

Procedure for Administering Medication

Purpose: This procedure establishes guidelines for School Health/Clinic Staff and school personnel who have been trained on the proper administration of prescription and non-prescription medications

Definitions:

Medicine	<ol style="list-style-type: none">1. A drug or remedy2. The act of maintenance of health, and prevention of disease and illness3. Treatment of disease by medical, as distinguished from surgical treatment
Medicate	<ol style="list-style-type: none">1. To treat a disease with drugs2. To permeate with medicinal substances

Medication Administration Record (MAR) - report that serves as documentation/legal record of the drugs administered to a student at a facility ("Individual Medication Administration Record" and the "Weekly Medication Administration Record")

Universal Precautions (also, Standard Precautions) - all students and all blood and body fluids will be treated as if known to be infectious with HIV, HBV or other blood-borne pathogens; *Refer to Procedure for Universal Precautions*

Reye Syndrome Caution: Due to the possible increased risk of Rye Syndrome associated with the use of salicylates and salicylate containing medications (such as aspirin) for children with chickenpox and influenza-like illness, **avoid** administering salicylates when signs/symptoms of chickenpox and influenza-like illness are observed or voiced

Procedure: I. Steps to administering medication

- A. Wash hands
- B. Obtain medication and supplies
- C. Review the medication label carefully and repeatedly to ensure following the seven (7) rights of medication administration (see below)
- D. Review the "Dispersion of Medication Form"
 1. Follow "School Board Policy 5.62 Administering Medication to Students by "Delegated School Personnel" and medication administration guidelines
 2. Form completed correctly and in its entirety
 3. Parent consent obtained
 4. Medication time due established if not specific on medication label
- E. Follow guidelines established for medication administration
- F. Follow the seven (7) rights of medication administration

Note: always follow Universal Precautions

 1. Right student
 - a. Ask the student to state his/her name, **never assume**
 - b. Repeat the student's name; ask him/her to verify
 - c. Wait for student response
 - d. Always verify student name on medication label/container
 2. Right medication

- a. Prescription medications must be labeled with the student name
 - b. Non-prescription medications must be labeled with the student specific name written clearly, legibly and permanently on the medication container
- 3. Right dosage
 - a. Follow prescription medication label **exactly** for dosing instructions.
Changes in prescription medication dosing instructions **must** be completed **only** by a physician and should include a new/revised labeled medication bottle
 - b. Follow non-prescription medication label and/or insert guidelines **exactly** for dosing instructions. Always ensure medication and/or dosage is age appropriate
- 4. Right time
 - a. Dose should be given no earlier than thirty (30) minutes before or no later than thirty (30) minutes after dose time to be considered "on time"
- 5. Right Route (oral, topical, inhalation, otic, ophthalmic, nasal, sublingual, per rectum, topical, sub-cutaneous, intramuscular, etc.)
- 6. Right form of medication (capsules, tablets, liquids, drops, inhalants, powder, ointment, cream, lotion, etc.)
 - a. **Do not** crush or sprinkle medications without a physician's order
- 7. Right documentation
 - a. Document **immediately** following medication administration on the student's "Individual Medication Administration Record" and on the "Weekly Medication Administration Record"
- G. Administer the medication
 - 1. Do not administer a medication dosage you did not prepare
 - 2. School Health/Clinic Staff or school personnel should not touch medication, always use medication lid or medication dispersing container
 - 3. Observe that student swallows the medication before leaving the School Health Clinic or medication administration space
 - 4. Medication should be taken with fluids (water)
 - 5. **Never** allow the student access to an open medication storage area
- H. Notify parent/guardian when student medication supply is low or depleted, refer to: "Parent/Guardian Notice of Low/Depleted Medication Storage"

****Note: Herbal medications are treated as a nonprescription medication. Herbal medications should have a printed label with appropriate age indications, route, dosing directions, potential side effects and an expiration date. If such packaging is not available, a physician's order must be submitted outlining such information***

II. Administering medication via multiple routes

A. Oral medications

****Note: Non-medicated cough drops may be checked into the School Health Clinic or permitted to be carried by students at the discretion of the school site administration staff or designee only. This decision may vary depending on the school. Preferably, this ruling should be in writing***

1. Administering medication:

- a. Dropper - Squirt small amounts of medication to the back and side of the student's mouth
 - b. Syringe - Place syringe to the back and side of the student's mouth. Give the medication slowly, allowing the student to swallow
 - c. Nipple - Pour medication into the nipple after it has been measured. Allow the student to suck the medication from the medication nipple.
Follow medication administration with a teaspoon of water
 - d. Medicine cup - Place the medication in the cup. If the student is capable of drinking the medication without help, allow him/her to do so. If student is unable to hold the cup, hold the cup and allow him/her to drink the medication
 - e. Tablet - If the student is able to swallow a tablet, have the student place it on the middle of the tongue; then swallow the tablet with juice or water
 - f. Un-scored tablets should not be cut. Parent/guardian should be responsible for cutting tablets
 - g. Capsule – Instruct the student to place the capsule on the back of the tongue, and have the student swallow with fluids. Some capsules may be opened and sprinkled on a spoonful of food, check with a physician/pharmacist to see if this may be done
- B. Nose drops
1. Ask student to blow nose into a tissue to clear nasal passages first
 2. The student may be able to self-administer medication if they are able to inhale the medication. If not, slightly tilt student's head back and instill the prescribed number of drops into each nostril
- C. Ear drops
1. Tilt student's head away from the affected ear
 2. Pull pinna (outer edge of ear) upwards and back. Instill ear drops as ordered
 3. Student should remain in this position for 5-10 minutes. Then, place a piece of cotton into the ear canal
- D. Eye drops or ointment
1. Place student in supine position (lying down on his/her back)
 2. For drops, pull lower eyelid down and out to expose the conjunctival sac. Drop solution into the conjunctival sac. Close eye gently and attempt to keep eye closed for a few moments
 3. For ointment, pull lower eyelid down and apply ointment along the edge of the lower eyelid from the nose side to the opposite side of the lid
 4. Avoid touching the tip of the medication container to the eye to prevent contamination of the medication
- E. Rectal medication
1. Provide privacy and position student on left side with right knee slightly bent
 2. Lubricate tip of applicator, if applicable; spread buttocks, and insert applicator or medication. Do not force
 3. Administer the medication slowly; remove applicator, and dispose of it appropriately
- F. Inhalation Medication

***Note: There are many different types of inhalers, always follow the physician's order and the manufacturer's guidelines**

1. Metered-Dose Inhaler:
 - a. Prime medication as per manufacturer's directions by spraying one or more puffs into the air before use (assures the inhaler will dispense the correct amount of medication)
 - b. Shake the inhaler well before use so that the medicine mixes well and the correct amount of medication will be dispensed
 - c. Remove the cap and hold the inhaler upright
 - d. Immediately before administering inhaler the student should take a breath in and breathe out fully (creating more space in the airway for the next breath in and allowing a deeper and longer breathe when inhaling medication)
 - e. Hold the inhaler upright and administer as per physician dosing instructions (see below)
 - **Inhaler to Mouth**-place the inhaler in mouth, above the tongue and seal lips firmly around the inhaler. Instruct the student to breathe in slowly and deeply. Press down on the inhaler to release and breathe in the medicine coordinating the breathing cycle with dispensing medication
 - **Away from Mouth**-hold the inhaler 1-2 inches away from the mouth, instruct the student to breathe in slowly and deeply. Press down on the inhaler to release and breathe in the medicine coordinating the breathing cycle with dispensing medication
 - **Spacer/Holding Chamber**-place the inhaler mouthpiece into the end of the spacer/holding chamber. Put the mouthpiece of the spacer in the mouth, above tongue and seal lips firmly around the spacer. Press down on the inhaler to release one dose of medication into the spacer/holding chamber and then instruct the student to breathe in slowly and deeply (if whistling sound is heard the student is breathing in too quickly).
 - **Spacer/holding Chamber Mask**-place it over the nose and mouth firmly enough so that medicine will not leak or escape, press down on the inhaler to release one dose of medication into the spacer/holding chamber. Instruct the student to slowly and deeply breathe in and out for six breaths
 - f. Instruct the student to hold their breath as long as possible (10 seconds) after using the inhaler (keeps airway still and allows more time for the medicine to get into lungs) and breathe out slowly
 - g. If repeat dose is ordered, wait at least 30-60 seconds between doses, shake again to mix before dispensing and repeat above steps for administering
 - h. Encourage the student to rinse out mouth and spit out rinse after using inhaler
 - i. Follow the manufacturer's instructions for cleaning
2. Breath-actuated inhalers:
 - a. Do not require actuation and inhalation to be coordinated (inhalation via mouthpiece triggers the release of medication)
3. Nebulizer:
 - a. Instill the medication as per physician's order into the nebulizer medication dispensing cup and secure the lid tightly to prevent

spilling

b. Ensure tubing is connected securely to the medication dispensing cup, the mouthpiece, face mask or the tracheostomy adapter, and to the air compressor

c. Have the student sit or place the student in an upright position

d. Unless battery operated, plug the air compressor into an electrical outlet and turn on compressor

e. Administer treatment (see below)

- **Mouthpiece**-instruct the student to hold the nebulizer mouthpiece in the mouth, above the tongue, and seal lips firmly around the mouthpiece, then slowly and deeply breathe in through the mouth
 - **Mask**-place over the nose and mouth firmly and securely enough so that medicine will not leak or escape. Instruct the student to inhale slowly and deeply through the mouth and nose
 - **Tracheostomy**-place the adapter or tracheostomy mask securely to or over the tracheostomy while supporting and restricting movement of tracheostomy tube and administered via tracheostomy
- f. Administer the medication until there is no visible misting (usually 8-10 minutes)
- g. Detach the medication dispensing cup, mouthpiece, face mask, or tracheostomy adapter or tracheostomy mask and clean with warm soapy water, rinse and allow to air dry (do not wash tubing, replace when dirty or wet)

G. Subcutaneous injection

1. Apply clean gloves and determine appropriate site. Use anatomical landmarks to locate exact injection site
2. If applicable, cleanse site with alcohol swab in a circular motion, starting from center outward. Allow to dry
3. Remove needle guard and hold syringe in dominant hand. Use non- dominant hand to pinch subcutaneous tissue to be injected
4. While holding syringe between thumb and forefinger, inject in a dart-like fashion at a 45-90 degree angle. Release bunched skin and use non-dominant hand to stabilize syringe while using dominant hand to aspirate gently on plunger. If blood appears in syringe, withdraw needle and prepare new injection
5. **Do not aspirate when injecting anticoagulants (i.e. Heparin, Lovenox) or insulin**
6. Slowly inject medication and remove the needle
7. Carefully dispose of syringe and needle directly into sharps container. **Do not recap needle**

H. Intramuscular injection

1. Apply clean gloves and determine appropriate site. Use anatomical landmarks to locate exact injection site
2. If applicable, cleanse injection site with alcohol swab in circular motion starting at site and working away from area. Allow to dry
3. Remove needle guard and hold syringe like a dart between thumb and forefinger of dominant hand. Insert the needle at a 90 degree angle to the student's skin surface
4. Stabilize the syringe with non-dominant hand while using dominant hand to aspirate on plunger. If no blood appears, slowly inject medication. If blood appears, remove needle and prepare a new dose of medication

5. Withdraw needle and apply light pressure to site. Gently massage site
 6. Carefully dispose of syringe and needle directly into sharps container. **Do not recap needle**
- I. Topical medications

***Note: Non-medicated lotions, lip balms, and sunscreens may be signed into the School Health Clinic or permitted to be carried by students at the discretion of the school site administration staff or designee only. This decision may vary depending on the school. Preferably, this ruling should be in writing**

1. Apply to clean skin surface
2. Use a cotton tip applicator or tongue depressor to apply ointment, lotion or salve; never apply with fingers
3. Cover site with gauze or Band-Aid if indicated

III. Possible problems with medication administration

- A. Failure to follow School Board Policy and medication administration guidelines
- B. Failure to follow any of the seven rights of medication administration
- C. Student declines or refuses medication administration
 1. **Never** administer medication against the students will. Document the refusal and notify the parent/guardian
- D. Choking
 1. Always position the student in a sitting or upright position
 2. If choking, immediately stop the administration of medication
 3. If student recovers and is breathing normally, medication may be given
 4. If student is believed to have an obstructed airway, perform the Heimlich Maneuver, activate emergency response, and begin CPR as needed
- E. Allergic reaction to medication - Refer to Procedure for Anaphylaxis

****Note: The first dose (first known exposure to a medication) of medication should not be administered in the school environment but should be administered in a closely supervised environment such as; the home, physician's office, hospital, and/or under the supervision of a physician due to the possibility of an allergic or adverse response to the medication***

ACKNOWLEDGEMENT OF MEDICATION ADMINISTRATION TRAINING

Trainee Initials/Signature: _____/_____

☐ Student Specific Training/Student Name: _____

Trainee Initials	THE SEVEN (7) RIGHTS
	<i>Right Student:</i> Never give medication if there is any doubt as to the student's identity. Ask the name, then compare to the bottle label
	<i>Right Medication:</i> Always read the student's name and the name of the medication on the medication container to ensure you have the right medication for the right student. Do not ever substitute a student's medication with another person's medication
	<i>Right Dosage:</i> Check the dosage on the label carefully. Always administer as per the medication label (exactly; no more, no less)
	<i>Right Time:</i> Check the administration time or guidelines with the medication label instructions and/or written physician orders. Medication should be administered on time or within the grace period of thirty minutes before or after the documented time due
	<i>Right Route:</i> There are different routes or methods to administer medications. Follow the medication label instructions and/or written physician orders
	<i>Right Form:</i> There are different forms of medication to administer. Follow the medication label instructions and/or written physician orders
	<i>Right Documentation:</i> Document date, time, initial and signature immediately upon administering medication on the "Individual Medication Administration Record" and on the "Weekly Medication Administration Record"

I hereby acknowledge that I have received training concerning medication administration in the school environment. I understand that I must follow the seven (7) rights of medication administration and the guidelines provided by the Santa Rosa County School Board and any other contracted health care agency in accordance with State Law 323.46 and School Board policy 5.62.

*Annual Training Date: _____

Trainee Signature/Title

Instructor Signature/Title

*Review Date: _____

Trainee Signature/Title

Instructor Signature/Title

***Review Date:** _____

Trainee Signature/Title

Instructor Signature/Title

***Review Date:** _____

Trainee Signature/Title

Instructor Signature/Title

***Review Date:** _____

Trainee Signature/Title

Instructor Signature

Student Specific Teaching/Comments: _____

SANTA ROSA COUNTY SCHOOL DISTRICT
DISPERSION OF MEDICATION FORM

63-06-031
Rev 3/17

School Board Policy 5.62 Administering Medication to Students by Delegated School Personnel

1. Any medication (prescription/nonprescription) to be administered to a student on school premises, a school bus, or at school functions must be brought to the school by a responsible adult representative for retention and administering. No student will be allowed to have medication (prescription/nonprescription) in his/her possession on school premises, a school bus, or at school functions with the exception of: Epinephrine, Diabetes Medication/Supplies, Pancreatic Enzymes, and Asthma Inhalants. Pursuant to Florida Law, the school district allows the student to carry and/or self-administer authorized medications/supplies with a physician's authorization and parent(s)/guardian(s) consent deeming the student both capable and responsible for carrying and/or the self-administration of medication.

AUTHORIZATION AND CONSENT TO CARRY AND/OR SELF ADMINISTER: EPINEPHRINE, DIABETES MEDICATION/SUPPLIES, PANCREATIC ENZYMES, AND ASTHMA INHALANTS		
<input type="checkbox"/> Parent/Guardian consent obtained below		
Physician: _____	_____	_____
<i>Signature</i>	<i>Printed Name</i>	<i>Date</i>

2. Medication (prescription/nonprescription) to be administered on school premises, a school bus, or at school functions must be in the original container, properly labeled with the student's name, name of medication, dosing directions, administration time, and include an expiration date or medication start/fill date (one year expiration date). Prescription medication must also include the physician's name. A "Dispersion of Medication Form" must be completed for each medication with a method of disposal for any unused/expired medication. Each medication and/or refill to be administered by delegated school persons must be jointly counted and the medication count signed on the "Dispersion of Medication Form" by delegated school personnel and the responsible adult representative. Any medication that fails to have a printed label or any requests for medication to be administered differently than the manufacturer's label, must have a physician's authorization.

AUTHORIZATION TO ADMINISTER MEDICATION WITHOUT ATTACHED LABEL/DIFFERENTLY THAN LABEL		
<input type="checkbox"/> Bottom section of the "Dispersion of Medication Form" to be completed prior to physician signature		
Physician: _____	_____	_____
<i>Signature</i>	<i>Printed Name</i>	<i>Date</i>

3. Parent(s)/Guardian(s) are encouraged to request prescriptions for medications which limit administration during school hours. First morning doses should be given at home with only mid-day doses administered at school. Doses missed at home will not be administered by delegated school personnel. No medication(s) will be provided by the school. Medication kept in School Clinic will not be available for community extended day programs.

I authorize _____ to be administered to him/her:
Student's last name, first name

Name of Medication: _____ Reason: _____
*(Be specific)**(Be specific)*

Dosage: _____ Route: _____ Time Due: _____

Comments (take with food, side effects, etc.): _____

Unused/expired medication for my child will be disposed of by: ☐ Parental Pick-Up ☐ School Disposal

List allergies: _____

Parent/Guardian: _____ Date: _____ Phone: _____ Phone: _____
Signature

***By my signature on this form, I acknowledge the Notice of Privacy Practices Act in the Code of Student Conduct, and authorize Santa Rosa County School District and Delegated District Personnel to provide emergency care for my child and/or authorize the exchange of medical information.**

This form complies with applicable Florida Statute (232.48) and will become the property of the school for filing purposes.

GRADE: _____ HOMEROOM TEACHER: _____ / _____ ROOM: _____

(Continued on reverse side)

REGISTRY OF MEDICATION INTAKE

Date	Medication	Expiration Date	Medication Count	Parent/Guardian Signature	Delegated School Personnel Signature

FIELD TRIP SIGN OUT/RETURN REGISTRY

Date	Medication	Medication Count Signed Out/ Teacher or Staff Signature	Medication Count Returned/ Teacher or Staff Signature	Delegated School Clinic Personnel Signature

**By my signature, I acknowledge that I have received training on Medication Administration this school year.*

REGISTRY OF MEDICATION SIGNED OUT/WASTED

Date	Medication	Medication Count	Parent/Delegated School Clinic Personnel Signature	Delegated School Clinic Personnel/Witness Signature

SANTA ROSA COUNTY SCHOOL DISTRICT
MEDICATION PROTOCOL HANDOUT FOR PARENT/GUARDIAN
(Form to be given to the parent/guardian upon medication sign-in)

- A “Dispersion of Medication Form” must be completed and signed by the parent/guardian for each medication to be administered
- All medication must be delivered and picked up by the parent/guardian in the School Health Clinic
- Each medication and/or refill must be jointly counted and the medication count signed on the “Dispersion of Medication Form”
- The physician must sign the “Dispersion of Medication Form” in order for a student to carry and/or self-administer: Epinephrine, Diabetes Medication/Supplies, Pancreatic Enzymes, and Asthma Inhalants. The student may not carry and/or self-administer any other medication
- All medication must be in its original container, properly labeled with the student’s name, name of medication, dosing directions, administration time, and include a current expiration and/or fill date
- Non-prescription medication must be age appropriate
- Non-prescription medication must be in a small or travel size container
- Prescription medication supply should be limited to a thirty day supply
- Any medication that fails to have a printed label or any requests for medication to be administered differently than the manufacturer’s label, must have a physician’s authorization
- First morning medication doses should be given at home with only mid-day doses administered at school. Doses missed at home will not be administered by School Health Clinic Staff
- Changes in the medication administration process (dosage, time due, etc.) will require a new “Dispersion of Medication Form” to be completed
- Notify School Health Clinic Staff directly of any medication changes, including discontinued medication
- Discontinued and/or expired medication must be picked up within one week of the stop date by the parent/guardian. Unclaimed medications will be disposed of
- During the last month of the school year, bring only enough medication to be used by the last day of school. All unclaimed medication will be destroyed after school is dismissed on the last day of the school year. The school will not store any medication over the summer
- Students will be referred to the School Health Nurse by Clinic Staff if the student request an over the counter medication three (3) days in a row or more than five (5) isolated times, unless pre-existing conditions exist

PARENT/GUARDIAN NOTICE OF LOW/DEPLETED MEDICATION STORAGE

Dear Parent/Guardian:

Please be aware that the amount of medication available in the school health clinic is now low and/or depleted as listed below. Please sign in additional medication as quickly as possible in order to maintain continuity in your child's medication administration regimen.

Students Name: _____ Date: _____

Name of Medication: _____

Current Medication Count Retained in Clinic: _____

☐ 1st notice

☐ 2nd notice

☐ 3rd notice

Note: Anytime medication is not replenished within one (1) week following the third (3rd) notice, all medication documentation for that medication will be discontinued. Any future administration of the same medication will require the medication to be signed in as a new medication.

Thank you in advance for your prompt attention. Please feel free to contact the school health clinic if you have any questions or concerns.

PARENT/GUARDIAN NOTICE FOR MEDICATION PICK-UP/DISPOSAL

Dear Parent/Guardian:

As we come to the close of the school year, we would like to remind you to please pick up any medication that has been signed into the School Health Clinic for your child. All medication must be picked up by the date and time indicated below. Any medication that is not picked up at the end of the school year will be immediately disposed of by School Health Clinic Staff. The school will not store any medication over the summer.

Please remember that students who **carry**: *Epinephrine, Diabetes medication/supplies, Pancreatic enzymes, or Asthma inhalants* will need to have a new "Dispersion of Medication Form" filled out and signed by both parent/guardian **and** the physician for the following year.

If you have any questions please feel free to call the School Health Clinic.

All medication must be picked up by:

Date

Time

Procedure for Emergency Medications

Purpose: This procedure establishes guidelines for the School Health/Clinic Staff, and school personnel for the administration of emergency medications

Definitions: **Emergency** - an unexpected, serious occurrence that may cause injury and which usually requires immediate attention

Epinephrine Auto-Injector - a pen containing Epinephrine, which is a bronchodilator and a vasoconstrictor to be used in the event of an anaphylactic reaction; *Refer to Procedure for Recognizing and Responding to Anaphylactic Events (Section VIII B)*

Glucagon - a hormone that stimulates the liver to change stored glycogen into glucose, therefore raising blood glucose; *Refer to Procedure for Diabetes Management (Section VII)*

Diastat - Diazepam rectal gel is an emergency intervention drug used to control prolonged seizures and clusters of seizure activity; *Refer to Procedure for Seizure Management (Section VI)*

Procedure:

I. Administration of Epipen/Epipen Jr. Injection

- A. Observe student for signs/symptoms of anaphylactic reaction
- B. Call or delegate someone to call 911, the parent/guardian and notify the school site administration staff
- C. Check medication expiration date, physicians order, and student's "Emergency Health Care Plan"
- D. Immobilize student prior to injection
- E. Determine appropriate injection site
- F. Prepare Epipen/Epipen Jr. for administration
 1. Carefully remove auto-injector from the carrier tube or case
 2. Grasp the auto-injector in your fist with the orange tip pointing downward
 3. With the other hand, remove the blue safety release by pulling straight up without bending or twisting

NOTE: The needle comes out of the orange tip. **NEVER** put your thumb, finger or hand over the orange tip

- G. Administer injection intramuscularly (Injection can be given through clothing)
 1. Hold the auto-injector with the orange tip near the outer thigh
 2. Swing and firmly push the orange tip against the outer thigh until it clicks
 3. Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh
 4. Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication
 5. Remove the auto-injector from the thigh. The orange tip will extend to cover the exposed needle if the correct/full dosage has been administered
 6. Gently massage the injection site
- H. Stay with student until EMS arrives

1. Send Epipen/Epipen Jr. with EMS upon transfer
 - I. Continuously monitor student: breathing, color, hives, swelling, vomiting, etc.
 - J. Document on appropriate form(s): onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, and the time EMS transported student
- II. Administration of Generic Adrenaclick Epinephrine Auto-Injector
- A. Observe student for signs/symptoms of anaphylactic reaction
 - B. Call or delegate someone to call 911, the parent/guardian and notify the school site administration staff
 - C. Check medication expiration date, physicians order, and student's "Emergency Health Care Plan"
 - D. Immobilize student prior to injection
 - E. Determine appropriate injection site
 - F. Prepare Generic Adrenaclick Epinephrine Auto-Injector for administration
 1. Carefully remove auto-injector from the carrier tube or case (twist & pull)
 2. Grasp the auto-injector in your fist with the elongated blue tip pointing downward
 3. Remove elongated blue tip, now you will see red tip (needle tip)

NOTE: The needle comes out of the red tip. **NEVER** put your thumb, finger or hand over the red tip
 - G. Administer injection intramuscularly (Injection can be given through clothing)
 1. Hold the auto-injector with the red tip near the outer thigh
 2. Swing and firmly push the red tip against the outer thigh until it clicks
 3. Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh
 4. Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication
 5. Remove the auto-injector from the thigh. If the needle is exposed, you have administered the dose. If the needle is not visible, repeat steps for administering the medication
 6. Immediately following medication administration, **using one (1) hand only**, place the auto-injector, needle first into one half of the carrying case then close the case with the second half of the case
 7. Gently massage the injection site
 - H. Stay with student until EMS arrives
 1. Send Adrenaclick Epinephrine Auto-Injector with EMS upon transfer
 - I. Continuously monitor student: breathing, color, hives, swelling, vomiting, etc.
 - J. Document on appropriate form(s): onset/time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, and the time EMS transported student
- III. Administration of Auvi-Q Auto-Injector
- A. Observe student for signs/symptoms of anaphylactic reaction
 - B. Call or delegate someone to call 911, parent/guardian and notify the school site administration staff
 - C. Check medication expiration date, physicians order, and students

“Emergency Health Care Plan”

- D. Immobilize student prior to injection
- E. Determine appropriate injection site
- F. Prepare Auvi-Q for administration:
 - 1. Pull Auvi-Q from the outer case (once the outer case is off voice instructions will guide you step by step through the injection process)
 - 2. Pull firmly to remove the Red safety guard

NOTE: The needle comes out of the black base. **NEVER** put your thumb, finger or hand over the black base

- G. Administer injection intramuscularly or subcutaneously (Injection can be given through clothing)
 - 1. Place black end against the middle of the outer thigh
 - 2. Press firmly and hold in place for 5 seconds
 - 3. Auvi-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q is working correctly. Do not pull Auvi-Q away from the student’s leg when you hear the click and hiss sound
- H. Following complete administration of the Auvi-Q, the black base will lock into place, the needle will retract, the voice instruction system will confirm Auvi-Q has been used and the LED lights will blink red
 - 1. Stay with student until EMS arrives
 - 2. Send Auvi-Q with EMS upon transfer
- I. Continuously monitor student: breathing, color, hives, swelling, vomiting, etc.
- J. Document on appropriate form(s): onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student

IV. Administration of Glucagon

- A. Observe student for signs/symptoms of severe low blood glucose and/or unresponsiveness
- B. If equipment is immediately accessible obtain finger-stick blood glucose level (**Never** delay treatment)
- C. Call or delegate someone to call 911, parent/guardian and notify the school site administration staff
- D. Check medication expiration date, physicians order, and students “Emergency Health Care Plan”
- E. Place student on left side
- F. Prepare Glucagon injection for administration
 - 1. Take out syringe and vial
 - 2. Remove vial cover and insert the syringe and liquid into vial with solid white content
 - 3. Roll the vial between hands until white content is dissolved
 - 4. Withdraw prescribed amount of glucagon into syringe
- G. Determine appropriate injection site (intramuscular)
- H. Cleanse site with alcohol prep if possible
- I. Administer injection intramuscularly
 - 1. Apply light pressure to site after injection
- J. Stay with student until EMS arrives
 - 1. Monitor student’s level of consciousness
 - 2. Monitor for signs of regurgitation

- K. Give snack when student is able to respond and is in no danger of choking
- L. Document on appropriate form(s)
- V. Administration of Diastat/Diastat AcuDial
 - A. Observe student for signs/symptoms of seizure activity (note time of onset)
 - B. Call or delegate someone to call 911, parent/guardian, and notify the school site administration staff
 - C. Check medication expiration date, physicians order, and students "Emergency Health Care Plan"
 - D. Place student on left side
 - E. Provide privacy
 - F. Prepare Diastat for administration. If using Diastat AcuDial confirm prescribed dosage is visible and correct in display window and the Green "Ready" band is visible
 - 1. Remove cap
 - 2. Lubricate tip with gel if not pre-lubricated
 - 3. Separate buttocks
 - 4. Insert syringe tip into rectum
 - 5. Inject Diastat slowly while counting: 1-2-3
 - 6. Hold applicator in place, while slowly counting: 1-2-3
 - 7. Remove applicator slowly
 - 8. Hold buttocks together, while slowly counting: 1-2-3
 - G. Stay with the student until EMS arrives
 - 1. Monitor respiratory status
 - 2. Monitor seizure activity
 - H. Report the following to EMS:
 - 1. Appearance of seizure activity
 - 2. Time seizure began and ended
 - I. Label the Diastat container with the time of administration and give to EMS
 - J. Document on appropriate form(s): time of onset, symptoms observed, time medication administered, response to medication, time EMS arrived, and time EMS transported student

Procedure for Medications During Off-Campus Activities

Purpose: This procedure establishes guidelines for signing out medication from the School Health Clinic for off-campus activities and for obtaining medication not available in the School Health Clinic for extended off-campus activities

Procedure: I. Administering medication to students during off-campus activities

- A. Only school personnel who have been trained in medication administration may administer medication during off-campus activities
- B. School personnel must administer medication by following the School Board Policy 5.62 (see Dispersion of Medication Form) and by using the seven (7) rights of medication administration:
 - Right Student
 - Right Medication
 - Right Dosage
 - Right Time
 - Right Route
 - Right Form
 - Right Documentation
- C. Medication **must** be stored in a locked location that **is not** accessible to students unless approved for the student to carry (see “Dispersion of Medication Form”)
- D. Medication **must** be stored in the proper environment (i.e. correct temperature, out of sunlight, etc.)
- E. If an emergency medication is administered on any off-campus activity immediately call or delegate someone to call 911, the parent/guardian and the school site administration staff
- F. Follow emergency medication procedure (refer to Procedure for Emergency Medications)

II. Medication Procedure for off-campus activity

- A. School personnel should notify the School Health Clinic 24-48 hours in advance of up-coming off-campus activity planned in order to prepare medication in advance to prevent time delays the day of the off-campus activity
- B. School personnel in charge of medication for off-campus activity should report to the School Health Clinic the evening before or the day of the off-campus activity to sign out medication
- C. School Health Clinic Staff will jointly count the amount of medication with School personnel
- D. School personnel will obtain responsibility for the medication by signing the “Dispersion of Medication Form” under Field Trip Sign Out
- E. Upon returning to the campus, school personnel must **immediately** return any remaining medication to the School Health Clinic
- F. Clinic Staff will again jointly count the amount of medication to be returned

- G. School Health Clinic Staff will verify the medication count and obtain responsibility for the medication by signing the “Dispersion of Medication Form” under Field Trip Return, along with the school personnel returning the medication
- H. School personnel will document the medication dose administered during off-campus activity on the “Individual Medication Administration Record” and on the “Weekly Medication Administration Record”. If School personnel are unable to document on the Medication Administration Records the School Health Clinic Staff may document using codes on the forms (F = Field Trip-No Med Given or FT=Field Trip-Teacher Admin Med)

III. Medication Procedure for extended off-campus activities

- A. Student specific medication retained in the School Health Clinic **may not** be checked out for administration during extended off-campus activities
- B. **Each** medication will be signed in on the “Dispersion of Medication Form” (available in School Health Clinic)
- C. Parent/guardian consent **must** be obtained by signing the front page of the “Dispersion of Medication Form”
- D. Medication **must** be in the original container, properly labeled with the student’s name, name of medication, dosing directions, administration time, and include an expiration date
- E. Each medication to be checked in **must** be jointly counted by school personnel and the parent/guardian
- F. The medication count **must** be documented on the “Dispersion of Medication Form” under Registry of Medication Intake and signed by delegated school personnel and the parent/guardian
- G. Each medication administered (prescription and non-prescription) by school personnel **must** be documented on the “Medication Registry for Extended Off-Campus Activity Log”
- H. Upon returning to the campus, any remaining medication should immediately be picked up by the parent/guardian or disposed of following Procedure for Disposal of Medication
- I. School personnel will again jointly count the amount of medication being picked up by the parent/guardian or wasted
- J. School Personnel will document and sign the medication count on the “Dispersion of Medication Form” under Medications Signed Out/Wasted, obtain parent/guardian signature or witness signature if wasting medication

MEDICATION REGISTRY FOR EXTENDED OFF-CAMPUS ACTIVITY

Student Name (First & Last)	Date	Time	Name of Medication	Medication Dosage Administered	Medication Administered By (Signature)

Procedure for Storing Medication

Purpose: This procedure establishes guidelines for School Health/Clinic Staff and school personnel for the proper storage of medication

Procedure: I. Student Medication Storage

- A. Medication (prescription/non-prescription) to be stored on school premises, a school bus, or at school functions **must** be in the original container, properly labeled with the student's name, name of medication, dosing directions, administration time, and include an expiration date or medication start/fill date (one year expiration date from fill date)
- B. Each medication signed into the clinic and/or medication refill **must** be labeled with the most recent medication expiration date and **must** be stored in the most recently filled original container
- C. Prescription medication **must** also include a physician's name
- D. Any medication that fails to have a printed label or any requests for medication to be administered differently than the manufacturer's label, **must** have a physician's authorization
- E. The student may carry and/or self-administer authorized medication/supplies delegated on the "Dispersion of Medication Form" (Epinephrine, Diabetes medication/supplies, Pancreatic enzymes, and Asthma inhalants) with a physician's authorization and parent/guardian consent deeming the student both capable and responsible for carrying and/or self-administration of medication
- F. Medication should be stored in a space designated by School Health/Clinic Staff and school site administration staff
- G. Locked medication storage area entry door should remain locked unless the area is able to be supervised and/or monitored
- H. Medication should be stored in an area that is easily accessible to staff that will be administering the medication
- I. Medication storage should **never** be accessible to students
- J. All medications **must** be stored in a clean, secure, and locked space (medication storage cart, cabinet reserved for medication storage only, filing cabinet, etc.)
- K. Exposure of medication to inappropriate conditions (heat, cold, light, moisture, air, etc.) may render them ineffective or harmful, therefore; medication **must** always be stored according to the manufacturer's instructions
 - 1. Refrigerated medication must be stored in a locked refrigerator or in a locked-box inside a secure refrigerator with authorized access only (see "Refrigerator Monitoring Report")
 - 2. Medications checked out from clinic for field-trips
 - a. Must be stored in a locked storage area for transport (locked box, fanny pack, etc.)
 - b. Must remain in the original container
 - c. Must be stored according to manufacturer's instructions for exposure of medication to

inappropriate conditions (heat, cold, light, moisture, air, etc.)

