Assisted Self Administration Curriculum
Mississippi Board of Nursing

Course Outline
Theory-7 hours
Clinical- 1 hour

Theory

Unit	Topic
I	Legal Aspects Medication Administration
II.	Overview of Conditions Requiring Medication
III	Preparing to Assist the Student
IV	Routes of Medication Administration
V	Contraindications to Medication Administration and Emergency Procedures
VI	Documentation
VII	School Specific Issues

Clinical
Successful Demonstration of all routes of medication administration by the unlicensed personnel must be observed by the school nurse

Approved July 23, 2010. Curriculum will be reviewed and updated as needed on an annual basis in June prior to beginning of academic school year.

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I. Legal Aspects of Medication Administration
   a) Confidentiality and Privacy
   b) 6 Patient Rights regarding Medications
   c) Registered Nurse Responsibilities
   d) Unlicensed Personnel Responsibilities

II. Overview of Medication Requiring Conditions
   a) Allergies/ Anaphylactic Reactions
      i) Anti-Histamines
      ii) Anti-Asthmatics
      iii) Corticosteroids
      iv) Epinephrine
   b) Asthma
      i) Bronchodilators
      ii) Nonsteroidal Anti-Inflammatory (NSAIDS)
      iii) Corticosteroids
   c) Attention Deficit Disorder(ADD/ADHD)
      i) CNS Stimulants
      ii) Norepinephrine Inhibitors
      iii) Antidepressants
   d) Behavioral/ Emotional/Psychosocial
      i) Depression
      ii) Anxiety
      iii) Psychotic
   e) Diabetes
   f) Infectious Diseases
   g) Seizures
      i) Anti Convulsants

III. Preparing to Assist the student
   a) Confirm
      i) Right Student
      ii) Right Medication
      iii) Right Dose
      iv) Right Route

SECTION I

Legal Aspects of Medication Administration

The issues associated with medicines in the schools require an understanding of the environment that led to this point. The number of students with complex health issues enrolled in schools is increasing. In the past, many children with chronic illnesses attended a special school or did not go to school. Societal changes resulted in an increased focus on the health of children in Mississippi schools. Medicines that children take at school are a small part of the efforts to maintain and enhance the health of students. The goal in administering medicines to students at school is to promote optimal wellness in order to enhance their ability to learn. Not taking prescribed medicine at the right time; taking the wrong dose of medicine, or having a reaction to medicine are all things that can lead to difficulty for a student to learn. The "six (6) rights" of medication administration are:

1. Right Medication
2. Right Student
3. Right Dose
4. Right Route
5. Right Time
6. Right Documentation

Confidentiality & Privacy

Confidentiality is an important legal concept in the school setting. Schools must be in compliance with HIPPA regulations. Health records of students are confidential and are kept separate from the school records. Knowing some information from the health record is necessary for the personnel assisting with medications. It is important for these personnel to understand that the information provided should not be repeated to other students, school employees and teachers. Health records contain sensitive information and disclosure without permission can result in legal liability. Privacy is a separate legal concept. If a child tells a teacher or school secretary how he or she feels about having a chronic illness, that is information that should be shared with the school nurse but not disclosed to those who do not have a "need to know." "Need to know" persons include only those school personnel who have direct interests in the individual student as identified in state and federal laws. Students, teachers, and staff spend a great deal of time together over the course of a school year. It is natural for individuals to talk about situations at school. Recognize that health information has a higher level of protection. **Any person that discloses individually identifiable health information to another person is in violation of HIPPA and may be fined up to $50,000 and imprisoned not more than 1 year or both.** There are some practices that help protect the confidentiality and privacy of students, such as:

- Limit access to school health records as defined by policy.
- Discuss medication information with appropriate staff only.
- Require signature for all non-school health employees accessing health records.
- Secure records, avoid public disclosure.
- Use appropriate areas for medication and avoid discussion in public areas.
- Refer all release of information requests to the school nurse.

One reason the focus and attention of regulations, policies, and guidelines is directed to medications in the schools is to protect the health, safety, and welfare of the student. Some requirements to protect the student include protecting the student's rights, managing and monitoring student's prescribed medicines, using correct methods to identify students and medicines, and following guidelines for safety in assisting the student with self administration of with medications (including storage of medicines and documentation).

Responsibilities of the School Nurse

The school nurse has many responsibilities in providing health services to students. The responsibilities of the school nurse for administration of medications to students are:

- Development and implementation of the nursing care plan including assessment, nursing diagnosis, establishment of nursing goals and evaluation.
- Obtain a complete initial nursing history and assessment and perform ongoing assessment and evaluation of outcomes including monitoring of medication administration record.
- Any intervention that requires professional nursing knowledge, judgment, and/or skill may not be delegated or assigned to unlicensed personnel.
- Assures the availability of resources required to assist with medications, including material resources, and appropriate environment, and supervision.
- Implements procedures for handling, storing, and disposing of medications per state and local guidelines.
- Ensures that the designated school personnel has successfully completed the Mississippi Board of Nursing approved *Assisted Self Administration Curriculum* program, training specific to the school district and local school and maintains documentation of designated school personnel completion that is accessible to the BON upon request.

The training should be repeated at least annually and cover at a minimum the following areas:

- District, state and local policies & procedures.
- Methods of providing medications (i.e., routes).
- Contraindications.
- Documentation.
- Proper handling and storage.
- Emergency procedures.

- Determines that it is safe for the designated personnel to assist with self administration of medication based upon the stability of the student's health status, the complexity of the task and the competency of the personnel.
- Monitors compliance with health records confidentiality (HIPPA and MS laws).
- Verifies that a clear, written, signed medical order and written parental consent form are obtained to include student's name, specific medication, specific dosage, specific route, length of time to be administered- beginning date and ending date, and reason for taking medication.
- Develop and implement a Medication Administration Record for documentation of all doses of medication provided in the school setting. The record should include the date, identity of school personnel providing the medications, and documentation of missed doses (i.e.

- Develop protocols to be followed in the event of medication errors or adverse reactions.
- Develop procedure for notification of the parent/legal guardian is notified of the options of coming to the school to provide the medication or to authorize the designated school personnel to assist the student with self administration of the medication in the absence of the Registered Nurse.
- Review periodically, the implementation of the medication policy related procedures (at least annually).
- Develop an individual health plan (IHP) and health record for all students requiring long-term medications or having other special health care needs. File a copy of the prescriber and parent-signed authorizations for medication with the student health record.

Responsibilities of the Designated School Personnel

- Successfully complete the Mississippi Board of Nursing *Assisted Self Administration Curriculum* program for unlicensed school personnel, training specific to the school district and local school.
- Adheres to the policies and procedures of the school and district
- Does not participate in activities that require professional nursing judgment, knowledge, or skill, and notifies the school nurse when professional nursing care is required
- Reminds the student when to take the medication and observes to ensure that the student follows the directions on the container.
- Assists the student in the self administration of medication by taking the medication in its container from an area where it is stored and handing the container, with the medication in it, to the student. If the student is physically unable to open the container, the designated school personnel may open the container for the student and assist the student in taking or applying the medication.
- Notifies the school nurse immediately when there is suspicion of a medication reaction, a medication error, or a change in a student's health status.
- Completes timely, accurate documentation of assistance with medication in accordance with state and local policies

SECTION II

Overview of Conditions Requiring Medications

Students identified with chronic medical conditions may require routine assistance with medication at school allowing them to learn at their highest potential. This section is developed as a resource for school staff assisting students with diseases/conditions commonly requiring routine assistance with medication.

The unlicensed personnel upon completing training should be able to:

- Describe common diseases/conditions requiring assistance with medication at school.
- List possible signs/symptoms of the disease/condition.
- Identify common medications used to treat the disease/condition.
- Identify common side effects of the medication.

The following child/youth health conditions are included in this section:

- Allergies/ Allergic reactions.
- Asthma/Reactive Airway Disease.
- Attention Deficit/Hyperactivity Disorder (ADHD).
- Behavioral/Emotional/Psychosocial Disorders.
- Seizures.

