Medication Administration Handbook
For Unlicensed School Personnel

Maine Department of Education
and
School Health Advisory Committee

Revised 8/05
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Printed under appropriation 014-05A-5174-082
Purpose

This Handbook is a supplement to the training for unlicensed school personnel who have been assigned the task of administering medication. The training materials provided by the Department of Education include an Instructor’s Manual, a training video and this Handbook. The goal of the training is to adequately prepare unlicensed school staff to administer medications and assure that medication is given to students safely and accurately in school. The Handbook may also be used later as a quick reference by unlicensed staff.

The Handbook is divided into four segments to correspond with the training video. After each section, the school nurse will provide an opportunity to review and discuss the content of the section and to demonstrate techniques. The sections are:

I – Law, Resources, and Anatomy,
II – Identification and Documentation,
III – Technique of Administration of Medications,
IV. - Troubleshooting.
Section I
The Law, Resources, and Anatomy

**Law:** MRSA Title 20-A § 254 (5) – Authorizes and requires the training of unlicensed school staff to administer medication.

Maine Department of Education of Education Rule, Chapter 40 – Specifies the components of training for unlicensed staff members and requires the local district to develop policies/procedures for the safe administration of medications in schools.

MRSA Title 20-A § 4009 – Provides protection from liability for emergency care rendered in school.

Family Education Rights and Privacy Act (FERPA) – Requires secure record keeping and privacy of student information.

Local School Policy – Specifies local school district’s policy on medication administration. State Statute requires that school districts establish policy on medication administration.

**Requirements**

Unlicensed school personnel must receive training to administer medication in school before giving medications.

Unlicensed school personnel must review, understand and follow their school district’s medication administration policy.

Unlicensed school personnel must receive oversight from the school nurse including periodic reviews and updates.

Students have a right to have their health information kept confidential. All health information of a student must remain confidential. Health information may not be shared with others in the school unless there is legitimate reason, such as a health emergency. Be aware that others may overhear your conversations with students.

**Resources:**

School Nurse or Child Care Health Consultant
Parents of student
Pharmacist
Health care provider

Poison Control Center
Emergency Medical Services (EMS)
Books and other resources
Anatomy: Some oral medications are absorbed differently. Some should be given with food, others without food.

Review:
- Local medication policy,
- Local community resources,
- Procedure for accessing school nurse, and
- Anatomy charts.
Section II
The Identification and Documentation of Medication

Classification of Medication:
- Generic (Chemical Name) vs. Brand Name (Company Name),
- Prescription ordered by provider vs. over-the-counter,
- Federal Controlled Medication:
  - Scheduled II (ex. Codeine, Ritalin),
  - Scheduled III (ex. Tylenol with Codeine).

Common Medications

Antibiotic
Purpose: To fight bacterial infections.
Common Medication:
  - Amoxicillin
  - Erythromycin
Common Side Effects: Diarrhea, stomachache.

Asthma
Purpose: Improve breathing and prevent attack
Common Medication: (These are Inhalers.)
  - Albuterol (Proventil, Ventolin)
  - Maxair (Pirbuterol)
  - Cromolyn (Intal)
Common Side Effects: Dry mouth, stomach pain, headache, dizziness, hyperactivity.

Allergy
Purpose: Reduce allergy symptoms
Common Medication:
  - Antihistamines (Hismanil, Dimetane, Chlor-Trimton, Peractin, Dimetapp, Benadryl, Claritin, Phenergan, Pyribenzamine)
Common Side Effects: Drowsiness.

Mental Health
Purpose: Stabilize behavior
Common Medication:
  - Amphetamine/stimulants:
    - Adderall (Amphetamine Sulfate)
    - Clonidine
    - Dexedrine (Dextroamphetamine Sulfate)
    - Dextrostat
    - Ritalin, Concerta (Methylphenidate)
Anticonvulsant
Carbamazepine (Tegretol)
Valproate (Depakote)
Common Side Effects: Dry mouth, loss of appetite, stomach upset, headache, insomnia.

