en médicos de nuestro estudiante.
3. Notificaremos inmediatamente a la enfermera escolar de cualquier cambio en las órdenes del médico y proveeremos una nueva forma de consentimiento.
Autorizamos a la enfermera escolar el comunicarse con médico cuando sea necesario.

Firma del Padre/Tutor Legal: _____ Fecha: _____

October 2012 Span

Medication Administration in the School Setting

- Each diabetic student has his/her own personal orders that need to be followed. These orders include:
 - Hypoglycemia instructions (low blood sugar)
 - Mild
 - Moderate
 - Severe
 - Hyperglycemia instructions (high blood sugar)
 - Ketones testing
 - Breakfast, snack and lunch time coverage
 - Physical activity instruction

Medication Administration in the School Setting

Diabetic Management

Daily blood sugar management training will be provided and supervised by credentialed school nurse at assigned schools

Diabetes management

Jane Doe

Dob: 1-10-1010

Blood sugar testing before meals

Blood sugar < 70: Call nurse

Self treatment

Severe low blood sugar – slurred speech, confusion

Glucose gel

Severe low blood sugar – Unconscious

Glucagon 1mg

Blood sugar 70 – 300:

Carb counting 1 unit Insulin per 15gms carbohydrate

And

1 unit insulin – blood sugar 151 - 200

2 units insulin – blood sugar 201 - 250

3 units insulin – blood sugar 251 to 300

4 units insulin – blood sugar 301 to 350

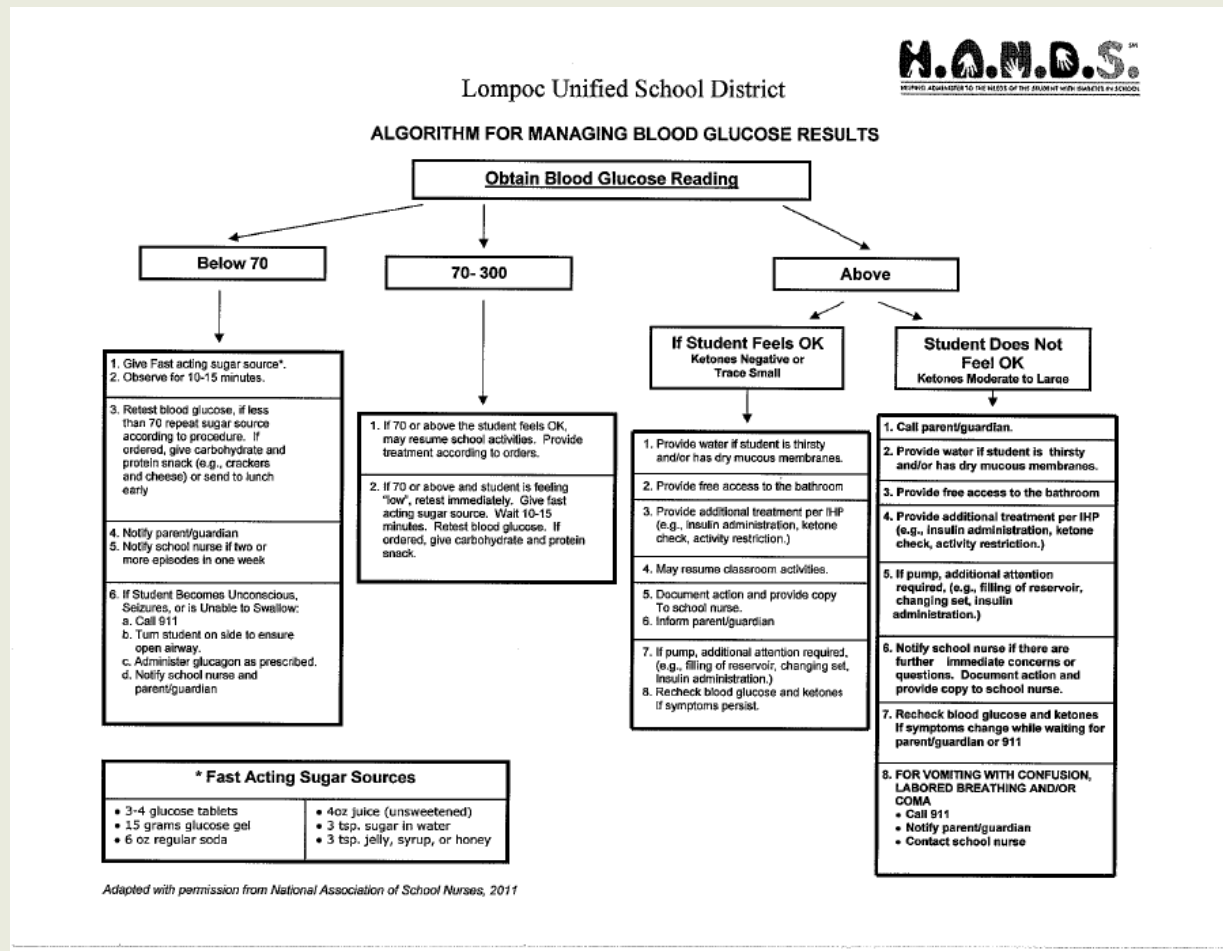
Blood sugar > 300 to check for ketones independently Call nurse

