

# **Guidelines**

## **Training of Non-Licensed Personnel in Medication Administration**

### **Instructor's Manual**



**Maine Department of Education  
and  
School Health Advisory Committee**

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## **INTRODUCTION**

The purpose of this manual is to assist school nurses to provide training to unlicensed school staff in the administration of medication to students. There are specific rules and regulations that must be followed when administering medications in the school setting. This training is designed to provide a basic foundation for the safe medication administration and must be individualized for each school district to conform to their policies and procedures.

### **Your responsibility as school nurse trainer:**

It is the responsibility of the certified school nurse to assure the safety and health of students. That responsibility includes developing a program for the administration of medications to students that includes policies and procedures that establish best practices in the administration of medication, whether the medication is administered by the school nurse or by trained unlicensed personnel. The certified school nurse or a physician should conduct the training of unlicensed school personnel in the administration of medication. When training unlicensed school personnel to give medications, it is the school nurse's responsibility to assure that the participant is competent and comfortable in the administration of medication and can successfully demonstrate to the school nurse the appropriate methods of administering medication and knowledge of the medication given. The school nurse should observation the unlicensed personnel demonstrate their ability to administer medications both during the training session and during an actual administration of medications in the school setting. It is recommended that the latter observation occur on several occasions. It is also expected that the school nurse will review with the unlicensed personnel, the correct administration of any medications that were not presented in this training but are to be administered by the unlicensed personnel. Periodic updates and review are essential to assure the continued competency of the unlicensed personnel.

### **Preparation for the training:**

Materials needed for the training are:

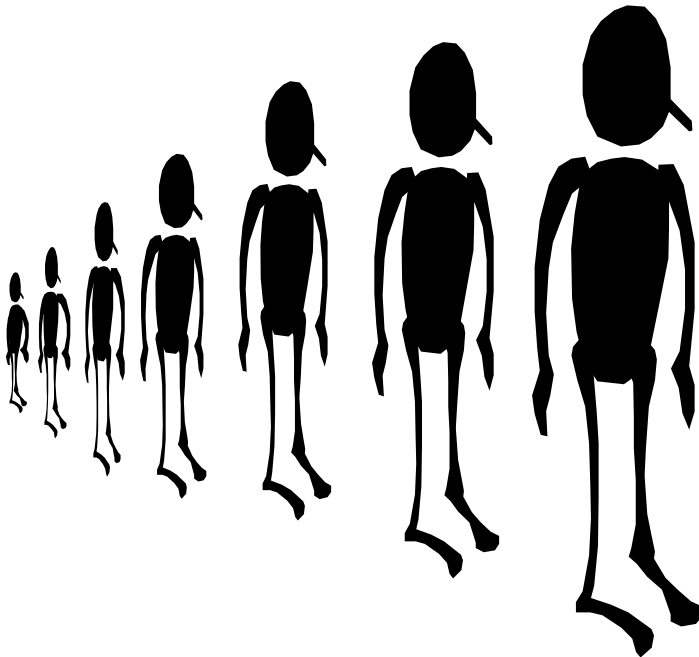
1. School district policy for medication administration.
2. School emergency manual/procedures.
3. Developed scenarios for interactive participation (see sections II and VI)
4. Anatomy charts for GI, ENT, and eye (optional).
5. Practice medicine flow sheets/student records from your school for charting.
6. List of commonly used medications in your school (see section VII).
7. Medicine bottles with edible ingredients (ex. M&M's). Medicine bottle with dropper to simulate medicine for ear and eye. Inhaler for demonstration. (Your local pharmacist may help you with this.)
8. Pharmacy labels – may be simulated on sheet of paper.

9. Flip chart and markers (optional).
10. Clean wipe for cleaning medicine bottles if needed.
11. Pharmacological reference material available at your school.

▽ Symbol indicates area for interaction and participation of participants.

### Adult Learning Styles:

Consideration of individual learning styles of participants is important when offering training to adult learners. Providing both oral and visual information does increase the likelihood that the information will be understood and retained. Providing handouts using common terminology is encouraged. Opportunity for hands-on practice, modeling, role playing and participant interaction will enhance and help clarify materials presented. Make sure there is ample opportunity for questions and answers.



