

Issaquah School District #411  
**Orientation Check Sheet for Administration of Medication**  
**Non-Medical School Staff**

Building: \_\_\_\_\_ Staff Member: \_\_\_\_\_

School Year: \_\_\_\_\_ Date of Orientation: \_\_\_\_\_

**Prior to administration of any medication**

- Parent/legal guardian section filled out on Authorization for Administration of Medications form.
- High School Medication form**-need parent signature for all medications, HCP signature for prescription medication only.
- Physician/Health Care Provider section filled out on Authorization for Administration of Medication form. Faxed orders acceptable.
- The parent/guardian may administer the medication at school if above requirements are not met.

**Medication Supply**

- Medications are to be delivered and picked up at school by an adult, **except at the High School**.
- Medications must be in the original labeled container with the student's name, current date, dosage, time to be given, and expiration date of medication.
- Parent may provide up to a month supply of prescription medication.
- Medications are to be kept locked with the exception of rescue medications: Epi-Pens™, Insulin, Midazolam, Solu-Cortef, Diastat, Glucagon and inhalers.
- All controlled substances such as Ritalin, Adderall, Concerta...must be counted and signed when received at school by school district employee and parent and recorded on the Record of Medication Administration form.
- Medications are never to be left unattended.

**Medication Administration**

- Follow the **SIX RIGHTS** of medication administration: **RIGHT** student, **RIGHT** medication, **RIGHT** dose, **RIGHT** time, **RIGHT** route and **RIGHT** documentation.
- Administer medication to one student at a time.
- Refer to Licensed Health Care Provider's orders and Record of Medication Administration form to check orders before administering medication.
- Read label on the container and ask the student to state his/her name.

**Medication carried and self-administered by a student:**

- Medication carried and self-administered by a student must be requested by the Licensed Health Care Provider and the Parent/Guardian.
- All medications at the elementary and middle school which are to be self-administered and carried by the student must be approved by the school nurse. The school nurse will notify the principal of all students who are allowed to carry and self-administer medications.
- High School students** may be allowed to carry and self-administer prescription and over the counter medication when requested by parent/guardian, LHCP and approved by school nurse.

**Oral Medication Administration**

- Read the label again and pour dosage into cap of medication bottle or liquid into measuring device, do not handle medication.
- Administer medication and make sure it is swallowed.
- Put away the medication after reading the label once again.
- Initial and record time given on Record of Medication Administration form and enter into Skyward.
- Procedure for students coming to the HR at the appropriate time was discussed.
- Medications can only be administered at the time ordered, a physician's order is necessary for missed morning doses of ADHD/ADD medications.

**Eye Drop or Eye Ointment Medication Administration**

- Gather supplies, wash hands, and put on gloves.
- Confirm the correct eye is receiving medication, per HCP orders.
- Stabilize the student's head by having the student tilt their head back or have them lie down.
- Have the student look upward and gently pull the lower lid away from the eye to form a "pocket."
- Place the drop(s) into the 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 ointment is used, apply a thin strip into the "pocket" **without touching the eye or eyelid.** Start at the inner part of the eye close to the nose and apply the ointment toward the outer eye. When you have reached the edge, gently twist the tube of the medication and have the student close their eye to help keep the ointment in the eye.
- Have the student close their eye(s) for a few moments or blink a few times. Dab away excess with tissue.
- Remove gloves and wash hands.
- Initial and record time given on Record of Medication Administration form and enter into Skyward.

**Ear Drop Medication Administration**

- Gather supplies, wash hands, and put on gloves.
- Confirm the correct ear is receiving medication, per HCP orders.
- Stabilize the student's head by tilting it toward the opposite shoulder and turn head to the side or have them lie down on their side.
- Gently pull the top of the ear (cartilage) back, up and slightly out. Hold the ear cartilage in this position.
- Place the prescribed number of drops into the ear canal without touching the dropper to the ear. Put gentle pressure on the small projection outside the ear canal for a few seconds.
- Have the student remain in the same position for a few minutes to avoid leakage.
- Remove gloves and wash hands.
- Initial and record time given on Record of Medication Administration form and enter into Skyward.

**Topical Ointment and Creams Medication Administration**

- Gather supplies, wash hands, and put on gloves.
- Topical medications should be applied using an applicator such as cotton tipped applicator or gauze. A new applicator should be used each time you are applying medication to avoid contamination.

- Loosen cap on the medication and squeeze a small amount directly onto the applicator.
- Apply the ointment directly to the area or give applicator to student for them to apply.
- Cover area if indicated.
- Remove gloves, wash hands and discard supplies.
- Initial and record time given on Record of Medication Administration form and enter into Skyward.

### Nasal Medication Administration

- Gather supplies, wash hands, and put on gloves.
- If possible have the student blow their nose and look slightly upward.
- Stabilize the student's head and have student block one nostril with a finger.
- Deliver the nasal medication directly into the nostrils per HCP order.
- Remove gloves and wash hands.
- Initial and record time given on Record of Medication Administration form and enter into Skyward.

### Metered Dose Inhalers Medication Administration

- Gather supplies and wash hands.
- Check that the canister is firmly positioned in the plastic holder of the spacer if required.
- Shake the inhaler several times. Prime the inhaler (squeeze the inhaler once or twice for an air puff) if it has been more than 2 weeks since the last use or the inhaler is new.
- Have the student slightly tilt their head backward and have the student breathe out completely. Have the student place the mouth piece of spacer on their face or if just using an inhaler between the teeth and close lips around it. Squeeze the inhaler to discharge the medication and have the student begin to inhale immediately and hold for 10 seconds if possible.
- Then instruct the student to breathe in slowly and deeply for 3 – 5 seconds.
- Once inhaled, have the student remove the inhaler from their mouth, and then repeat this sequence for each prescribed "puff."
- Initial and record time given on Record of Medication Administration form and enter into Skyward.

### Additional Considerations

- Field trip medication was discussed.
- 72 hour medications were discussed.
- Early dismissal procedure was discussed as well as early release/or late start Wednesday.
- Procedure for medication dropped on the floor was discussed.
- Medications must be administered **within 30 minutes** of time ordered.
- Write full name followed by initials on signature sheet in the front of the medication notebook.
- Maintain a log of students receiving medication in the front of the medication book noting daily, as needed, and 72 hour meds.
- Procedure for missed dose of medication, wrong dose or wrong medication or student refusal to take medication was discussed. Procedure must include parent and school nurse contact and documentation. LHCP may need to be notified and an Incident Form may need to be filed.

Medication may only be discontinued by oral or written parent request.

All medication records must be archived for 8 years.

**Administration of Epi-Pen™ injectable**

Epi-Pen™ training form completed.

*I have been trained in and understand the proper method of administering medication. This medication administration delegation is rescinded at the end of the \_\_\_\_\_ school year.*

*Signature of staff member:* \_\_\_\_\_ *Print Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of trainer:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Revised 6.23.21