Medication Administration in the School Setting

Diabetes Management

- In case of emergency the algorithm for blood glucose results provides standard guidelines to follow when physician directives are not immediately accessible. (a copy is located in each health office on the medication cabinets).

Medication Administration in the School Setting



Medication Administration in the School Setting

Hypoglycemia – Low blood sugar (less than 70)

Onset : Sudden

Causes: Too much insulin

Missed food

Delayed food

Too much exercise

Unscheduled exercise

Medication Administration in the School Setting

Hypoglycemia – Low blood sugar (less than 70)

Symptoms:

- Mild: Hunger, irritable, shakiness, weak, sweating, anxious, dizziness, pallor, drowsy, crying, headache, unable to concentrate, numbness of lip

- Student is alert, oriented and able to swallow

Medication Administration in the School Setting

Hypoglycemia – Low blood sugar (less than 70)

Symptoms:

- Moderate: Sleepiness, erratic behavior, poor coordination, confusion, slurred speech

Treated with glucose gel

- Severe: Unable to swallow, combative, unconscious, seizure

Treated with glucagon

Medication Administration in the School Setting

Glucagon > releases glucose into the blood stream quickly

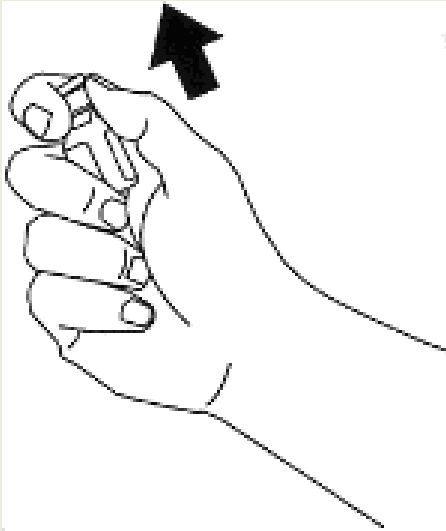
Administering Glucagon

- Identify student
- Wash your hand
- Check blood sugar before giving glucagon
- Find correct medication log for student
- Check name of medication to be given and dosage

Medication Administration in the School Setting

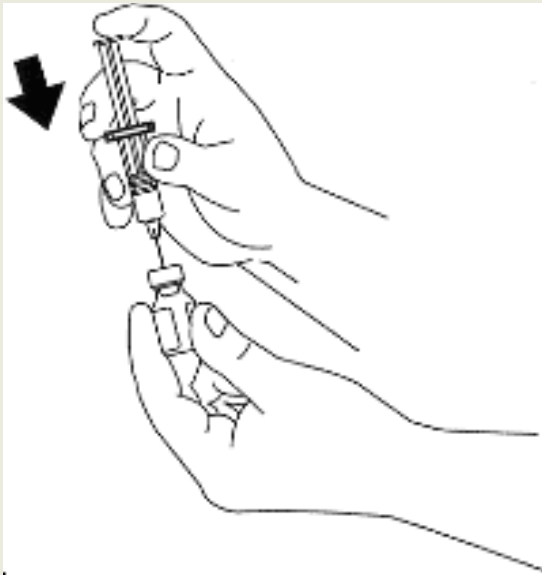
- Remove correct medication (glucagon) from medication cabinet
- Verify student's name, name of medication, dosage, amount to be given, route to be given. If this is not the same, do not give, call 911 and call your school nurse
- Prepare medication

Medication Administration in the School Setting



- ✓ Remove the flip-off seal from the bottle of glucagon

Medication Administration in the School Setting

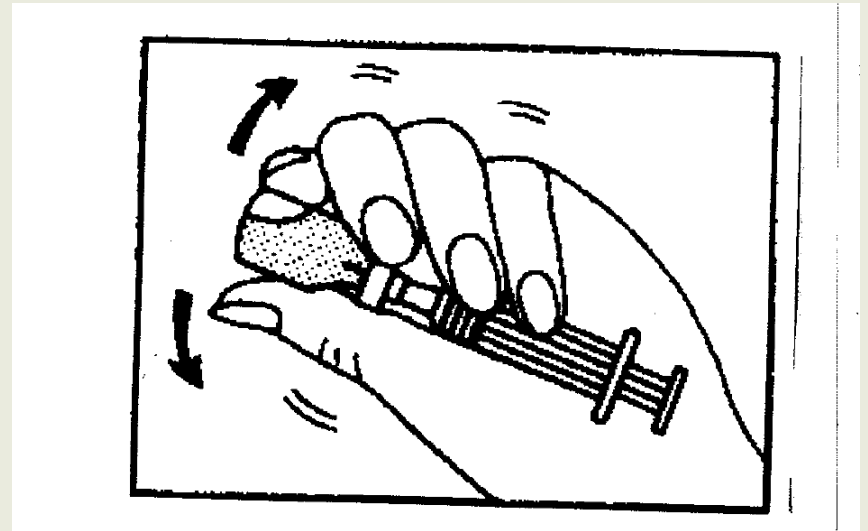


- ✓ Remove the needle protector from the syringe, and inject the entire contents of the syringe into the bottle of glucagon. **DO NOT REMOVE THE PLASTIC CLIP FROM THE SYRINGE.**

Medication Administration in the School Setting

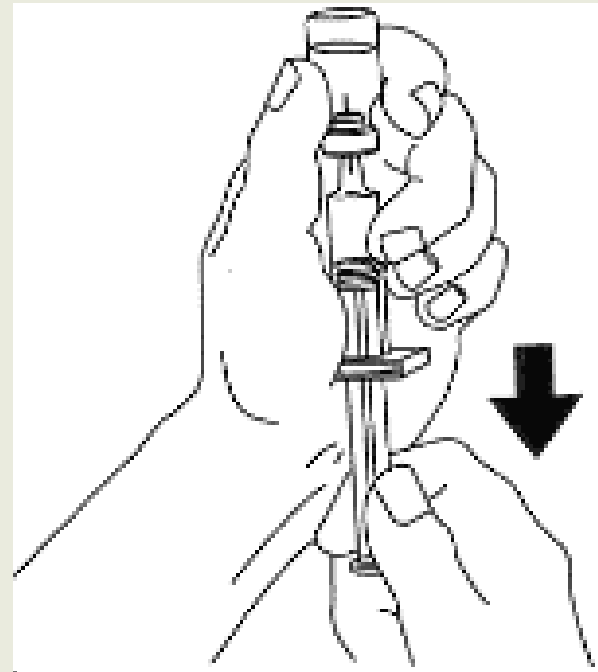
- ✓ Swirl bottle gently, while holding syringe in place, until glucagon dissolves completely.