- Diabetes.
- Infectious Disease.

Allergies

Each time an allergic person is exposed to an allergen, the immune system produces an antibody called IgE. The more of this antibody made, the more allergic the person becomes. It may take weeks, months or years to make a large amount of IgE, but once a reserve is built up, allergic symptoms start. When the allergen comes into contact with the IgE on the surface of the so-called mast cells (located in the nose, skin, eyes, intestinal tract and bronchial tubes), these cells release chemicals (particularly one called histamine) that cause the allergic symptoms. Allergens include six (6) main categories:

- Food allergens: shellfish, nuts, wheat, eggs, milk, chocolate, strawberries, etc.
- Inhaled allergens: dust, pollen, fungi, smoke, perfume, odors of plastics, etc.
- Drug allergens: aspirin, antibiotics and some serums.
- Infectious agents: bacteria, viruses, fungi, animal parasites, etc.
- Contact allergens: chemicals, animals, plants, metal.
- Physical allergens: heat, cold, light, pressure, radiation.
- Other: insect stings/bites.

Common allergy symptoms include:

- sneezing
- sniffling
- nasal stuffiness
- itchy and runny nose (usually clear discharge/drainage)
- tearing
- itchy, red or swollen eyes
- coughing
- headache without fever
- skin rash
- hives

Anaphylaxis, a severe allergic reaction, is life threatening. An anaphylactic reaction may range in severity from urticaria (or hives); swelling around the eyes, skin, mucous membranes, and larynx; wheezing; and shortness of breath to severe cardiovascular and respiratory collapse. If treatment is not initiated rapidly, the symptoms may rapidly escalate. Activate Emergency Procedures and notify school nurse immediately.

Common Medications used for the treatment of Allergies:

Anti-Histamine- These compete with histamine at the H1 histamine receptors thus preventing or reversing the effects of the histamine thus the name anti-histamine.

Most Common Anti-Histamines used:

Astemizole (Hismanal)

Brompheniramine maleate (Dimetapp),

Cetirizine hydrochloride (Zyrtec),

Chlorpheniramine maleate (ChlorTrimeton),

Clemastine fumarate (Tavist),

Cyproheptadine hydrochloride (Periactin)

Diphenhydramine hydrochloride (Benadryl),

Fexofenadine hydrochloride (Allegra),

Loratadine (Claritin),

Promethazine hydrochloride (Phenergan).

Triprolidine hydrochloride (Actidie)

Most Common Side Effects of Anti-histamines
Notify nurse if present

sedation - mild drowsiness to deep sleep

dizziness

fatigue

irritability

confusion

nausea/vomiting

cardiac- increased or decreased heart rate

Corticosteroids: These are hormones which are used for their anti-inflammatory effect

Most Common Used Corticosteroids:

Dexamethasone (Decadron)
Prednisolone
Prednisone

Most Common Side Effects of Corticosteroids:

Notify nurse if present

decreased appetite	fever
nausea/vomiting	joint pain
lethargy	weight loss
headache	

Epinephrine: emergency treatment for anaphylaxis. This is supplied in single use automatic injection device often referred to as an Epi-Pen. The student should have received previous training and instructions on how to self administer the injection in the mid-upper thigh. If symptoms of anaphylaxis are present, the designated personnel should have student administer the epinephrine auto injector immediately then activate emergency procedures. However, if the student is unable to self administer the injection, it should be held in an upright position touching the mid upper thigh and activated by pushing down and

releasing. **Do not delay administration of Epinephrine during anaphylactic reactions.**

Asthma/ Reactive Airway Disease

Asthma is a respiratory condition in which the air passages of the lungs and bronchioles tighten up making breathing difficult. During an asthmatic episode, the membranes lining the airways become inflamed and swell, and thick mucus builds up within the air passages. The bronchial muscles surrounding the airways go into spasm. With each breath the air must struggle through the narrowed breathing tubes to make its way into and out of the lungs. With expiration (letting breath out), the child may make a high-pitched wheezing sound, often identified with asthma. However, some children do not have the characteristic wheezes instead they may have a cough.

There are common “triggers” of asthma episodes. Exposure to air pollutants such as cigarette smoke or paint fumes, and allergens such as pollens, mold spores and animal dander can result in an asthma attack. In some children, exercise can cause an asthma episode. Other triggers of asthmatic episodes are inhaling cold air; certain medications; infections of the respiratory tract; allergic reactions to certain foods; stress and emotional upset; and injury to the airways.

Common asthma/reactive airway disease symptoms include:

coughing.
wheezing.
difficulty breathing/tight chest.
rapid breathing/pulse.
retraction of the muscles above and below the ribs and collar bones seen during breathing.
flushed, moist skin.
“hunched forward” sitting position

The school nurse should be notified immediately if a student:

1) Complains of difficulty breathing or shortness of breath,
2) Has retraction of the muscles above and below the ribs and collar bones during breathing,
3) Cannot speak; or
4) Requires a bronchodilator or says only few words per breath more frequently than once every 4 hours.

Commonly Used Medications for asthma/reactive airway disease

Bronchodilators: These medications open the airways and may be used for treatment of acute or chronic asthma symptoms. These drugs are given orally or by inhalation.

Most common bronchodilators used for asthma/reactive airway disease:

Albuterol (Proventil, Ventolin).
Metaproterenol (Alupent, Metaprel).

Salmeterol xinafoate (Serevent).

Levalbuterol (Xopenex).

Pirbuterol (Maxair).

Ipratropium bromide (Atrovent).

Theophylline(Theo-Dur)

Most Common side effects: **Notify Nurse if Present**

diarrhea

dry mouth

excitement

tremor

dizziness

headache

aggressive behavior

flushing

sweating

dilated pupils

Nonsteroidal Anti-inflammatory: These medications are used to prevent an asthma episode rather than provide relief of acute symptoms. These drugs are usually used in conjunction with bronchodilators to maximize lung function and controlling inflammation.

Most Common Nonsteroidal Anti-inflammatory Medications used for asthma/reactive airway disease:

Cromolyn sodium (Intal) Nedocromil (Tilade).

Most Common Side Effects: **Notify Nurse if Present**

cough	headache
dizziness	chest pain

Corticosteroids: These medications are used for their anti-inflammatory action. They may be given orally or inhaled.

Most Common Corticosteroids used for asthma/reactive airway disease:

These are oral medications that may also be used for allergic reactions; please see page 15 for other common side effects.

Dexamethasone (Decadron)

Prednisone

Prednisolone

These medications are usually inhalers.

Beclomethasone (Vanceril, Beclovent)

Triamcinolone (Azmacort)

Flunisolide (AeroBid)

These medications are usually nasal sprays:

Fluticasone proprionate (Flovent, Flonase)

Budesonide (Rhinocort)

Most Common Side Effects: Notify Nurse if Present

Headache	dizziness
lethargy	nausea/vomiting
cough	

Note: When using more than one inhaler, always use the bronchodilator first. Wait five (5) minutes before using the second inhaled medication. Rinsing the mouth after using the inhaled steroid medication is needed to prevent thrush (infection of the mouth or throat).

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Attention deficit/hyperactivity disorder (ADHD) is a developmental disorder affecting the behavior, attention and learning of children. Symptoms include distraction and trouble concentrating, impulsive and acting-out behavior. Many students diagnosed with ADHD have difficulty staying seated and may be fidgety. Others may sit quietly, daydreaming and appear "spaced out".

Common Medications used for ADHD are:

Central Nervous System (CNS) Stimulants- In the child with Attention Deficit Disorder, this class of medications causes a decrease in motor restlessness and increase in attention span.

Common CNS Stimulant Medications used for ADD/ADHD:

Amphetamine sulfate (Adderall or Adderall SR)

Methylphenidate hydrochloride(Ritalin, Ritalin SR,

Metadate CD, Metadate ER or Concerta).

Pemoline (Cylert)

Common side effects of the CNS stimulants: Notify nurse if present

loss of appetite

insomnia

headache

nausea

abdominal discomfort

nervousness

Norepinephrine Inhibitor (Non Central Nervous System (CNS) Stimulants Medications)- This class of medications works by selectively blocking the reuptake of norepinephrine, a chemical messenger, or neurotransmitter, by certain nerve cells in the brain. This action increases the availability of norepinephrine, which is thought to be essential in regulating impulse control, organization and attention. The precise mechanism by which these medications work on ADHD is not known.

Common Non CNS Stimulant Medications used for ADD/ADHD:

Atomoxetine hydrochloride(Strattera)

Common Antidepressants used for ADD/ADHD:

Amitriptyline pamoate (Elavil)

Bupropion hydrochloride (Wellbutrin)

Common side effects: Notify nurse if present

loss of appetite

insomnia

headache

nausea

abdominal discomfort

nervousness

BEHAVIORAL/EMOTIONAL/PSYCHOSOCIAL DISORDERS

Some students are identified with emotional, behavioral and psychosocial problems. Students may manifest these disorders by a number of signs and symptoms.

Depression symptoms:

- Feelings of helplessness
- Hopelessness:
- Loneliness
- Isolation or withdrawal
- Feelings of sadness
- Self-deprecatory statements
- Suicidal ideas, expressions or attempts

Anxiety disorders symptoms:

- Panicky and cannot be calmed down.
- Repetitious behaviors.

Psychotic disorders symptoms:

- Paranoid.
- Hearing voices.
- Hallucinations.
- Delusions.
- Withdrawal

Common medications used for emotional, behavioral and/or psychosocial disorders are:

Antidepressants:

Amitriptyline hydrochloride (Elavil)

Bupropion hydrochloride (Wellbutrin).

Clomipramine hydrochloride (AnaFranil).

Desipramine hydrochloride (Norpramin, Pertofrane).

Fluoxetine hydrochloride (Prozac).

Imipramine hydrochloride (Tofranil).

Paroxetine hydrochloride (Paxil).

Sertraline hydrochloride (Zoloft).

Tranylcypromine

Antianxiety agents:

Buspirone hydrochloride (BuSpar).

Diazepam (Valium).

Oxazepam (Serax).

Chlordiazepoxide (Librium).

Lorazepam (Ativan).

Flurazepam (Dalmane).

Alprazolam (Xanax)

Antipsychotic agents:

Haloperidol (Haldol)

Lithium carbonate (Lithonate, Lithobid)

Prochlorperazine (Compazine).

Risperdal (Risperidone)

Thioridazine (Mellaril)

Trifluoperazine (Stelazine)

Common side effects of medications used in managing behavioral/emotional/psychosocial disorders include: **Notify Nurse if Present**

nausea/ vomiting

diarrhea

tremors

malaise (out of sorts feeling)

“spaced out”

dizziness

drowsiness

dry mouth

headache

sedation

seizures

Diabetes

Diabetes is a very serious metabolic disorder that prevents the normal breakdown and use of food, especially sugars (carbohydrates) by the body. In children, diabetes is caused by inadequate production of the hormone insulin by the pancreas, causing the blood glucose (sugar) to reach dangerously high levels. If not controlled, the high blood glucose levels will damage body organs.

There are two types of diabetes: insulin dependent (Type I) and non-insulin dependent (Type II). Type II is usually seen in adults and overweight children and may or may not

require insulin for management. Type I diabetes is seen most often in children and youth and requires insulin injections.

Blood glucose levels are checked during the day and insulin is administered to lower high blood sugar levels if needed. Food or glucose tablets/gel may be used to raise low blood glucose levels. If the blood glucose level is too high or too low certain symptoms can occur causing the student to be unable to function and possibly become unconscious. High blood glucose levels may be caused by too much food, too little insulin, illness or stress. Low blood glucose levels may be caused by too little food, too much insulin or extra exercise.

Common symptoms of high blood glucose levels (hyperglycemia) include: frequent urination; dry skin; hunger; extreme thirst; blurred vision; drowsiness, and nausea.

Common symptoms of low blood glucose levels (hypoglycemia) include: shaking; anxiousness; dizziness; headache; irritability; sweating; weakness, and unconsciousness.
Insulin is commonly used for children with diabetes.

Insulin is given by injection into the subcutaneous tissue or by insulin pump that delivers a constant supply of insulin. Overweight children with non-insulin dependent diabetes may take oral medication. Oral medications generally cause fewer side effects than insulin.

A health care plan should address when the school nurse is to be called and if the student becomes unconscious, the emergency plan should be followed.

Infectious/Communicable Diseases

Infectious diseases are illnesses caused by viruses, bacteria, fungi or parasites. Infectious diseases are considered contagious or communicable. The spread of infectious disease may occur by one or more of the following:

- Airborne droplets entering the body via the airway.
- Direct contact (skin to skin).

- Ingestion (eating/drinking).

The various types of infectious diseases commonly seen in school children are colds; flu; strep throat; impetigo; conjunctivitis (pinkeye); ringworm; and gastroenteritis (nausea, vomiting, diarrhea, and stomach/abdominal cramps).

Common communicable diseases:

pediculosis (head lice); mites; and scabies.

Antiobiotics are commonly used for non-viral infectious diseases, some include, but not limited to:

- Penicilins: Augmentin, Amoxicillin, Amoxil, Ampicillin, Unipen, Pen Vee K.
- Cephalosporins: Ceclor, Duricef, Suprax, Keftab, Lorabid.
- Tetracyclines: Vibramycin, Minocin.
- Sulfonamides: Bactrim, Gantrisin, Septra, Pediazole, Zithromax, Biaxin.

Regardless of the name of the antibiotic, there are common side effects for all antibiotics.

Side effects include:

Diarrhea, stomach upset/ache; rash; itching; hives.

Antifungal medications are used for infections produced by fungi, some include:

- Fluconazole: Diflucan.
- Griseofulvin: Fulcin.
- Miconazole: Monistat.
- Nystatin: Nilstst, Mycostatin.
- Terbinafine hydrochloride: Lamisil.

Seizures

Seizures are caused by abnormal electrical activity within the nerve pathways in the brain. Seizures take many forms and may be caused by a variety of illnesses, trauma, and high fevers.

The types of seizures are generalized: absence (petit mal), tonic-clonic (grand mal), partial (focal): simple and complex. The signs and symptoms will depend on the type seizure. Generalized muscle contractions or jerking violently of the whole body is characteristic of grand mal seizures. The muscle contraction or jerking of an extremity or two is generally a partial or focal seizure. In a child with diagnosed seizures, it is helpful to know the usual pattern of seizure activity. If the seizure activity changes, reporting that information to the school nurse is vital. Loss of or altered consciousness can occur as seizure activity or as a consequence of the seizure. It is not unusual for a loss of consciousness to occur following a grand mal seizure. This is referred to as the "postictal" period and may last from seconds to an hour or longer.

Brief absence of movement, muscle twitches, movement or twitching on one side of the body only, staring into space, and a report of "loss of time" are other seizure symptoms. Myths include that the individual "swallows his tongue" during a seizure. The tongue falls back into the back of the throat and may block the airway but the tongue is not "swallowed." Another myth is that a spoon or other object needs to be placed in the individual's mouth during a grand mal seizure. If a grand mal seizure has started, it is best to turn the student on his side and refrain from placing fingers or other objects in the student's mouth. Clenching of teeth and chewing are common in seizure activity and injury can occur if an attempt is made

to stop the seizure, place an object in the mouth, or move the student during the seizure. Protect the student from self harm during seizure activity by moving objects away from the student and providing some cushion under the head.

Common Medications used to control seizure activity: (often referred to as anti-convulsants)

Phenobarbital (Luminal)

Phenytoin (Dilantin)

Carbamazepine (Tegretol)

Diazepam (Valium); Diastat (diazepam rectal gel)

Ethosuximide (Zarontin)

Gabapentin (Neurontin)

Valproate acid (Depakene)

Clonazepam (Klonopin)

Lamotrigine (Lamictal)

Levetiracetam (Keppra)

Primidone (Mysoline)

Tiagabine (Gabitril)

Divalproex sodium (Depakote)

Topiramate (Topamax)

Zonisamide (Zonegran, Excegran)

Common side effects from anticonvulsants: Notify nurse if present

headache

sleepiness

dizziness

trembling

nausea

vomiting

blurred vision

SECTION III

Preparing to assist with Self Administration

Confirm 6 Rights of Medication Administration

The most important part of medication administration is confirming the 6 Rights of Medication Administration. The designated personnel who will be assisting the student with self administration should anticipate how these rights will be met.

☑ **Right Student**- A method of identification should be developed to assure the identity of the student.

☑ **Right Medication**- Habits should be developed to compare the information on the physician's order and the Medication Administration Record.

☑ **Right Dose**- Assure that the patient receives the amount or dosage that is currently prescribed by the physician

☑ **Right Route**- Assure that the patient is receiving the medication by the route that is prescribed

☑ **Right Time**- Assure the patient receives the medication at the time that is prescribed

☑ **Right Documentation –** Assure actions are documented appropriately

Aseptic Technique

Medical Asepsis is utilizing “clean techniques” to reduce the number of microorganisms or “germs” and prevent their spread from object to person or person to person. Regardless of the route that medications will be administered, these techniques should be adhered to. There should be a designated place for the students to present for their medications. This place should be maintained in as clean a manner as possible to decrease the risk of contamination. Prior to the student self administering their medication, the student and personnel assisting should wash their hands with soap and water. Excluding topical medications, when assisting with medication administration one should avoid the physical touching of the medications (tablets/capsules/liquid) or their applicator tips to prevent contamination or introduction of microorganisms.

Specific Rules Related to Medicine

- In order to assist students with medications in the schools in the school nurse's absence, the unlicensed personnel must successfully complete a training program approved by the Mississippi Board of Nursing.
- No medication (prescription or over the counter) may be given without parent authorization, a healthcare provider order and a pharmacy label (Primary healthcare providers are physicians, nurse practitioners, or physician's assistants).
- Review local policies.
- Under no circumstances should the school stock its own supply of over-the-counter (OTC) medicines, such as Tylenol, for assisted self administration by students or staff. The parent must provide the OTC medicine in the original container with specific instructions as to when or why such medicines may be necessary. The school nurse must evaluate and approve all OTC medicines and instructions. The school nurse will determine if the OTC medicine instructions are appropriate and whether there is an appropriate order for the medications.

Necessary Knowledge

- Medications and how they are used.
- Oral medications are packaged as pills/tablets/capsules. Changing the form of an oral medication can only be done with authorization from the health provider, pharmacist and the school nurse. Cutting, crushing, or sprinkling of the medication are examples of changing the form of an oral medication.
- Scored tablets can be cut in half to obtain a smaller dose. For example, the prescription may indicate each tablet is 10 milligrams, but the order indicates the student is to take only 5 milligrams (requiring cutting). If a student has medication that must be cut, call the school nurse. Do not try to cut a scored tablet with a knife-a pill cutter is used for that purpose and cleaned after each use. Coated tablets are swallowed whole and should not be chewed. Example: Advil.
- Capsules are made to be taken by mouth and swallowed whole—do not take apart, crush, or permit the student to chew unless directed by the licensed prescriber.
- Drug actions and possible negative reactions.
- Trained observation skills.
- Use of the 6 Rights: right student, right medication, right dose, right time, right route, right documentation.
- Importance of checking the 6 Rights each and every time medication is given: (1) when taking medication from the cabinet, (2) when the student is pouring the medication, and (3) when returning the medication to the cabinet.
- Appropriate, accurate, timely documentation of the self-administration. Documenting may not be done prior to the student taking the medication.

- How to obtain assistance from the school nurse and/or other healthcare professionals.
- Understanding of local policies.

Responsibilities Related to Controlled Substances

* Identifies controlled substances and stores in a secure location according to state and local policies.
* Documents the receipt, number, and return of controlled substances according to state and local policies.
* Reports discrepancies in the quantity of a controlled substance to the school nurse, principal and other authorities according to state and local policies.

Common Abbreviations

a.d.	**Right ear**
ADD	**Attention Deficit Disorder**
ADHD	**Attention Deficit Hyperactivity Disorder**
a.l.	**Left ear**
a.m.	**Morning**
a.u.	**Each ear, both ears**
b.i.d.	**Two times per day**
cc	**Cubic centimeter 1cc=1ml, 5cc=5ml=1tsp**
dc	**Discontinue**
dil.	**Dilute**
gtt/ gtts	**Drop/Drops**
h.s.	**At bedtime**
inh	**Inhalation**
MDI	**Metered-dose Inhaler**
mg	**Milligram**
mL	**Milliliter 1mL= 1cc, 5mL=5cc=1tsp.**
nka	**No known allergies**
nkda	**No known drug allergies**
nsaid	**Non-Steroidal anti-inflammatory drug**
o.d.	**Once a day**
O.D.	**Right eye**
O.S.	**Left eye**
OTC	**Over the counter**
O.U.	**Each eye, both eyes**
oz	**Ounce 1oz=30 cc's=30 mL's**
p.c.	**After meals**
PCN	**Penicillin**
po/p.o./P.O .	**By mouth**
PR	**By rectum**
p.r.n./PRN	**When needed or necessary**
q.d.	**Every day**
q.h.	**Every hour**
q2hr	**Every two hours**
q3hrs	**Every three hours**
q4hrs	**Every four hours**
q.i.d.	**Every four hours**
qhs	**Every night**
q.o.d.	**Every other day**
Rx	**Symbol for prescription**
SL	**Sublingual (Under the tongue)**
S-R	**Sustained release**
t.i.d.	**Three times a day**

SECTION IV

Routes of Medication Administration- How to Assist the Student

ASSISTING WITH ORAL MEDICATIONS

- Verify student's identity.
- Check order form and pharmacy label for instructions.
- Assemble necessary equipment.
- ALWAYS wash your hands.
- If the student will touch or handle the medication, the student should wash his or her hands first.

Oral- <u>Pills/Tablets/Capsules</u>:

- Verify student's identity.
- Observe the student pouring the medication into a medicine cup, the cap of the medication bottle, or a small paper cup.
- Ask the student to pick up the medication and put into his/her mouth. The student should follow the medication with 6-8 ounces of water.
- If the student is not physically able to open the bottle or pick up the medication and you have to place the medication inside the student's mouth, you should put on gloves to avoid transferring any infection to the student or to yourself. Throw away gloves after each use (these are now contaminated).
- Make sure that the student swallowed the medications.
- Wash hands.
- Document the Self Administration of the medication.

Oral- Liquids:

- Verify student's identity.
- Liquid medications must be precisely measured. DO NOT USE SILVERWARE OR PLASTIC SPOONS—these are not accurate measuring tools. Use a calibrated medicine cup, spoon or syringe. When using a measuring cup, place it on a flat surface and read it at eye level for accuracy. Assist the student in pouring the liquid from the side of the medicine bottle opposite the label (to protect the label). Clean the outside of the bottle if needed after pouring.
- Ask the student to pick up the medication cup and swallow all of the medication.
- If the student is not physically able to pick up the medication and you have to place the medication inside the student's mouth, you should put on gloves to avoid transferring any infection to the student or to yourself. Throw away gloves after each use (these are now contaminated).
- Make sure that the student swallowed all of the medication.
- Wash hands.
- Document the Self Administration of the Medication.

ASSISTING WITH NOSE DROPS/SPRAYS

Nose- Drops

- Verify student's identity.
- Check order form and pharmacy label for instructions.
- Instruct the student to gently blow the nose (except in case of nosebleeds or other contraindications.)
- Assemble necessary equipment.
- Wash hands and apply gloves to both hands.
- Assist the student in drawing the medicine into the dropper. To properly regulate dosage, draw only the amount to be administered. Confirm the amount.
- Have the student lie down and tilt the head backward by elevating the shoulders. If there is no space to lie down, have the student tilt head backwards.
- Assist the student in inserting the dropper into the nasal passage and instill the medicine.
- Wipe the dropper off with a clean gauze pad to remove mucus.
- Have the student remain in this position for several minutes to allow the medication to be absorbed.
- Instruct the student not to blow his or her nose unless absolutely necessary.
- Discard gloves and wash your hands.
- Document the Self Administration of the Medication.

Nose- Sprays

- Verify student's identity.
- Check order form and pharmacy label for instructions.
- Instruct the student to gently blow the nose (except in case of nosebleeds or other contraindications.)
- Assemble necessary equipment.
- Wash hands and apply gloves to both hands.
- Prepare the spray container as directed on label.
- The student does not tilt head backwards.
- Have the student close the opposite nostril by gently placing their finger against the opposite side of the nose.
- Assist the student in inserting the Spray applicator tip into the nasal passage.
- Instruct the student to gently squeeze the spray bottle and to **sniff immediately when spraying**.
- Wipe the applicator tip off with a clean gauze pad to remove mucus.
- Repeat for the other nostril (if ordered for both) remembering to gently close the opposite nostril with their finger and to **sniff immediately when spraying.**
- Instruct the student not to blow his or her nose unless absolutely necessary.
- Discard gloves and wash your hands.
- Document the Self Administration of the Medication.

ASSISTING WITH EYE (OPHTHALMIC) MEDICATIONS

Eye Drops

- Verify student's identity.
- Check the order form and pharmacy label. Read the instructions carefully. Be certain you 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
- Assemble the necessary equipment.
- Wash hands and apply gloves to both hands.
- Explain the procedure and instruct the student that vision may be blurred temporarily after applying this medication.
- Have the student assume a comfortable position, either lying down or sitting in a chair with support for the neck.
- Gently wipe the area around the eye(s) to be treated with a gauze pad that has been moistened with normal saline or water to remove drainage. Use a clean pad for each wipe and stroke from the nose outward.
- Ask the student to tilt the head back and to look up at the ceiling.
- Have student gently pull the lower lid of the affected eye down and out, to form a pocket.
- Holding the dropper near the lid, assist the student in gently dropping the prescribed number of drops into the pocket. To prevent the dropper from being thrust into the individual's eye, it is good practice to support your hand by placing a finger on the individual's forehead.
- Press the inner corner (where the eyelids meet) to prevent medication from entering the respiratory system.

- Note: Avoid touching the eyelid or lashes with the dropper. Avoid dropping the solution on the sensitive cornea (the clear, transparent front part of the eye).
- Ask the student to close the eye, blink several times but not to rub the eye.
- Discard gloves and wash your hands.
- Document the Self Administration of the medication.

Eye Ointments

- Verify student's identity.
- Check the order from the pharmacy label. Read the instructions carefully. Be certain you 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
- Assemble the necessary equipment.
- Wash hands and apply gloves to both hands.
- Explain the procedure and instruct the student that vision may be blurred temporarily after applying this medication.
- Have the student assume a comfortable position, either lying down or sitting in a chair with support for the neck.
- Gently wipe the area around the eye(s) to be treated with a gauze pad that has been moistened with normal saline or water to remove drainage. Use a clean pad for each wipe and stroke from the nose outward.
- Ask the student to tilt the head back and to look up at the ceiling.
- Gently roll the tube of medication between the palms of both hands. This aids in warming the ointment so it can cover the eye evenly.

- Gently pull the lower lid of the affected eye down and out, to form a pocket.
- Beginning at the inner corner of the eye (next to the bridge of the nose) and working toward the outer eye, gently squeeze a thin ribbon of the medication on the surface of the lower lid. To prevent the tube from being thrust into the student's eye, it is good practice to support your hand by placing a finger on the student's forehead.
- Have the student close the eye(s) and massage the area gently to spread the medication across the entire eye.
- Note: Avoid touching the eye or the eyelid with tube.
- Discard gloves and wash your hands.
- Document the Self Administration of the Medication.

Applying Eye patch

- Check the order form and read instructions carefully. Be certain you know which eye is to be patched. Initials may be used to specify the eye that requires treatment. O.D.=right eye; O.S.=left eye; O.U.=both eyes
- Assemble necessary equipment. The parent, prescriber, or pharmacist should supply the eye pad(s).
- Wash your hands and apply gloves to both hands.
- Explain the procedure to the student.
- Place it gently over the student's closed eye. DO NOT TOUCH THE SIDE OF PAD THAT LIES on the student's eye.
- Apply two or three strips of paper tape from the mid-forehead to below the ear.
- Discard gloves and wash your hands.
- Document the Self Administration of the Medication.

ASSISTING WITH EAR (OTIC) MEDICATIONS

Drops

- Verify student's identity.
- Check the order form and pharmacy label. Read instructions carefully. Be certain you know which ear(s) is to be treated. (a.d.=right ear, a.l.=left ear, a.u.=both ears
- Assemble the necessary equipment.
- Wash your hands.
- Explain the procedures to the student.
- Warm the medication to body temperature by holding it in your hands for several minutes.
- Ask the student to lie on one side with the ear to be treated facing upward or, if sitting, to tilt the head away from the affected ear.
- Clean the outer ear carefully and thoroughly with cotton.
- Draw the medication into the dropper. To properly regulate dosage, draw only the amount to be administered.
- Gently, pull the cartilage part of the outer ear BACK AND UP. Place the prescribed number of drops into the ear canal without touching the dropper to the ear.
- Advise the student to remain in the same position for a few minutes following to avoid leakage to drops from the ear, and then cleanse the external ear with dry cotton balls.
- Wash your hands.
- Document the Self Administration of the Medication.

ASSISTING WITH INHALATION MEDICATIONS-Diskus/Metered Dose Inhalers/Nebulizer

Diskus

- Verify student's identity.
- Read the order form and pharmacy label and follow the instructions carefully. Note the number of doses of medication remaining in the diskus so the school nurse or parent can be notified in a timely manner.
- Wash your hands.
- Have the student hold the diskus in a horizontal manner with the mouthpiece toward the student. Observe the student to sliding the lever away from the student until a click is heard.
- Instruct the student to breathe out as far as comfortable. Have student put the mouthpiece to his/her lips and breathe in (inhale) quickly and deeply through his/her mouth.
- Have student remove the diskus from their mouth and hold their breath for about 10 seconds (or as long as is comfortable. Then breathe out slowly.
- Have student close the diskus by putting their thumb on the thumbgrip and sliding it towards them as far as it will go.
- Have student rinse mouth.
- Note: If the student takes more than one or a combination of medications by inhaler, there must be directions to indicate which medication is to taken in what order. Your school nurse should provide the directions.
- Wash your hands.
- Document the Self Administration of the Medication.
- NOTE: Most students will be able to self-administer diskus medicines with little to no assistance from an adult.

- REMEMBER
    - Always have student activate and use the diskus in a level, horizontal position
    - Never attempt to take the diskus apart
    - Do not allow the student to advance the lever more than once or to play with the lever.
    - Never wash the mouthpiece or any part of the diskus, Keep it dry
    - Store the diskus in a dry place

Hand Held Inhalers (Metered Dose Inhalers)

- Verify student's identity.
- Read the order form and pharmacy label and follow the instructions carefully.
- Wash your hands.
- Assemble the inhaler properly; observe the student assemble if self-administered.
- Remind the student to keep the tongue flat in the mouth. Otherwise, the medication will spray directly on the tongue.
- Instruct student to shake the cartridge to mix the medication.
- Have student remove the cap and hold the inhaler upright.
- Instruct student to place the cartridge (with spacer if indicated) to the student's lips and tell the student to exhale through the nose. Remind the student to exhale only enough to get the air out of the lungs (so that the medication can get in. Forcing air out of the lungs will collapse the airways even further).
- Have the student press down firmly on the cartridge while taking a deep breath.

- Tell the student to breathe slowly and deeply. Rapid or shallow breaths will not carry the medication into the lungs.
- Have student to press the cartridge when the student starts to inhale. Timing is important. Do not press hard. The dose is predetermined, so only one dose will be released, regardless of the pressure applied.
- Remove the inhaler and tell the student to hold his or her breath and count to 10. This will let the medication settle on the surface of the airways and prevent the student from exhaling it immediately.
- Tell the student to exhale slowly with the lips pursed.
- Have student rinse mouth.
- After the treatment, clean the inhaler thoroughly by removing the metal canister, then rinsing the plastic container under warm water and drying thoroughly.
- Note: If the student takes more than one or a combination of medications by inhaler, there must be directions to indicate which medication is to taken in what order. Your school nurse should provide the directions.
- Wash your hands.
- Document the Self Administration of the Medication.
- NOTE: Most students will be able to self-administer inhaler medicines with little to no assistance from an adult.

COMMON PROBLEMS IN USING AN INHALER

- Not taking the medication as prescribed, but taking either too much or too little.
- Incorrect activation. This usually occurs through pressing the canister before taking a breath. Both should be done

simultaneously so that the drug can be carried down to the lungs with the breath.

- Forgetting to shake the inhaler. The drug is in a suspension, and therefore particles may settle. If the inhaler is not shaken, it may not deliver the correct dosage of the drug.
- Not waiting long enough between puffs. The whole process should be repeated to take the second puff, otherwise an incorrect dosage may occur, or the drug may not penetrate into the lungs.
- Failure to clean the valve. Particles may jam up the valve in the mouthpiece unless it is cleaned occasionally.
- Failure to observe whether the inhaler is actually releasing a spray. If it is not, call your RN.
- A student's need for bronchodilators more than every 4 hours can signal respiratory problems. Call your school nurse.
- A simple method of estimating the amount left in the inhalant canister is to place the canister in a container filled with water. The position the canister takes in the water determines the amount of inhalant remaining.

Nebulizer

- Verify student's identity.
- Read the order form and pharmacy label and follow the instructions carefully.
- Wash your hands.
- Assemble the nebulizer properly;
- Connect the one end of the nebulizer tubing to the port on the compressor and the other to the base of the nebulizer medication cup
- Instruct the student to twist open the top of the plastic single dose vials and squeeze the medication into the nebulizer cup.
- Connect the mouthpiece to the T-shaped part and then fasten this unit to the cup (or fasten the mask to the cup.)
- Instruct the student to hold the nebulizer cup in an upright position to prevent spilling.
- Have student sit in a comfortable upright position and place the mouthpiece between their teeth and instruct them to close their lips around the mouthpiece.
- Have student turn the compressor on. When misting is observed then have student cover the air hole to force misting into mouth.
- Remind the student to take gentle deep breaths. After inhaling a deep breath, instruct student to uncover the airhole to stop the mist and to hold their breath for about ten seconds before they exhale. Have student continue this pattern until all medication is gone from the cup (about 5 minutes.)
- Wash your hands.
- Document the Self Administration of the Medication.

NOTE: Most students will be able to self-administer inhaler medicines with little to no assistance from an adult.

APPLICATION OF TOPICAL MEDICATIONS

Skin creams, ointments, salves

- Verify student's identity.
- Read the order form and pharmacy label. Follow instructions carefully.
- Have student wash hands.
- Many locally applied drugs such as lotions, patches, pastes, and ointments can create systemic and local effects if absorbed through the skin. To protect the child from receiving too much medication, have the student apply these drugs using gloves and applicators. If you are assisting, be sure to wash hands and wear gloves.
- Each type of medication, whether an ointment, lotion, powder, or patch, should be applied in a specific way to ensure proper penetration and absorption. For example, lotions and creams are applied by spreading them lightly onto the skin's surface, whereas powders are dusted lightly over the affected areas.
- Carefully inspect the condition of the skin or membranes over which medications are to be applied.
- If skin is intact first gently wash site with mild, nondrying soap and warm water.
- Instruct student to apply small amount of cream to tips of gloved fingers.
- Instruct student to apply medicine to designated part of body.
- Contact the school nurse if you have questions or concerns.
- Discard gloves and have student wash their hands.
- Document the self administration of the medication.

SECTION V

Contraindications to Medication Administration and Emergency Procedures

If any contraindication is identified, the unlicensed personnel should withhold medication and contact the school nurse.

- **Illness**

  Medications should not be provided to a student who is vomiting or has vomited. If the school personnel suspect the child to have an acute illness, the school nurse should be notified.

- **Discrepancy in medication**

  If there is any discrepancy that might be injurious to the student, the individual assisting with medication should refuse to provide the medication until clarification is received. Contact the school nurse to obtain clarification, and, as necessary to notify the parent/guardian immediately that no medication will be given. Also if a new medication is prescribed or dosage changed, then the school nurse should be notified.

- **Adverse Reaction**

  If the school personnel suspect the child is exhibiting any of the side effects of the medication, then the medication should not be given and the registered school nurse notified.

Emergency Protocols

The school nurse should develop Emergency Protocols that should be followed in the event of a medical emergency. These protocols should be school district specific and include but not be limited to the following:

Medical Emergencies

- Schools should establish an ongoing relationship with local hospitals and local Emergency Medical Services (EMS) personnel to expedite a student's transfer to a hospital or health-care facility in cases where emergency medical services are required (e.g., student having a serious adverse reaction to medication).
- Current emergency telephone number(s) should be available to permit school personnel to contact the parent/guardian in case of emergency.
- Emergency procedures covering on-campus and off-campus occurrences need to be established. An emergency action plan, including EMS transport authorization by the parent/guardian, is advised for students with known life-threatening conditions as identified by a physician (e.g., anaphylactic reaction, asthma, cardiac disorders, diabetes,

seizures, hemophilia). These students need to be identified to permit appropriate action to be taken in case of emergency during activities on-or-off campus. Such plans and procedures should be incorporated in each school's crisis management or safety plan. For example, the ready availability of an emergency injection medication such as epinephrine is needed for some students in the event of severe allergic reactions (e.g., bee stings).

- **EMS should be called for each student requiring emergency procedures.** The decision to transport to a medical facility or to provide other emergency care will be made at the time of EMS arrival by EMS personnel in collaboration with the EMS medical control (physician), the school principal, the school nurse and the parent, if available. Attempts should be made to notify parents and the principal at the same time EMS is called and/or the student receives any emergency medication (e.g., EpiPen, glucagon, diazepam).
- In all cases where feasible and where the attending physician so advises, the student should be trained by his/her physician and/or the registered school nurse to give his/her own emergency injection or medication (e.g., EpiPen,

glucagon or diazepam) with school personnel acting as back up for the procedure.

- Injectables, intravenous, rectal, and vaginal medications should be administered by a licensed nurse. *For certain emergent circumstances in the school setting, a licensed nurse may train the designated school personnel to give prescribed medications via the injectable or rectal route* **only** *for emergency intervention in his/her absence*, if the medication is required and prescribed for a medical emergency that a specific student may experience and have been diagnosed by an appropriate medical provider.

Common Emergency or Rescue Medications:

- Epinephrine for anaphylaxis;
- Glucagon for hypoglycemia;
- Diastat for seizures.

A medical emergency is defined as a sudden urgent unforeseen occurrence requiring immediate action in order to prevent disability or death. Epinephrine, glucagon and diazepam should only be given by the designated school personnel when the student has an existing diagnosis; a prescription from a legally authorized medical provider is provided, the school nurse is unavailable, and there is parental consent. Activate Emergency

Procedures and notify the school nurse immediately when emergency medications are given.

Anaphylaxis

Information regarding anaphylaxis and epinephrine during an emergency in the school setting can be found on pages 15-16 of this document.

Severe Hypoglycemia

Information regarding diabetes can be found on pages 25-26 of this document. Hypoglycemia is a fall or decrease in blood glucose levels. Symptoms of hypoglycemia may occur suddenly and vary considerable from person to person. Mild hypoglycemia causes sweating, tremor, tachcycardia, palpitation, nervousness, and hunger. Moderate hypoglycemia may cause: inability to concentration, headache, lightheadedness, confusion, memory lapses, numbness of the lips and tongue, slurred speech, impaired coordination, emotion changes, irrational combative behavior, double vision, and drowsiness.

Severe hypoglycemia may include disoriented behavior, seizures, difficulty arousing from sleep, or loss of consciousness.

Glucagon increases blood glucose concentration and is used in the treatment of severe hypoglycemia. To prevent severe hypoglycemia, students and family members should be informed of the symptoms of mild and moderate hypoglycemia and how to treat it appropriately.

Administration of Glucagon

Glucagon: emergency treatment of hypoglycemia. Injectable glucagon is supplied as a vial of sterile glucagon powder and a syringe of sterile diluent. The student should have received previous training and instructions on how to self administer the injection. If the student is unable to self administer the injection (unconscious, unable to swallow, inability to follow instruction), and school nurse is unavailable, it may be reconstituted by the designated school personnel and administered. An unconscious student will usually awaken within 15 to 20 minutes following a glucagon injection. The designated school personnel should activate emergency procedures and notify the school nurse immediately. Do not delay administration of glucagon during severe hypoglycemic episodes. The registered school nurse may instruct the designated school personnel on how to reconstitute and administer glucagon for severe hypoglycemia per the prescribing information ONLY in preparation for an emergency and per acceptable standards of nursing practice.

Most Common Side Effects:

Nausea, vomiting, diarrhea

Refractory Seizures

Information regarding seizures can be found on pages 28-29 of this document.

Diastat

Diastat (diazepam rectal gel) is a gel formunlation of diazepam intended for rectal administration in the management of selected refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity for patients 2 years and older. Before Diastat is administered the prescribing information administration instructions should be thoroughly read, understood and reviewed with a legally authorized medical provider as needed. Diastat should not be given until the prescribed dose is visible, known correct, and the green “ready” band is visible. *Diastat should not be administered if the designated school personnel is not comfortable with how to use it.* The delegated school personnel must be able to:

- Differentiate between cluster and ordinary seizures
- Demonstrate he/she is comfortable and satisfied that he/she is able to give Diastat
- Understand the description of the medical provider’s exact conditions on when to treat with Diastat.

- Identify how and for how what length of time to monitor the student after giving Diastat.
- Identify how soon seizures should stop or decrease in frequency after giving Diastat.
- Identify how to know what to do if the seizure does not stop or there is a change in the student's breathing, behavior or condition that is alarming.
- Activate and follow emergency procedures by notifying the registered school nurse or medical provider when unsure about treatment or for activation of Emergency Procedures notification.

Administration of Diastat

- Verify the identity of the student
- Read the order form and pharmacy label or package insert and follow instructions carefully.
- Wash your hands and apply gloves to both hands
- Place student on their side where they can't fall
- Obtain medicine (note: seal pin will be attached to the cap)
- Push up with thumb and pull to remove cap from syringe. Be sure seal pin is removed with the cap
- Lubricate rectal tip with lubricating jelly

- Turn student on side facing you, and bend upper leg forward to expose rectum (carefully remove garment enough to access rectum) and separate buttocks to expose rectum.
- Gently insert syringe tip into rectum. The rim should be snug against rectal opening.
- SLOWLY count to 3 while gently pushing plunger in until it stops.
- SLOWLY count to 3 before removing syringe from rectum.
- SLOWLY count to 3 while holding buttocks together to prevent leakage
- Once the Diastat is administered keep the student on their side facing you, note time given and continue to observe (ALWAYS activate 911 when an emergency medication is given)
- Once administered, dispose or discard of Diastat as directed on label
- Discard gloves and wash your hands
- Document the emergent administration of the medication

- Establishing an information system for properly monitoring emergencies in terms of notifying the parent/guardian, EMS, the registered school nurse, and the physician is advised. School Specific policies and procedures should be completed and reviewed at least annually in an effort to revise policies and procedures in order to reduce unnecessary risk.
- Establish emergency procedures including preparation for routine bus transportation, field trips, and unforeseen events (e.g., inclement weather, lockdown, and evacuation of school).

Unusual Occurrences

When there is any change to the routine of self administration of medications, there is an unusual occurrence. These may include but not be limited to alterations in the type, dosage, route or time administered. As soon as an unusual occurrence is recognized, the school personnel should initiate the following steps:

a. If the occurrence includes an alteration in type or dosage of medication, call the school nurse and closely supervise and observe the student in the health room, office, or other designated place. If the student is in class when the event is determined, have the student escorted back to the health room or office. Do not leave the student alone.

b. Observe the student. Note if any of the following are present:

(1) Difficulty with breathing.
(2) Change in skin color
(3) Swelling around eyes, face, and/or throat.
(4) Skin rash.
(5) Change in mental alertness.
(6) Slurred speech.
(7) Sick at stomach or vomiting.
(8) Dizziness.
(9) Abdominal pain.
(10) Any other unusual complaints or observations.

c. Identify the alteration in dose, time, route and name of the medication taken by the student.

d. Immediately have an adult notify the principal and the registered school nurse of the event.

e. Simultaneously, contact the Mississippi Poison Control Center at 601-354-7660 and provide the following information:

f. Name, dose, and time of the medication taken

g. Age and approximate height and weight (see authorization form) of student.

h. Name(s), dose(s), and time of last dose of other known medication being taken by the student.

i. Follow the instructions provided by the Poison Control Center if at all possible. If unable to complete their directions, explain the problems to the Poison Control Center to determine if the student should be transported for emergency medical care.

j. Notify student's parent/guardian, and physician. Do not delay initiating further action if unable to reach the parent/guardian, physician, or registered school nurse.

k. Submit a completed Unusual Occurrence Report within 24 hours to the registered school nurse and document the following:

- Student's name.
- Parent's/guardian's name and telephone number.
- Specific statement regarding the event
- Persons notified and time of notification.
- Poison Control Center instruction or physician's instructions.
- Actions taken.

- Condition and outcome of student (e.g., transported to hospital, sent home with parent).

12 The registered school nurse should file a copy of the Unusual Occurrence Report in the student's health record and in the school's quality assurance record.

13 When an omission of medication is first recognized, the designated school personnel assisting with medication should immediately initiate the following steps:

a. Identify the student who missed the dose of medication.
b. Notify the registered school nurse. The registered school nurse should use his/her professional judgment to determine whether the remainder of the dose should be omitted, given, or whether physician contact is appropriate.
c. Contact the parent/guardian.
d. Document all circumstances and actions taken on the student's health record and other reports.

SECTION VI

DOCUMENTATION

Assisting students with medication requires the following:

1 Parent/guardian authorization.

The parent/guardian must sign the consent form at the beginning of the school year and/or before any medication is given at school authorizing school personnel to assist students with medication in the event of the nurse's absence. If the medication order is changed (e.g., dosage change) during the school year, an additional consent form is required. The school nurse must review and approve the authorization prior to the assistance with self administration of medication.

2 Physician's Order

The signed prescriber's authorization/order is required at the beginning of each school year and/or before any medication can be given at school. If the medication order is changed during the school year (e.g. change in dosage), an additional prescriber authorization/order is necessary. A signed authorization/order from a licensed prescriber that includes:

a. Name of student.
b. Name of medication with dosage and route (e.g., oral, topical).
c. Frequency and time medication to be given.
d. Date of the order
e. The discontinuation date, if applicable.
f. Any known drug allergies or reactions.

(The prescription label filled by a legally authorized pharmacist per a physician or advanced practice registered nurse order can be considered as the written medical order)

Nonprescription medications, when provided, should be given following the same policies and procedures as followed for prescription medications.

The school nurse must confirm the order for <u>every</u> medication prior to the assistance with self administration.

3 Prescription Bottle

For prescription medications, a pharmacy-labeled container is required which includes the student's name, prescriber's name, name of medication, strength, dosage, time interval, route, and date of drug's discontinuation when applicable. If the medication will be provided for two weeks or longer, the parent/guardian should request two containers from the pharmacist, with one labeled for school use. When the medication to be provided is a nonprescription medication, an original container of the drug identifying the medication and the entire manufacturer's labeling plus the student's name (written legibly on the container) should be supplied by the parent/guardian. Unlicensed school personnel should not be placed in the position of determining when or what medication should be provided for a student (i.e., that determination requires nursing judgment which is prohibited for an unlicensed person to perform). There must be a prescriber authorization/order for nonprescription (OTC)

medications with the name of the student, name of medication with dosage and route, frequency and time to be given, date of the order, date of discontinuation if applicable, any known drug allergies or reactions, and which specific conditions/complaints that this nonprescription or over the counter medication (OTC) should be provided.

4 Medication Administration Record

The medication administration record allows for tracking of medications that are given in the school setting. It also allows the recording of comments or problems related to assisting with medication. The record should contain the student's name, name of medication with dosage, date and time to be given, and the date to stop the medication. Medication records should be signed with the full signature of the school nurse and/or the unlicensed school personnel who will be assisting students with medication. If the same person gives the medication more than once, he/she may initial the record subsequent to signing a full signature. The school district should develop a Medication Administration Record (SAMPLE in Appendix.) An individual record should be kept for all students requiring medication. All medication records should be filed at the end of the school year as part of the student's confidential health record and in accord with

local policy. It is suggested that each School District develop specific guidelines to address the storage, restricted access, confidentiality, and transfer of such records as appropriate. Before assisting with any medication, the signed prescriber order/ authorization must be reviewed carefully by the school nurse and attached to the medication record. Copies of the prescriber's signed order/authorization for medication should also be filed and documented with the student's school health record.

5 Assisting with Medication.

After the designated unlicensed school personnel successfully completes the Mississippi Board of Nursing Self Administration Curriculum course, the unlicensed personnel should be eligible to assist students with certain medications. Medications for students are to be provided by the parent/guardian. The parent/guardian or parent-designated responsible adult should deliver all controlled substances (e.g., Ritalin) to the registered school nurse or principal. Controlled substances should be counted upon delivery and the number of tablets or capsules delivered by the parent/guardian to the school documented. If it is unclear whether a medication is a controlled substance, school

personnel should contact the registered school nurse for clarification.

8 Unusual Occurrence Report

The school nurse is responsible for development of a reporting form that should be completed in the event of an unusual occurrence. A copy of this report should be kept with the child's health record and a cumulative log maintained by the school nurse that shall be available upon request for evaluation by the Mississippi Board of Nursing. This report should include:

a. Student's name
b. Parent's/guardian's name and telephone number.
c. Specific statement regarding the medication error.
d. Persons notified and time of notification.
e. Poison Control Center instruction or physician's instructions.
f. Actions taken.
g. Condition and outcome of student (e.g., transported to hospital, sent home with parent).

SECTION VII

SCHOOL-SPECIFIC ISSUES

If the school superintendent or principal designates school personnel to assist students in the self administration of medications in the school nurse's absence, the school nurse assigned to each school is required to teach those unlicensed school personnel regarding school-specific policies, guidelines, and expectations. These areas will include:

- District policies, procedures, and forms
- Record-keeping (Medication Administration Record, Medication Error Record and Log , Parental Consent and Prescribing Physician Order form)
- Storage of medications
- Communication (school nurse, principal)
- Student identification
- Over the counter medications
- Prescribed medications
- Controlled substances
- Student self-administration of medications
- Child/Health Conditions at School
- Dealing with Off campus trips (field trips, athletics, band)
- Emergency Procedures (anaphylactic reactions, adverse reactions, medication errors)

Approved July 23, 2010. Curriculum will be reviewed and updated as needed on an annual basis in June prior to beginning of academic school year.

THIS IS A SAMPLE. It is NOT Required

Medication Daily Log

(To be completed for each medication and dosage change)

School Year: _____

Name of Student:_____ Date of Birth:_____ Sex:_____

Name of School_____Grade/Teacher_____

Name and Dosage of Medication:_____Start Date_____ Stop Date _____

Route: _____ Frequency:_____ Time(s) Given during School:_____

	INITIAL*	SIGNATURE		INITIAL*	SIGNATURE	CODES
1	_____	_____	5	_____	_____	(A) Absent
2	_____	_____	6	_____	_____	(O) Out of Medication
3	_____	_____	7	_____	_____	(W) Dosage Withheld
4	_____	_____	8	_____	_____	(X) No School

(*of person assisting with medication) (holiday, early dismissal)

Weeks	Dates M/F	Time	August M	T	W	T	F		Weeks	Dates M/F	Time	September M	T	W	T	F		Weeks	Dates M/F	Time	October M	T	W	T	F	
1st									1st									1st								
2nd									2nd									2nd								
3rd									3rd									3rd								
4th									4th									4th								
5th									5th									5th								

Weeks	Dates M/F	Time	November M	T	W	T	F		Weeks	Dates M/F	Time	December M	T	W	T	F		Weeks	Dates M/F	Time	January M	T	W	T	F	
1st									1st									1st								
2nd									2nd									2nd								
3rd									3rd									3rd								
4th									4th									4th								
5th									5th									5th								

Weeks	Dates M/F	Time	February M	T	W	T	F		Weeks	Dates M/F	Time	March M	T	W	T	F		Weeks	Dates M/F	Time	April M	T	W	T	F	
1st									1st									1st								
2nd									2nd									2nd								
3rd									3rd									3rd								
4th									4th									4th								
5th									5th									5th								

Weeks	Dates M/F	Time	May M	T	W	T	F		Weeks	Dates M/F	Time	June M	T	W	T	F		Weeks	Dates M/F	Time	July M	T	W	T	F	
1st									1st									1st								
2nd									2nd									2nd								
3rd									3rd									3rd								
4th									4th									4th								
5th									5th									5th								

	Initial	Date	Comments:
Out of Medication (parent notified)	_____	_____	_____
Medication discontinued (by physician)	_____	_____	_____
Medication returned to parents	_____	_____	_____
Medication destroyed (2 witnesses)	_____	_____	_____

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name _____

School_____Grade_____Teacher_____ School Year_____

List any known drug allergies/reactions_____Height (inches) _____Weight (lbs)___

PRESCRIBER AUTHORIZATION

Name of Medication _____Reason for Taking _____

Dosage _____ Route _____Frequency/Time(s) to Be Given_____

Begin Medication_____ Stop Medication _____
Date Date

Special Instructions:

Does medication require refrigeration? Yes □ No □

Is the medication a controlled substance? Yes □ No □

Is self-medication permitted and recommended for this student? Yes □ No □

If asthma inhaler or emergency medication, do you recommend this medication be kept **"on person"** by the student? Yes □ No □

Potential Side Effects/Contraindications/Adverse Reactions

_____

_____

_____

_____

Treatment Order in the event of an adverse reaction: (Attach additional sheet or use the back of this form if necessary)

_____

_____

_____ _____ _____ _____

Signature of Prescriber **Date** **Phone** **Fax**

PARENT AUTHORIZATION

I authorize the School Principal or his designee to assign unlicensed school personnel who has completed the Mississippi Board of Nursing *Assisted Self Administration Curriculum* the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered by the school nurse. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

Date _____ **Signature of Parent or Guardian**_____

OR

DO NOT SIGN IN BOTH BOXES

Before any medication is administered to my child by non nursing personnel, I request that I _____be called to come to the school to administer the above medications to my child.

Date _____ **Signature of Parent or Guardian** _____

If any questions or problems arise, call me at: (H)_____(W)_____(Cell)_____