## **Introduction Information**

Start by providing an overview of the training, both in content and length. The recommended length of this training is from 4 to 16 hours, depending on the competence and experience of the participants. School policies and procedures vary from school to school; therefore, the training provided must be adjusted to comply with specific school policies.

To begin, ask the participants to express their personal goals for learning and their fears and concerns about administering medication. These may be placed on a flip chart. Keep these comments in mind as you conduct the training and be sure they are addressed.

## **Training Content**

**Training Guidelines are segmented based on the recommended training content areas identified in the Rules for Administration of Medication.**

### **I. POLICIES FOR ADMINISTRATION OF MEDICATION, INCLUDING LEGAL AND ETHICAL RESPONSIBILITY.**

#### **Maine Law: PL Chapter 669, “An Act to Require the Training of School Personnel Who Administer Medications,” Title 20-A: Chapter 3: § 254: 5.**

- This law requires public or approved private schools to have a written local policy and procedure for administering medication.
- The school policy must include the requirement that all unlicensed personnel who administer medication receive training before receiving authorization to do so.
- Provisions in the statute will be a requirement for school approval.
- This provides authority for trained unlicensed personnel to administer medication.

#### **Rules for the Administration of Medication in a School Setting**

- The Department of Education Rules specifies components of the training that unlicensed school personnel must have before administering medications.
- They stipulate the training must be approved by the Department of Education.
- They reiterate the requirement for school policy on the administration of medication.

#### **Title 20-A: Education § 4009:4**

- This statute states that any unlicensed agent or employee of a school or district who renders first aid, emergency treatment or rescue assistance to a

student during a school program may not be held liable for injuries or death resulting from an act or omission in rendering that help.

- This excludes willful, wanton, or reckless acts.

### **Maine State Board of Nursing Rule**

- The Board of Nursing Rules, Chapter 6, allows for nursing coordination and oversight of patient care provided by unlicensed personnel.
- This rule allows for oversight of specific tasks of patient care that do not require specialized nursing knowledge, skill or judgment.
- Although the school nurse is not directly responsible for the actions of the unlicensed personnel, (that is the responsibility of school administration) the nurse is responsible for the school health program. Safety of the student is preeminent and can be enhanced by implementing clear policies and procedures for the administration of medication and appropriately training and oversight of the unlicensed personnel administering medication.
- The nurse's responsibility in oversight includes:
  1. identifying the needs of the patient;
  2. identifying the tasks to be performed;
  3. providing directions regarding those tasks;
  4. determining the ability of the unlicensed personnel;
  5. monitoring the unlicensed personnel's reporting and documentation of the task;
  6. assuring the unlicensed personnel reports directly to the nurse for the performance of the task and
  7. evaluating the performance of the task and initiating corrective action when necessary.

### **Confidentiality**

- Schools must comply with the Family Educational Rights and Privacy Act (FERPA). FERPA specifies when student health information may be shared and when it may not.
- FERPA allows parental access to their child's educational record.
- FERPA protects the confidentiality of student health information. Student health information must be kept private except for situations "where disclosure serves a compelling purpose", is required by law or when parental permission is obtained.

▽ Review and discuss your school district's policy on administration of medication, including any implications, process, procedures, and where the policy can be found.

## II. HOW TO USE RESOURCES.

- Review your school's emergency manual/procedures, including where the manual is located in the school and how it should be used.
- Participants should know how to call 911 (or if not available, contact emergency services) from the school telephone system and how to contact poison control. Both numbers should be on all school telephones.
- Review when the school nurse should be consulted:
  - First dose of a new medication should not be given at school.
  - When the student refuses to take the medication.
  - Change in prescription or new prescription.
  - Unusual signs or symptoms observed or expressed by the student.
  - Unusual concerns expressed by the parent/guardian.
  - Concern the unlicensed personnel may have.
- Review what to do when a medication error is made. An error includes: *wrong medication, wrong time, wrong student, wrong dose, or wrong route of administration.*
  - Contact the School Nurse immediately.
  - Contact the parents if the School Nurse is not available.
  - Document the error.
- Review the school's pharmacological reference materials and other community resources.

∇ Develop typical scenarios from your school so participants may practice:

1. What resources to turn to in an emergency.
2. When the school nurse should be contacted.
3. What to do when a medication error has occurred.
4. How to find pharmacological information.
5. Discuss other commonly used community resources.

Allow groups of 2 – 3 participants to discuss these scenarios and then discuss as a group.

### **III. BASIC ANATOMY AND PHYSIOLOGY RELATED DIRECTLY TO THE ADMINISTRATION OF MEDICATION**

- Review the anatomical systems for medication absorption including gastrointestinal system/digestive tract for oral medications, respiratory system, and eye, ears, nose, and throat.
- Discuss how different medications are absorbed differently. Some drugs are more effective and absorbed better without food, others should be given with food to avoid stomach upset.

▽ Review anatomy charts (optional).

### **IV. SCHEDULING AND TIMING OF ADMINISTRATION OF MEDICATIONS**

- Stress the importance of reading and following the label instructions.
- Medication should be given within 30 minutes either side of the prescribed time. If outside of this time-period, contact the school nurse. If the school nurse is not available, contact the parents.

▽ Brainstorm ways to assure that medications are given on time.

## **V. METHOD OF ADMINISTRATION, INCLUDING MEASUREMENT OF DOSES AND SELF-ADMINISTRATION**

- Medications that can be administered by unlicensed personnel include oral medication, nose, eye and eardrops, topical medications, and inhalants.
- It is recommended that with the exception of an emergency situation, a licensed professional nurse administer injectable medication.
- As described earlier in Section I, the certified school nurse can not provide oversight to a unlicensed personnel when the task requires independent, specialized nursing knowledge, skill, or judgment.

### **1. Review the common method of administration:**

#### **Oral:**

Syrup, elixir, solutions, suspensions, and tablets.

Sublingual – put under the tongue to be dissolved completely.

Buccal – medication is placed between cheek and gums.

### **2. Self-administration:**

- The school policy on medication administration should include student self-administration of medication. A school nurse, in partnership with the parent, student and primary care physician, is responsible for the decision of whether a student is competent to self-administer a medication.
- The student's school health record should indicate when a student is able to self-administer a medication and to what extent. The record, in accordance with school policy, should indicate if the student might keep the medication with them to take as they need or if the medication should be stored at the nurse's office to assure oversight by the school nurse or trained personnel. In the latter case, the medication would be retrieved and the student observed taking the medication.

### **3. Documentation:**

Review the policy and procedure in your school system for documenting administration of medication.

- Demonstrate how the documentation is to occur and what is to be included.
- Documentation should include the student name, medication, date, time given, route and signature.
- Stress the importance of immediately documenting the administration of the medication.
- Documentation must be in ink, be legible, and follow parameters of legal documentation.
- Indicate how to document signs, symptoms, or problems that may unexpectedly occur.

- Document any other relevant situation (e.g. symptoms, refusal to take medication.)
- Describe how to documentation an error.
- The personnel who gave the medication should be responsible for the charting of that medication.
- Controlled substance should be charted on a perpetual inventory sheet, counting the medication when it arrives at school and counting and documenting the count with each dose administered.

#### **Other considerations**

- Do not give medications from another student's container.
- A student may refuse to take a medication; they should not be forced to do so. The school nurse and/or parent should be notified.
- Do not take a verbal order from a physician or parents. The permission and order must be in writing.

▽ Distribute practice flow sheets and form for controlled substances. Provide a scenario for them to document. Assure that participants clearly understanding how to document.



## VI. RECOGNITION OF MEDICATION

- Review the most common medications administered at your school – the purpose, common side effects, and length of time the student should be observed after taking the medication. You may wish to review the health problems for which these medications are taken.
- **When a new medication, that has not been included in training, is to be administered by an unlicensed personnel, the school nurse must provide specific training about that medication.**
- Before administering a medication, the unlicensed personnel should know the name of the medication, its purpose, and common side effects.

Several common medications administered in the school setting are:  
(Not all side effects are included.)

### **Antibiotic:**

#### Amoxicillin

Purpose: Bacterial infection

Side effects: rash, diarrhea, allergic reaction.

### **Asthma:**

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

Purpose: Bronchodilator

Side effects: tremor, nausea, tachycardia, palpitations, nervousness, increased blood pressure, dizziness, headache, irritated throat, and epistaxis.

