KDE Medication Administration for Unlicensed School Personnel (Regular and Emergency)

Module I: Legal Issues, Policies and Procedures

Module II: Medication Administration

Module III: Emergency Medication Administration

Module IV: Local School District Policies and Procedures

Kentucky Department of Education

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ACKNOWLEDGEMENT

- Kentucky Department of Education (KDE) recognizes the need for a uniform medication administration training program for unlicensed school personnel
- Developed collaboratively between the KDE, the Kentucky Department for Public Health (KDPH) and in consultation with the Kentucky Board of Nursing (KBN)
- Compliance
  - 201 KAR 20:400
  - KRS 156.502
  - 702 KAR 1:160
- Curriculum is the official training program for all unlicensed Kentucky public school personnel who

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
- 702 KAR 1:160, Section 4(3)(g), 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
- KBN to ensure compliance with 201 KAR 20:400
- KRS 156.502, the delegation is only valid for the current school year

Recommended Individuals

- Employing school will reserve the right to recommend individuals for this training
- Upon successful completion, 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

Four modules

- Module I: Laws, Policies and Procedures
- Module II: Administration of Medications
- Module III: Administration of Emergency Medications
- Module IV: Local School Board Policies & Procedure

Medication Administration Competency Verification

Personnel will be required to score a 100% on the skill competency evaluation and 85% on an open book final exam which will include demonstration of:

- Reviewing student medication history on Medication Administration Record/Medication log for documentation of allergies and other co-existing medical condition
- Using proper hygiene/universal precautions in medication preparation
- Accurately identify student/client medication information by comparing medication label to the transcribed Medication Administration Record/Log
- Correctly apply:
  - ✓ eye ointment/drops
  - ✓ ear drops
  - ✓ topical ointments/creams
- Correct administration of oral medications
- Correct administration of oral/nasal inhalers
- Correct administration of emergency medications prescribed for the treatment of hyperglycemia, anaphylaxis, seizures and opioid overdose

MODULE I: LAWS, POLICIES, AND PROCEDURES

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

- https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html?src=rn

Laws Related to Medication Administration

- Potential for unsafe administration of medication in schools or during school sponsored events 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

Who Can Prescribe Medicine?

- 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 medications that are prescribed to treat emergency or life-threatening health conditions such as hypoglycemia, anaphylaxis, seizures and opioid overdoses.

KRS 158.838, KRS 217.186, KRS 1526.502

School Nurse

- May be either an Advanced Practice Registered Nurse (APRN), a registered nurse (RN) or licensed practical nurse (LPN)
- Educational Preparedness Differences
  - APRN
  - RN and
  - LPN
- Defined in KRS 314.011 and described in KBN AOS #30, “School Nursing Practice”

Administering Medication

- 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 shall not provide nursing care in the school setting without oversight (supervision) from an RN, APRN, MD or when applicable, dentist

KBN Legal Authority

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
  - "The transfer of responsibility for the performance of an activity from one individual to another, while maintaining the accountability for the outcome" –you are providing services under my license-SB
  - 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)

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.
- ✓ The delegating school nurse should be available by phone for consultation

Course Completion

- ✓ 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—the delegation is for school/educational purposes only-SB
- ✓ This training and competency evaluation must be renewed each school year

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

Accepting Delegation

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

➢ Errors should be reported as soon as possible

Consent to Delegate

- 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

FERPA

- Rights and Privacy Act (FERPA) is the federal law that protects the privacy interests of students and their educational records
- 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
- 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
- Montgomery County's is Policy and Procedure 09.2241

Administration of Medication

Prescribed Medication

- Prescribed medication must be sent to the school in the original labeled container and the label shall include:
  - Name and address of the pharmacy
  - Name of the student
  - Name of the prescribing health care provider
  - Date the prescription was dispensed
  - Expiration date of the medication
  - Name of the medication, dosage and strength of medication
  - Route of administration
  - 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

Non-prescribed/Over the Counter (OTC) medication

Non-prescribed/Over the Counter (OTC) medication

- Non-prescribed/OTC medication requires an authorization form completed by the parent/legal guardian –this authorization can be completed on the School Health Consent for Services—SB
- AND
  - Medication must be provided by the parent/legal guardian in the original container which includes recommended dosage and directions for administration
  - An OTC medication shall not be administered

Student Self-Medication

Student self-medication

- Allowed in certain situations, with a written health care provider's authorization, that allows a student to responsibly carry self-administered medication.
- An authorization form must be completed by the parent/guardian and health care provider and on file in the school. This may be included in the IHP, a Medical Plan sent from the provider or on a separate medication consent form, but the provider must authorized all self-carry medications--SB
- This authorization must be renewed each school year.
- Documentation from the prescribing health provider shall include:
  - Student is capable of administering the prescribed medication
  - Name and purpose of the medication
  - Prescribed dosage of the medication
  - 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

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 the original container –preferably in a sealed envelope--given to the appropriate school personnel (school nurse or designated school personnel) In best practice, students who ride a bus are discouraged from transporting their medication, however, circumstance may arise that student transport is the only way to have the needed medication at school and allowances must be made-SB
- 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 or entered into the Electronic Medication Record in Infinite Campus.
- Medication shall only be administered according 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:
  - New Authorization Form completed by the parent/guardian

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—only a licensed nurse may confirm parent request/take a verbal order from the provider and document appropriately for medications at school-SB

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

Medication No Longer Needed

- 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:
  - For pills: pour glue into pill container, after glue is hardened, container may be thrown into garbage can
  - 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
  - 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
  - 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

Field Trip 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
- Best Practice: The school should request the parent send a separate bottle with enough medication for the field trip day
- The medication bottle sent on the field trip must have a pharmacy prescription label attached
- Consult local school district policies and procedures for field trip medication administration –Delegation of medication, documentation of it's being off grounds on a field trip, the return and confirmation of administration can be documented in infinite campus.-SB

KentuckylLwKRS 156.502 and KRS 158.838

- Kentucky's law (KRS 156.502 and KRS 158.838)
  - Addresses the required provision of "health services" to students in the "school setting or a school sponsored activity"
  - According to federal laws, schools that received federal funds are subject to Section 504 and the American with Disabilities Act (ADA) of 1990
  - Under Section 504 regulations, schools must provide equal access including school health services on instate or out of state school-sponsored field trips
  - 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 state boards of nursing where the care is provided
  - This will include all the states along the travel route as well as the final destination of the field trip
- More information about medication administration rules on out-of-state field trips may be found here
  - https://www.nasn.org/nasn/advocacy/professional-practice

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:
  - medication was sent to school out of the original container
  - medication is prescribed twice daily and can be administered before school and after school hours
  - medication is prescribed three times daily and can be given before school, after school and before bedtime
  - student has requested over-the-counter medication every day for several days (which may be beyond school district policy of no more than 3 consecutive days without their medical provider's authorization)
  - 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

Refusal to take Prescribed Meds

A student may refuse to take prescribed 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

Medication Admin Record

- 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

Medication Errors

Preventing and Reporting Medication Errors

A medication error occurs when one of the “six rights of medication administration” has been violated

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

Adverse Reactions

- Medication errors may result in adverse reactions to the student
- These reactions could range from a rash to a life-threatening situation
- ✓ Always check the medication label when:
  - removing the medication from storage
  - removing the medication from its container

Prevent Medication Errors

- Knowing the following before administering medications will help prevent medication errors:
  - Name of medication (the generic and real or “trade” name)
  - Purpose
  - Potential side effects
  - Special instructions (if appropriate)
  - Health care provider and emergency contact names and phone numbers

If Error Occurs

When a medication administration error occurs, follow these guidelines:

- Keep the student in the health room
- If the student has already returned to class, have someone accompany the student back to the health room
- Observe the student's status and document what you see
- Identify the incorrect dose or type of medication taken by the student
- 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)

Poison Control Center Contact

- If contacting the Poison Control Center for instructions: 1-800-222-1222
  - give the name and dose of the medication taken in error
  - give the student's age and approximate weight, if possible
  - give the name and dose of any other medication the student receives, if possible
  - 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
- 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

MODULE I: Practice Test Page 1

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 _____ _____ _____.

MODULE I: Practice Test Page 2

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.

MODULE I: Practice Test Page 3

- True or False: All unlicensed school personnel administering medications should be familiar with their district's policies and procedures for medication administration.
- The completed medication authorization form signed by the parent/guardian is valid only for the _____ school year.
- Prescribed medication should be sent to school in the _____ labeled container.
- Name the information a prescribed medication label should include:
- _____
  - B._____
  - C._____
  - D. _____
  - E. _____
  - F._____
  - G._____
  - H._____
- True or False: All medications should be kept in an appropriately labeled, secure, locked cabinet accessible only by responsible, authorized school personnel.
- True or False: Unused medication not picked up by the parent/guardian may be flushed down the toilet or sink.
- 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.

MODULE I: Practice Test Page 4

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._____

MODULE II: ADMINISTRATION OF MEDICATIONS

Classification of Medications

- Prescribed medications are those medications that a licensed practitioner has ordered for treatment of a student's 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

Prescribed Medication Administered at School

The prescribed medication to be administered at school must be in the original container from the providing pharmacy and the pharmacy label must include:

- Name, address and phone number of licensed pharmacy
- Date
- Prescription identifying number
- Patient's full name
- Name of drug, strength and amount
- Directions for use
- Required controlled substances transfer warnings, where applicable
- Expiration date
- Identity of dispensing pharmacist
- Storage requirements, when applicable, and
- Auxiliary labels, when applicable

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.Percocet, Valium, Ritalin® or Tylenol® with Codeine)

Handling of Controlled Medicine

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 –Can be completed in infinite campus electronically-SB
- Disposed of according to medication storage and disposal by U.S. Food and Drug

Non-controlled/Scheduled Medications

- Non-controlled medications include prescribed that are used to treat medical conditions
- All prescribed, non-controlled/scheduled medications 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 should 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:
  - ibuprofen (Motrin®)
  - acetaminophen (Tylenol®)
  - cough medication (Robitussin®)
  - antibiotic ointment (Neosporin® or Bactracin®)
  - antacids (Tums® or Rolaids®)

✓ Documentation of OTCs on the student's Medication Administration Record is required—Documentation in infinite campus electronically is also acceptable-SB

Medication Classifications

Medications may be controlled or non-controlled

- 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 or an online medical website 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

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

Adverse Effects of Medication

Another way to learn the adverse effects of medications is to review the medication in a current drug handbook

- 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
  - The potential side effects/adverse effects of the drug.

✓ Medication information is also available online Drugs.com

Observe Student

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 ed as emergencies and unlicensed school personnel should be familiar with school district policies and procedures regarding how emergencies are to be handled

Allergic Reactions

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
  - redness,
  - rash
  - hives
  - shortness of breath
  - itching
  - swelling
  - yellowing of the skin or fever

Anaphylaxis

- 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

Various Forms of Medication Administration

Medications may be administered in many different ways

- Oral
- Capsules
- Syrups/Elixirs
- Topical
- Inhalers
- Nasal
- Injection

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 5

Oral Medication

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 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

"coating" actually dissolves in the small intestine instead of the stomach

These tablets should not be split or crushed

Oral disintegrating tablets

Oral disintegrating tablets dissolve in the mouth (do not chew)

- The two types of oral disintegrating tablets usually seen in the school setting are sublingual and/or buccal
- 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

- 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
sustained release, long-acting,
ed or controlled release
(usually identified with SR, LA, EX or CR)

Syrups and elixirs

- 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

Liquid Medication or Syrup

Follow the Six Rights of Medication Administration; Right student, Right medication, Right dose, Right time, Right route and Right documentation

1. Have the container at eye level when measuring
2. 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
3. Verify the student has swallowed the medication
4. Document on the medication administration record (medication log) that you have administered the medication
5. Replace the medication in locked storage area
6. Observe the student for any medication reaction as appropriate

✓ Additional tips on how to use liquid measuring devices may be found on the Safe Medication website

Handout 6

Oral Medication Dosage

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 (sometimes called “cheeking”)

Eye Drops and Eye 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)

1. Put on gloves
2. Stabilize the head by having the student tilt their head back or have them lie down
3. Have the student look upward
4. Gently pull the lower lid away from the eye to form a "pocket"
5. 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 eye lid

✓ 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

Ear Drops

Follow the Six Rights of Medication Administration: Right student, Right medication, Right dose, Right time, Right route and Right documentation

1. Put on gloves
2. Loosen lid on medication and squeeze rubber stopper to fill the dropper
3. Stabilize the student's head by tilting it toward the opposite shoulder and turn head to the side
4. Gently pull the top of the ear (cartilage) back and up and hold
5. Place the prescribed number of drops into the ear canal without touching the dropper to the ear
6. Have the student to remain in the same position for a few minutes to avoid leakage—massaging the tragus area also helps to ensure the medication goes onto the eardrum and surrounding area where it is supposed to go 😊 SB
7. Remove gloves
8. Document on the medication administration record (medication log) that you administered the medication
9. Replace medication in locked storage area
10. Observe the student for any medication reaction as appropriate

Handout

Topical

Topical medications include eye drops or ointments, ear drops or ointments, and creams and ointments that are applied to the skin

- 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)

Topical Ointment or Creams

Follow the Six Rights of Medication Administration; Right student, Right medication, Right dose, Right time, Right route and Right documentation

1. Put on gloves
2. Loosen cap on the medication and squeeze a small amount directly onto cotton tipped applicator (Q-tip®)
3. Apply ointment directly to the area or give applicator to student for them to apply
4. Cover Area, if indicated
5. Remove gloves
6. Document on the medication administration record (medication log) that you administered the medication
7. Replace medication in locked storage area
8. Observe the student for any medication reaction as appropriate

Handout 9

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

Nasal Spray/Inhaler/Nebulizer

- 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 inhaler 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

Nasal Spray

A nasal spray/inhaler is medication delivered as a spray directly into the external nares (nostrils) and may be prescribed for allergies

Follow the Six Rights of Medication Administration; Right student, Right medication, Right dose, Right time, Right route and Right documentation

