

Medication Administration Training Manual for Non-Licensed School Personnel



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ACKNOWLEDGEMENT

The Kentucky Department of Education (KDE) recognizes the need for a uniform medication administration training program for unlicensed school personnel. This course was developed collaboratively between the KDE, the Kentucky Department for Public Health (KDPH) and in consultation with the Kentucky Board of Nursing (KBN) to ensure compliance with 201 KAR 20:400, KRS 156.502, and 702 KAR 1:160.

FOREWARD

The KDE and the Kentucky Board of Education (KBE) recognize the need for a standardized medication administration training program for unlicensed school personnel that will ensure student safety. Clarification of what may be safely delegated per KRS 156.502, as well as an understanding of procedures related to medication administration by unlicensed personnel is needed because licensed professional may not always be physically present in the school building.

A standardized training curriculum for medication administration by unlicensed school personnel was developed by the KDE in collaboration with the KDPH and the KBN. The curriculum has been reviewed and approved by KBN, verifying compliance with 201 KAR 20:400. This curriculum is the official training program for all unlicensed Kentucky public school personnel who accept delegation to perform medication administration.

All curriculum revisions shall be made by KDE when Kentucky Revised Statutes or Kentucky Administrative Regulations indicate revisions are needed.

COURSE OVERVIEW



Course Objectives

Upon completion of this course, unlicensed school personnel will be able to:

- understand how medication administration may be safely delegated
- identify the responsibilities of the school nurse and unlicensed school personnel in medication administration
- understand local school board policies for medication administration
- recognize and apply the six (6) rights of medication administration
- identify proper storage of prescription and over-the-counter medication
- understand appropriate and correct documentation of medication administration
- understand proper action and documentation necessary for refusal and omission of scheduled medications
- understand prevention of medication errors and incident reporting
- recognize when it is appropriate to contact additional resources (nurses, physicians, poison control and emergency medical services)

Course Goals

This course is intended for non-licensed personnel who have accepted the delegation to provide medication administration to students in a school setting. According to 702 KAR 1:160, Section 4(3)(g), beginning with the 2010-2011 school year, proof that all unlicensed school personnel who have accepted delegation to perform medication administration in school have completed a training course provided by the KDE. This course shall be developed in consultation with the KBN to ensure compliance with 201 KAR 20:400. As per KRS 156.502, the delegation is only valid for the current school year. It is understood the employing school will reserve the right to recommend individuals for this training. Upon successful completion of this course the non-licensed school employee will demonstrate competency, as determined by the delegating Registered Nurse (RN), Advanced Practice Registered Nurse (APRN), or physician, in:

- administration of student medication
- verification of student instruction on self-administration of medications
- administration of emergency medications for students with diabetes, allergic anaphylactic reactions and seizures

Course Description

This course is designed to include four modules:

Module I: Laws, Policies and Procedures

Module II: Administration of Medications

Module III: Administration of Emergency Medications

Module IV: Local School Board Policies & Procedure

Medication Administration Competency Verification

A study guide has also been developed to assist with this training material. Personnel will be required to score a 100% on the skill competency evaluation and 85% on an open book final exam which will include demonstration of:

1. reviewing student medication history on Medication Administration Record/Medication log for documentation of allergies and other co-existing medical condition
2. using proper hygiene/universal precautions in medication preparation
3. accurately identify student/client medication information by comparing medication label to the transcribed Medication Administration Record/Log
4. correctly apply:
 - a. eye ointment/drops
 - b. ear drops
 - c. topical ointments/creams
5. correct administration of oral medications
6. correct administration of oral/nasal inhalers
7. correct administration of emergency medications prescribed for the treatment of hyperglycemia, anaphylaxis, seizures and opioid overdose
8. understanding of local school district policies and procedures

A score of 85% must be achieved on the open book exam **and** a score of 100% on the skill competency evaluation to pass the course. School personnel may repeat either the failed exam or skill competency evaluation one time. If school personnel fail the final open book exam or the skill competency evaluation twice, they must repeat the training course.

MODULE I: LAWS, POLICIES, AND PROCEDURES



Laws Related to Medication Administration

Complex health issues are increasing among students. Of the students who may require medication during the school day, some require prescribed medications at a scheduled time daily. Others may require over-the-counter medication episodically, such as to treat a headache. Some students may have a chronic health condition that requires emergency treatment to reduce the threat of a potential life-threatening event.

This curriculum was developed collaboratively with the Kentucky Department of Education (KDE), the Kentucky Department for Public Health (KDPH) and the Kentucky Board of Nursing (KBN). The potential for unsafe administration of medication in schools or during school sponsored events poses a possible liability for schools. An understanding of state laws and school district policies and procedures is necessary to reduce the potential liability issues of medication administration in the school setting. School personnel who accept the delegation of medication administration and successfully complete this course, including demonstrated competency, are protected from liability under KRS 156.502. (See Appendix)

Only Physicians, Dentists and Advanced Practice Registered Nurses (APRN) are licensed to “prescribe” medication. Nurses are licensed to “administer” medications (KRS 314.011). Only registered nurses, APRNs or physicians in the school setting may delegate the task of administering medications to persons who have completed a course such as this and have demonstrated competency (KRS 156.502). School personnel may be trained to administer medications that are prescribed to treat emergency or life-threatening health conditions such as hypoglycemia, anaphylaxis, seizures and opioid overdoses. (KRS 158.838, KRS 217.186, KRS 1526.502).

In Kentucky, a school nurse may be either an Advanced Practice Registered Nurse (APRN), a registered nurse (RN) or licensed practical nurse (LPN). There is a difference in the educational preparation and scope of practice between the APRN, RN and LPN. The scope of practice for the APRN, RN, and LPN are defined in KRS 314.011 and described in KBN AOS #30, “School Nursing Practice”:

I. Advanced Practice Registered Nursing

It is within the scope of the advanced practice registered nurse (APRN), designated nurse practitioner or clinical nurse specialist, to provide primary healthcare services to students in accordance with 201 KAR 20:057, Scope and standards of practice of APRNs. The APRN may also perform acts within the scope of registered nursing practice.

II. Registered Nursing Practice

It is within the scope of registered nursing practice for a registered nurse, qualified by education, experience, and current clinical competence to provide school health services/acts including but not limited to the following:

- a. utilize substantial, specialized nursing knowledge, judgment and skill in providing primary healthcare to students including "... initial assessment, management of minor illness and/or referral to other health professionals, monitoring of chronic diseases, health supervision, counseling, promotion of healthy lifestyles, disease prevention,

- and the coordination of services when specialized care is required." (National Association of School Nurses, Resolution--Primary Health Care, June 1981.)
- b. serve as a health advocate of students, and a consultant to educational staff
 - c. serve in family resource and youth services centers as defined in KRS 156.497
 - d. provide health teaching with a focus on disease prevention, health promotion and health restoration
 - e. monitor the quality of the healthcare services provided for students
 - f. provide direct clinical services for students with special needs and/or teach and verify competency, supervise and delegate [as defined in KRS 314.011(2)] the performance of select acts to unlicensed school personnel in accordance with the administrative regulation 201 KAR 20:400 governing delegation of nursing tasks to unlicensed persons
 - g. participate in the development of policies and procedures to guide nursing practice in school settings, and to address expanding school health services to students, families and communities
 - h. delegate select health services to a school employee in accordance with KRS 156.502 and 201 KAR 20:400

III. Licensed Practical Nursing Practice

KRS 314.011(10) defines licensed practical nursing practice. By definition, licensed practical nurses practice under the direction of a registered nurse, physician, or dentist and are not licensed for independent nursing practice. The board recognizes the participation of the licensed practical nurse (LPN) in school nursing practice when the LPN is qualified by education, experience and current clinical competency and practices under the direction and delegation of a designated registered nurse, physician, or when applicable, a dentist. The licensed practical nurse performs acts within the scope of licensed practical nursing practice as defined in KRS 314.011 (10); however, under KRS 156.502 (2) the LPN does not delegate the performance of health services to school employees

The RNs may administer medications and treatments as prescribed by physicians, physician assistants, dentists and advanced practice registered nurses (APRNs). Supervision of the LPN does not require the supervisor to be physically present in the same building. However, the LPN shall not provide nursing care in the school setting without oversight (supervision) from an RN, APRN, MD or when applicable, dentist.

While there are similarities in the Registered Nurse practice and the Licensed Practical Nurse practice, the degree of educational preparation and the responsibilities of each are different. Both the RN and LPN must hold a current license from the KBN and their licenses must be renewed annually. For licensure renewal each nurse is required to complete KBN approved continuing education each year, or provide documentation of a state nursing board approved alternative. These and other laws are in place to govern the practice of nurses in the state of Kentucky and to ensure the health and safety of those served.

The KBN has the legal authority (KRS 314.021) to regulate nursing practice in order to safeguard the health and safety of citizens of Kentucky. Delegation is defined by the American Nurses' Association as "the transfer of responsibility for the performance of an activity from one individual

to another, while maintaining the accountability for the outcome.” School health services (i.e. such as the administration of medications) may be delegated to unlicensed school personnel according to related sections of KRS 156.502. KRS 156.502 describes who may delegate health service(s) (physician, APRN or RN), the training and documentation of the training. The delegation and training is only valid for the current school year. (KRS 156.502 (2)2)

For school nurses, Kentucky Administrative Regulation (KAR) 201 KAR 20:400 - Delegation of nursing tasks to non-licensed personnel, provides direction on how tasks may be delegated to a non-licensed individual by a licensed registered nurse. The delegating school nurse will also be responsible for ongoing training and competency evaluations of the non-licensed personnel to safeguard the health and welfare of the students in their care. Supervision is defined in 201 KAR 20:400 to mean “the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task.” The evaluation should include validation that the nursing task has been performed according to established standards of practice. Even when school personnel may perform the task, whoever delegates the task will retain the responsibility for the outcome. Supervision of unlicensed school personnel does not require the delegating nurse to be present in the same building. However, the delegating school nurse should be available by phone for consultation.

Upon successful completion of this course (course exam and skill competency evaluation), the non-licensed school employee will receive a proof of completion certificate. (This in no way identifies the individual as a Certified Medication Administration Technician.) This training and competency evaluation must be renewed each school year.

Role of Unlicensed Personnel in Medication Administration

KRS 156.502 established the definition of “health services” and the provisions for who may provide health services in schools. School employees may be delegated selected health services according to KRS 156.502. (See Appendix)

When accepting the delegation to perform medication administration in the school setting, the unlicensed school employee performs this function under the supervision of the delegating licensed professional (KRS 156.502). Unlicensed school personnel should only accept a delegation that he/she knows is within his/her skill set or knowledge and should always contact the supervising school nurse if unclear about administering a medication. Unlicensed personnel have the responsibility to follow school district policies and procedures and report to the nurse if they have any reason to believe they have made a medication error. This should be reported as soon as possible.

KRS 156.502 requires written documentation of the school employee’s consent to the delegation of medication administration verifying that they have received training and demonstrated competency. The delegation, training and documentation are only valid during the current school year.

Confidentiality and Privacy

Confidentiality is a very important legal concept in the school setting. The Family Educational

Rights and Privacy Act (FERPA) is the federal law that protects the privacy interests of students and their educational records. FERPA applies to any educational agency that receives funds from the United States Department of Education (USDOE). Health records maintained by school employees for Pre-Kindergarten through grade 12 students are protected by FERPA. (See Appendix)

Information regarding student health information should be shared with school personnel only on a “need to know” basis. Health records contain sensitive information and may not be disclosed without parental/guardian permission. Certain student health information may be necessary to share with school personnel who may be assisting with medication administration. However, this information is confidential and should not be shared with other students or school employees.

Privacy is a separate legal concept. If a student tells school personnel how they feel about having a chronic health condition, this information should be shared with the school nurse but not disclosed to those who do not have a “need to know”.

Other Legal Considerations in Medication Administration

All school districts should have written policies and procedures on medication administration. The purpose of these policies and procedures are to give guidance to the local school district employees and students. Each school district employee administering medications should be familiar with their district’s policies and procedures on medication administration. The following are accepted practice guidelines on medication administration from the National Association of School Nurses (NASN).

A. Administration of Medication

1. Prescribed Medication

Prescribed medication must be sent to the school in the original labeled container and the label shall include:

- a. name and address of the pharmacy
- b. name of the student
- c. name of the prescribing health care provider
- d. date the prescription was dispensed
- e. expiration date of the medication
- f. name of the medication, dosage and strength of medication
- g. route of administration
- h. frequency of medication

An authorization form completed by the parent/legal guardian must be on file in the student’s cumulative health record and is only valid for the current school year.

2. Over the Counter (OTC) medication

Non-prescribed/OTC medication requires an authorization form completed by the parent/legal guardian to be on file in the student’s cumulative health record and updated annually. The medication must be provided by the parent/legal guardian in the original container, which includes recommended dosage and directions for administration, and it

shall not be administered beyond its expiration date. OTC medications are administered to students according to school district policy.

According to the National Association of School Nurses' School Nursing Evidence-based Clinical Practice Guideline: Medication Administration in Schools, OTC stock medications can be provided to students when schools have active standing orders written by a licensed medical provider and written parental consent. It is recommended that OTC medication be given no more than three consecutive days without written orders from a health care provider. Approval from the student's individual health care provider is highly recommended for any OTC use.

However, school districts can choose to opt out of administering OTC medications. All school districts should have written policies and procedures on medication administration. The Kentucky Department of Education (KDE) encourages all school districts to contact their local board attorney for policy development and procedural questions. In accordance with the American Academy of Pediatrics (AAP) Safe Administration of Medication in Schools: Policy Statement, understanding state laws and school district policies and procedures is necessary to reduce potential liability issues of medication administration in the school setting

3. Student self-medication

Student self-medication is allowed in certain situations, with a written health care provider's authorization, that allows a student to responsibly carry self-administered medication (e.g. Epipen®, diabetic supplies, seizure rescue medication or asthma inhaler). An authorization form must be completed by the parent/guardian and health care provider and on file in the school. This authorization must be renewed each school year.

Documentation from the prescribing health provider shall include:

- a. the student is capable of administering the prescribed medication
- b. the name and purpose of the medication
- c. the prescribed dosage of the medication
- d. the times at which or circumstances under which the medication may be given
- e. the period of time for which the medication is prescribed

Students may not share any medication with another student. It is recommended as best practice that self-administered medications be documented in the Medication Administration Record. If the student uses his/her medication inappropriately or more often than prescribed, the parent/guardian should be notified. Only share student health information with the student's teachers or school staff on a "need to know" basis.

4. Medication Safety

The first dose of any new medication should be given at home and not at school. When possible, all medication should be brought to the school by a parent or guardian. If medication must be transported to the school by the student, it should be transported in the original container and in a sealed envelope with the student's name on the outside and given to the appropriate school personnel (school nurse or designated school personnel).

According to school district policy and procedures, prescribed medication should be counted, and the number of pills received should be noted on the Medication Administration Record.

Medication shall only be administered according to the health care provider's instructions on the prescription label. (May apply clear tape over the label to maintain legibility of label.) Discrepancies that exist between the information on the Parent/Guardian Authorization Form and the prescription label should require one of the following:

- a. new Authorization Form completed by the parent/guardian
- b. new prescription bottle or label issued by the dispensing pharmacy

Medications shall not be given beyond the date specified on the Authorization form, or beyond the expiration date on the label.

5. Changes in Medication

The authorization to administer medication is only valid for the current school year or until treatment changes. A new Authorization for Medication Administration form must be obtained whenever there is a change to the medication, dosage, time and/or frequency and a new prescription bottle (or medication label if applicable) from the pharmacy indicating the prescription change.

Nurses may only accept medication orders as prescribed by a physician, physician's assistant, advanced practice registered nurse (APRN) or dentist. Nurses may not accept requests from parents to change a prescribed medication dose without first contacting the prescribing health care provider.

B. Storage and Disposal of Medications

Except for emergency medications (Diatat®, Valtoco, Glucagon Injectable, Baqsimi nasal powder, Klonopin, Nayzilam/midazolam and EpiPen®) specified in an emergency care plan, all medications should be kept in an appropriately labeled, secure, locked container or cabinet accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be kept in a separate refrigerator in a supervised area or locked container that can be stored with food in a supervised area. The temperature of that refrigerator will be checked on a daily basis and recorded according to agency policy. Temperatures should be maintained between 33- and 45-degrees Fahrenheit. For students receiving medication throughout the school year, it is recommended that no more than a month's supply of medication be stored on school property.

When a medication is no longer needed, the school should notify the parent/guardian and request that it be picked up by the parent/guardian. For disposal of unused medication or expired medication that has not been picked up by parent/guardian:

1. For pills: pour glue into pill container, after glue is hardened, container may be thrown into garbage can.
2. For liquids: pour cat litter or sand into container and wait for it to set-up, after it becomes hardened, it may be thrown into garbage can.
3. Disposal of medication must be documented on the student's medication record to verify it was destroyed, sign, date and have a witness also sign and date.

4. Items such as inhaler canisters may be placed in a sharps container or disposed of according to the school district's Bloodborne Pathogen OSHA plan.

C. Field Trip Medication Administration

If a student is attending a field trip away from school during his/her scheduled medication time, school personnel with current training on medication administration may be designated to administer the medication while on the field trip.

Notification and preparation for administering medications during a field trip should begin well in advance of the day of the field trip. Student medication may not be repackaged for field trips by school personnel. The school should request the parent send a separate bottle with enough medication for the field trip day. The medication bottle should also have a pharmacy prescription label attached. Consult local school district policies and procedures for field trip medication administration. (See Module IV)

Kentucky's law (KRS 156.502 and KRS 158.838) only addresses the required provision of "health services" to students in the "school setting or a school sponsored activity." According to federal laws, schools that received federal funds are subject to Section 504 and the American with Disabilities Act (ADA) of 1990. Under Section 504 regulations, schools must provide equal access including school health services on in-state or out of state school-sponsored field trips. Kentucky nurse's provision or delegation to a school employee of health services to students on out-of-state, school-sponsored field trips will be governed by the state boards of nursing where the care is provided. This will include all the states along the travel route as well as the final destination of the field trip.

More information about medication administration rules on out-of-state field trips may be found [here](#)

D. Refusal of Medications

When school personnel are unable to grant the request from a parent/legal guardian to administer medication to a student, the delegating school nurse or physician should be notified. Some of the circumstances may include:

1. medication was sent to school out of the original container
2. medication is prescribed twice daily and can be administered before school and after school hours
3. medication is prescribed three times daily and can be given before school, after school and before bedtime
4. student has requested over-the-counter medication every day for several days (which may be beyond school district policy of no more than 3 consecutive days without their medical provider's authorization)
5. no written authorization is on file

Other unusual circumstances that are not listed above will require consultation with the supervising school nurse or health care provider.

A student may refuse to take prescribed medications. As best practice and according to the student's developmental level, the student should understand the symptoms for which the medications are prescribed and also know any common side effects. The student should be able to verbalize their understanding that these medications are considered a part of treatment and that the parent and/or prescriber will be notified should he/she refuse the medication.

Refusing medications is not considered a medication error and should be documented on the Medication Administration Record as "refused medication". This shows that the individual has been offered the medication as ordered by the physician. When a student refuses medications, the school nurse and parent should be notified as soon as possible.

E. Medication Errors

Preventing and Reporting Medication Errors

A medication error occurs when one of the "six rights of medication administration" has been violated. Examples are:

1. administering the wrong medication
2. administering the wrong dose of medication
3. administering medication at the wrong time
4. administering the medication in the wrong way (e.g., ear drops administered to eye)
5. administering medication to wrong student
6. failing to document that medication was given or inaccurate documentation of medicine given

Medication errors may result in adverse reactions to the student. These reactions could range from a rash to a life-threatening situation. Therefore, always check the medication label when:

1. removing the medication from storage
2. removing the medication from its container
3. returning the medication to storage

Knowing the following before administering medications will help prevent medication errors:

1. name of medication (the generic and real or "trade" name)
2. purpose
3. potential side effects
4. special instructions (if appropriate)
5. health care provider and emergency contact names and phone numbers

When a medication administration error occurs, follow these guidelines:

1. keep the student in the health room
2. if the student has already returned to class, have someone accompany the student back to the health room
3. observe the student's status and document what you see
4. identify the incorrect dose or type of medication taken by the student

5. notify the principal and supervising school nurse immediately if medication was given by non-licensed personnel (The supervising nurse will contact the parents of the student and/or health care provider.)
6. if contacting the Poison Control Center for instructions:
 - a. give the name and dose of the medication taken in error
 - b. give the student's age and approximate weight, if possible
 - c. give the name and dose of any other medication the student receives, if possible
7. follow instructions from the Poison Control Center, if possible. If unable to follow their instructions, explain the problem to the Poison Control Center to determine if the student should be transported for emergency care.
8. complete a Medication Administration Incident Report form. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or the student's health care provider, and the student's status. All reports are to be filed and kept according to district policy.

Errors made in recording medications on the Medication Administration Record should be marked "void," initialed and dated. *Whiteout* may not be used.

SAMPLE Medication Administration Incident Report Form

Student Name: _____

Date of Birth _____

School Name:

Grade: _____

Date/Time of Error: _____

Name of Person Administering Medication:

Name of medication: _____ Dosage: _____

Route: _____

Time (s) to be given: _____

Circle all that apply to this medication error:

Wrong Student

Wrong Time

Wrong Dose

Wrong Route

Wrong Medication

Wrong Documentation

Describe the error (Should be completed by the person making the error. If wrong medication administered include the name and dosage of what was given):

Action Taken/Intervention:

Persons notified at time of error:

Principal (signature required): _____

Date/time of notification _____

Supervising School Nurse: _____

Date/time of notification _____

Parent or guardian notified: _____

Date/time of notification _____

Student's Health Care Provider notified: (if applicable)

Date/time of notification: _____
(if applicable)

Name of person completing incident report:

(please print)

Signature (person completing incident report:

Today's Date: _____

Follow-up care/information (if
applicable): _____

*This is an example of the information needed for a medication error report. School board policy dictates who is to be notified and in what order. Complete the form in ink as it is a legal record. Do not use "white out", correction tape, eraser, or any other method to cover/correct recording errors. Instead, draw a single line through the error, record the correct information beside it and initial the corrected entry. The completed form is to be sent to the school principal (or designee); copies also should be placed in the supervising school nurse and employee's files. (KDE 3/2010).

MODULE II: ADMINISTRATION OF MEDICATIONS



Classification of Medications

Prescribed medications are those medications that a licensed practitioner has ordered for treatment of a student's diagnosis or symptoms. These medications may include controlled/scheduled or non-controlled/scheduled. Prescribed medications may be ordered on an as needed basis (PRN) or on a routine scheduled basis.

The prescribed medication to be administered at school must be in the original container from the providing pharmacy and the pharmacy label must include:

- Name, address and phone number of licensed pharmacy
- Date
- Prescription identifying number
- Patient's full name
- Name of drug, strength and amount
- Directions for use
- Required controlled substances transfer warnings, where applicable
- Expiration date
- Identity of dispensing pharmacist
- Storage requirements, when applicable, and
- Auxiliary labels, when applicable

A. Controlled/scheduled medications

"Controlled scheduled medications" are medications that are potentially addictive and that are regulated under the Controlled/Scheduled Substance Act of 1970. Controlled/scheduled medications cannot be obtained without a written prescription from a licensed practitioner (e.g. Percocet, Valium, Ritalin® or Tylenol® with Codeine).

It is very important that controlled/scheduled medications be handled according to school district policies and procedures:

- Kept under double lock and key, separate from other medications
- Signed out each time a dose is administered
- Count and record the number of remaining pills on the student's medication record
- Disposed of according to medication storage and disposal [by U.S. Food and Drug Administration](#)

B. Non-controlled/scheduled medications

Non-controlled medications include prescribed that are used to treat medical conditions. All prescribed, non-controlled/scheduled medications require an order from a licensed practitioner. All non-controlled/scheduled medications are kept locked according to school district policies and procedures. School district policies should address student safety in relation to secure storage of medication.

Over the Counter (OTC) Medications

OTC medications are administered to students according to school district policy. OTC medications require a completed authorization form by the parent/legal guardian. It is recommended that OTC medication be given no more than three (3) consecutive days without written orders from a health care provider. (Approval from the student's individual health care provider is highly recommended for any OTC use.) Examples of these medications would be ibuprofen (Motrin®), acetaminophen (Tylenol®), cough medication (Robitussin®), antibiotic ointment (Neosporin® or Bacitracin®), antacids (Tums® or Rolaids®), etc. Documentation of OTCs on the student's Medication Administration Record is required.

Medication Classifications

Medications may be controlled or non-controlled. It is very important that a person administering medications compares the medication label with the medication record including the student's name, time of administration, how the medication is to be given and the dosage for administration. All OTC medications must be given in accordance with school district policies.

It is recommended that school employees administering medication have access to an updated drug book or an online medical website for review of any newly prescribed medications and/or over the counter medication when questions arise.

Student health information is important for student safety in medication administration and management. This information includes, but is not limited to: student name, date of birth, sex, and any allergies.

Understanding Effects of Medications/Adverse Drug Effects

It is very important to be familiar with any medication that is being administered. An adverse effect is an unwanted, unexpected and/or dangerous reaction to a drug. Pharmacies are required to provide a "medication" education sheet with each drug dispensed. The sheet contains the most common adverse effects of that medication.

Another way to learn the adverse effects of medications is to review the medication in a current drug handbook. These books are updated on an annual basis and contain the most current information on newly developed drugs, to include recommended dosage; what diagnosis or symptom the drug treats; how the drug is absorbed; and most importantly the potential side effects/adverse effects of the drug. Medication information is also available online at Drugs.com.

Observing the student after a medication has been administered is crucial in identifying any adverse reactions to that medication. If a student vomits after taking a medication, report to the supervising school nurse the student's name and age; medication name and dose; and time interval between the medication administration and when vomiting occurred. Severe adverse reactions should be treated as emergencies and unlicensed school personnel should be familiar with school district policies and procedures regarding how emergencies are to be handled.

An allergic reaction is an immune response to a foreign substance resulting in inflammation and/or organ dysfunction. In the case of medications, the drug itself may be the substance that causes the effect. Allergic reactions may have many symptoms that could appear immediately or not for several days or weeks. Examples of an allergic reaction may be redness, rash, hives, and shortness of breath, itching, swelling, yellowing of the skin or fever.

Anaphylaxis is the most dangerous type of an allergic reaction. Anaphylaxis is a life-threatening event, where the blood pressure drops, respiratory distress occurs (i.e., shortness of breath), and the student may become unresponsive. Emergency procedures should be implemented if anaphylaxis is suspected.

Various Forms of Medication Administration

Medications may be administered in many different ways. Procedures for administering different forms of medication are in the [Handout](#) section of this manual.

A. Oral (by mouth)

Oral medications include solid forms such as tablets or capsules and liquid forms such as syrups/ elixirs and suspensions. Oral medication should not be crushed without a licensed practitioner's order.

- Tablets (pills) come in many forms: regular, chewable, sublingual and scored. Regular tablets are simply taken with liquid. Chewable tablets should be chewed before they are swallowed. Tablets that are not clearly designated as chewable should be swallowed whole. Scored tablets are designed so that they can be cut into smaller doses with a special cutting tool. Tablets are delivered in either enteric coated or un-coated form. Certain medications can cause irritation to the stomach. These tablets are “coated” so that they cannot dissolve in the stomach, protecting the stomach from irritation. The “coating” actually dissolves in the small intestine instead of the stomach. These tablets should not be split or crushed.
- Oral disintegrating tablets dissolve in the mouth (do not chew). The two types of oral disintegrating tablets usually seen in the school setting are sublingual and/or buccal. Sublingual medications are placed under the tongue to be dissolved and absorbed. Buccal medications are placed inside the cheek and along the gum line to be dissolved and absorbed.
- Capsules are coated so they dissolve over a period of time in the stomach or the intestines—but not in the mouth. Most often, the prescription calls for capsules to be swallowed whole, just like tablets. Gel coated capsules are not to be broken.

There are also capsules designed to be broken apart and sprinkled onto soft food, like applesauce. These are called a “sprinkle” and are most often given to students who have asthma or seizures. If a capsule should be “sprinkled,” the directions on the prescription will specifically say to do so.

Capsules may be coated with substances that permit delayed release in the small intestine in small amounts over a prolonged period of time. Do not break or crush any medications

considered slow release, sustained release, long-acting, extended or controlled release (usually identified with SR, LA, EX or CR).

- Syrups and elixirs are clear liquids. Suspensions are liquids that are not clear. Suspensions contain medication that doesn't dissolve completely in the liquid and usually need to be refrigerated. Because suspensions can separate, they always need to be shaken at least 15 seconds before being measured and given to the student.

All oral medications should be given with at least 4 to 6 ounces of water or other liquid that allows for easy swallowing. After the student has received the medication, it is very important to make sure he/she has swallowed the medication. Ask the student to open his/her mouth and raise their tongue. Inspect cheeks, under tongue, roof of mouth, and teeth for hidden medication. Check orthodontic braces as well. This practice will ensure students are not hoarding medications (sometimes called "cheeking").

B. Topical

Topical medications include eye drops or ointments, ear drops or ointments, and creams and ointments that are applied to the skin. **NOTE:** Gloves should be worn when administering any of the following medications. Hands should be washed before and after use of gloves. Be sure to verify whether the student is allergic to latex prior to using a latex glove. (Always wash off powder left on your hands from gloves.)

- Ointments (salves) are a semisolid preparation, usually containing a medical substance, used for external application on the skin.
- Creams are a fluid mixture of a thick consistency, usually applied to the skin or body surface.
- Drops are a liquid form of medication given through a dropper when a very small dose of medication is required. Drops are usually prescribed for the eyes (ophthalmic) or ears (otic).

C. Inhalers and Nebulizers

Inhaled medications may be delivered in a fine mist by spray bottle/inhaler, an oral inhaler or nebulizer machine. Most inhalers are hand-held portable devices that deliver medication at a metered (pre-measured) dose.

A nasal spray/inhaler is medication delivered as a spray directly into the external nares (nostrils) and may be prescribed for allergies. Oral inhalers deliver medication directly to the lungs through the mouth by squeezing the canister or by direct inhalation. The nebulizer produces a fine spray mist by rapidly passing air through a liquid that is inhaled through the mouth. Nebulizer medication use may be prescribed for treatment of asthma. Pre-mixed nebulizer medication is already prepared to be used with a nebulizer. Consult the equipment product information on how to use the nebulizer. Individualized training is advised to ensure understanding of medication and use of equipment. Common inhaler problems include:

- not taking the medication as prescribed

- incorrect activation which may occur by not following the recommended sequencing of inhaling and squeezing the canister
- forgetting to shake the canister - if the canister is not shaken multiple times, the correct amount of medication may not be delivered
- not waiting long enough between puffs
- failure to clean the valve - if debris is present, this will cause delivery failure of the correct amount of medication
- failure to observe whether the inhale is actually releasing a spray - if not, call the delegating school nurse

A student's need for bronchodilators (inhalers) more than every 4 hours can signal respiratory problems. Call the supervising RN, APRN or physician if this occurs.

D. Insulin Administration

Unlicensed school personnel may be delegated and trained to administer or assist with self-administration of insulin subcutaneously (KRS 158.838). Training and delegation shall be according to the requirements stated in KRS 156.502. A list of training resources may be found in the KDE Health Services Reference Guide.

E. Medications for life-threatening emergencies

Diastat® rectal gel, Klonopin and Nayzilam/midazolam and Valtoco are prescribed for emergency treatment of seizures. Students may also be prescribed seizure management medication to be administered in the event of a seizure. See Module III for more information on these medications.

Epipen® is an emergency injectable medication (epinephrine) prescribed for treating severe allergic reactions causing life-threatening respiratory distress, or a condition referred to as anaphylaxis. Anaphylaxis is a life-threatening allergic reaction that may be fatal within minutes and requires immediate action. Anaphylaxis may be a reaction to: food (particularly peanuts, tree nuts, fish, wheat or eggs), stinging insects, latex, exercise or medication. See Module III for more information on this medication.

Glucagon injectable and Baqsimi nasal powder are medications prescribed for students with diabetes to treat a severe low blood sugar event when the student's level of consciousness prevents treatment by oral medication. See Module III for more information on this medication.

Narcan (naloxone) is an intra-nasal medication administered in the event of an opioid overdose life-threatening emergency. See Module III for more information on this medication.

Handling Medication

A. Hand Washing

Before administering any medication to a student, always wash your hands. If the student will touch the medication, he or she should also wash their hands. Good hand washing techniques include washing the hands with soap and water. Alcohol-based hand sanitizers are an excellent alternative to and washing when soap and water is not available. However, if the hands are visibly soiled, wash hands with soap and water. (See Hand Washing Procedure in [Handout](#) section.)

B. How to Avoid Touching the Medication

Pour pills, tablets, or capsules into the bottle cap first, and then pour them into the disposable medicine cup. (This technique allows for more control in pouring and avoids having to remove extra amounts.) A clean paper towel or catsup-sized paper cup may also be used if the medicine is only one capsule or tablet. Have the student pick up the medication themselves and put it in their mouth.

Some children do not have the developmental skills to put tablets or capsules into their mouth. If you must put the medication directly into the child's mouth, use disposable gloves. The gloves are considered contaminated after use. (Note: Be aware of any allergies to latex gloves.)

C. Cutting or Crushing Tablets

Cutting, crushing or sprinkling of the medication are examples of changing the form of an oral medication. If the form of an oral medication must be changed, (e.g. cutting, crushing or sprinkling) the prescribing health care provider will indicate this in the written prescription and on the pharmacy label. Scored tablets that must be cut in half to obtain a smaller dose should be cut by either the school nurse or the student's dispensing pharmacist. (For example, the medication is packaged in 10 milligram (mg) tablets and the health care provider's order or prescription indicates the student is to receive 5 milligrams or ½ a tablet. (The school nurse, licensed health care provider or dispensing pharmacist should cut the scored tablets.)

D. Measuring Liquid Medication

When pouring liquid medications, always place bottle cap upside down on a solid surface to avoid contaminating the inside of the bottle cap. Liquid medications must be measured to ensure accurate dosage. For liquid medications, always use a plastic marked medicine cup, oral syringe or dropper. Pay close attention to the medication order (dosage on the bottle) and find the corresponding markings on the medicine cup or dropper. When using a plastic marked medicine cup, place the cup on a solid, level surface and look at the medicine cup at eye level to ensure the correct amount has been poured. If a student is to receive more than one liquid medication at the same time, each liquid medication must be measured separately. When pouring the medication out of the container, hold the bottle so the label is in the palm of your hand to prevent spillage and causing the label to be illegible. Some liquid medications are suspensions and require shaking before being administered. This information will be on the label of the medication bottle. Additional tips on how to use liquid measuring devices may be found on the Safe Medication website.

E. Administering Medication Safely

Only prepare and administer one individual's medication at a time. Never document the medication has been administered before the student receives it. To safely manage and administer medications to students, the "six rights of medication administration" must be followed. (The Six Rights to follow in administering medications are located [here](#))

Prescription Label Information

Information required on a prescription label includes:

- Name and address of the pharmacy
- Telephone number of the pharmacy

- Prescription number
- Current date of filling or refilling
- Name of prescriber
- Name of patient
- Directions for use, including precautions, if any, as indicated on the prescription
- Drug name and strength and quantity, if generic, the name of the manufacturer
- The phrase “use by” followed by the product’s use by date, if dispensed in any packaging other than the manufacturer’s original packaging
- All auxiliary labeling as recommended by the manufacturer and /or as deemed appropriate in the professional judgment of the dispensing pharmacist
- /an auxiliary labeling as recommended by the manufacturer and/or deemed appropriate in the professional judgement of the dispensing pharmacist
- Initials or name of the dispensing pharmacist

Procedure for Administering Medications

All medication administration procedures must include these basic steps regardless of the type of medication to be administered:

- Student reports to office or call student to the office
- Verify identity of student (using two methods of identification)
- Identify yourself and what you will be doing
- Assemble necessary equipment
- Wash your hands before and after administering medications

Steps to follow when administering each type of medication are in the [HANDOUT](#) section.

Medication Errors

District policies and procedures state what documentation is required if an error in medication administration has been made. Any error must be documented on the school district’s “medication error” or incident form and reported as soon as possible to the school nurse, school principal and parents.

Report accidental errors such as:

- forgetting to give a dose of medication
- giving medication to the wrong student
- giving the wrong medication or the wrong dose
- giving medications at the wrong time
- giving medication by the wrong route

Accidents do happen. In the interest of the student’s health and safety, report all errors promptly.

Refusal of Medications

Refusing medications is not considered a medication error, and the refusal should be documented on the Medication Administration Record as a “refused” medication. The documentation assures

the student has been offered the medication as ordered, and also proves staff followed school district policy in administration/documentation.

As best practice and according to the student's developmental level, the student should understand why the medication is being administered, and also should be made aware of any common side effects. He/she should also be able to verbalize understanding that these medications are considered a part of treatment and that the parent/guardian will be notified should he/she refuse the scheduled medication.

Medication Administration Documentation (Medication Log/Medication Administration Record, Electronic Record)

Record-keeping is very important when medication is given at school. A medication "log" (medication administration record) must be kept for each student. The log can be kept on paper or in the Kentucky Student Information System for each student. Each medication given must be recorded on a separate form. The log contains the student's name, the prescribed medication and dosage, the route the medication is to be given, the time the medication is scheduled to be given and any student allergies (allergies in red ink if on paper). It is also recommended that a picture of the student be attached to the document if paper is used for identification purposes.

Compare the information on the medication label with the information on the medication log. This information must match. Whenever a change in the dose of the same medication is ordered by the prescribing medical provider, a new medication log must be created. Contact the school nurse immediately and do not give the medication if the medication label is missing or the label cannot be read.

The medication record (log) may be used to also make notes of additional comments of any unusual circumstance related to the student receiving the medication. This medication record becomes a permanent part of the student's file (in student's cumulative health folder) and provides legal documentation for those who administer medications to students. When a student receives a medication the actual time must be recorded on the medication record (initial if on paper). This must also be done when a medication is missed due to an absence or a field trip, or if the student refuses to take the medication. The medication administration record (log) is a legal and permanent document. Use only ink and never use "whiteout" if using a paper log. If a mistake is made in the recording of the time of the medication administration on a paper log, draw a single line through the time, write "void" and initial beside the time. A sample copy of a student medication log may be found in the Handout Section.

Medication administration may also be documented in the Kentucky Student Information System. This is a permanent record of medication administration. Advantages to electronic medical records include:

- Records follow student electronically when transferring from school to school within the district
- No more paper logs/charts to file or store
- Easier case management of students with chronic health conditions
- Ability to track health office visits and outcomes

See local school district medication administration form and follow local school district policies for documentation. (Module IV)

Handouts available:

- Common Medication Abbreviations
- Glossary of Medical Terms
- Proper Hand Washing Techniques
- Six Rights of Medication Administration
- Medication Administration Record (Medication Log) Example
- Medication Administration Procedures:
Oral Medication, Liquid Medication, Eye Drops or Ointment, Ear Drops, Topical Ointment or Creams, Nasal Spray, Metered Dose Inhalers

MODULE III: EMERGENCY MEDICATIONS



Module III: Emergency Medication Administration

Emergency Medications

According to KRS 158.838, KRS 217.186 and the Kentucky Board of Nursing, unlicensed school personnel may administer emergency medications (e.g. Glucagon Injectable, Baqsimi nasal powder, Diazepam rectal gel (Diastat®, Valtoco®, EpiPen®, naloxone for the treatment of potential opioid overdose and prescribed medications for the treatment of seizures) provided they have received training as required in KRS 156.502. The medications below may be prescribed to be given during a life-threatening event.

A. Glucagon for Hypoglycemia

Hypoglycemia is the term used for a low blood sugar level. Hypoglycemia (low blood sugar level) is one of the most frequent complications of children with diabetes who require insulin. Hypoglycemia is the result of a drop in the level of the student's blood glucose (blood sugar) and may occur very suddenly.

Sometimes an extremely low blood sugar level will cause the student to become unable to help themselves due to an impaired level of consciousness or motor function. Hypoglycemia may result from:

1. too much insulin
2. student administered insulin without eating
3. too little food consumed
4. delay in receiving snack/meal
5. increased physical activity
6. illness (at times)
7. alcohol use (a concern in adolescents)

Hypoglycemia symptoms are characterized as mild, moderate or severe. Students who receive insulin for the treatment of diabetes should have a written individual health care plan (IHP) or Emergency Diabetes Care Plan/Action Plan describing how to treat all these symptoms according to the severity of the hypoglycemia.

If a student shows signs of hypoglycemia, unlicensed school personnel should consult the student's IHP or Emergency Diabetes Care Plan/Action Plan for guidance on how the hypoglycemia is to be treated. The IHP or Emergency Diabetes Care Plan/Action Plan may include the administration of the emergency medication Glucagon®, which unlicensed school personnel may administer after receiving training according to KRS 156.502.

Glucagon is a life-saving hormone prescribed for the student experiencing severe symptoms of hypoglycemia (severe sleepiness, loss of consciousness, seizure or inability to swallow). It is used to treat a student's low blood sugar level when they are unable to take liquid or food by mouth. After receiving Glucagon, the level of glucose in the blood increases within 5-25 minutes. Glucagon does not harm the child. However, after receiving Glucagon, the student may experience nausea and vomiting. Position the student on their side after administering. Hypoglycemia can be easily and effectively treated. However, potential life threatening

complications can occur if hypoglycemia isn't treated promptly.

It is the responsibility of the parent/guardian to provide the Glucagon along with written orders when to administer the medication from the student's health care provider. KRS 158.838 requires "each local public school district to have at least one (1) school employee who has met the requirements of KRS 156.502 on duty during the entire school day" to administer Glucagon in an emergency." (See Appendix)

Glucagon is sold in two forms, injectable (Glucagon Emergency Kit) or in nasal powder (dry spray) form known as Baqsimi (glucagon). The Glucagon kit should be stored at room temperature in an area where trained school personnel will have easy access to it. As per KRS 158.838, the expiration date of the Glucagon should be checked monthly and the parent/guardian notified one month in advance of the expiration date.



How to Administer Glucagon Injectable

- Identify someone to call 9-1-1
- Refer to student's Diabetes Management Plan for Glucagon dose
- Open kit
- Remove flip top seal from vial
- Remove needle protector from syringe
- Slowly inject all sterile water from syringe into vial of Glucagon (leave needle in vial if possible)
- Gently swirl vial (don't shake) until solution is clear. (May leave syringe in vial)
- Withdraw amount of Glucagon prescribed from vial back into syringe
- Inject straight (90° angle) into
 - arm (upper)
 - leg (thigh)
 - or buttocks(may inject through clothing if necessary)
- Slowly inject Glucagon into site
- Withdraw needle, apply light pressure at injection site
- Turn person on his/her side, person may vomit
- Place used needle back in kit and close lid (do not recap)
- Give used kit to EMS personnel
- Document administration of Glucagon on Medication Administration Record

(Modified from Eli Lilly and Company, 2017)

B. Epinephrine for Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that can be fatal within minutes. Anaphylaxis can be a reaction to food (particularly peanuts, tree nuts, fish, wheat or eggs), stinging insects (such as wasps or bees), medications, latex or exercise.