<<GLUCAGON SHOULD
NOT BE USED UNLESS THE
SOLUTION IS CLEAR AND
OF A WATER-LIKE
CONSISTENCY >>



Medication Administration in the School Setting

- ✓ Hold the bottle upside down and making sure the needle remains in the solution, gently withdraw all of the solution. The plastic clip on the syringe will prevent the rubber stopper from being pulled out of the syringe; however if the plastic rod separates from the rubber stopper, simply reinsert the rod by turning it clockwise.



Medication Administration in the School Setting

- ✓ Push the rubber stopper back up the correct dosage mark.
(usually young children 0.5mg, older children and adults 1mg)

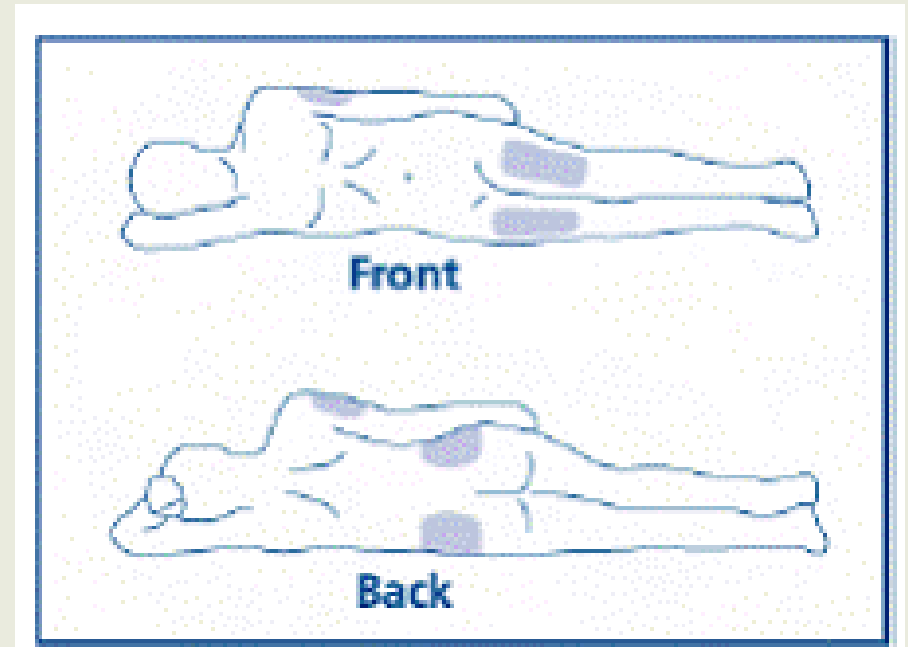


Medication Administration in the School Setting

Using the following directions, inject glucagon immediately after mixing

Injection sites:

- Buttocks
- Arm
- thigh



Medication Administration in the School Setting

- Insert the needle into loose tissue.
- Inject all of solution in syringe
- Withdraw the needle
- Turn student on his/her side.
- When an unconscious person awakens, he/she may vomit. Turning the student on side will prevent him /her from choking



Medication Administration in the School Setting

- Discard needle and syringe in sharps container
- Record time medication was administered and initial
 - Sign log if not done so previously
- Wash your hands
- Call 911, call parent, call school nurse if not already done when emergency was identified
- Monitor student until Emergency personnel or parent/guardian has arrived.

