

Chapter 5

Medications

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Medications

Medication Policy

Authority

- Florida Statute 1006.062 authorizes school personnel to assist the student in the administration of prescription medications.
- Every effort should be made to administer medications at home rather than school.
- Training for school personnel designated by the principal shall be done on the online course at www.claycountyschoolmeds.com.

Training Guidelines



MEDICATION MANAGEMENT IN CLAY COUNTY SCHOOLS

If you have been asked to take the online medication administration course, follow these steps:

- Go to www.claycountyschoolmeds.com Make sure you are using an up-to-date browser, such as Internet Explorer 5.0 or Netscape 6.0
- Click on “Enter Here” and then on “Register.”
- Fill out the registration information. You can use your school email or a personal email address.
- Click on submit. Your registration will be activated within 24 hours.
- After 24 hours, go to the “welcome” page and hit register. Log on with your email address and password. You can use any computer with internet access and complete the 20 units all at once, or a few at a time.
- When you finish the online course, print your certificate and skills checklist. Take it to the nurse at your school. The course is not completed until the nurse has observed your skills and signed the certificate.
- For those school personnel that have already taken the initial online medication administration course, a shorter review course is available at the same website.

Problems/questions: 1-800-472-0243 or bssmith@mac.com



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



Medication Administration Skills Checklist

Staff person trained _____ Position _____

Procedure Guidelines	Return Demo Date _____
Washes hands before and after procedure.	
Gives proper dose of medication at proper time. States 5 Rights.	
Compares labeled medication container with written order.	
Reads label 3 appropriate times.	
Checks expiration date on label.	
Documents medications given correctly.	
Maintains security of medication area.	
Describes proper actions for medication refusal, field trip, and medication error.	
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.	
Diastat:	
States understanding of when to use this medication, location of med and emergency plan	
Demonstrates proper positioning of child, procedure for administering med	
States aftercare needed	

I have taken the Medication Administration Course at www.claycountyschoolmeds.com. I understand that I am to administer medications to students according to these procedures and as delegated to me by the Principal. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in student health status, and discovery of a medication error. In the event of a medication error, I am to fill out a medication variance report and forward it to the appropriate parties. I understand that I may not delegate this task to any other person.

Signature _____ Date _____

**Medication administration procedures will be as follows:
(Non-prescription medicines must follow same guidelines).**

Delivery of Medication to School

- Parents will be responsible for delivery and retrieval of medications to and from the school nurse/health designee.
- No medications are to be transported via the school bus system. Only under unusual circumstances will a student be allowed to transport medication. This must be pre-approved by the school and the parent. In addition, a parent must contact the school and inform the nurse/designee of the date the child will be transporting the medication and number of doses being transported.
- All medications to be administered by school personnel shall be received and stored in the original containers and must have current Rx date on bottle along with current dose and expiration date.
- New bottles must be brought in by parents when a new Rx is received. Medication cannot be given from an old Rx bottle.
- All medication must be labeled with the student's name, dosage, frequency of administration and physician's name.
- A one week supply of medicine will be brought to the school at one time except for long term medications such as Ritalin, Dilantin, etc. Then a 1-3 month supply may be kept. OTC medications may be kept all school year.
- Medication should not be transported between home and school on a daily basis. Separate containers should be kept at home and at school. An empty bottle with a label can be requested from the pharmacy at the time the prescription is filled.
- No student will be allowed to carry prescription or non-prescription medications on their person with the exception of Epi-pens, asthma inhalants, insulin and pancreatic enzymes.
- Parental Authorization for Administration of Medication (MIS form 12470) with Doctors orders and/or Medical Management Plans for self administration must be completed and returned to the school before the student is allowed to carry their medications.
- All medications, including emergency medications, must be registered with the school nurse/health room health designee.
- Any child caught with unidentified medication or caught sharing medication with other students will be subject to school board policy regarding discipline for having drugs on his or her person.

Parental Permission

- For each individual medication administered, the student's parent or guardian shall provide to the school principal or designee a signed parent authorization (MIS 12470) which shall grant the principal or his/her designee their permission to assist in the administration of each individual medication to be provided during the school day, including when the student is away from school property on official school business. Any unusual circumstances outside of these guidelines will be processed with the doctor, parent, school nurse and principal. The school principal or his/her trained designee shall assist the student in the administration of such medication.

The Parent Authorization Form Should Include:

- Student's Name
- Purpose of medication
- Physician & phone number if prescribed medication
- Students who present to school with medications in the original labeled container and a note from the parent may receive the medications for two days.
- The official form should be sent home with the student. The parent will be contacted to return the form the next day.
- The permission form should be kept in a file or notebook in the area where the medication will be administered.
- When the administration of medication is terminated, the permission form should be filed in the Cumulative Health Record (DH 3041).
- **No medication will be given if presented at school in plastic bags.**

Storage

- Medication should be counted and stored in a locked cabinet.
- If medication must be refrigerated, it should be stored in a marked box within a refrigerator in a limited access area. The refrigeration temperature should be maintained at 34-41 degrees. A daily refrigerator temperature log will be maintained even if there are no meds in the refrigerator.
- Although the majority of all medications should and will be stored and processed through the health room, there are unusual circumstances that could warrant medication being stored under lock and key in the classroom of a self-contained ESE program and medication being dispensed by the nurse/aide serving the student in the classroom.
- These unusual circumstances are addressed through close assessment by the LPN/RN in the school and the Clay County Health Department RN serving the school, in close coordination with parents, doctors, and school principals.



CLAY COUNTY DISTRICT SCHOOLS and CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



Temperature/Refrigerator Log

Refrigeration Temperature Range= 35° to 46° Fahrenheit
Freezer Temperature Range = less than 5° Fahrenheit

	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
Aug																															
Sep																															
Oct																															
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Administration – Personnel

- Only school employees who have taken the medication training class prepared by the Clay County Health Department may administer medication to students. The principal will assign this responsibility in most cases to members in the administrative suite.
- Per F.S. 1006.062 (2), there shall be no liability for civil damages as a result of the administration of medication where the person administering medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances.

Recording

- The school employee administering or supervising the administration of medication will initial the medication log after each dose of medication is given and put the time of administration on the medication log.
- The standardized form will be used for documenting administered medication.
- When completed, the medication form should be filed in the Cumulative Health Folder for a seven-year period unless otherwise noted by the Community Health Nurse.

Disposal of Unused Medication

- Medication unclaimed after a reasonable time will be disposed of as per federal guidelines as described below:

Federal Guidelines

- Take unused, unneeded, or expired prescription drugs out of their original containers. Use the following procedures for proper disposal.
- Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags; will further ensure the drugs are not diverted.
- Flush prescription drugs down the toilet *only* if the label or accompanying patient information specifically instructs doing so.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

Actiq (fentanyl citrate)
Daytrana Transdermal Patch (methylphenidate)
Duragesic Transdermal System (fentanyl)
OxyContin Tablets (oxycodone)
Avinza Capsules (morphine sulfate)
Baraclude Tablets (entecavir)
Reyataz Capsules (atazanavir sulfate)
Tequin Tablets (gatifloxacin)
Zerit for Oral Solution (stavudine)
Meperidine HCl Tablets
Percocet (Oxycodone and Acetaminophen)
Xyrem (Sodium Oxybate)
Fentora (fentanyl buccal tablet)

Over the Counter Medications (OTC)

- Over the counter medications may be given at school.
- They must be delivered to school by parent in original container, be age appropriate and be within current expiration date.
- Medication must be given only as bottle directs unless accompanied by physicians written prescription/order.
- Over the counter medication may be shared between siblings, but a separate Medication Authorization form must be completed for each student.

Herbal Medications & Preparations

- When delivered to the school, herbal medication/preparations must be accompanied by a physician’s (M.D. or D.O.) written prescription/order.
- Parents/guardians are encouraged to administer these medications/preparations prior to, or after school hours.

*****At the end of the school year, parents shall be notified to pick up unused medicine or it will be disposed of. *****



**CLAY COUNTY DISTRICT SCHOOLS and
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SCHOOL HEALTH SERVICES**



Medication Pick-up/End of Year

Date _____

Dear Parent,

Your child currently has medication in the health room. The medication must be picked up by a parent or authorized adult on or before the last day of school.

Any medication that is not picked up will be disposed of.

Thank you.

Clay County School Health Services Manual



CLAY COUNTY DISTRICT SCHOOLS and CLAY COUNTY HEALTH DEPARTMENT SCHOOL HEALTH SERVICES



MEDICATION ADMINISTRATION RECORD — PHYSICIAN'S ORDER

STUDENT: _____ SCHOOL: _____

DOB: _____ GRADE: _____ TEACHER: _____

MEDICATION: _____ DOSE AND TIME: _____ PHYSICIAN: _____ PHONE _____

Signature/Initial _____ Signature/Initial _____ Signature/Initial _____

DATE	EXP. DATE	COUNT	BY	DATE	EXP. DATE	COUNT	BY

H-Holiday:A-Absent:F-Field Trip:E-Early Dismissal:W-Dose Withheld(See nurse's notes)N-No Refill:D-Med Discontinued:R-Refused:P-Parental Notification

	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
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															

Date parent did not pick up medication _____ Medication Destroyed (1) _____ (2) _____
Signature Signature

Procedure for Administering Medications

THE 5 R'S
***RIGHT CHILD**
***RIGHT TIME**
***RIGHT DOSAGE**
***RIGHT MEDICATION**
***RIGHT ROUTE**

DO!!!!!!!!!!!!!!!!!!!!

1. Wash your hands.
2. Work in good lighting.
3. Concentrate on what you are doing when working with medications.
4. Make certain you have a written order for every medication you give.
5. Check record to make sure child has not already received medication for that time or day.
6. Check label three (3) times:
 - 1) When taking medicine from storage
 - 2) When preparing/pouring medicine
 - 3) When placing medicine in storage
7. Make certain that the data on the medicine request sheet corresponds exactly with the label on the child's medicine.
8. Never give medicine from an unlabeled container or from one which the label is not legible.
9. Make proper identification of the child – ask for name, rather than “are you _____?”
10. Watch the child take the medicine.
11. Never chart a medicine as having been given until it has been administered.
12. Pour tablets/capsules into the bottle cap and then into the child's hand or medicine cup.
13. Pour liquids opposite the label to prevent drips from obscuring the directions. Wipe the rim of the bottle before replacing the cap.
14. Do not leave medicine unattended.
15. Store drugs as recommended:
 - a) Refrigerate.
 - b) Store away from heat or light.
 - c) Keep tightly closed.

Procedures for Administering Medication

Oral Medications

- Student should assume sitting or standing position.
- Pour the tablet from the bottle into the container lid, then into the medicine cup, as necessary.
- Pour liquid by setting medicine cup on a firm surface at eye level and read fluid level at the lowest point of the meniscus (curved upward surface of the liquid in a container). Place lid upside down to avoid contamination and pour with label facing up to avoid obliterating label. Wipe bottle off before replacing cap.
- Return medication to cabinet or refrigerator. Lock cabinet.
- Unless contraindicated, offer a fresh glass of water to aid in swallowing to camouflage the taste of bitter medication, and to assure that medication is washed into the stomach.
- Make sure the student swallows the medication.
- Discard used medicine cup.
- Record the medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effects.

Topical Medications (ointments & salves)

- Gather necessary equipment including gloves or tongue depressor as needed.
- Squeeze medication from a tube, or using a tongue depressor, take ointment out of jar.
- Spread a small, smooth, thin quantity of medication evenly on bandage to be placed on skin. Use a tongue depressor to facilitate the smooth application of ointment.
- Protect skin surface with a dressing and use tape or gauze to secure in place.
- Remove gloves and wash hands.
- Return medication to the medication storage cabinet. Lock cabinet.
- Record medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effects.

Eye Medication – Eye Drops

- Explain procedure to student.
- Give tissue to student for wiping off excess medication.
- Have student tilt head slightly backward and look up.
- Squeeze the prescribed amount of medication into the dropper. Hold dropper with bulb in the uppermost position.
- Place eye-dropper $\frac{1}{2}$ to $\frac{3}{4}$ inch above eyeball with dominant hand.
- Stabilize the hand holding dropper as necessary. Place other hand on cheek bone and hand holding the dropper on top.
- Expose lower conjunctival sac (mucous membrane that lines eyelids) by pulling down on cheek.
- Drop prescribed number of drops into center of conjunctival sac.
- Repeat procedure if student closes eye and drops fall on eyelid.
- Ask student to gently close eyelids and move eye to assist in spreading medication under the lids and over the surface of the eyeball.
- Remove excess medication with clean tissue.
- Wash hands.
- Replace medication in medication cabinet. Lock cabinet.
- Record medication on the proper forms.
- Observe student for any immediate medication reaction or side effects.

Eye Medications– Eye Ointment

Same as above except for the following application:

- Gently separate patient's eyelids with thumb and two fingers and grasp lower lid near the margin of the lower lid immediately below the lashes. Exert pressure downward over the bony prominence of the cheek.
- Student should look upward.
- Apply eye medication along the inside edge of the entire lower eyelid, starting at the inner corner.

Ear Drops

- Position student on side, with ear to be treated in the uppermost position.
- Fill medication dropper with prescribed amount of medication.
- Prepare student for the instillation of ear medication as follows.
- Child: Lift ear upward and outward.
- Instill medication drops, holding dropper slightly above the ear.
- Instruct student to remain on side for 5-10 minutes following instillation.
- Dispose of unused supplies and wash hands.

Nose Drops

- Student should be in a sitting position with head tilted back, or in a supine (lying on back) position with head tilted back over a pillow.
- Fill dropper with prescribed amount of medication.
- Place dropper just inside the nostril and instill correct number of drops.
- Instruct student not to squeeze the nose and to keep head tilted back for five minutes to prevent medication from escaping.
- Return medication to the medication storage cabinet. Lock cabinet.
- Record the medication on the appropriate forms.
- Observe student for any immediate medication reaction or side effect.

Injectable Medications

- Only RN's and LPN's are permitted to administer injections, except for those designated and trained by an RN, an LPN, a physician licensed pursuant to Chapter 458 or 459 or a physician assistant licensed pursuant to Chapter 458 or 459 of the Florida Statutes to administer the Epi-Pen or Glucagon for students who need them in an emergency situation.
- Parents must sign Medical Management Plans for allergies/diabetes that contain physician's order to administer emergency medications.

Medication Not Administered

- If the student fails to report to the health room for his/her medication, the health room designee will attempt to locate the student and give the medication, but if this fails, the health room designee shall not be held liable for the missed dosage. A Medication/Treatment Variance Form should be filled out.
- The parent should be notified of a missed dose either by telephone or a note sent home, if parent is unavailable.

Medication Errors

- If a student receives an incorrect drug or dosage, the Principal/designee, parent, and County Health Department Nurse must be notified immediately so that appropriate intervention can be initiated.
- Notation must be made on the student medication log and a medication treatment variance report filled out.

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**CLAY COUNTY DISTRICT SCHOOLS
And
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SCHOOL HEALTH SERVICES**



Medication/Treatment Variance

INSTRUCTIONS: Fill in form completely and fax to Business Affairs/Risk Management at 904-529-1178, Supervisor of Student Affairs at 529-2170 and to Clay County Health Department School Health Nursing Supervisor at 904-529-2802. Form must be completed the same day as the Variance.

Name of Student _____ Birth Date _____ Date and Time of Variance _____

Name of School _____ Prescribed Medication/Dosage/Route/Time on Medication/Treatment Authorization Form _____

Person Administering Medication and Position _____

Description of Incident

Type of Variance:

- | | | |
|---------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|
| 1. <input type="checkbox"/> Wrong Route | 4. <input type="checkbox"/> Wrong Medication | 7. <input type="checkbox"/> Parent Error |
| 2. <input type="checkbox"/> Wrong Dose/Extra Dose | 5. <input type="checkbox"/> Medication not Given/Missed Dose | 8. <input type="checkbox"/> Pharmacy Error |
| 3. <input type="checkbox"/> Wrong Student | 6. <input type="checkbox"/> Wrong Time- >1 hour | 9. <input type="checkbox"/> Other _____ |

Time	Description

Location: Health Room Off Site _____ Other _____

Describe Action Taken and Times:

Persons Notified of Variance

Persons Notified	Name	Date	Time
911-Poison Control #			
School Health Nurse/PHN			
Principal			
Parent			
School Health Coordinator			
Other			

*Poison Control (1-800-222-1222) or 911 may be contacted for adverse effects.

Name of Person Completing Report _____

Signature (Person Completing Report) _____ Date Completed _____

Reviewed by: Name/Title _____ Date _____

07/01/2012

Student Medication/Treatment Variance – Instructions for Use

The Variance Report is to be completed when any error/variance in giving a medication or a treatment has taken place. This form must be properly completed according to these instructions the same day the variance has occurred or is discovered. This form does not go home to the parent or in student's health file. Send this form via inter-office mail or FAX to the Business Affairs/ Risk Management Office at 904-529-1178, Supervisor of Student Services at 904-529-2170 and to the School Health Nursing Supervisor, at the Clay County Health Department 904-529-2802.