- L. Individual medication supply should be limited
 - 1. Non-prescription medication supply must be in a small or travel size container
 - 2. Prescription medication supply should be limited to a thirty day supply
- M. Medications that are not for student administration (discontinued, on-hold, expired) **must** be picked up within one week of the stop date by the parent/guardian. Unclaimed medication should be disposed of
- N. Medication storage keys
 - 1. Should be limited to persons authorized to administer medication **only** (School Health/Clinic Staff, School site administration staff, and/or delegated School Personnel)
 - 2. Should **never** leave school grounds
 - 3. Should be specific to the medication storage area and **not** unlock any other area in the schools

II. Adult/Faculty Medication Storage and Administration

- A. Medication (prescription/non-prescription) to be stored on school premises, a school bus, or at school functions **must** be in the original container, properly labeled with name, name of medication, dosing directions, administration time, and include an expiration date or medication start/fill date
- B. Shared non-prescription medication **must** be labeled Adult/Faculty
- C. No more than five containers of non-prescription medication will be stored in the clinic for Adult/Faculty use
- D. Prescription medication label **must** include the individual specific adult/faculty name and physician's name
- E. Clinic staff **may not** administer medication to adult/faculty unless it is a life threatening event that qualifies as a duty to act or follows EMS instructions
- F. Medication should be stored in a space designated by School Health/Clinic Staff and school site administration staff but **must not** be stored in the same storage area as student medication
- G. Medication storage should **never** be accessible to students
- H. All medications **must** be stored in a clean, secure, and locked space (medication storage cart, cabinet reserved for medication storage only, filing cabinet, etc.)
- I. Exposure of medication to inappropriate conditions (heat, cold, light, moisture, air, etc.) may render them ineffective or harmful, therefore; Medication **must** always be stored according to manufacturer's instructions
- J. Medications that are not for administration (discontinued, on-hold, expired) **must** be picked up within one week of the stop date by the adult/faculty. Unclaimed medication should be disposed of
- K. Discontinued/disposable student medications are **not** allowed to be used for adult/faculty medications

III. Stolen or Misused Medication

- A. School Health/Clinic staff must complete medication counts on student prescription medications routinely and as needed and documented on the "Medication Count Verification Form"
 - 1. At least three times a year (beginning of school year, middle of the school year as delegated on the "Individual Medication Administration Record" and at the end of the school year)
 - 2. Medication or medication storage area appears to be tampered with
 - 3. Questions or concerns of medication count retained
 - 4. Change in routine clinic/nursing staff
 - 5. As free time or availability allows
 - 6. School Health/Clinic staff supervisors will complete as the need arises and randomly during supervisory visits
 - 7. School Health/Clinic staff supervisors will complete a medication count on Controlled Substances at a minimum of one time a year
- B. Complete non-prescription medication count as needed and/or as time allows
- C. Immediately notify school site administrative staff, supervisor, and the parent/guardian
- D. Contact police if required (mandatory within 24 hours for theft of controlled substances)

Refrigerator Temperature Monitoring Report

Note: Refrigerators that are delegated for the storage of medication should be maintained at a 35-45 degree temperature. Refrigerator temperatures must be monitored on a regular basis (daily when used for medication storage) and regular monitoring should be documented below on a monthly basis.

- | | |
|------------------------------|---------------------------------|
| 1. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 2. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 3. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 4. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 5. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 6. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 7. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 8. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 9. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 10. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 11. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |
| 12. Date: ____ / ____ / ____ | Refrigerator Temperature: _____ |

Procedure for Disposal of Medication

Purpose: This procedure establishes guidelines for School Health/Clinic Staff and school personnel on the proper disposal of medications in the school setting

Definitions: **Biohazard Waste** - Any solid or liquid waste which may present a threat of infection to humans. The term includes, but is not limited to, discarded sharps, human blood, and body fluids. Also included are used, absorbent materials such as bandages, gauze or sponges which are visibly saturated with blood or body fluids

Sharps - items that typically include, but may not be limited to; needles for delivering insulin or other medications, and lancets used to obtain blood specimen for testing

Refer to Universal Precautions

Procedure: I. Parent/Guardian medication pick-up/school disposal of medication

- A. Always encourage parent/guardian to pick-up student medication from campus, when applicable
- B. Never release medication to students, unless the "Dispersion of Medication Form" is completed for student to carry (must include parent/guardian and physician signature)
- C. Medication should be counted prior to disposal or during parent/guardian pick-up by School Health Clinic Staff and witness (Witness: parent/guardian, supervisor/co-worker, School Health Nurse, or school employed personnel)
- D. Document medication disposal of prescription medication on the "Medication Count Verification Form"
 1. Document the date
 2. Verify the medication count by: adding the total medication intake count signed-in for the school year, then subtracting the total medication count administered for the school year. Subtract from this total any medications wasted or signed out by the parent/guardian and then document this number. This total should be equal to the total medication count wasted or picked- up by the parent/guardian
 3. Document total medication amount wasted or picked up by parent/guardian on the "Medication Count Verification Form"
 4. Sign and ensure witness signature
- E. Document medication disposal of Over the Counter (OTC) medication on the back of the "Medication Count Verification Form" or on the "Dispersion of Medication Form" under Medications Signed Out/Wasted

II. Disposal of labeled medication containers

- A. Mark through the name and prescription number on the label with a black marker
 1. Discarded medication labels should not be identifiable
- B. Dispose of empty, unidentifiable container into standard garbage can

III. Disposal of sharps and non-sharps

- A. Pills, tablets, capsules, etc. – Empty medicine contents into red biohazard

sharps container and discard of empty, unidentifiable container into standard garbage can

- B. Liquids – Discard of unidentifiable container and liquid contents into red biohazard bag (*not sharps container*)
- C. Inhalers – Remove inner cartridge and place inner cartridge only into red biohazard bag (*not sharps container*) and discard of unidentifiable, empty outer shell into standard garbage can
- D. Nebulizer vials, syringes, Epinephrine Auto Injectors, Glucagon, Insulin, Diastat, etc.
 - 1. Remove item from case/container. Do not remove needle cap or tip cover. Place unidentifiable medication item into red biohazard sharps container, and discard of the empty, unidentifiable outer case/container into standard garbage can

IV. Disposal of sharps container

- A. Assure that a new sharps container is present in the School Health Clinic before disposing of the used sharps container
- B. Dispose of sharps container when $\frac{3}{4}$ full
- C. Reinforce closure of container with tape
- D. Label container with the school name and date
- E. Place sharps container in red biohazard bag
- F. Notify custodial staff immediately to remove bag
- G. Custodial staff to notify their immediate supervisor if unsure of proper disposal

PARENT/GUARDIAN NOTICE FOR MEDICATION PICK-UP/DISPOSAL

Dear Parent/Guardian:

As we come to the close of the school year, we would like to remind you to please pick up any medication that has been signed into the School Health Clinic for your child. All medication must be picked up by the date and time indicated below. Any medication that is not picked up at the end of the school year will be immediately disposed of by School Health Clinic Staff. The school will not store any medication over the summer.

Please remember that students who **carry**: *Epinephrine, Diabetes medication/supplies, Pancreatic enzymes, or Asthma inhalants* will need to have a new "Dispersion of Medication Form" filled out and signed by both parent/guardian **and** the physician for the following year.

If you have any questions please feel free to call the School Health Clinic.

All medication must be picked up by:

_____	_____
Date	Time

MEDICATION COUNT VERIFICATION FORM

Prescription medication counts are to be completed at least three (3) times a year (beginning of school year, middle of the school year as delegated on the "Individual Medication Administration Record", and the end of the school year) and as needed for medication count questions/concerns, change in staff, etc. Non-prescription medication counts should be completed on an as needed basis and/or as time allows.

Student: _____ Medication: _____

*Note: Always notify your supervisor if the balance is equivalent to any number other than zero.

1. Total Medication Intake	+	_____	
<i>(Accumulative total to date. Refer to back of Med Dispersion Form.)</i>			
Total Medication Administration	-	_____	
<i>(Accumulative total to date. Refer to back of Individual Med Record.)</i>			
		_____	Sub-Total
Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____	-	_____	
<i>(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)</i>			
Total Med Count Established by Record Keeping/Documentation		_____	Total
Total medication Count Retained in Clinic (Physical Med Count)	-	_____	
Balance Should Equal Zero		_____	Balance
Signature: _____ Date: _____			

2. Total Medication Intake	+	_____	
<i>(Accumulative total to date. Refer to back of Med Dispersion Form.)</i>			
Total Medication Administration	-	_____	
<i>(Accumulative total to date. Refer to back of Individual Med Record.)</i>			
		_____	Sub-Total
Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____	-	_____	
<i>(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)</i>			
Total Med Count Established by Record Keeping/Documentation		_____	Total
Total medication Count Retained in Clinic (Physical Med Count)	-	_____	
Balance Should Equal Zero		_____	Balance
Signature: _____ Date: _____			

3. Total Medication Intake	+	_____	
<i>(Accumulative total to date. Refer to back of Med Dispersion Form.)</i>			
Total Medication Administration	-	_____	
<i>(Accumulative total to date. Refer to back of Individual Med Record.)</i>			
		_____	Sub-Total
Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____	-	_____	
<i>(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)</i>			
Total Med Count Established by Record Keeping/Documentation		_____	Total
Total medication Count Retained in Clinic (Physical Med Count)	-	_____	
Balance Should Equal Zero		_____	Balance
Signature: _____ Date: _____			

4. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ **Balance**

Signature: _____ Date: _____

5. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ **Balance**

Signature: _____ Date: _____

END OF SCHOOL YEAR

Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ **Balance**

Parent Signature: _____ Staff Signature: _____
**Obtain signatures for end of year med count when medication is picked up by parent.*

Staff Signature: _____ School Designee: _____
**Obtain signatures for end of year med count when medication is wasted.*

Procedure for Handling Medication Error

Purpose: This procedure establishes guidelines for School Health/Clinic Staff and school personnel on the proper management of a medication error

Definition: Mediation Error – administering the wrong medication, administering an incorrect dose of medication, failing to administer a prescribed medication, or administering the medication at the incorrect time or via the incorrect route

Procedure: I. Management if a medication error occurs

- A. Student safety is ***always*** the immediate priority
 - 1. Perform initial and continuous monitoring as needed for signs and symptoms of incorrect medication administration
- B. Immediately notify
 - 1. School site administration staff
 - 2. Immediate supervisor
 - 3. Parent/Guardian
- C. Additional contacts if needed
 - 1. Physician
 - 2. Pharmacist
 - 3. Poison Control (1-800-222-1222 or 911)
- D. Emergency
 - 1. Call **911** for emergency and/or life threatening response to medication error
- E. Document appropriately
 - 1. Complete a medication error report (see “Santa Rosa County School District Medication Error Report”) and submit original to delegated school site personnel and a copy to immediate supervisor
 - 2. Complete a school “Incident or Accident Report” and submit to delegated school site personnel

SANTA ROSA COUNTY SCHOOL DISTRICT MEDICATION ERROR REPORT

***This form must be completed and submitted to your school site administration staff or representative and your immediate supervisor within 24 hours**

_____ Name of School	_____ Date of Event	_____ Time of Error
_____ Name of Student	_____ Grade	_____ Prescribed Medication/Dosage/ Route/Time Due
_____ Name/Position of Person Witnessing Event	_____ Administered Medication/Dosage/ Route/Time Given	

Describe Event and Circumstances Leading to the Error:

Describe Action Taken:

Circle Applicable Medication Error Codes:

- | | | | |
|--------------------|------------------------|-----------------|-------------|
| ●Wrong Medication | ●Wrong Student | ●Wrong Dose | ●Wrong Time |
| ●Missed Medication | ●Parent/Guardian Error | ●Pharmacy Error | ●Other |

Signature: _____ Date: _____

***DO NOT place this information in the student's Cumulative Health Folder**