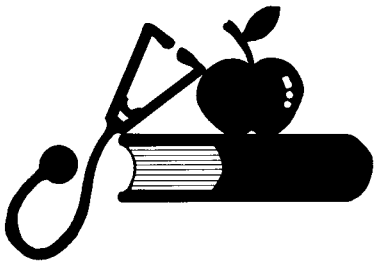
Virginia School Health Guidelines

Virginia Department of Health

Published by:
Virginia Department of Health
Division of Child and Adolescent Health
P.O. Box 2448
Richmond, Virginia 23218
(804) 786-7367

Printed by;
Virginia Department of Education
Office of Special Education and Student Services
P.O. Box 2120
Richmond, Virginia 231218-2120
(804) 786-8671

May 1999



Virginia School Health Guidelines

EDITORS

Tammy P. Keen, M.N., R.N., C.S.
Community Nursing Organization
School of Nursing
Virginia Commonwealth University

Nancy Ford, M.P.H., R.N.
Division of Child and Adolescent Health
Virginia Department of Health

CONSULTING EDITORS

Ann W. Cox, Ph.D., R.N.
Virginia Institute for Developmental Disabilities
Virginia Commonwealth University

JoAnne Kirk Henry, Ed.D., R.N., C.S.
Community Nursing Organization
School of Nursing
Virginia Commonwealth University

Gwen P. Smith, M.S.N., R.N.
Office of Special Education and Student Services
Virginia Department of Education

Jill Tarr, R.N., M.S.N., C.PNP
Community Nursing Organization
School of Nursing
Virginia Commonwealth University

FOREWORD

We are pleased to present the *Virginia School Health Guidelines*, a resource document for school and public health personnel. It was developed and published under the leadership of the Virginia Department of Health in collaboration with the Virginia Department of Education through a joint venture with the Virginia Institute for Developmental Disabilities and Virginia Commonwealth University, School of Nursing, Community Nursing Organization.

This document is intended to enhance the educational process by providing guidance to and resources for school administrators, school nurses, teachers, and other staff members on the development, implementation, and evaluation of a comprehensive or coordinated approach to school health. It presents up-to-date, practical health information and recommendations for developing local programs and policies related to school health programs. Federal and state laws and regulations, local needs, professional personnel from educational and health care fields, and the availability of resources will influence how this publication can be adapted for local use.

The development of the *Virginia School Health Guidelines* exemplifies the commitment of the Virginia Department of Health and Virginia Department of Education to ensure that all schools in the Commonwealth have a safe and healthy learning environment.

_____	_____
E. Anne Peterson, M.D., M.P.H. Acting State Health Commissioner Virginia Department of Health	Paul D. Stapleton Superintendent of Public Instruction Virginia Department of Education
_____	_____
Date	Date

ACKNOWLEDGMENTS

Major funding for the development and production of the *Virginia School Health Guidelines* was provided by Project MCJ-51T012-02-0 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services, administered by the Virginia Department of Health, Division of Child and Adolescent Health. Major funding for the printing and distribution of this manual was provided by the Virginia Department of Education.

A resource document of this type cannot be put together without the help and support of many people. Special thanks are extended to the members of the Virginia School Health Guidelines Task Force, who helped—by providing expert advice and adept review—to develop this document. Likewise, the work of the additional expert reviewers is gratefully appreciated.

A final word of thanks must be given to the many other participants in this effort who have not received formal acknowledgment but who provided comments and suggestions that were helpful in the preparation of the *Virginia School Health Guidelines*.

Virginia School Health Guidelines Task Force

JoAnne Henry, Ed.D., R.N.
Director, Community Nsg. Org.
School of Nursing
Virginia Commonwealth University

Tammy P. Keen, R.N., M.N., C.S.
School Health Manual Revision Coordinator
School of Nursing
Virginia Commonwealth University

Ann Cox, Ph.D., R.N.
Dir. of Preservice Training
Va. Inst. for Dev. Disabilities
Virginia Commonwealth University

Nancy Ford, M.P.H., R.N.
School Health Nurse Consultant
Division of Child and Adolescent Health
Virginia Department of Health

Gwen P. Smith, M.S.N., R.N.
School Health Services Specialist
Office of Special Ed./Student Services
Virginia Department of Education

Jill Tarr, R.N., M.S.N., C.PNP
Procedures Task Force
School of Nursing
Virginia Commonwealth University

Robert Gunther, M.D., F.A.A.P.
American Academy of Pediatricians
Chair, Cmt. on School Health, Va.: A.A.P.

