



**SCHOOL HEALTH PROGRAM  
DIVISION OF PUBLIC HEALTH  
LIFESPAN HEALTH SERVICES**  
[www.dhhs.ne.gov/SchoolHealth](http://www.dhhs.ne.gov/SchoolHealth)

## Introduction

The purpose of this guideline is to provide knowledge and skills necessary to safely assist students with medication while in the school setting.

## Objectives

### Review:

- medication administration procedures
- required storage and disposal of medication procedures
- Five Rights of Medication Administration

### Identify:

- Routes and techniques of Medication Administration
- Procedures for students with self-administered medications
- Procedures for medication emergencies

### Discuss

- Ways to minimize medication errors
- Procedure for medication documentation
- Appropriate forms for administration of medications

## Nebraska Department of Education Rule 59

### **DHHS Title 172 Chapter 95 Administration of Medications by Medication Aides and Medication Staff**

Each school district shall provide competency assessment for unlicensed personnel to give medication to students.

- All school unlicensed assistive personnel (UAP) will be assessed by a licensed health care professional for medication administration competency prior to administering medications
- NDE Rule 59 may be accessed at <http://www.education.ne.gov/LEGAL/webrulespdf/RULE592006.pdf>
- Medication Aide Act may be accessed at [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-095.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-095.pdf)

### **Recommendations:**

- Each school district will develop policies and procedures for administering medications to students in school and on field trips
- The parent will provide written permission for the school to administer the medication at school
- Each medication will be received in original or pharmacy labeled container and stored in its original container in a secure location under lock and key. Prescription medication label will have student's name, healthcare provider's name, pharmacy name and phone number, name of medication, directions concerning dosage and date of prescription.
- Medication authorization by parent/guardian is required for all medications, including over the counter medications that are to be administered at school. District policy will determine if a health care provider's signature is necessary.
- All medications administered will be documented on a Student Medication Log either on paper or in an electronic health record.
- All medications will be transported to and from school by a responsible adult.
- Each school district may develop their own medication authorization form.
- Every attempt will be made by the student's parent/guardian and healthcare provider to have medications administered at home during non-school hours. When this is not possible a completed medication authorization will be provided by the parent/guardian for each medication to be administered during school hours.

### **14 Areas of Competency**

1. Recognize the recipient's right to personal privacy.
2. Recognize the recipient's right to refuse medication.
3. Maintain hygiene and standards of infection control.
4. Follow facility procedures regarding storage, handling, and disposal of medications.
5. Recognize general conditions when the medication should not be given.
6. Accurately document all medications: Student name, medication name, dose, route, time administered, or refusal.
7. Follow the Five Rights:
  - a. Right Person
  - b. Right Medication
  - c. Right Time
  - d. Right Dose
  - e. Right Route
8. Provide medications according to the specialty needs of the recipient.
9. Recognize general conditions which may indicate an adverse reaction to medication.
10. Have the ability to understand and follow instructions.
11. Practice appropriate safety standards when providing medications

12. Recognize the limits and conditions by which unlicensed persons may legally provide medications.
13. Recognize the responsibility to report and the mechanisms for reporting possible child or adult abuse or neglect if reasonable cause exists.
14. Recognize the recipient's property rights and personal boundaries.

### **Medication Administration Procedures**

- The School Administrator may designate an unlicensed assistive staff member to give medication after the staff member has been assessed by a licensed health care provider as competent to give medication to students in the school setting.. Competency will be reassessed every three years and as needed before then.
- Medication authorizations are valid for the length of the school year from the date the authorization was completed by the parent/guardian unless specified to expire at an earlier date. A copy will be kept on file at the school.
- Any changes in the type, dosage, or frequency of medication being administered will require a new medication authorization completed by the parent/guardian and verified by the prescribing health care provider according to district policy.
- Medication authorization can be received by fax from a prescribing health care provider.
- Every time a medication is given, all personnel will follow the Five Rights of Medication Administration.
- Always wash hands before administering any medication. Remember to wash your hands between students as well.
- If there is any question concerning the medication, contact the school nurse, parent, or prescribing health care professional before administering the medication.

### **When giving medications DO NOT:**

- Pre-pour medications, i.e. the day before they are to be administered or in the morning for the entire day.
- Touch medications with bare hands while counting or dispensing
- Store liquid antibiotic in a cabinet if the label indicates it is to be refrigerated.
- Allow students to retrieve their medications from the storage cabinet.
- Administer medications unless the Medication Authorization Form is current.
- Do not give medications to someone to administer on a field trip unless the person has been assessed for and deemed competent to administer medications.