1. Have the student blow their nose
2. Have the student block one nostril with a finger
3. Insert the nozzle of the inhaler into the other nostril
4. Aim nasal spray so that the spray is directed upward and outward away from midline—using the opposite hand (left hand/right nostril) helps this--Sbrewer
5. Instruct student to exhale
6. Squeeze the nasal spray quickly and firmly, then instruct the student to inhale
7. Repeat as directed for the other nostril
8. Document on the medication administration record (medication log) that you administered the medication
9. Replace medication in locked storage area (unless it is an emergency medication)
10. Observe the student for any medication reaction as appropriate

Handout
10

Metered Dose Inhalers (MDI)

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

1. Shake the inhaler several times.
2. Check that canister is firmly positioned in plastic holder (and attach spacer if availal
3. Have student slightly tilt their head backward.
4. Have student breathe out (exhale) completely.
5. Have student place the mouthpiece between the teeth and close lips around it.
6. Squeeze the inhaler to discharge the medicine and have student begin to inhale immediately.
7. 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.
8. Rest for a minute, then repeat this sequence for each prescribed “puff”.
9. Document on the medication administration record (medication log) that you administered the medication.
10. Replace medication in locked storage area.
11. Observe the student for any medication reaction as appropriate.

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

Handout
12

Insulin Administration

- Unlicensed school personnel may be delegated and trained to administer or assist with self-administration of insulin subcutaneously (KRS 158.838)
- Training and delegation shall be according to the requirements stated in KRS 156.502

✓ A list of training resources may be found in the KDE Health Services Reference Guide

Medications for life-threatening emergencies

- Diastat
- Valtoco
- Epipen
- Glucagon/Baqsimi
- Narcan
- Klonopin
- Midazolam/Nayzilam

✓ See Module III for more information on these medications

Epipen

- 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

Glucagon

- Glucagon is an emergency 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 (can be injected or nasally administered)

✓ See Module III for more information on this medication

How to Administer Injectable Glucagon

1. Identify someone to call 9-1-1
2. Refer to student's Diabetes Management Plan for Glucagon dose
3. Open kit
4. Remove flip top seal from vial
5. Remove needle protector from syringe
6. Slowly inject all sterile water from syringe into vial of Glucagon® (leave needle in vial if possible)
7. Gently swirl vial (don't shake) until solution is clear. (May leave syringe in vial)
8. Withdraw amount of Glucagon® prescribed from vial back into syringe
9. Inject straight (90° angle) into
   - arm (upper)
   - leg (thigh)
   - or buttocks
   - (may inject through clothing if necessary)
10. Slowly inject Glucagon® into site
11. Withdraw needle, apply light pressure at injection site
12. Turn person on his/her side, person may vomit
13. Place used needle back in kit and close lid (do not recap)
14. Give used kit to EMS personnel
15. Document administration of Glucagon® on Medication Administration Record (Modified from Eli Lilly and Company, 2017)

Handout
13

Basqsimi (Glucagon) Nasal Powder

- FDA approved for age 4 and above
- Should be stored at room temperature
- Should be carried by student, readily accessible
- Given as a puff in the nose
- Should still be given if person is unconscious
- Can still be given if nose is congested
- A second dose may be ordered if no response after 15 minutes
- 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

Administering Baqsimi (glucagon)™ Nasal Powder

1. Identify someone to call 911
2. Refer to student's Diabetes Management Plan for Glucagon dose
3. Open kit
4. Remove shrink wrap by pulling on red stripe
5. Open the lid sand remove the device from the tube (Caution: Do not press plunger until you are ready to administer)
6. Hold device between fingers and thumb
7. Insert tip gently into one nostril until finger(s) touch the outside of the nose
8. Push plunger firmly all the way in
9. Dose is complete when the green line disappears
10. Turn person to the side, as they may vomit
11. Throw away used device and tube
12. Document administration on student's medication administration record
13. When person is safely able to swallow, give a fast acting source or sugar such as juice and encourage the person to eat as soon as possible

(Modified from Eli Lilly and Company, 2019)

How to Administer an EpiPen

1. Identify someone to call 9-1-1.
2. Flip open cap at top of carrier tube.
3. Remove EpiPen® from carrier tube and
4. Remove the blue safety release.

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

7. Hold in place for 3 seconds. The injection is now complete.
8. Remove pen from thigh and message injection site for 10 seconds.
9. 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.

(Source: Mylan: howtouseepipenautoinjector.pdf)

Handout 14

Narcan—ONLY School Resource Officers in MoCo have Narcan—NOT kept in the health unit.

- Narcan (naloxone) is an intra-nasal medication administered in the event of a opioid overdose life-threatening emergency

✓ See Module III f rmation on this medication

Photo source: Adapt Pharma, 2016

Diastat

- Diastat® rectal gel is prescribed for emergency treatment of seizures.
- Students may also be prescribed seizure management medication to be administered in the event of a seizure

✓See Module III for more information on these medications

VALTOCO® (diazepam nasal spray)

- Valtoco ® is a prescription medicine used for the short-term treatment of seizure clusters (also known as “episodes of frequent seizure activity” or “acute repetitive seizures”) in patients 6 years of age and older.
- Valtoco ® is not FDA approved for use in children under 6 years of age.

Valtoco®

- Valtoco® can cause sleepiness or dizziness as well as slow thinking and motor skills.
- The student's seizure plan should be followed which should include instructions for administration of Valtoco and care following its administration.

✓See Module III for more information on

Important Safety Information

- VALTOCO is a benzodiazepine medicine. Taking benzodiazepines with opioid medicines, alcohol, or other central nervous system (CNS) depressants (including street drugs) can cause severe drowsiness, breathing problems (respiratory depression), coma, and death.
- Get emergency help right away if any of the following happens:
  - Shallow or slowed breathing
  - Breathing stops (which may lead to the heart stopping)
  - Excessive sleepiness (sedation)

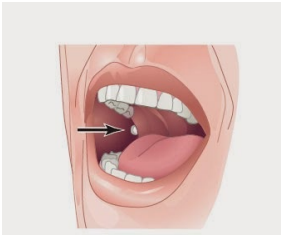
How to administer Valtoco®

- ✓ Identify someone to call 9-1-1
- ✓ Remove Valtoco Nasal Spray from package
- ✓ Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- ✓ Tilt the person's head back and provide support under the neck with your hand.
- ✓ Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose
- ✓ DO NOT Prime Sprayer
- ✓ Press the plunger firmly to give the dose of Valtoco nasal spray
- ✓ Remove the nozzle after giving the dose
- ✓ Throw away nasal spray device(s) after use.
- ✓ If giving the 15 mg or 20 mg dose, repeat the steps and use the second device in the other nostril to give the full dose of VALTOCO
- ✓ Document administration of medication continue to observe and follow seizure action plan.

Source: © Neurelis, Inc. 2021.

Handout 16

How to Administer Clonazepam (Klonopin)



1. Turn student on their side where they can't fall
2. Consult student's Seizure Action Plan to confirm drug, dose, route and administration orders
3. Administer prescribed medication between seizures
4. Put on gloves
5. With gloved hands, use gauze pad to dry gum and inside of cheek
6. Place tablet in pocket between inner cheek and gum
7. Close mouth and gently rub along outside of cheek to promote absorption
8. Observe response, provide care and comfort
9. Consult action plan for post-seizure care; call 9-1-1 if directed
10. Document medication administration in Medication Administration Record

Guidelines and picture used with permission from Epilepsy Foundation, *Using Rescue Therapies in Epilepsy Care*

Handout 17

Midazolam for Seizure Rescue

- FDA approved for children age 12 and above
- Intranasal midazolam easily and rapidly crosses the nasal mucosa and blood-brain barrier
- Administration is less traumatic for patient
- Onset of action 2-3 minutes (rapid)
- Oral bioavailability of midazolam: ~30%

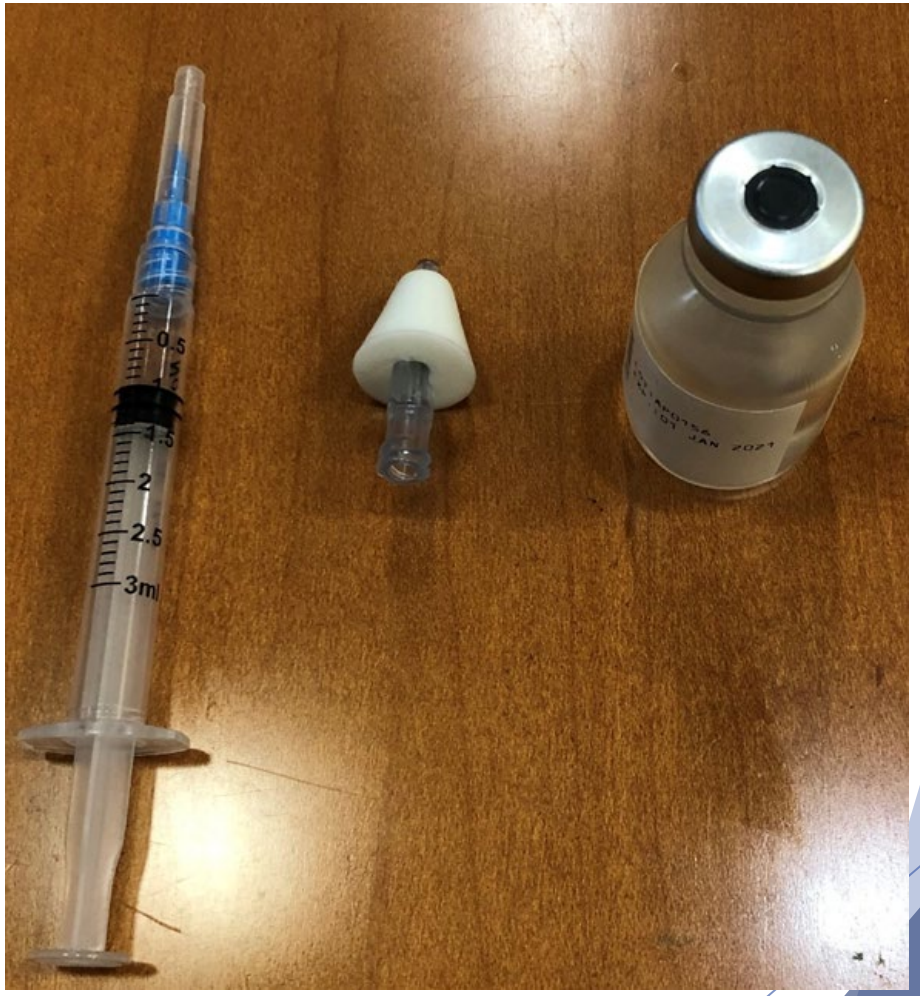
Midazolam safety concerns and side effects

- May become sleepy after administration
- If swallowed, only 1/3 of dose is absorbed
- Active the seizure plan when administering
- Risk for addiction is almost nil
- Store at room temperature
- Prefilled syringes have shelf life of 4

Preparation for administration

1. Draw the syringe plunger back to measured dose
2. Insert syringe into midazolam vial and inject measured volume of air into vial
3. Withdraw appropriate volume of medication from vial
4. Attach Atomizer

Note: If directed on label, draw up an additional 0.1 ml of medication to allow for dead space in the atomizer



Administration

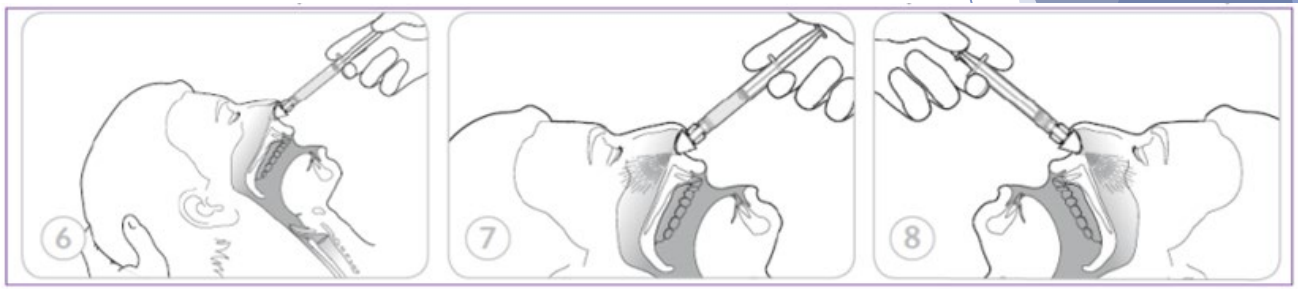
Inspect nostrils (If blood or mucus present, suction the nares prior delivery of medication.) Note: Drug is absorbed by the mucous membranes, not via inhalation

Insert tip of atomizer into left nostril and administer half of the dose

Administer remaining half of medication into the right nostril (doubles the amount of mucosa available for drug absorption and increases the rate of absorption)

Direct spray from center of nose and spray directly up and back or toward outside of nose

Handout 19



Step 6. Using the free hand **to hold the base of the head stable**, place the tip of the atomizer snugly against the nostril aiming slightly up and outwards (towards the top of the ear).

Step 7. Administer **half of the solution, 5 mg (1 mL),** into one of the nostrils.

Step 8. Administer the other **half of the solution, 5 mg (1 mL),** into the opposite nostril.

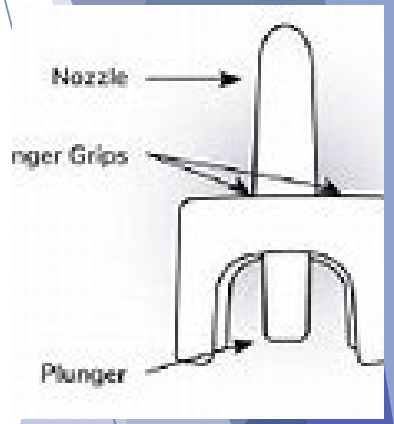
Reference: step-by-step guide adapted from 2013 Teleflex Inc. LMA MAD Nasal Device Instructions. https://www.liveactionsafety.com/lma-nasal-mucosal-atomization-device-mad-syringe-vial-adapter/

Nayzilam (midazolam)

- Same medication – different delivery system
- FDA approved for ages 12 and above
- Stored at room temperature
- Only given in one nostril
- Only one dose in package

How to administer Nayzilam (Midazolam)

1. Peel open blister packaging
2. Hold the nasal spray unit with your thumb on the plunger and your middle and index fingers on each side of the nozzle
3. Place the tip into 1 nostril until your fingers on either side of the nostril touches the bottom of the nose
4. Press the plunger using 1 motion
5. Remove nozzle and turn patient to their side
6. Monitor patient
7. Record on student's medication administration record



Source UCB 2019

Handling Medication

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

Hand Washing Steps

Hand Washing Steps

1. Wet hands
2. Apply soap and rub hands together for 20 seconds
3. Scrub backs of hands, wrists, between fingers, and under fingernails
4. Rinse
5. Towel dry
6. Turn off water with towel

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
- How to use an Alcohol Based Hand Sanitizer

1. Apply ½ tsp (nickel size) of the sanitizer to the palm of the hand
2. Rub hands together, covering all surfaces until they are dry (approximately 20 seconds)

Handout
1

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

Note: The gloves are considered contaminated after use

Be aware of any allergies to latex gloves

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

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

✓ Additional tips on how to use liquid measuring devices may be found on the Safe Medication website

Administering Medication Safely

- Only prepare and administer one individual's medication at a time
- Never document the medication has been administered before the student receives it
- To safely manage and administer medications to students, the "six rights of medication administration" must be followed

Six Rights of Medication Administration

- Right Student -Always have two (2) ways of identifying the student when administering medications.
- Right Medication - Verify that the name of the medication on the label on the medication container matches the information on the Medication Administration Log
- 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.
- Right Route - Read the label on the medication container and compare it to the information on the Medication Log. Be sure this information matches.
- 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.)
- 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 2

Prescription Label Information

Information required on a prescription label includes:

- Name and address of the pharmacy
- Telephone number of the pharmacy
- Prescription number
- Current date of filling or refilling
- Name of prescriber
- Name of patient
- Directions for use, including precautions, if any, as indicated on the prescription
- Drug name and strength and quantity, if generic, the name of the manufacturer
- The phrase “use by” followed by the product’s use by date, if dispensed in any packaging other than the manufacturer’s original packaging
- All auxiliary labeling as recommended by the manufacturer and /or as deemed appropriate in the professional judgment of the dispensing pharmacist/an auxiliary labeling as recommended by the manufacturer and/or deemed appropriate in the professional judgement of the dispensing pharmacist
- Initials or name of the dispensing pharmacist

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) Look at their picture in IC, ask their name, ask their birthday, what's their mom/dad/grandma's name until you are for SURE you have the correct kiddo.
- Identify yourself and what you will be doing
- Assemble necessary equipment
- Wash your hands before and after administering

Medication Errors

District policies and procedures state what documentation is required if an error 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—there is a window of one hour: 30 minutes before and 30 minutes after the scheduled time SB
  - giving medication by the wrong route—PLEASE no eardrops in eyeballs!!!

✓ Accidents do happen. 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

Best Practice

- 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 Administration Documentation (Medication Log/Medication Administration Record, Electronic Record—we use IC Health for main form of documentation)

Record Keeping

- 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 (Infinite Campus) 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 Information

- Compare the information on the medication label with the information on the medication log/in IC
- 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

Medication Record

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—which is now electronic for health and in IC) 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

Kentucky Student Information System

Medication administration may also be documented in the Kentucky Student Information System. This is a permanent record of medication administration

Advantages to electronic medical records include:

- Records follow student electronically when transferring from school to school within the district
- No more paper logs/charts to file or store
- Easier case management of students with chronic health conditions
- Ability to track health office visits and outcomes

✓ See local school district medication administration form and follow local school district policies for documentation—MOCO uses electronic charting and documentation in infinite campus

Module II: Practice Test Page 1

1. Medications that a licensed practitioner orders to treat a particular medical diagnosis or symptoms are called _____ medications.
2. Give examples of the three types of medications that may be administered in the schools:
   - Controlled/Scheduled: _____
   - Non-Controlled/Scheduled: _____
   - Over the Counter:_____
3. Important student health information to know prior to administering medication includes: Student name, date of birth, sex and _____.
4. An unwanted, unexpected or potentially dangerous response to a medication is known as _____.
5. True or False: A Licensed Practitioner must write an order (or prescribe) oral medication to be crushed.
6. _____ tablets are meant to be chewed before swallowing.
7. True or False: Enteric coated tablets protect the stomach from irritation and therefore should not be crushed or spit.
8. True or False: Capsules with SR(sustained release) after the name should not be broken or crushed unless the prescription specifically calls for it.
9. Suspensions are a form of liquid medication that must be _____ before being measured and administered.

Module II: Practice Test Page 2

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

Module II: Practice Test Page 3

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.

Module III: Emergency Medications

Emergency Medication Administration

Emergency Medications

- According to KRS 158.838, KRS 217.186 and the Kentucky Board of Nursing, unlicensed school personnel may administer emergency medications (e.g. Glucagon®, Diazepam rectal gel (Diastat®), EpiPen®, naloxone for the treatment of potential opioid overdose and prescribed medications for the treatment of seizures) provided they have received training as required in KRS 156.502
- The medications below may be prescribed to be given during a life-threatening event

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

Extremely Low Blood Sugar

- 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:
  - Too much insulin
  - Student administered insulin without eating
  - Too little food consumed
  - Delay in receiving snack/meal
  - Increased physical activity
  - Illness (at times)
  - Alcohol use (a concern in adolescents)

Hypoglycemia symptoms

- 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 these symptoms according to the severity of the hypoglycemia—All MoCo students should have a DMMP-Diabetes Medical Management Plan from their

Glucagon® is a life-saving injectable hormone

- 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

Parent Responsibility - Glucagon

- 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

Glucagon Kit

- 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

Administering Glucagon

1. Identify someone to call 9-1-1
2. Refer to student's Diabetes Management Plan for Glucagon dose
3. Open kit
4. Remove flip top seal from vial
5. Remove needle protector from syringe
6. Slowly inject all sterile water from syringe into vial of Glucagon® (leave needle in vial if possible)
7. Gently swirl vial (don't shake) until solution is clear. (May leave syringe in vial)
8. Withdraw amount of Glucagon® prescribed from vial back into syringe
9. Inject straight (90° angle) into (may inject through clothing if necessary)

   ✓ arm (upper)
   ✓ leg (thigh)
   ✓ or buttocks

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

(Modified from Eli Lilly and Company, 2017)

Basqsimi Nasal Powder

- FDA approved for age 4 and above
- Should be stored at room temperature
- Should be carried by student, readily accessible
- Given as a puff in the nose
- Should still be given if person is unconscious
- Can still be given if nose is congested
- A second dose may be ordered if no response after 15 minutes
- 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

Administering Baqsimi™ Nasal Powder

1. Identify someone to call 911
2. Refer to student's Diabetes Management Plan for Glucagon dose
3. Open kit
4. Remove shrink wrap by pulling on red stripe
5. Open the lid sand remove the device from the tube (Caution: Do not press plunger until you are ready to administer)
6. Hold device between fingers and thumb
7. Insert tip gently into one nostril until finger(s) touch the outside of the nose
8. Push plunger firmly all the way in
9. Dose is complete when the green line disappears
10. Turn person to the side, as they may vomit
11. Throw away used device and tube
12. Document administration on student's medication administration record
13. When person is safely able to swallow, give a fast acting source or sugar such as juice and encourage the person to eat as soon as possible

(Modified from Eli Lilly and Company, 2019)

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)
  - medication
  - latex
  - 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

Severity of Allergic Reaction

- 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

- Severe allergic reactions may be unavoidable
  - foods may contain unknown ingredients;
    - ✓Insects range widely
    - ✓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

EpiPen Prescribed Medication

- 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 according to KRS 156.502

Storage of EpiPen

- 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 advanc expiration date

Administering EpiPen

1. Identify someone to call 9-1-1.
2. Flip open cap at top of carrier tube
3. Remove EpiPen® from carrier tube and
4. Remove the blue safety release
5. Form a fist around the unit with the orange tip pointing downward
6. Swing and firmly push orange tip against outer thigh until click is heard (Auto-injector may be given through clothing)
7. Hold in place for 3 seconds –used to be 10 SB
   - ✓ The injection is now complete
8. Remove pen from thigh and message injection site for 10 seconds.
9. Place used auto-injector into carrier tube and give to EMS when they arrive.
10. Document administration of EpiPen® in Medication Administration Record (MAR)

✓ Note: Always refer to the package insert for additional

AUVI-Q Epinephrine Auto-Injector

- AUVI- Q auto-injector is another prescription epinephrine injection used to treat life-threatening allergic reactions, including anaphylaxis
- More information about this product and how to administer may be found:

https://www.auvi-q.com/about-auvi-q/

Medications 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
  - Sensory experiences

Seizures

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

- 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

Achieve Good Seizure Control

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

Priorities During a Seizure

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 between the teeth, during a seizure
  - Efforts to hold the tongue down could injure teeth or jaw
- 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

✓ Clear the area around the person of anything hard or sharp

Seizure Emergency Action Plan

- Students receiving medication for the control of their seizures shall 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 in the Seizure Emergency Action Plan what medication shall be given for seizure activity
- According to KRS 158.838, the Seizure Emergency Action Plan may include the administration of the emergency medication Diastat® or other FDA approved seizure management medication which unlicensed school personnel may administer after receiving training per KRS 156.502
- Personnel trained in medication administration for the treatment of seizures and how to contact them if a seizure occurs shall be identified and shared with school personnel
- 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

How to Administer Diastat® AcuDial

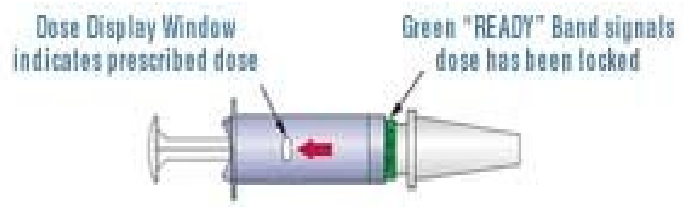
How to Administer Diastat® AcuDial (Diazepam rectal gel)

1. Identify someone to call 9-1-1
2. Turn student on side where they can't fall
3. Put on gloves
4. Remove medication (syringe)from container (Note: Seal pin is attached to the cap)
5. Push up with thumb and pull to remove protective cap from syringe tip (Be sure seal pin is removed with the cap)
6. Lubricate rectal tip with lubricating jelly from kit
7. Turn student on side facing you and lower clothing
8. Bend upper leg forward to expose rectum
9. Separate buttocks to expose rectum
10. Gently insert lubricated syringe tip into rectum. (Rim of syringe should be against rectal opening)
11. Slowly count to three (3) while gently pushing plunger until it stops
12. Slowly count to three (3) while holding buttocks together to prevent leakage
13. Keep student on their side and note the time Diastat® was given; continue to observe until EMS arrives
14. Give EMS the used Diastat® syringe (Note: you may recap the syringe)
15. Document the administration of Diastat® in the student's Medication Administration Record

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



- 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
- Because you receive 2 DIASTAT® AcuDial delivery systems as part of your Twin Pack with each prescription, be sure to double-check both

What should you 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

Approved by FDA

- Seizure rescue and seizure management medications approved by the FDA for the treatment of seizures may be delegated to be administered by trained, unlicensed school personnel
- Non-FDA approved medications for management of seizures may not be delegated to unlicensed school personnel (KRS 158.838)

VALTOCO® (nasal spray)

- Valtoco ® is a prescription medicine used for the short-term treatment of seizure clusters (also known as “episodes of frequent seizure activity” or “acute repetitive seizures”) in patients 6 years of age and older. Same medication as Diastat, different route.
- Valtoco ® is not FDA approved for use in children under 6 years of age.

All about Valtoco®

- Valtoco® can cause sleepiness or dizziness as well as slow thinking and motor skills.
- The student's seizure plan should be followed which should include instructions for administration of Valtoco and care following its administration.

Administering Valtoco®

- ✓ Identify someone to call 9-1-1
- ✓ Remove Valtoco Nasal Spray from package
- ✓ Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- ✓ Tilt the person's head back and provide support under the neck with your hand.
- ✓ Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose
- ✓ DO NOT Prime Sprayer
- ✓ Press the plunger firmly to give the dose of Valtoco nasal spray
- ✓ Remove the nozzle after giving the dose
- ✓ Throw away nasal spray device(s) after use.
- ✓ If giving the 15 mg or 20 mg dose, repeat the steps and use the second device in the other nostril to give the full dose of VALTOCO
- ✓ Document administration of medication continue to observe and follow seizure action plan.

Source: © Neurelis, Inc. 2021.

Handout 16

Important Safety Information Regarding Valtoco

- VALTOCO is a benzodiazepine medicine. Taking benzodiazepines with opioid medicines, alcohol, or other central nervous system (CNS) depressants (including street drugs) can cause severe drowsiness, breathing problems (respiratory depression), coma, and death.
- Get emergency help right away if any of the following happens:
  - Shallow or slowed breathing
  - Breathing stops (which may lead to the heart stopping)
  - Excessive sleepiness (sedation)

Midazolam-Seizure Rescue

- FDA approved for children age 12 and above
- Intranasal midazolam easily and rapidly crosses the nasal mucosa and blood-brain barrier
- Administration is less traumatic for patient
- Onset of action 2-3 minutes (rapid)
- Oral bioavailability of midazolam: ~30%

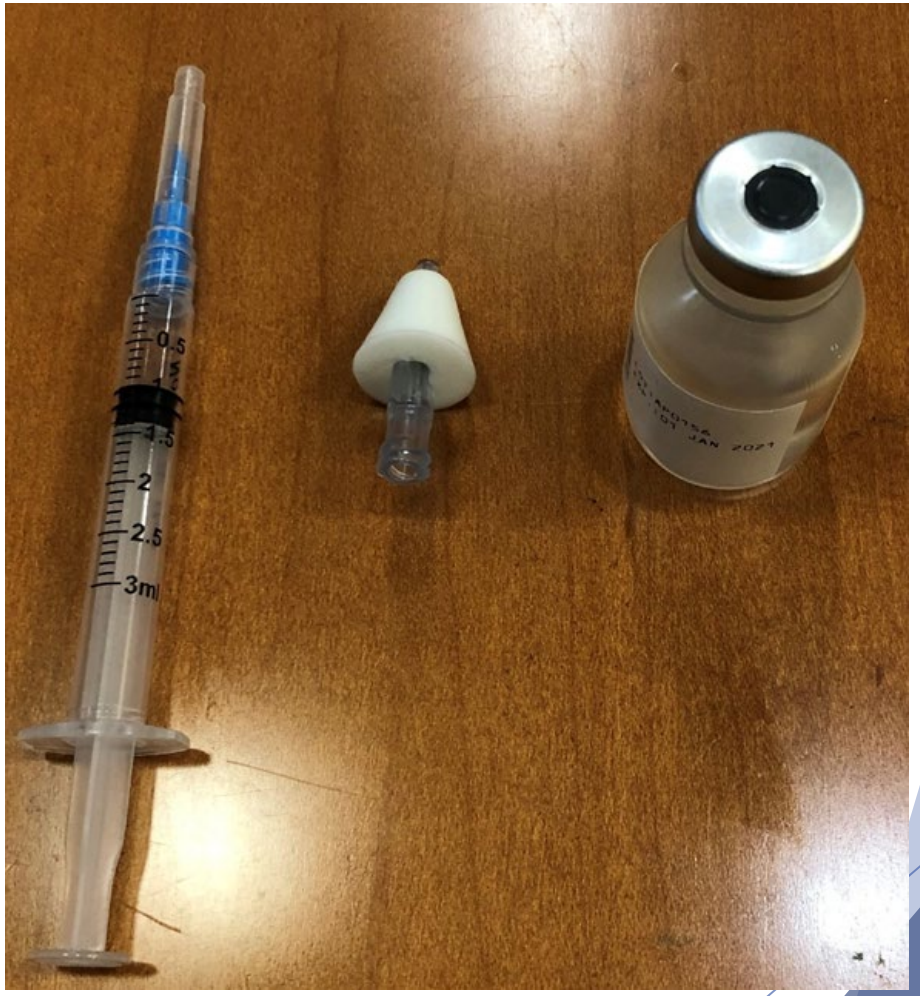
Safety concerns and side effects

- May become sleepy after administration
- If swallowed, only 1/3 of dose is absorbed
- Active the seizure plan when administering
- Risk for addiction is almost nil
- Store at room temperature
- Prefilled syringes have shelf life of 4

Preparation for administration of midazolam

1. Draw the syringe plunger back to measured dose
2. Insert syringe into midazolam vial and inject measured volume of air into vial
3. Withdraw appropriate volume of medication from vial
4. Attach Atomizer

Note: If directed on label, draw up an additional 0.1 ml of medication to allow for dead space in the atomizer



Administration of midazolam

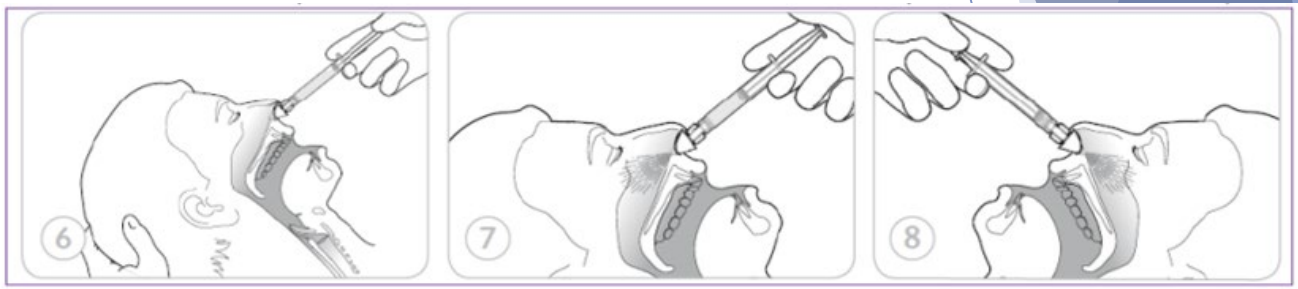
Inspect nostrils (If blood or mucus present, suction the nares prior delivery of medication.) Note: Drug is absorbed by the mucous membranes, not via inhalation

Insert tip of atomizer into left nostril and administer half of the dose

Administer remaining half of medication into the right nostril (doubles the amount of mucosa available for drug absorption and increases the rate of absorption)

Direct spray from center of nose and spray directly up and back or toward outside of nose

Handout 19



Step 6. Using the free hand **to hold the base of the head stable**, place the tip of the atomizer snugly against the nostril aiming slightly up and outwards (towards the top of the ear).

Step 7. Administer **half of the solution, 5 mg (1 mL),** into one of the nostrils.

Step 8. Administer the other **half of the solution, 5 mg (1 mL),** into the opposite nostril.

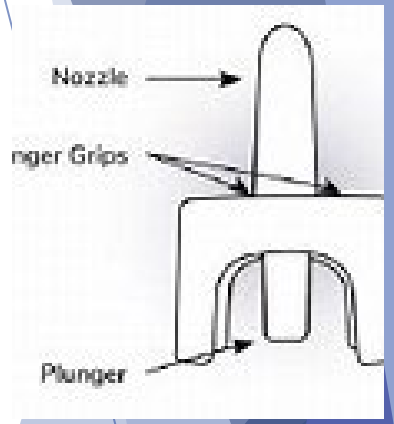
Reference: step-by-step guide adapted from 2013 Teleflex Inc. LMA MAD Nasal Device Instructions. https://www.liveactionsafety.com/lma-nasal-mucosal-atomization-device-mad-syringe-vial-adapter/

Nayzilam (midazolam) for seizure rescue

- Same medication – different delivery system
- FDA approved for ages 12 and above
- Stored at room temperature
- Only given in one nostril
- Only one dose in package

How to administer Nayzilam

1. Peel open blister packaging
2. Hold the nasal spray unit with your thumb on the plunger and your middle and index fingers on each side of the nozzle
3. Place the tip into 1 nostril until your fingers on either side of the nostril touches the bottom of the nose
4. Press the plunger using 1 motion
5. Remove nozzle and turn patient to their side
6. Monitor patient
7. Record on student's medication administration record



Source UCB 2019

Klonopin (Clonazepam)

Klonopin (Clonazepam) is a Benzodiazepine approved by the FDA for seizure management

- Some students may also be prescribed Klonopin for break through seizures
- Klonopin may be provided as an oral disintegrating tablet (wafer) which can be administered by placing the tablet in the mouth between the gum and the cheek or between the lower lip and gum for it to dissolve (Buccal administration)

How to administer Klonopin (Clonazepam) oral disintegrating tablet (wafer)