#### Maxair (Pirbuterol acetate)

Purpose: Bronchodilator

Side effects: arrhythmia, hypotension, hyperactivity, diarrhea, dry mouth, anorexia, bad taste, abdominal pain, rash, and edema.

#### Cromolyn sodium (Intal), Nedocromil (Tilade)

Purpose: Nonsteroidal Anti-Inflammatory

Side effects: dry mouth, tremors, vomiting, diarrhea, nervousness, insomnia, headache, and increased heart rate.

#### Corticosteroids (Prednisone, Prednisolone, etc.)

Purpose: Anti-inflammatory

Side effects: dry mouth, tremors, vomiting, diarrhea, nervousness, insomnia, headache, and increased heart rate.

**Allergy:**

Antihistamines (Hismanil, Dimetane, Chlor-Trimton, Perlactin, Dimetapp, Dramamine, Benadryl, Claritin, Phenergan, Pyribenzamine, etc.)

Side effects: drowsiness, confusion, and nervousness.

**Mental Health:** (Many of these drugs are Schedule II)

Adderall (Amphetamine Sulfate)

Purpose: Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy

Side effects: loss of appetite, weight loss, insomnia, headache, dry mouth, and nausea.

Clonidine

Purpose: ADHD, other mental health disorders and hypertensive

Side effects: constipation, dry mouth, fatigue, drowsiness.

Dexedrine (Dextroamphetamine Sulfate)

Purpose: ADHD, narcolepsy, obesity (short-term)

Side effects: agitation/irritability, insomnia, dry mouth, headache, nausea, weight loss.

Dextrostat

Purpose: ADHD and narcolepsy

Side effects: loss of appetite, insomnia, headache, dry mouth, nausea.

Ritalin (methylphenidate):

Purpose: ADHD and narcolepsy

Side effects: joint pain, nervousness, insomnia, reduced appetite, nausea, abdominal discomfort, headache, dizziness, rapid heart palpitations.

**Over the counter:**

Ibuprofen (Advil, Nuprin, etc.)

Purpose: non-steroidal anti-inflammatory to treat mild pain

Side effects: stomach upset/irritation, nausea/vomiting, constipation, and diarrhea.

Acetaminophen (Tylenol)

Purpose: mild pain relief and reduce fever.

Side effects: Liver damage.

Remind participants that over the counter drugs are not completely safe.

**Emergency Medications:**

Epinephrine (Epi Pen)

Purpose: Used in an emergency to treat or prevent anaphylaxis. May be self-administered.

### **Other medications based on your school's experience.**

- Include any additional medication that is commonly administered in your school and include any other medication that the participants will be expected to give that is being administered in the school.

### **Drug Interaction**

Explain that the greater number of medications given to a student, the greater the chances of medication interaction.

Some medications will interact with food. It is important to read and understand the pharmacy label.

### **Controlled Substances**

There are five (5) categories or schedules of drugs based on their potential to cause psychologic and/or physical dependency as well as their potential for abuse. They range from Schedule I for substances with a high abuse potential and no current approval for medical use (e.g. heroin, marijuana, LSD, etc.) to Schedule V for substances containing limited amounts of certain narcotic drugs (antitussives and antidiarrheals). Dexedrine, amphetamine, and methylphenidate are Schedule II substances.

### **Review Signs and Symptoms of an Allergic Reaction (not inclusive)**

- Itching and swelling of the lips, tongue or mouth
- Itching/sense of tightness in the throat, hoarseness, and hacking or repetitive cough
- Hives, itchy rash, swelling about the face of extremities
- Nausea, abdominal cramps, vomiting, diarrhea
- Shortness of breath, wheezing
- Loss of consciousness, fainting

## VII. PREPARATION AND ADMINISTRATION

When giving a medication, the following should occur regardless of the type of medication given.

1. Assure privacy and confidentiality of student.
2. Give this task your full attention.
3. Assure the work area is clear and well lit.
4. Prepare medications for one student at a time.
5. Ask the student their name and what medication he/she is to be getting.
6. Check the student's medication record and check the student's picture on the health record.
7. Review the health/medication record for medication to be given.
8. Wash hands.
9. Explain the procedure to the student.
10. Retrieve medication from secured storage area, checking label for name, medication, time, route, and dose.
11. Check the expiration date. Alert the school nurse if it is expired and do not give.
12. Double-check the label and compare with the student medication record. Read label for instructions.
13. Remove the medication lid and place it top down so as not to contaminate the inside of the lid.
14. Do not give the medication if it is contaminated.
15. Do not leave the medication unattended.
16. When finished giving the medication, store appropriately in a locked storage area.
17. Wash hands.
18. Record immediately per school procedure, the student's name, time, medication, dose, route, person administering the medication, and any unusual observations.

### **Oral Medications:**

1. Follow the directions on the medication label before removing the lid (ex. shake well).
2. For tablet or capsule, hold lid or medicine cup in your hand, putting the correct dose in the lid/cup. (Do not pour out tablets or capsules into your hand.)
3. Provide a glass of water unless directed not to.
4. For liquid medicine, pour into a medicine cup from the side of the bottle opposite the label. Wipe the bottle with clean wipe when finished.
5. Give to the student and observe them taking medication.
6. Observe the student for any unusual signs.

**Medication to the eye**

1. Put on gloves.
2. Gently wash exudates from the eyelid.
3. Follow the directions on the label.
4. Loosen the lid and squeeze to fill dropper.
5. Do not touch the dropper tip to the eye or to other surfaces.
6. Position the student lying down or sitting with head tilted back.
7. Gently pull lower eyelid down to form a pocket/sac – may hold cotton ball in this hand.
8. Apply the medication into the pocket/sac holding dropper about ½ inch above the sac. Do not touch the eye with the dropper. You may brace your hand on the student’s nose or cheek. If using ointment, place the ointment into the pocket from inner to outer eye.
9. Replace the dropper.
10. If using a dropper, wipe the eye with a cotton ball from the inner eye to the outer eye. For ointments, press the tear duct gently with a cotton ball for half a minute to decrease tearing and increase absorption of the medication.
11. Have the student keep eye closed for 2 minutes.
12. Tell the student their vision may be cloudy for a short time.

**Medications to the ear**

1. Warm the medication in your hands a few minutes.
2. Follow the directions on the label (ex. shake).
3. Ask the student to tip head sideways or to lie down with affected ear up.
4. Pull earlobe up and out for adult sized youth and down and back for children.
5. Hold dropper ½ inch from ear, not touching the ear with the dropper. Squeeze in prescribed dose.
6. Ask the student to stay in the same position for a minute or two to assure the medication is dispersed in the canal. May put cotton ball in the ear.

**Topical medication**

1. Administer a thin coat of the medication with gloved hand or with a tongue depressor.

**Nose drops/spray**

1. For drops, have student tip their head back or have them lie down with pillow under their shoulders with head back.
2. Place the dropper slightly in the nostril and administer the correct number of drops. Do not touch the dropper to the nostril.
3. For nasal spray, insert nozzle about a half inch into the nose and spray as directed.
4. Have student remain in this position for a few minutes to assure that the medication reaches the upper nasal passages.

## **Inhaler**

Inhalant medication varies depending on the type of inhaler. The specific instructions must be read carefully. Below are general instructions.

1. Be sure the canister is firmly inserted into the container.
2. Have the student stand.
3. Shake inhaler well and remove the cap.
4. Use of a spacer or holding chamber is preferable, especially for younger students.
5. Have the student exhale completely.
6. With a spacer, the student should close their lips around the mouthpiece. Without a spacer, have them open their mouth wide, hold the inhaler 3 fingers away from their mouth. Do not put into their mouth.
7. With mouth open, have the student take a slow, deep breath through their mouth, and at the same time firmly press down on the canister to administer the dose.
8. Have student hold their breath for 5 – 10 seconds as able.
9. Replace cap on medication.
10. Use the bronchodilator inhaler before using inhalers containing Intal or steroids.
11. Have student rinse mouth after steroid inhaler.
12. If a second dose is to be given, wait 5 minutes.
13. Clean the spacer mouthpiece with warm water. Shake off excess moisture.
14. Allow to air dry completely before storing in a sealed plastic bag.
15. Monitor the student for changes in respiration.

## **Emergency medications:**

Several emergency medications should be available and participants should be instructed in their use if appropriate and if within the school's policy. There must be clear school policies on how medical emergency situations are handled. Information on administering emergency medications can be provided to unlicensed personnel if their administration is in compliance with school policy. In an emergency, first instruct someone to call for emergency services.

