

Health Services RN Novel Therapy Delegation Decision Support Tool

Student's Name:

Medication/Dose:

1. Review treatment therapy orders. Date:
2. Contact your school health services director to discuss as needed.
Name: _____ Title: _____ Date: _____
3. Contact the Primary Care provider and/or prescribing provider to ask them the following questions.
Date: _____
 - A. What is the specific purpose or treatment goal of this therapy?

 - B. How imperative is it that this therapy be provided (at school, on a field trip, etc.) given the risk for medication error in this setting?

 - C. Have there been any safety concerns for this therapy for this child?

 - D. Has the therapy been effective in meeting the treatment goal of this particular child?

 - E. Have there been any safety concerns for this therapy for this child?

 - F. Has the prescribing provider ensured that there aren't any potential harmful interactions between the therapy (therapies) and other prescription medications that the student/patient is taking?
4. If there is a subject matter expert, reach out to them, and have a further discussion: Yes No
Name: _____ Title: _____ Date: _____
5. In which Box of the decision grid does the treatment fit into:

	High Efficacy	Low Efficacy/Efficacy Not Known
Acceptable Safety	Reasonable to give at school Only therapies that are considered Acceptable Safety and High Efficacy should be given on field trips <input type="checkbox"/>	Reasonable to give at school as long as burden on school staff and/or school RN is not too high—Does the nurse have time to assess, train, and delegate this therapy? Does the delegatee have the time to safely administer this therapy? <input type="checkbox"/>
Safety Not Known	May be reasonable to give at school but requires: -- discussion with student's medical provider, School Health Program Medical Director and Pharmacist Consultant --continued monitoring for safety <input type="checkbox"/>	Do not give at school <input type="checkbox"/>

6. Keep this document and Place in student's medical file. Date:

Follow these steps if the decision still isn't clear

6. Consult the school's health services director. Date:

7. Provide background research on safety and efficacy of therapy.
 - a. Evaluate for if there is off-label use and determine FDA approval status.

 - b. Contact specialist/care provider to help assess best evidence- based practice.

8. Relook at Decision grid and determine which box treatment falls in:

	High Efficacy	Low Efficacy/Efficacy Not Known
Acceptable Safety	Reasonable to give at school Only therapies that are considered Acceptable Safety and High Efficacy should be given on field trips	Reasonable to give at school as long as burden on school staff and/or school RN is not too high—Does the nurse have time to assess, train, and delegate this therapy? Does the delegatee have the time to safely administer this therapy?
Safety Not Known	May be reasonable to give at school but requires: -- discussion with student's medical provider, School Health Program Medical Director and Pharmacist Consultant --continued monitoring for safety	Do not give at school

9. Document this finding in student's medical file.

Other Comments: