



# Chapter 3: Administration of Medications



<b>Section 1</b>	<b>Guidelines for Medication Administration in the School Setting</b>	<b>4</b>
	<ul style="list-style-type: none"><li>• General Guidelines</li><li>• Parental Consent</li><li>• Packaging of Medications To Be Administered in the School</li><li>• Transportation of Medications</li><li>• Storage and Disposal of Medications</li><li>• Documentation of Medication Administration</li><li>• Safety Procedures for Medication Administration</li><li>• Standard Safety Mechanisms - “Five Rights”</li><li>• Medication Errors</li></ul>	<ul style="list-style-type: none"><li>4</li><li>5</li><li>5</li><li>6</li><li>6</li><li>7</li><li>7</li><li>8</li><li>9</li></ul>
<b>Section 2</b>	<b>Administration Procedures</b>	<b>10</b>
	<ul style="list-style-type: none"><li>• Training School Personnel to Administer Medications in the School Setting</li><li>• Important Considerations for Training School Employees</li><li>• Suggested Outline for Training</li><li>• Important Reminders for All Staff Designated to Assist Students With Medications</li></ul>	<ul style="list-style-type: none"><li>10</li><li>10</li><li>10</li><li>10</li></ul>
<b>Section 3</b>	<b>Safe Medication Administration</b>	<b>12</b>
	<ul style="list-style-type: none"><li>• Prescription and Nonprescription Medications</li><li>• Off-Label Medications</li><li>• Herbal/Alternative/Complementary Medications and Dietary Supplements</li><li>• Inhalers (With and Without Spacers)</li><li>• Self-Administration of Asthma Medications and Other Student-Controlled Medications</li></ul>	<ul style="list-style-type: none"><li>12</li><li>16</li><li>16</li><li>17</li><li>18</li></ul>
<b>Section 4</b>	<b>Emergency Medications</b>	<b>20</b>
	<ul style="list-style-type: none"><li>• Epinephrine</li><li>• Glucagon</li><li>• Seizure Medications</li></ul>	<ul style="list-style-type: none"><li>20</li><li>22</li><li>22</li></ul>



## Chapter 3: Administration of Medications

<b>Section 5</b>	<b>Injection Procedures</b>	<b>24</b>
	• Glucagon Injection Procedures	24
	• Insulin Injection Procedures	25
	• Intramuscular Injection Procedures	29
	• Subcutaneous Injection Procedures	31
<b>Section 6</b>	<b>Chapter 3 Appendix</b>	<b>34</b>
	• Authorization to Give Medication at School (Option 1)	34
	• Authorization to Give Medication at School (Option 2)	35
	• Authorization to Give Medication at School (Prolonged Time Period)	36
	• Disposal of Medication(s) Parent/Guardian Notification Letter	37
	• Medication About to Run Out Parent/Guardian Notification Letter	38
	• Medication Administration Record (All Months)	39
	• Medication Administration Record (January - June)	40
	• Medication Administration Record (July - December)	41
	• Medication Administration Skills Checklist	42
	• Medication Count - Daily (Control)	43
	• Medication Count Record - Daily (PRN)	44
	• Medication Count Record - Individual (PRN)	45
	• Medication Count Record - Individual	46
	• Medication Count Record - Upon Receipt and Weekly	47
	• Medication Disposal Record	48
	• Medication Error Report	49
	• Parent Information Letter	50
	• Written Authorization for Self-Administration of Asthma Medication by Minor Children at School	51
	• Written Authorization for Self-Administration of EpiPen, EpiPenJr. or Other Epinephrine Auto-Injectors by Minor Children at School	52



Administration of medications in the school setting is an important part of the health service offered to students in Georgia schools. Offering this service allows many students to remain in school and participate fully in the educational process.

**The medications administered in schools may include:**

- Regular daily medications prescribed for students with acute or chronic health conditions.
- Emergency medications, such as those prescribed for allergic reactions, asthma, seizures and complications of diabetes.
- Medications prescribed on an “as needed” basis for pain or other mild symptoms (over-the-counter or prescription medications).

Administration of medication is defined as assisting a student in the ingestion, application or inhalation of medication according to the directions of a legal prescriber, or monitoring the self-administration of medication, including prescription drugs and the self-injection of medication.

Monitoring medication administration is defined as reminding the student to take a medication; visual observation of the student to ensure compliance; recording that the medication was taken; and notifying the parent(s)/guardian(s) and healthcare provider of any side effects or the student’s refusal to take the medication.

The above definitions are from the National Guidelines for the Administration of Medication in Schools. Issues the school nurse confronts related to the administration of medications include:

- Safe administration of the medications.
- Adherence to safe nursing practice, state nurse practice acts, state laws and regulations.
- Ongoing monitoring of therapeutic benefits and side effects.
- Appropriate communication with the student, family, school staff and healthcare provider.
- Proper documentation.
- Widespread use of herbal remedies by families.

- Encouraging students to become part of the medication process; coming to the clinic on time; understanding what medication(s) they are taking and what they are for, and what the consequences are if they do not take them.

**Note:** If a student does not come at the appointed time for their medication, they should be called to the clinic so that a dose is not missed. The parent(s)/guardian(s) should be called if a student misses a dose or refuses to take a dose.

School districts should have medication policies and procedures in place based on the availability of professional nursing staff employed by the district and the needs of the students. This chapter includes guidelines that may be used to develop policies and procedures. The school nurse should also maintain appropriate records pertaining to medications (i.e., authorization forms, parental consent, medication logs, incident and error reports, and emergency medication plans).

AAP Policy Statement—Guidance for the Administration of Medication in School: [pediatrics.aappublications.org/content/124/4/1244](http://pediatrics.aappublications.org/content/124/4/1244)

NASN Position Statement—Medication Administration in the School Setting: [files.eric.ed.gov/fulltext/ED581613.pdf](http://files.eric.ed.gov/fulltext/ED581613.pdf)



## Section 1: Guidelines for Medication Administration in the School Setting

The following guidelines have been developed utilizing recommendations outlined in NASN's policy statement on medication administration, the AAP's position statement on the role of the school nurse and the American Federation of Teachers document on delineation of roles and responsibilities for the safe delivery of specialized healthcare in the educational setting.

### General Guidelines

- Medication administration in schools should be discouraged unless medically necessary for the student's health, safety and optimal learning.
- Whenever possible, medications should be given at home, before or after school.
- The first dose of a new medication or new dosage should be administered at home where the parent(s)/guardian(s) can monitor potential side effects and adverse reactions.
- School health personnel should not administer over-the-counter medications unless prior written authorization is obtained from the parent(s)/guardian(s), including name of medication, dose, route, time and reasons to be administered. The parent(s)/guardian(s) should provide the medication in a new, sealed container with dispensing instructions on the label from the manufacturer.
- Some schools may use stock bottles of various dosages of over-the-counter medications to avoid the storage and clutter of large numbers of bottles. The school district may want to specify that over-the-counter medications that are given on a regular basis require an order by the healthcare provider. Non-prescription medications requested during school hours may be limited by requesting healthcare provider signature if given for more than one to two weeks.
- All information regarding medication and health status is and should be kept confidential.
- Prior to initial administration of a prescription medication, the school nurse should assess the student's health status and develop a medication administration plan that includes:
  - Student's name
  - Order listing name of medication, dose, route, time of administration and special instructions, if any
  - Signed authorization by the parent(s)/guardian(s) per school policy
  - Contact numbers for the parent(s)/guardian(s)
  - Known allergies to food or medications
  - Student's diagnosis, unless this would be a violation of confidentiality requested by the parent(s)/guardian(s) or student
  - Any possible side effects, adverse reactions or contraindications
  - Quantity of medication to be received by the school
  - Required storage conditions
  - Duration of prescription to be in effect
  - Designation of unlicensed school personnel, if any, who will administer the medication to the student, including back-up plans
  - Parental permission to notify other designated staff members of medication administration and possible adverse effects
  - When appropriate, the location of administration, if other than school health room, office or clinic
  - Plan for monitoring the effects of the medication
  - Provision for medication administration in the event of field trips and other short-term special school events
- A policy should be written to cover the training and practice of any unlicensed school personnel who will be administering medications in the school. The policy should include:
  - The elements of the training program (who will teach, curriculum, competency testing and documentation)
  - Selection and supervision of personnel
  - Types of medications that can be administered and the personnel designated for each type
  - Proximity and availability of licensed school nurse for consultation
  - Procedures for medication administration by unlicensed school health personnel



- Medications needed on field trips and other short-term school events are best carried in a second pharmacy-labeled container, containing just the dose(s) needed. A school employee who has had the district-approved training can be designated to administer the medication during the trip. The parent(s)/guardian(s) can ask the pharmacist for an empty labeled container to be kept at school for this purpose, and the school nurse can prepare the second container and give it to the teacher. The person giving the medication should always document the dose given on the medication form upon returning to school (include time given, initials and signature).
- Medications ordered for after-school program hours should be given by designated school personnel who have received the district-approved training for assisting with medication administration.
  - Documentation can be done on the same forms used during the school day or on a separate form per district policy. If a separate form is used, it should contain all pertinent information and be filed with the regular forms at the end of the day or week.
- Volunteers should not be asked or trained to give medications to students.

### Parental Consent

- Ideally, you want to collect parental consent forms as soon as the school year begins. A form letter can be included with the parent handbook during registration/orientation informing parents/guardians of the school policies on medication given to students during their school day. A sample letter is included at the end of this chapter for you to use.
- All medications should require signed parental consent before they can be administered in school. Some school districts may want to also require the healthcare provider to sign the form and list possible side effects. Other school districts accept the prescription label as the doctor's order for the medication, saving duplicate work for the physician and school. See sample consent forms included at the end of this chapter.

- Parental consent should be updated annually for continuing long-term medications.
- Updated parental consent should be obtained for any changes in medication dosage and/or frequency, and the parent(s)/guardian(s) should request a new label from the pharmacy.
- The parent(s)/guardian(s) should be informed by the principal as to who will be administering medications, what training in medication administration they have received, and what credentials and/or licensing this person has. This helps the parent(s)/guardian(s) avoid certain expectations they may have in what the clinic personnel is expected to know or be able to do for their student.
- The parent(s)/guardian(s) assume responsibility for informing the school principal, nurse or designee of any change in the student's health and medication needs.
- The parent(s)/guardian(s) should be asked for consent for school health personnel to contact and obtain needed information about medications and their administration from the healthcare provider. The healthcare provider should be contacted whenever questions or concerns arise about specific information or training necessary to administer, monitor or evaluate effectiveness of the medication and ensure the safety of the student.
- The parent(s)/guardian(s) should be notified several days before the school supply of a prescription will need to be refilled. A letter may be sent home with the student, and a follow-up phone call may be necessary.

### Packaging of Medications To Be Administered in the School

- Prescription medications should be packaged in one of the following ways:
  - In an original container, labeled legibly with the student's name, physician's name and contact information, medication name and strength, amount given per dose, route and time of administration, dispensing pharmacy. Whenever possible, the parent(s)/guardian(s) may ask the pharmacist to divide the required medication into two labeled containers, one for home use and one for school use.
  - Dispensed in unit-dose packs with a prescription label, as above.



- Non-prescription medications should be packaged in a sealed container with dispensing instructions appropriate for the student’s age clearly labeled on the outside. The student’s name should be written on the outside of the container.

### Transportation of Medications

- The parent(s)/guardian(s) or responsible adult designated by the parent(s)/guardian(s) should ideally deliver all medications to a designated school employee. In extenuating circumstances, as determined by the school nurse or administrator, the medication may be delivered by other persons, with advance notification by the parent(s)/guardian(s).
- Medications should be accompanied by a completed parental authorization form and, if applicable, prescriber authorization.
- Student transportation of prescription and/or over-the-counter medications is specifically not recommended because of the potential for bullying and sharing on the way to school. Many drugs used for ADD/ADHD are controlled substances and have a “street value,” creating the potential for abuse.
- During all school functions, including field trips, policies and procedures should be in place to protect the health of students. Students with special healthcare needs cannot be restricted from attending field trips, and provisions need to be made for all necessary medications, including emergency drugs, to be given in a safe manner while students are away from school.

### Storage and Disposal of Medications

- Medications should be stored in a securely locked cabinet, used exclusively for that purpose. Keep locked (unless opened to obtain medications). Medications classified as scheduled or controlled substances should be stored according to the Controlled Substances Act, due to the potential for abuse. The Code of Federal Regulations can be found at <https://www.ecfr.gov/current/title-21/chapter-II/part-1308>, on the Drug Enforcement Administration’s website or by contacting a local pharmacist. Rules and regulations for hours include:

- Drugs stored in a fixed and stationary, secure and substantially constructed locked cabinet.
- Cabinet located in a room or office not accessible to the general public or students.
- Keys kept in control of an authorized person at all times.
- Access to stored medications shall be limited to personnel authorized to administer medications. Access to keys and knowledge of the location of the keys should be restricted to the maximum extent possible.
- Medications must be received in a pharmacy or manufacturer-labeled container. No more than a 30-day supply of the medication is recommended to be stored at school.
- The school nurse, or other designated person who is receiving medication from the parent(s)/guardian(s), should document the quantity received. That person and parent(s)/guardian(s) should agree and sign for the quantity delivered, particularly for controlled substances.
- Medications should be inventoried and counted per school district policy by designated school health personnel, as well as verified by a witness. All counts should be documented and signed by both designee and witness.
- Proper temperature and storage conditions applicable to individual prescription medications should be maintained and monitored.
- When refrigeration is recommended or required, medication should be separated from food items in a secure, separate container.
- When these medications are controlled substances, the container should be locked. Refrigeration temperatures should be maintained at 38 to 42 degrees Fahrenheit.
- Medications that are out of date or have been discontinued should be picked up by the parent(s)/guardian(s).
- All medications should be picked up at the end of each school year. Parental notifications should be sent home at these times.
- When medications are not picked up after parental notifications, they should be destroyed and that process should be documented and witnessed. Read label for appropriate disposal instructions or review current U.S. Food and Drug Administration (FDA) disposal guidelines at [fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm).



- All medications to be discarded must be processed so there is no access by the students and/or staff.
- Medications needing disposal may also be taken to a local pharmacy and/or hospital for processing. Call ahead and check for availability of this service.

Information on proper medication disposal from the FDA: [fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)

### Documentation of Medication Administration

Sample forms are included in this chapter.

- Medication given should be properly documented as soon as possible after administration. This documentation should include the following:
  - Student’s name
  - Medication name and strength
  - Dosage and route
  - Date and time of administration or omission, the reason for omission, such as student refusal or inability to take, absence, school holiday, reason for withholding dose, field trip, etc. (a code with a legend may be provided for ease of documentation and completeness)
  - Any medication allergies clearly identified on the student’s medication sheet
- When a form is used that has checkboxes for staff members to initial each time a medication is given, each staff member who has initialed the form should provide a complete signature at the bottom of the same form.
- All documentation should be in ink and should not be altered. Never use any type of whiteout. Errors should be crossed out with one line only, “error” noted, initialed and the dated, correct entry made.

- Whenever a student refuses medication, an administrator and the parent(s)/guardian(s) should be notified immediately, per school district policy. The refusal should be documented using the health notes form found at the end of this chapter.
- If a student receives medication while on a field trip, the person administering the medication should properly document this dose upon returning to the school.
- The school district should develop procedures and forms for documenting and reporting medication errors. These procedures should specify persons to be notified in addition to the parent(s)/guardian(s). An error includes any failure to administer medication as prescribed for a particular student, including failure to administer the medication:
  - To the correct student.
  - Within appropriate time frames.
  - In the correct dosage.
  - In accordance with school policy and procedure.
- To assist non-licensed personnel in understanding the medication they may be dispensing to the student, a good practice to follow is to place with each student’s medication administration record (MAR) an informational medication sheet for that specific medication. The informational sheet should contain the name of the medication (brand and generic names) and possible side effects, warnings, etc. for easy reference.
- If several students have the same medications, you can set up a separate section in the MAR book with just one copy of each medication you will be dispensing. This procedure can save on repetition and multiple copies of the same medications after each student’s MAR but will still provide information for personnel administering to your students.

### Safety Procedures for Medication Administration

- A school nurse should be on duty in the school system whenever prescription medications are being administered by designated unlicensed school health personnel and available by telephone should consultation be required.



- Medications to be administered for PRN (as needed) orders may be administered by designated unlicensed personnel after an assessment by or telephone consultation with the school nurse or the parent(s)/guardian(s) for each dose.
- For each school, an updated list of unlicensed school personnel who have been trained in the administration of prescription medications should be maintained, and training should be updated at least annually. This process is especially important for those trained to give epinephrine.
- Prior to administration of medications, the school nurse should review each medication authorization for completeness and compatibility with other medications the student may be taking.
- Proper hygiene practices should be used. Wash hands well for 20 seconds with soap and water before administering medications and avoid handling pills by “pouring” a single dose into the cap of the vial, then “pouring” into the student’s hand.
- All school staff responsible for medication administration should be required to receive appropriate initial and refresher training (at least annually) provided per school district policy (recommended training content and a competency skills checklist will be outlined in this chapter).
- Minimize distractions whenever medications are being given, as distractions can be a source of errors. Other job responsibilities should be put on hold when a designated school employee is administering medications. Students coming in for medications should line up and wait quietly until their turn.
- Expiration dates on medications should be checked on a monthly or bimonthly basis.
- Verbal orders are determined on the district level. Consult your district policy.
- Medications should not be left out on counters, pre-poured in anticipation of student arrival or pre-poured for another person to administer.
- In accordance with standard nursing practice, the school nurse may refuse to administer (or allow to be administered) any medication that, based on their individual assessment and

professional judgment, has the potential to be harmful, dangerous or inappropriate, after consultation with the parent(s)/guardian(s) and licensed prescriber. In these cases, the parent(s)/guardian(s) and licensed prescriber should be notified immediately by the school nurse.

### Standard Safety Mechanisms - “Five Rights”

Checking the “Five Rights” should be followed by all school employees who give medications:

1. **Right Student:** Ask the student to say their name (not “Are you Suzy Smith?”), and compare this to the name on the medication label. If the student is unable to state their name, another staff member who knows the student should be asked.
2. **Right Medication:** Compare authorization with label on medication container when taking the medication from the storage area, when preparing the medication for the student and when returning it to the storage area.
3. **Right Dose:** Compare the dose listed on the authorization form and the medication label when taking the medication from the storage area, when preparing the medication for the student and when returning it to the storage area.
4. **Right Route:** Administer the medication by the route (oral, nasal, inhaled, etc.) specified on the authorization form and medication label.
5. **Right Time:** The medication should be given within 30 minutes of the time prescribed on the authorization form and medication label. For some medications, such as insulin, medication should also be timed appropriately with a meal.

### *The Sixth Right*

**Right Documentation:** Each medication administered must be documented immediately as it is taken, refused or if student is absent. Document per your district medication administration policies and procedures.





### Medication Errors

Even the most experienced healthcare providers can make medication errors. Following the safety guidelines listed previously will minimize the chance of mistakes. Being distracted by other duties while giving medications is probably the most common reason why errors happen in schools. Medication errors can include an overdose of the right medication, an underdose of the right medication, giving the wrong medication, giving a medication at the wrong time or in the wrong way, or omission of a scheduled medication dose.

**Whenever an error in medication administration is recognized or discovered, the following steps should be taken:**

- Keep the student in the office or clinic; if the student has already returned to class, have the student accompanied back to the office or clinic.
  - Ask the student how they are feeling and if they have any feelings of stomach upset, dizziness, itching or any other symptoms.
  - Identify the incorrect dose or type of medication taken by the student.
  - Notify the parent(s)/guardian(s). Immediately notify the principal or school nurse of the error. If an underdose was given, the remainder of the dose may either be omitted or administered, following medical advice received from the parent(s)/guardian(s), physician or school nurse. Complete the accident/incident report form to the parent(s)/guardian(s) that can be found in chapter 1.
  - If unable to reach the parent(s)/guardian(s) or student’s physician, notify the Georgia Poison Control Center for instructions. The staff will help you determine if further actions need to be taken.
    - Outside Metro Atlanta, call 800-222-1222.
    - Inside Metro Atlanta, call 404-616-9000.
  - On the student’s health record, using the medication error report found at the end of this chapter, carefully record all circumstances and actions taken, as well as the student’s current status. Per local policy, submit the medication error report to the designated person (usually within 24 hours).
- Include the name of the student, the name of the parent(s)/guardian(s) and phone number, as well as a specific statement of what the medication error was, who was notified and what remedial actions were taken.



## Section 2: Administration Procedures

### Training School Personnel to Administer Medications in the School Setting

The principal may ask the school nurse to instruct other school district employees about the safe and proper administration of medication. The school nurse should provide training and feedback to the principal regarding the competency of those designated by the principal to perform the task. Medication administration cannot be delegated by a registered nurse to an unlicensed individual. However, the principal may delegate the task to an unlicensed individual. Medication training does not imply delegation.

- All medications should be administered only by properly trained and supervised school personnel, designated by the principal, according to school district policy.
- Student safety should be the primary concern of all employees in this area.
- The training curriculum for medication administration should be specified by school district policy.
- The school nurse should document the training and competency of unlicensed personnel designated to assume the responsibility for medication administration. Evaluation of competence should include at least successful post-testing, return demonstration and skills check-off.
- The school nurse should provide a required training review and informational update at least annually for designated school personnel.
- The school nurse should provide written feedback to the principal on the personnel trained, including any problems seen or anticipated.

### Important Considerations for Training School Employees

The outline on the following pages may be used in the training of unlicensed personnel in medical administration. A skills checklist is provided later in this chapter for documentation of competency. Training should include the following elements:

- Orientation to the policies, procedures, documentation requirements/forms and documentation of understanding and competence
- Safe medication administration practices
- Guidelines for administration of medications by different routes of administration
- Provision of hands-on practice whenever possible

### Suggested Outline for Training

- **Introduction:** Importance of the task, definitions, consents and forms, consultation with nurse, overview of medications that will be given, sources of information
- **Preparation for administration:** Wash hands well for 20 seconds with soap and water, compare label with written order, read label times, check expiration date, check student identity, give dose, document medication administration, secure medication area
- **Safety procedures:** Five Rights of Medication Administration
- **Administration procedures:** How to administer different types of medications
- **Medication errors:** How to recognize, report and document
- **Emergency medications (if needed):** Use modules and websites listed with emergency medications
- Medication administration skills checklist
- **Supervision and monitoring:** Per local district policy
- Allow time for questions.

### Important Reminders for All Staff Designated to Assist Students With Medications

- Familiarize yourself thoroughly with the guidelines for administration of medications.
- All drugs have the potential for causing side effects. Observe the student's response to medication and report to the parent(s)/guardian(s) and supervisor any changes in behavior or awareness, rashes or anything else that possibly may be related.



- Make sure you understand the medication order and how to measure the medicine (i.e., tsp, cc, ml). Ask your school nurse before giving the medication if you need clarification.
- Give medication exactly as ordered by the healthcare provider and written on the authorization form. Check the authorization form for possible side effects.
- Ask students to line up in an orderly manner if several come at once, to minimize distractions and decrease the chance for errors.
- Encourage the student to drink a full glass of water after oral medications, unless otherwise ordered.
- A “no-show” is not acceptable, especially for seizure medication and antibiotics. A student should be called down if they do not come at the right time. Check with your principal about local policy.
- If a student develops a rash, do not give the next dose of medication until you have contacted the parent(s)/guardian(s) and they have contacted the healthcare provider.
- Check storage requirements on the label of the medication. Most medications need to be stored in a cool, dry place; some require refrigeration. If medication needs to be stored in the refrigerator, it should be one that is not available to students. Medications always should be kept in a separate container, away from food and nourishments.
- Before giving medication, check the name of the student, the name of the medication and the dosage three times:
  - When taking it from the storage area
  - Before giving it to the student
  - When charting the dose given and returning it to the storage area
- When administering medications, remember the Five Rights of Medication Administration:
  - Right student
  - Right medication
  - Right dose
    - Right time
    - Right route
    - Right documentation
- Never use one student's medication for another student.
- Avoid distractions while giving medications.
- If the student throws up after receiving the medication, do not give another dose. Consult with the parent(s)/guardian(s) for further directions.
- Document what was done on the student's medication log immediately after administering.
- If a medication error is made, follow procedures for notification and document the occurrence.
- Notify the parent(s)/guardian(s) when medicine supply is running low or when only a few doses are left.



## Section 3: Safe Medication Administration

These guidelines may be applied to any medication administered in the school setting. They can also be used as the basis for training and supervision if other school employees and/or unlicensed health personnel will be administering medication in accordance with school district policy.

