

Michigan Department of Education  
Michigan Department of Community Health

# Administration of Medication in Schools

MODEL SCHOOL NURSE GUIDELINE

**Original Date of Issue: 2014**

## Introduction

Many students need medications during school hours. The administration of medication in the school setting is a service that is provided to promote wellness and decrease absenteeism and to remove a barrier to learning. When there is a need for a student to receive medication in school, safe and proper administration is essential. Schools are required to have a medication policy in accordance with Section 380.1178 of the Michigan School Code.<sup>1</sup> This policy reflects guidelines set forth in a Michigan Department of Education memorandum dated November 20, 2002.<sup>2</sup>

This medication policy and the medication authorization/parental consent form should be communicated to parents and to local physicians, dentists, and health care providers at least annually in the school's handbook, by posting on the school's website or notifying parents and physicians where a copy can be obtained.

### Definitions:

Medication Administration: The Michigan Department of Education, in interpreting Section 380.1178 of the School Code, defines medication administration "as maintaining and providing medication to students in the school setting."

Medication: includes both prescription and non-prescription medications taken by mouth, taken by inhaler, are injectable (i.e. auto-inject epinephrine, insulin, and glucagon), rectal installation, applied as drops to eye or nose, or applied to the skin.

## I. PRESCRIPTION MEDICATION

### A. Authorization to Administer Medication

All prescription medication to be given in school must be ordered by a licensed healthcare provider authorized to prescribe medication. In Michigan, an authorized prescriber is a licensed dentist, a licensed doctor of medicine, a licensed doctor of osteopathic medicine and surgery, a licensed doctor of podiatric medicine and surgery, or a licensed optometrist. Nurse practitioners and physician assistants can prescribe under delegation of MD or DO. An approved medication administration/authorization form (see Appendix) should be used and should contain the following information:

- Date of order
- Name of student
- Diagnosis
- Name of medication to be administered
- Dosage
- Time of administration
- Route of administration
- Duration of medication order
- Possible side effects
- Special requirements such as "take with food"
- Whether or not medication may be self-administered

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<sup>1</sup> Section 380.1178 of the Michigan School Code, [The Revised School Code \(Excerpt\) Act 451 of 1976](#)

<sup>2</sup> This guideline is based on MDE's Model Policy and Guidelines for Administration of Medication(2002)

The approved medication administration/authorization form must be signed by the authorized prescriber and the parent/guardian. A printed name stamp is not acceptable. A written parent/guardian authorization must accompany each medication order. An order must be renewed annually (or more often as necessary) even if the order is for an “as needed” medication. The authorization should be filed in the student's school health record.

**Faxed medication orders** for the administration of medication may be accepted when submitted on a written, approved authorization form and signed by an authorized prescriber. The parent should sign the form within five (5) days.

### **B. Parental Consent**

Written parental consent and request to administer medication is required for each medication ordered and for each new order (even if the medication was previously given in school). Parental consent is required as a part of the authorization (see Appendix for Medication Administration/Authorization Form) and is required before medications will be administered.

Parental consent forms should be filed in the student's school health record. Parental or guardian request/permission should be renewed annually, or more often, if necessary.

Prescription and medication supply renewal should be the responsibility of the parent/guardian.

### **C. Labeling, Storage, and Disposal**

The medication container shall accompany all medications to be administered in school. Parents/guardians may request two containers (one for school and one for home) from the pharmacist when getting a prescription filled. Medications should be brought to the school by the parent or responsible adult, especially for elementary school students. However, if this is not possible, the parent/guardian should inform the school nurse, principal, or designee by telephone that his/her child is bringing the medication to school and how much medication is in the container. This eliminates any question about how much medication should have been in the container when the child reached the school. The amount of medication received, if a controlled medication, should be checked by the school nurse, school administrator, or designee and witnessed by a responsible employee, and documented as soon as the parent/guardian delivers the medication.

The medication should be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company and labeled with:

- Name of student
- Name of medication
- Dosage of medication to be given
- Frequency of administration
- Route of administration
- Name of physician ordering medication

- Date of prescription
- Expiration date

See note regarding over-the-counter (OTC) medication below.

Expiration dates should be checked periodically, especially on auto-inject epinephrine and inhalers.

The medication should be provided to the school in the exact dosage ordered.

In compliance with the safe standards, all medication must be stored in a securely locked, substantially constructed cabinet, room, or cart<sup>3</sup> (see exception below for self-administration). Medications that must be refrigerated must be stored in a locked box in the refrigerator. Access to medication locked in the designated space shall be under the authority of the school nurse, the principal, and/or designee.

