# Medication Administration Training-Important Reminders for School Nurses

# **General Information**

Providers who can sign a health care plan i.e., Asthma and Allergy, or a medication authorization form.

- MD or DO
- PA with prescriptive authority
- NP with prescriptive authority

Provider signature is good for 1 year; health care plan expires at MD signature date, not parents or school nurses. Your school/child care program will need a new plan/med authorization if anything changes within the year.

Remember Prevention vs. Treatment. Am I preventing sunburn with sunscreen? Only parent signature is needed. Am I treating a blistered sunburn with a medicated cream? Need parent and provider signature. All over-the-counter medications need a provider signature since they are treating something.

ONE medication per authorization form.

Clear instructions for dose and time.

- Not "Advil 2 pills" but "Advil 200 mg, 2 pills" or "Advil 400 mg." and make sure you have 200 mg tablets.
- No "per parent" or "per bottle instructions."
- Not "as needed" but "as needed every 4 hours."
- No medication ranges such as "Motrin 200-400 mg every 4-6 hours" Needs to be specific.
- Authorization should include reason for administration such as pain, headache, fever, crying/fussiness.

There is no need for medication authorizations if you have the CO Severe Allergy or Asthma plans, the medications are already on there.

Never accept medications into school or child care program without complete and correct paperwork.

Never accept expired medications into school or child care program. Check expiration date on the medication itself, not the box.

Parents must sign all plans/medication authorizations and best practice is that RN should not approve a plan/auth until it's correct, all signatures are current and in place, and medications have been checked to make sure they are correct and not expired.

UAPs should never administer any medication until RN has reviewed and approved plan/authorization.

Best practice is not to accept verbal orders, hospitals do not allow as it can cause errors. If you choose to accept a verbal order, make sure your district has a clear policy.

RNs cannot accept an "order" from a parent. For example, the 30 minutes before and after window has been missed. A parent cannot authorize a UAP to give a medication outside the window.



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## What to cover when teaching administration to UAPs:

## Eye Drops

- Pull a pouch.
- Don't touch tip of bottle to anything.
- Only give prescribed amount.
- Have tissue ready.

## Ear Drops

- Lay down or tilt head.
- For children over 3 years, pull up on ear and towards back of head.
- For children under 3 years, pull ear down and toward back of head.
- Don't touch tip of bottle to ear canal.
- Give prescribed amount.
- Allow time for absorption before moving head or sitting up. You can use a moistened cotton ball if instructed on medication authorization.

#### Ointments/Creams

- Wear gloves or use popsicle stick or Q-tip to apply to skin. You can also allow student to apply if they are old enough. Make sure they wash hands after application.
- Having an order that says "one application" or "one dime sized application" is appropriate.

#### Oral Meds (Pills)

- Use a cup or cap to dispense.
- Observe child putting pill in mouth and swallowing.
- Controlled substances should be counted with a parent/guardian at drop-off. They should also be counted when administered, when picked up with parent/guardian, and every week with a second person.

#### Oral Meds (Liquids)

- Use provided measuring device with medication. However, you may need to use a different device like a syringe depending on the ordered amount.
- No "eyeballing". The measuring device needs to measure the medication exactly.
- If this is a controlled substance, mark the bottle with a sharpie at drop off, administration, pick up and every week, noting and documenting mls. left.

Inhalers – Addressed at Asthma station.

Epinephrine Pens – Addressed at severe allergy station.

#### HAVE FUN!

- Make up scenarios for all medications and have UAPs find mistakes.
- Consider having people work in teams to review the baggie with the medications and plans/authorizations and then report their findings and what they would need to do to fix the mistakes to the group.
- Consider different learning styles and use your imagination to make this an activity that the UAPs will remember. Review all paperwork with the UAPs and how it should be used.
- The UAP should get a copy of the Medication Administration Training Participant/Student Guide that goes with the online training found in the CCHC Center/Health Hub at <u>www.healthychildcareco.org</u>



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