- Wash hands well for 20 seconds with soap and water before and after administering medications. Wear gloves, if deemed appropriate.
- Compare labeled medication container with written order.
- Read label three times (when taking it from the storage area, before giving it to the student and before returning it to the storage area).
- Check expiration date on label.
- Confirm that student’s identity matches the name on the medication label. Ask them to say their name; do not ask, “Are you Johnny Smith?” Consider asking for a second identifier, such as date of birth, address or telephone number, depending on school policy.
- Give the prescribed dose, using the prescribed route (i.e., by mouth) and at the prescribed time.
- Observe the student as they take the medication. Always have water and cups available.
- Record medications given on the medication log and initial each time a dose is given. Provide full signature once, per school policy.
- Relock the cabinet whenever it is not open for obtaining medications.
- Minimize distractions when medications are being given, to prevent errors.
- All medications should be assessed periodically for expiration dates, and the parent(s)/guardian(s) should be notified. Expired medications should not be sent home with students.
- Under no circumstances should a medication be given in a different way than that written on the authorization form.

- Correct timing is always important, as some medications need to be given either with food or on an empty stomach.
- Allergic reactions and other side effects can occur even after the student has been taking the medication for a while.
- If any side effects, such as a rash, hives, itching, dizziness, cough, wheezing or any breathing difficulty occur, do not give another dose. Call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

### Prescription and Nonprescription Medications

#### *Oral Medications*

- Student should be sitting or standing.
- Prior to administration, inspect medication for any signs of damage or degradation. If consistency or product color has changed, contact the parent(s)/guardian(s) immediately and do not give dose.
- Pour the tablet from the bottle into the lid of the container, and then into the medicine cup or the student’s hand. Avoid touching the tablet yourself. Be aware that some medications may require gloves for administration.
- For liquid medicines:
  - Shake the medicine bottle well right before you prepare the dose for the student.
  - Place the lid upside down on the table to avoid contamination.
  - Do not use kitchen teaspoons or soup spoons to measure medicines. They will not give you the correct dose. Acceptable measuring devices include oral syringe, oral dropper, medicine spoon and medicine cups.
  - For medicine cup, pour liquid medicine by setting the medicine cup on a firm surface at eye level and pouring to the prescribed level, reading the fluid level carefully.
  - For oral syringes:
    - Fill the syringe with the prescribed dose of medicine. Line up the black line of the top of the plunger with the desired dose on the syringe.
    - Hold the syringe upright and gently tap air bubbles to the end.



- Push the plunger gently to force the air out of the end of the syringe.
- Check to make sure the correct dose is still in the syringe. If there is not enough, add more. If there is too much, squirt the extra medicine back into the bottle.
- Unless contraindicated, offer a fresh cup of water to aid in swallowing.
- Make sure the student swallows the medication.
- Return medication to the cabinet or refrigerator. Lock cabinet.
- Clean oral syringe and medicine spoon with soap and water and let dry.
- Record the medication on the log.
- If any side effect, such as a rash, hives, itching, dizziness, cough, wheezing or any breathing difficulty, call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

### *Topical Medications (Ointments and Creams)*

- Gather necessary equipment, including gloves or a tongue blade, as needed.
- Carefully remove the lid from the ointment tube and place it in a safe spot.
- Squeeze medication from the tube, or use a tongue blade and remove ointment from jar.
- Spread the quantity of medication prescribed, using a tongue blade, in a layer on the skin or on a bandage to be placed on the skin.
- If ordered, protect the skin surface with a dressing. Use tape or gauze to secure in place.
- Remove gloves and wash hands well for 20 seconds with soap and water.
- Return lid to the ointment tube and return medication to storage cabinet.
- Record the medication on the log.

- Observe the student for any immediate medication reaction or side effect.
- If any side effect, such as a rash, hives, itching, dizziness, cough, wheezing or any breathing difficulty, call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

### *Eye Drops*

- Gather your supplies.
- Be sure the eye drops are at room temperature before using them.
- Read the label on the medicine three times to make sure it is correct.
- Make sure you know how to use the medicine. This includes:
  - How much to use.
  - Which eye to give it in.
  - What time to give it.
- Explain procedure to student.
- Clinic personnel and student should both wash hands well for 20 seconds with soap and water.
- Give student tissue for wiping off excess medicine.
- Carefully remove the dropper from the medicine bottle. Do not touch the dropper to anything but the inside of the bottle.
- Do not let the tip of the dropper touch the eye, eyelid, lashes or any surface. This will keep it free of germs.
- Measure the correct amount in the dropper.
- Have student tilt head back and look up toward the ceiling and away from the dropper.
- You can have the student keep their eyes closed and drop the medicine in the inner corner of their eye (one at a time). Then, keeping their head back, have student open their eyes slowly, and the medicine will go in.
- Or you can gently pull the lower lid down to form a pocket, and instill the drops in this space, never directly onto the eyeball. The drops should flow away from the nose, toward the outer edge of the eye.
- If more than one drop is needed, try one drop at a time in each eye, then go back and give the second drop in the same way.



- Repeat the procedure if the drop falls to the cheek.
- Tell the student to close their eyes for one to two minutes.
- Remove excess medicine with clean tissue and ask student not to rub their eyes.
- If a second type of eye drop medicine is also prescribed, wait at least five minutes before giving the second drops.
- Wash hands well for 20 seconds with soap and water. This will help prevent the spread of infection.
- Return cap to the eye drop bottle and return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.
- If the student experiences any side effect, such as swelling of the eye, rash, hives, itching, dizziness, cough, wheezing or any breathing difficulty, call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

### *Eye Ointment*

**Same steps as the above except the following:**

- Carefully remove the lid from the ointment tube, and place it in a safe place.
- Gently pull lower lid down to form a pocket while the student looks up.
- Do not touch the tip of the tube to the eye, eyelashes or eyelids.
- Place the tube so that the medicine will fall into the pocket, never directly onto the eyeball.
- Place the tube at the inner part of the student’s eye near the nose, which will be the starting point.
- Squeeze out a line of ointment along the inside of the lower eyelid. Start at the inner eye closest to the nose, and finish at the outer corner of the eye. It will help to separate the ointment from the tube if you rotate the tube when you reach the outer eye.

- Have student close their eyes for one to two minutes and avoid rubbing them.
- Return lid to the ointment tube and return medication to storage cabinet.
- If any side effect, such as swelling of the eye, rash, hives, itching, dizziness, cough, wheezing or any breathing difficulty, call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

Be aware that eye preparations (i.e., eye drops, eye ointments) may temporarily blur vision or cause burning/stinging sensations. Administration of multiple eye preparations may require spacing of up to 10 minutes between products.

### *Ear Drops*

- Gather your supplies.
- Make sure you have the right medicine, the right amount, the right dose, the right time and frequency, and the right student. Also, know which ear (or if both ears) to give the medicine.
- To avoid making mistakes, read the medicine label three times before giving it to the student.
- Warm the drops by holding the container in the palm of your hand or by rubbing the medicine bottle between the palms of your hands for a few minutes. A medicine that is cold and placed in the ear could cause dizziness or nausea.
- Feel the drops to make sure the medicine is warm, not too hot or cold.
- Wash hands well for 20 seconds with soap and water.
- If the drops are a cloudy suspension, shake the bottle well.
- Have the student lie down on their side with the ear to be treated “up.”
- If the medicine has a dropper, carefully remove it from the bottle. To prevent germs from touching the dropper:
  - Do not touch the dropper to anything but the inside of the bottle.
  - Do not let the tip of the dropper touch the ear.
- Fill the medication dropper with prescribed amount of medication.



- If needed, place the wrist of the hand you will be using on the student’s cheek or head. This will help steady your hand.
- Place the dropper so that the drops fall against the side of the ear canal, not into the center of the opening.
- Squeeze the dropper or bottle slowly and firmly to release the right amount of medicine (the same number of times as the number of drops ordered by student’s doctor).
- Have student lie on that side for one to two minutes to allow drops to flow down the ear canal or until the drops go down into the ear canal.
- Wash hands well for 20 seconds with soap and water.
- Return cap to the ear drop bottle and return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.
- If any side effect, such as rash, hives, itching, dizziness, cough, wheezing or any breathing difficulty, call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

### *Nose Drops/Sprays*

- Nose drops may be administered by either using the syringe dropper or by spraying it. Sprayed or “atomized intranasal medicine delivery” is a more recent method that combines measuring a unit dose medicine or unit dose pump with a spray tip. The tip helps break up the medicine into small drops as it is being sprayed into the nose.
- Gather your supplies.
- Make sure you have the right medicine, the right amount and the right strength. To avoid mistakes, check the label three times before giving it to the student.
- Also, know which method (drop or spray) to give the medicine.
- Remove any drainage from the student’s nose with a clean tissue.

- If the nose has crusted drainage around it, wet a washcloth with warm water, and gently wipe the student’s nose.
- Keep wiping gently until all the crusted drainage is gone.
- Wash the washcloth in hot water before using it again.
- If possible, have the student blow their nose gently to clear it. This helps the medicine to reach the nasal passages better.
- Wash hands well for 20 seconds with soap and water.
- Student may be lying on their back or sitting up, with head tilted back.

### **For syringe dropper method:**

- Open the bottle of nose drops.
- Fill dropper with prescribed amount of medication.
- Place dropper just inside the nostril and instill correct number of drops.
- Repeat procedure in other nostril.
- Instruct student to keep head tilted back and not rub the nose for at least one minute — count slowly to 60. This is to help ensure the medicine is absorbed in the nose. It will also help to keep the student from gagging or tasting the medicine as much.

### **For spray method:**

- Nasal sprays can be instilled with the student sitting up. Spray or squeeze the prescribed number of times, instructing the student to gently and slowly breathe in through their nose each time. Repeat on the other nostril. Be aware that some nasal sprays (i.e., steroid nasal sprays) should be sprayed tilting outward to be absorbed into the nasal mucosa, rather than straight back into the nasal canal. Clarify with the parent(s)/guardian(s) regarding specific administration technique.
- Wash hands well for 20 seconds with soap and water.
- Return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.



- If the student experiences any side effect, such as rash, hives, itching, dizziness, cough, wheezing, chest tightness or any breathing difficulty, call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

### Off-Label Medications

- A written policy should be in place that addresses the administration of experimental medications to students, if medically necessary, during school hours. However, children are fairly commonly treated with medications that are not officially approved for use in children. This practice occurs for many reasons, including the following:
  - The medication is part of an experimental protocol in which the family has voluntarily agreed to participate.
  - The medication is commonly used by and approved for adults. Frequently sufficient scientific or experiential evidence exists to support use in pediatric patients, but the FDA has not yet ruled officially on the issue.
  - The medication is approved for use to treat one condition but is being used to treat another condition for the same reasons stated above.

### The following resources should be made available by the parent(s)/guardian(s) to the school when giving these medications:

- Current medical information regarding the condition for which the medication is prescribed
- Current drug information, provided by the healthcare provider or pharmacist, including side effects and precautions

### Herbal/Alternative/Complementary Medications and Dietary Supplements

More and more people are becoming interested in and using alternative and complementary therapies for the management of health problems. Such therapies may not be considered an integral part of conventional medical practice. Therapies are

termed complementary when used in addition to conventional treatments, and alternative when used instead of conventional treatment. Some of these medications are herbal (also called botanicals, dietary or nutritional supplements, or phytomedicinals) in origin and can be obtained over-the-counter and self-prescribed by parents/guardians or students. Herbal medications are FDA-regulated only for product label information and often lack published data in standard references about safety, efficacy and dosages in children.

Some herbal products have side effects or contraindications with other medications the student may be taking that the family may be unaware of since these medications are often not obtained from a pharmacist or prescribed by a physician.

### A written policy should include the following requirements (adapted from NASN's Position Statement on Alternative Medicine Use):

- Written order from a healthcare provider authorized to prescribe in the state, including the condition for which the product is being used
- Written request from the parent(s)/guardian(s)
- Verification from the parent(s)/guardian(s) that the product and requested dosage are safe for the student
- Reasonable information about therapeutic and untoward effects and interactions

Whenever possible, these non-prescribed herbal alternative medications should be given only at home by the parent(s)/guardian(s). To avoid problems, the school district may want to have the same requirements for over-the-counter medicine, especially those given on a continuing basis.

With these cautionary annotations having been mentioned, the nurse should, however, avoid dismissal of complementary or alternative treatments in ways that communicate lack of sensitivity or concern for the family's perspective. Such requests by parents/guardians may be handled on a case-by-case basis, determined by the facts of the case. Nurses can also use the request by a family to administer an alternative medication as a health teaching opportunity and responsibility, to discuss the student's health condition and the proposed treatment. Sometimes families are unaware that a treatment may be contraindicated in certain instances, and that information should be communicated to the student's regular healthcare provider.





National Center for Complementary and Alternative Medicine:  
[nccam.nih.gov](http://nccam.nih.gov)

### Inhalers (With and Without Spacers)

#### *Metered Dose Inhaler (MDI) With Spacer (Aerochamber)*

Students using inhalers should have been taught to use them properly, but they still should be monitored to ensure they are not missing steps.