Symptoms of anaphylaxis include:

- itching and/or hives, particularly in the mouth or throat
- swelling of the throat, lips, tongue and/or eye area
- difficulty breathing, swallowing or speaking
- increased heart rate and/or sense of impending doom
- abdominal cramps, nausea, vomiting, diarrhea
- weakness, collapse, paleness, lightheadedness or loss of consciousness

Since the severity of an allergic reaction is difficult to predict, the allergic response may rapidly progress to anaphylaxis. It is important for students with severe allergies who are at risk of anaphylaxis to have an Allergy or Anaphylaxis Emergency Action Plan of Care. The Allergy or Anaphylaxis Emergency Action Plan may include the administration of epinephrine from an EpiPen®.

Severe allergic reactions may be unavoidable because foods may contain unknown ingredients; insects range widely; and latex can be found anywhere. Once anaphylaxis has begun, the treatment may be an immediate injection of epinephrine (EpiPen®) which is effective for only 10 to 15 minutes. It is not necessary to remove the student's clothing before administering the EpiPen® auto injector. After receiving the epinephrine, the student should then be transported for further emergency medical attention at the nearest hospital emergency room.

The EpiPen® is a prescribed medication that contains epinephrine to reverse the most dangerous effects of an anaphylactic reaction. The prescription is written according to the weight of the child. The prescribing health care provider will instruct the student under what circumstances the EpiPen® should be used. Per KRS 158.834 and KRS 158.836, the student may carry and self-administer an EpiPen®. Unlicensed school personnel may administer the EpiPen® after receiving training according to KRS 156.502. (See Appendix)

The manufacturer recommends the EpiPen® be stored at room temperature in a dark area. The expiration date of the EpiPen® kit should be checked monthly and the parent/guardian notified by school personnel one month in advance of the expiration date.

How to Administer an EpiPen



- Identify someone to call 9-1-1.
- Flip open cap at top of carrier tube.
- Remove EpiPen® from carrier tube and remove the blue safety release.
- Form a fist around the unit with the orange tip pointing downward.
- Swing and **firmly push** orange tip against outer thigh until click is heard. (Auto-injector may be given through clothing).
- **Hold in place for 3 seconds.** The injection is now complete.
- Remove pen from thigh and massage injection site for 10 seconds.
- Place used auto-injector into carrier tube and give to EMS when they arrive.
- Document administration of EpiPen® in Medication Administration Record (MAR).

Note: Always refer to the package insert for additional information on administration.

AUVI-Q Epinephrine Auto-Injector

AUVI- Q auto-injector is another prescription epinephrine injection used to treat life-threatening allergic reactions, including anaphylaxis. More information about this product and how to administer may be found [here](#).

C. Medications for Seizures

Epilepsy is a neurological disorder that causes a student to have recurrent seizures. Seizures are caused by a brief disruption in the brain's electrical activity resulting in altered or loss of awareness, shaking, convulsing, confusion or sensory experiences.

Seizures can take many different forms, often not resembling the convulsions that many associate with epilepsy. Common types of seizures include:

- Generalized Tonic Clonic (Grand Mal)- Convulsions, muscle rigidity, jerking
- Absence (Petit mal)- Blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions
- Complex Partial (Psychomotor/Temporal Lobe)- random activity where the student is out of touch with their surroundings
- Simple Partial - jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers
- Atonic (Drop Attacks)- sudden collapse with recovery within a minute
- Myoclonic - sudden, brief, massive jerks involving all or part of the body

Seizure symptoms depend on where in the brain the disruption occurs and how much the brain is affected by the seizure. Seizures may last from a few seconds to a few minutes. Most seizures are not medical emergencies and resolve after one or two minutes. Use a watch to time the seizure from the beginning to the end.

Many students achieve good seizure control with prescribed medication. However, a seizure is generally considered an emergency under the following conditions:

- a convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- a student has repeated seizures without regaining consciousness
- a student is injured or has diabetes
- a student has a first-time seizure
- a student has breathing difficulties
- a student has a seizure in water

The first two priorities during a seizure are airway patency (keeping the airway open) and safety. Do not try to place an object in the student's mouth between the teeth, during a seizure. Efforts to hold the tongue down could injure teeth or jaw. Instead, turn the student to one side. This will help keep the airway open. Do not attempt to hold the student down or restrain their movements. Instead, clear the area around the person of anything hard or sharp.

Students receiving medication for the control of their seizures shall have a written Seizure Emergency Action Plan with instructions for how to manage the student's seizures during school hours. The student's health care provider will determine in the Seizure Emergency Action Plan what medication shall be given for seizure activity. According to KRS 158.838, the Seizure Emergency Action Plan may include the administration of the emergency medication Diastat® or other FDA approved seizure management medication which unlicensed school personnel may administer after receiving training per KRS 156.502. Personnel trained in medication administration for the treatment of seizures and how to contact them if a seizure occurs shall be identified and shared with school personnel. Per KRS 158.838, the expiration date of the Diastat® kit should be checked monthly and the parent/guardian notified by school personnel one month in advance of the expiration date.



How to Administer Diastat® AcuDial (Diazepam rectal gel)

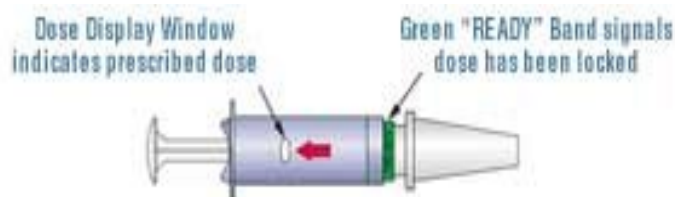
- Identify someone to call 9-1-1
- Turn student on side where they can't fall
- Put on gloves
- Remove medication (syringe) from container (Note: Seal pin is attached to the cap)
- Push up with thumb and pull to remove protective cap from syringe tip (Be sure seal pin is removed with the cap)
- Lubricate rectal tip with lubricating jelly from kit
- Turn student on side facing you and lower clothing
- Bend upper leg forward to expose rectum
- Separate buttocks to expose rectum
- Gently insert lubricated syringe tip into rectum. (Rim of syringe should be against rectal opening)
- Slowly count to three (3) while gently pushing plunger until it stops
- Slowly count to three (3) while holding buttocks together to prevent leakage
- Keep student on their side and note the time Diastat® was given; continue to observe until EMS arrives
- Give EMS the used Diastat® syringe (Note: you may recap the syringe)
- Document the administration of Diastat® in the student's Medication Administration Record

(From Diastat® AcuDial product instructions, 2014) Video demonstration of Diastat AcuDial administration may be found [here](#).

Dial and Lock Reminder

IMPORTANT: Check the dose when receiving Diastat® from a parent

DIASTAT®[®] AcuDial™ has a unique locking mechanism that ensures that the student receives the correct dose. ALWAYS make sure that the green "READY" is visible.



1. If the prescription is for a child, ensure that you have the smaller tip size. Tip sizes come in 4.4 cm or 6.0 cm.
2. Because you receive 2 DIASTAT® AcuDial delivery systems as part of your Twin Pack with each prescription, be sure to double-check both.

Please note: a 2.5-mg pre-filled syringe of DIASTAT® is still available. This delivery system does not require dialing and locking prior to dispensing or use.

What you should do if you don't see the green "READY" band?

If you don't see the green "READY" band, it means that the medicine in your DIASTAT® AcuDial is not properly locked in. **Do not accept the prescription** and have parent contact the pharmacist and return the DIASTAT® AcuDial to the pharmacy immediately. **Do not use a DIASTAT® AcuDial that does not have the correct dose properly locked in.**

Seizure rescue and seizure management medications approved by the FDA for the treatment of seizures may be delegated to be administered by trained, unlicensed school personnel. Non-FDA approved medications for management of seizures may not be delegated to unlicensed school personnel. (KRS 158.838)

VALTOCO® (diazepam nasal spray)

- VALTOCO is a prescription medicine used for the short-term treatment of seizure clusters (also known as “episodes of frequent seizure activity” or “acute repetitive seizures”) in patients 6 years of age and older.
- It is not known if VALTOCO is safe and effective in children under 6 years of age.

IMPORTANT SAFETY INFORMATION

- VALTOCO is a benzodiazepine medicine. Taking benzodiazepines with opioid medicines, alcohol, or other central nervous system (CNS) depressants (including street drugs) can cause severe drowsiness, breathing problems (respiratory depression), coma, and death. Get emergency help right away if any of the following happens:
 - Shallow or slowed breathing
 - Breathing stops (which may lead to the heart stopping)
 - Excessive sleepiness (sedation)
- Risk of abuse, misuse, and addiction. There is a risk for abuse, misuse, and addiction with benzodiazepines, including VALTOCO, which can lead to overdose and serious side effects including coma and death.
 - Serious side effects have happened in people who have abused or misused benzodiazepines, including diazepam (the active ingredient in VALTOCO). These serious side effects may also include delirium, paranoia, suicidal thoughts or actions, seizures, and difficulty breathing. Call your healthcare provider or go to the nearest hospital emergency room right away if you get any of these serious side effects.
 - Use VALTOCO exactly as your healthcare provider prescribed.
- VALTOCO can cause sleepiness, dizziness and can slow thinking and motor skills.
 - Do not drive, operate heavy machinery, or do other dangerous activities after use.
- Like other antiepileptic drugs, VALTOCO may cause suicidal thoughts or actions in a very small number of people, about 1 in 500. Call a healthcare provider right away if there are any new or worsening suicidal thoughts or related symptoms, especially unusual changes in mood, behaviors, thoughts or feelings.

How can I watch for early symptoms of suicidal thoughts or actions?

- Pay attention to any changes, especially sudden changes in mood, behaviors, thoughts, or feelings.
- Keep all follow-up visits with healthcare provider as scheduled.

How should I use VALTOCO?

- Read the Instructions for Use for detailed information about the right way to use VALTOCO.
- Use VALTOCO exactly as prescribed by the healthcare provider.
- Seizure plans should include:
 - What seizure clusters are
 - Exactly how much VALTOCO to give
 - When and how to give VALTOCO

- What to do after you give VALTOCO if the seizures do not stop or there is a change in breathing, behavior, or condition that worries you
- Student should carry VALTOCO in case you need to control your seizure clusters.
- VALTOCO is given in the nose (nasal) only.
- Each VALTOCO only sprays 1 time and cannot be reused. Do not test or prime the nasal spray before use.
- Each dose of VALTOCO is provided in an individual pack. Use all of the medicine in 1 pack for a complete dose.

What should I do after I give VALTOCO?

- Stay with the person after you give VALTOCO and watch them closely.
- Make a note of the time VALTOCO was given.
- Call for emergency help if any of the following happen:
 - Seizure cluster behavior is different than other seizure clusters the person has had.
 - You are alarmed by how often the seizures happen, by how severe the seizure is, by how long the seizure lasts, or by the color or breathing of the person.
- Throw away (discard) the used VALTOCO.

If needed, a second dose may be given at least 4 hours after the first dose, using a new pack of VALTOCO. Do not give more than 2 doses of VALTOCO to treat a seizure cluster.

A second dose should not be given if there is concern about the person's breathing, they need help with their breathing, or have extreme drowsiness.

Do not use VALTOCO for more than 1 seizure cluster episode every 5 days. Do not use VALTOCO for more than 5 seizure cluster episodes in 1 month.

What are the most common side effects of VALTOCO?

The most common side effects of VALTOCO include:

- Feeling sleepy or drowsy
- Headache
- Nose discomfort

These are not all of the possible side effects of VALTOCO. Call your healthcare provider for medical advice about side effects. You may report side effects to Neurelis, Inc. at 1-866-696-3873 or to FDA at 1-800-FDA-1088.

Please see full [Prescribing Information](#) and [Medication Guide](#) for additional important safety information.

INSTRUCTIONS FOR USE

For 5 mg and 10 mg Doses



Important: For Nasal Use Only.

Check the expiration date before use.

Do not remove VALTOCO until ready to use. Do not test VALTOCO.

Keep out of reach of children.

Inspect VALTOCO for damage. If damaged, you may not receive the full dose.

You and your family members, caregivers, and others who may need to administer VALTOCO should read this Instructions for Use that comes with VALTOCO before using it. Talk to your healthcare provider if you, your caregiver, or others who may need to administer VALTOCO have any questions about the use of VALTOCO.

Safely secure the person

If the person appears to be having a seizure, gently help them to the floor and lay them on their side in a place where they cannot fall.

The person can be on either their side or back to receive VALTOCO.

Move objects and furniture away from the person to avoid injury.

Give VALTOCO 5 mg dose or 10 mg dose. 1 dose equals 1 nasal spray device.

Device sprays one time only.

Important: Do not test or prime VALTOCO.



Step 1: Remove 1 VALTOCO blister pack from the box.

Each blister pack contains 1 nasal spray device. 1 device contains 1 dose.



Peel back the tab with the arrow on the corner of the pack.



Remove VALTOCO from the pack.

Step 2: Hold VALTOCO with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Step 3: Gently insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.



Step 4: Press the bottom of the plunger firmly with your thumb to give VALTOCO.



Step 5: Remove VALTOCO from the nose after giving the dose.

Each individual VALTOCO contains 1 single spray.

Throw it away (discard) after use.

After giving VALTOCO, evaluate and support

Keep or move the person onto their side, facing you, so that you can watch them closely.

Loosen any tight clothing and provide a safe area where the person can rest.

Call for emergency help if any of the following happen:

- Seizure clusters are different from that of other seizures the person has had
- You are alarmed by how often the seizures happen, by how severe the seizure is, by how long the seizure lasts, or by the color or breathing of the person

Make a note of the time VALTOCO was given and continue to watch the person closely.



Time of first VALTOCO dose: _____ Time of second VALTOCO dose (if given): _____

The healthcare provider may prescribe another dose of VALTOCO to be given at least 4 hours after the first dose. If a second dose is needed, repeat Steps 1 through 5 with a new blister pack of VALTOCO. If the person is not having a seizure when the second dose of VALTOCO is given, it may be given to the person when they are lying down, standing, or sitting.

For more information about VALTOCO, please visit www.valtoco.com or call 1-866-696-3873. You are encouraged to report side effects of prescription drugs to the FDA by visiting www.fda.gov/medwatch or by calling 1-800-FDA-1088.

This Instructions for Use has been approved by the U.S. Food and Drug Administration. Issued: 1/2020



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VALTOCO® (diazepam nasal spray): Confidence in the Classroom



Students with seizure clusters and their parents can carry confidence while at school with VALTOCO—the first and only diazepam nasal spray for seizure cluster rescue in adults and children 6 years of age and older.

Same active ingredient as Diastat®

VALTOCO has the same active ingredient as Diastat (diazepam rectal gel).¹ And since VALTOCO has a nasal route of administration, it gives students a discreet treatment option.

FDA-approved seizure rescue nasal spray for ages 6 and older



VALTOCO can be administered by anyone...wherever, whenever.²



Ready and reliable²



FDA-approved for safe administration by nonmedical care partners²



Each blister package contains a full dose²



Room temperature storage²

Ready yourself and your students who have seizure clusters.

- Educate yourself about VALTOCO for students 6 years of age and older
- Contact myNEURELIS™ and speak with a Nurse Educator to learn how to administer to students who have been prescribed VALTOCO
- Following training, let parents know you are prepared and confident in administering VALTOCO

Flexible support for you

Through myNEURELIS you can connect with a registered nurse educator for one-on-one instruction. myNEURELIS nurse educators can:

- Provide virtual training on how to give VALTOCO
- Answer VALTOCO-related questions
- Offer resource materials

Personalized support is also available for your students and their care partners.

myNEURELIS™
Personalized Support for Patients & Care Partners

Call myNEURELIS today at 1-866-myNEURELIS (1-866-696-3873) to get a demo kit and other resources.

Indication

VALTOCO® (diazepam nasal spray) is indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (ie, seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients with epilepsy 6 years of age and older.

IMPORTANT SAFETY INFORMATION

RISK FROM CONCOMITANT USE WITH OPIOIDS

Concomitant use of benzo diazepines and opioids may result in profound sedation, respiratory depression, coma, and death.

- Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate
- Limit dosages and durations to the minimum required
- Follow patients for signs and symptoms of respiratory depression and sedation

Please see page 2 for additional Important Safety Information and read accompanying full Prescribing Information, including Boxed Warning.

 VALTOCO®
(diazepam nasal spray) ©

KLONOPIN

Klonopin (Clonazepam) is a Benzodiazepine approved by the FDA for seizure management. Some students may also be prescribed Klonopin for break through seizures. Klonopin may be provided as an oral disintegrating tablet (wafer) which can be administered by placing the tablet in the mouth between the gum and the cheek or between the lower lip and gum for it to dissolve (Buccal administration)

How to administer Klonopin (Clonazepam) oral disintegrating tablet (wafer)

- Turn student on their side where they can't fall
- Consult student's Seizure Action Plan to confirm drug, dose, route and administration orders
- Put on gloves
- With gloved hands, use gauze pad to dry gum and inside of cheek
- Place tablet in pocket between inner cheek and gum or between lower lip and gum
- Close mouth and gently rub along outside of cheek to promote absorption
- Observe response, provide care and comfort
- Consult action plan for post-seizure care; call 9-1-1 if directed
- Document medication administration in Medication Administration Record

Adapted from Epilepsy Foundation, *Using Rescue Therapies in Epilepsy Care*

Administration of Intranasal Midazolam

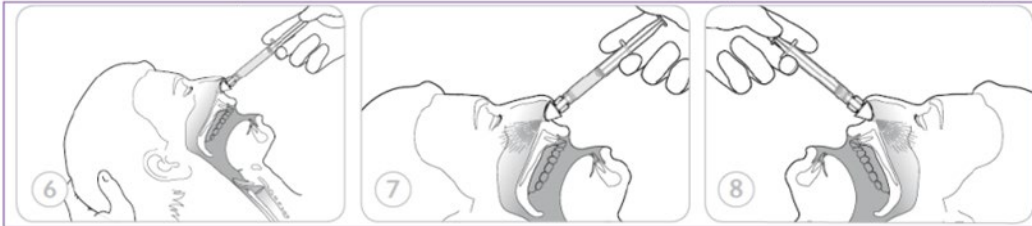
PREPARATION FOR ADMINISTRATION

1. Draw the syringe plunger back to measured dose
2. Insert syringe in midazolam vial and inject measured volume or air into vial
3. Withdraw appropriate volume of midazolam from vial
 - If directed on medication label, draw up an additional 0.1 mg of medication to allow for dead space in atomizer
4. Attach atomizer

ADMINISTRATION

5. Inspect nostrils – If blood or mucous present, suction the nares prior to delivery
Note – Drug is absorbed by the mucous membranes, not via inhalation
6. Insert tip of atomizer into left nostril and administer half of the dose
7. Insert tip of atomizer into right nostril and administer the remaining half of medication (doubles the amount of mucosa available for drug absorption and increases rate and amount of absorption)

Direct spray away from center of nose and spray directly up and back or toward outside of nose



Step 6. Using the free hand to hold the base of the head stable, place the tip of the atomizer snugly against the nostril aiming slightly up and outwards (towards the top of the ear).

Step 7. Administer half of the solution, 5 mg (1 mL), into one of the nostrils.

Step 8. Administer the other half of the solution, 5 mg (1 mL), into the opposite nostril.

CLINICAL PEARLS

1. Intranasal midazolam easily and rapidly crosses the nasal mucosa and blood-brain barrier
2. Administration is less traumatic for patient compared to Diastat
3. Onset of action: ~ 2-3 minutes (rapid)
4. Oral bioavailability of midazolam: ~30%

SAFETY CONCERNS AND SIDE EFFECTS

1. Sedation common after administration
2. If swallowed, only 1/3 of the dose is absorbed
3. Activate seizure plan, nurse should be called and 911 called if indicated by seizure plan
4. Store at room temperature
5. Prefilled syringes have a shelf life of 4 months

D. Narcan (naloxone) for Opioid Overdose

Young adults are the biggest abusers of prescription pain medications which increases the risk of overdose in that age group. Substance use disorder (drug addiction) does not discriminate and can happen to anyone.

The most commonly abused prescription drugs are:

- Opioids (for pain) such as Hydrocodone, Vicodin, Percocet, Percodan, Oxycontin (oxycodone), Demerol or Fentanyl
- Stimulants (ADHD medications) such as Ritalin, Concerta, Adderall or Dexadrine
- Benzodiazepines/ CNS Depressants (for anxiety and sleep disorders) such as Xanax, Valium or Nembutal

There are a variety of reasons why students abuse prescription drugs, such as:

- Easy access
- Perceive them to be safer
- To get high
- To help them study
- To relieve stress and anxiety
- To experiment
- To fit in

The Opioid Epidemic

Although adolescent opioid drug use may begin with prescription pain pills, many adolescents make the switch to heroin. Heroin is approximately half the cost of prescription pain pills and is often more readily available. There has been a significant rise in the number of adolescents aged 12 and older who received treatment for the heroin problem—from 277,000 in 2002 to 526,000 in 2013.

Opioid overdose can affect breathing to the extent that breathing slows down and eventually stops. Oxygen starvation leads to unconsciousness, coma and within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death.

Overdose vs. High

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat/pulse	Slowed heart beat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

Preventing an Opioid Overdose from Becoming Fatal

Kentucky Revised Statute, [KRS 217.186](#), allows non-medical school personnel, authorized to administer medications per KRS 156.502, to administer Narcan (naloxone) to a person who displays signs/symptoms of opioid overdose to prevent an opioid/heroin dose from becoming fatal. KRS 217.186 also includes a “Good Samaritan” provision shielding people from prosecution when seeking help for someone who overdoses from heroin/opioids.


Responding to an Opioid Overdose

If you suspect an overdose, **act promptly!** Always go to the distressed individual. Never send the individual to the health room/school nurse alone or leave them alone. Do not move an individual who is in severe distress.

AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION

1. **Recognize** signs/symptoms of opioid overdose (slow or absence of breathing; unresponsiveness to stimuli (calling name, shaking, sternal rub))
2. **Respond** by calling immediately for help:
 - Call 911 or direct someone to call 911 to request immediate medical assistance. Advise the 911 operator that an opioid overdose is suspected and that Narcan (naloxone) is being given or has been given.
 - Assess for breathing. If necessary, provide rescue breathing.
Steps for rescue breathing:
 - a) Place on his or her back and pinch nose
 - b) Tilt chin up to open airway. Look in mouth to see if anything is blocking their airway. If so, remove it.
 - c) Create an air tight mouth to mouth seal on victim’s mouth. If using mask, place and hold mask over mouth and nose
 - d) Give 2 even, regular-sized breaths
 - e) Blow enough air into their lungs to make their chest rise.
NOTE: If you are using a mask and don’t see their chest rise, out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure. If you are not using a mask and don’t see their chest rise, out of the corner of your eye, make sure you’re pinching their nose.
 - f) Breathe again
 - g) Give one breath every 5 seconds
3. **Respond**
 - Administer Narcan (naloxone)
Via Intra-Nasal Narcan:

Tilt head back and administer nasal spray (4 mg) into one nostril. (Do not prime spray) If additional doses are needed, give in the other nostril.



Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.





Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



Graphic credit: ADAPT Pharma, 2015) and **NASN Narcan Toolkit**

- Place person in recovery position (lying on their side).
- Stay with the person monitoring for respiratory distress until help arrives
- If person does not respond by waking up, to voice or touch, or breathing normally, within 2-3 minutes, a second dose of Narcan Nasal Spray may be given (use a second Narcan Nasal Spray from box)
- Seize all illegal and/or non-prescribed opioid narcotics found on victim and give to school administrator per school protocol

4. Respond

- Transport person to nearest medical facility, even if person seems to get better
- Notify parent/guardians per school protocol
- Document administration of Narcan and complete school incident report

Sources: [NASN Naloxone in Schools Toolkit](#): Department for Public Health Clinical Protocol for Intranasal Naloxone in the School Setting, Core Clinical Service Guide, Appendix B, July1, 2016

MODULE IV: LOCAL SCHOOL DISTRICT POLICIES AND PROCEDURES



Module IV: Local School District Policies and Procedures

Medication Administration

KRS 156.502 states that schools shall administer health services (including medication administration) to students who require this service during the school day or school sponsored event. Therefore, school districts should have in place, policies and procedures that address how medications and other health services will be delivered. The school district policies and procedures should be readily accessible for reference by all school personnel who may be delegated and trained to administer medication.

Local school district policies for medication administration should include:

- Consent forms to be signed by parent/guardian giving authorization to the school district to administer medication
- Health Care Provider's forms to be signed regarding medication administration instructions

The above policies would also address prescribed medication, over the counter medication and self-administered medication as per KRS 158.834, 158.836 and 158.838.

Other local school district policies/procedures should include:

- Storage of medication.
- How to dispose of unused medication.
- Administration of medication on a field trip.
- Medication administration documentation.
- Documentation and reporting of medication errors.
- Possession and use of asthma or anaphylaxis medications as per KRS 158.834 and 158.836.
- Emergency administration of diabetes and seizure management medications (KRS 158.838).
- Emergency administration of Narcan (naloxone) to prevent an opioid/heroin overdose from becoming fatal (KRS 217.186)

The above policies/procedures should also specify the appropriate school district forms to be completed.

HANDOUTS



Common Medication Abbreviations

Abbreviation	Definition
Ac	before meals
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
bid	Two times a day
bucc	Buccal (inside the cheek, along the gum line)
Cc	Cubic centimeter (1cc=1mL)
Cap	Capsule
D/C	Discontinue
gtt/gtts	Drop/Drops
inh	Inhalation
MDI	Metered-dose inhaler
Mg	Milligram
mL	Milliliter (1mL=1cc)
nka	No known allergies
OD	Right eye
OS	Left eye
OTC	Over the counter
OU	Both eyes
Ounce	(1oz=30cc's=30mL's)
Pc	After meals
PCN	Penicillin
po	By mouth
prn	When needed or necessary
qd	Every day
qh (q1h)	Every hour
Every morning	qam
q2h	Every two hours
q3h	Every three hours
q4h	Every four hours
q6h	Every six hours
Qid	Four times a day
Qod	Every other day
Stat	At once
S/E	Side effects
SL	Sublingual (Under the tongue)
S-R	Sustained release (slow release)
susp	Suspension
Tab	Tablet
Tid	Three times a day
Tsp	Teaspoon (5mL=1tsp)

Glossary of Medical Terms

Term	Definition
Abrasion	Superficial scraping away of the skin
Acute	A sudden onset, the opposite of Chronic
ADD	Attention Deficit Disorder. A disorder manifested by poor impulse control, distractibility and forgetfulness.
ADHD	Attention Deficit Hyperactivity Disorder. ADD with added symptoms of hyperactivity
Adverse effects	An unexpected or unwanted reaction to a medication It may be sudden or develop over time
Allergic reaction	An immune response to a foreign substance resulting in inflammation and/or organ dysfunction. Symptoms may occur immediately or over time, such as redness, rash, hives, itching, swelling, and yellowing of skin and fever
Analgesic	A medicine for relief of pain
Anaphylaxis	The most dangerous type of allergic reaction. Anaphylaxis is a life-threatening event that may include symptoms such as falling blood pressure, respiratory distress and unresponsiveness
Anti-anxiety	A medication that reduces the feelings of worry or apprehension
Antibiotic	A medication that kills or stops the growth of bacteria
Anticoagulant	A medication that hinders the coagulation of blood (blood thinner)
Antidepressant	A medication used to relieve or prevent depression
Anti mania	A medication used to relieve the mental state of extreme excitement and activity (Manic or Bipolar disorders)
Antipsychotic	A medication that reduces the symptoms of psychosis, such as delusions, hallucinations and distorted reality
Antiseptic	A substance that stops or prevents the growth of various microorganisms on the skin
Binging	A period of excessive indulgence as in eating or drinking
Bipolar Disorder	any of several mood disorders characterized usually by alternating episodes of depression and mania or by episodes of depression alternating with mild nonpsychotic excitement - called also bipolar affective disorder, bipolar illness, manic depression, manic-depressive psychosis
Broad Spectrum Antibiotics	Medication used to treat a wide range of disease causing bacteria
Cerebral stimulants	Medication prescribed for youth with ADD or ADHD often resulting in calmer behavior and better impulse control
“Cheeked”	Medication that has been hidden or attempted to be hidden inside the mouth, generally either in the cheek or under the tongue
Chronic	A persistent or long lasting health condition. Opposite of acute
Conjunctivitis	Itchy swollen eyes that may be caused by allergies, foreign body or bacterial or viral infection. Highly contagious. (also called “pinkeye”)
Controlled substances	Potentially addictive medications regulated by Federal laws