**Epinephrine (Epipens)** – for severe allergic reactions when breathing is impaired.

1. Assure the Epipen is the correct dose for the student. Double check label.
2. Pull off the safety cap.
3. Place the tip of the Epipen at a right angle to the outer thigh.
4. Press the Epipen hard into the thigh until the auto-injector function, holding in place for 10 seconds.
5. Remove.
6. Monitor breathing.

7. Discard in biohazard container.

**Glucagon** – for emergency insulin reaction - school nurse or physician must be consulted before giving.

1. Gather the Glucagon kit that should include alcohol swabs, emesis basin, syringe and medication.
2. Remove seal from the bottle.
3. Wipe the rubber stopper of the bottle with alcohol swab.
4. Remove the cap from the syringe, not touching the needle.
5. Plunge needle into bottle, pushing all the fluid from the syringe into the bottle. Without withdrawing the needle, gently shake the bottle until the powder is dissolved.
6. Turn the bottle upside down and withdraw the medicine as directed.
7. Remove the syringe from the bottle and recap the syringe.
8. Clean a 2-inch area on the upper arm with the alcohol swab.
9. Remove the syringe cap.
10. Gentle grasp the arm around the cleaned area with the opposite hand from which you will administer the medication.
11. Insert the needle at a 90-degree angle and push in all the medication.
12. Count to 10 and remove the needle.
13. Have the student lie on side with emesis basin and expect the student to vomit.
14. Monitor for seizures and breathing.
15. If fully awake, feed fast acting foods such as orange juice or soda.

**Ipecac** – following ingestion of poisonous material. Administer only after directed by the Poison Control Center.

▼ Demonstrate the proper procedure for pouring both tablet and liquid medication. Distribute medication bottles with small edible ingredients, both solid and liquid, simulated student health records, and medicine cups. Bottles of medication for eye and ear can be filled with water to demonstrate measuring but should be emptied before practicing. Each participant must demonstrate successfully his or her ability to follow the procedures outlined above.

## VIII. READING PRESCRIPTIONS, INCLUDING ABBREVIATIONS

- Medication should not be given unless it is in its original container.
- Do not give a medication if you cannot read and understand the label.
- Participants should understand the difference between generic drugs and brand name drugs. Generic drugs have the same medication as brand names though different companies may make them. Example: acetaminophen as generic and Tylenol as brand name.
- Review with the participants how to read the medication label. Note carefully the student's name, name of medication, directions for use, and expiration date.

**Review common abbreviations:** (Those in bold are more commonly used.)

a.c.	before meals	per	by
<b>bid</b>	<b>twice per day</b>	po	by mouth
<b>c</b>	<b>with</b>	prn	as necessary
caps	capsule	q	every
dx	diagnosis	<b>qid</b>	<b>4 times per day</b>
GI	gastrointestinal	q.d.	every day
Gm	gram	<b>q2hrs</b>	<b>every 2 hours</b>
gr	grain	q.s.	as much as needed
gtt	drop	<b>s</b>	<b>without</b>
GU	genitourinary	sc/SQ	subcutaneous
med	medication	sol	solution
mg	milligram	stat	immediately
ml.	milliliter	syr	syrup
nsg.	nursing	tab	tablet
<b>O.D.</b>	<b>right eye</b>	<b>tid</b>	<b>3 times per day</b>
<b>O.S.</b>	<b>left eye</b>	wgt	weight
<b>O.U.</b>	<b>both eyes</b>	tinc	tincture
p	after	ung	ointment
<b>p.c.</b>	<b>after meals</b>		

▽ Distribute bottles of medication or sheets with simulated labels to participants. Participants must demonstrate their ability to read the label, demonstrate how to compare the label with the student health record, and demonstrate an understanding of how to give the medication based on the directions on the label.

## **IX. HOUSING, STORAGE OF MEDICATIONS, TRANSPORTING, DISPOSAL**

- Medication should be delivered to the school in its original container by the student's parent/guardian.
- Only a limited supply should be kept at school.
- When a new medication is delivered by a parent/guardian, the school nurse must review or be contacted to assure compliance with appropriate nursing care plan.
- A completed parent permission form, medication permission form, and a written order or appropriately labeled medication must accompany the medication.
- Medication must be stored in a secure, safe, and locked location and according with directions. Scheduled drugs should be stored in a double-locked area.
- A secure, safe refrigerated area must be available for medication requiring refrigeration.
- Medication for field trips must also be transported in its original container or in the medication envelope authorized by the Maine Board of Pharmacy and filled and labeled by the school nurse. All staff responsible for administering medications, even those on field trips, must be trained.
- At the expiration date of the medication or at appropriate intervals (ex. end of school year), it is the school nurse's responsibility to assure that medication not retrieved by the parents should be disposed of according to the school policy and for scheduled drugs, according to the Board of Pharmacy policy.

∇ Have the participants demonstrate how to retrieve medications from the storage area, demonstrate an understanding of the school policy on transporting medication with students on field trips, and demonstrate that they understand the policy regarding medication administration and disposal.

## **X. CHARACTERISTICS OF CHILDREN: GROWTH AND DEVELOPMENT FOCUS ON THE INDIVIDUAL**

Normal growth and development milestones can affect student's acceptance of taking medication.

- Students do not want to be considered as 'different' than their peers; they wish to be like their peers.
- Challenging authority and seeking independence, are normal developmental tasks.
- Students may deny the seriousness of their health problem and reject the need for medication.
- A feeling of omnipotence – risk-taking behavior – is normal adolescent behavior.
- Narcissistic behavior is also a normal developmental stage of adolescence.

Other issues to consider:

- Children can react differently to medications than what is expected; therefore, the first dose of a new medication should be given at home, not at school.
- Children with special needs may have issues that require special consideration. They may take longer to complete the task of taking their medications and may need repeated instruction. The School Nurse should provide specific tips or instructions for individual students with special needs where applicable.
- Generally, the more visible the illness or health problem, the more acceptant students are of the treatment. Students with less visible conditions may not want their peers to know of their health problem for fear of being labeled as different.

To reduce the impact of normal developmental factors interfering with taking medication:

- Assure confidentiality and privacy (ex. – how to call students to the office, seek a private space that can be used with the student).
- Clearly explain the need for and process of taking the medications to assure the student understands.
- Provide special rewards for students who comply well.
- Seek out the student if they did not come to the office.
- Encourage the student to be part of their health care. Be flexible in giving some control to student when possible. They should be aware of the medications they are taking, the purpose for the medications, what the medication looks like, and what to do if side effects should occur.

∇ Discuss with the participants ways to reduce non-compliance.

## **Completion/Summary**

The remaining areas of training as identified in the Rules for Administration of Medication to Non-Licensed Personnel, “ Knowledge of medication to be given including interactions with other medication and substances; observations to be made when administering medication including status of the child prior to giving medication, side effects, reactions, plan for emergency actions; and developmentally, medically, fragile children” have been covered in the body of the training.

### **Review The Rights of Students to Receive Appropriate and Safe Medications**

- 1. The Right Student**
- 2. The Right Medication**
- 3. The Right Dose**
- 4. The Right Time**
- 5. The Right Route**
- 6. The Right to Understand**

### **Certification of Attendance Form:**

In order to obtain the Certification of Attendance form, the participant must:

1. Attend the full training session.
2. Be able to successfully repeat the demonstration on administering medication including all appropriate steps.
3. Understand all the steps in administering a medication.
4. Understand what actions to take in an emergency.
5. Understand the school’s policy on medication administration.
6. Be able to recognize when a medication should not be given.
7. Recognize side effects of medications.
8. Understand the limits of their role and when to contact the school nurse.

Complete the Certification Form indicating the number of training hours received and provide to each participant.

Submitting an evaluation form for participants to complete will assist in the refinement of the training program.

**Record Keeping.** It is the school nurse’s responsibility to keep a record of those unlicensed personnel that have been trained, when the training occurred, and the number of training hours received. It is also the responsibility of the school nurse to provide periodic updates and refreshers to those administering medications.

**Reference Books recommended:**

Physicians Desk Reference

Pocket Guide to Prescription Medications

Teacher's Drug References, Medication Teaching Aid

## **APPENDIX**

NASN Delegation of Care Position Paper

MSR Title 20-A, Chapter 3 § 254 #5

Rules Administration of Medication in the School Setting

MRS Title 20-A, Chapter 201 § 4009, #4

MBN Rules Chapter 6

Possible Scenarios for role- playing

Eye Anatomy

Ear Anatomy

Common Abbreviations

Sample Pharmacy Labels

Evaluation

Certification of attendance

## Possible Scenarios for Role-Playing

- The correct medication is given to a student at the correct time. Shortly after, the student returns complaining of difficulty breathing. What should you do?
- A parent brings in an antibiotic that the student was just prescribed and the mother requests that you start the medication as soon as possible. What do you do?
- A parent calls to tell you that her child went to the physician's office and the medication dose was doubled. The prescription was taken to the pharmacist but she cannot get the medication to school until tomorrow. She requests that you give the student two pills instead of one today. What do you do?
- There are brothers getting the same medication except one receives a dose of 10 mg and one 5 mg. The medication for the brother receiving a 10 mg dose has been used up. Mother calls to ask you to give her son two 5 mg tablets from the brother's supply just for today. What do you do?
- The phone is ringing, the principal asked you to retrieve a file, a student is waiting for a pass, and the meds are due to be given. What do you do? After the meds have been given, you realize that you gave Jon Jones's medication to John Jensen. What do you do?
- A student brought in a new bottle of medication that she had been receiving at school for some time. You check and see the prescription is the same, the dose is the same but the pills look different from what you remember. What do you do?
- A student came to get her medication. When she got to your office, she complained of a stomachache. What do you do?
- A student came to school with his medication wrapped in tin foil. What do you do?
- A student came to school with her father's inhaler. What do you do?

# Common Abbreviations

a.c.	before meals	per	by
<b>bid</b>	<b>twice per day</b>	po	by mouth
<b>c</b>	<b>with</b>	prn	as necessary
caps	capsule	q	every
dx	diagnosis	<b>qid</b>	<b>4 times/day</b>
GI	gastrointestinal	q.d.	every day
Gm	gram	<b>q2hrs</b>	<b>every 2 hrs</b>
gr	grain	q.s.	as much as needed
gtt	drop	<b>s</b>	<b>without</b>
GU	genitourinary	sc/SQ	subcutaneous
med	medication	sol	solution
mg	milligram	stat	immediately
ml.	milliliter	syr	syrup
nsg.	nursing	tab	tablet
<b>O.D.</b>	<b>right eye</b>	<b>tid</b>	<b>3 times per day</b>
<b>O.S.</b>	<b>left eye</b>	wgt	weight
<b>O.U.</b>	<b>both eyes</b>	tinc	tincture
p	after	ung	ointment
<b>p.c.</b>	<b>after meals</b>		

**Sample Pharmacy Labels for training.**

**Julia Roberta M.D.**  
**All Well Pediatric Associates**  
**1683 Healthy Drive**  
**Wherever, Maine 04000**

**Date:** September 30, 2001

**For:** Tiny Tim  
14 Willow Street  
Everywhere, ME 04001  
123-456-789

**Rx** Amoxicillin susp. 250 mg/5mL.  
Disp. 150 mL  
Sig: 1 teaspoon PO Q 8 hr x 10 days

**Refills:** 0

Provider Signature  
Provider License #

**Billy Bob PA**  
**Doright Medical Center**  
**5 Straight Drive**  
**Youarehere, ME 04002**

**Date:** November 30, 2001

**For:** Susie Q. Fine  
6 Ocean Drive  
Atlantic, ME

**Rx:** Methylphenidate Hydrochloride  
30 tab. 5 mg.  
Sig: 1 tab. Tid

**Refills:** 3

Providers Signature  
Provider License #

# Sample Evaluation

## Session: Administration of Medication Training

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

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

Position \_\_\_\_\_

Please rate today's training on a 1 to 5 scale with 1 being not true and 5 being very true.

	1	2	3	4	5
The training provided me with the skill to administer medications to students.					
The presenter was well prepared.					
The material presented was clear and understandable.					
I have a good understanding of my role in administering medications.					
I feel comfortable in my role of administering medications.					

What I found most useful in the training was:

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What I would change about the training is:

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I would like additional training on:

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