Antidepressants:
Bupropion (Wellbutrin)
Prozac
Zoloft
Common side effects: dizziness, drowsiness, diarrhea, dry mouth.

Antipsychotic
Risperdal
Mellaril
Thioridazine
Haldol
Common side effects: restlessness.

Over the counter:
Ibuprofen (Advil, Nuprin, Motrin)
Acetaminophen (Tylenol)

Emergency Mediations:
Epipa (allergic reaction)
Glucagons (extreme low blood sugar)
What's in a Label?

- Name and address of pharmacy that filled prescription
- Prescription number
- Prescription directions, as given by the physician
- Name of medication
- Number times medication may be refilled
- Quantity of prescription
- Store number and phone number
- Patient's name and address
- Name of physician or hospital that prescribed medication
- Expiration date of medication
- Date prescription was filled
- Prescription number: #3875
- Pharmacy USA
- 100 E. Wendever Ave.
- Greensboro, NC 27405
- Ph: 919.555-2345
- Patient: Doe, John II
- Address: 1 Main St Greensboro, NC 27405
- Physician: Dr. Public, Jane
- Date filled: 02-07-2001
- Date to discard: 02-07-2003
- Prescription number: Rx 6600049
- Medication: KETOROLAC 10 MG TABLET
- Quantity: Qty 20
- Refill: You may refill this 30dpt 1 time before 02-07-2002
- Directions: Take 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain
- Prescription was filled on 02-07-2001.
Read the label three times:
1. When taken from the shelf,
2. Before administering,
3. Before returning to the shelf.

**Common Abbreviations**
(Those in bold are more commonly used)

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
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<tr>
<td>a.c.</td>
<td>before meals</td>
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<td>bid</td>
<td>twice per day</td>
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<td>c</td>
<td>with</td>
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<td>caps</td>
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<td>dx</td>
<td>diagnosis</td>
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<td>gastrointestinal</td>
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<td>both eyes</td>
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<td>after meals</td>
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<td>by mouth</td>
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<td>as necessary</td>
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<td>every</td>
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<td>4 times per day</td>
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<td>q.d.</td>
<td>every day</td>
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<td>q2hrs</td>
<td>every 2 hours</td>
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<td>q.s.</td>
<td>as much as needed</td>
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<td>subcutaneous</td>
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Documentation

Each time a medication has been administered, documentation must occur according to school policy/procedures. Documentation should include who administered the medication, to whom it was given, the time given, and the dose. The person administering the medication must be the one who documents in the record. Any unusual reaction or side effect must also be recorded. Medication errors, including omissions, should be documented on an incident/accident report form according to school policy and reported immediately to the school nurse. Record when a student refuses to take a medication and call the school nurse or parent.

- Document on individual student health forms,
- Document immediately after administration,
- Documented by the person administering the medication, and
- Document the medication, dose, time, route, and sign the form.

End of Section II

Review:
- Commonly used medications in your school,
- Common abbreviations,
- Local documentation form,
- Practice reading labels and documenting.
Section III
Techniques for Administering Medication

Rights of Students

Right Student
Right Medication
Right Dose
Right Time
Right Route

Remember:

- Never touch the medication.
- Follow pharmacy directions.
- Stop and recheck if you feel something is wrong.

Signs and Symptoms of an Allergic Reaction

The following are common signs and symptoms of an allergic reaction. These are not the only symptoms that can occur nor do these signs always mean an allergic reaction is happening, however, they are important enough to warrant an immediate call to the school nurse, and if severe, to administer Epipen per school order and/or call 911, per school policy.

- Itching and swelling of lips, tongue or mouth,
- Itching or tightness in the throat, hoarseness or repetitive cough,
- Shortness of breath or trouble breathing,
- Rash over the body, hives, itchy rash, swelling about the face or extremities,
- Nausea, abdominal cramps, vomiting, diarrhea,
- Fainting.
When to Contact the School Nurse?

When something is out of the ordinary and there are concerns about whether or not to administer medication or concerns about a reaction a student may have, it is important to contact the school nurse. When the school nurse is not available, contact the student’s parent/guardian or health care provider. Contact when:

- new medication is received at school or a change in the dose,
- medication label cannot be read clearly,
- medication does not appear to be correct – not the same as usual,
- student refuses to take the medication,
- the student has unusual symptoms after taking the medicine,
- a medication error has occurred.

Common Methods of Medication Administration

For all medication administration, keep in mind the following:

1. The same person should give medications every day.
2. Assure privacy and confidentiality of student.
3. Give this task your full attention. You must be relieved of your other duties when giving medications.
4. Assure the work area is clear and well lit.
5. Prepare medications for one student at a time.
6. Medications should be given within 30 minutes of scheduled time.
7. Ask the student his/her name and what medication he/she takes.
8. Check the student’s medication record and check the student’s picture on the health record.
9. Review the health/medication record for medication to be given.
10. Wash hands.
11. Explain the procedure to the student.
12. Retrieve medication from secured storage area, checking label for name, medication, time, route, and dose.
13. Check the expiration date. Alert the school nurse if it is expired and do not give.

14. Double-check the label and compare with the student’s medication record. Read label for instructions.

15. Remove the medication lid and place it top down so as not to contaminate the inside of the lid.

16. Do not give the medication if it is contaminated.

17. Do not leave the medication unattended.

18. When finished giving the medication, store appropriately in a locked storage area. Double check student name when returning container to storage.

19. Observe student for unusual symptoms.

20. Wash hands.

21. Per school procedure, immediately record the student’s name, time, medication, dose, route, person administering the medication, and any unusual observations.

Oral Medications

1. Follow the directions on the medication label before removing the lid (ex. shake well).
2. For tablet or capsule, hold lid or medicine cup in your hand, putting the correct dose in the lid/cup. (Do not pour out tablets or capsules into your hand.) Pour from the lid into open hand of student.
3. Provide a glass of water unless directed not to.
4. For liquid medicine, pour into a medicine cup from the side of the bottle opposite the label. Wipe the bottle with clean wipe when finished.
5. Give to the student and observe taking medication.
6. Observe the student for any unusual signs.

Medication for the Eye

1. Put on gloves.
2. Gently wash any debris from the eyelid.
3. Follow the directions on the label.
4. Loosen the dropper lid and squeeze to fill dropper to the desired amount.
5. Position the student lying down or sitting with head tilted back.
6. Gently pull lower eyelid down to form a pocket/sac – may hold cotton ball in this hand.
7. Apply the medication into the pocket/sac holding dropper ½ inch above the eye. Do not touch the eye with the dropper. You may brace your hand on the student’s nose or cheek. If using ointment, place the ointment into the pocket from inner to outer eye.
8. Replace the dropper.
9. If using a dropper, gently wipe the eye with a cotton ball from the inner eye to the outer eye. For ointments, press the tear duct gently with a cotton ball for half a minute to decrease tearing and increase absorption of the medication.

10. Have the student keep eye closed for 2 minutes.

11. Tell the student their vision may be cloudy for a short time.

Medications for the Ear

1. Warm the medication in your hands a few minutes.
2. Follow the directions on the label (ex. shake).
3. Loosen the dropper lid and squeeze to fill dropper to the desired amount.
4. Ask the student to tip head sideways or to lie down with affected ear up.
5. Pull earlobe up and out for older youth and down and back for younger children.
6. Hold dropper ½ inch from ear, not touching the ear with the dropper. Squeeze in prescribed dose.
7. Ask the student to stay in the same position for a minute or two to assure the medication is dispersed in the ear canal. A cotton ball may be put in the ear.

**Topical Medication**

1. Administer a thin coat of the medication with gloved hand or tongue depressor.

**Nose Drops/Spray**

1. For drops, have student tip head back or lie down with pillow under shoulders with head tipped back.
2. Place the dropper slightly in the nostril and administer the correct number of drops. Do not touch the dropper to the nostril.
3. For nasal spray, insert nozzle ½ inch into the nose and spray as directed.
4. Have student remain in this position for a minute or two to assure that the medication reaches the upper nasal passages.

**Inhaler**

Medication delivered by an inhaler varies depending on the type of inhaler. Carefully read the specific instructions. Below are general instructions.
1. Be sure the canister is firmly inserted into the container.
2. Have the student stand.
3. Shake inhaler well and remove the cap.
4. Use of a spacer or holding chamber is strongly encouraged, especially for younger students.
5. Have the student exhale completely.
6. With a spacer, the student should close lips around the mouthpiece. Without a spacer, have mouth open wide, hold the inhaler 2 fingers away from mouth. Do not put into the mouth.
7. Have the student take a slow, deep breath through the mouth, and at the same time firmly press down on the canister.
8. Have student hold breath for 5 – 10 seconds as able.
9. Replace cap on medication.
10. Use the bronchodilator inhaler (ex. Albuterol) before using inhalers containing Intal or steroids.
11. Have student rinse mouth after steroid inhaler.
12. If a second dose is to be given, wait 2 minutes.
13. Clean spacer mouthpiece with warm water shaking off moisture.
14. Allow to air dry completely before storing in a sealed plastic bag.
15. Monitor the student for changes in respiration.

**Emergency Medications**

Several emergency medications should be available and if allowed by school policy, unlicensed school personnel may administer under specific instructions.

**Epinephrine (Epipens)** – for severe allergic reactions when breathing is impaired.
1. Follow school policy for emergencies and contact Emergency Medical Services.
2. Assure the Epipen is the correct dose for the student. Double check label.
3. Pull off the safety cap.
4. Place the tip of the Epipen at a right angle to the outer thigh.
5. Press the Epipen hard into the thigh until the auto-injector function (snaps), hold in place for 10 seconds.
6. Monitor breathing.
7. Discard in biohazard container.

**Glucagon** – For emergency insulin reaction, when student with diabetes is unresponsive, contact emergency medical services. If possible, contact the school nurse or physician before giving Glucagon. Consult parent if neither can be reached.
1. Gather the Glucagon kit that should include alcohol swabs, emesis basin, syringe and medication.
2. Remove seal from the bottle.
3. Wipe the rubber stopper of the bottle with alcohol swab.
4. Remove the cap from the syringe, not touching the needle.
5. Plunge needle into bottle, pushing all the fluid from the syringe into the bottle. Without withdrawing the needle, gently shake the bottle until the powder is dissolved.
6. Turn the bottle upside down and withdraw the medicine as directed.
7. Remove the syringe from the bottle, remove all air from the syringe and recap the syringe.
8. Clean a 2-inch area on the upper arm with the alcohol swab.
9. Remove the syringe cap.
10. Gently grasp the arm around the cleaned area with the opposite hand from which you will administer the medication.
11. Insert the needle at a 90-degree angle and push in all the medication.
12. Count to 10 and remove the needle.
13. Have the student lie on side with emesis basin and expect the student to vomit.
15. If fully awake, feed fast acting foods such as orange juice or regular soda.

End of Section III

Review:
- Practice the techniques of administering medication used in your school
- Perform return demonstration of administration techniques with school nurse observing.

Notes:
Section IV
Troubleshooting

Common Issues:          Solutions:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Solution</th>
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<tbody>
<tr>
<td>Parent asks you to do something that does not follow school policy.</td>
<td>Always follow school policy.</td>
</tr>
<tr>
<td>Medication error.</td>
<td>Observe student, call the school nurse, and document the error.</td>
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</tbody>
</table>

End Section IV

Review:
- Practice role play found in appendix of instructor manual.
- Review documenting medication error.
- Discuss actual situations that have happened in your district and brainstorm solutions.

Notes: