

Fort Bend ISD School Health Services Nurse Procedure

Pages: 4	Replaces policy: None
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Date approved: 5/12/2015	Reference: Standards of Professional Nursing Practice 217.11 (5)(6) Texas NPA 301.002 Texas DSHS Guide to School Health Programs; TX BON position statement 15.13; 22 TAC 217.11; 225.13 and 224.6; FBISD Board Policy FFAC (Local) and FFAC (Legal)
Date effective:	

Procedure: Medication Administration

Scope: All FBISD school health personnel

Purpose: To establish medication administration guidelines

Procedure:

1. The nurse or designated and trained school staff will administer medication applying the six rights of medication administration.
2. The principal will designate staff authorized for medication administration. The *Medication principal designation* form can be found on fortshare.
3. The school nurse will provide annual training to school staff designated by principal. The medication training checklist on fortshare must be completed before a staff member can administer medication.
4. Medication delivered to the clinic will be counted and quantity confirmed with parent/guardian and entered in the electronic health record. Documentation of refills can be accomplished using the back of the completed *Parent/Physician Authorization for Medication Administration* form. The *Medication Count* document can be copied on the back of or stapled to the original medication permission form. In the event this is not available, the nurse and parent can simply write the date, new quantity and both sign the back of the *Medication Administration* form. The quantity of liquid should be estimated. If an inhaler does not have a counter, estimate previous use and document estimated amount. If the quantity includes a half tablet, document as a decimal (0.5).
5. Parent and physician authorization is necessary for all prescription medications, over the counter medications administered more than 15 school

days or at the administering nurses' discretion. This authorization must be signed by a physician licensed to practice in Texas. Orders from out of state physicians are effective for only 30 days. To expedite the return of the form with physician signature, the nurse may fax the form to the physician. Include a fax cover sheet with the confidentiality statement.

6. All sample prescription drugs dispensed through a physician office must be in the original container or package and accompanied with a written physician order.

7. Medications must be used according to label directions. Off label use for dose, timing, age must be authorized by a physician.

8. When the dose changes, a new physician order is needed. Old orders should be followed until physician authorization or a new labeled bottle is provided. Parents should provide a new labeled bottle for prescription medications with current dosage as soon as possible, but within 30 days. Prior to the receipt of the new bottle, if the dose is different than the label, add a sticker or note to the bottle to remind the staff of the dosing change.

9. Medications with dosing schedules of once or twice a day should be given at home.

10. Each medication must be in an individual, properly labeled, original container.

11. No injectable medications, other than for life threatening conditions such as diabetes or anaphylaxis, will be administered at school.

12. New medication orders should be entered into the electronic health record by the nurse. If the medication order is entered by unlicensed staff, the nurse must confirm accuracy of order entry.

13. The nurse will give the first dose of newly prescribed medication administered to a student. For school purposes, it is no longer considered the first dose if the student has received a dose at home without adverse effects.

14. Medication prescribed or supplied for a student will not be administered to another student.

15. All scheduled medication should be administered within 30 minutes before or after its scheduled time. The parent should be notified of all late administrations of medications. This can be electronically, verbally or written.

16. In the event a student does not present to the clinic for scheduled medication, student must be sent for, or medication brought to their classroom. Medication can be given outside of the classroom, respecting student privacy. The student's absence or refusal will be noted in the electronic medication record. Parent should be notified of the student's refusal.

17.If a student repeatedly forgets or refuses to come for medications, a conference with parent, nurse, and student should be arranged. A plan should be developed that includes strategies to help forgetful students remember to come to the nurse's office for their medication. Some students may need help with problem solving.

18.When the school supply of daily medication is less than one week or the last dose of a prn medication has been given, the clinic staff should notify the parent of the low supply. This notification can be written, electronically sent or verbally in person or by phone. Document the parent notification in the electronic health record by making a case management entry in the daily log or in the comments section of the medication administration log.

19.The most current signed copy of the *Parent/Physician Permission to Administer Medication* will be kept in a binder in a readily accessible location. Orders for short term, prn and scheduled medications should be included. Emergency orders and action plans for conditions including diabetes management, seizures, asthma, and anaphylaxis should be kept in an obvious, designated location, accessible during emergencies. At the end of the school year or upon discontinuation of the medication, the form will be filed in the student's health record. The authorization will be kept according to the record retention schedule.

20. Nurses need to know the rationale for and effects of medications and treatments. Board of Nursing Rule 217.11 states "The RN or LVN is obligated to administer only those medications and treatments of which he/she is knowledgeable and for which there is a body of supporting research literature and reference." Any and all questions about medications should be discussed with the prescribing physician or the Coordinator of School Health Services.

21.Campus nurses may not administer medication to school staff.

22.Only medication for specific students may be kept in the clinic. Stock supplies of over the counter medications are not allowed in the clinic for student use. Staff may carry their own medications and any shared supply will be in a secure location. It is suggested staff stock medication be stored out of the clinic. Nurses are not permitted to suggest or offer medication according to the Nurse Practice Act.

23.Medications must be delivered to clinic staff by parent or designated adult. School staff will not allow a student to transport any medication home from school. Students with authorization to self-administer life threatening medications are an exception. Medications should be picked up within two weeks after the course of treatment is complete or it may be destroyed. Medication not picked up by the last day of school will be destroyed. In special circumstances, arrangements for delivery and pick up of medication may be made. Bus drivers, daycare workers or other responsible adults may

be asked to help with transfer of medications with verbal or written consent of the parent.

24.The nurse or trained personnel will maintain a daily record of all medication administration. The date, time and quantity will be recorded in the electronic health record when each medication is administered or discontinued.

25.In the event the electronic health record is not available, written documentation must be kept until late entry in the electronic health record is completed. An explanation of the reason for the late entry must be entered in the comments. Written documentation not entered in SNAP must be kept according to the records retention schedule. A substitute not returning to a campus may make written entries on the student's *Parent/Physician Authorization for Medication* form.

26.In the event of an error of the six rights of medication administration, see the procedure for medication error reporting.