MEDICATION ADMINISTRATION
ADMINISTERING MEDICATIONS DURING SCHOOL HOURS

Utah Code 53A-11-601 (1988) allows local school boards and charter schools to:

- Adopt policies designating employees who may administer medication.
- Identify and store medication.
- Train designated employees to administer medication.
- Maintain records of the administration of medication.
- Protects school personnel from any civil or criminal liability.
➢ The school has a responsibility under the ADA to meet the needs of every child – this would include administering medication as directed.

➢ If a student fails to come to the office / nurses station for their medication it is the duty of the assigned personnel to:

   a) verify that the student is at school and

   b) either call the student down or go and get the student to administer the medication.
Medications may only be administered to a student if:

- The student's physician has complete and signed the Medication Authorization Form.

- The student's parent / guardian has submitted and signed the Medication Authorization Form.
DEFINITIONS

Prescription Medication – Any substance used for the treatment of a disease or to relieve pain that has been given to an individual by a medical care provider.
Over-the-counter Medication (OTC) –
Medication sold directly to the consumer without a prescription from a healthcare professional. A few examples:

- Aspirin
- Tylenol
- Motrin
- Benadryl
- Claritin
- Zyrtec
- Tums
School Medication Authorization Form –
Written information obtained by medical care provider specifying pertinent information concerning the medication being administered during school hours. This form **must** be completed and signed by both the healthcare provider and parent / guardian.
AUTHORIZED FOR STUDENT MEDICATION

To the Principal of ________________________ School Date: ________________

I, the parent/guardian of _______________________________________, whose birth date is _______________________, request the following medication be given to my child during school hours. I release school personnel from any liability involved with administering this medication according to the doctor’s instructions below. I understand that this form is valid only with a licensed medical provider’s signature. I authorize the school nurse and the medical provider to communicate as needed to ensure the safe administration of the medication. I UNDERSTAND THAT THIS AUTHORIZATION IS IN EFFECT FOR ONE YEAR AND A NEW FORM MUST BE SIGNED BY A MEDICAL PROVIDER EACH SCHOOL YEAR.

Parent signature __________________________ Parent’s Printed Name _________________________ Date ________________

In accordance with the request of the parent above I request that the following medication be administered to __________________________________________ by school personnel during regular school hours:

Diagnosis __________________________________ Duration to be given: __________________________

Medication: ___________________________ Dosage: ___________________________

Time: __________________________ Route: ___________________________

Potential side effects of these medications the school staff needs to be aware of: __________________________

Additional instructions to the school: _______________________________________________________

Only asthma inhalers, epinephrine and diabetic medications/supplies can be carried by a student at school. Self-Administration forms for these medications must be on file with the school.

1) Do you recommend that any of these medications be kept with the student at all times? If so, which:
   ________ Asthma inhaler  ________ epinephrine  ________ diabetic medications/supplies

2) Student has been trained to self-administer medication and are they capable of doing this safely. YES  NO

Physician Signature __________________________ Physician’s Printed Name _________________________ Date ________________

Signature of School Nurse __________________________ Date ________________

Staff members assigned to administer the above medications:

1. __________________________  2. __________________________  3. __________________________
Self-Administration Form - Written consent form signed by both healthcare provider and parent / guardian stating that child understands the necessity for and is capable of administering the prescribed medication to themselves as needed (i.e., asthma inhalers, glucagon)
Daily Medication Tracking Record – Form that is filled out when any prescription or over-the-counter medication is brought into the school to record administration of medication and amount of medication received.
Information to be filled out on front of Daily Medication Tracking form:

- Student Name
- Current school year
- Medication information
  - Name of medication
  - Dose / route / frequency
  - Time to be given
- Month / date
- Signature & initials of individuals authorized to give medication
- Codes for missed administration
# Daily Medication Tracking Form - School Year ________

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>GRADE / TEACHER</th>
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|                | 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 |
|---------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Medication/Dose/Time |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
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## Codes

- Initial = Medication Given
- MO = Medication Out
- A = Student Absent
- R = Refused
- E = Error (late, missed, wrong med, etc.) - Complete Med Error Form

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>DATE DISCARDED</th>
<th>HOW DISCARDED</th>
<th>TWO SIGNATURES</th>
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Record of Medication Brought to School on Reverse Side

Rev 11/12/09
Information to be filled out on back of Daily Medication Tracking form:

- Date medication received
- Amount of medication currently available at school
- Amount of medication being brought in
  - Medication must be counted by staff with parent / guardian present to verify amount.
- Total amount of medication being stored at school
- Signatures of both staff member and parent / guardian
Back of Medication Tracking Form

<table>
<thead>
<tr>
<th>DATE</th>
<th>AMT. ON HAND</th>
<th>AMT. RCV'D</th>
<th>TOTAL AMT.</th>
<th>STAFF SIGNATURE</th>
<th>PARENT / GUARDIAN SIGNATURE</th>
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DISCARDED MEDICATIONS

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<th>TOTAL AMT.</th>
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➢ The Medication Authorization forms and Daily Medication Tracking forms will be placed in a binder in the office / nurse’s station.

➢ The Medication Binder will be divided by student and all pertinent medication information will be filed there during the school year.

➢ Medication Binders will be stored securely in the medication cabinet with the medications.
Per Utah State Code and Spectrum Policy for Prescription and Over-the-Counter Medications:

➢ Medications **must be** brought into the school in original container, with the student’s name on container, by an adult and not sent to school with the student.

➢ Parent / Guardian must count medication with staff and sign back of Daily Medication Tracking form for all prescription medications brought in.

➢ Any medication sent to school with the student in baggies or unlabeled containers will be confiscated and discarded.
How to store medications

➢ **ALL** medications must be stored in a locked cabinet.

➢ Access to cabinet is limited to authorized staff members only.

➢ Medications will be placed in a 11x9 manila envelope with the student’s last name and first initial on the front.

➢ Scheduled medications will be kept separate from PRN (as needed) medications.
THE FIVE RIGHTS OF MEDICATION SAFETY

1. Right Medication
2. Right Route
3. Right Time & Frequency
4. Right Patient
5. Right Dose
How do I know if I have the right medication?

1) Review the Medication Authorization Form that is brought in with the medication.

2) Verify that the information on the form matches the information on the medication container.

3) If there is any discrepancy contact the school nurse.
Information found on a prescription label
Some students will have multiple medications at the school.

- Verify that you are given the **correct medication** at the **correct time** by reading the prescription label and Daily Medication Tracking Sheet each time you administer the medication.
Am I giving the medication by the **right route**?

- **Oral** – to be swallowed
  - Tablets, capsules, liquids

- **Buccal / sublingual** – medication is to be placed either under the tongue or between gum and cheek to dissolve.
  - Nitroglycerin, Vitamin B12

- **Parenteral** – given by injection or intravenously.
  - Insulin, glucagon, epi-pen

- **Aerosol** - a pressurized gas containing a finely nebulized medication for inhalation therapy.
  - Asthma medications

- **Transdermal** - a medication applied topically (to the skin) and absorbed continuously at a controlled rate.
  - Nicotine, hormones, scopolamine, Daytrana
Is it the right time / frequency?

➢ Is it scheduled or PRN (given as needed)?

➢ Has there been enough time from the last dose that it is safe to give again?

➢ Do I have to give it at that exact time?
Scheduled medications:

- Are given at regular intervals or at a specific time of day per written orders from the health care provider.
- May be given 30 min before or after specified time.

PRN (as needed) medications:

- Time may vary (i.e. – every 4-6 hours), but only given when symptoms are present.
- May only be given a limited number of times in a 24-hour period.
➢ **Frequency** – defined as the number of times that an event occurs within a given period.

➢ When related to medication it is how often a medication can be given in a 24 hour period without exceeding the maximum dosage that the body can safely tolerate.

➢ Time intervals must be equally divided into the 24 hours (i.e., twice daily – every 12 hours, three times daily – every 8 hours)
Is this the **right person**?

- Ask the individual their name.
- Read the name on the medication container.
- Are they the same?
- Administer the medication.
Did I give the **right dose**?

**Definition:** A drug dose is the specific amount of medication to be taken at a given time. The dose and time to take the medication are written on a doctor’s prescription or recommended on the label of an over-the-counter medication.
And you thought you would never use algebra....

Prescription medication will have a predetermined amount of the medication to be administered

- give 1 tablet
- give 2 puffs of inhaler
- apply one patch
Medication Authorization for an over-the-counter medication might state:

Give 500-1000 mg of Tylenol.

If the Tylenol comes in 500 mg tablets you would be allowed to give 1-2 tablets as needed.

1 tablet = 500 mg
2 tablets = 1000 mg (2 x 500 = 1000)

If you have any questions concerning dosage, please contact the nurse before administering the medication.
Documentation

If it isn’t written it wasn’t done

- Initial Daily Medication Tracking form for the date medication was administered.
- Use **BLUE** or **BLACK** ink for all documentation.
- **Red ink** is used to indicate absence, medication out or medication refused.
- **NEVER USE PENCIL** when documenting on a medical form.
What do I do if a medication dose is changed or the medication is discontinued?

If a medication dosage is changed:

1) Fill out new Medication Tracking form and place in binder with Medication Authorization form.

2) Remove all documentation pertaining to old dose (Medication Tracking form and Medication Authorization form).

3) Write “DOSAGE CHANGE” on old Medication Tracking form.

4) Place current forms with new dosage information in Medication Binder.

If a medication is stopped / discontinued:

1) Write “MEDICATION DISCONTINUED” on Medication Tracking form.

2) Remove Medication Authorization form and Medication Tracking form from binder.

What do I do with discontinued medications?

- If a medication has been discontinued the parent / guardian must come in and pick-up the remaining medication from the school within two weeks.

- The medication must be counted with the staff and parent / guardian.

- The back of the Daily Medication Tracking form must indicate the amount of medication being returned to the parent / guardian.

- Both staff member and parent / guardian must sign form.
What do I do with prescription medications left at the end of the school year?

- The medication must be counted by two staff members to verify the amount remaining.

- The amount will be recorded on the back of the Daily Medication Tracking form.

- Both staff members must sign form.

- A designated staff member will take all medication to the nearest police station in the area.

- Medications will be recounted with an officer and the back of the form signed by the staff member and officer receiving medication.

- Daily Medication Tracking forms will be returned to the school and placed in student’s file.