- Have the student wash hands well for 20 seconds with soap and water.
- Make sure you have the right medicine, the right amount and the right strength. To avoid mistakes, check the label three times before giving medicine to the student.
- Have the student sit up straight or stand to use the MDI.
- Remove the caps from the spacer and inhaler.
- Shake the inhaler well (for about two seconds) before using it each time. If it is a new inhaler or has not been used in several days, follow the manufacturer instructions for priming the inhaler.
- Attach the inhaler to the spacer.
- Have the student exhale.
- Have the student place the mouthpiece of the spacer in their mouth. Check to make sure the student’s lips have sealed around the mouthpiece for proper medication delivery.
- Press the inhaler to spray the medicine into the spacer.
- Have the student take a slow deep breath from the spacer, hold it for a count of 10 and then exhale. If a whistling sound is heard on inhalation, the student is inhaling too rapidly.
- Younger students may need to use a spacer with a mask. In that case, eight breaths should be taken after one puff, and one should observe to ensure the valve on the top of the mask rises and falls with each breath.
- If two or more “puffs” are ordered, wait one minute, then repeat the above steps from “Press the inhaler.”

- Wash hands well for 20 seconds with soap and water.
- Return cap to the inhaler and return medication to storage area.
- Record the medication on the log.
- Observe the student for any immediate medication reaction or side effect.
- Rinse the spacer and mouthpiece as needed with warm running water. Clean them once a week with warm water and soap. Allow the spacer and mouthpiece to air dry between uses.
- Do not clean or dry the inside of the spacer with a cloth or fabric. This can create an electric charge on the inside of the spacer. The charge will decrease the amount of medicine that goes to the student’s lungs.
- Once a week, rinse the mouthpiece (boot) that holds the canister with warm running water; do not soak it. When placing the canister back into the dried boot, it must be primed with one puff.
- If any side effect, such as rash, hives, itching, dizziness, or continued or increased cough, wheezing, chest tightness or breathing difficulty, call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

#### *Metered Dose Inhaler Without Spacer*

Spacers are always recommended for optimal medication administration. Students and the parent(s)/guardian(s) should be encouraged to contact their physician for a spacer. However, if a spacer is not available, it is even more important to monitor use of an inhaler without a spacer, as this is a more difficult task of coordination.

- Have the student wash hands well for 20 seconds with soap and water.
- Make sure you have the right medicine, the right amount and the right strength. To avoid mistakes, check the label three times before giving it to the student.
- Have the student sit up straight or stand to use the MDI.
- Remove cap from mouthpiece.
- Shake inhaler well before use (at least two seconds).
- Have the student breathe out completely.
- Hold inhaler in upright position with mouthpiece directly in the mouth;



close lips tightly around the inhaler.

- Open mouth and press top of inhaler firmly to release medicine. At the same time, take a deep breath in and hold it for a count of 10 if possible.
- Have the student exhale.
- Wait one to two minutes before taking a subsequent puff, if ordered.
- Wash hands well for 20 seconds with soap and water.
- Return cap to the inhaler and return medication to storage area.
- Record the medication on the log.
- If the student experiences any side effect, such as rash, hives, itching, dizziness, or continued or increased cough, wheezing, chest tightness or breathing difficulty, call the parent(s)/guardian(s) immediately. If the student exhibits significant or increasing breathing difficulty, call 911.

For more information, refer to the asthma section in chapter 5.

### **Self-Administration of Asthma Medications and Other Student-Controlled Medications**

Consistent with school policy, students may be allowed to self-administer certain medications. In July 2002, Georgia Senate Bill 472 was enacted allowing asthma inhalers, especially those used for quick relief of an acute episode, to be carried and used by the student as needed. See also digestive enzymes taken with every meal by a student with cystic fibrosis, insulin taken by a student wearing an insulin pump, or use of the EPIPEN, EPIPEN JR or other epinephrine auto-injectors in case of a severe allergy attack.

Local boards of education in Georgia are directed by SB 472 to adopt a policy authorizing the possession and self-administration of asthma medication by a student while in school, at school-sponsored activities, while under supervision of school personnel, and while in before-school or after-school care on school-operated property. The Report from the Capitol, produced by the Georgia School Superintendents Association in 2002, additionally indicates

these requirements in regard to SB 472, which can be found in the asthma section of chapter 5.

#### **In order for a student to possess an asthma inhaler, the following is required:**

- Written authorization from the parent(s)/guardian(s).
- Written authorization from the parent(s)/guardian(s) for the school to seek emergency medical treatment for the student when necessary and appropriate.

#### **The specifics of the asthma policy are left up to the district. Some guidelines for the self-administration of medications for asthma, allergy or other include the following:**

- Self-administration of medications should be specific to the student's abilities and level of understanding.
- A student self-administration form, developed by the school district, should be completed and signed per school policy with signatures from the parent(s)/guardian(s), healthcare provider and student.
- The school nurse should evaluate the student's health status and abilities for safe and appropriate self-administration (including method, frequency and reasons to take the medication) and should observe the student's technique. These issues should be reevaluated at specified times and whenever problems occur. The student also should be able to verbalize what they will do when they need assistance or are not responding to the medication in the usual way.
- Whenever possible, a back-up supply should be kept in the health room or clinic.
- With parental permission, teachers who are with the student during the day should be aware that the student is self-administering the medication and also should have training in the correct way for the student to take the medication.
- The school nurse should maintain contact periodically with the student to reevaluate their health condition and success with self-administration. It is important for the nurse to know approximately how often the student is having to use their inhaler, in order to assist in monitoring their asthma.
- A written statement may be required, signed by the parent(s)/guardian(s), stating that they assume responsibility for:



### Chapter 3: Administration of Medications

- Asthma medications, since the school will not be responsible for the supervision.
- Ensuring the student always carries their asthma medication on their person.
- Deciding if back-up medication will be kept at school and providing the back-up inhaler.
- Informing school staff in writing of any changes in the student's treatment or asthma management.
- Informing the school of any asthma exacerbations, hospital visits, and new or changed student medical information.
- Informing the school staff in writing of any medication side effects that warrant communication with the parent(s)/guardian(s).
- Coordinating distribution of the student's asthma emergency management plan to school staff through the school nurse.



## Section 4: Emergency Medications

Emergency medications for students or staff may be needed during school hours, most commonly for severe allergic reactions, complications of diabetes or prolonged seizures. These medications can be absolutely lifesaving. If the medication is ordered by the healthcare provider for the student’s safety and is provided by the family, school administration and staff should be prepared to comply with the plan, per district policy.

Activating EMS or calling 911 is an option that may be considered, but time delays often pose an unacceptable risk to the student in situations that can be alleviated with emergency medications. An individual health plan and emergency plan should be completed for any student with an order for such medications, which includes:

- Appropriate information about the medication
- Specific indications for use
- The names of staff members trained to administer
- The location of the medication
- The procedure and necessary aftercare
- Plan for field trips and other activities
- Any allergies listed

The plan should be updated annually and whenever changes occur. The parent(s)/guardian(s) should, of course, be notified whenever these medications are given.

The medication should be authorized in the manner specific by district policy, and should be provided by the parent(s)/guardian(s). School policy should address which staff members will be trained to administer these medications and how this will be done. When a school nurse is not in the building during school hours, at least two other school personnel should be identified and trained in when and how to administer the medication and any other actions that should be taken. Whenever possible, this training should include hands-on practice. The school nurse, healthcare provider or the parent(s)/guardian(s) may provide this training, depending on district policy.

School personnel designated and trained to give emergency medications should be listed on the student’s emergency care plan. Especially in large schools, the medication should be kept close to

the student whenever possible. The teacher who is with the student may keep the medication in a fanny pack. The student may be able to self-administer the medication, but often, if an emergency has occurred, they will not be physically able to self-administer. Encourage any student with allergies, especially to any medications, to wear an allergy bracelet, and one should check for one of these before any emergency medications are administered.

For minor allergies, often the student will have doctor orders for an oral antihistamine (ex. Benadryl), which should be given with water. For the younger student or one who has difficulty swallowing pills or liquids, a melt-away antihistamine can be used. Again, use these medications only with parental/doctor approval.

The emergency drug most commonly used for severe allergic reactions is epinephrine. For extreme hypoglycemia in a student who has diabetes who cannot swallow or cooperate glucagon, an injectable medication given with a prepackaged syringe and needle may be used. Diastat and Versed are two drugs currently used for the management of seizures. Diastat, a rectal preparation of Valium, may have to be used for a student with a prolonged seizure (or sometimes clusters of seizures). Another option for treatment of seizures is intranasal Versed. Other emergency medications may, of course, be needed by individual students or may be introduced in the future.

### Epinephrine

Epinephrine is the treatment of choice for allergic emergencies because it acts quickly to constrict blood vessels, raise blood pressure, relax smooth muscle around the airways, improve breathing, stimulate the heartbeat, and reverse hives and swelling.

Epinephrine comes in two dosages: 0.3 mg and 0.15 mg. The 0.15 mg dose is often called an EPIPEN JR, but there are other epinephrine auto-injector devices with this dose that are not the EPIPEN brand. The “junior” dose of 0.15 mg is intended for people who weigh about 65 pounds or less. In case of an emergency, if the 0.15 “junior” dose device is not available, a person weighing less than 65 pounds should be given the 0.3 mg dose. It is much better to give the 0.3 mg dose, even to somebody who weighs much less than 65 pounds, than to not give any epinephrine at all.

There are a few epinephrine auto-injector devices currently being sold that are not the EPIPEN brand. The main difference in the administration



technique is that the non-EPIPEN devices have a cap over the needle-end that must be removed in order to expose the needle and inject the epinephrine. Also, the EPIPEN device must be triggered by generating more force than the other auto-injectors that are not EPIPEN brand. Both devices have a cap on the end that does not contain the needle that must be removed to activate the devices. It is important that school personnel who are responsible for giving the epinephrine injection be familiar with all the devices that are kept at the school so that in case of emergency, the school employee already knows how to use the different devices. As new epinephrine auto-injector devices become available in the future, it is important for school personnel to learn how to use all the devices that are on the market, especially if a student at that school has one of those devices.

All epinephrine medications can be stored at room temperature until the marked expiration date. They should not be refrigerated or exposed to extreme heat (i.e., left in a vehicle in the sun). The solution should be clear and colorless; if it has turned brown, do not use it. An EPIPEN trainer is available for training purposes (Dey Laboratories: 800-869-9005) so that staff will feel comfortable giving this medication.

Persons experiencing anaphylaxis and requiring epinephrine may not have an anaphylaxis action plan. In order to be prepared for emergency situations requiring epinephrine, it is a good idea to become familiar with the anaphylaxis action plan, which is located in chapter 2, and also to have a blank anaphylaxis action plan readily available if needed for documentation.

If someone has a severe allergic reaction (hives, cough, wheezing, facial swelling, increasing respiratory difficulty), the epinephrine should be given immediately. It may be given through clothing and is usually injected in the thigh.

#### *How to use EPIPEN (Epinephrine) Auto-Injector*

- Remove the EPIPEN Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.
- Grasp auto-injector with your fist with the orange tip pointing down.

- Swing and firmly push the orange tip against the mid-outer thigh until you hear a click.
- Hold it there for three seconds.
- Remove the pen and massage the area for 10 seconds.

#### *How to use Auvi-Q (Epinephrine Injection, USP)*

- Remove the outer case of Auvi-Q. This will start the voice instructions.
- Pull off the red safety guard.
- Place the black end against the mid-outer thigh.
- Press firmly and hold it there for five seconds.
- Remove from thigh.

#### *How to use Adrenallick (Epinephrine Injection, USP Auto-Injector)*

- Remove the outer case.
- Remove the gray caps labeled “1” and “2.”
- Place the red rounded tip against the mid-outer thigh.
- Press down hard until the needle goes in the skin.
- Hold it there for 10 seconds. Remove from thigh.

When using the pen-shaped device, such as EPIPEN, grasp the device so that the thumb is not placed over either end, because you can easily accidentally stick yourself with the needle if you have a thumb over one end of the device.

After you use an epinephrine pen, stay with the student and call 911.

Take the used epinephrine pen with you to the hospital emergency room for proper disposal.

Epinephrine auto-injector teaching sheet from Children’s Healthcare of Atlanta: [choa.org/-/media/Files/Childrens/teaching-sheets/epinephrine-pens.pdf](https://choa.org/-/media/Files/Childrens/teaching-sheets/epinephrine-pens.pdf)

EPIPEN information: [epipen.com](https://epipen.com)



### Glucagon

Glucagon is a natural hormone that, like insulin, is produced in the pancreas. It has the opposite effect of insulin. It has the effect of raising an individual's blood sugar level by breaking down glycogen stored in the liver into glucose. A student with diabetes can have a low blood sugar (less than 70/80 mg/dL according to the range set in their diabetes management plan), and if it goes unnoticed or untreated, it may lead to the student not being alert, passing out or having a seizure. If that happens, you will need to administer glucagon by injection. The signs of hypoglycemia should be taught to all staff members who will have contact during the day with a student who has diabetes. Because this procedure is somewhat more complex than using an epinephrine auto-injector, hands-on practice with a needle and syringe are recommended.