1. Turn student on their side where they can't fall
2. Consult student's Seizure Action Plan to confirm drug, dose, route and administration orders
3. Put on gloves
4. With gloved hands, use gauze pad to dry gum and inside of cheek
5. Place tablet in pocket between inner cheek and gum or between lower lip and gum
6. Close mouth and gently rub along outside of cheek to promote absorption
7. Observe response, provide care and comfort
8. Consult action plan for post-seizure care; call 9-1-1 if directed
9. Document medication administration in Medication Administration Record

Narcan (naloxone) for Opioid Overdose

Narcan (naloxone) for Opioid Overdose

- Young adults are the biggest abusers of prescription pain medications which increases the risk of overdose in that age group
- Substance use disorder (drug addiction) does not discriminate and can happen to anyone

Most commonly Abused Prescription Drugs

- Opioids (for pain) such as Hydrocodone, Vicodin, Percocet, Percodan, Oxycontin (oxycodone), Demerol or Fentanyl
- Stimulants (ADHD medications) such as Ritalin, Concerta, Adderall or Dexadrine
- Benzodiazepines/ CNS Depressants (for anxiety and sleep disorders) such as Xanax, Valium or Nembutal

Reasons for Abuse

There are a variety of reasons why students abuse prescription drugs, such as:

- Easy access
- Perceive them to be safer
- To get high
- To help them study
- To relieve stress and anxiety
- To experiment
- To fit in

The Opioid Epidemic

Although adolescent opioid drug use may begin with prescription pain pills, many adolescents make the switch to heroin

- Heroin is approximately half the cost of prescription pain pills and is often more readily available
- There has been a significant rise in the number of adolescents aged 12 and older who received treatment for the heroin problem-from 277,000 in 2002 to 526,000 in 2013
- Opioid overdose can affect breathing to the extent that breathing slows down and eventually stops
- Oxygen starvation leads to unconsciousness, coma and within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death

Difference in Overdose and High

Overdose vs. High

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat/pulse	Slowed heart beat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

Preventing an Opioid Overdose from Becoming Fatal

- Kentucky Revised Statute, KRS 217.186, allows non-medical school personnel, authorized to administer medications per KRS 156.502, to administer Narcan (naloxone) to a person who displays signs/symptoms of opioid overdose to prevent an opioid/heroin dose from becoming fatal
- KRS 217.186 also includes a “Good Samaritan” provision shielding people from prosecution when seeking help for someone who overdoses from heroin/opioids

Responding to an Opioid Overdose—
Call for the School Resource Officer and the nurse.

- If you suspect an overdose, act promptly! Have someone call 911
- Always go to the distressed individual Never send the individual to the health room/school nurse alone or leave them alone
- Do not move an individual who is in severe distress

IMMEDIATE MEDICAL ATTENTION

AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION

- Recognize signs/symptoms of opioid overdose (slow or absence of breathing; unresponsiveness to stimuli (calling name, shaking, sternal rub)
- Respond by calling immediately for help:
  - Call 911 or direct someone to call 911 to request immediate medical assistance. Advise the 911 operator that an opioid overdose is suspected and that Narcan (naloxone) is being given or has been given.
  - Assess for breathing. If necessary, provide rescue breathing
- Steps for rescue breathing:
  - Place on his or her back and pinch nose
  - Tilt chin up to open airway.
  - Look in mouth to see if anything is blocking their airway. If so, remove it
  - Create an air tight mouth to mouth seal on victim's mouth
  - If using mask, place and hold mask over mouth and nose
  - Give 2 even, regular-sized breaths
  - Blow enough air into their lungs to make their chest rise

NOTE: If you are using a mask and don't see their chest rise, out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure. If you are not using a mask and don't see their chest rise, out of the corner of your eye, make sure you're pinching their nose

- Breathe again
- Give one breath every 5 seconds

Administer Narcan (Naloxone)

- Via intranasal Narcan:
  - Tilt head back and administer nasal spray (4 mg) into one nostril (do not prime spray).
  - If additional doses are needed, give in the other nostril.

Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.

Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

After Narcan

1. Place person in recovery position (lying on their side)
2. Stay with the person monitoring for respiratory distress until help arrives
3. If person does not respond by waking up, to voice or touch, or breathing normally, within 2-3 minutes, a second dose of Narcan Nasal Spray. (use a second Narcan Nasal Spray from box)
4. Seize all illegal and/or non-prescribed opioid narcotics found on victim and give to school administrator per school protocol

Transport to the Nearest Facility

Transport person to nearest medical facility, even if person seems to get better

- Notify parent/guardians per school protocol
- Document administration of Narcan and complete school incident report

Module III: Practice Test Page 1

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:

   _____ _____ _____

Diabetes

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.

4. 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.

Anaphylaxis

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. _____

Module III: Practice Test Page 2

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.

Seizure Disorders

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)

_____

Module III: Practice Test Page 3

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.

Opioid Overdose

17. True or False: .A person with substance use disorder (drug addiction) does not discriminate and can happen to anyone.
18. True or False: Some of the reasons students abuse prescription drugs include easy access, to relieve stress or anxiety, to help them study, to get high or to fit in.
19. True or False: A student abusing Opioid prescription pain pills may switch to hero because heroin is cheaper than prescription pain pills and more readily available
20. True or False: Kentucky Revised Statue, KRS 217.186 allows non-medical school personnel to administer Narcan (naloxone) to another to prevent an opioid/heroin dose from becoming fatal.

Module IV: Local School District Policies and Procedures

Local School District Policies and Procedures

Medication Administration

- KRS 156.502 states that schools shall administer health services (including medication administration) to students who require this service during the school day or school sponsored event
- School districts should have in place, policies and procedures that address how medications and other health services will be delivered
- 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

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

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 management medications (KRS 158.838)
- Emergency administration of Narcan (naloxone) to prevent an opioid/heroin overdose from becoming fatal (KRS 217.186)

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

Module IV: Practice Test Page 1

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

_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____

Module IV: Practice Test Page 2

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

_____
_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____

Appendix

Appendix

Statutory/Regulatory Reference	Title/Description
702KAR 1:160	School Health Services
KRS 156.502	Health services in the school setting – Designated provider– Liability protection
KRS 314.011	Definitions for APRN, RN, LPN- Kentucky Board of Nursing
KRS 314.021	Policy, regulation of nursing- Kentucky Board of Nursing
201 KAR 20:400	Delegation of Nursing Tasks
KRS 158.834	Self-administration of medications by students with asthma or anaphylaxis – Authorization – written statement – acknowledgement of liability limitation – duration of permission
KRS 158.836	Possession and use of asthma or anaphylaxis medications
KRS 158.838	Emergency administration of diabetes and seizure disorder medications – required written statements – limitation on liability – renewal of permission – expiration dates of medication –self-performance of diabetes care tasks-diabetes or seizure disorder not to prevent attendance at school the student would ordinarily attend
KRS 160.1592	Public Charter Schools Part of State's Public Education System
AOS #15	Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel
AOS #30	School Nursing Practice
20 U.S.C. § 1232g; 34 CFR Part 99 Family Educational Rights and Privacy Act (FERPA)	The Family Educational Rights and Privacy Act (FERPA)

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

Glossary of Medical Terms

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

Glossary of Medical Terms

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