David Boddy
Director of Facilities
Virginia Department of Education

Douglas Cox, Director
Office of Special Ed./Student Services
Virginia Department of Education

Maureen Culpepper, R.D., M.S.
Nutrition Education Specialist
Virginia Department of Education

Sandy Dofflemyer, Ed.D.
Specialist, Physical Education, Health Education, & Driver Education
Virginia Department of Education

Robin Hegner
Staff Attorney
Virginia School Board Association

Bob Hicks
Director, Office of Environmental Services
Virginia Department of Health

Fran Anthony Meyer, Ph.D., C.H.E.S.
Specialist, Comprehensive School Health
Virginia Department of Education

Betty Quesinberry, R.N.
School Nurse Coordinator
Carroll County Public Schools

Phyllis Stanga, R.N.
Public Health Nurse Supervisor
Arlington County Health Department

Additional Reviewers

Wayne Armstrong
Occupational Safety and Health Consultant
Virginia Department of Labor and Industry

Jim Firebaugh
Science Specialist, Elementary/Middle
Virginia Department of Education

Elizabeth Barrett, D.M.D., M.S.P.H.
Director, Disease Surveillance, Investigation, & Control
Virginia Department of Health

Cheryle C. Gardner
Principal Specialist of Fine Arts
Virginia Department of Education

Cecilia E. Barbosa, M.P.H., M.C.R.P.
Director, Division of Child & Adolescent Health
Virginia Department of Health

Erima Shields Fobbs, M.P.H.
Director, Center for Injury & Violence Prevention
Virginia Department of Health

James R. Baugh, M.D.
Pediatrician
Fairfax, Virginia

Jack Milton
Deputy Director of Division of Immunization
Virginia Department of Health

Stephen Conley, Ph.D.
Director of Adolescent Health Programs
Virginia Department of Health

Mary Jean Linn, R.N., MURP
Epidemiology Consultant Sr.
Virginia Department of Health

Nancy Durrett, R.N., M.S.N.
Executive Director
Virginia Board of Nursing

Stephanie Saccone
Editorial Consultant

James Farrell
Director of Division of Immunization
Virginia Department of Health

Jeanne Sanders, R.N., M.S.N., CPSI
Unintentional Injury Prevention Coordinator
Virginia Department of Health

Lissa Power-defur, Ph.D., CCC- SLP/A
Associate Director of Special Education/Student Services
Virginia Department of Education

Paul H. Sandman, MSEH, REHS
Program Director, Lead-Safe VA Program
Virginia Department of Health

PREFACE

Purpose

Resource Book. This manual is a resource book that contains basic information, guidelines, and recommendations for establishing and enhancing a school health program. It reflects a growing emphasis on the role of school health in prevention of disease and health promotion and wellness for students. The purpose of this manual is to provide guidelines for local school divisions to develop or strengthen their school health program at the individual, school program, or community level.

These guidelines are intended to:

- Provide direction for school divisions to develop a school health program at the local level.
- Increase the awareness of school health issues and strategies that can be used to address these issues.
- Provide guidelines for primary prevention.
- Serve as a guide for appropriate practices that relate to school health.
- Provide a guide for development of local school health policies and programs.
- Serve as a tool for orienting new school personnel.

Who Should Use This Manual

Intended Audience. The intended audience for this manual is the professional who has responsibility for one or more components of a school health program. The professionals may include, but are not limited to, the following:

- School health services personnel, such as school nurses, nurse practitioners, physicians, school-based health center staff, and health educators.
- Administrators, such as superintendents, assistant superintendents, and principals.
- Teachers.

Although this manual is written for professionals, it may also be used by other persons who are involved in a school health program to increase their understanding of the issues involved in school health. These persons might include:

- School health aides.

- Classroom aides.
- Parents and parent advocates.
- Students, when appropriate.

What This Manual Includes

A school health program includes the following eight components: (1) parent/community involvement; (2) healthful school environment; (3) health services; (4) health education; (5) physical education; (6) nutrition services; (7) counseling, psychological, and social services; and (8) health promotion for school staff.

This manual directly addresses the three traditional components of a school health program (health services, health education, and healthful school environment) and parent and community involvement.

In addition, this manual indirectly addresses counseling, psychological, and social services; nutrition services; and physical education.

The remaining component of a school health program, health promotion for staff, is not addressed in this manual.

Multiple school health program documents and references are cited throughout this manual.

How to Use This Manual

This manual is organized into six sections, as follows:

1. **School Health Programs:** Provides an overview of school health programs including models, historical development, and planning steps.
2. **Parent and Community Involvement:** Describes ways of involving parents and the community in school health programs through local school health advisory boards and partnerships.
3. **School Health Services:** Provides information on school health services models; facilities; appraisal, preventive, and remedial aspects; and evaluation guidelines.
4. **Health Education:** Provides information about school health education assessment, standards, planning steps, and resources.

5. **Environment:** Provides information on school building and environmental standards, indoor air quality and other environmental concerns, school maintenance and sanitation, disposal of medical waste, school food service, water supply, and lighting.

6. **Appendices:** Includes *Code of Virginia* citations, data collection tools, first aid guidelines, special education terminology definitions, required forms, sample letters, and immunization and infectious disease information.

In each of these sections, there are guidelines for assessing the school health component, guidelines for establishing or enhancing the component, requirements associated with the component as defined by the *Code of Virginia* or federal guidelines, and recommended practice guidelines.

Note: Although these guidelines reflect the most up-to-date information at time of publication, users of the *Virginia School Health Guidelines* are advised to confirm federal, state, and local laws, regulations, and policies when using this manual to plan, implement, and evaluate school health programs.

School Health Programs

Parents have the primary responsibility to assure the health and well-being of their children. Private health care providers and government services are resources to help parents deal with the health needs of their children. Since children spend most of their awake hours in school and since healthy kids make better students, schools can play an important role in helping parents successfully assure the health and well-being of their children.

The Need. For young people today to succeed in school, and ultimately in life, they must learn to read, write, and master mathematics. Perhaps less apparent, however, is the fact that problems can adversely affect not only a young person's health but also *their ability to learn*. More children with special health care needs and chronic illnesses are entering our school daily. Furthermore, schools must deal with students who suffer from substance abuse, communicable diseases, physical and sexual abuse, eating disorders, chronic illnesses, grief and depression, teen pregnancy, sexually transmitted diseases such as HIV and AIDS, and violence. Such physical, mental, and emotional health problems cause students to miss school, lack energy, be distracted, or have significant problems that may impair their and other students' ability to learn as well as the school's ability to provide a safe and stable learning environment.

A school health program should include (1) parent and community involvement; (2) healthful school environment; (3) health services; (4) health education; (5) physical education; (6) nutrition services; (7) counseling, psychological, and social services; and (8) health promotion for staff.

Framework. This manual uses as its overarching framework the importance of parental involvement in its examination of the elements of school health and recommendations for implementing different aspects of a school health program. Users of this manual are likewise encouraged to encompass parent and community involvement as a backdrop in all aspects of their school health program.

Table of Contents:

General Guidelines for Administering Medication in School

Note: The following information is a reprint from: Keen, T. (Ed.) with Ford, N., Henry, J., and Cox A. (Consulting Eds.). (1996). Medication Administration. *Guidelines for Specialized Health Care Procedures*. Richmond, Va.: Virginia Department of Health. This reprint contains some updated information, which is contained within brackets: [ ].

Overview

Administering prescriptive and over-the-counter medication during school hours is a complex issue. In order for many students with chronic illnesses or disabilities to remain in school, they must receive medication. However, administering medication in school has the potential for many problems, such as storage problems, who will administer the medication, potential undesirable side effects, and emergency situations which may arise as a result of the medication. Medication must be administered under the safest possible conditions. Therefore, these guidelines are offered to assist school divisions in developing a policy for administering medication to students at school. The following guidelines were developed to provide guidance for administering medication to students who have specialized health care needs.

Prior to Administering Medication

Prior to administering any prescriptive medication the following three items should be addressed:

- Authorization for medication.
- Labeling for the medication.
- Parental consent.

Note: Policies for over-the-counter medications vary greatly from one school division to another. **Refer to local school division policies for policies for over-the-counter medications.**

Medication Authorization. The use of all prescriptive medications should be authorized in writing by a licensed prescriber, which includes physicians, dentists, physician assistants, or licensed nurse practitioners. The written authorization should include the following information:

- Student's name.

- Licensed prescriber's name, telephone number, and signature.
- Date prescription written.
- Name of the medication.
- Dosage.
- Time of day to be given.
- Anticipated length of treatment.
- Diagnosis or reason the medication is needed (unless reason should remain confidential).
- Serious reactions that the student might experience.
- Any serious reactions that may occur if the medication is not administered.
- Special handling instructions.

(See example of a medication authorization/parental consent form at the end of this section.)

Any changes in the original medication authorization require a new written authorization and a corresponding change in the prescription label. Faxed authorizations may be acceptable as long as there is a signed parental consent for the medications authorized by fax. Changes in medications via the telephone should be taken only under extreme or urgent circumstances. Telephone changes should be taken directly from the licensed prescriber by a licensed nurse only if this is consistent with the local school division policy. The telephone authorization for changes in medications should be recorded on the student's record and be a one-time-order only. A telephone authorization should be followed by a written order from the licensed prescriber within 24 hours.

Medication authorizations should be received on a standardized authorization form. However, authorizations on stationary or prescription pads from the licensed prescriber or an acceptable label on the prescription container (see medication labeling below) are acceptable if the parents/legal guardian sign and date the form/label.

Parental Consent. In addition to the authorization for administering medication, parental consent must be obtained before a medication is given to a student. For each medication, the parental consent should include the following information:

- Student's name.
- Parent's name.
- Parent's emergency/daytime phone number.

- Statement of parental consent.
- Date of consent.
- Allergies.
- Name of the medication (if not on medication authorization form).
- Reason for the medication (if not on medication authorization form).
- Duration of treatment (if not on medication authorization form).

If a medication is administered over a long period, a renewed consent form should be obtained every six months, or if it is a standing order, parental consent should be renewed yearly. (See example of a medication authorization/parental consent form at the end of this section.)

Medication Labeling. The final area that should be addressed prior to administering medication is labeling. The medication must be in its original container before it is given to a student. The pharmacist can divide the medication into two containers—one for home and one for school. The original container should be labeled with the student's name, name of medication, directions for dosage, frequency to be administered, the licensed prescriber's name, and the date the prescription was filled. **Medications in plastic bags or other non-original containers are not acceptable.**

Administering Medication

School Staff. In schools where school nurses are available on a daily basis, it is recommended that school nurses assume responsibility for arranging the administration of medication to students. In schools where school nurses are not available on a daily basis, it is recommended that the principal assume responsibility for arranging the administration of the medication. If an aide is assigned to administer the medication, the medication authorization, parental consent, and medication label should be reviewed by the school nurse, principal, or principal's designee prior to giving the first dose. [Note: First dose of a new medication should be given at home.]

It is recommended that the principal or school nurse ensure that:

- Medication is given correctly and documented appropriately.
- The appropriate forms are completed prior to giving a medication to include authorization and parental consent. (See sample form at end of this section.)
- The medication is properly labeled and stored properly in a secure, safe place.

Documentation of Administering Medication. When medication is brought to school, the amount of medication in the container should be noted (e.g., the number of capsules or the volume of liquid). Each time a medication is administered a record should be kept of who administered it (initials may be used as long as a complete signature that corresponds with the person's initials is noted on the record), to whom it was given, the name of the medication, the time it was given, the dose given, the manner in which it was delivered (e.g., by mouth, in ear), the effect of the medication, and any side effects or reactions. Any changes in the type or dosage of the medication or the time it is to be given, should be accompanied by a new medication authorization/parent consent form, and a newly labeled medication container from the pharmacy. The school nurse or principal should establish the date when written medication renewals will be required.

Storage of Medications. A two-week supply or less of medications (unless medication is taken on a daily basis throughout the school year) should be kept in an appropriately labeled container which is locked and secured in a designated space (e.g., a locked box stored within a locked cabinet). Access to keys for the storage space in which medication is kept should be limited to the school nurse, the principal, and authorized staff. A listing of authorized staff should be maintained by the principal and updated routinely. Keys to the medication storage area should never leave the school grounds. Arrangements need to be made for medications requiring refrigeration. The school nurse or principal should establish a date when any unused medication should be picked up by parents.

Parents/Guardian. Prior to administering a medication at school the parents should:

1. Provide the school with a written authorization from the licensed prescriber that includes the following information: the student's name, name of the medication, dosage, hours to be given, method by which it is to be given, name of the licensed prescriber, date of the prescription, expected duration of administration of the medication, and most importantly, possible toxic effects and side effects. For any changes in medication, the parents must provide a written authorization signed by the licensed prescriber.

2. Provide the medication in a container labeled as required.

3. Provide a completed parental consent form.

4. Administer the first dose of any new medication, unless the medication is an "in school" medication only.

5. Transport medication to the school so that the student is not responsible for bringing the medication to school.

(See example of a medication authorization/parental consent form at the end of this section.)

Unused medication should be picked up by parents within one week of the expiration date. After one week the medication should be destroyed by the school nurse, principal,

or the principal's designee. Medication given on a daily basis throughout the year should be destroyed two weeks after the last day of school. It is advisable that the destruction of the medication be witnessed by another person. [Note: School divisions should establish their own policy regarding disposal of medications based on available staff after the last day of school.]

Self-Administration of Medications

Many school divisions do not allow self-administration of medication except under special circumstances with a physician's order and under the supervision of the school nurse, principal or the principal's designee. School divisions that allow self-administration of medication should consider the following questions when developing a policy for self-administration of medication:

- Has the student demonstrated his/her capability for self-administration and an understanding that medication is not to be shared?
- Is there a need for a medication order stating that the student is qualified and/or able to self-administer the medication?
- Is there a need for parental consent for self-administration?
- What medication will the student be allowed to carry and administer?
- Does the medication require refrigeration or security?
- Is there a need for notification of appropriate team members (such as teachers, principals, support persons) of all self-testing or self-administration of medication?
- Is there a need for staff to be appropriately prepared for working with the student?
- Should there be recognition that self-administration of medication is a privilege which can be taken away if medication policies are abused or ignored?

Some school divisions that allow self-administration of medication use a "medication pass" system. Each student who is allowed to self-administer medication receives a pass that states the student's name, the name of the medication that the student can self-administer, date issued, who issued the pass, when the pass expires (e.g., seven days, end of school year), when it is to be taken (as needed, on a schedule), and any monitoring that is required. The student should carry the pass at all times.

It should be noted that the guidelines listed previously for prescription and over-the-counter medication should be followed with medication that is self-administered.

Field Trips

At least one day prior to a field trip, the person who administers the medication should be made aware of the event so that arrangements can be made to meet the student's needs for medication. Medication given on field trips should be administered according to the guidelines for administering medications, which include administering the medication from the original medication container.