### **Things to remember:**

- School Administrator must select regular and back up staff to administer medications.
- Designated school personnel are required to be assessed for medication administration competency, even to give medications on a field trip.

**Prescribers and Prescribing Authority Approved by the Nebraska Board of Pharmacy 1/25/2010**

**Prescribing of Controlled Substances Requires a DEA Registration Number** (retrieved from <http://www.npharm.org/Files/Membersonly/Other/prescribingauthoritychart.pdf> )

Prescriber Drug Class	MD /	OD1	DDS / DMD	DPM	PA2	APRN- NP	APRN- CRNA <sub>3</sub>	DVM4	APRN- CNM <sub>5</sub>
C-II	<del>YES</del>	YES <sub>1</sub> for Topical ophthalmic only	YES for mouth only	YES for foot and ankle only	YES <sub>2</sub>	YES	YES <sub>3</sub>	YES <sub>4</sub>	YES <sub>5</sub> 72 hours for pain only
C-III to V	YES	YES <sub>1</sub> for eyes only	YES for mouth only	YES for foot and ankle only	YES <sub>2</sub>	YES	YES <sub>3</sub>	YES <sub>4</sub>	YES <sub>5</sub>
Legend drugs	YES	YES <sub>1</sub> for eyes only	YES for mouth only	YES for foot and ankle only	YES <sub>2</sub>	YES	YES <sub>3</sub>	YES <sub>4</sub>	YES <sub>5</sub>
Contraception	YES	NO	NO	NO	YES <sub>2</sub>	YES	NO	YES <sub>4</sub>	YES <sub>5</sub>
Nicotine Cessation	YES	NO	YES	NO	YES <sub>2</sub>	YES	NO	NO	YES <sub>5</sub>
Anti-Anxiety	YES	NO	YES for dental visit only	YES for foot and ankle only	YES <sub>2</sub>	YES	YES <sub>3</sub>	YES <sub>4</sub>	YES <sub>5</sub>
Weight Loss	YES	NO	NO	NO	YES <sub>2</sub>	YES	NO	YES <sub>4</sub>	YES <sub>5</sub>
Controlled substances to oneself	NO	NO	NO	NO	NO	NO	NO	NO	NO
Controlled substances to one's spouse, one's child, one's parent, one's sibling, or any other person living in the same household as the prescriber	YES for emergency use only	YES <sub>1</sub> for ophthalmic emergency only	YES for dental emergency only	YES for emergency of the foot and ankle only	YES <sub>2</sub> for emergency only	YES for emergency only	YES <sub>3</sub> for anesthesia only	NO	YES <sub>5</sub> for obstetric/ gynecologic emergency only

1. Optometrists are limited to prescribing for the eyes. They may not prescribe oral steroids or oral drugs for the treatment of glaucoma.
2. Physician Assistants may only prescribe when delegated to do so by a physician (MD or DO).  
All prescriptions and prescription container labels shall bear the name of the physician assistant and if required for purposes of reimbursement, the name of the supervising physician.
3. Certified registered nurse anesthetists can prescribe only for pre-anesthesia, anesthesia and post-anesthesia care.
4. Veterinarians can only prescribe to treat animals.
5. Certified Nurse Midwives can only prescribe when delegated to do so by a physician (MD only) whose practice includes obstetrics.

## **Five Rights of Medication Administration**

### **Right Student**

Always verify that you have the correct student prior to giving any medication. You should check the name on the medication bottle and compare it to the Medication Authorization Form and the Student Medication Log. Always ask the student to tell you his/her name and make sure it is the same name as on the medication bottle and forms. Even if you know the student always have him/her tell you his/her name. Do not allow the student to remove medications from the cabinet. Do not hand a medication bottle to the student to remove the medication. Remove the correct dose from the container and give it to the student to take. Observe the student taking the medication and ensure that he/she has swallowed the medication. It is often helpful to have the student drink water after taking the medication to ensure that it was swallowed.