Medication Administration in the School Setting

Lompoc Unified School District

DIABETES MANAGEMENT LOG

STUDENT NAME: June Sweet SCHOOL: Happy Vista ROOM/GRADE: 3
PARENT/GUARDIAN: Candi Sweet PARENT/GUARDIAN PHONE: 122 - 3745

[illegible]

Signature of staff providing care

initials _____

Signature of staff providing care

Initials

Signature of staff providing care

Initials

Signature of team performing work	Initials	Signature of team performing work	Initials	Signature of team performing work	Initials
Paula Felle	PF				

Medication Administration in the School Setting

(Rev. 7/09)

SPECIAL EDUCATION HEALTH CARE

District/School Site:

Happy Vista

Month(s) of Service:

Student Information:

Name

June Sweet

DOB

4-5-2006

Diagnosis (MANDATORY)

Compliance points:

- Additional progress notes are located in student file.
- IEP indicates services are medically necessary.
- May use other medication log if minutes are listed.
- Form may be customized for individual student needs.

Section: Short-term-based or long-term-based services	Week dated: <u>10-7-13</u>					Week dated:					Week dated:					Week dated:					Week dated:				
	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
Catheterization																									
Observation for:																									
Treatment / Meds - List name of Tx or Med, Dosage, Time, & Route (G-tube, J-Tube, etc.)																									
Medication:																									
Dosage:																									
Time & Route:																									
Medication:																									
Dosage:																									
Time & Route:																									
Medication:																									
Dosage:																									
Time & Route:																									
Adaptive Treatment Equipment Use																									
Tracheal Suctioning																									
Glucose Testing/Snack/ Retesting																									
**RN ONLY - Insulin administered																									
Additional services:																									

- Indicate amount of time services were provided.
- Insert an A to indicate student was absent.

PRINT NAME (must be legible)

Suzie Quiet
Paul Free

INITIALS

SQ
PF

TITLE (circle 1)

Supervising RN
RN LVN HA
RN LVN HA
RN LVN HA

SIGNATURE

Suzie Quiet
Paul Free

All documentation must be saved for 3 years

Section 4, Page 18

Medication Administration in the School Setting

Hyperglycemia – High blood sugar (over 250-300 per physician's authorization)

Onset : over time – several hours or days

Causes: Too much food

Too little insulin

Decreased activity

Illness

Infection

Stress

Medication Administration in the School Setting

Hyperglycemia – High blood sugar (over 250-300 per physician's authorization)

Symptoms:

- Early: Thirst, dry mouth, frequent urination, fatigue/sleepiness, increased hunger, blurred vision, lack of concentration
- Progressively becomes worse over time: Sweet breath, weight loss, facial flushing, dry warm skin, nausea/stomach pains, vomiting, weakness, confusion, rapid breathing, and unconsciousness/coma

Medication Administration in the School Setting

Hyperglycemia – High blood sugar (over 250-300 per physician's authorization)