Glucagon often causes vomiting, so it is important to place the student on their side for the injection and maintain them in this position after it is given. The injection should be given in a large muscle, such as the thigh, and may be safely injected into fat, muscle or a vein (so there is no danger if someone unfamiliar with giving injections has to do this). Once injected, the effect is very rapid. The blood sugar levels rise within two to 10 minutes. When the individual is awake and able to swallow, they can be given a fast-acting glucose listed on their care plan. The glucagon kit should be stored in an area where school personnel who have been trained will be able to locate and access it quickly. It should be kept under 90 degrees Fahrenheit for storage.

Glucagon must be mixed in a syringe and injected; it comes in a kit with a syringe pre-filled with a liquid diluent and a vial of powdered glucagon. It must be prepared for injection immediately prior to use, following the instructions in the kit (for How to Administer Glucagon). Be sure to know how to use before an emergency happens.

While preparing glucagon, send another staff member to call 911. Always check with the physician order for the dosage prior to giving glucagon. There is no danger of overdose. Instructions are provided in the section on injection procedures of this chapter, but always refer to the glucagon kit instructions and the diabetes management plan for complete details and instructions.

### Seizure Medications

Each student is an individual and health needs vary greatly. Specific instructions should be in place for the management of seizure medications. Physician orders may differ, so always follow the seizure action plan. See the seizures section in chapter 5 for additional information.

#### *Diastat*

Diastat is a preparation of Valium that is given rectally and usually ordered for a student who has a seizure that lasts longer than five minutes or seizures that come in clusters with no return to consciousness between shorter seizures. Two strengths of Diastat, as well as a dialed dose pen set by the pharmacist, are available. Each pen set comes with a prescribed dosage of the Diastat, which is locked in place by the pharmacist. The syringe is equipped with a tip that is designed for rectal administration.

When the determination is made (outlined in the seizure action plan) that Diastat is needed, other students should be removed from the area if possible while the medication and the student are prepared. The Diastat may be kept in a plastic bag with the following supplies: gloves, lubricating jelly packet (if not provided with syringe), two drapes or towels (one to place under the student, and one over the student for privacy) and the student's seizure action plan.

#### **How to prepare and administer:**

- Gather your supplies.
- Place one towel under the student and one over the student for privacy.
- Make sure you have the right medicine, the right amount and the right strength. To avoid mistakes, check the label three times before administering it to the student.
- Remove the cap from the Diastat syringe. Lubricate the rectal tip with lubricating jelly.
- The student should be turned on their side with their upper leg bend forward to expose the rectum.
- Separate buttocks to expose the rectum.
- Gently insert the lubricated syringe tip into the rectum. Note: The rim of the syringe should be snug against rectal opening.
- Slowly count to three while gently pushing in the plunger until it stops.



- Slowly count to three before removing syringe from rectum.
- Slowly count to three while holding buttocks together to prevent the medicine from leaking.
- Keep the student on their side, facing you. Take note of the time you gave the medicine, and keep watching the student.

The most common side effect of this medication is that the student will become sleepy. Another uncommon side effect is respiratory depression. Call the parent(s)/guardian(s) to take the student (or activate EMS per school policy) whenever this medication is given.

**The opinion of the Children’s Epilepsy Center of Children’s Healthcare of Atlanta is that the use of Diastat is usually not appropriate during transportation on school buses. This opinion is based on the following:**

- Need for training of school bus personnel
- Inability to administer safely, due to space on the school bus
- Global traffic safety issues
- Issues regarding student privacy and confidentiality

**The following procedures may be used as a guideline for school bus personnel when a student has a seizure during transport:**

- If a seizure is observed on a school bus, the seizure should be timed.
- If the seizure lasts longer than five minutes, 911 should be called for assistance.
- Other instructions should be in place based on the seizure action plan on file for the individual student.

The Epilepsy Foundation provides a free in-service for school bus personnel called A Guide to Better Understanding Seizures for training purposes. It covers appropriate first aid for a student having a seizure within a school bus environment. The foundation can be reached online or by phone. Visit [epilepsyga.org](https://epilepsyga.org) for additional information.

Diastat: [diastat.com](https://diastat.com)

### *Intranasal Versed*

This medication is another option for emergency seizure management: [choa.org/-/media/Files/Childrens/teaching-sheets/intranasal-midazolam-versed.pdf](https://choa.org/-/media/Files/Childrens/teaching-sheets/intranasal-midazolam-versed.pdf)



## Section 5: Injection Procedures

### Glucagon Injection Procedures

#### *How to Administer Glucagon*

Glucagon is a natural hormone made by the pancreas. It has the opposite effect of insulin; it raises blood sugar. A student with diabetes can have a low blood sugar (less than 70/80 mg/dL according to the range set in their diabetes management plan), and if it goes unnoticed or untreated, it may lead to the student not being alert, passing out or having a seizure. If that happens, you will need to administer glucagon by injection. Glucagon is a medication that requires a doctor's prescription.

Glucagon comes in a red emergency kit that has two parts: a powder and a liquid. It will need to be mixed prior to administration. The package has instructions for mixing and administering the glucagon. Glucagon is only good for 24 hours once it has been mixed.

#### *When to Administer Glucagon*

If the student has diabetes and is unconscious or having a seizure, check their blood sugar. If the blood sugar is low (less than 70/80 mg/dL according to the range set in their diabetes management plan), prepare to administer glucagon.

Administration of glucagon should only occur if the student is not conscious or is having a seizure. If this situation happens, never give them food or drinks. It could cause them to choke.

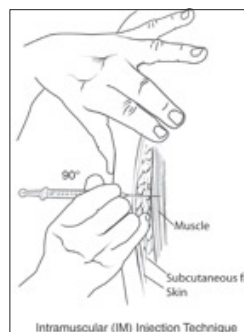
Before administering glucagon, delegate someone to call 911.

#### *How to Prepare a Glucagon Injection*

1. Wash your hands. Open the red emergency kit to prepare the glucagon for injection. Follow the package instructions or as outlined below.
2. Remove the plastic cap from the glass vial with the powder in it. The powder is the glucagon.
3. Take the syringe containing the diluting solution, remove the cap and insert the needle into the glass vial of powder.
4. Push the diluting solution from the syringe into the powder.

5. Once all the diluting solution has been injected, swirl the bottle to dissolve the powder.
6. Do not use if the solution is cloudy, leaking or has particles.
7. Do not use if solution changes color.
8. Once the solution is mixed, withdraw the amount prescribed in the diabetes management plan (usual dose for children over 25 pounds is 0.5 mg). The lines on the syringe are as follows: 0.5 mg (the first line) or 1 mg (the second or bottom line when needle is pointing up). It is important to give the prescribed dose, but there is no danger of overdosing.

#### *How to Administer a Glucagon Injection*



9. Place the student on their side to prevent choking. Glucagon may cause vomiting.
10. Put on gloves.
11. Once the solution is mixed, withdraw the amount prescribed in the diabetes management plan (usual dose for children over 25 pounds is 0.5 mg). The lines on the syringe are as follows: 0.5 mg (the first line) or 1 mg (the second or bottom line when needle is pointing up). It is important to give the prescribed dose, but there is no danger of overdosing.
12. Glucagon needs to be administered in a muscle. Find a site for the injection as outlined in "How to Administer an IM Injection." The most accessible injection site in a school setting may be the front, middle, top of the thigh (rectus femoris); middle third outer aspect of the thigh (vastus lateralis); or the upper third of the muscle on the arm, two finger widths below the bony aspect of the shoulder (deltoid).
13. Clean the site with alcohol using friction. Let the alcohol dry.
14. Hold the muscle firmly between your thumb and index finger.
15. Hold the syringe like a pencil. Quickly insert (dart) the needle through the skin at a 90-degree angle.
16. Slowly push all the medicine into the tissue.
17. Count to five, then remove the needle. This step helps to prevent the medicine from leaking.





18. After you remove the needle, you may need to gently press on the site with a dry gauze or tissue until the bleeding stops. A Band-Aid may be applied to the site if needed.
19. Remove gloves and wash your hands again.

#### *After Administering Glucagon*

20. Wait several minutes (10 to 15 minutes) for the glucagon to work.
21. Recheck the student's blood sugar after 10 to 15 minutes.
  - If the student does not respond in 10 to 15 minutes, it may be necessary to give a second dose of glucagon if instructed by the doctor.
22. When the student becomes more alert and able to drink, give them sips of a regular soft drink, juice or a sweetened drink, even if they have an upset stomach.
  - They may not want to drink, but give sips of fluids with carbohydrates anyway.
  - This step helps to prevent another low blood sugar reaction.
23. After 10 minutes, if the student is able to keep the drink down, have them eat something solid. You may use a sandwich or crackers with peanut butter.
24. Check their blood sugar often. The student should check their blood sugar every hour for the next four to five hours to ensure the blood sugar remains within the target range.
25. If they vomit, check for ketones.
26. Always call the parent(s)/guardian(s)/doctor for further instructions after using glucagon. The student's next insulin dose may need to be changed.
27. Properly dispose of leftover glucagon after the dose is given.

### **Insulin Injection Procedures**

#### *How to Administer Insulin*

Insulin is a hormone that is necessary to move glucose out of the blood and into the cells. Students with type 1 diabetes require insulin

as part of their daily routine; students with type 2 diabetes may require insulin as well. There are different types of insulin, and the calculations and times of administration may vary dependent upon the type of insulin prescribed. Refer to the student's diabetes management plan for instructions on the type of insulin needed and how to calculate their insulin dose. Always double-check the calculations prior to the administration of insulin.

#### *Supplies Needed to Administer Insulin*

- Alcohol swabs
- 30-, 50- or 100-unit insulin syringe or needles for insulin pens
- Insulin or insulin pen
- Dry gauze or tissue
- Calculator (for calculations)
- Sharps container for disposal

#### **About Syringes**

Insulin is measured in units. The most common type of insulin made in the United States is U-100. This means there are 100 units of insulin per milliliter (mL). Milliliters are units of measurement.

The type of syringe you use should match your insulin. For example, give U-100 insulin with a U-100 syringe. There are three sizes of U-100 syringes: 30-unit, 50-unit and 100-unit. The needle lengths may vary. Insulin syringes may have either a long or short needle based on what the doctor has prescribed. When using a 30- or 50-unit insulin syringe, each line represents one unit. When using a 100-unit syringe, each line represents two units.

#### **Tips for Using a Syringe**

- Use a syringe one time only. Using a syringe again can cause infection. A needle also becomes dull after it has been used more than one time.
- Never share used syringes with another person.

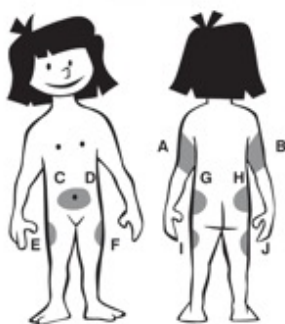
#### **Sharps Disposal Tips**

- Do not put the cap back on a used needle. This practice can cause you to stick yourself.



- Dispose of the used syringe (and lancets used for checking blood sugars) in a sharps container, or check with your school about how to dispose of syringes and needles while there.

### How to Select the Site for Insulin Administration



Find a site for the injection where you have at least a half inch of fat under the skin. The main areas are the stomach, buttocks, outer thigh and the back of the upper arm.

#### A few tips to help protect the skin include:

- Inject insulin at least two inches away from the belly button.
  - Do not give shots near moles or scars.
- Do not give a shot in the stomach to small or very thin students who do not have at least a half-inch layer of fat.
  - Use the top outer area of the thighs, generally where your hand falls at rest when standing, avoiding the direct top or side of the thigh.
  - Choose two different places for each shot when taking two shots at one time.
  - Change the site where shots are given each time. Rotate places within each site. If not, the body might make scar tissue, or lumps, under the skin. The scarring can keep insulin from being absorbed well.
  - Make up a chart or a simple system to keep track of the different places used. For instance, use the right arm for breakfast insulin, the left arm for lunch insulin, the stomach for dinner and the buttocks for bedtime.

**Note:** Never force a young child or a child who is afraid to give themselves shots. An adult, like a parent or school nurse, needs to help until the child is old enough and emotionally ready. Even an independent teen needs help giving a shot sometimes.

How fast the body absorbs insulin depends on where it is injected. It is absorbed more quickly from the stomach area than any other spot. Some factors can increase how fast insulin is absorbed because of increased blood flow to the area. They include taking a hot bath or shower, rubbing an injection site, and exercising the body part where you just injected the insulin.

### How to Prepare an Insulin Injection

Calculate insulin dose as directed on the diabetes management plan.

#### Prepare the insulin injection

1. Check the bottle to ensure you have the correct insulin.
2. Place your insulin and supplies on a clean, flat surface.
3. Wash your hands well with soap and water.
4. Check the label and insulin to make sure the insulin has not spoiled (yellow, sticky, etc.), expired or been opened longer than 30 days.

#### Draw up the insulin

1. Clean the top of the insulin bottle with an alcohol swab. Let it dry. Do not touch the clean top while you get ready to give a shot. This helps prevent germs from getting on the needle or from being pushed down into the insulin.
2. Remove the cap from the needle. Pull back the syringe plunger to the number of units of insulin you need to take. You will pull air back into the syringe as you do this.
3. Push the needle through the rubber top of the insulin bottle while it sits on the flat surface. Push the plunger all the way down to push the air in the syringe into the bottle. This step makes it easier to draw out the insulin.
4. Keep the needle in the bottle of insulin and turn the bottle upside down. Draw up the dose of insulin you need.
5. To remove air bubbles:
  - Push all the insulin back into the bottle and draw up the dose again.
  - Or try tapping the top of the syringe to make the bubbles rise to the top. Then push the bubbles back into the bottle. Once the bubbles have been removed, you may need to pull back on the plunger until you have the correct amount of insulin in the syringe.



6. Remove the needle from the bottle once you have the dose of insulin you need. Put the cap on the needle if you do not give the insulin right away. Do not touch the needle or set it on any surface while it is uncovered. Double check that the amount in the syringe is the correct amount from the calculations/diabetes management plan.

**Note about air bubbles:** If there are many air bubbles in the syringe, they take the place of insulin. This means that the student will not get all the insulin they need. Other than being short on the insulin dose, having a small amount of air bubbles in the syringe will not harm the student.

#### *How to Draw Up and Mix Clear and Cloudy Insulin*

Only mix two types of insulin together if your doctor tells you to do this. An example of two insulins that can be mixed together are NPH insulin (cloudy) with Humalog or Novolog (clear). Never mix Lantus or Levemir with another kind of insulin.

1. Place your insulin and supplies on a clean, flat surface.
2. Wash your hands well with soap and water.
3. Check the label to make sure the insulin has not spoiled, expired or been opened longer than 30 days.
4. Calculate the dose for both the clear and the cloudy insulin amounts separately. The total units in the syringe should be the combined total amount for both clear and cloudy insulin (ex., five units of clear and 22 units of cloudy equal 27 units in the syringe).

#### **First, add air to the cloudy insulin vial.**

5. Gently roll the bottle of cloudy insulin between your hands. The insulin is mixed when it looks cloudy all the way through the bottle. Do not shake the bottle to mix it, as this will make air bubbles.
6. Clean the tops of both the cloudy and clear insulin bottles with alcohol. Let them dry.
7. Remove the cap from the needle. Pull back the syringe plunger to the number of units of cloudy insulin you need to take. You will pull air back into the syringe as you do this.

8. Push the needle through the rubber top of the cloudy insulin bottle while it is sitting on the flat surface. Push the plunger all the way down. This pushes the air in the syringe into the bottle. This step makes it easier to draw out the insulin.
9. Pull the needle out of the cloudy insulin bottle without any insulin in it.

#### **Next, draw up the clear insulin.**

10. With the clear insulin bottle, repeat steps 6, 7 and 8, except this time you will draw up air equal to the amount of clear insulin you need. Do not pull the needle out of the bottle.
11. Keep the needle in the bottle of clear insulin and turn the bottle upside down. Draw up the dose of the clear insulin you need.
12. To remove air bubbles:
  - Push all the insulin back into the bottle and draw up the dose again.
  - Or try tapping the top of the syringe to make the bubbles rise to the top. Then push the bubbles back into the bottle. Pull back on the plunger until you have the correct amount of insulin in the syringe, if needed. Remove the syringe from the clear insulin bottle.

#### **Now, draw up the cloudy insulin.**

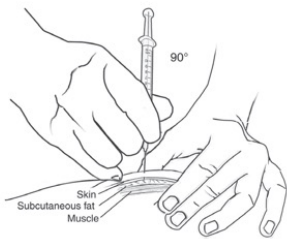
13. Push the needle back through the rubber top of the cloudy insulin bottle while it sits on a flat surface.
14. Keep the needle in the bottle of cloudy insulin and turn the bottle upside down. Be careful not to push the clear insulin back into the cloudy insulin or allow the plunger to go up once you have started adding the cloudy insulin. It would not be possible to determine the correct amounts of the individual insulins. Slowly, draw up the dose of insulin you need (the total insulin in the syringe should equal the amount of both the clear and cloudy insulins). At this point, if you pull up too much cloudy insulin into the syringe, throw the syringe and insulin away and start over.
15. Remove the needle from the bottle once you have the dose of cloudy insulin you need.
16. Put the cap back on the needle if you do not give the student the insulin right away.



**Example:** The student requires five units of clear insulin (Humalog) and 20 units of cloudy insulin (Humalog 75/25). The syringe should contain 25 units of insulin ( $5+20=25$ ).

### How to Administer an Insulin Injection

1. Wash your hands for 15 seconds.
2. Find a site for the injection using the instructions above. Next, clean the skin with an alcohol swab. Let it dry before giving the shot. This helps prevent stinging.
3. Pick up the syringe as you would hold a pencil. Take off the needle cap.
4. Use your other hand to gently pinch the cleaned area into a three-inch fold. Do not squeeze the skin hard or you might squeeze out the insulin.
  - Insert the needle into your skin at a 90-degree angle if you are using a short needle.
  - Insert the needle into your skin at a 45-degree angle if you are using a long needle. This makes sure that you inject the insulin into fat instead of muscle. Going into muscle will hurt and can cause insulin to be absorbed more quickly. This can lead to a low blood sugar.



Subcutaneous ("SQ") Injection for a very thin child with less than 1/2" subcutaneous fat.

90-degree angle for short needle



Subcutaneous ("SQ") Injection

45-degree angle for long needle

5. Push the plunger down until all of the insulin is gone from the syringe. Wait 10 seconds, then pull needle out.
  - Holding the needle in keeps the insulin from leaking out when you remove the needle.
  - Do not take any more insulin if any of it leaks out. Just make a note in your insulin and blood sugar log. Leaked insulin can cause higher blood sugar readings. If this continues to happen, notify the parent(s)/guardian(s).
  - Do not rub the injection site. This can cause the insulin to be absorbed too fast.
6. If the student bleeds, it may be because you broke a small blood vessel with the needle. Use a tissue to gently press down on the student's skin.

### How to Give an Insulin Injection Using an Insulin Pen

#### Preparation

1. Wash your hands. Put on gloves.
2. Remove the cap on the insulin pen and check the insulin cartridge for the correct insulin, expiration date and appearance.
  - Most insulins are clear; however, some insulins (such as intermediate-acting insulins) are cloudy. If giving cloudy insulin (ex. Novolog 70/30 or Humalog 75/25), roll insulin pen in your hands and invert it several times, making sure it looks evenly mixed.
3. Use an alcohol swab to clean the end of the insulin cartridge (the area where the needle is placed).
4. Remove the paper tab from the needle container.
5. Screw the needle onto the pen.
6. Pull off the plastic needle container (but do not throw away) and remove the inner plastic needle cover (this piece should be discarded). Place plastic needle container on a flat surface with open end facing up. This will assist in needle disposal after insulin is given.

#### Priming the pen

7. Turn the dial on the insulin pen to "2" in the dosing window of the pen.
8. Holding the pen with the needle facing up, push the dose button in and look for a drop at the tip of the needle or a stream of insulin. If you do not



see a drop or stream of insulin, repeat by dialing in another two units and pushing the dose button again. If after a second attempt there is no insulin, change out the needle and repeat steps 4 through 8.

#### Administration of insulin

9. Once the pen is primed, dial in the dose needed in the dosing window (be sure to double check the calculations for correct dose).
10. Choose the site, pinching up skin if needed as directed (if using the nano needle, you do not need to pinch up the skin).
11. Push the needle into the skin.
12. Press the dose button in slowly and firmly, and then hold needle in place for 10 seconds.
13. Remove needle from skin.

#### Disposal of needle

14. Place the needle into the plastic needle cap that was left upright on a flat surface (step 6). Do not lift the cap up with your fingers to cover needle tip. Leave cap on the counter and use the pen to place the needle into the cap to avoid the possibility of finger stick injury.
15. Turn counterclockwise to remove the pen from the needle.
  - Do not store the pen with the needle on (this will help prevent air from getting into insulin cartridge and ensures sterility).
16. Discard plastic container with the needle in sharps container.
17. Replace pen cap.
18. Remove gloves and wash hands well for 20 seconds with soap and water.

#### Tips

- The insulin pen will not let you dial more than the number of units left in the cartridge.
- Expiration dates vary depending on the type of insulin.

### Intramuscular Injection Procedures

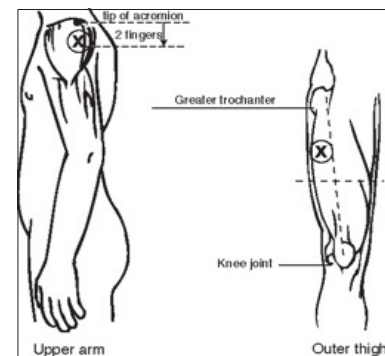
#### *What Is an Intramuscular (IM) Injection?*

An intramuscular injection is a type of “shot.” It is a way for someone to take medicine that cannot be taken by mouth. This section will show you how to give an IM injection. You will give the medicine into a large muscle, such as the outer thigh or upper arm.

#### *Supplies Needed to Administer an IM Injection*

- Alcohol swabs
- Band-Aid
- 1cc or 3cc syringe
- Medicine
- Proper gauge needle
- Dry gauze or tissue

#### *How to Select the Site for an IM Injection*



The areas used for intramuscular injections vary depending on the age and the amount of medication that will be administered. The areas used for IM injections are deltoid (upper arm), vastus lateralis (anterior/lateral aspect of thigh), ventrogluteal (hip), dorsogluteal (buttocks) or rectus femoris (front middle aspect of thigh). If giving an intramuscular injection while the student is at school, you must follow the school health plan and discuss the location for the injection site with parent(s)/guardian(s) as they have been advised by their physician.

**Giving an IM injection in the wrong place can cause serious damage, so it is very important to know how to locate the exact location for these injection sites.**



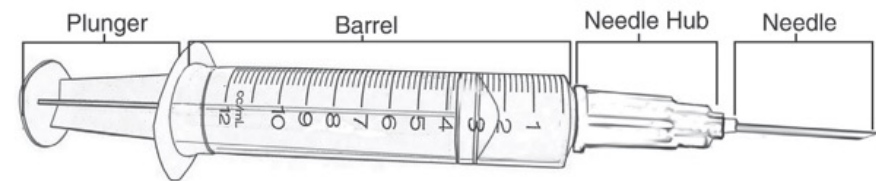
### Tips on Site Selection

- The site should be determined based on the age and the amount of medication to be administered. Sites are first determined by the age of the student. The deltoid and vastus lateralis sites are recommended for preschoolers to adolescents and will be the best sites for administering an IM injection to a student.
- Sites (determine the maximum amount of medication allowed)
  - Deltoid (preferred site for older school age and adolescents): The upper third of the muscle on the arm, two finger widths below the bony aspect of the shoulder
  - Vastus lateralis (preferred site for small children): Divide the thigh into thirds and aim for the outer aspect of the middle third of the thigh
- Maximum medication amounts (dependent on the site chosen for injection)
  - Young school age: 1.5 mLs (deltoid not recommended)
  - Older school age to adolescent: 1.5 to 2 mLs (deltoid only 0.5 mLs)
  - Older adolescent: 1.0 to 2.5 mLs (deltoid only 1 mL)
- Needle sizes and lengths vary
  - Young children: 5/8ths (25 to 26 gauge) to 1 inch length (22 to 24 gauge)
  - Older children and adolescents: 1 to 1 1/2 inch length (21 to 22 gauge)
- Choose two different places for each shot when taking two shots at one time.
- Be careful when administering an IM injection; each administration site has its advantages and disadvantages.

### How to Prepare an IM Injection

1. Allow the medicine to come to room temperature if needed (15 to 30 minutes).
2. Wash your hands well.

3. Check the medicine for the correct name and dose and expiration date.
4. Clean the top of the medicine bottle well with an alcohol swab. Let the alcohol dry.
5. If needed, place the needle on the syringe, and remove the cap from the needle. Do not touch the needle or set it on any surface while it is uncovered.

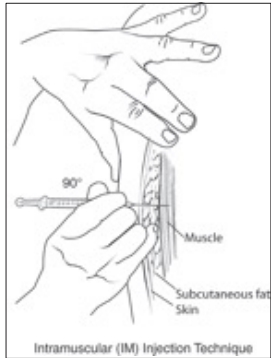


Parts of a Syringe

6. Pull air into the syringe equal to the amount of medicine to be given.
7. Insert the needle into the top of the medicine bottle.
8. Push the air into the medicine bottle.
9. Turn the bottle upside down, and pull back slowly on the plunger. Fill the syringe with the amount of medicine needed. If there is an air bubble, pull back a little more medicine.
10. If air bubbles are present, tap the side of the syringe, so that the air goes to the top. Push the air out.
11. Check the syringe again to make sure the dose is correct.
12. Take the needle out of the medicine bottle, and carefully replace the cap on the needle.



### How to Administer an IM Injection



1. Wash your hands. Put on gloves.
2. Find a site for the injection as described above.
  - Use the upper outer part of the thigh or upper arm (two finger widths below the tip of the shoulder).
  - Only use the upper arm if the amount is less than 0.5 to 1 mL, depending on the age of the student.
3. Clean the site with alcohol using friction. Let the alcohol dry.

4. Hold the muscle firmly between your thumb and index finger.
5. Hold the syringe like a pencil. Quickly insert (dart) the needle through the skin at a 90-degree angle.
6. Pull back slightly on the plunger to see if blood comes into the syringe.
7. If there is blood, take the needle out, discard the needle and syringe, and start over.
8. If the medicine in the syringe is clear of blood, slowly push all the medicine into the tissue.
9. Count to five, then remove the needle. This step helps to prevent the medicine from leaking.
10. After you remove the needle, gently press on the site with a dry gauze or tissue until the bleeding stops. Apply a Band-Aid to the site.
11. Remove gloves and wash your hands well again.

### How to Dispose of the Syringe and Needle

Do not recap the needle or put it in the trash.

- Dispose of the needle and syringe in a sharps container.

- Be very careful and take your time when you handle a syringe. If you poke yourself after the medicine has been given, follow your school policy for needlesticks.

### Helpful Tips

- Do not give the injection in the same spot each time. Rotate sites.
- Write down the site you use each time and give each injection in a new site.

### Subcutaneous Injection Procedures

#### What Is a Subcutaneous Injection?

A subcutaneous injection is a type of “shot.” It is a way for a child to take medicine that cannot be taken by mouth. Subcutaneous means below the skin, but not into the muscle. Below explains how to give a subcutaneous injection. If you want, you may practice on an orange. If administering insulin, see “Insulin Injection Procedures,” for instructions.

#### Supplies Needed to Administer a Subcutaneous Injection

- Alcohol swabs
- Band-Aid
- 1cc or 3cc syringe
- Medicine
- Proper gauge needle
- Dry gauze or tissue

#### How to Select a Site for a Subcutaneous Injection

Find a site for the injection where you have at least a half inch of fat under the skin. The main areas are the stomach, buttocks, outer thigh and the back of the upper arm.

#### A few tips to help protect the skin include:

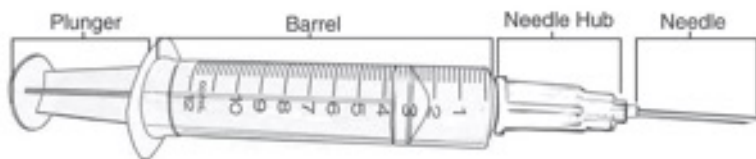
- Inject medication at least two inches away from the belly button.
- Do not give shots near moles or scars.



- Do not give a shot in the stomach to small or very thin students who do not have at least a half inch layer of fat.
- Use the top outer area of the thighs, generally where your hand falls at rest when standing, avoiding the direct top or side of the thigh.
- Choose two different places for each shot when giving two shots at one time.
- Change the site where shots are given each time. Rotate places within each site. If not, the body might make scar tissue, or lumps, under the skin. The scarring can keep the medication from being absorbed well.
- Write down the site you use each time and give each injection in a new site.

#### *How to Prepare a Subcutaneous Injection*

1. Allow the medicine to come to room temperature if needed (15 to 30 minutes). If giving insulin, it does not need to be at room temperature (see "How to Administer Insulin" above).
2. Wash your hands well for 20 seconds with soap and water.
3. Check the medicine for the correct name and dose.
4. Clean the top of the medicine bottle well with an alcohol swab. Let the alcohol dry.
5. If needed, place the needle on the syringe, and remove the cap from the needle. Do not touch the needle or set it on any surface while it is uncovered.



Parts of a Syringe

6. Pull air into the syringe equal to the amount of medicine to be given.
7. Insert the needle into the top of the medicine bottle.
8. Push the air into the medicine bottle.
9. Turn the bottle upside down, pull back slowly on the plunger. Fill the syringe with the amount of medicine needed. If there is an air bubble, pull back a little more medicine.
10. If air bubbles are present, tap the side of the syringe, so that the air goes to the top. Push the air out.
11. Check the syringe again to make sure the dose is correct. You may need to pull more medicine back into the syringe.
12. Take the needle out of the medicine bottle. Replace the cap on the needle.

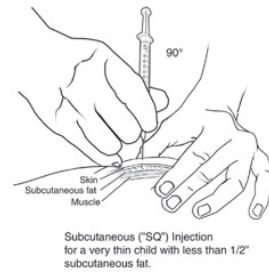
#### *How to Administer a Subcutaneous Injection*

1. Wash your hands. Put on gloves.
2. Find a site for the injection. This is usually the upper part of the thigh or upper arm.
3. If needed, have the child straddle or sit on the lap of a known adult. This person can hold and stabilize arms and legs not being injected.
4. Clean the site with alcohol using friction. Let the alcohol dry.
5. With your thumb and index finger, pinch a small area of skin with fat tissue. Do not pinch the muscle.

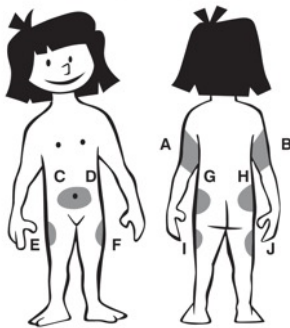




6. Follow the diabetes management plan for how to insert the needle (see the pictures below):
  - Insert the needle through the skin into the fat tissue at a 45-degree angle if you use a long needle (1/2 inch or 5/8 inch) and have been taught this method.
  - Insert the needle through the skin into the fat tissue at a 90-degree angle if you use a short needle (5/16 inch) and have been taught this method.



7. After the needle is completely inserted into the skin, release the grasped skin. Press down on the plunger at a steady pace to push the medicine into the subcutaneous layer of skin.
8. Remove the needle from the skin.



9. Gently press on the site with a dry gauze or tissue until the bleeding stops. Apply a bandage to the site. Give the child a hug, and tell them how brave they were.
10. Dispose of the syringe and the needle as it states below.
11. Wash your hands well for 20 seconds with soap and water again.

### How to Dispose of the Syringe and Needle

- Do not recap the needle or put it in the trash.
- Dispose of the needle and syringe in a sharps container.
- Be very careful and take your time when you handle a syringe.
- If you poke yourself after the medicine has been given, refer to your policy on needlesticks for instructions.
- Do not give the injection in the same spot each time.
- Write down the site you use each time and give each injection in a new site.

### Resources

- About.com: [pediatrics.about.com](http://pediatrics.about.com)
- Drug Information Portal: [druginfo.nlm.nih.gov/drugportal/drugportal.jsp](http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp)
- Drugs.com: [drugs.com](http://drugs.com)
- Pill Identification Wizard from Drugs.com: [drugs.com/pill\\_identification.html](http://drugs.com/pill_identification.html)
- MedlinePlus: [medlineplus.gov](http://medlineplus.gov)
- New England Journal of Medicine: [nejm.org](http://nejm.org)
- Nursing 2020 Drug Handbook: [amazon.com/Nursing2020-Drug-Handbook-Nursing/dp/1975109260/ref=dp\\_ob\\_title\\_bk](http://amazon.com/Nursing2020-Drug-Handbook-Nursing/dp/1975109260/ref=dp_ob_title_bk)



# Section 6: Chapter 3 Appendix

### Authorization To Give Medication At School (Option 1)

If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed. Please write one medication per page.

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

I request that \_\_\_\_\_ School, through the principal or designee supervise/assist in the administering of medication to my child, according to the instructions below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.). Pharmacists can provide a duplicate labeled container with only the school doses.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment to the principal or clinic personnel.
- It will be the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed and a newly labeled container is provided.
- All medication will be taken directly to the office/clinic by the parent/legal guardian.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

\*\*\*\*\*  
Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Route (by mouth, topical, etc): \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Stop Medication on: \_\_\_\_\_

Condition/Illness Requiring Medication: \_\_\_\_\_

Possible Side Effects, if any: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

I hereby authorize the personnel, employees and officials of the \_\_\_\_\_ School District to assist my child in taking prescribed medication according to district policy and I release them from any liability for administering this medication. I understand that, in the event of a change in medicine, I am responsible for presenting a new request form.

\_\_\_\_\_  
Parent/ Legal Guardian signature Date

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

To be completed by School Health Clinic Personnel only:

Date received: \_\_\_\_\_ Name of Medication: \_\_\_\_\_ # Doses: \_\_\_\_\_



Authorization to Give Medication at School (Option 2)

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

A. **TO BE COMPLETED BY THE PHYSICIAN**

Reason for medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Form of medication/treatment:  
 Tablet/capsule  Liquid  Inhaler  Injection  Nebulizer  Other \_\_\_\_\_

Instructions (Time and dose to be given at school): \_\_\_\_\_

Start:  date form received  Other date: \_\_\_\_\_

Stop:  end of school year  Other date/duration: \_\_\_\_\_

for emergency only  As needed (PRN)

Restrictions and/or important side effects:  None anticipated

Yes. Please describe: \_\_\_\_\_

Special storage requirements:  None  Refrigerate

Other: \_\_\_\_\_

Please indicate if you have provided additional information:

On the back side of this form  As an attachment

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Please Physician's Name: \_\_\_\_\_ Date received at school: \_\_\_\_\_

Print Address: \_\_\_\_\_ Nurse's Signature: \_\_\_\_\_

Or Phone: \_\_\_\_\_

Type Fax: \_\_\_\_\_

B. **TO BE COMPLETED BY THE PARENT**

I give permission for (name of child) \_\_\_\_\_ to receive the above medication at school according to standard school policy.

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

**NOTE: MEDICATION MUST BE DELIVERED TO SCHOOL BY A RESPONSIBLE ADULT IN THE CONTAINER IN WHICH IT WAS DISPENSED BY THE PRESCRIBING PHYSICIAN, LICENSED PHARMACIST OR PHARMACY.**

\_\_\_\_\_ *This form must be completed every school year.* \_\_\_\_\_



Authorization To Give Medication At School (Prolonged Time Period)

If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed. Please write one medication per page.

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

I request that \_\_\_\_\_ School, through the principal or designee supervise/assist in the administering of medication to my child according to instructions the instructions below. I understand that:

- Medications must be in the original labeled container (no baggies foil, etc.) Pharmacies can provide a duplicate labeled container with only the school doses.
- Parent/guardian must provide special instructions, as well as the medication and related equipment to the principal or clinic personnel.
- It will be the responsibility of the parent/guardian to inform the school of any changes. New medications or new doses will not be given unless a new form is completed and a newly labeled container is provided.
- All medications will be taken directly to the office/clinic by the parent/guardian.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

\*\*\*\*\*

Name of medication: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route (by mouth, topical, etc.): \_\_\_\_\_  
Time(s) to be given: \_\_\_\_\_ Stop medication on: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

I hereby authorize the school personnel, employees and officials of the \_\_\_\_\_ School District to assist my child in taking prescribed medication according to district policy and I release them from any liability for administering this medications I understand that, in the event of a change in medicine, I am responsible for presenting a new request form.

\_\_\_\_\_  
*Parent/Legal Guardian* *Date*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

*To be completed by healthcare provider for prescription medications given for more than two weeks.*

Condition/Illness Requiring Medication: \_\_\_\_\_

Possible Side Effects if any: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Healthcare Provider* *Date*





Medication About to Run Out Parent/Guardian Notification Letter

Date \_\_\_\_\_

Dear Parent/Guardian,

Your child \_\_\_\_\_ has a one-week supply of his/her medication left. In order to keep your child on his/her schedule we need you to send in a refill as soon as possible. Should there be any changes to the medication from what we have on file here at school, please make sure that you submit these changes in writing below and that the medication bottle has these changes typed on it as well.

Any prescription and/or nonprescription refills must be provided to the school in the original container as dispensed by the pharmacy (not in baggies, envelopes, etc.) labeled with the following information:

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Amount to be given: \_\_\_\_\_

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

Healthcare Provider's Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

PLEASE RETURN THIS FORM WITH THE REFILL TO THE SCHOOL OFFICE OR CLINIC.

Sincerely,

\_\_\_\_\_  
(School Nurse/Clinic Personnel) Phone # \_\_\_\_\_

\*\*\*\*\*

To be completed by School Health Clinic Personnel only:

Date received: \_\_\_\_\_ Name of Medication: \_\_\_\_\_ # Doses: \_\_\_\_\_



**Medication Administration Record (All Months)**

ALLERGIES: \_\_\_\_\_  
School/Year \_\_\_\_\_

Student \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Dose/Route \_\_\_\_\_ Time(s) to be given \_\_\_\_\_

Record time given and initial \*Sign full signature below Codes: A = Absent, X = No medication available, O = No school today R=Refused

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JUL																															
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															

**Initial/Signature**

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**Medication Administration Record** (January – June)

**School/Year** \_\_\_\_\_

**Student** \_\_\_\_\_ **Teacher** \_\_\_\_\_ **Grade** \_\_\_\_\_ **\*Allergies:** \_\_\_\_\_

**Medication** \_\_\_\_\_ **Dose/Route** \_\_\_\_\_ **Time(s) to be given** \_\_\_\_\_ **(2X DAILY)**

**Record time given and initial**    **\*Sign full signature below**    **Codes: A = Absent, X = No med available, O = No school today, R=Refused**

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN																															
JAN																															
FEB																															
FEB																															
MAR																															
MAR																															
APR																															
APR																															
MAY																															
MAY																															
JUNE																															
JUNE																															

**Initial/Signature**

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**Medication Administration Record (July – December)**  
*(Twice Daily)*

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

Student \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ \*Allergies: \_\_\_\_\_

Medication \_\_\_\_\_ Dose/Route \_\_\_\_\_ Time(s) to be given \_\_\_\_\_ (2X DAILY)

Record time given and initial \*Sign full signature below Codes: A = Absent, X = No med available, O = No school today, R=Refused

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JUL																															
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SEP																															
SEP																															
OCT																															
OCT																															
NOV																															
NOV																															
DEC																															
DEC																															

Initial/Signature




**Medication Administration Skills Checklist**

Person trained/position \_\_\_\_\_  
 Instructor \_\_\_\_\_ Title: \_\_\_\_\_

Procedure Guidelines:	Dates			Comments/ Instructor Initial/Staff Initial (N/A if non-applicable)
	Demonstrate / Explain	Practice	Proficient Return Demonstration	
Washes hands before and after procedure.				
Gives proper dose of medication at proper time. States Five Rights.				
Compares labeled medication container with written order.				
Reads label three appropriate times.				
Ask student to state first and last name. Check student’s identity with name on the medication container label.				
Explains procedure to student if necessary.				
Checks expiration date on label.				
Documents medications given correctly.				
Maintains security of medication area.				
Describes proper actions for medication refusal, field trip, medication error.				
States appropriate times/situations for notification of school nurse				
Emergency Medications:				
Epipen:				
States symptoms of allergic reaction, location of med and emergency plan.				
Demonstrates, with trainer, correct procedure for administration				
States follow-up procedures				
Glucagon:				
States signs of hypoglycemia, location of med and emergency plan.				
Demonstrates mixing of medication in syringe				
Demonstrates proper injection technique, using correct site.				
Correctly states aftercare.				





**Medication Count Record – Daily (PRN)**  
*(Can be used for daily medications for schools with very few meds)*

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ \*Allergies \_\_\_\_\_

Student	Medication	Dose	Time	Response to medication (if applicable)	Initial
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

**Initials/Signatures**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**Medication Count Record – Individual (PRN)**

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ \*Allergies: \_\_\_\_\_  
 Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication	Student Complaint	Dose	Time	Response to Medication (if applicable)	Initial
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

**Initials/Signatures**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_











**Medication Error Report**

Name of school: \_\_\_\_\_ Date/time of occurrence: \_\_\_\_\_

Name of student: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of person administering medication: \_\_\_\_\_ Position: \_\_\_\_\_

Name of medication and dosage prescribed: \_\_\_\_\_

Describe circumstances leading to error: \_\_\_\_\_  
\_\_\_\_\_

Describe adverse effect, if any: \_\_\_\_\_  
\_\_\_\_\_

Describe action taken: \_\_\_\_\_  
\_\_\_\_\_

Persons notified of error (name and time notified):

- Supervisor: \_\_\_\_\_ / \_\_\_\_\_
- Principal: \_\_\_\_\_ / \_\_\_\_\_
- Parent: \_\_\_\_\_ / \_\_\_\_\_
- Physician (if applicable): \_\_\_\_\_ / \_\_\_\_\_
- Georgia Poison Control Center (if applicable) (1.800.222.1222)
- Other: \_\_\_\_\_

Follow-up information (if applicable, i.e. procedure changed, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Print name of preparer*

\_\_\_\_\_  
*Signature of preparer*

\_\_\_\_\_  
Date of report

Cc: Principal  
Cc: School Nursing Supervisor



*(Sample health letter to parents at the beginning of the school year.)*

**Parent Information Letter** School Year 20\_\_-20\_\_

**Dear Parent/Guardian:** Date: \_\_\_\_\_

We need your assistance and cooperation in preparing for the possibility that your child might need to take medication, become ill or have an accident during school hours. We hope this letter will explain our procedures.

**Emergency Information:**

Emergency contact information should be updated annually by sending the information to the school or calling the school office. When you receive a Student Health Form, please update it and return it to the school within five days. Current, accurate information will enable us to contact you whenever there is a need. If any information changes during the school year, contact the school immediately.

**Prescription/Non-Prescription Medication:**

Medication time schedules should be set so that, when possible, medicine is taken at home rather than at school. However, if medication must be taken at school, the following procedures apply:

1. Medication Authorization Form – The parent/legal guardian must complete an authorization and instruction form titled “Authorization to Give Medication at School.” For *prescription* medication, *your healthcare provider must also sign the form*. A copy of this form can be provided upon request from the school. *The completed form has to accompany the medication, so be sure to take this form to your healthcare provider whenever your child is ill.*
2. The medicine, in the original container (along with authorization form), must be taken to the school office/clinic for central storage. The parent/guardian should take the medication to school; if this is not possible, however, your child should be instructed to take the medication and the authorization form directly to the school office/clinic. Under no circumstances should medication be shown or shared with other students.
3. At the designated time, the student will go to the office/clinic to take the medication. Assistance/supervision will be given in accordance with the instructions on the authorization form. Medication is a parental responsibility; school employees will not assume any liability for supervising or assisting in the administration of medication.
4. Unused medication should be retrieved from the school office/clinic within one week after medication is discontinued; otherwise the school will dispose of the medication.

**Student Illness/Injury:**

Sick students who are contagious must not be sent to school. When a student becomes ill at school, the parent must arrange for the student to be taken home.

By working together, we can strive to ensure the health and well-being of every student so that he/she can benefit from the educational program.

Principal: \_\_\_\_\_ School Clinic Personnel: \_\_\_\_\_



### Written Authorization for Self-Administration of Asthma Medication by Minor Children at School

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

I, \_\_\_\_\_, Parent/Legal Guardian of the above-named student hereby request authorization for self-administration and possession of asthma medication by this student while in school, at a school-sponsored activity, while under supervision of school personnel, and while in before-school or after-school care on school-operated property. The student demonstrates full understanding of the proper use of his/her asthma medication.

**I understand that:**

- the school district and its employees and agents shall incur no liability for: a) any injury to the student caused by his or her self-administration of medication except for injury caused by willful or wanton misconduct; b) the student’s use, misuse, overuse, or neglected or failed use of his or her asthma medication; and c) lost, misplaced, outdated, inaccessible, empty, or faulty asthma medication and asthma devices.
- the school may choose to require supervision of medication administration in the event that the student does not demonstrate appropriate use or proper technique with asthma medication.
- the school has the authority to enforce rules and consequences for inappropriate behavior demonstrated by the student in association with the possession and/or self-administration of asthma medication, and that the school has the authority to require supervision of medication use as deemed appropriate for the safety of all students and staff.

**I take sole responsibility for:**

- the monitoring of asthma medication, medication use, and refilling of prescriptions for asthma medication as the school will not be responsible for the supervising, recording, and monitoring of self-administered asthma medication.
- ensuring the student always carries his/her asthma medication on his/her person.
- deciding if back-up medication will be kept at the school and providing the school with the back-up medication.
- informing school staff in writing of any changes in the student’s treatment or asthma management.
- informing the school of any asthma exacerbations, hospital visits, and/or new or changed student medical information.
- informing school staff in writing of any medication side effects that warrant communication to the parent/guardian.
- coordinating distribution of the student’s asthma management and emergency plan to school staff (school health worker, teachers, physical educators, coaches, bus driver, before-school and after-school staff).

**I understand and agree to the conditions of the school system policy. I permit the school to seek emergency medical treatment for the student when deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given or taken by a person other than the above-named student. I release the School System and its employees and agents of any legal responsibility related to the above-named student’s possession and self-administration of his/ her asthma medication.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, the above-named student have been instructed in the proper use of my prescription asthma medication and fully understand how and when to use this medication. I will always carry my medication with me and will not allow another student to use my medication under any circumstance. I understand and agree to the terms of the school policy.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

The above-named student has been instructed and demonstrates understanding of the proper use of his/her asthma medication. It is my professional opinion that the student be permitted to carry and self-administer his/her asthma medication. I have provided the parent/guardian with a written asthma emergency/management plan including the name, purpose, dosage, and administration directions of the asthma medication.

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Date



Written Authorization for Self-Administration of EpiPen®, EpiPenJr.® or other epinephrine auto-injectors by Minor Children at School

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

I, \_\_\_\_\_, Parent/Legal Guardian of the above-named student hereby request authorization for self-administration and possession of EpiPen® and EpiPenJr.® or other epinephrine auto-injectors by this student while in school, at a school-sponsored activity, while under supervision of school personnel, and while in before-school or after-school care on school-operated property. The student demonstrates full understanding of the proper use of his/her allergy medication.

I understand that:

- the school district and its employees and agents shall incur no liability for: a) any injury to the student caused by his or her self-administration of medication except for injury caused by willful or wanton misconduct; b) the student’s use, misuse, overuse, or neglected or failed use of his/ her allergy medication; and c) lost, misplaced, outdated, inaccessible, empty, or faulty allergy medication and allergy devices.
• the school may choose to require supervision of medication administration in the event that the student does not demonstrate appropriate use or proper technique with allergy medication.
• the school has the authority to enforce rules and consequences for inappropriate behavior demonstrated by the student in association with the possession and/or self-administration of allergy medication, and that the school has the authority to require supervision of medication use as deemed appropriate for the safety of all students and staff.

I take sole responsibility for:

- the monitoring of allergy medication, medication use, and refilling of prescriptions for allergy medication as the school will not be responsible for the supervising, recording, and monitoring of self-administered allergy medication.
• ensuring the student always carries his/her allergy medication on his/her person.
• deciding if back-up medication will be kept at the school and providing the school with the back-up medication.
• informing school staff in writing of any changes in the student’s treatment or allergy management.
• informing the school of any allergy exacerbations, hospital visits, and/or new or changed student medical information.
• informing school staff in writing of any medication side effects that warrant communication to the parent/guardian.
• coordinating distribution of the student’s allergy management and emergency plan to school staff (school health worker, teachers, physical educators, coaches, bus driver, before-school and after-school staff).

I understand and agree to the conditions of the school system policy. I permit the school to seek emergency medical treatment for the student when deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given or taken by a person other than the above-named student. I release the School System and its employees and agents of any legal responsibility related to the above-named student’s possession and self-administration of his/ her allergy medication.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, the above-named student have been instructed in the proper use of my prescription allergy medication and fully understand how and when to use this medication. I will always carry my medication with me and will not allow another student to use my medication under any circumstance. I understand and agree to the terms of the school policy.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

The above-named student has been instructed and demonstrates understanding of the proper use of his/her allergy medication. It is my professional opinion that the student be permitted to carry and self-administer his/her allergy medication. I have provided the parent/guardian with a written allergy emergency/management plan including the name, purpose, dosage, and administration directions of the allergy medication.