All medication must be removed from the school premises one week after the expiration date, upon appropriate notification of medication being discontinued, or at the end of the school year. If not retrieved by a parent or responsible adult, unused and unclaimed medication will be disposed of following the school district's local policy that may include community drop off locations. Empty asthma inhalers may be disposed of in the trash. Sharps (needles and lancets) must be disposed of in a puncture proof container. Disposal of this container and other medical waste must follow Occupational Safety Health Act (OSHA)/Michigan Occupational Safety and Health Administration (MIOSHA) guidelines.

#### **D. Administration of Medication**

The school nurse, in collaboration with the school administrator, implements the medication policy. School staff and parents shall be informed annually of the medication policies and procedures.

- The parent/guardian should give the first dose of any new prescription or over-the-counter medication, except for "as needed" emergency medications (e.g. auto-inject epinephrine).
- Medication must be administered by one adult in the presence of a second adult (except in an emergency that threatens the life of the student), with both individuals being designated by the school administrator and approved by the school nurse.
- A record (medication administration record or MAR), by individual, must be maintained each time a medication is administered.
- The record (MAR) shall include: student's name, name of medication, date and time of administration, dosage, and signature of person administering the medication. The witness (second adult in attendance) should initial the MAR. If an error is made in recording, the person who administered should line out, initial the error, and make the correction in the MAR. (See Appendix for MAR.)

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<sup>3</sup> Michigan Administrative Rules, Section R 338.3143 Storage of controlled substances.

- The individual student medication record should be kept until one year after the student's graduation from high school.

#### **E. Self-Administration of Medication**

- It must be determined by the school nurse whether a student who self-administers medication is responsible to self-carry their medication. The developmental ability of the student, the need to have ready access to emergency medication and the safe storage of medication must be taken into account when making this decision.
- A plan should be developed for students who self-administer. A physician must authorize self-administration of medication. (See Appendix Medication Authorization/Parental Consent Form). The plan shall address how to keep a record of administrations.
- The student's parent/guardian must provide written permission and request to the school to allow student to self-possess and self-administer medication.
- The parental or guardian request/permission and physician's instructions should be renewed annually, or more often, if necessary.
- All medication should be kept in a labeled container as prepared by a pharmacy or pharmaceutical company and labeled with dosage and frequency of administration. This language also pertains to refills.
- Together, the school nurse/building administrator may discontinue the student self-administration privilege upon advance notification to the parent/guardian. If a student is under an Individualized Educational Program (IEP) or Section 504 Plan, the action must be taken in accordance with Individuals with Disabilities Education Act (IDEA) or Section 504 or the Rehabilitation Act requirements.
- A student who requires the use of an inhaler for relief or prevention of asthma symptoms will be allowed to carry and use the inhaler if there is written approval from the student's physician and parent/guardian.
- A student who is in possession of an inhaler or other medications approved for self carry under the above conditions shall have each teacher notified of this by the building administrator/or designee.

## **II. NARCOTICS AND OTHER CONTROLLED MEDICATIONS**

If a narcotic or other controlled medication must be administered in school, the guidelines for prescription medications should be followed with the following modifications:

- The parent/guardian shall bring the medication to school

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- The amount of the drug received shall be immediately counted and recorded by the school nurse or designee, and witnessed by a responsible employee
- Narcotics or other controlled medications shall be counted on a scheduled basis (monthly, bi-weekly) by the school nurse and witnessed by a responsible employee. This count should be reconciled with the prior count and medication administration record
- The school nurse should maintain no more than a 30-day supply of narcotics
- There must be a new order and parent authorization every 30 days EXCEPT if the narcotic is to be given “as needed.” If the narcotic is to be given “as needed” and for more than thirty days, the school nurse should contact the parent or prescriber to confirm the continued need for the medication, especially in cases where the medication is classified as a narcotic.

**LLL. OVER-THE-COUNTER (OTC) MEDICATIONS**

Administration of OTC medication must be conducted in accordance with the guidelines for prescription medication. The only exception is if the school has adopted “physician directed nursing protocols” for the administration of OTC medication. If the school district has adopted “physician directed nursing protocols,” the following should be incorporated in the policy:

- The school and school nurse shall identify which OTC medications are to be administered under its policy.
- Parental consent is required annually for the administration of the identified OTC medications.
- Administration of the identified OTC medications must be part of a nursing protocol which has been approved by the school, the school nurse program manager, and the medical director.
- Only registered nurses may make the assessment and the decision to administer an OTC medication; therefore the school’s “physician directed nursing protocols” may only be used in schools when a licensed nurse is present.
- Medications administered under the school’s “physician directed nursing protocols” are not to be given for a problem/health concern diagnosed by the child’s primary care physician. The guidelines for prescribed medication must be followed when this occurs.
- In the absence of an order from an authorized prescriber for a medication that is included in the “physician directed nursing protocols” the school’s “physician directed nursing protocols” may be followed if parental permission is obtained.
- A student’s specific medication order from an authorized prescriber shall take precedence over the school’s “physician directed nursing protocols.”

- OTC medication must be brought to school in an original container that should be unopened. The OTC container will be labeled with the student's name and DOB by the school nurse or designee.

#### **IV. DELEGATION OF MEDICATION ADMINISTRATION TO UNLICENSED STAFF**

##### **A. Delegation**

In accordance with the Board of Nursing General Rules on Delegation<sup>4</sup>, only a registered nurse may delegate nursing acts, functions, or tasks. As part of the delegation procedure, the school nurse will determine which student care activities may be delegated, under what circumstances it is appropriate to delegate, and by whom the delegated portions of care can safely be provided.<sup>5</sup> The assignment of those functions is jointly decided upon by the school administrator and the nurse.

##### **B. Liability**

Sec. 380.1178.<sup>6</sup> "A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parents or guardian, and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages, as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct."

##### **C. Staff Selected to Administer Medication**

Plans for the administration of medications in the absence of the nurse shall be developed collaboratively by the school nurse and the school administrator. The decision regarding delegation of medication administration should be considered in conjunction with other school duties, such as lunch and recess supervision. Such comprehensive planning will ensure that the most appropriate person is assigned to each task and that medication administration is completed in a safe manner.

##### **Criteria for Personnel Selected to Administer Medication in the Absence of the School Nurse:** In all cases, the person should:

- Be an employee and agree to this responsibility
- Have good attendance
- Be familiar with the students in the school
- Possess good organizational skills
- Handle stress in a calm manner
- Have coverage/assistance available for regularly assigned job duties during peak times when medications must be given (usually between 11:00 a.m. and 1:00 p.m.)
- Be in a quiet environment that allows for safe and effective administration of

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<sup>4</sup> Section R 338.10104 of the Board of Nursing General Rules on Delegation (Rule 104).

[http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin\\_Num=33810101&Dpt=&RngHigh=33923405](http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=33810101&Dpt=&RngHigh=33923405)

<sup>5</sup> Delegation of School Health Services, NASSNC Position Paper. Draft 2009.

<sup>6</sup> THE REVISED SCHOOL CODE (EXCERPT) Act 451 of 1976, Sec. 380.1178 Administration of medication to pupil; liability; school employee as licensed registered professional nurse.

medications.

Medication must be administered by one adult in the presence of a second adult (except in an emergency that threatens the life of the student), with both individuals being designated by the school administrator and approved by the school nurse.

Since the majority of medication doses are scheduled for administration between the hours of 11:00 a.m. and 1:00 p.m., plans must include considerations for these persons' lunch.

Safe nursing practice requires that persons administering medications under the direction of a nurse be appropriately trained and supervised.<sup>7</sup> School staff who administer medication must complete the School Nurse Program's approved Medication Administration Course. This training provides instruction in the administration of oral medications. Administration of medication by any other route requires that the nurse train the unlicensed person. Records of the date and nature of the initial training and re-certification must be maintained. At the conclusion of the training, the school administrator and nurse should make a final decision as to the appropriateness of the assignment for the individuals trained.

Schools must make plans for periodic direct supervision by licensed nurses of personnel assigned responsibility for medication administration. Registered nurses (or a LPN if designated to do so by a RN) should maintain records of this supervision. (See Appendix for Skills Checklist.)

Each person assigned routine responsibility for medication administration should have at least one person designated as an alternate to substitute in the case of absence. Selection and training of alternates should follow the same criteria and Medication Administration training process outlined above. School staff assigned responsibility for medication administration should have regular opportunities to administer medications in order to reinforce training and ensure that skills are maintained.

Medication administration is not an appropriate assignment for an unlicensed school volunteer.

**V. ADMINISTRATION OF MEDICATION ON SCHOOL-SPONSORED ACTIVITIES**

Medications should be administered to students on school-sponsored trips only when absolutely necessary. Timing of doses should be adjusted to occur outside of the school-sponsored activity period if medically appropriate. Medications may be administered on school-sponsored trips only when previously administered and a parent permission form is on file. The only exception is emergency "as needed" medications. A written, approved authorization form is required for all medications. The determination of whether a medication is administered during a school-sponsored activity and by whom shall be determined by the school nurse in collaboration with the school administrator and parents. Options for administration of medications during field trips

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<sup>7</sup> Defined by Michigan PUBLIC HEALTH CODE (EXCERPT), Act 368 of 1978, 333.16109 Definitions; S to T.



may include the following:

- Parent/guardian may accompany student on the field trip and administer the medication.
- A parent may request from the pharmacy that a single dose of medication for the field trip be placed in a properly labeled prescription bottle or OTC container to be given on the school-sponsored trip by school personnel.
- The medication bottle that the school has can be sent on the field trip. Upon completion of the field trip, the labeled container should be returned to the health suite. A notation shall be made on the student's medication record that the medication was administered. The person who administered the medication is responsible for documenting the administration of that medication in accordance with policy.

**VI. ERRORS IN THE ADMINISTRATION OF MEDICATION**

If an error in medication administration occurs (such as missing a dose, giving the incorrect dose, giving a dose at the wrong time, giving incorrect medication to the student, or giving a student another student's medication even if the medication was the same drug and dose), follow the procedures listed below:

- Contact the school nurse and building administrator, and School Nursing Program Manager, if appropriate, immediately.
- Observe the student for untoward side effects.
- Take appropriate action based on nursing judgment and/or physician order. If necessary, 911 should be called.
- The building administrator or designee should notify the parent and suggest consultation with the physician/pharmacist/school nurse program manager and primary care provider of the child.
- Complete the appropriate reporting forms (see Incident report in the Appendix).
- Document the specifics of the incident and the action taken. A report of the error should be made and filed per school district policy.

**VII. STOLEN OR LOST MEDICATION**

If any medication is reported missing, the school administrator and the School Nursing Program Manager shall be notified and procedures for missing property on school grounds should be followed. Since the incident may involve controlled, dangerous substances, notification of the police may be appropriate. Parents shall also be told in order to replace the medication. Appropriate documentation shall be completed and the school nurse shall keep a copy of the documentation.

**VIII. EDUCATION ON THE USE OF MEDICATION**

Depending on the school nurse's assignment, it is strongly recommended that the school nurse

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assess and provide health education for students regarding their prescribed medications. This education should support/supplement the educational program implemented by the student's health care provider. Health education should include appropriate management of all aspects of a student's health maintenance including medication administration.

Since medication taken in school often assists the student to be available for instruction, the school nurse may work with the parent and school team to address issues surrounding the use of medication at school. This should include developing plans to assist students to remember to come to the health room for their medication.

**IX. HIPAA (HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT)**

If the school nurse has concerns about the medical orders or wants to share information that may be relevant to the treatment regimen with the physician, the school nurse and physician may communicate with each other regarding the medical orders and treatment regimen without written authorization of the parent. HIPAA allows health care professionals to share protected health information if it is for treatment purposes. Furthermore, regardless of the healthcare setting, state licensure statutes and professional standards of practice for nurses and physicians require nurses to question and clarify medical orders, when indicated, before carrying them out. They also require physicians to provide nurses with sufficient information for safe execution of the treatment plan. Therefore, such communication is based on state law and necessary.

Adapted and used with permission from MEDICATION ADMINISTRATION IN SCHOOLS, MARYLAND STATE SCHOOL HEALTH GUIDELINE, 2006. Maryland State Department of Education Student Services and Alternative Programs and Maryland Department of Health Mental Hygiene Center for Branch Maternal & Child Health

Appendix

Authorization form

Count form

Incident report

MAR

Skills checklist

Release of records

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School Nurse Program

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**Medication Forms**

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**School Nurse Program**  
**SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM**

This order is valid only for school year (current) \_\_\_\_\_ including the summer session.