### **Right Medication**

Once you have confirmed that you have the right student then you need to ensure that you have the right medication. Once again you need to compare the medication bottle with the Medication Authorization Form and the Student Medication Log to confirm that the medication is the same in all three places. Ensure that the medication is in its original container and is labeled correctly. For prescription medications the container should have the student's name, the prescribing physician's name, the name of the medication, the name of the pharmacy, the date filled and an expiration date. For over the counter medications, it should be in original container and clearly labeled. The name of the medication must match exactly with the medication on the Medication Authorization Form. Be very careful with over the counter medications as there are many with similar names. And be careful with Tylenol products as there are many different types such as Tylenol Sinus, Tylenol Cold and Flu and many more. If the Medication Authorization Form is for Tylenol only then any of the other combinations cannot be used. The parent will also need to put a label with the student's name on over the counter medications. You should also check the container for an expiration date. Do not administer any medications that are past the expiration date on the container.

### **Right Dose**

Make sure the dose on the Medication Authorization Form matches what is on the prescription bottle. Many medications come in different strengths so you must verify that what was prescribed on the Medication Authorization Form is what is on the prescription bottle. Medications can only be administered in the dose ordered on the Medication Authorization Form. Please note that for some medications you may need to give more than one tablet or teaspoon to give the correct dosage. For example, the Medication Authorization Form may indicate that a student is to receive 50mg of a medication and the prescription bottle may be labeled as containing 25mg tablets with the directions to give 2 tablets. Two 25 mg tablets would be the correct amount to give 50mg total of the medication.

### **Right Time**

Medications generally need to be given within 30 minutes of the prescribed time to be given. If a medication is to be given at 10 a.m. then you may give it any time between 9:30 a.m. and 10:30 a.m. Some medications may need to be given specifically before or after lunch and this

time may vary by grade level. Any time outside of this time frame would not be the right time to give the medication. Many medications need to sustain a “drug level” in the blood stream to be effective. Therefore not giving them at a certain time can affect the way the medication is intended to work. This is especially important with medications for Attention Deficit Disorders and Seizures and some antibiotics. If a student receives medication in the early morning at school and arrives late to school, check with the parent to verify if the student has taken the medication prior to coming to school. Also, for medications given later in the afternoon, remind parents that on early release days the medication will not be given at school that day.

### **Right Route**

Routes of medications include oral, topical, instilled in eyes or ears and inhaled. Oral medications are taken by mouth and include tablets, capsules, elixirs and suspensions. Topical medications are applied to the skin and include medicated ointments and creams, medicated eye, ear and /or nose drops. Inhaled medications are suspended in an aerosol and inhaled into the lungs and include inhalers and nebulizer treatments. The majority of medications given at school will be given orally.

### **Administration Techniques**

Always wash hands well before and after giving medications. Record all medications administered immediately on the Student Medication Log. Date and initial each entry with the time given. The Student Medication Log and the Medication Authorization Form are to be kept together in a Medication Administration Binder. Each student’s forms should be separated by dividers in the binder.

### **Oral Medications**

- Some students may take medications in food such as pudding or applesauce. Sometimes capsules may be opened and put in food or tablets crushed and put in food in order to assist children in taking the medication – **check with the dispensing Pharmacist to see if a capsule can be safely opened**. Anytime a parent tells you this is how a student takes his/her medication it must be written by the healthcare provider under special instructions for each medication. It may say something like OK to crush medication and give in applesauce. Some medications are OK to crush and others may not. The parent must supply the food student uses to assist with taking medication.
- Oral liquid medications are frequently ordered to be administered by the “teaspoon”. A disposable calibrated medicine cup is preferable for making this measurement. Always measure medication carefully on a flat surface and dispose of cup immediately after use.
- Oral medications should always be given with the child sitting up.
- Measure the liquid medication or remove the correct number of pills from the bottle.
- Check the student’s name against name on the bottle.

- Hand medication to the student or assist the student with putting the medication in his/her mouth.
- Observe student taking medication – student does not leave the health office until medication is taken.
- Always follow the medication with a drink of water unless otherwise directed.
- If a tablet is to be broken in half, the parent should do this if possible before bringing the medication to school.
- Tablets should be crushed only if verified by a pharmacist it is safe to do so.
- If the student vomits after the medication is given, call the parent and give him/her the time the medication was given as well as the time the child vomited. Document the time the student vomited on the back of the Student Medication Log (paper or electronic health record). Do not repeat medication doses without specific instructions from the prescriber.