Corticosteroids	(Also called "steroids") are medications prescribed to quickly reduce inflammation and pain. To maximize benefits, but minimize potential side effects, corticosteroids are usually prescribed in low doses or for short durations
Decongestant	a broad class of medications used to relieve nasal congestion. Generally, they work by reducing swelling of the mucous membranes in the nasal passages
Dermal	Refers to skin
Dermatitis	Inflammation of the skin; the skin inflammation varies from mild irritation and redness to open sores, depending on the type of irritant, the body part affected, and sensitivity
Dyspnea	Difficulty in breathing
Dyspepsia	Indigestion, heartburn
Edema	Swelling
Enteric Coating	a substance covering a tablet that will not dissolve until reaching the small intestine
EpiPen®	A disposable pre-filled injectable medication prescribed for treating severe allergic reactions causing respiratory distress (anaphylaxis)
Epilepsy	A neurological disorder that causes recurrent seizures
Expectorant	A medication that loosens mucous from the respiratory tract
Feces	also called stool
Finger cot	A close fitting sheath worn at the end of a finger as a device for protection of the finger
Flat Affect	Lack of emotional response; no expression of feelings; talking in monotone voice or having lack of facial expression
Fungicidal	A medication used to kill fungus
Grandiosity	False or exaggerated belief in one's own worth
Grand Mal Seizure	A major epileptic seizure involving the entire body
Hallucinations	Perceived sights, sounds, tastes, smells, or sensations that are not actually there
Hypertension	High blood pressure readings above the "normal" range appropriate for age
Hypoglycemia	Abnormally low blood sugar
Hypothyroidism	A condition of the thyroid gland characterized by low energy, weight gain and often can mimic depression
Inflammation	A response of the immune system to injury or destruction of cells. Symptoms may include redness, heat, pain and swelling
Jaundice	(Icterus) Yellowing of the whites of the eyes, skin and body fluids
Lacerations	Cuts or scratches on the body
Laxatives	Medications that will cause evacuation of feces (stool) from the body
Lethargic	Drowsy or sluggish, difficult to stay awake
Licensed Practitioner	An individual who has been granted a license to practice within the parameters designated by the board of record. The KBN grants licenses to RNs, APRNs and LPNs. The Kentucky Medical Board grants licenses to

	physicians and the Kentucky Board of Pharmacy grants licenses to pharmacists
Mania	Mental state of extreme excitement and activity (Manic)
MAR	Medication Administration Record; documentation record for medications given
Narcolepsy	A chronic sleep disorder in which a person experiences extreme tiredness and possibly falls asleep during inappropriate times, such as at work or school
Nebulizer	A device used to administer medication in the form of a liquid mist into the airways
Non-controlled medications	Non-controlled medications – Medications with no history of addictive potential; not governed by the same laws and storage requirements as for controlled medications
Ophthalmic	Pertaining to the eyes
Oral Medications	drugs that are given by mouth
Otic	pertaining to or concerning the ear
Over the Counter (OTC) Medications	Medications that may be purchased without a prescription, such as Tylenol® or Advil®
Paranoid Disorder	An excessive anxiety or fear concerning one's own well being
PRN Medications	Medications ordered to be given only on an "as needed" basis, such as Tylenol for a headache
Psoriasis	Chronic skin disease with scaly red patches
Psychotherapeutic Agents	A classification of medication used to treat mental disorders, may be prescribed to treat depression, psychosis or bipolar disorders
Route of Administration	How a medication is to be given, such as by mouth, on the skin (topical), etc.
Seizure	A brief, excessive discharge of electrical activity in the brain that alters one or more of the following: movement, sensation, behavior, awareness
Tardive Dyskinesia (TD)	A neurological disorder that may be due to long term and/or high dose use of some antipsychotic medications; characterized by abnormal repetitive, involuntary movement of the face, such as grimacing, lip smacking, or rapid eye blinking
Topical medication	Medications applied to the skin
Tourette Syndrome	A neurological disorder characterized by unusual, involuntary movements or sounds, called tics. Common tics are throat-clearing and blinking. May occur with other neurological disorders such as ADHD, Obsessive-Compulsive Disorder (OCD), anxiety or depression

HANDOUT #1

STEPS FOR PROPER HAND WASHING

Hand Washing Steps

1. Wet hands
2. Apply soap and rub hands together for 20 seconds
3. Scrub backs of hands, wrists, between fingers, and under fingernails
4. Rinse
5. Towel dry
6. Turn off water with towel

Alcohol Based Hand Sanitizers

Alcohol-based hand sanitizers are an excellent alternative when soap and water are not available. However, if hands are visibly soiled, soap and water must be used.

How to use an Alcohol Based Hand Sanitizer

1. Apply $\frac{1}{2}$ tsp (nickel size) of the sanitizer to the palm of the hand
2. Rub hands together, covering all surfaces until they are **dry** (approximately 20 seconds)



Handout #2

Six Rights of Medication Administration

1. Right Student

Always have two (2) ways of identifying the student when administering medications.

2. Right Medication

Verify that the name of the medication on the label on the medication container matches the information on the Medication Administration Log

3. Right Dose

Read the label on the medication container and compare it to the information on the Medication Log. Be sure to note the dose of the medication to be given.

4. Right Route

Read the label on the medication container and compare it to the information on the Medication Log. Be sure this information matches.

5. Right Time

Follow the instructions on the Medication Log. Compare with the instructions on the medication container label. Follow school district policy for the time frame acceptable to give the medication (Example: 30 minutes before or 30 minutes after the scheduled time.)

6. Right Documentation

Each medication given must be documented when it is given. (Remember- If a medication has been given but not documented, there is the potential of overdosing.)

Always Check the Medication:

- When removing the medication from storage (drawer/shelf)
- When removing the medication from the container/package
- When returning the medication container to storage (drawer/shelf)

Handout # 5

Oral Medication Administration



- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.
- ✓ Pour medication into the bottle lid and then into the disposable medicine cup.
- ✓ Provide the student with 4 to 6 ounces of water or other liquid that allows for easy swallowing.
- ✓ Verify the student has swallowed the medication.
- ✓ Document on the medication administration record (medication log) that you have administered the medication.
- ✓ Replace the medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.



Handout # 6

Liquid Medication or Syrup

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.
- ✓ Have the container at eye level when measuring.
- ✓ Holding the bottle so that the label is in the palm of the hand, pour the liquid into a plastic marked cup. Pay attention to the markings on the container to make sure the dose is accurate.
- ✓ Verify the student has swallowed the medication.
- ✓ Document on the medication administration record (medication log) that you have administered the medication.
- ✓ Replace the medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.

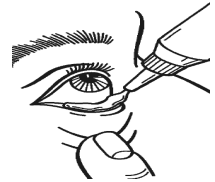
Additional tips on how to use liquid measuring devices may be found on the Safe Medication website.

Handout # 7

Eye Drops and Eye Ointment



- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation. (Know which eye is to be treated. Initials may be used to specify the eye that requires treatment, O.D.= right eye; O.S.= left eye; O.U.= both eyes).
- ✓ Put on gloves.
- ✓ Stabilize the head by having the student tilt their head back or have them lie down.
- ✓ Have the student look upward.
- ✓ Gently pull the lower lid away from the eye to form a “pocket”.
- ✓ Place drop(s) into pocket area allowing the drop to fall into the pocket. Do not place medicine directly on the eye itself. Make sure the bottle tip does not touch the eye or eye lid.



- ✓ If an ointment is used, apply a thin strip into the “pocket” without touching the eye or eyelid.
- ✓ Have the student close their eye(s) for a few moments.
- ✓ Dab away excess with tissue.
- ✓ Remove gloves.
- ✓ Document on the medication administration record (medication log) that you administered the medication.
- ✓ Replace medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.

Handout # 8

Ear Drops



- ✓ Follow the Six Rights of Medication Administration: **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.
- ✓ Put on gloves.
- ✓ Loosen lid on medication and squeeze rubber stopper to fill the dropper.
- ✓ Stabilize the student's head by tilting it toward the opposite shoulder and turn head to the side.
- ✓ Gently pull the top of the ear (cartilage) back and up and hold.
- ✓ Place the prescribed number of drops into the ear canal without touching the dropper to the ear.
- ✓ Have the student to remain in the same position for a few minutes to avoid leakage.
- ✓ Remove gloves.
- ✓ Document on the medication administration record (medication log) that you administered the medication.
- ✓ Replace medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.



Handout # 9 Topical Ointment or Creams

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation
- ✓ Put on gloves
- ✓ Loosen cap on the medication and squeeze a small amount directly onto cotton tipped applicator (Q-tip®)
- ✓ Apply ointment directly to the area or give applicator to student for them to apply
- ✓ Cover Area, if indicated
- ✓ Remove gloves
- ✓ Document on the medication administration record (medication log) that you administered the medication
- ✓ Replace medication in locked storage area
- ✓ Observe the student for any medication reaction as appropriate



Handout # 10

Nasal Spray

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation
- ✓ Have the student blow their nose
- ✓ Have the student block one nostril with a finger
- ✓ Insert the nozzle of the inhaler into the other nostril
- ✓ Aim inhaler so that the spray is directed upward and outward away from mid line
- ✓ Instruct student to exhale
- ✓ Squeeze the inhaler quickly and firmly, then instruct the student to inhale
- ✓ Repeat as directed for other nostril
- ✓ Document on the medication administration record (medication log) that you administered the medication
- ✓ Replace medication in locked storage area
- ✓ Observe the student for any medication reaction as appropriate



Handout # 12

Metered Dose Inhalers (MDI)

A metered dose inhaler is a pressurized canister of medicine that is sprayed through a mouthpiece. You can help a student follow these simple steps to properly use their MDI.

- ✓ Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation.
- ✓ Shake the inhaler several times.
- ✓ Check that canister is firmly positioned in plastic holder (and attach spacer if required.)
- ✓ Have student slightly tilt their head backward.
- ✓ Have student breathe out (exhale) completely.
- ✓ Have student place the mouthpiece between the teeth and close lips around it.
- ✓ Squeeze the inhaler to discharge the medicine and have student begin to inhale immediately.
- ✓ Instruct student to breathe in slowly and deeply for 3-5 seconds. Once inhaled, have student remove the inhaler from their mouth, hold their breath for 5-10 seconds and then exhale.
- ✓ Rest for a minute, then repeat this sequence for each prescribed “puff”.
- ✓ Document on the medication administration record (medication log) that you administered the medication.
- ✓ Replace medication in locked storage area.
- ✓ Observe the student for any medication reaction as appropriate.

ALWAYS CONSULT THE STUDENT’S ASTHMA ACTION PLAN/PRESCRIPTION FOR INSTRUCTIONS ON HOW TO ADMINISTER THE INHALER.

Handout # 13 How to Administer Glucagon®



- ✓ Identify someone to call 9-1-1
- ✓ Refer to student's Diabetes Management Plan for Glucagon dose
- ✓ Open kit
- ✓ Remove flip top seal from vial
- ✓ Remove needle protector from syringe
- ✓ Slowly inject all sterile water from syringe into vial of Glucagon® (leave needle in vial if possible)
- ✓ Gently swirl vial (don't shake) until solution is clear. (May leave syringe in vial)
- ✓ Withdraw amount of Glucagon® prescribed from vial back into syringe
- ✓ Inject straight (90° angle) into
 - arm (upper)
 - leg (thigh)
 - or buttocks
 - (may inject through clothing if necessary)
- ✓ Slowly inject Glucagon® into site
- ✓ Withdraw needle, apply light pressure at injection site
- ✓ Turn person on his/her side, person may vomit
- ✓ Place used needle back in kit and close lid (do not recap)
- ✓ Give used kit to EMS personnel
- ✓ Document administration of Glucagon® on Medication Administration Record (Modified from Eli Lilly and Company, 2017)



Handout # 14 How to Administer an EpiPen

- ✓ Identify someone to call 9-1-1.
- ✓ Flip open cap at top of carrier tube.
- ✓ Remove EpiPen® from carrier tube and remove the blue safety release.
- ✓ Form a fist around the unit with the orange tip pointing downward.
- ✓ Swing and **firmly push** orange tip against outer thigh until click is heard. (Auto-injector may be given through clothing).
- ✓ **Hold in place for 3 seconds.** The injection is now complete.
- ✓ Remove pen from thigh and massage injection site for 10 seconds.
- ✓ Place used auto-injector into carrier tube and give to EMS when they arrive
- ✓ Document administration of EpiPen® in Medication Administration Record (MAR).

Note: Always refer to the package insert for additional information on administration.
(Source: Mylan: [howtouseepipenautoinjector.pdf](#))

Handout # 15 How to Administer Narcan (Naloxone)



- ✓ Identify someone to call 9-1-1
- ✓ Remove Narcan Nasal Spray from box
- ✓ Peel back the tab with the circle to open the Narcan Nasal Spray
- ✓ Hold the Narcan nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- ✓ Tilt the person's head back and provide support under the neck with your hand.
- ✓ Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose
- ✓ DO NOT Prime Sprayer
- ✓ Press the plunger firmly to give the dose of Narcan nasal spray
- ✓ Remove the nozzle after giving the dose
- ✓ If person does not respond by waking up, to voice or touch or breathing normally, within 2-3 minutes, a second dose of Narcan Nasal Spray may be given (use second Narcan Nasal Spray from the box).
- ✓ Document administration of Narcan and continue to observe until EMS arrives.

Sources: ADAPT Pharma, 2015 and NASN Narcan Toolkit



Handout # 16 How to Administer Valtoco (diazepam)

- ✓ Identify someone to call 9-1-1
- ✓ Remove Valtoco Nasal Spray from package
- ✓ Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- ✓ Tilt the person's head back and provide support under the neck with your hand.
- ✓ Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose
- ✓ DO NOT Prime Sprayer
- ✓ Press the plunger firmly to give the dose of Valtoco nasal spray
- ✓ Remove the nozzle after giving the dose
- ✓ Throw away nasal spray device(s) after use.
- ✓ If giving the 15 mg or 20 mg dose, repeat the steps and use the second device in the other nostril to give the full dose of VALTOCO
- ✓ Document administration of medication continue to observe and follow seizure action plan.

INSTRUCTIONS FOR USE

For 5 mg and 10 mg Doses



Important: For Nasal Use Only.

Check the expiration date before use.

Do not remove VALTOCO until ready to use. Do not test VALTOCO.

Keep out of reach of children.

Inspect VALTOCO for damage. If damaged, you may not receive the full dose.

You and your family members, caregivers, and others who may need to administer VALTOCO should read this Instructions for Use that comes with VALTOCO before using it. Talk to your healthcare provider if you, your caregiver, or others who may need to administer VALTOCO have any questions about the use of VALTOCO.

Safely secure the person

If the person appears to be having a seizure, gently help them to the floor and lay them on their side in a place where they cannot fall.

The person can be on either their side or back to receive VALTOCO.

Move objects and furniture away from the person to avoid injury.

Give VALTOCO 5 mg dose or 10 mg dose. 1 dose equals 1 nasal spray device.

Device sprays one time only.

Important: Do not test or prime VALTOCO.



Step 1: Remove 1 VALTOCO blister pack from the box.

Each blister pack contains 1 nasal spray device. 1 device contains 1 dose.



Peel back the tab with the arrow on the corner of the pack.



Remove VALTOCO from the pack.

Step 2: Hold VALTOCO with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Step 3: Gently insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.



Step 4: Press the bottom of the plunger firmly with your thumb to give VALTOCO.



Step 5: Remove VALTOCO from the nose after giving the dose.

Each individual VALTOCO contains 1 single spray.

Throw it away (discard) after use.

After giving VALTOCO, evaluate and support

Keep or move the person onto their side, facing you, so that you can watch them closely.

Loosen any tight clothing and provide a safe area where the person can rest.

Call for emergency help if any of the following happen:

- Seizure clusters are different from that of other seizures the person has had
- You are alarmed by how often the seizures happen, by how severe the seizure is, by how long the seizure lasts, or by the color or breathing of the person

Make a note of the time VALTOCO was given and continue to watch the person closely.



Time of first VALTOCO dose: _____ Time of second VALTOCO dose (if given): _____

The healthcare provider may prescribe another dose of VALTOCO to be given at least 4 hours after the first dose. If a second dose is needed, repeat Steps 1 through 5 with a new blister pack of VALTOCO. If the person is not having a seizure when the second dose of VALTOCO is given, it may be given to the person when they are lying down, standing, or sitting.

For more information about VALTOCO, please visit www.valtoco.com or call 1-866-696-3873. You are encouraged to report side effects of prescription drugs to the FDA by visiting www.fda.gov/medwatch or by calling 1-800-FDA-1088.

This Instructions for Use has been approved by the U.S. Food and Drug Administration. Issued: 1/2020



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VALTOCO® (diazepam nasal spray): Confidence in the Classroom



Students with seizure clusters and their parents can carry confidence while at school with VALTOCO—the first and only diazepam nasal spray for seizure cluster rescue in adults and children 6 years of age and older.

Same active ingredient as Diastat®
VALTOCO has the same active ingredient as Diastat (diazepam rectal gel).¹ And since VALTOCO has a nasal route of administration, it gives students a discreet treatment option.

FDA-approved seizure rescue nasal spray for ages 6 and older



VALTOCO can be administered by anyone...wherever, whenever.²



Ready and reliable²



FDA-approved for safe administration by nonmedical care partners²



Each blister package contains a full dose²



Room temperature storage²

Ready yourself and your students who have seizure clusters.

- Educate yourself about VALTOCO for students 6 years of age and older
- Contact myNEURELIS™ and speak with a Nurse Educator to learn how to administer to students who have been prescribed VALTOCO
- Following training, let parents know you are prepared and confident in administering VALTOCO

Flexible support for you

Through myNEURELIS you can connect with a registered nurse educator for one-on-one instruction. myNEURELIS nurse educators can:

- Provide virtual training on how to give VALTOCO
- Answer VALTOCO-related questions
- Offer resource materials

Personalized support is also available for your students and their care partners.

myNEURELIS™
Personalized Support for Patients & Care Partners

Call myNEURELIS today at 1-866-myNEURELIS (1-866-696-3873) to get a demo kit and other resources.

Indication

VALTOCO® (diazepam nasal spray) is indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (ie, seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients with epilepsy 6 years of age and older.

IMPORTANT SAFETY INFORMATION

RISK FROM CONCOMITANT USE WITH OPIOIDS

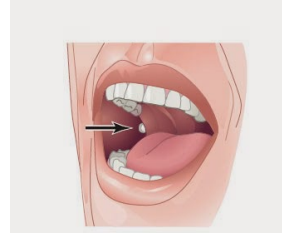
Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death.

- Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate
- Limit dosages and durations to the minimum required
- Follow patients for signs and symptoms of respiratory depression and sedation

Please see page 2 for additional Important Safety Information and read accompanying full Prescribing Information, including Boxed Warning.

 VALTOCO®
(diazepam nasal spray) ©

✓



Handout # 17 How to Administer Clonazepam (Klonopin) Buccal Seizure Medication

- ✓ Turn student on their side where they can't fall
- ✓ Consult student's Seizure Action Plan to confirm drug, dose, route and administration orders
- ✓ Administer prescribed medication between seizures
- ✓ Put on gloves
- ✓ With gloved hands, use gauze pad to dry gum and inside of cheek
- ✓ Place tablet in pocket between inner cheek and gum
- ✓ Close mouth and gently rub along outside of cheek to promote absorption
- ✓ Observe response, provide care and comfort
- ✓ Consult action plan for post-seizure care; call 9-1-1 if directed
- ✓ Document medication administration in Medication Administration Record

Guidelines and picture used with permission from Epilepsy Foundation, *Using Rescue Therapies in Epilepsy Care*

Handout # 18 How to Administer Baqsimi (Glucagon)



- ✓ Identify someone to call 9-1-1
- ✓ Remove Baqsimi from shrink wrap by pulling on red stripe
- ✓ Open lid and remove the device from tube (Don't press plunger until ready to give)
- ✓ Hold device between the fingers and thumb
- ✓ Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose
- ✓ Press the plunger firmly to give the dose, dose is complete when green line disappears
- ✓ Remove the nozzle after giving the dose
- ✓ If person does not wake up, a second dose may be given if part of diabetes plan
- ✓ Document administration of Baqsimi and continue to observe until EMS arrives.
- ✓ Encourage person to eat as soon as possible. When they can safely swallow, give fast acting source of sugar first, then a snack.

Source: *Eli Lilly and Company 2019*

Handout # 19 How to Administer Intranasal Midazolam (Syringe and Atomizer)

- ✓ Draw the syringe plunger back to the measured dose
- ✓ Insert syringe into midazolam vial and inject measured volume of air into vial
- ✓ Withdraw appropriate volume of medication from vial
- ✓ Attach atomizer

Note: If directed on label, draw up an additional 0.1 ml of medication to allow for dead space in the atomizer

Appendix

Statutory/Regulatory Reference	Title/Description
702KAR 1:160	School Health Services
KRS 156.502	Health services in the school setting – Designated provider– Liability protection
KRS 314.011	Definitions for APRN, RN, LPN- Kentucky Board of Nursing
KRS 314.021	Policy, regulation of nursing- Kentucky Board of Nursing
201 KAR 20:400	Delegation of Nursing Tasks
KRS 158.834	Self-administration of medications by students with asthma or anaphylaxis – Authorization – written statement – acknowledgement of liability limitation – duration of permission
KRS 158.836	Possession and use of asthma or anaphylaxis medications
KRS 158.838	Emergency administration of diabetes and seizure disorder medications – required written statements – limitation on liability – renewal of permission – expiration dates of medication –self-performance of diabetes care tasks-diabetes or seizure disorder not to prevent attendance at school the student would ordinarily attend
KRS 160.1592	Public Charter Schools Part of State’s Public Education System
AOS #15	Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel
AOS #30	School Nursing Practice
20 U.S.C. § 1232g; 34 CFR Part 99 Family Educational Rights and Privacy Act (FERPA)	The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA)

[The Family Educational Rights and Privacy Act \(FERPA\) \(20 U.S.C. § 1232g; 34 CFR Part 99\)](#)

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

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Forum Guide to the Privacy of Student Information: A Resource for Schools (NFES 2006–805).
U.S. Department of Education, Washington, DC: National Center for Education Statistics

Medication Administration For Non-Licensed School Personnel Study Guide



Dr. Robbie Fletcher, Commissioner of Education
Kentucky Department of Education
Revised 2024



Contact: Kentucky Department of Education
Office of Finance and Operations
Division of District Support Services
300 Sower Blvd., 4th floor
Frankfort, KY 40601
(502) 564-5279

Course Objectives

- Understand how to safely administer medications.
- Identify the responsibilities of the school nurse and unlicensed school personnel in medication administration.
- Understand local school board policies for medication administration.
- Recognize and apply the six (6) rights of medication administration.
- Identify proper storage of prescription and over-the-counter medication.
- Understand appropriate and correct documentation of medication administration.
- Understand proper action and documentation necessary for refusal and omission of scheduled medications.
- Understand prevention of medication errors and incident reporting.
- Recognize when it is appropriate to contact additional resources (nurses, physicians, poison control and emergency medical services).

MODULE I: LAWS, POLICIES AND PROCEDURES

Fill in the appropriate responses below. These questions and responses may assist in completing the final exam at the end of this training.

1. Understanding state laws and school policies and procedures is necessary to _____ the potential liability issues of medication administration in the school setting.
2. _____ grants liability protection for school personnel who accept the delegation of medication administration and successfully complete the medication administration training course, including demonstrated competency.
3. The three licensed medical professionals who may “prescribe” medication include: _____, _____, _____.
4. Nurses are licensed to _____ medication.
5. Unlicensed school personnel may be delegated to administer medications in schools by: _____, _____, or _____.
6. The length of time that the delegation and training is valid for unlicensed school personnel is the _____.
7. True or False: The American Nurses’ Association defines delegation as “the transfer of responsibility for the performance of an activity from one individual to another, while maintaining the accountability for the outcome.”
8. According to 201 KAR 20:400, periodic supervision of a nursing task must be provided by a _____.
9. True or False: Supervision of unlicensed school personnel requires that the supervising nurse be physically present in the same school building.
10. _____ is the federal law that protects the privacy of student educational records, including health records.

11. Information regarding student health information may only be shared with school personnel on a _____ basis.
12. True or False: All school districts should have written policies and procedures on medication administration.
13. True or False: All unlicensed school personnel administering medications should be familiar with their district's policies and procedures for medication administration.
14. The completed medication authorization form signed by the parent/guardian is valid only for the _____ school year.
15. Prescribed medication should be sent to school in the _____ labeled container.
16. Name the information a prescribed medication label should include:
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
 - F. _____
 - G. _____
 - H. _____
17. True or False: All medications should be kept in an appropriately labeled, secure, locked cabinet accessible only by responsible, authorized school personnel.
18. True or False: Unused medication not picked up by the parent/guardian may be flushed down the toilet or sink.
19. True or False: For field trips, student medication may be repackaged by placing the necessary medication needed into a smaller container and labeled with the student's name, medication name, and time medication is to be given.

20. Refusing medication is not a medication error and should be documented on the Medication Administration Record (log) as _____.

21. Examples of medication errors include:

A. _____

B. _____

C. _____

D. _____

F. _____

G. _____

22. Errors made in recording medication on the Medication Administration Record should be marked as _____, _____ and _____.

23. If a medication error occurs, _____ notify the delegating school nurse and Principal and complete a Medication Administration Incident Report form.

24. Identify the information needed if contacting the Poison Control Center:

A. _____

B. _____

C. _____

NOTES

Module II: MEDICATION ADMINISTRATION

Fill in the appropriate responses below. These questions and responses may assist in completing the final exam at the end of this training.

1. Medications that a licensed practitioner orders to treat a particular medical diagnosis or symptoms are called _____ medications.
2. Give examples of the three types of medications that may be administered in the schools:
 - A. Controlled/Scheduled: _____
 - B. Non-Controlled/Scheduled: _____
 - C. Over the Counter: _____
3. Important student health information to know prior to administering medication includes: Student name, date of birth, sex and _____.
4. An unwanted, unexpected or potentially dangerous response to a medication is known as _____.
5. True or False: A Licensed Practitioner must write an order (or prescribe) oral medication to be crushed.
6. _____ tablets are meant to be chewed before swallowing.
7. True or False: Enteric coated tablets protect the stomach from irritation and therefore should not be crushed or spit.
8. True or False: Capsules with SR(sustained release) after the name should not be broken or crushed unless the prescription specifically calls for it.
9. Suspensions are a form of liquid medication that must be _____ before being measured and administered.

10. When pouring liquid medication, the label should face the _____ of the hand to prevent spilling on the label and causing the label to be illegible.
11. All oral medications should be given with at least _____ to _____ ounces of water or other liquid to allow for easy swallowing.
12. It is important to verify that the student has swallowed the medication by asking them to open their mouth and checking under the tongue, roof of mouth, and _____ for hidden medication.
13. True or False: When administering eye (ophthalmic) drops, gently pull down the lower eyelid to create a pouch or “pocket”
14. True or False: When administering ear drops, gently pull the top of the ear (cartilage) back and up and hold.
15. When washing hands, apply soap and rub hands for _____ seconds.
16. List the “Six Rights” of Medication Administration:
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
 - F. _____
17. It is important to have at least _____ student identifiers when administering medication.
18. True or False: To ensure the right medication is given to the right student, always compare the medication label on the prescription bottle with the student’s Medication Administration Record.
19. If the medication has been administered but not documented on the Medication Administration Record, there is the potential for _____ if the medication were to be re-administered.
20. True or False: The Medication Administration Record is a legal and permanent document and therefore, only ink and never “whiteout” must be used.

Module III: Emergency Medication Administration

1. Name three emergency medications that a registered nurse may delegate and train unlicensed school personnel to administer to treat a life-threatening event:

Diabetes

2. Another term for a low blood sugar level is _____.
3. List three examples of potential causes for a low blood sugar level:
 - A. _____
 - B. _____
 - C. _____
4. _____ is the name of the medication used to treat a student's low blood sugar level when the student is unable to take liquid or food by mouth. It is also known by this brand names _____ or _____.
5. True or False: According to KRS 158.838, each local public school district is required to have at least one school employee on duty during the entire school day to administer Glucagon® in an emergency.

Anaphylaxis

5. True or False: Anaphylaxis is a life-threatening allergic reaction that can be fatal within minutes.
6. True or False: Anaphylaxis can be a reaction to: foods, stinging insects, medication, latex or exercise.
8. List symptoms of anaphylaxis:
 - A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____

9. _____ is a prescribed medication that contains epinephrine to reverse the most _____ dangerous effects of an anaphylactic reaction.
10. Once administered, Epinephrine is effective for only _____ to _____ minutes.
11. True or False: KRS 158.834 and KRS 158.836 permits a student to self-carry and self-administer medication to treat anaphylaxis.

Seizure Disorders

12. _____ is a neurological disorder that causes a student to have recurrent seizures.
13. Describe the many different forms of seizures:
- A. Generalized Tonic Clonic (Grand Mal) _____
 - B. Absence (Petit Mal) _____
 - C. Complex Partial (Psychomotor) _____
 - D. Simple Partial _____
 - E. Atonic (Drop Attacks) _____
 - F. Myoclonic _____
14. A seizure is generally considered an emergency when (circle the correct answer):
- A. Convulsive (tonic-clonic) seizures last longer than 5 minutes
 - B. Student has repeated seizures without regaining consciousness
 - C. Student is injured or has diabetes
 - D. Student has a first-time seizure
 - E. Student has breathing difficulties
 - F. Student has a seizure in water
 - G. All of the above
15. The first two priorities during a seizure are _____ and safety.

16. True or False: All emergency medications must be checked monthly and the parent/guardian notified one month in advance of the medication's expiration date.

Opioid Overdose

- 17. True or False: A person with substance use disorder (drug addiction) does not discriminate and can happen to anyone.
- 18. True or False: Some of the reasons students abuse prescription drugs include easy access, to relieve stress or anxiety, to help them study, to get high or to fit in.
- 19. True or False: A student abusing Opioid prescription pain pills may switch to heroin because heroin is cheaper than prescription pain pills and more readily available
- 20. True or False: Kentucky Revised Statue, KRS 217.186 allows non-medical school personnel to administer Narcan (naloxone) to another to prevent an opioid/heroin dose from becoming fatal.

NOTES

Module IV: Local School District Policies and Procedures

1. Describe your school district's policy and procedure for daily medication administration:

2. Describe your school district's policy for administering Over the Counter (OTC) medication such as Tylenol:

3. Describe your school district's policy and procedure for administering medications to students on a field trip during the school day:

4. How does the school district policy state all student medication is to be stored?

5. Describe your district's policy for disposing of unused medication:

6. Describe your district's policy and procedure for reporting and documenting medication errors:

7. Review your district Medication Administration Record and how to document medications administered or refused.



NOTES

COMPLETED MEDICATION ADMINISTRATION SKILL COMPETENCY CHECKLIST

School Name: _____ School Year: _____

School Employee Name: _____ Position: _____

	Training RN, APRN or Physician Initials	Medication Administration Skill
		Oral medication
		Liquid medication
		Eye Drops or Ointment
		Ear Drops
		Topical Ointment or Creams
		Nasal Spray
		Metered Dose Inhaler (MDI)
		Glucagon Injectable
		Baqsimi (Glucagon) dry nasal spray
		EpiPen Injectable
		Diazepam (Diastat) Rectal Gel
		Clonazepam (Klonopin) Buccal Medication
		Midazolam Nasal Spray
		Nayzilam (Midazolam) Nasal Spray
		Narcan (Naloxone) Nasal Spray
		Valtoco (Diazepam) Nasal Spray

Supervision of School Personnel Administering Medications

I have provided in-service training and have delegated to _____ to perform medication administration according to KRS 156.502, 702 KAR 1:160, KRS 158.838 and school district policies and procedures. She/he has demonstrated knowledge and understanding of the medication administration policies and procedures and has met the medication administration skill competency requirement as indicated in the above checkboxes.

Training RN, ARNP or Physician Signature

Date

I have been instructed in the school district's medication administration policies and procedures. I consent to perform medication administration according to these policies and procedures and as trained and delegated to me according to KRS 156.502, KRS 158.838 and 702 KAR 1:160. I understand that I am to immediately report to my supervising RN, ARNP or Physician, any new orders, change in medication orders, changes in student's health status, or discovery of a medication error and that I cannot re-delegate this task to any other person.

School Employee

Date

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures*. Kentucky Department of Education, 2021.

ORAL MEDICATION ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Oral Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Review the six (6) rights			
Pour medication into the bottle lid and then into the disposable medicine cup			
Provide student with 4 to 6 ounces of water or other liquid			
Verify student has swallowed the medication			
Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage area			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments: _____

LIQUID MEDICATION ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Liquid Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Review the six (6) rights			
Have container at eye level when measuring			
Hold bottle so that label is in palm of hand when pouring liquid into marked medication cup; make sure dose is accurate			
Verify student has swallowed the medication			
Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage area			
Observe student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments: _____

EYE DROPS/OINTMENT MEDICATION ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Eye Drops/Ointment Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Review the six (6) rights			
Put on gloves			
Stabilize the head by student tilting head back or lying down			
Have student look upward			
Gently pull lower lid from eye to form "pocket"			
Place drop(s) into "pocket". Do not touch eye or eyelid with bottle tip			
If ointment used, apply thin strip into the "pocket" without touching eye or eyelid			
Have student close their eye(s) for a few moments			
Dab away excess with tissue			
Remove gloves			
Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage area			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments:

EAR DROPS MEDICATION ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Ear Drops Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Review the six (6) rights			
Put on gloves			
Loosen lid on medication and squeeze rubber stopper to fill dropper			
Stabilize the head by tilting it toward the opposite shoulder and turn head to the side			
Gently pull the top of the ear (cartilage) back and up and hold			
Place the prescribed number of drops into ear canal without touching dropper to ear			
Have student remain in same position for a few minutes to avoid leakage			
Remove gloves			
Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage area			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments: _____

TOPICAL OINTMENT OR CREAMS MEDICATION ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Topical Ointment or Creams Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Review the six (6) rights			
Put on gloves			
Loosen medication cap and squeeze a small amount directly on to a cotton tipped applicator (Q-tip)			
Apply ointment directly to the area or give applicator to student for them to apply			
Cover area, if indicated			
Remove gloves			
Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage area			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments: _____

NASAL SPRAY MEDICATION ADMINISTRATIONSKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Nasal Spray Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Review the six (6) rights			
Have student blow their nose			
Have student block one nostril with a finger			
Insert the nozzle of the inhaler into the other nostril			
Aim inhaler so that the spray is directed upward and outward away from midline			
Instruct student to exhale			
Squeeze the inhaler quickly and firmly, then instruct student to inhale			
Repeat as directed for other nostril if prescribed			
Document the administration of medication on the Medication Administration Record			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments:

METERED DOSE INHALER MEDICATION ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Metered Dose Inhaler Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Review the six (6) rights			
Shake inhaler several times			
Check that canister is firmly positioned in plastic holder (attach spacer if required)			
Have student tilt head backward			
Have student breathe out (exhale) completely			
Have student place mouthpiece between teeth and close lips around it			
Squeeze inhaler to discharge medication then have student inhale immediately			
Instruct student to inhale slowly and deeply 3-5 seconds. Once inhaled, instruct student to remove inhaler from mouth and hold their breath for 5-10 seconds and then exhale			
Rest for a minute, then repeat sequence for each prescribed "puff"			

Document the administration of medication on the Medication Administration Record			
Replace medication in locked storage area			
Observe the student for any medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments: _____

Kentucky Department of Education 2021

GLUCAGON INJECTABLE MEDICATION ADMINISTRATION SKILL COMPETENCY

Student's name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Glucagon ER Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Identify someone to call 9-1-1			
Open Glucagon Kit			
Remove flip top seal from vial			
Remove needle protector from syringe			
Slowly inject all sterile water from syringe into vial of powdered glucagon (leave needle in if possible)			
Gently swirl or roll to mix l (do not shake) until solution is clear (May leave syringe in vial)			
Withdraw prescribed amount of glucagon from vial			
Insert needle into selected injection site (buttocks, thigh or upper arm) and slowly inject solution			
Withdraw needle and apply light pressure to injection site			
Turn person on his/her side, person may vomit			
Give used kit to EMS personnel			
Document administration of Glucagon on Medication Administration Record			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments: _____

EPIPEN MEDICATION ADMINISTRATION SKILL COMPETENCY

Student's name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
EpiPen ER Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Identify someone to call 9-1-1			
Flip open cap at top of carrier tube			
Remove EpiPen from carrier tube and remove blue safety release			
Form a fist around the unit with orange tip pointing downward.			
Swing and firmly push the orange tip against thigh until "click" heard			
Hold EpiPen in place for seconds			
Remove pen from thigh and massage injection area for 10 seconds			
Place used auto-injector into storage tube of carrying case and give to EMS when they arrive			
Document administration of EpiPen in Medication Administration Record			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures*. Kentucky Department of Education 2021

Follow-up Observation Date: _____

Comments: _____

NARCAN MEDICATION ADMINISTRATION SKILL COMPETENCY

Student's name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Narcan ER Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Identify someone to call 9-1-1			
Remove Narcan Nasal Spray from box			
Peel back the tab with the circle to open the Narcan Nasal Spray			
Hold the Narcan nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle			
Tilt the person's head back and provide support under the neck with your hand.			
DO NOT Prime Sprayer			
Press the plunger firmly to give the dose of Narcan nasal spray			
Remove the nozzle after giving the dose			
If non-responsive within 2-3 minutes, as second dose may be given (use second Narcan dose from the box)			
Document administration of Narcan and continue to observe until EMS arrives			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments: _____

Kentucky Department of Education 2021

DIASTAT MEDICATION ADMINISTRATION SKILL COMPETENCY

Student's name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Diastat (Diazepam) Rectal Gel ER Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Identify someone to call 9-1-1			
Turn student on their side where they can't fall			
Put on gloves			
Remove medication (syringe) from container			
Push up with thumb and pull to remove protective cap from syringe tip			
Bend upper leg forward to expose rectum			
Separate buttocks to expose rectum			
Gently insert lubricated syringe tip into rectum, with rim of syringe against rectal opening			
Slowly count to three (3) while gently pushing plunger until it stops			
Slowly count to three (3) before removing syringe from rectum			
Slowly count to three (3) while holding buttocks together to prevent leakage			
Keep student on their side, note time Diastat given and continue to observe until EMS arrives			

Give used Diastat syringe to EMS when they arrive (may recap syringe)			
Document administration of Diastat in Medication Administration Record			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures*

Follow-up Observation Date: _____

Comments:

Kentucky Department of Education 2021

BAQSIMI (GLUCAGON) ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Baqsimi Nasal Powder Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Instruct someone to call 911			
Remove shrink wrap by pulling on red stripe			
Open the lid and remove device from tube			
Hold device between fingers and thumb			
Insert tip gently into one nostril until fingers touch the outside of nose			
Push plunger firmly all the way in until green line disappears			
Turn patient on side			
Document administration on medication administration record			
Observe and document response			
Dose may be repeated in 10 minutes if prescribed by physician			
Empty container can be given to EMS or disposed of in the trash			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures*. Eli Lilly 2019

Follow-up Observation Date: _____

Comments:

Kentucky Department of Education 2021

CLONAZEPAM (KLONOPIN) BUCCAL SEIZURE MEDICATION ADMINISTRATION SKILL COMPETENCY

Student's name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Clonazepam (Klonopin) Buccal Seizure Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Turn student on their side where they can't fall			
Consult student's Seizure Action Plan to confirm drug, dose, route and administration orders			
Administer prescribed medication between seizures			
Put on gloves			
With gloved hands, use gauze pad to dry gum and inside of cheek			
Place tablet in pocket between inner cheek and gum			
Close mouth and gently rub along outside of cheek to promote absorption			
Observe response, provide care and comfort			
Consult action plan for post-seizure care; call 9-1-1 if directed			
Document medication administration in Medication Administration Record			

Adapted from: Kentuckiana Epilepsy Foundation *Epilepsy 102: Supplemental Lessons for School Nurses*

Follow-up Observation Date: _____

Comments:

Kentucky Department of Education 2021

INTRANASAL MIDAZOLAM ADMINISTRATION SKILL COMPETENCY CHECKLIST (SYRINGE AND ATOMIZER)

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Midazolam Nasal Spray Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Activate Seizure Plan			
Draw the syringe plunger back to measured dose			
Insert syringe in vial and inject measured volume of air into vial			
Withdraw appropriate volume of medication			
Attach atomizer			
Clean nares if blood or mucus present			
Insert tip of atomizer into left nostril and give half of dose (point spray away from center of nose)			
Insert tip of atomizer into right nostril and give remaining medication			
Document the administration of medication on the Medication Administration Record			
Syringe may be given to EMS or disposed of in trash			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures.*

Follow-up Observation Date: _____

Comments:

NAYZILAM (MIDAZOLAM) ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Nayzilam Nasal Spray Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Activate Seizure Plan			
Remove medication from blister packaging			
Hold the spray until with thumb on the plunger and your middle and index fingers on each side of the nozzle			
Place the tip into 1 nostril until your fingers on either side of the nostril touch the bottom of the nose			
Press the plunger in 1 motion			
Remove the nozzle from the nose			
Unit can be given to EMS or disposed of in the regular trash			
Turn patient on side			
Document the administration of medication on the Medication Administration Record			
Dose may be repeated in 10 minutes if prescribed by physician			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures*. UCB, 2019

Follow-up Observation Date: _____

Comments:

Valtoco (DIAZEPAM) ADMINISTRATION SKILL COMPETENCY CHECKLIST

Student's Name: _____ Grade/Teacher: _____

School Employee Trained: _____ Position: _____

Person Training: _____ Position: _____

Activity	Performs activity in accordance to guidelines	Must repeat the skill competency	Requires further instruction and evaluation
Valtoco Nasal Spray Medication Administration	<u>Date</u>	<u>Date</u>	<u>Date</u>
Activate Seizure Plan			
Remove medication from packaging			
Hold the spray until with thumb on the plunger and your middle and index fingers on each side of the nozzle			
Place the tip into 1 nostril until your fingers on either side of the nostril touch the bottom of the nose			
Press the plunger in 1 motion			
Remove the nozzle from the nose			
If giving the 15 mg or 20 mg dose, repeat the steps and use the second device in the other nostril to give the full dose of VALTOCO			
Unit can be given to EMS or disposed of in the regular trash			
Turn patient on side			
Document the administration of medication on the Medication Administration Record			
Observe the student for a medication reaction as appropriate			

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures*. UCB, 2019

Follow-up Observation Date: _____

Comments:
