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MEDICATION ADMINISTRATION GUIDE for Oklahoma Schools



OKLAHOMA
State Department
of Health



OKLAHOMA
Education

Medication Administration Guide for Oklahoma Schools

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Glossary

ADA	Americans with Disabilities Act
Board	Oklahoma Board of Nursing
DMMP	Diabetes Medical Management Plan
ECP	Exposure Control Plan
FAPE	Free, appropriate public education
FERPA	Family Educational Rights and Privacy Act
IEP	Individualized Education Programs
NASN	National Association of School Nurses
OSSBA	Oklahoma State School Boards
OTC	Over the Counter

Introduction

More students attend schools with complex and chronic health conditions each year. According to the National Survey of Children with Special Healthcare Needs, 14.1 million children are at risk for chronic conditions that can affect their physical, emotional, and social well-being. Conditions such as asthma, diabetes, epilepsy, food allergies, obesity, and mental health issues can hinder academic achievement if not given proper attention. Schools can assist in managing these conditions by administering medications and treatments during the school day.

Due to the variety of medications and treatments administered in schools, school nurses and trained school health staff can assist with administering medications, monitoring adherence to medication regimens, and providing recommendations to protect the health and safety of students.

This document is intended to serve as a reference and illustrative guide for local school boards, school administrators, and school health staff in creating and implementing school district policies and administrative regulations related to medication administration. Any portion of this document may be reproduced for educational purposes or policy development.

Laws Related to Medication Administration

There are federal and state laws that need to be considered when developing school policies and administrative regulations for administering medications in the school setting. Below is a list of some of the laws that could impact the development of school policies.

Federal laws of interest include the following:

1. Section 504 of the Rehabilitation Act

Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance from the U.S. Department of Education. To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities, (2) have a record of such an impairment, or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free, appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.

2. The Americans with Disabilities Act (ADA)

The ADA prohibits discrimination and guarantees that people with disabilities have the same opportunities to participate in state and local government programs including education and services.

3. The Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) requires public schools to make available to all eligible children with disabilities a free, appropriate public education in the least restrictive environment appropriate to their individual needs. IDEA requires public school systems to develop appropriate Individualized Education Programs (IEP's) for each child.

4. The Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

State laws of interest include the following:

1. 2022 Oklahoma Statutes Title 70. Schools

§70-1-116.2 (OSCN 2023). Administration of Medicine – Liability of School Employees for Personal Injury.
<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=89757>

2. 2022 Oklahoma Statutes Title 70. Schools

§70-1-116.3 (OSCN 2023). Policy Regarding Medication - Asthma - Anaphylaxis – Epinephrine.
<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=436413>

3. 2022 Oklahoma Statutes Title 70. Schools

§70-1210.242(OSCN 2023). Authority to administer opioid antagonist.
<https://www.sos.ok.gov/documents/legislation/59th/2023/1R/SB/0710.pdf>

4. §63-2-312.2 Sale or dispensation of Naloxone.

<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=470680>

Civil Immunity

Following **2022 Oklahoma Statutes Title 70. Schools §70-1-116.2.**

Administration of Medicine – Liability of School Employees for Personal Injury

A school nurse, county nurse, administrator, or the designated school employees shall not be liable to the student or a parent or guardian of the student for civil damages for any personal injuries to the student which result from acts or omissions of the school or county nurse, administrator, or designated school employees in administering any medicine pursuant to the provisions of this section. This immunity shall not apply to acts or omissions constituting gross, willful, or wanton negligence.

Children with Food Allergies At-Risk for Anaphylaxis

In addition to the federal and state laws previously discussed, children with food allergies may require emergency treatment including the use of medications. A severe food allergy is a dangerous or life-threatening reaction of the human body to a foodborne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

The disclosure of allergies should include the food that the child is allergic to, and the type of reaction the child experiences. It is important that this information is disclosed to schools so school personnel are aware of the allergy and can act appropriately in emergency situations.

Beyond what is required to be disclosed for children with food allergies, it is recommended that school health staff collect the following information from parents and guardians, to be informed and prepared to serve all students:

- Emergency contact number and address of the prescribing provider.
- Emergency contact information of the parent/guardian(s).
- Student’s diagnosis (reason for the medication) and anticipated length of treatment.
- Special handling instructions for the medication.
- Serious reaction(s) that can result from either administering or withholding the medication.
- Other medications the student is taking, including herbal medications, dietary supplements, and/or over the counter (OTC) medication.
- Other allergies the student has.
- Other health problems or illnesses that the student has.
- Explanation as to why the medication cannot be administered at home.
- Describe if the medication has been given at home, and any observed reactions.
- Explanation of who will bring the medication to the school.

Policy and Administrative Regulation Development

It is recommended that the local school board adopts a medication administration policy before medication can be administered to students. The school districts should have administration policies and

administrative regulations in place, based on their individual needs, that outline safe and effective medication administration. Before administering any medication to a student, school personnel should review all policies and administrative regulations related to medication administration to students or as well as any staff, and complete Medication Administration Training, as well as review any practitioner orders.

Obtaining Parental Consent

Once a medication policy and administrative regulations have been adopted, the school can seek the necessary written authorization of a parent or legal guardian to administer a prescription medication or an over-the-counter medication.

The form should include the following information:

- the name of the child;
- the name of one or both parents, if known, and the name of any managing conservator or guardian of the child;
- the name of the person giving consent and the person's relationship to the child;
- a statement of the nature of the medical treatment to be given; and
- the date the treatment is to begin.

It is recommended that school district policy and administrative regulations address the duration that the parental consent form is valid with recommended annual renewal of consent. In addition to the information required to provide consent, the request form to administer medication from a parent or legal guardian should also include the following information:

- The name of the medication to be administered.
- The dose to be administered.
- The route of administration.
- The number of days the medication is to be given.
- The time(s) of day the medication is to be given.
- The reason medication is needed.
- Possible side effects of the medication.
- Special requirements for administration, such as “take with food”.
- Special storage instructions.

In the event of a medication change, school health staff will need to update the student's health record with a new medication authorization form, signed by the parent, before the medication can be administered.

Medication Administration Schedules

Many medications prescribed for school-aged children can be administered at home by the child's parent or legal guardian. For example, if a medication is to be administered three times a day, it can be given every eight hours. Most students are not in school for more than eight hours, and therefore, parents/guardians should consider administering medication before and after school, and then at bedtime. The school nurse may help parent/guardian(s) work with their student's health care provider to adjust the schedule so that the parent/guardian may administer the medication at home.

When medication administration is required during the school day, school health staff (typically the school nurse) or the principal's designee are responsible for medication administration.

Original, Properly Labeled Containers

For any medication to be administered in the school setting, it must be from a container that appears to be the original container and be properly labeled; or from a properly labeled unit dosage container filled by a registered nurse or another qualified district employee. According to US Department of Justice, Drug Enforcement Administration's Informational Outline of the Controlled Substance Act, information required on prescription labels includes the following:

- Date of filling
- Pharmacy name and address
- The serial (prescription) number
- The name of the patient
- The name of the prescribing practitioner
- Directions for use
- Any cautionary statements

It is recommended that all medications brought to school for administration be counted or measured, and the initial quantity be recorded in the student's record. If feasible, the medication should be counted with the parent or legal guardian present and signed off in the student's record. The count should be done with another staff member present to confirm the count if parent or legal guardian is not present.

Extra precautions should be taken when handling controlled substances (drugs). Controlled drugs (such as Ritalin and Adderall) are substances that have the potential for abuse, physical dependence, psychological dependence, with varying degrees of medical acceptance and restrictions on usage. Controlled drugs should be counted on arrival to the school, daily by the individual administering the medication, and at least weekly with a witness. All counts should be recorded in the student's medication record by all present witnesses.

Over the Counter Medication

It is at the discretion of the local school board to decide whether or not they will permit the administration of over the counter (OTC) medication to students. School district policy should require that OTC medication arrives at school in their original, properly labeled container. Age and weight appropriate dosing on the original label of the OTC medication must be followed unless you have received a written order from a medical provider with prescriptive authority. Parental consent is to be provided for OTC medication through completion of a medication administration authorization form. To assure safe delivery, all medications should be brought to the school by the parent or a responsible adult, especially for elementary school students.

If policy permits the administration of OTC medication, then it is recommended that formal policies regarding the duration that OTC medication may be administered, be in place. If school district policy permits OTC medication to be kept at the school and be administered on an "as-needed" basis, it is suggested that physicians' orders be provided to the school. Written parental authorizations for these medications must also be provided to school health staff. Each time one of these medications is distributed to a student in need, the administration should be logged in the student's record. Furthermore, the long-term need for OTC medication may indicate the need for clinical evaluation and possible treatment. School health staff should communicate with parents and legal guardians about these concerns as they see

appropriate. The American Academy of Pediatrics recommends consulting the student's primary care provider for their insight and approval.

It is at the discretion of the local school board to decide whether the district will provide Over the Counter Medication via stock. The best practice for providing stock OTC medications is with provider orders along with parental written consent. When administering OTC medication as needed it is highly advised to contact the parent/guardian prior to providing the student with the medication.

Herbal Medications

School personnel may be asked by a student's parent or guardian to administer an herbal or dietary supplement to a student during the school day. Such treatments are on the rise in the U.S. and are referred to as complementary and alternative medicine. In the pediatric population, the use of alternative medicines is utilized more often with children with chronic illnesses. According to the National Institutes of Health: National Center for Complementary and Integrated Health, "Children's small size, developing organs, and immature immune system make them more vulnerable than adults to having allergic or other adverse reactions to dietary supplements". In addition, the U.S. Food and Drug Administration warns parents about the use of such medications since homeopathic remedies and dietary supplements are not evaluated by the FDA for safety or effectiveness. It is recommended that a request must be written into the Individualized Education Program or the Section 504 plan for a student with disabilities. School personnel should check their local board policy and administrative regulations before administering any herbal substance, including essential oils or dietary supplements. Nurses should check the Considerations for School Nurses section in this publication for information related to the administration of herbals or dietary supplements. The administration of herbal medications by school personnel other than registered nurses, including LPNs, would not be held to the same standard and would be considered an administrative task delegated by a school principal, rather than delegated by an RN. School administrators can make decisions about assigning this task accordingly as well as following the district policy.

Medication Errors

"A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use."

<https://www.nccmerp.org/about-medication-errors>

In the medication administration process, there are many opportunities for errors. These errors may be tied to the distributors of the medication (school personnel), the purveyors of the medication (parents, legal guardians, students), and the recipients of the medication (students).

There are also opportunities for medication errors to occur prior to the medications' arrival to the school. As described previously, medication should arrive at school in a properly labeled, original container. The medication should be accompanied by a completed and signed medication authorization form. Failure to provide medication in this manner would be considered a medication error.

The greatest opportunity for medication errors is during the actual medication administration process. During administration, missteps can occur by violating any one of the eight rights of medication administration. Errors in medication administration can occur in the following ways:

1. **The wrong patient-** A medication is administered to the wrong student.
2. **The wrong drug-** A student is administered the wrong medication.

3. **The wrong dose-** A student is administered the wrong dose of medication.
4. **The wrong route-** A medication is administered in the wrong manner.
5. **The wrong time-** A medication is not administered during its specified time window.
6. **The wrong documentation-** The administration of a medication is not documented, a medication error is not recorded, or an administration is logged in the wrong record.
7. **The wrong diagnosis-** A medication is administered that does not properly suit the student's underlying condition. No action to confirm that the medication is suitable is taken.
8. **The wrong response-** A medication is administered but the student is not held for the observation of side effects. Side effects typically reflect that an error occurred in one of the prior steps.

The source of the error can be the individual, the system they are operating in, or a combination of both. Factors that can contribute to individual medication errors can be inattention, haste, distraction, and fatigue. Common system errors in the school setting can be lack of knowledge, lack of training, time constraints, and workload. Providing school health staff with annual training and medication administration skills assessments can help prevent errors in medication administration.

Medication errors can also be attributable to the student. Students may forget to come receive their medications, which is considered an error. If a student does not come to receive their medication, school health staff should attempt to contact the student and confirm their presence or absence that day. If they are on school grounds, inquire about them missing their dose. If they still do not come to the health office, then the parents or legal guardians should be contacted.

Medication errors are preventable but will still happen in the school setting. It is important that medication errors are documented as they occur, in detail. Research has demonstrated that there are many barriers to reporting errors. Those barriers include fear of disciplinary action, the inability to report anonymously, and the belief that it is unnecessary to report errors because no negative outcomes were observed in the patient. If medication errors continue to be ignored, then strategies to prevent errors cannot be implemented. Therefore, it is recommended that district policy and administrative regulations reflect that all errors are to be recorded to help educate staff with prevention strategies for the future.

If a medication error occurs in the school setting, then the following procedures are recommended:

1. The school health services lead will contact the parents, legal guardian, and/or the student's healthcare provider.
 - a. If contacting the Poison Control Center for instructions:
 - i. Give the name and dose of the medication taken in error.
 - ii. Give the student's age and approximate weight if possible.
 - iii. Give the name and dose of any other medication the student receives, if possible.
 - b. Follow instructions from the Poison Control Center, if possible. If unable to follow their instructions, explain the problem to the Poison Control Center thoroughly, and determine if the student should be transported to emergency care.
2. Complete a medication error report form. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or the student's healthcare provider, and the student's status. All reports are to be filed and kept according to district policy.

Special Considerations for Medication Administration

Self-Administration of Asthma, Anaphylaxis Medications, and Pancreatic Enzymes.

According to Oklahoma Statutes Title 70. Schools §70-1-116.3, Students are permitted to possess and self-administer prescription asthma, anaphylaxis medicine, and pancreatic enzymes. The district shall have the adopted policy in place on or before September 1, 2008. The district that elects to stock district Epinephrine injectors or inhalers shall amend the policy.

The physician and parents must sign an authorization form indicating consent to self-administer and specific information that provides details outlining whether the student has asthma, anaphylaxis, or cystic fibrosis, is capable of, and has been instructed in the proper method of self-administration of the medication. Information on the purpose, dosage, frequency, and duration of the medication to be self-administered is also needed.

The parent or legal guardian is to provide an emergency supply of the student's medication to be administered. The district will inform the parent or guardian of the student, in writing, that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student. The parent or guardian will sign the statement acknowledging no liability will be incurred.

Diabetes Medications

To manage a diabetic student in the school, a minimum of one staff member must be trained and each staff member that has contact with the student, should be encouraged to complete the training as well. [Diabetes Guidelines Updated 2022-FINAL.pdf \(oklahoma.gov\)](#)

Prior to any Diabetes care being administered by the school staff:

- A Diabetes Medical Management Plan (DMMP) signed by the medical provider and the parent/guardian MUST be received. This is the provider's orders that must be followed.
- There MUST be a parental/guardian signed permission statement to administer diabetes care to the student.
- The student's teachers, staff members, bus driver, substitutes, and extracurricular activities staff must be made aware of and trained on diabetes management. Trained staff shall accompany students on field trips or other school activities.

During the 2023 legislative session, a new law was passed regarding Glucagon in school, becoming law on July 1, 2023: <https://legiscan.com/OK/text/SB147/id/2792423>. A new law is to be in the Oklahoma Statutes as Section 1210.196.9 of Title 70. A school district board of education may elect to stock glucagon to treat a student with diabetes who experiences a hypoglycemic emergency or if the student's prescribed glucagon is not available on site or has expired. The law outlines the district needs a policy in place, written permission from the parent/guardian and a prescription from a local provider along with other requirements.

Emergency Medications

In emergency situations, schools should be ready to administer emergency care. To prepare for emergencies that can be reasonably anticipated, school districts should have first aid policies and emergency management practices in place. The school district's policy should reflect staff responsibilities and district expectations for staff action in emergency situations. Staff should be cognizant of which

students may need emergency care and should be aware of their role in caring for these students if an emergency response is needed.

When drafting emergency medication policies, school districts should consider emergency medication administration across all potential school-related settings including, in classrooms, on the playground, at school-based health centers, during before- or after-school programs, on field trips, on busses, and at athletic events. If a school nurse is available, they should assist in developing and implementing the emergency plan. Each school should provide the name, phone number, and general location of the school nurse and other trained school health staff on campus who are cleared to administer emergency medications.

Stock Epinephrine and or asthma inhaler for emergency care:

- The district should inform the parent or guardian of each student, in writing, that a school nurse or school employee trained by a health care professional may administer an emergency medication, including, but not limited to, an inhaler or an epinephrine dose to a student whom the school nurse or trained school employee in good faith believes is having respiratory distress or allergic reaction.
- Include if Epinephrine is administered or symptoms do not improve, Emergency Response (911) will be called. **NOTE: Each time Epinephrine is administered 911 MUST be called.**
- The parent/guardian **MUST** sign a written consent for the district to administer the emergency Anaphylaxis medication.
- The school district **MUST** notify the parent/guardian, as soon as possible, if any emergency medication is administered at school.

Emergency Opiate Antagonists:

Any school nurse, public health nurse, licensed practitioner of the healing arts, nurse working under contract with a school district, or any person designated by the school administration to administer an opiate antagonist in the event of a suspected overdose is authorized to administer an opiate antagonist when encountering a student or other individual exhibiting signs of an opiate overdose. An Oklahoma **school** nurse or designated trained staff member, may administer opiate antagonist (Narcan) without a prescription or standing order, following 70 O.S. 2023, Section 1210.242 amended in 2023.

<https://www.sos.ok.gov/documents/legislation/59th/2023/1R/SB/0710.pdf> Emergency Responders Authority First Responders to Administer Opiate Antagonists 63 O.S. 2022, Section 1-2506.1
<https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=470680>

Training may be obtained at <https://narcan.com/> or Oklahoma resources and training at <https://okimready.org/prevention/naloxone/>

Offsite Medication Administration

If the student participates in an offsite, school-related activity and will need medication administered to them, then a plan should be in place to do so. School personnel that are responsible for the student needing medication should be aware of the student's healthcare plan prior to departure from school grounds. It is not necessary for a nurse to accompany students off school grounds to administer medication.

Oklahoma State 70-1-116.2 provides guidance for medication administration as a nurse or in the absence of a school nurse and allows administrators to assign other school employees to administer medication, without liability, as long as they abide by the district medication policy and the parent/guardian has signed written permission to administer the medication. Only the necessary dose of medication should travel offsite, along with

a copy of the parental medication authorization form. Medication doses should be prepared on school grounds before departure.

School districts will need to develop administrative regulations about documentation of medication administration that occurs during off-site school-related activities. It is recommended that documentation procedures mirror those that occur on school grounds.

Considerations for School Nurses

Title 59, Chapter 12, Section 567.1 Oklahoma Nursing Practice Act is the standards of practice that all licensed and registered nurses must comply with in practicing nursing in Oklahoma. It requires nurses to know the rationale for and the effects of the medications and treatments that they administer to students. In addition, it requires nurses to only accept assignments that they consider commensurate with their educational preparation, experience, knowledge, physical and emotional ability and within their scope of practice.

If a nurse is unsure of the dosage or efficaciousness of the medication to be administered, they are required to seek clarification from the student's prescribing practitioner. If a nurse decides not to administer a medication, they should notify the ordering practitioner with their decision as well as notification to the parent/guardian.

1. "Board" means the Oklahoma Board of Nursing.
2. The practice of nursing" means the performance of services provided for purposes of nursing diagnosis and treatment of human responses to actual or potential health problems consistent with educational preparation. Knowledge and skill are the basis for assessment, analysis, planning, intervention, and evaluation used in the promotion and maintenance of health and nursing management of illness, injury, infirmity, restoration or optimal function, or death with dignity. Practice is based on understanding the human condition across the human lifespan and understanding the relationship of the individual within the environment. This practice includes execution of the medical regime including the administration of medications and treatments prescribed by any person authorized by state law to so prescribe.
3. "Registered nursing" means the practice of the full scope of nursing which includes, but is not limited to:
 - a. assessing the health status of individuals, families, and groups,
 - b. analyzing assessment data to determine nursing care needs,
 - c. establishing goals to meet identified health care needs,
 - d. planning a strategy of care,
 - e. establishing priorities of nursing intervention to implement the strategy of care,
 - f. implementing the strategy of care,
 - g. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the provisions of the Oklahoma Nursing Practice Act,
 - h. providing safe and effective nursing care rendered directly or indirectly,
 - i. evaluating responses to interventions, teaching the principles and practice of nursing, and managing and supervising the practice of nursing,
 - j. collaborating with other health professionals in the management of health care, performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation, and

- k. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person.

4. "Licensed practical nursing" means the practice of nursing under the supervision or direction of a registered nurse, licensed physician, or dentist. This directed scope of nursing practice includes, but is not limited to:

- a. contributing to the assessment of the health status of individuals and groups,
- b. participating in the development and modification of the plan of care,
- c. implementing the appropriate aspects of the plan of care,
- d. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the Oklahoma Nursing Practice Act,
- e. providing safe and effective nursing care rendered directly or indirectly,
- f. participating in the evaluation of responses to interventions,
- g. teaching basic nursing skills and related principles,
- h. performing additional nursing procedures in accordance with knowledge and skills acquired through education beyond nursing preparation, and
- i. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person.

5. "Advanced Practice Registered Nurse" means a licensed Registered Nurse:

- a. who has completed an advanced practice registered nursing education program in preparation for one of four recognized advanced practice registered nurse roles,
- b. who has passed a national certification examination recognized by the Board that measures the advanced practice registered nurse role and specialty competencies and who maintains recertification in the role and specialty through a national certification program,
- c. who has acquired advanced clinical knowledge and skills in preparation for providing both direct and indirect care to patients; however, the defining factor for all Advanced Practice Registered Nurses is that a significant component of the education and practice focuses on direct care of individuals,
- d. whose practice builds on the competencies of Registered Nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, and increased complexity of skills and interventions, and
- e. who has obtained a license as an Advanced Practice Registered Nurse in one of the following roles: Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist, or Certified Nurse Practitioner.

Only those persons who hold a license to practice advanced practice registered nursing in this state shall have the right to use the title "Advanced Practice Registered Nurse" and to use the abbreviation "APRN". Only those persons who have obtained a license in the following disciplines shall have the right to fulfill the roles and use the applicable titles: Certified Registered Nurse Anesthetist and the abbreviation "CRNA", Certified Nurse-Midwife and the abbreviation "CNM", Clinical Nurse Specialist and the abbreviation "CNS", and Certified Nurse Practitioner and the abbreviation "CNP". It shall be unlawful for any person to assume the role or use the title Advanced Practice Registered Nurse or use the abbreviation "APRN" or use the respective specialty role titles and abbreviations or to use any other titles or abbreviations that would reasonably lead a person to believe the user in an Advanced Practice Registered Nurse, unless permitted by this act. Any individual doing so shall be guilty of a misdemeanor, which shall be punishable, upon conviction, by imprisonment in the county jail for not

more than one (1) year or by a fine of not less than One Hundred Dollars (\$100.00) nor more than One Thousand Dollars (\$1,000.00), or by both such imprisonment and fine for each offense.

6. “Certified Nurse Practitioner” is an Advanced Practice Registered Nurse who performs in an expanded role in the delivery of health care: a. consistent with advanced educational preparation as a Certified Nurse Practitioner in an area of specialty, b. functions within the Certified Nurse Practitioner scope of practice for the selected area of specialization, and c. is in accord with the standards for Certified Nurse Practitioners as identified by the certifying body and approved by the Board. A Certified Nurse Practitioner shall be eligible, in accordance with the scope of practice of the Certified Nurse Practitioner, to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients. The Certified Nurse Practitioner accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice registered nursing standards and functions as defined by the scope of practice/role definition statements for the Certified Nurse Practitioner.

7. a. “Clinical Nurse Specialist” is an Advanced Practice Registered Nurse who holds:
 1. a master's degree or higher in nursing with clinical specialization preparation to function in an expanded role,
 2. specialty certification from a national certifying organization recognized by the Board,
 3. a certificate of recognition from the Board, and
 4. any nurse holding a specialty certification as a Clinical Nurse Specialist valid on January 1, 1994, granted by a national certifying organization recognized by the Board, shall be deemed to be a Clinical Nurse Specialist under the provisions of the Oklahoma Nursing Practice Act.
- b. In the expanded role, the Clinical Nurse Specialist performs at an advanced practice level which shall include, but not be limited to:
 1. practicing as an expert clinician in the provision of direct nursing care to a selected population of patients or clients in any setting, including private practice,
 2. managing the care of patients or clients with complex nursing problems,
 3. enhancing patient or client care by integrating the competencies of clinical practice, education, consultation, and research, and
 4. referring patients or clients to other services.
- c. A Clinical Nurse Specialist in accordance with the scope of practice of such Clinical Nurse Specialist shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to this section, and subject to the medical direction of a supervising physician. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.
- d. The Clinical Nurse Specialist accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice nursing standards and functions as defined by the scope of practice/role definition statements for the Clinical Nurse Specialist.

General Procedures for Medication Administration

Medication Verification

When preparing to administer medications to a student, it is important to review the eight “rights” for safe medication administration:

1. **Right patient** - Assure the right patient is receiving the right drug by checking two unique patient identifiers before administering medication. This can be verified by asking the student their name and their birthday.
2. **Right drug** - Check the name of the drug to be administered with the drug that is listed on the student’s medication authorization form. Check the name on the prescription bottle if administering a prescription medication.
3. **Right dose** - Check the student’s medication authorization form and the prescription bottle to determine the proper dose to be administered. If administering an over-the-counter medication, check the dosage on the package. If the dose seems higher or lower than expected, then consult the student’s prescribing physician.
4. **Right route** - Check the student’s medication authorization form and the prescription’s label to determine the proper route to administer the medication.
5. **Right time** - Check the student’s authorization form, the prescription bottle or over the counter package instructions to determine that the administration schedule is being followed.
6. **Right documentation** - Document administering medication in the student’s records immediately after completion.
7. **Right diagnosis** - According to the description of the student’s condition, outlined in their medication authorization form, determine if the drug is suitable for treating their condition. If the prescription does not seem suitable, then consult the primary care physician.
8. **Right response** - After the drug has been administered, ensure that the desired effect takes place. If quality checks are performed, then record them in the student’s record.

Storage

To promote safe medication administration, it is recommended that each school district have storage policies and administrative regulations in place. For medications that have been provided to schools with written authorization, it is advised that school health staff store medication in a locked cabinet or drawer, with medications placed on a secure, solid surface. It is preferable that the storage container have a solid rather than opaque door. Medications that require refrigeration should be stored in the refrigerator in a locked box. To maintain the integrity of the medications, the temperature of the refrigerator should be monitored. Temperatures should be maintained between 33- and 45-degrees Fahrenheit.

Access to locked medication should be limited to designated school health staff, the principal, and/or other authorized staff. A list of authorized staff should be kept and maintained by the school principal. To assure that authorized staff can access locked medications, keys to medication storage should never leave the school grounds.

When managing students’ medication, it is advised that only a month’s supply of medication be stored at the school. Requiring a parent or legal guardian to bring in each month’s supply on a mutually agreed upon date will assist the nurse or school health staff in maintaining the store of medications. During the drop-off period, parents and school health staff can discuss the status of the student’s condition and implementation of their designated care plan.

Handling Medication

The following section was adapted from the Kentucky Department of Education's Medication Administration Training Manual for Non-Licensed School Personnel.

- **Hand Washing.** Before administering medication to students, it is important for school health staff to wash their hands. If it is necessary for the student to touch the medication, then they should wash their hands. It is best practice to use soap and water, especially if hands are visibly soiled. When soap and water are not available, it is recommended that alcohol-based hand sanitizers are used. The following steps should be taken to properly cleanse hands:
 1. Wet hands with water.
 2. Use soap to scrub hands for 20 seconds.
 3. Scrub the backs of hands, wrists, between fingers, and under fingernails.
 4. Rinse with water.
 5. Towel dry.
 6. Turn off the faucet with towel.

When hand-sanitizer is available, and soap and water is not:

1. Apply a nickel size of sanitizer in the palm of the hand.
 2. Rub hands together, covering all surfaces until hands are dry.
(Approximately 20 seconds)
- **Avoid Touching Medication.** Pour pills, tablets, or capsules into the bottle cap then distribute them into a disposable medicine cup. A clean paper towel or mini paper cup may be used if the medicine to be administered is only one pill, capsule, or tablet. Kids can take the medication themselves, by putting it in their mouth. If it is necessary for school health staff to administer the medication to the student's mouth directly, then disposable gloves must be used. Be aware of any allergies the students may have, especially to latex. Dispose of the gloves once the medication has been administered.
 - **Cutting or Crushing Tablets.** Scored tablets that must be cut in half to obtain a smaller dose should be cut by the parent, guardian, or the student's dispensing pharmacist (pharmacy). Cutting, crushing, or sprinkling of medications are examples of changing the form of an oral medication. Changing the form of the medication should be avoided unless doing so is advised on the prescription's label.
 - **Measuring Liquid Medication.** When preparing liquid medication, follow the directions on the bottle regarding shaking of the medication. Remove the bottle cap and place it, bottle side face up, on a solid surface. Liquid medications should be measured to ensure accurate dosage. A marked medicine cup, oral syringe, or dropper should be used to ensure accuracy. Find the marks on the measurement tool that correspond to the dose the prescription calls for. When pouring the medication into the container, or filling the syringe, hold the container so the label is in the palm of your hand to prevent spillage that could cause the label to become illegible. For medication that is poured into a medicine cup, look at the medicine cup at eye level when filling it up, to ensure an accurate amount is poured. If more than one liquid medication is to be administered to a student, then measure each medication separately.

Documentation

In the school setting, documentation promotes high-quality student health services, increases efficiency, and creates a legal record of health services provided to students. A student's health record should provide

a chronological map of their demographics, medical diagnoses, medications, immunizations, screening results, and school health staff's notes to complete the picture. To ensure complete record keeping, records of each student's visits should be logged, labeled with the time and date of the visit, the school health staff's name, the reason the student was seeking health services, the school health staff's recommended course of action, and the outcomes of the visit. From a legal perspective, if it was not documented then it did not occur.

Every school should keep an individual medication log for each medication a student receives. Every time a dose is administered, the medication administrator should document the action and sign the record. In the case of trained unlicensed assistive personnel, documenting the medication administration process should be done regardless of if a nurse is present or not. National standards further recommend that each student's medication log be distinct, and that a running administration log for all students be avoided. According to the National Association of School Nurses (NASN) Principles of Documentation, nursing documentation should be accurate, objective, concise, thorough, timely and well organized.

NASN offers the following recommendations to reach documentation standards:

- Entries should be legible and written in ink or on a computer. The ink should be black or blue.
- Computerized records should be secure, and password protected.
- The date and exact time should be included with each entry.
- Documentation should include any nursing action taken in response to a student's problem.
- Assessment data should include significant findings, both positive and negative.
- Records, progress notes, Individual Healthcare Plans, and flow charts should be kept current.
- Documentation should include only essential information; precise measurements, correct spelling, and standard abbreviations should be used.
- Documentation should be based on nursing classification and include uniform data sets.
- The frequency of documentation should be consistent over time and based on district policy, nursing protocols, and the acuity of the student's health status.
- Standardized healthcare plans increase efficiency of documentation and are acceptable to use so long as they are adapted to the individual needs of each student.
- Student symptoms, concerns, and health maintenance questions (subjective data) should be documented in the student's own words.
- Only facts (objective data) relevant to the student's care and clinical nursing judgements should be recorded; personal judgements and opinions of the school health staff should be omitted.

Medication Disposal

If a medication is no longer needed, parents or legal guardians should notify the school and arrange to retrieve the medication from school property. At the conclusion of the school year, school health staff should communicate a time and date when medications stored at the school can be retrieved. If medications are not retrieved by a parent or legal guardian, it is appropriate to dispose of medication at the end of the school year or after the expiration date if the medication is discontinued.

ALL needles should be disposed of according to the local school districts Exposure Control Plan (ECP). It is the school district's responsibility to make arrangements with custodial staff, district, and other relevant agencies to have medications disposed of in accordance with local regulations. The U.S. Food and Drug Administration also offers recommendations for the safe disposal of medications.

<https://www.deq.ok.gov/2021-new-releases/oklahoma-medical-sharps-collection-program-launches-in-multiple-locations/>

U.S. Food and Drug Administration's recommendations are as follows:

- Follow any disposal directions provided on the prescription's label. Do not flush medications down the sink or toilet, unless instructed to do so.
- Pursue local drug recycling programs that can take care of proper disposal for customers, if available.
- Call local law enforcement agencies and/or your local household trash and recycling service to learn about disposal options in the area. <https://enet.obn.ok.gov/TakeBack/default.aspx>
- Consult a pharmacist about proper disposal practices.

If no disposal instructions are provided on the label and no take-back programs are locally available, then follow these steps to dispose of medication in the trash:

- Remove the medication from the container and mix with an undesirable substance such as coffee grounds, dirt, or kitty litter.
- Place the mixture in a sealable bag or container to prevent the drug from leaking in the garbage.
- Needles and lancets need to be disposed of in a puncture proof container, marked in red, with a biohazard label, and disposed of in accordance with the local ECP.
- Asthma inhalers may be disposed of in the trash.

Once medication is properly disposed of, disposal should be documented by signing and dating the action in the student's medication record to indicate that it has been destroyed.

Oklahoma Bureau of Narcotics Disposal box locator: <https://enet.obn.ok.gov/TakeBack/default.aspx>

Procedures for Various Routes of Medication Administration

The following section provides step by step guidance on how to administer medications in different ways, depending on what a medication's label calls for. This section was modeled from Medication Administration chapters in Fundamental & Advanced Nursing Skills 3rd Edition (2010), Kentucky Department of Education's Medication Administration for Unlicensed School Staff (2015), and from Virginia's Virginia School Health Guidelines (1999).

Oral Medications

1. Wash hands and put on clean gloves.
2. Verify the patient's identity, using two identifiers, such as their name and birthdate.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.

8. **Consider the eight rights of medication administration:**
 - a. Right patient- verify the student's name and birthday.
 - b. Right drug- verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right dose - Check the student's medication authorization form and the prescription bottle to determine the proper dose to be administered. If administering an over-the-counter medication, check the dosage on the package. If the dose seems higher or lower than expected, then consult the student's prescribing physician.
 - d. Right route- check both the label and the student's authorization form to determine the route for administration.
 - e. Right time- check the label and student's authorization form to determine the administration schedule of the drug.
 - f. Right documentation- record administering medication in the student's record.
 - g. Right diagnosis- determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - h. Right response- assure that the desired effect takes place after administration.
9. Prepare the proper dosage of the medication needed, avoiding touching the medication.
 - a. For oral medication in a bottle (pills, capsules): Remove the bottle cap and transfer the prescribed dose into the cap. Transfer the medication from the cap to a clean medicine cup to be given to the student.
 - b. For oral medication that is individually wrapped (blister packets): Remove or tear off the number needed and place the package in medication cap. When the student is ready, remove pills from pack and transfer to cup.
 - c. For oral liquid or powder medication: Shake medication if instructed to do so. Pour liquid with the label side of the bottle facing up, at eye level, into a graduated medicine cup. Be certain that medication does not cling to the cup or spoon to ensure that proper dosage is distributed. Use a calibrated dropper or syringe to measure small amounts of liquid.
 - d. When using a nipple: pour medicine into the nipple after it has been measured. Once medication is consumed, follow up with a teaspoon of water from the nipple to ensure all medication has been taken.
10. Explain the purpose of the drug and ask the student if they have any questions.
11. Explain the intake procedures to the student.
 - a. For sublingual medications, instruct the student to place the medication under the tongue and wait for it to dissolve completely.
 - b. For buccal medications, instruct the student to place the medication in the mouth against the cheek and wait for it to dissolve completely.
 - c. For oral medications given through a nasogastric tube or feeding tube, follow the primary care provider's instructions or the student's Individual Healthcare Plan.
12. Provide the student with 4-6 ounces of water for swallowing the medication.
13. Administer the correct dose of medication, to the correct student, at the correct time, by the correct route.
14. Observe the student placing medication in their mouth.
15. Verify intake by asking the student to open their mouth and raise their tongue. Assure that students are not hoarding the medication.
16. Monitor the student for any adverse reactions.
17. Dispose of soiled supplies and wash hands.

18. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
19. Return the medication to locked storage.

Topical Medications

1. Wash hands and put on clean gloves.
2. Verify the patient's identity by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
8. Consider the eight rights of medication administration:
 - a. Right patient- verify the student's name and birthday.
 - b. Right drug- verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right dose - Check the student's medication authorization form and the prescription bottle to determine the proper dose to be administered. If administering an over-the-counter medication, check the dosage on the package. If the dose seems higher or lower than expected, then consult the student's prescribing physician.
 - d. Right route- check both the label and the student's authorization form to determine the route for administration.
 - e. Right time- check the label and student's authorization form to determine the administration schedule of the drug.
 - f. Right documentation- record administering medication in the student's record.
 - g. Right diagnosis- determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - h. Right response- assure that the desired effect takes place after administration.
9. Gather necessary equipment to administer a topical medication. This may include a tongue blade, gauze, tape, cleansing material, or a cotton-tipped applicator.
10. If dressing is over the area to be treated, remove, and discard the dressing, and change gloves.
11. Check the condition of the student's skin area. If unusual, document notes in their record before administering.
12. Cleanse skin gently with soap and water, removing any previously applied medication if not contraindicated.
13. Apply medication as directed on the label.
 - a. For lotion or ointment: apply in a thin layer and smooth into skin as indicated on the label.
 - b. For sprays: shake the container and administer evenly over the affected area. Avoid spraying too close to the student's face.
 - c. For gels or pastes: use an applicator to apply. If applying over an area with hair growth, follow direction of hair.
 - d. For powders: dust lightly and avoid inhalation.

- e. For nitroglycerin ointment or paste: follow instructions carefully to administer the correct dosage in the proper manner.
 - f. For transdermal patches: follow the manufacturer's instructions and apply the patch to a smooth, clean skin surface.
14. Monitor the student for any adverse reactions. If any occur then notify the parent, school nurse, or principal of any changes.
 15. Cover the treated area with gauze or other skin protector as directed on the label.
 16. Dispose of soiled supplies and wash hands.
 17. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
 18. Return the medication to locked storage.

Nasal Medications

1. Wash hands and put on clean gloves.
2. Verify the patient's identity by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Remove the medication from locked storage.
7. Check the expiration date of the medication.
8. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
9. Consider the eight rights of medication administration:
 - a. Right patient- verify the student's name and birthday.
 - b. Right drug- verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right dose - Check the student's medication authorization form and the prescription bottle to determine the proper dose to be administered. If administering an over-the-counter medication, check the dosage on the package. If the dose seems higher or lower than expected, then consult the student's prescribing physician.
 - d. Right route- check both the label and the student's authorization form to determine the route for administration.
 - e. Right time- check the label and student's authorization form to determine the administration schedule of the drug.
 - f. Right documentation- record administering medication in the student's record.
 - g. Right diagnosis- determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - h. Right response- assure that the desired effect takes place after administration.
10. Gather necessary equipment to administer nasal medication. This may include tissues, gloves, and a mask for the administrator.
11. Explain the purpose of the medication to the student.
12. Explain the local effects of the medication to the student such as burning, tingling, and the effect on taste buds. Also explain that the sensation of medications may be felt in the back of the throat.
13. Explain the procedure for administration to the student.

14. Have the students blow their nose to clear the nostril of as much discharge as possible. Have the student assume a comfortable position. For sprays this will be an upright position, for drops this will be whatever position is necessary to access the affected sinuses.
 - a. For sprays: Have the student exhale and close one nostril. Ask the student to inhale while the spray is pumped or sprayed into the first nostril. Repeat this process for the other nostril.
 - b. For drops: Insert the nasal dropper about 3/8 of an inch into the nostril, keeping the tip of the dropper away from the sides of the nostril. Insert the prescribed dosage of medication into the nostril. Discard any un-used medication in the dropper in the trash.
15. Have the student blot excess drainage from nostrils, but do not allow them to blow their nose.
16. Dispose of soiled supplies and wash hands.
17. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
18. Evaluate the effect of the medication in 15-20 minutes. Document important observations in the student's record.
19. Return the medication to locked storage.

Nebulized Medications

1. Wash hands thoroughly.
2. Verify the patient's identity by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
8. Follow the eight rights of medication administration:
 - a. Right patient- verify the student's name and birthday.
 - b. Right drug- verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right dose - Check the student's medication authorization form and the prescription bottle to determine the proper dose to be administered. If administering an over-the-counter medication, check the dosage on the package. If the dose seems higher or lower than expected, then consult the student's prescribing physician.
 - d. Right route- check both the label and the student's authorization form to determine the route for administration.
 - e. Right time- check the label and student's authorization form to determine the administration schedule of the drug.
 - f. Right documentation- record administering medication in the student's record.
 - g. Right diagnosis- determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - h. Right response- assure that the desired effect takes place after administration.

9. Gather necessary equipment to administer nebulized medication. This may include a nebulizer cup with cap, tubing, a T-shaped tube, medication, saline, a nebulizer machine, and a mouthpiece or face mask.
10. Measure the medication at eye level if using droppers to dispense the solution into the nebulizer cup.
11. Pour the dose into the nebulizer cup carefully, not in contact with the medication.
12. Cover the cup with the cap and fasten.
13. Fasten the T-piece to the top of the cap.
14. Fasten a short length of tubing to one end of the T-piece.
15. Fasten the mouthpiece or mask to the other end of the T-piece; avoid contact with the interior part of the mask.
16. Attach the tubing to the bottom of the nebulizer cup and attach the other end to the nebulizer machine.
17. Have the student breath in and out, slowly, and deeply through the mouthpiece/mask, keeping their lips sealed tightly around the mouthpiece.
18. When the nebulizer cup is empty turn off the nebulizer machine.
19. Detach the tubing from the nebulizer machine and the nebulizer cup.
20. Dispose of the nebulizer cup if it is disposable; if it's meant to be reused then carefully wash, rinse, and dry the nebulizer cup and cap.
21. Wash hands thoroughly.
22. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
23. Return the medication to locked storage.

Metered Dose Inhaler (MDI)

1. Wash hands thoroughly.
2. Verify the patient's identity by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
8. Follow the eight rights of medication administration:
 - a. Right patient- verify the student's name and birthday.
 - b. Right drug- verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right dose - Check the student's medication authorization form and the prescription bottle to determine the proper dose to be administered. If administering an over-the-counter medication, check the dosage on the package. If the dose seems higher or lower than expected, then consult the student's prescribing physician.
 - d. Right route- check both the label and the student's authorization form to determine the route for administration.

- e. Right time- check the label and student's authorization form to determine the administration schedule of the drug.
 - f. Right documentation- record administering medication in the student's record.
 - g. Right diagnosis- determine if the drug is suitable for treating the student's condition listed in their authorization form.
 - h. Right response- assure that the desired effect takes place after administration.
9. Gather the necessary equipment to administer the medication. This may include the metered dose inhaler, a spacer, and water to rinse the mouth after administration.
 10. Shake the MDI as indicated in the prescription packaging.
 11. Place the MDI into the spacer.
 12. Have the student place the mouthpiece in their mouth.
 13. Have the student press down on the MDI while they inhale.
 14. Observe the student for several minutes for adverse effects.
 15. Have the student rinse their mouth with water.
 16. Wash hands thoroughly.
 17. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
 18. Return the medication to locked storage.

Rectal Medications

1. Wash hands thoroughly.
2. Verify the patient's identity by asking the student their name and their birthday.
3. Verify the student's medication is authorized by checking their authorization form.
4. Remove the medication from locked storage.
5. Check both the medication's label and authorization form for administration instructions. Seek clarification if necessary.
6. Check the expiration date of the medication.
7. Consult the student and their authorization form regarding any allergies or medical conditions that would contraindicate use of the drug.
8. Follow the eight rights of medication administration:
 - a. Right patient- verify the student's name and birthday.
 - b. Right drug- verify the name on the container matches the name listed on the student's medication authorization form.
 - c. Right dose - Check the student's medication authorization form and the prescription bottle to determine the proper dose to be administered. If administering an over-the-counter medication, check the dosage on the package. If the dose seems higher or lower than expected, then consult the student's prescribing physician.
 - d. Right route- check both the label and the student's authorization form to determine the route for administration.
 - e. Right time- check the label and student's authorization form to determine the administration schedule of the drug.
 - f. Right documentation- record administering medication in the student's record.
 - g. Right diagnosis- determine if the drug is suitable for treating the student's condition listed in their authorization form.

- h. Right response- assure that the desired effect takes place after administration.
9. Gather necessary equipment to administer rectal medication. This will include water soluble lubricant, latex free gloves, tissues or washcloth, and disposable towels or pads.
10. Assess the student's readiness to receive the medication.
11. Protect the student's privacy by asking all other people to leave the room until the procedure is over.
12. Put on latex-free gloves.
13. Provide protection under the student by laying down a towel or pad on the table.
14. Place the student in a side-lying position. Preferably have them on their left side with their upper leg drawn up towards their chest.
15. Remove suppository from wrapper and lubricate rounded end along with the insertion finger.
16. Retract buttocks with non-dominant hand, finding the anus. Using the dominant index finger, slowly and gently insert the suppository through the anus, past the internal sphincter, and against the rectal wall. Depth of insertion will vary with the age of the student.
17. Remove finger or enema tip and wipe student's anal area with a washcloth or tissue.
18. Dispose of soiled supplies, dispose of used gloves, and wash hands.
19. Have the student remain on their side or in bed for 10 minutes.
20. Monitor the student closely for potential defecation. Inform the student they may ask for assistance at any time.
21. Immediately record the name, time, medication, dose, route, person administering the medication, and any unusual observations.
22. Return the medication to locked storage.

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Procedures for Various Routes of Medication Administration

Administration

1. First published online May 13, 2022, NASN's Medication Administration Clinical Guideline, Martha Dewey Bergren, DNS, RN, NCSN, PHNA-BC, FNASN, FASHA, FAAN <https://orcid.org/0000-0001-8655-5418>View all authors and affiliations; Volume 37, Issue 4. <https://doi.org/10.1177/1942602X221098735>

Roles and Responsibilities

The following descriptions outline the different roles and responsibilities that may be involved in medication administration process in Oklahoma Schools.

School Board

The Oklahoma State School Boards must approve of district policies. All school districts should have medication administration policies and administrative regulations in place, based on their individual needs that outline safe and effective medication administration.

School Administrators

District superintendents, school principals, and health service coordinators are charged with the task of assuring that the policies and procedures outlined in their districts' medication administration policy are being implemented and executed effectively. School administrators assist in coordinating and determining which medication administration tasks will be performed by which school personnel. The responsibility of administering medications to students is considered an administrative task assigned by the principal, rather than a health-related service delivered, or delegated by a health care professional.

It is essential that the school health staff (the school nurse or other trained unlicensed assistive personnel in the absence of a nurse), is qualified to perform the tasks outlined in their district's medication policy. School administrators work with the school health staff leader (Licensed Registered School Nurse preferably) to coordinate trainings for unlicensed assistive personnel on a regular basis. In addition to helping coordinate trainings school administrators assist the school nurse in educating parents and/or guardians about the district's policy for medication administration.

Registered Nurse (School Nurse)

Licensed by the Oklahoma Board of Nursing, a school nurse is a registered nurse who provides services on school campuses to meet the health needs of students and staff, and/or who supervises and trains other staff to do so. The school nurse is responsible for implementing the school district's health policies and procedures. School nurse duties include managing students' health conditions, promoting health and safety in the school setting, and collaborating with parents, staff, and community members to develop plans to best serve students.

Licensed Practical Nurse

Licensed by the Oklahoma Board of Nursing, a practical nurse provides services to meet the needs of the students on a school campus under the clinical supervision of a Licensed Registered Nurse. The LPN's duties may include attending to the health needs of the student population and students with identified health conditions, following school health protocols and Individualized Healthcare Plans written by the RN, assisting with mandatory screenings, and performing other necessary tasks to maintain student's health under the direction of the supervising RN.

Trained Unlicensed Assistive Personnel

According to Oklahoma School Law, administration of medication may be delegated to employees of the school district, when authorized by superintendents or school principals. These employees do not need to be licensed health care professionals but are expected to be competent and only carry out tasks for which

they are knowledgeable. They must complete medication administration training, with best practice being at a minimum, annually.

Parent(s) and/or Guardian(s)

Parents and/or guardians are important to the medication administration process, serving as a responsible voice for students and a source of consent and verification regarding a student's overall health.

The major responsibilities of parent(s) and/or guardian(s) are the following:

- Assure that medications are authorized by the child's primary care provider.
- Provide a medication authorization form to school health staff outlining instructions for administering the student's medication, potential contraindications, and the underlying reason that the medication needs to be administered. This signed form serves as parental written consent.
- Provide medication to the school in its original, properly labeled container with any additional information that the district's policy requires.
- Retrieve student's medication from the school when it is no longer needed by the student or at the conclusion of the school year.
- Communicate with the school regarding any changes in the student's health status, medication regimen, primary care provider, or emergency contact information.
- Provide consent for school health staff to communicate with the child's prescribing physician.

Primary Care Provider (Physician, Nurse Practitioner, or Physician's Assistant)

The primary care provider's main role in student's medication administration includes writing prescriptions or orders for school health staff. Prescriptions should include the name of the medication, the dosage, the time it is to be administered, the frequency it is to be administered, and the duration that it is to be administered (number of days). Furthermore, primary care providers should be available to communicate medication instructions, and any other important details to the parents, students, the school nurse, and other unlicensed assistive personnel as necessary.

School Personnel

School personnel should be knowledgeable of their school district's policies surrounding school health services, specifically medication administration. For medication administration, it is important that all school staff are aware of what their districts policies are for self-administration, administration on field trips, and emergency medication administration. For emergency medications, staff should be aware of students who carry their medication with them with the intention to self-administer. Also, all staff should be aware of where stock epinephrine is stored on school grounds (if applicable), for response to students that appear to be experiencing an anaphylactic reaction. A running list of school staff that are qualified to respond in emergencies, and which staff carry keys to medication in locked storage should be kept and maintained by the school principal.

Medication Administration Definitions

The following definitions are common to the practice of medication administration. They can be found throughout this manual and are therefore highlighted in this appendix.

Administrative Regulations- Administrative regulations outline the specific details that are to be followed in administering medication to students.

Adverse effect- When the result of medication administration is not expected or intended. Adverse effects or side effects are often unwanted and vary in their degree of harm. Variables that affect the occurrence of adverse effects include age, sex, body weight, allergies, absorption, and other drugs and supplements the student may be taking.

Dispense- The preparation and delivery of a prescription drug by a licensed healthcare provider, to distribute prescription medication in a suitable and appropriately labeled container for later administration to or self-administration by a student.

Licensed Practical Nurse- A nurse licensed by the Oklahoma Board of Nursing to practice vocational nursing. The LPN has a directed scope of practice. LPNs, like RNs, may administer medications and treatments for which they know the rationale for and the effects of, under the supervision of a licensed registered nurse or medical provider with prescriptive authority.

Long-term medication- A prescription medication used for the treatment of a chronic illness on both a daily and an as-needed basis.

Medication- Prescription and nonprescription drugs used to prevent, cure, or relieve symptoms or disease. Medications are FDA approved, meaning they have proved to be safe and effective for use. Medications include but are not limited to analgesics, antipyretics, antacids, antibiotic ointments, antihistamines, decongestants, and cough/cold preparations.

Medication administration- Assisting a student with the ingestion, application, inhalation, injection, insertion, or self-management of medication according to the direction of a licensed prescriber or parents and legal guardians.

Medication Administration Policy- A policy adopted by the local school board outlining the general guidelines for medication administration across the school district. Oklahoma school districts should have medication administration policies and administrative guidelines in place, based on their individual needs that outline safe and effective medication administration.

Over the Counter (OTC) Medication- Medications that are safe and effective for use by the general public and can be obtained without a prescription. Also called non-prescription medication. OTCs typically provide temporary relief from pain, discomfort, or other short-term symptoms.

Parental consent- To give permission for something to happen or be done. Signed parental consent must be provided through a medication authorization form for school health staff to administer medications to a student.

Prescribed Dose- The amount of medication to be administered to a student per the advice of their prescribing physician and/or their medication's label considering the weight, height, and the personal characteristics of the child and their condition.

Prescription Medication- A drug that can only be obtained with written prescription from a physician.

Registered Nurse (RN)/ School Nurse- A registered nurse, licensed by the Oklahoma Board of Nursing to practice professional nursing in Oklahoma or hold a multi-state license to practice nursing, who is employed by a local school district.

Route- The means by which a medication enters the body. The different routes of medication administration most common to the school setting include oral (mouth), sublingual (under the tongue), buccal (cheek), respiratory (lungs), ocular (eye), auricular (ear), nasal (nose), topical (skin), and rectal (rectum).

School health staff- Those who are authorized to administer medication in the school setting including school nurses, and trained unlicensed assistive personnel who are employees of the school. The responsibility of administering medications to students is considered an administrative task assigned by the principal to school health staff, rather than a health-related service delivered or delegated by a health care professional.

Self-administration- A student's self-management of medication. Students with asthma, anaphylaxis, Cystic Fibrosis, or diabetes are permitted to self-carry with the intention to self-administer their medications in order to manage their chronic conditions.

Short-term medication- A prescription medication used for the treatment of a short-term illness, including infectious diseases.

Standing Order- A physician's order that provides instructions for a procedure that can be activated by school personnel when specific conditions and circumstances occur in the school setting. Standing orders should be developed by the district's consulting physician, approved by the school board, and approved by the school's nurse, if applicable.

Unlicensed Assistive Personnel- School staff such as secretaries, teachers, and coaches who are not licensed to practice practical nursing, medicine, or any other health profession that require a license. Unlicensed assistive personnel may administer medication if they have been assigned the task by the school principal or administrator and must complete medication administration training at minimum annually.

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Common Metric Measurements and Abbreviations

Abbreviations Commonly Used in Prescriptions:

am	morning
cc	cubic centimeters
g	gram
h or hr	hour
HS	at bedtime
mg	milligram
mL	milliliter
oz	ounces
pm	afternoon
po	by mouth
prn	as needed
tab	tablet
tbsp	tablespoon
tsp	teaspoon

Tablet Conversions:

1000 mg	1 g
500 mg	.5 g
250 mg	.25 g

Liquid Measurements Conversions:

1mL	1cc
2.5 mL	.5 tsp
5 mL	1 tsp
15mL	3 tsp
30mL	1 fluid oz
60mL	2 fluid oz

APPENDIX A

[School Logo Goes Here]

SAMPLE Request for Administration of Medication at School

This form must be filled out completely in order for school health staff to administer medication to a student. A new medication authorization form must be completed at the beginning of each school year, for each medication, and each time there is a change in the medication's administration instructions.

Prescription and non-prescription medication must be delivered to school in its original container.

The container must be properly labeled by a pharmacist or the prescribing physician.

Student's Name _____ Sex _____

Date of Birth ____ / ____ / _____ Teacher/Homeroom _____

Condition for which medication is being administered _____

Medication Name _____ Dose _____ Route _____

Times(s) of day to administer _____

Medication shall be administered from: ____ / ____ / _____ to: ____ / ____ / _____

Possible side effects _____

Special requirements for administration/storage _____

Known Food or Drug Allergies YES NO If Yes, please explain _____

Prescriber's Name _____ Telephone ____ - ____ - ____

Address _____

Prescriber's Signature _____ Date _____

continued next page

Parent /Guardian Authorization

I request that school health staff administer the medication as described above by my child’s primary prescriber. I consent to medication administration for my child named above and agree to review and provide any special instructions for the administration of child’s medication and share that information with my child’s school health staff.

Parent/Guardian Signature _____ Date _____

Cell Phone ____ - ____ - _____ Home Phone ____ - ____ - _____ Work Phone ____ - ____ - _____

Faculty Review

Medication was received from _____ Date _____

Medication was received by _____ Date _____

Initial Count (pills or tablets) or Measurement (liquids) _____

Witness Signature _____ Date _____

SAMPLE Emergency Contact and Medical Information for a Child

_____	_____	M	F
Child’s Name	Date of Birth	Sex	
_____	_____	_____	
Parent’s/Guardian’s Name	Parent’s/Guardian’s Name		
_____	_____	_____	_____
Home Phone	Work Phone	Home Phone	Work Phone
_____	_____	_____	_____
Address	Address		

continued next page

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Please describe any medications, herbals, dietary supplements or over the counter medications your child currently uses or intermittently takes:

Please describe any serious reaction(s) that can result from either administering or withholding medications:

Parent's/Guardian's Signature

Date

APPENDIX B

[School Logo Goes Here]

SAMPLE Self-Medication Authorization Form

The following must be provided to the school in order for a student to self-administer asthma, anaphylaxis, diabetes, or cystic fibrosis medicine:

- A written statement from the student's licensed healthcare provider that describes the student's medication and confirms their ability to self-administer their prescribed medication.
- A written authorization signed by the parent for the student to self-administer the prescription while on school property or at a school related event or activity.

Prescriber's Authorization

Patient's Name _____ Sex _____

Date of Birth ____ / ____ / _____ Teacher/Homeroom _____

Condition for which medication is being administered _____

Medication Name _____ Dose _____ Route _____

Times(s) of day to administer _____

Is this a PRN, (As-needed) Medication? YES NO

Medication shall be administered from: ____ / ____ / _____ to: ____ / ____ / _____

The student has demonstrated that they can self-administer their medication: YES _____ NO _____

If NO, then please explain _____

Prescriber's Name _____ Telephone _____ - _____ - _____

Address _____

—

Prescriber's Signature _____

Date _____

continued on next page

Parent/Guardian Authorization

I request that school health staff allow my child to self-carry with the intention to self-administer the medication described above by my child's primary prescriber. I agree to notify the school nurse or school health staff and provide a new self-medication authorization form when there is a change in my child's medication, health status, or authorized healthcare provider.

Describe how your child will carry/store their medications _____

Parent/Guardian Signature _____ Date _____

Cell Phone ____ - ____ - ____ Home Phone ____ - ____ - ____ Work Phone ____ - ____ - ____

School Nurse Authorization

An evaluation of the student's ability to self-administer their asthma or anaphylaxis medication is conducted by the school nurse if a school nurse is available.

Self-Administration Evaluation Date: ____ / ____ / ____

The student is capable of self-administration? YES NO

If NO, then please explain _____

School Nurse Signature _____

Date _____

Inform all relevant school staff that this student is permitted/not permitted to self-carry and administer their medication(s)

APPENDIX C

SAMPLE Student Self-Medication Assessment

(To Be Completed by a Licensed Registered School Nurse)

Student Name _____ Student ID _____ Year _____

ANAPHYLAXIS, EPINEPHRINE, INHALED ASTHMA OR CYSTIC FIBROSIS SELF-ADMINISTERING MEDICATION

Criteria for Self-Medication:

1. Student is knowledgeable and capable of identifying individual medication. Yes No
2. Student is knowledgeable of purpose of individual medication. Yes No
3. Student is able to identify specific symptom occurrence and need for medication administration. Yes No
4. Student is knowledgeable and capable of identifying medication dosage. Yes No
5. Student is knowledgeable about method of medication administration. Yes No
6. Student is able to state side effects/ adverse reactions to medication. Yes No
7. Student is knowledgeable of how to access assistance for self if needed in an emergency. Yes No
8. An Individual Health Care Plan (IHP)/ Emergency Action Plan has been developed for the student that will monitor and evaluate the student's health status. Yes No

Based on Assessment:

1. The student is a candidate for a self-medication program with supervision. Yes No
2. The student has successfully completed self-medication training and has demonstrated their ability to self-administer. Yes No

Comments: _____

Reviewed By:

Principal Signature _____ Date _____

School Nurse Signature _____ Date _____

DIABETIC INSULIN ADMINISTRATION

Criteria for Self-Management of Diabetes

1. Student is knowledgeable and capable of blood glucose testing. Yes No

Criteria for Insulin Administration (Syringe):

1. Student is knowledgeable and capable of counting carbohydrates. Yes No
2. Student is knowledgeable and capable of calculating amount of carbohydrates consumed. Yes No
3. Student is knowledgeable and capable of calculating corrective dose of insulin. Yes No
4. Student is capable of drawing up correct dosage of insulin. Yes No
5. Student is knowledgeable about administering insulin at appropriate site. Yes No
6. Student is knowledgeable of the proper method for disposal of equipment. Yes No

Criteria for Insulin Administration (Pen):

1. Student is knowledgeable and capable of counting carbohydrates. Yes No
2. Student is knowledgeable and capable of calculating amount of carbohydrates consumed. Yes No
3. Student is knowledgeable and capable of calculating correct dose of insulin. Yes No
4. Student is knowledgeable about administering insulin at appropriate site. Yes No
5. Student is knowledgeable of the proper method for disposal of needles. Yes No

Criteria for Insulin Administration (Pump):

1. Student is knowledgeable and capable of counting carbohydrates. Yes No
2. Student is knowledgeable and capable of calculating amount of carbohydrates consumed. Yes No
3. Student is capable of calculating and administering corrective bolus. Yes No
4. Student is knowledgeable and capable of calculating and setting basal profiles. Yes No
5. Student is knowledgeable and capable of calculating and setting temporary basal rate. Yes No
6. Student is knowledgeable and capable of disconnecting pump. Yes No
7. Student is knowledgeable and capable of reconnecting pump at infusion set. Yes No
8. Student is knowledgeable and capable of preparing reservoir and tubing. Yes No
9. Student is capable of inserting infusion set. Yes No
10. Student is able to troubleshoot alarms and malfunctions. Yes No

Based on the Assessment:

1. The student is a candidate for a self-medication program with supervision. Yes No
2. The student has successfully completed self-medication training and has demonstrated proper self-administration. Yes No

Comments: _____

Reviewed By:

Principal Signature _____ Date _____

School Nurse Signature _____ Date _____

IMPORTANT NOTICE

If the school nurse does not concur with the health care provider's instructions after assessing the competencies of the student, the school nurse will contact the health care provider to attempt to agree upon a plan. Permission for the self-administration of medication may be suspended if the student is unable to maintain the procedural safeguards established in the above agreement.

Comments: _____

APPENDIX D

[District Letterhead]

SAMPLE LETTER

[School Name]

[Street Address]

[City, ST ZIP Code] [Date]

Dear Parent or Guardian:

To comply with the school districts medication administration policy and Oklahoma State Law, please review the following information for medication administration:

1. All medication must be brought to school and kept in the _____ (location) in a locked _____ (storage area). Only the correct number of doses for one (1) month will be accepted. Each month shall have a new correctly dated bottle from the pharmacy.
2. Both prescription and non-prescription medications must be brought to the school in their original, properly labeled container. Prescription medication must contain a current pharmacy label.
3. A medication authorization form must be signed for all medications that are to be administered to the student.
4. School personnel will not give any medicine, including over-the-counter medications and products, to students except as authorized by district policy and with a signed medication authorization form.

This policy is necessary to protect the health and safety of your child. We appreciate your cooperation in this matter for those reasons.

Sincerely,

Parent or Guardian

School Nurse

Phone Number

Phone Number

*Please keep a copy of this form for future use in case your child should need to take medication during school.

APPENDIX F

SAMPLE Medication Administration Error Log

Assure that the medication to be administered has arrived to school in its original, properly labeled

Student Name _____ DOB ___ / ___ / _____ Sex M F

Weight _____ Medication(s) _____

Dose _____

Route _____ Planned Time(s) for Administration _____

Condition being treated _____

Reporter Name _____ Reporter Phone ___ - ___ - _____

Role at School _____

Error Details

Error Date ___ / ___ / _____ Error Time ___ : ___

Discovery Date ___ / ___ / _____ Discovery Time ___ : ___

Description of the Event: _____

Name of Person Directly Involved: _____ Role at School _____

Error Type (Select one)

Contributing Factor(s) (Select all that apply)

<input type="checkbox"/> Wrong Patient <input type="checkbox"/> Wrong Drug <input type="checkbox"/> Wrong Dose <input type="checkbox"/> Wrong Route <input type="checkbox"/> Wrong Time <input type="checkbox"/> Wrong Diagnosis <input type="checkbox"/> Wrong Response <input type="checkbox"/> Wrong Documentation	<input type="checkbox"/> Unauthorized Staff <input type="checkbox"/> Untrained Staff <input type="checkbox"/> Pharmacy Error <input type="checkbox"/> Omission <input type="checkbox"/> Patient Refusal <input type="checkbox"/> Drug was Unavailable	<input type="checkbox"/> Lack of Concentration <input type="checkbox"/> Inexperienced Staff <input type="checkbox"/> Insufficient Staff <input type="checkbox"/> Emergency Situation <input type="checkbox"/> Medication Unavailable <input type="checkbox"/> Misread/Misinterpreted Instructions
--	--	--

Notification

Patient Notified YES NO Date ___ / ___ / _____ Time ___ : ___

Physician Notified YES NO Date ___ / ___ / _____ Time ___ : ___

Parent Notified YES NO Date ___ / ___ / _____ Time ___ : ___

Corrective Action Taken _____

Continued next page

Outcome

- No change was observed in the patient's condition; no medical intervention required.
- Produced a temporary or localized response; did not cause ongoing complications or require medical intervention.
- Patient required medical attention.
- Patient required hospitalization.
- Patient sustained long-term complications.
- Other, explain (*Explain on next page*)

Explain _____

Follow Up

Problem Identification:

- Lack of knowledge
- Performance Problem
- Administration Problem
- Other _____

Comments _____

Response:

- Provided Education
- Changed School Policy and/or Procedure(s)
- System Process Changed
- Addressed Individual Awareness
- Addressed Group Awareness
- Other _____

Resolution

Please describe the resolution to the identified problem. If this has not been addressed already, then please provide a timeline for the action plan:

Signature of Reporter

Date

Signature of School Health Staff Lead

Date

Signature of Person Directly Involved

Date

Eight Rights to Medication Administration



Right Patient. Make sure that the right patient is receiving the prescribed drug. Check two unique patient identifiers (name and birth date) before administration.



Right Drug. Make sure that the drug being given is the correct drug. Compare the drug with the patient's medication authorization form before administration.



Right Dose. Make sure that the proper dose of the drug is being administered. Compare the dose on the label with the patient's medication authorization form before administration.



Right Route. Make sure that the drug is administered by the correct route. Consult the medication's label and the patient's medication authorization form before administration.



Right Time. Make sure the drug is administered at the correct time of day. Consult the medication's label and the patient's medication authorization form before administration.



Right Documentation. Make sure the action of drug administration is recorded immediately. Side effects and medication errors should also be recorded. If an action is not recorded, then there is no proof that it happened.



Right Diagnosis. Make sure the drug to be administered is appropriate for the patient's diagnosis. If the medication does not seem suitable for the condition in question, then question the prescription.



Right Response. Make sure the drug has the desired effect after administration. Make sure enough time has passed to make these observations.

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