

# GUIDELINES FOR MEDICATION ADMINISTRATION FOR SCHOOL PERSONNEL

## I. Purpose

The purpose of these guidelines is to give school personnel basic knowledge of medication administration at school. The goal is safe and accurate administration of oral, topical, inhalant and emergency medications.

## II. Medications

A. Definition: Substances used to prevent, diagnose, cure, or relieve signs and symptoms of disease.

B. Sources: Plant, animal, mineral and synthetic

C. Action:

1. Local: Act mainly at site of application

2. Systemic: Absorbed into the bloodstream and circulated in body

3. Variables that affect actions

Dose

Route of administration

Drug-diet interactions

Drug-drug interactions

Age

Body weight

Sex

Pathological conditions

Psychological considerations

4. Adverse effects-all medicines are capable of producing undesired responses ranging from rare, mild, and localized, to widespread, severe and life-threatening, depending on the medicine and the person receiving it.

D. System of Naming: Classified and grouped according to the effect on a particular body system, therapeutic use and chemical characteristics.

1. Generic: Related to chemical or official name

2. Brand or trade: Designated and patented by the manufacturer

## E. Classification of drugs

1. Prescription: Medications including controlled substances which require a prescriber's order
2. Over the counter (OTC): Drugs which may be purchased without a prescription, e.g., first aid cream, analgesics and antacids
3. Schedules of Controlled Substances: Five schedules of drugs and drug products under the jurisdiction of the Controlled Substances Act. Some examples are listed. Listings are subject to change. For a complete list, contact the Drug Enforcement Administration or a pharmacist.
  - a) Schedule I. Substances that have no accepted medical use in the U.S. and have a high abuse potential (heroin, marijuana, LSD, etc.)
  - b) Schedule II. Substances that have a high abuse potential with severe psychic or physical dependence liability. No prescription renewals are permitted. Consists of certain narcotic, stimulant and depressant drugs (opium, codeine, Demerol, percodan, Dexedrine, Ritalin)
  - c) Schedule III. Substances that have some potential for abuse. Use may lead to low-to-moderate physical dependence or high psychological dependence. Includes compounds with limited quantities of certain narcotic drugs and non-narcotic drugs (Doriden, compound or mixture containing secobarbital).
  - d) Schedule IV. Substances with low potential for abuse. Use may lead to limited physical or psychological dependence (Phenobarbital, Placidyl, Librium, Valium, Tranxene, Darvon, Talwin-NX)
  - e) Schedule V. Substances subject to state and local regulation. Abuse potential is low. Limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes.

## III. School medication administration guidelines

A. Parents are notified about the school medication administration policy for students through the student handbook given to all students at the beginning of school or at enrollment.

B. VISD employees may administer medication with:

1. A parent's written request that there is a need for such medication and the parent provides the medication. This includes both prescription and OTC drugs. All medication provided by the parent must have the Medication Authorization paper work filled out by the parent or guardian and turned in to the Health Office. **Any** prescription medication must be brought to the school by the parent or guardian. For the Jr. High and High school campuses, over the counter medication may be brought to school by the student with the proper medication authorization paperwork fill out by the parent or guardian.

2. If the medication is a prescription, it must be:

- a) Filled by a pharmacist licensed to practice in the United States
- b) In a clearly labeled prescription bottle with the student's name, medication name, and directions for dispensing the drug
- c) Kept in the school nurse office and administered by the school nurse or principal's designee
- d) Documented by a note from the student's physician if the medication dosage has been changed from the label directions

C. Medication may be administered to students by any VISD employee assigned to the task by the building principal.

D. Confidentiality should be maintained concerning medication information.

E. Medication administration should be recorded with the student's name, medication, dose, date, time, route, and signature/initials of the person administering the medication.

F. There should be an Emergency Care Plan in place for any student who may need an emergency injection (Epi-Pen)

G. Any student with a suspected allergic reaction to a medication or other substance should be assessed and monitored by the school nurse.

H. VISD personnel/principal's designee are not permitted to give medications of any kind, including aspirin, similar preparations, or any other drugs, unless the parent requests in writing and provides the medication.

I. All medication should be kept in a locked cabinet.

J. Unused medication must be picked up by parent/guardian within two weeks of discontinuation. If the medication is not picked up, it will be properly disposed of by health services personnel. At the end of the school year, all medications left in the office will be disposed of at the end of the last day of school.