### Eye Drops

- Instillation of eye drops is an aseptic (clean) technique necessary to prevent the introduction of bacteria into the eye.
- Wash your hands.
- Make sure you are putting the medication in the correct eye.
- Have the student lie down and extend his/her neck back over a rolled pillow.
- Have the student close his/her eyes.
- Do not put the medication in if the student is crying.
- Rest your hand on the student's forehead. Gently pull the lower lid down and administer the drops inside the lower lid close to the nose. Do not administer the medication directly on the eyeball.
- Apply drops or ointment without touching the container tip to the eye, skin or anything else.
- If you contaminate the tip of a tube of ointment by touching it, squeeze out a small amount of the ointment on a gauze pad or cotton tip applicator and start over.
- Have the student remain lying down for a few minutes after the instillation of the eye medication.
- Wash your hands when finished and document administration of medication on Student Medication Log.

### Ear Drops

- Double check to make sure medication is being instilled in the correct ear.
- Lay the child on the opposite side of the prescribed ear.
- Pull up and back on the ear and instill the correct number of drops.
- Let the student stay on his/her side for a few minutes.
- Wipe off any medicine that runs out of ear when student sits up.
- Do not place a cotton ball in the ear.

- Wash your hands when finished and document administration of medication on Student Medication Log (paper or electronic health record).

### **Topical Medications**

- Apply to clean skin surface
- Always use a cotton tip applicator, tongue depressor or gloved hand to apply salves and ointments. Never use your fingers.
- Make sure to cover the site with gauze or an adhesive bandage if the healthcare provider's order indicates to keep the area covered.
- Wash your hands when finished and document administration of medication on Student Medication Log.

### **Nose Drops**

- Position the student lying down with his/her neck extended back over a rolled pillow.
- Instill the drops in prescribed nostril
- Keep the student in this position for a few minutes
- Observe closely for choking or vomiting.
- Wash your hands when finished and document administration of medication on Student Medication Log.

### **Inhaled Medications**

- A metered dose inhaler (MDI) is a device used to deliver medication directly to the lungs. To ensure effective administration of the medicine, the following steps will be performed by the student:
  1. Remove the cap and hold the inhaler upright.
  2. Shake the inhaler.
  3. Tilt the head back slightly, take a deep breath and breathe out as much air as possible.
  4. Position the inhaler in one of the following ways:
    - a. Open mouth and position mouth 1 to 2 inches away or
    - b. Use a spacer (aero-chamber).
  5. Put in mouth.
  6. Press down on the inhaler to release the medication and start to breathe in slowly.
  7. Breathe in slowly for 3 to 5 seconds.
  8. Hold breath for 10 seconds to allow the medication to reach deep into the lungs. If the student cannot hold breath for 10 seconds encourage him/her to hold it for as long as possible.



9. Repeat puffs as directed on the authorization. Wait 1 minute between puffs to permit the first puff to penetrate the lungs better. Repeat steps 1-8 for second puff.

### **PRN Medications**

- PRN shall mean an administration scheme in which a medication is not routine, is taken as needed and requires assessment for need and effectiveness.
- Direction for PRN medication must be in writing and include the parameters for provision of the PRN medication.
- Direction for observing and reporting for monitoring medication must be in writing and include the parameters for the observation and reporting.
- Staff members of a school shall comply with written directions.

### **Side Effects**

- All medications have potential side effects. Report promptly any unusual symptoms or behaviors to the student's parent. Document findings on back of Student Medication Log. Remember, side effects are different from allergic reactions.

### **Allergic Reactions**

- Carefully observe the student for adverse reactions after a student has taken the medication.
- An allergic reaction to medication can happen at any time, no matter how long the student has been taking the medication. Call the parent and/or healthcare provider immediately. Notify the principal. Stay with the child until help arrives or symptoms improve.
- The most common allergic symptoms are rash, itching, swelling, and breathing problems. Diarrhea, abdominal cramps, nausea, vomiting, behavioral changes, or bluish color of the skin can also be indicative of an adverse reaction to a medication.
- Call 911 immediately for signs of a severe allergic reaction i.e. difficulty breathing, tongue or facial swelling, difficulty swallowing, be prepared to carry out Rule 59 Protocol for Life Threatening Asthma and Anaphylactic Allergic Reaction.
- Notify the student's parent and healthcare provider
- Notify the principal
- Document occurrence on the back of the Student Medication Log.

### **Medication Storage and Disposal Procedures**

- Medications must always kept in original, appropriately labeled container
- They must be stored in a locked cabinet
- Some liquid medications must be stored in a refrigerator. If you do not have a separate refrigerator just for medications, the medication will be kept in a sealed container,

separate from the rest of the items in the refrigerator. Do not put medications that require refrigeration in the door of the refrigerator.

## Medication Disposal

- When medications must be taken at school it is the parent/guardian's responsibility to supply the school with the medication and to pick up any unused medication either at the end of the school year or when the student's healthcare provider discontinues the medication.
- A note should go home to the parents of all students receiving medications in school one month prior to the end of the school year, reminding them that they need to pick up the student's medication prior to or on the last day of school. They can leave you with just enough medication to finish out the school year.
- When medications are discontinued a call should be placed to the parent/guardian requesting they come to the school to pick up the unused medication. If a parent/guardian does not come to school to pick up the medication, a letter should be sent to the parent/guardian requesting he/she come to pick up the medication within 2 weeks. A notation should be made on the back of the Student's Medication Log noting the date the letter was sent to the parent.
- If the parent/guardian does not respond to the letter by coming to the school to pick up the medication, a second phone call should be placed to the parent/guardian. A notation should be placed on the back of the Student Medication Log noting the date the parent/guardian was contacted a second time.
- If the parent/guardian does not respond to the second letter, the medication will be disposed and the disposal will be witnessed by two school staff members. Medication should not be flushed down a toilet. Mix medication with coffee grounds or kitty litter in a water proof container; add water to help break down the medication and dispose of in the garbage. A notation should be made on the back of the Student Medication Log with the date, time, and method the medication was disposed. Both staff members will sign the entry noting the disposal of the medication.

## Documentation

- The medication authorization will be checked carefully for name of medication, dosage to be given, time to be administered, route to be administered, healthcare provider and parent signatures and expiration date. This is to be done before you begin administering the medication.
- The School must maintain a student medication log (paper or electronic health record). Document for each student receiving medications. The log must state the name of the medication and the amount and time to be administered. A new log should be started at the beginning of each school year. Each day of the month, with the exception of Saturdays and Sundays are to be filled in at the beginning of each month. If a student is absent or for any other reason does not receive the medication that needs to be documented on the student medication log (paper or electronic health record) with the appropriate code from the legend on the log.

- The person administering the medication will identify themselves on the student medication log (paper or electronic health record).
- The authorization for medication and the student medication log (paper or electronic health record) are to be maintained by the school. The student medication log (paper or electronic health record) is to be near the location where medication is administered.
- If a medication dose is omitted for any reason, document the reason on the student medication log (paper or electronic health record) and notify the parent/guardian as soon as possible. A narrative note can be written in the student medication log. Complete a medication error report according to District policy.
- Parental requests to hold medications will be submitted in writing with specific dates and times. A copy of the parental request will be kept with the authorization for medication. Document in the student medication log (paper or electronic health record) that the medication was placed on hold per parental request.
- Since the student medication log (paper or electronic health record) is a legal document, correction fluid, correction tape or similar products are not used. Errors in documentation should be crossed out with a single line and initialed. Then the correct information is entered.
- When a medication is discontinued, indicate so according to District policy in the student medication log (paper or electronic health record). The identity of the person discontinuing the medication will be noted.

### **Storage & Retention of Medication Records**

Medication records are to be stored in a confidential manner. Check with your School District Policy to see if there is a specific site where hard copy records are kept and also how electronic records are maintained. Retention of medical records is governed by Schedule 10 available at [http://www.sos.ne.gov/recordsmanagement/pdf/10\\_website.pdf](http://www.sos.ne.gov/recordsmanagement/pdf/10_website.pdf)

### **Confidentiality**

Remember, student medication files are confidential. Access is limited to authorized school staff that is administering medications. Do not discuss what medications students are taking with other school staff or parents.

### **Medication Errors**

- **Preventive Measures**
  - Take your time. Don't allow yourself to be rushed.
  - Concentrate on what you are doing. Avoid distractions and interruptions.
  - Work with one student at a time.
  - Log medication immediately after administering it.
  - Always use the five rights.
  - Medication errors include
    - Wrong medication
    - Wrong student

- Wrong or missed dose
- Wrong route
- Wrong time
  
- If medication error occurs:
  - Notify the student's parent/guardian
  - Notify the principal or principal designee
  - Notify School Nurse
  - Complete the Medication Error report per District policy
  
- If the error is giving the wrong medication or dose or giving medication to the wrong student:
  - Notify the student's parent/guardian.
  - Contact the Poison Control Center at 1-800-222-1222 for possible adverse effects and follow instructions given. Inform parent/guardian of instructions also.
  - Keep the student under observation for possible adverse side effects until the situation has been resolved.
  - Call 9-1-1 for severe adverse reactions i.e. difficulty breathing, tongue or facial swelling or difficulty swallowing
  - Contact the student's healthcare provider if necessary.
  
- If the error involves a late or missed dose:
  - Call the parent for recommendations on how to proceed.
  - Contact the student's healthcare provider if necessary.
  - Document actions taken.

### **Handling Unexpected Situations**

- Student does not come to clinic at scheduled time
  - Send for the student
  - Document that student did not come at scheduled time
  - Notify parent if situation continues.
  
- Student refuses the medication
  - Encourage student to take the medication
  - Do not force the student to take the medication
  - Document that student refused the medication
  - Notify parent.
  
- Student vomits or spits out the medication

- Document occurrence
- Notify parent
- Check for signs of illness.

### **Self-Management of Health Condition**

- Students with asthma, diabetes or severe allergic reactions may self-manage their health conditions at school with proper authorization. They are also permitted to carry their medications at all times with the following provisions:
  - Requires completed Self-management of Diabetes at School or Self-management of Asthma and Severe Allergy (Anaphylaxis) at School consent/release form (available on School Health Website [www.dhhs.ne.gov/schoolhealth](http://www.dhhs.ne.gov/schoolhealth) under Forms - FH 25 for Diabetes and FH 31 for Asthma or Severe Allergy)
  - Form will be signed by the healthcare provider, the parent/guardian and student.
  - Documentation on the student medication log (paper or electronic health record) are required when a student is administering medications to self-manage a health condition

### **Diabetes Management at School**

- It is the parent's responsibility to transport, provide and maintain all medications and supplies, equipment and snacks needed by the student.
- Supplies needed are blood glucose monitor with test strips, lancets, and extra batteries, insulin and syringes and glucose tablets or gel.
- They will also need to provide student snacks as needed.
- Students with insulin pumps will also need extra tubing and batteries for the pump.
- Parents are responsible for having the student's healthcare provider complete the Diabetes Medication Authorization Form. (Self-management form is available on the School Health website at [www.dhhs.ne.gov/schoolhealth](http://www.dhhs.ne.gov/schoolhealth) under Forms – specify Form # FH25)
- If the student is using an insulin pump, the parent must also have the healthcare provider complete instructions for use of the Insulin Pump.
- The healthcare provider should
  - State the specific time frame in which the student should check his/her blood glucose level
  - Identify symptoms of high or low blood glucose levels specifically demonstrated by each diabetic student and preferred treatment for both high and low blood glucose levels.
  - Specify any limitations in physical activity they may have
  - Note food that the student may need to eat when blood glucose level is low.
  - State if the student is able to test his/her blood glucose levels and administer his/her own insulin

- **Students who self-administer** their insulin may keep insulin and syringes and blood glucose monitoring equipment and lancets with them at all times.
  - If students wish to do so, they may do all diabetes related tasks (blood glucose monitoring and insulin administration) in the classroom.
- **The insulin pump**, which is approximately the size of a beeper, is like a small computer and needs to be programmed to administer insulin. It does this in two methods, basal and bolus. The basal rate is the amount of insulin delivered continuously. The bolus rate is the amount that is given to cover the amount of food the student is going to eat.
  - Every time the student eats a snack or meal, he/she will need to check his/her blood glucose and then program the pump to deliver the correct bolus amount of insulin.
  - The pump must be worn at all time.
  - Students usually inject the needle under the skin on their abdomen or upper hips and wear the pump on their belt.
  - If the needle becomes dislodged, apply a Band-Aid to the site and notify the parent immediately.
  - If the tubing is disconnected from the pump but the catheter is intact, the student may reconnect the tubing.
  - You should notify the parent so the tubing can be changed at home.
  - Exercise or increased activity may warrant increased food intake without extra insulin.
  - Students using insulin pumps are still susceptible to high and/or low blood glucose levels.
- It is the parent's responsibility to provide the school with the number of carbohydrates in the food that the student will possibly eat for the day.
  - School personnel or the student will calculate what was actually eaten and the amount of insulin for the student's bolus.
- The Physical Education staff is to be informed if the Healthcare provider has stated the student has any physical limitations.
- Staff should be aware of students with diabetes and what to do should an emergency arise.
- Students with diabetes should have juice or another type of fast acting glucose with them when participating in recess and/or physical education.
- A plan of action should be discussed about educating staff with the specific information needed to assist the diabetic student. The assigned school nurse should plan to provide a scheduled in-service to the personnel including teachers, bus drivers and school food personnel.

## Asthma

- The parent must be given an Authorization for Medication Form for medication that must be given during school hours. (Self-Management of Asthma form is available on the School Health website at [www.dhhs.ne.gov/schoolhealth](http://www.dhhs.ne.gov/schoolhealth) under Forms – specify Form # FH31)The student should be allowed to keep the inhaler in his/her possession if the

student's prescribing medical provider, parent/guardian & student provide written authorization for this. Otherwise it should be kept in a locked cabinet in the school health office.

- Should a physician prescribe the use of a nebulizer for breathing treatments, he/she needs to complete the Authorization for Medication Form. Parents are responsible for providing all supplies, medication and equipment needed.
- Each student with asthma has a different capacity to exercise. Running can trigger an episode in over 80% of students with asthma. Swimming seems to be the least asthma producing sport. Warm up exercises often help ward off episodes caused by activity. Students should learn to pace themselves. Bronchodilator medications used before exercise can prevent most episodes. Most students can participate fully in physical activities.
- The student's healthcare provider should state when the student should administer a medication prior to physical activity. The healthcare provider should also state any of the student's limitations, such as avoiding prolonged running, or avoiding sports in cold or extremely hot weather.
- Staff should be alert as to what symptoms to look for in order to prevent upper respiratory distress. Early detection of symptoms and an appropriate response can prevent the need of a 9-1-1 experience.

### **Allergic Reactions**

- Extreme hypersensitivity to insect and bee stings and certain foods are a potentially life-threatening situation. Severe allergic reaction (anaphylaxis) can be fatal within minutes if not quickly and properly treated. Many healthcare providers require these students carry an Epi-pen or Epi-pen Jr. and/or an oral medication.
- It is the responsibility of the student's parents to provide the school with this medication for children with known server allergies.
- A student with extreme hypersensitivity to an allergen must have a completed authorization signed by the prescribing medical provider, the parent/guardian and the student on file stating that the student may carry the Epi-Pen and self-administer it. The Epi-pen should always be in a place immediately accessible by the student or responsible adults as well as any other instructions that must be done as part of the emergency care for this student. It is preferable for a student to perform self-injection because this can be a life-long problem.
- Notify the school nurse to set up an immediate training program for staff members who have contact with the student, especially the classroom teacher, physical education teacher, principal designee for administering medications, the bus driver and any special teachers who work with the student.
  - Training should include symptoms of anaphylaxis, immediate emergency measures, how to administer emergency injection, calling 9-1-1 and parent, side effects of epinephrine, and the importance of monitoring the student until help arrives. Remember, even though a student has been trained to self-administer emergency epinephrine, in an emergency, they may not be able to do so. An adult must be trained to assist students with this procedure.

- Maintain a list of students with severe allergic reactions. Copies of this list should be given to all teachers, administrative staff and the school nurse. Staff should be aware of 9-1-1 procedures.
- Emergency posters should be completed and posted in obvious locations with current information.
- Periodically, the principal should have the playground, fields and buildings inspected for beehives, wasp nests and red ant colonies. These should be properly treated and removed as soon as possible. No time is a safe time for students with allergies to insect stings. Caution should be taken with any classroom activities that will use any bees, wasps or insects.
- Children with severe food allergies should not be given any food unless you are certain of all ingredients.
  - This includes food sent to school by parents for classroom parties.

### **Self-Carrying of Medication**

There may be occasions when a parent/guardian requests that a student may self-carry a PRN medication such as an inhaler, EpiPen or Diastat, but not self-administer the medication or manage their condition. The parent simply wants the medication to be with the child at all times. This situation is best handled by your local School District Medication Policy. The parent/guardian will need to sign a consent form for school personnel to administer the medication when needed with specific written directions on when to give this PRN medication. The School District Medication Policy may also want to include language similar to the Self-Administration forms which require the parent/guardian to assume liability if the child injures a staff member or another student while they are carrying a medication. Special circumstances can be addressed in the student's IHP/IEP or 504 Accommodation plan if needed.

### **Field Trip Medication Administration**

When students go on school field trips, many of the constants of giving medication in the school may change. If the medication administration is routinely delegated in school setting, consider whether or not it can still be delegated while the child is on the field trip. Things to consider for medication administration for a student on a field trip:

- The student is in a different location.
- Locked storage, refrigeration or other storage requirements may not be available.
- Is the field trip destination in Nebraska or is this an out of state field trip?
  - Nursing Compact states will allow Nebraska nurses to practice in their states according to their state Nurse Practice Act.
    - Nursing Compact information can be found at <https://www.ncsbn.org/nurse-licensure-compact.htm>
  - Delegation of medication administration may not be allowed in other states.
  - States who do not belong to the Nursing Compact do not allow nurses from Nebraska to practice in their states



- Best practice is to call ahead as soon as you know when and where the field trip will take place to make arrangements for medication administration for the student.
- Parents/guardians/caretakers can give medication to their child in any state.
- Do not give medications to someone to administer on a field trip unless the person has been assessed for and deemed competent to administer medications.
- Overnight field trips should have a separate parent/guardian authorization. Parent/guardian may not have disclosed medication use outside of school hours or other health needs that will need to be addressed for an overnight field trip.

### **Diastat**

- When students with seizures have orders for Diastat remember the following:
  - Diastat is NOT a routine medication given daily for seizures
  - Diastat is given only when students have prolonged seizures
  - Diastat is given rectally to students during a seizure
  - Child specific training is required for all students with orders for Diastat
  - Not all students who have seizures will have an order for Diastat
  - Not all orders for Diastat can be delegated to unlicensed personnel to administer. This will be dependent at least in part on the complexity of the student's overall needs and will be determined by the licensed RN.

### **Definitions of Terms:**

- Drug: any substance taken by mouth, injected into a muscle, the skin, a blood vessel, or applied topically to treat or prevent a disease or condition
- Prescription Medications: those medications whose use in the treatment of a physical condition and/or illness is required to be authorized in writing for a given period of time and in specific dosages by a licensed healthcare provider
- Non-prescription Medications/Over the Counter Medications: those medications that may be purchased by the general public for treatment of physical conditions and/or illnesses without the authorization of a licensed healthcare provider.
  - Over the counter medications shall include, but are not limited to, all forms of pills, tablets, capsules, lozenges, liquids, creams, etc., that may be taken internally or applied to the body.

## Standard Abbreviations

- ac: Before meals
- a.d. or A.D. Right ear
- a.s. or A.S. Left ear
- a.u. or AU each ear or both ears bid:  
Twice a day
- ad lib As desired / needed
- ASAP As soon as possible
- b.i.d. or BID Twice daily (not the same as q 12 °)
  
- BP: Blood pressure
  
- cap: Capsule
- č: With
  
- DNR or DNAR: Do not attempt to resuscitate. This is a specific order to not revive a patient artificially if he/she experiences cardiac or respiratory arrest. If a patient has a DNR order, he/she is not to receive CPR, and no “code blue” is called.
  
- ec: Enteric coated
- elix: Elixir
  
- fl: Fluid
  
- gtt: Drop
- GT: G-tube
  
- I.D. Intradermal route
- I.M. or IM Intramuscular route
- I.T. Intrathecal route
- I.V. or IV Intravenous route
- IVP Intravenous push
- IVPB Intravenous piggyback
  
- L: Liter
  
- MAR: Medication administration record
- ml: Milliliters
  
- NGT Nasogastric tube
- NPO: Nothing by mouth. For example, if a patient was about to undergo a surgical procedure requiring general anesthesia, they may be required to avoid food or beverage for several hours prior to the procedure.
  
- od or O.D. Right eye
- os or O.S. Left eye
- ou or O.U. Each eye or both eyes
- O2: Oxygen
- 21
- oz: Ounce
  
- pc: After meals
- PO: By mouth
- Post: After
- P.R. or PR By rectum
- Pre: Before
- PRN: As needed
  
- q: Every
- q am: Every morning
- q.d.: Every day
- q hr Every hour
- q2h: Every 2 hours
- q3h: Every 3 hours
- q4h: Every 4 hours
- qid: Four times daily
- q.o.d. or QOD Every other day
  
- š: Without
- SL: Sublingual
- SQ, sub q, subcut Subcutaneous route
- S & S Swish and swallow
- stat or STAT Immediately! [not when you can get around to it]
- Supp: Suppository
  
- T: Temperature. It is one of the “vital signs”.

- tab: Tablet
- tid: Three times a day
- TPR: Temperature / pulse / respiration
- tsp: Teaspoon
- Tbsp: Tablespoon
- V or P.V. Vaginal route
- Wt: Weight

**Forms available on request:**

- Medication Administration Form
- Parent Authorization Form
- Sample Medication Administration Log
- Sample Test and Answer Key
- Self-Management Form