School: \_\_\_\_\_

**This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.**

- \* Prescription medication must be in a container labeled by the pharmacist or prescriber.
- \* Non-prescription medication must be in the original container with the label intact.
- \* An adult must bring the medication to the school.
- \* The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

**Prescriber's Authorization**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects:  None expected  Specify: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_  
Month | Day | Year Month | Day | Year

Prescriber's Name/Title: \_\_\_\_\_

(Type or print)

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Original signature or signature stamp ONLY)

(Use for Prescriber's Address Stamp)

**PARENT/GUARDIAN AUTHORIZATION**

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**SELF CARRY/SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self carry/self administration of medication (including **emergency medication**) may be authorized by the prescriber and must be approved by the school nurse according to the School Nurse Program medication policy.

Prescriber's authorization for self carry/self administration of medication: \_\_\_\_\_

Signature Date

School RN approval for self carry/self administration of medication: \_\_\_\_\_

Signature Date

Order reviewed by the school RN: \_\_\_\_\_

Signature Date

**SCHOOL NURSE PROGRAM**  
**Medication Inventory for Controlled Substances**

Name of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Medication and Dosage:  
 \_\_\_\_\_

Directions for using this form on reverse side. **TWO ADULTS MUST COUNT AND INITIAL**

Date	Time	New Amount Received Since Last Count	Plus	Previous Actual Balance	Total	Minus	Amount Given	Expected Balance	Actual Balance	C = Correct E = Error	Initials	Remarks
			+			-						
			+			-						
			+			-						
			+			-						
			+			-						
			+			-						
			+			-						
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			+			-						
			+			-						
			+			-						
			+			-						
			+			-						

Signature and Initials of Persons Counting Controlled Substances:

\_\_\_\_\_  
 Signature Initials Date

## INCIDENT REPORT

I. Identifying Information:

\_\_\_\_\_  
Reported by: Employee Name and Position      School

\_\_\_\_\_  
Student Name      Birthdate

\_\_\_\_\_  
Address

II. Description of Incident:

\_\_\_\_\_  
Date      Time      Location of Incident

\_\_\_\_\_  
Witness(es) Name(s) and Position

Narrative Description of Occurrence:  
(Continue on separate page, if necessary).

Disposition:

III. Reported To:

\_\_\_\_\_  
Signature      Date

1. \_\_\_\_\_  
Supervisor      Date      Time      By

2. \_\_\_\_\_  
School Administration      Date      Time      By

3. \_\_\_\_\_  
Student's Parent      Date      Time      By

4. \_\_\_\_\_  
Student's Physician      Date      Time      By

## Medication Administration Daily Log (To be completed for each medication)

School Year \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade/Home Room (or Teacher) \_\_\_\_\_

Name of School \_\_\_\_\_

Name and Dosage of Medication \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ Time(s) Given in School \_\_\_\_\_

Directions: Initial with time of administration; a complete signature and initials of each person administrating medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															

- |          |           |  |
|----------|-----------|--|
| INITIAL  | SIGNATURE | CODES*   |
| 1. _____ | _____     | (A) Absent (O) No Show   |
| 2. _____ | _____     | (E) Early Dismissal (W) Dosage Withheld                              |
| 3. _____ | _____     | (F) Field Trip (X) No School (e.g. holiday, weekend, snow day, etc.) |
| 4. _____ | _____     | (N) No Medication Available  |

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows").





## HIPAA-Compliant Authorization for Exchange of Health and Education Information

Patient/Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ [insert health care provider name and title]  
and \_\_\_\_\_ [insert name and title of school official] to exchange  
health and education information/records for the purpose listed below.

\_\_\_\_\_ [insert address and telephone of school/school district]

\_\_\_\_\_ [insert address and telephone of health care provider]

### Description

The health information to be disclosed consists of:

The education information to be disclosed consists of:

Purpose: This information will be used for the following purpose(s) (circle all that apply):

1. Educational evaluation and program planning
2. Health assessment and planning for health care services and treatment in school
3. Medical evaluation and treatment
4. Other: \_\_\_\_\_

### Authorization

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date

\*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Michigan, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

Copies: Parent or student\*

Physician or other health care provider releasing the protected health information

School official requesting/receiving the protected health information

### Medication Administration Skills Checklist

Staff Person Trained/Position\_\_\_\_\_Initials\_\_\_\_\_

School Nurse/RN\_\_\_\_\_Initials\_\_\_\_\_

Procedure Guideline	Dates			Comments/School Nurse initial/Staff initial (N/A if non-applicable)
	Demonstrate/ Explain or Proficient Return Demonstration	Demonstrate/ Explain or Proficient Return Demonstration	Demonstrate/ Explain or Proficient Return Demonstration	
Washes hands before and after procedure.				
Gives proper dose of medication at proper time. States 5 Rights.				
Compares labeled medication container with written order.				
Reads label 3 appropriate times.				
Checks student identity with name on label.				
Checks expiration date on label.				
Explains procedure to student if necessary.				
Documents medications given correctly.				
Maintains security of medication area.				
Describes proper actions for medication refusal, field trip, medication error.				
States appropriate times/situations for notification of school nurse.				
<b>Emergency Medications</b>				
<b>Epipen:</b>				
States symptoms of allergic reaction, location of medication and emergency plan.				
Demonstrates with trainer correct procedure for administration.				
States follow-up procedures.				
<b>Glucagon:</b>				
States symptoms of hypoglycemia, location of medication and emergency plan.				
Demonstrates mixing of medication in syringe.				
Demonstrates proper injection technique, using correct site.				
States follow-up procedures.				
<b>Diastat:</b>				
States understanding of when to use this medication, location of medication and emergency plan.				
Demonstrates proper positioning of child, procedure for administering medication.				
States follow-up procedures.				

**Training/Supervision of School Personnel Administering Medication**

\_\_\_\_\_ has been given training to administer medications according to School Nurse Program’s policy and procedures. S/he has demonstrated knowledge and understanding of the policies and procedures listed above.

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

I have been instructed in the School Nurse Program’s medication policy and administration procedures. I understand that I am to administer medications to students according to these procedures and as delegated to me by the school nurse. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in a student’s health status, and discovery of a medication error. I understand that I may not delegate this task to any other person.

\_\_\_\_\_  
School Staff Signature

\_\_\_\_\_  
Date

## MEDICATION AUDIT TOOL

School \_\_\_\_\_

Date \_\_\_\_\_

Secretary \_\_\_\_\_

Secretary \_\_\_\_\_

Grade(s) \_\_\_\_\_ Audit Time Period \_\_\_\_\_ School Nurse \_\_\_\_\_

Student initials											
<b>COMPLIANCE</b>											<b>Total Percent</b>
Authorization for Medication signed by both parent and physician											
Medication label and Authorization Form in agreement											
Expiration date on medication container label not expired											
<b>Average percent compliant: (sum of total column ÷ 27)</b>											
<b>SECURITY</b>											<b>Total Percent</b>
Medication in locked container											
Medication and manual in same area											
<b>Average percent secure: (sum of total column ÷ 18)</b>											
<b>DOCUMENTATION</b>											<b>Total Percent</b>
Individual medication log for each medication (exclude self-medicate)											
Initials and signature lines completed by each person administering meds											
Correct name, dosage & time on medication log											
All boxes filled with initials or appropriate code											
Medication changes documented correctly (new log started)											
Number of doses missed <b>(do not add to total column to figure percent)</b>											
Errors corrected properly											
All documentation done in ink only											
<b>Average percent documented: (sum of total column ÷ 49)</b>											

Total number of students with orders for inhalers \_\_\_\_\_ Kept in office \_\_\_\_\_ Self carry \_\_\_\_\_

Total number of students with orders for Epi Pens \_\_\_\_\_ Kept in office \_\_\_\_\_ Self carry \_\_\_\_\_

Total number of daily medications ordered \_\_\_\_\_ Total number of PRN medications ordered \_\_\_\_\_

The nurse reviewed this audit with me on \_\_\_\_\_ Signed \_\_\_\_\_

**NOTE:** √=No errors in Medication Review      X=Errors noted in Medication Review

SM=Self-Medicate

NM=No medication available

## MEDICATION AUDIT REPORT

Dear \_\_\_\_\_, Principal

School: \_\_\_\_\_

Date: \_\_\_\_\_

From: School Health Services

Topic: Medication Review

The following information is a summary of the recent review conducted on medication administration at your school. We hope this information will be helpful for you and your staff to safely administer medication during school hours.

If you have specific questions regarding problem areas that are identified, please see your school nurse. Thanks again for working with us to accomplish this services.

**I. Compliance** (authorization form signed, bottles matching, etc.) \_\_\_\_\_%

**II. Security** (medication in locked container/cabinet) \_\_\_\_\_%

**III. Documentation** (all documentation on the log form) \_\_\_\_\_%

**IV. Other:**

Number of students on medication at your school \_\_\_\_\_

Number of teachers giving medication at your school \_\_\_\_\_

**V. Recommendations:**

\_\_\_\_\_  
School Nurse