#### **IV. "Five Rights of Medication Administration"**

A. Right Student – Properly identifies student

B. Right Time – Administers medication at the prescribed time

C. Right Medicine – Administers the correct medication

D. Right Dose – Administers the right amount of medication

E. Right Route – Uses the prescribed method of medication administration

## V. Steps in school medication administration

### A. Follow school district policy for administering medications to students

1. Wash hands. Administration of medication is a clean procedure.
2. Verify the authorization with the label. Seek information for questions and dose calculations.
3. Gather necessary items.
4. Prepare and give medications in a well lit area
5. Check the label for name, time, medication dose, and route when picking up the medication bottle.
6. Prepare the correct dosage of medication without touching medication if possible.
7. Check the label for name, time, medication dose, and route while preparing the correct dose.
8. Check the label for name, time, medication dose, and route before returning container to the locked cabinet.
9. Do not leave medication unattended or within the reach of the student.
10. Observe the student for any unusual behaviors or conditions prior to medication administration. If any noted, do not give the medication, report immediately ad record.
11. Explain procedure to student.
12. Position the student properly for medication administration.
13. Provide equipment and supplies as needed.
14. Administer the correct dose of medication to the correct student, at the correct time, by correct route.
15. *Observe the student place medication in his/her mouth.*
16. Record as soon as possible name, time, medication dose, route, person administering the medication and any unusual observations.
17. Clean, return and/or dispose of equipment as necessary.
18. Wash hands.

### B. Errors and omissions in medication administration

1. Report medication errors immediately to school nurse, administrator, parents, and/or physician.

2. Complete medication error form.
3. Observe student and record and report any changes.

#### C. Recording and reporting

1. Record immediately after administering medication if possible.
2. Errors in recording should be marked through and initialed.
3. Record omissions, absence, or refusals

## VI. Procedures for administering medications

### A. Oral Medication

#### 1. Oral bottled medication:

- a. Remove bottle cap and hold the cap in one hand and bottle in the other hand.
- b. Pour the prescribed dose into the cap.
- c. Pour medicine from cap into student's hand.
- d. Give with a full glass of water unless otherwise indicated. Follow special label instructions (e.g., take with milk)
- e. Observe the student place the medication in his/her mouth.
- f. Recap bottle and return it to locked cabinet.
- g. Refer partial pill dosage to school nurse.

#### 2. Oral individually wrapped medications:

- a. Remove or tear off number needed and place package in a medicine cup
- b. Remove and transfer to cup when student takes medication

#### 3. Oral liquid or powders:

- a. Shake medication per label instructions.
- b. Pour liquid from side of bottle opposite the label (hold label in palm of hand) into graduated medicine cup.
- c. Pour medication at eye level and directly in front of eyes.
- d. Measure the dosage at the bottom of the disc (meniscus).
- e. Wipe off any medication on the outside of the container.
- f. Use calibrated medicine dropper or syringe to measure small amounts of liquid.
- g. Hold medicine dropper at right angle to cup to measure drops.
- h. Pour liquid medications into separate containers unless otherwise ordered.
- i. Give cough syrup undiluted and do not follow with water.

#### 4. Problems with oral medication administration:

- a. Refusal of Medication – Record on medication sheet. Report to school nurse and/or parent.

- b. Vomiting Medication – Record medication and dosage and time lapse since administration and if medication was intact in vomitus. Call school nurse and/or parent.
- c. Suggestions for students with difficulty swallowing medications:
  - 1. Position student in upright position
  - 2. Give one medication at a time with adequate fluids
  - 3. Place medicine on back of tongue
  - 4. Give liquid medications slowly
  - 5. Watch for choking
  - 6. *Observe the student place the medication in his/her mouth*
  - 7. Give medication with other food or crushed if directed

## B. Skin (topical) Medications

- 1. Gather necessary equipment such as tongue blade, gauze, tape, cleansing material, cotton-tipped applicator. If skin is broken or open lesions, use gloves.
- 2. Note condition of affected area. If unusual, report before applying medication.
- 3. Cleanse skin gently, removing previously applied medication and apply medication in a thin layer or as ordered.
- 4. Record any changes seen in skin area treated. Notify school nurse of any change.
- 5. Cover as ordered.

## C. Eye drops. Use only preparations labeled for ophthalmic use.

- 1. Gather necessary equipment: cotton balls and tissues. If there is drainage from the eye, use gloves.
- 2. Observe affected eye for any unusual condition and report before medication is applied.
- 3. If needed, cleanse eye with clean cotton ball wiping once from inside to outside. Use clean cotton ball for each eye.
- 4. Position student with head tilted back and eyes looking up.
- 5. Open eye to expose conjunctival sac (lower inside lid).
- 6. Approach eye from outside the field of vision. Avoid touching the dropper tip to anything.
- 7. Hold the dropper approximately one inch from the eye. Drop the medication gently into the sac, not on the eyeball. Wait 1-5 minutes between instillations if more than one drop is ordered.
- 8. Gently close eye. Ask student to keep eye closed for a few minutes.

9. Blot excess medication with a clean cotton ball or tissue.

#### D. Eye Ointment

1. Gather necessary equipment : cotton balls and tissues. If there is drainage from the eye, use gloves.
2. Observe affected eye(s) for any unusual condition. Report to school nurse.
3. Cleanse eye with clean cotton ball, if necessary. Wipe once from inside to outside. Use a clean cotton ball for each eye.
4. Position student with head tilted back and eyes looking up.
5. Open eye to expose conjunctival sac.
6. Approach eye from outside the field of vision. Avoid touching the dropper tip to anything.
7. Hold the dropper approximately one inch from the eye. Drop the medication gently into the sac, not on the eyeball. Wait 1-5 minutes between instillations if more than one drop is ordered.
8. Gently close eye. Ask student to keep eye closed for a few minutes.
9. Blot excess medication with a clean cotton ball or tissue.

#### E. Ear drops

1. Gather necessary equipment: cotton balls and tissues. Use gloves if drainage must be cleaned from the ear.
2. Position the student.
  - a. If lying flat on a cot, turn face to opposite side.
  - b. If sitting in chair, tilt head sideways until ear is horizontal.
3. Cleanse entry to ear canal with clean cotton ball as needed.
4. Observe affected area for any unusual condition, report to school nurse.
5. Straighten the ear canal, pull outer ear gently down and back (ages 3 and under) or up and back (older children).
6. Drop the medication on the side of the canal. Avoid the dropper touching anything

7. Instruct the student to maintain the required position for one minute. Gently rub the skin in front of the ear to assist the medication to flow to the inside of the ear.
8. If the other ear is to be treated, repeat procedure after one minute-wait.
9. Loosely place a cotton ball in the ear as ordered.

F. Medication Inhaler Instruct student to:

1. Stand up, feet slightly apart.
2. Shake inhaler for approximately two seconds.
3. Position inhaler with canister upside-down above mouthpiece.
4. Hold mouthpiece 1-2 inches from lips and open mouth wide. If a spacer or reservoir is used, place mouthpiece in mouth.
5. Breathe out naturally.
6. Open mouth wide and begin to inhale a deep breath slowly. If using a spacer, seal mouth around mouthpiece and inhale a deep breath.
7. After beginning of deep breath, squeeze canister down on mouthpiece and breathe as slowly and deeply as possible.
8. Hold breath as long as possible – up to ten seconds, to allow medication to settle as deeply as possible into and onto air passages.
9. Wait approximately 1-2 minutes and repeat process.

G. Auto-injector medication. A disposable injection with a spring-activated, concealed needle used for emergency administration in individuals sensitive to potentially fatal reactions. Any student using this medication should have an individualized health plan signed by a physician.

1. Pull off safety cap.
2. Place tip of syringe on thigh.
3. Press auto-injector against thigh until mechanism activates, and hold in place several seconds. The auto-injector may be used through clothing.
4. Follow emergency procedure as directed on student's individualized health plan, activate EMS, notify administrator, parent, and physician.

## MEDICATION ADMINISTRATION SKILLS CHECKLIST

Person Trained: \_\_\_\_\_

Position: \_\_\_\_\_

Instructor: \_\_\_\_\_

	DEMO DATE	RETURN DEMO DATE	DATE
<p><b>A. Preparation:</b></p> <ol style="list-style-type: none"> <li>1. Verifies authorization of parent's note with prescription label (student's name, date, medication, and dosage)</li> <li>2. Seeks information for questions and dose calculations.</li> </ol>			
<p><b>B. Procedure:</b></p> <ol style="list-style-type: none"> <li>1. Washes hands</li> <li>2. Gathers necessary equipment</li> <li>3. Checks label of medication for name, time, dose, and route when picking up medication bottle</li> <li>4. Prepares correct dosage of medication without touching medication if possible by pouring into lid cap or into medicine</li> <li>5. Rechecks label for name, time, dose, and route while preparing dose</li> <li>6. Rechecks label a third time when returning medication to locked cabinet</li> <li>7. Does not leave medication unattended or within student's reach</li> <li>8. Identifies student by asking student to say his name or third party identification if student is non-verbal</li> <li>9. Observes student for any unusual behaviors or conditions prior to administration. If any noted, does not give medication and reports to nurse or parent if nurse is unavailable</li> <li>10. Explains procedure to student</li> <li>11. Positions student properly for administration</li> <li>12. Administers medication to correct student, at correct time, dose, and route</li> <li>13. Verifies that student took medicine</li> <li>14. Cleans, returns, and/or disposes of equipment as necessary</li> <li>15. Washes hands</li> </ol>			

	DEMO DATE	RETURN DEMO DATE	DATE
<p>C. Recording:</p> <ol style="list-style-type: none"> <li>1. Records as soon as possible on medication sheet name, time, does, route, and person administering medication</li> <li>2. Records any unusual observations on clinic card and reports to nurse or parent if nurse is not available</li> <li>3. Reports any medication errors immediately</li> </ol>			