The following need to be filled out:

1. Student's name (last name first), DOB, Date and Time of Variance.
2. Name of School.
3. Name of prescribed Medication or Treatment/Dosage/Route/Time exactly as is written on Medication / Treatment Authorization Form.
4. Name of person who administered Medication/Treatment and their position, e.g. Health Aide, RN, LPN.
5. Indicate which error/variance occurred by checking the box to the left of the correct entry 1-9. Check all that apply. If #9 is selected a brief description is required.
6. Enter time and description of what happened in boxed area.
7. Mark location site.
8. Describe Action Taken and Times: Enter time. Indicate all action taken and all persons contacted. If you have any questions about how to proceed with the completion of this document, contact the public health nurse. Record any advice you are given by the nurse.
9. Document all persons notified with dates and time of notification. The public health nurse, principal, and parent/guardian must be contacted immediately. Only a verbal response can be documented as a notification. (Unanswered pages or messages left on answering machines are not considered to be notification.) If no parent contact is made, a note needs to be written to the parent stating what happened (public health nurse or principal can assist with content and appropriate documentation of note).
10. Print your name as person completing the form.
11. Sign your name as the person completing the report and enter the date.
12. Leave the "Reviewed By" line blank.
13. Send completed form via interoffice mail or FAX to Business Affairs/Risk Management Office at 904-529-1178, Supervisor of Student Services at 904-529-2170 and to the School Health Supervisor, School Health Office, at 904-529-2802.

*For additional information, please see the chapter on Medication/Treatment Administration.

MEDICATION ADMINISTRATION ON FIELD TRIPS

1. It will be the health room designee's responsibility to prepare all medications for field trip administration. Therefore you will need to be aware of all field trip times, etc.
2. All medication leaving the school campus during school hours or after school on a school-sponsored activity must be in its original container and accompanied by a medication form. One medication form per medication. The one already being used in the health room for sign out is preferred for continuity.
3. One **trained** person who has taken the medication training (preferably a teacher or principal's designee) will be responsible for issuing the medication at the appropriate time. This **CANNOT** be a parent chaperone. The time of medication administration must be put on the medication form when the medicine is given, not before nor at the end of the day upon return to campus.
4. The medication must be transported in a locked container (tackle box, soft lunch box, bank bag, etc.) The container **MUST** be **LOCKED!** It cannot be transported in a purse or backpack.
5. The teacher will be responsible for administration of medications as mentioned for Pre-K – 6 grades. Any student in the Junior High and High School level who requires medication may be responsible for his own medication with signed permission from a parent. Any parent who does not feel their child is responsible enough to take his or her own medication at this level, must consult with the school health designee so that an alternative can be arranged. The medication must be carried in its original container, not in a plastic bag, envelope, etc.
6. Any child caught with unidentified medication or caught sharing medication with other students will be subject to school board policy regarding discipline for having drugs on his or her person.

IT IS VERY IMPORTANT FOR CHILDREN WHO HAVE GLUCAGON, EPI PENS OR INHALERS ORDERED FOR THEM THAT THEY BE CARRIED ON THE TRIP AND APPROPRIATE PERSONNEL BE TRAINED FOR THEIR ADMINISTRATION. PLEASE NOTE THIS NEEDS TO BE DONE EARLY ENOUGH SO THAT TRAINING CAN BE DONE PRIOR TO THE FIELD TRIP.

Guidelines for the Administration of Narcotics for Pain Management

Every effort should be made to discourage the use of narcotics in school. Many are known to cause drowsiness and decreased coordination, thus presenting impaired learning and safety issues for the student. That being said, there are students with chronic health problems and postoperative pain who are attending school. In the event a child is prescribed narcotics for use during the school day, the following rules shall apply:

- All students requiring narcotics during school hours will need a written physician's order for the prescribed narcotic medication. Those students prescribed narcotics for an acute condition (recent surgery, kidney stone, etc) shall have a definite time frame specified on the doctor's orders, after which time the medication will be discontinued and picked up by parent/adult within 72 hours. Long term narcotic orders should be handled individually with the school nurse, parent and physician.
- The medication must be labeled with the student's name, dosage, frequency of administration and the physician's name.
- The parent and the school health designee shall sign the narcotic log to verify the initial count.
- All narcotics shall be stored in a locked container (bank bag, locked fanny pack or similar) and then locked in a file cabinet or drawer and the key kept in the designee's possession.
- Narcotics shall be counted and signed for daily by the designee and another school employee.
- Appropriate school personnel should be advised that the child has been medicated and may exhibit adverse reactions.
- There shall be no liability for civil damages as a result of the administration of such medications where the person administering such medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances (FS 1006.062 (2)).

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SCHOOL HEALTH SERVICES



NARCOTICS ADMINISTERED FOR PAIN MANAGEMENT

Student Name _____ Initial Count _____ Verified By _____

Medication _____ Dose _____ Frequency _____

****Medications must be counted once daily by two people.**

Date	Time	Count	Signatures		Date	Time	Count	Signatures
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Date _____

Dear Parent,

Your child brought in _____ to the health room today. Please understand that the school board policy is that all medications must be brought into the health room by a parent/ guardian, not the child. Please fill out the attached form (top half only) and this will allow me to give your child his/her medication. Until I receive this form properly filled out, I am not allowed to give your child their medication.

Thank you for understanding our school board policies regarding medications. If you have any questions or concerns, please feel free to call me at _____.

School Nurse



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
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Date _____

Dear Parent,

Your child _____ has _____ pills left in the health room. Please plan on replenishing your child's medicine as soon as possible. The medication must be brought to the health room by a parent and not transported by your child.

Thank you.

School Nurse



**ADMINISTERING MEDICATIONS per INTRAMUSCULAR INJECTION
SKILLS CHECKLIST**

*Contact your school RN for a performance check and form completion.



Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Gather equipment: <ul style="list-style-type: none"> • Alcohol wipes • Cotton Ball (if desired) • Vial of medication • Syringe with appropriate needle • Sharps container for needle • Gloves 		
2. Check the expiration date on the label of package or container and reads the label carefully.		
3. Place the bottle or container by the name of the drug on the medication record and check to be sure the label on the container and the medication record coincide. (If they do not coincide, do not give the medication until there has been clarification regarding medication.)		
4. Identify student receiving the medicine.		
5. Explain to student you are giving his/her medication.		
6. Position the student.		
7. Wash hands.		
8. Put on gloves.		
9. The first time a vial is used, snap off the plastic cover. Do not remove the stopper.		
10. Clean the stopper with an alcohol wipe and let it dry. You do not need to do this step the first time a vial is used because it is sterile. From then on, the stopper needs to be cleaned.		

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SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
11. If the medicine is a powder, it needs to be mixed with sterile saline or sterile water. Use only the liquid that the physician has provided or ordered. Never use any other substitute solution or liquid. Draw air into the syringe by pulling the plunger back to the line that marks the dose you need to give.		
12. Carefully remove the needle cover. DO NOT touch the needle. Put the needle through the rubber stopper and push the air into the vial.		
13. Turn the vial upside down. Pull the needle down so only the tip pokes through the stopper. This will allow you to withdraw the water and/or medicine without getting air.		
14. Pull back on the plunger and let the water and/or medicine flow into the syringe until it reaches the amount to be given. (Repeat procedure for medicine withdrawal once medicine is diluted with water/ saline.)		
15. Check the syringe for air bubbles. The air is harmless, but too large an air bubble will reduce the dose. To remove air bubbles, follow one of the instructions below. <ul style="list-style-type: none"> a. Gently push the solution back into the vial and measure the dose again. b. Tap the syringe to make the bubble go to the top. Squirt the bubble into air or into the vial. Measure the dose again. 		
16. Remove the needle from the vial. If you need to place the syringe down, carefully replace the needle cover first. Do not allow the needle to touch anything.		
17. Pick a site to give the injection. The most common sites for INTRAMUSCULAR injections are the arm, buttocks, and thigh. Injection volume should not exceed 1 cc for the arm and not more than 2cc in the thigh or buttocks.		
18. Place your hands on the landmarks as instructed during child specific training to locate the injection site.		
19. Using a circular motion, clean the injection site with an alcohol wipe. Let it dry.		
20. Take off the needle cover and hold the syringe like a dart.		

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SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
21. With the opposite hand, hold the muscle, for intramuscular injections the skin is flattened. This steadies the muscle and allows for the medicine to be injected.		
22. Use your wrist to inject the needle at a 90 degree angle (straight in). The action is like shooting a dart.		
23. Once the desired depth of insertion has been reached, release the skin. Holding the barrel of the syringe, gently pull back on the plunger.		
24. Check to see if blood is going into the syringe. If blood is present, the needle is in a blood vessel. Take the needle out without injecting the medicine. Change the needle and recheck dose or start over with a new syringe of solution. If no blood is present, push the plunger slowly until the syringe is empty.		
25. Quickly pull the needle out of the skin at the same angle you inserted it.		
26. Gently rub the site in a circular motion with a cotton ball or clean tissue. Apply Band-Aid as needed.		
27. DO NOT recap the needle. Put the syringe and needle into the sharps container.		
28. Remove gloves and dispose of them properly.		
29. Wash hands.		
30. Document the medication, time and initials on the student medication record.		

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