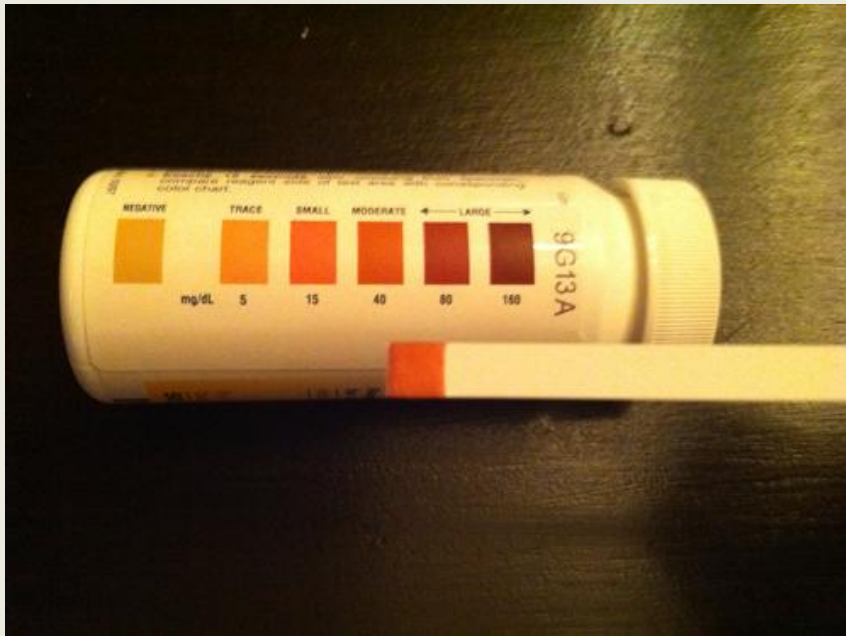
Treatment: Check for ketones

Water

Insulin if ordered

Ketones > are produced when the body burns fat for energy or fuel. This occurs when the body does not have enough sugar or carbohydrates in the cells

Medication Administration in the School Setting



- Have student urinate in plastic cup and dip end of stick in urine
- or
- Have student urinate on end of stick
- Compare color of stick with side of ketone strip jar
- Record results on student log

[illegible]

5/2012

Medication Administration in the School Setting

Anaphylaxis Management

Anaphylaxis is a severe, whole-body allergic reaction. After being exposed to a substance like bee sting venom, the person's immune system becomes sensitized to that allergen. On a later exposure, an allergic reaction may occur. This reaction is sudden, severe, and involves the whole body.

Medication Administration in the School Setting

Anaphylaxis Management

Common causes:

Food – nuts, strawberries, citrus

Insect stings – bees

Medication – antibiotics, aspirin

Latex – latex gloves, latex band aids

Medication Administration in the School Setting

Anaphylaxis Management

Onset:

Appears rapidly, within seconds or minutes, after an exposure to allergen

In some cases the reaction may be delayed for up to 1 to 3 hours depending on the substance causing the reaction

Medication Administration in the School Setting

Anaphylaxis Management

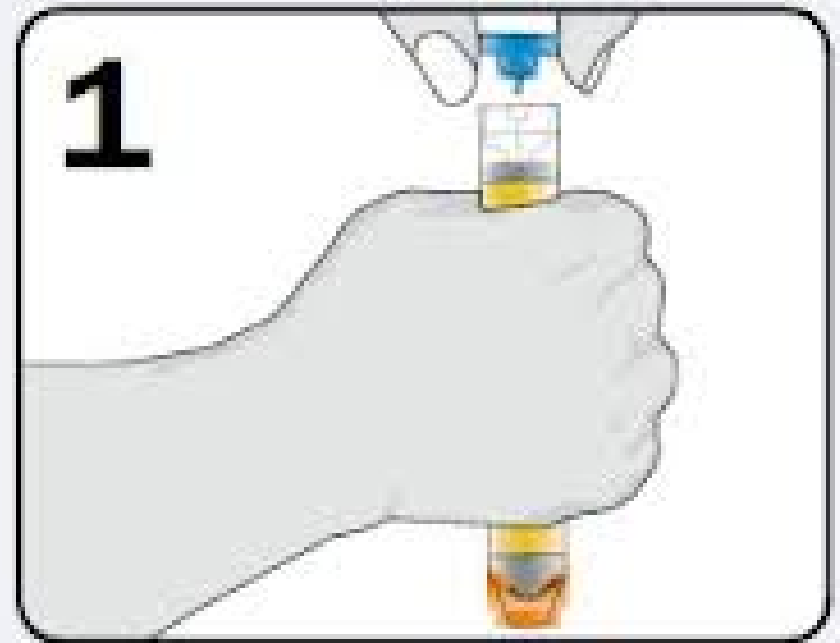
Symptoms:

- Major: Difficulty breathing, audible wheezing, difficulty swallowing
- Common: hives, itching, swelling, red & watery eyes, runny nose, vomiting, diarrhea, stomach cramps, change in voice, coughing, wheezing, throat tightness or closing, difficulty swallowing, difficulty breathing, sense of doom, dizziness, fainting or loss of consciousness, change in color

Medication Administration in the School Setting

Epi-Pen®

- Remove Epinephrine auto-injector from carrier tube
- Hold firmly with orange tip pointing downward
- Remove blue safety release



Form fist around EpiPen® and
PULL OFF BLUE SAFETY RELEASE.

Medication Administration in the School Setting

Anaphylaxis Management

An anaphylactic reaction is treated with Epinephrine auto-injector with physician's authorization and parent consent.

Medication Administration in the School Setting

- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click' (feel needle release)
- Hold on thigh for ten seconds (count to 10)



REMOVE EpiPen ®. Massage injection site for 10 seconds.

Medication Administration in the School Setting

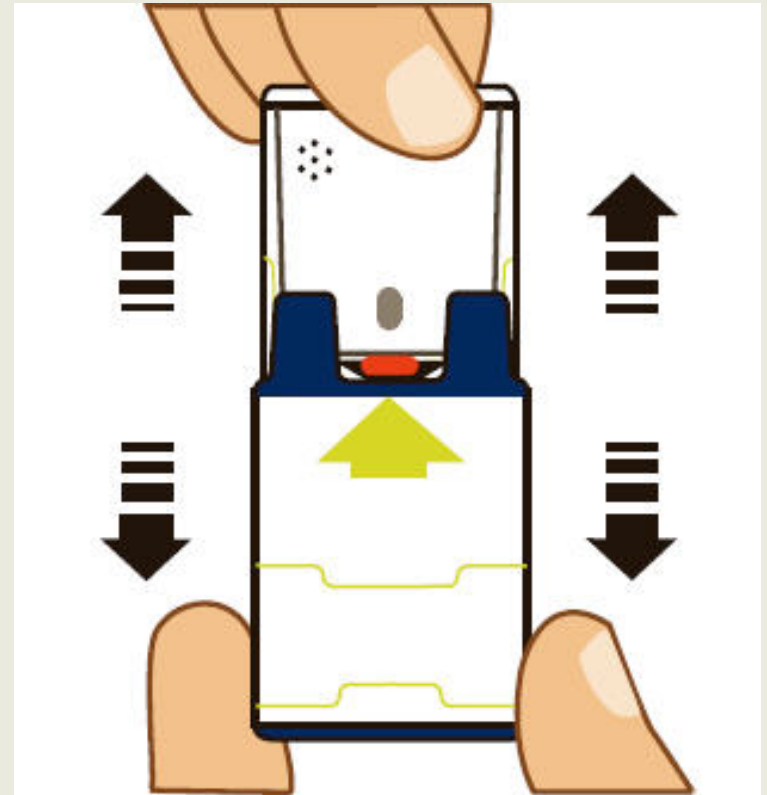
- Built-in needle protection
 - When the epinephrine auto-injector is removed, the orange needle cover automatically extends to cover the injection needle



Medication Administration in the School Setting

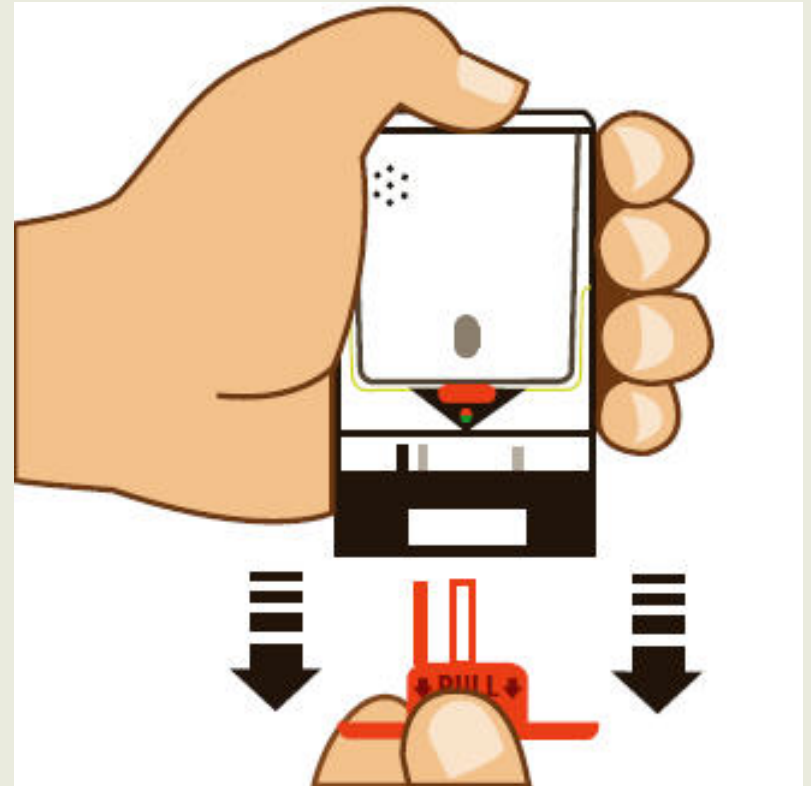
Auvi-Q (epinephrine auto-injector)

- Remove the outer case of Auvi-Q.
- This will automatically activate the voice instructions.



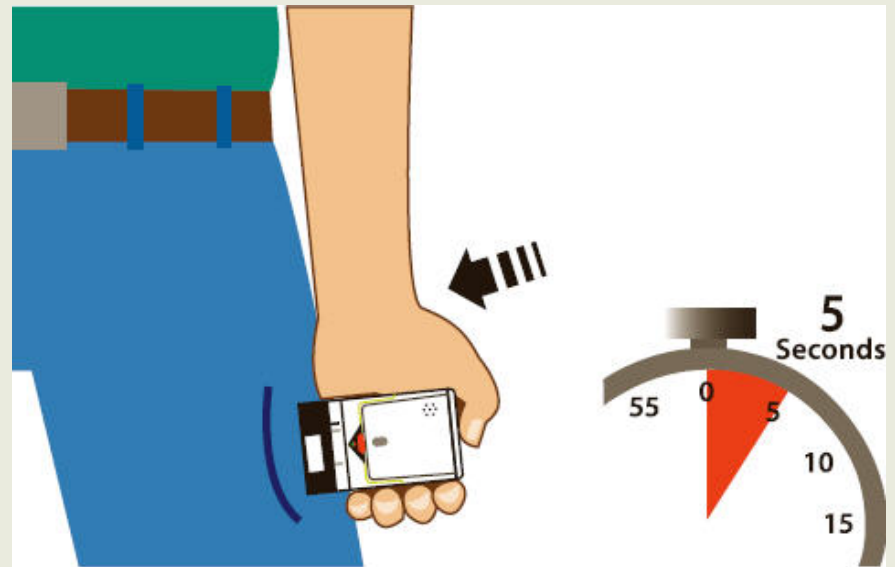
Medication Administration in the School Setting

- Pull of **RED** safety guard



Medication Administration in the School Setting

- Place black and against outer thigh, then press firmly and hold for 5 seconds
- May be used without waiting for the voice instructions , however , do not remove from thigh until the voice prompt says, “injection completed”.



Medication Administration in the School Setting

- After injection discard auto-injector in sharps container
- Record time medication was administered and initial
 - Sign log if not done so previously
- Wash your hands
- Call 911, call parent, call school nurse if not already done when emergency was identified
- Monitor student until Emergency personnel or parent/guardian has arrived.

Medication Administration in the School Setting

Administering of Emergency Medication

Unlicensed staff members are authorized to administer life-sustaining emergency medication as allowed by law receives and maintains current certification in cardiopulmonary resuscitation (CPR)

(Ed. Code 49414)