[Note: Since the publication of "Medication Administration" in *Guidelines for Specialized Health Care Procedures*, the following clarification of the term "administer" medication was set forth in the guidance document adopted by the Board of Pharmacy on June 11,1998 and the Board of Nursing on concurred July 21, 1998:

> *If the advance preparation is to assist in the administration of medications to students during a single-day field trip, such advance preparation shall not be made prior to the last working day before the day of the field trip and shall not exceed a one-day supply. Any packaging used in such advance preparation shall include the student's name and any other appropriate student identifier; physician's name; drug name and strength, and quantity; and appropriate directions for administration. For any field trip which is longer than one day in length, a student's prescription should be provided by the student's parent or guardian in a properly labeled prescription vial which has been dispensed from a pharmacy and, for oral medications, which contains only the quantity needed for the duration of the field trip.]*

Emergency Medications

Written policies should be available for any emergency medication that is given to students. The epinephrine protocol included at the end of this section is another example of a policy that may be needed.

Epinephrine Protocol [91]

(To be used in conjunction with a physician's order in an EMERGENCY situation.)

Use of subcutaneous epinephrine should be considered in the following situation:

Asthma with any of the following:

1. Breathing rate of less than 12 or greater than 36 times a minute.
2. An anxious student or a student with decreased consciousness.
3. Shortness of breath or inability to speak more than a 3 to 5 word sentence.
4. Difficulty breathing (significant use of accessory muscles for breathing or poor air movement).
5. Cyanosis or significant pallor.

Allergic reaction with any of the following:

1. Heart rate greater than 120 times a minute, systolic blood pressure less than 80.
2. Breathing rate less than 12 or greater than 36 times a minute.
3. Significant wheezing or poor air movement.
4. Overwhelming generalized urticaria (hives) or sudden onset of swelling.
5. An anxious student or a student with decreased consciousness.
6. Drooling, hoarse voice, and/or inability to swallow.

Bee sting in a student with a history of bee sting allergy for whom an epipen has been authorized.

- **Dosage of Epinephrine:** Two dosages of epinephrine are available—0.3 ml and 0.15 ml of 1:1000 epinephrine (i.e., single dose of epipen). Epinephrine should be administered in the prescribed dosage subcutaneously as directed on epipen directions.

- **In All Situations Except Category 3 (bee sting):** Before administering the epipen, the student's primary health care provider should be contacted or if the primary health care provider can't be reached then a hospital emergency room physician should be contacted.

At the same time as contact with the primary health care provider is attempted, assisting personnel should activate the 911 system for transportation of the student to the hospital emergency room. [Parents should be notified also.]

[91] Policy adapted from protocol developed by Susan Werner, Chairperson Culpeper County School Health Advisory Committee.

Authorization/Parental Consent for Administering Medication

On the following page is an example of an authorization/parental consent form for administering medications to a student. This form can be reproduced and used or can be modified as needed for local school division use.

[**Note.** Before adapting any of the sample forms, please refer to local school board policies and regulations regarding medications and the code of conduct.]

[SAMPLE]

Authorization/Parental Consent for Administering Medication

(Use a separate authorization form for each medication.)

STUDENT'S LAST NAME _____ , FIRST NAME _____, M.I. ___

STUDENT NUMBER _____ GRADE ____ DATE OF BIRTH _____/_____/_____

Allergies _____

Parental Consent

I am the parent or guardian of _____. I give my permission for him/her to take the following prescribed medication while in _____ School. I hereby acknowledge that I have read and understood the School Board Regulations relating to the taking of medications. I hereby release _____ School and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the above licensed prescriber.

_____ _____ _____

Parent/Guardian Signature Daytime Phone Date

MEDICATION AUTHORIZATION
(For Use By Licensed Prescriber ONLY)

Relevant Diagnosis _____ Medication _____

Dates medication must be administered at school: ___ Short Term (List dates to be given _____)

___ Every day at school ___ Episodic/Emergency Events ONLY

Dosage (Amount) _____ Route _____ Form _____ Time(s) of Day _____

A. Serious reactions can occur if the medication is not given as prescribed: __ YES __ NO

If yes, describe:

B. Serious reactions/adverse side effects from this medication may occur: __ YES __ NO

If yes, describe:

Action/Treatment for reactions: _____

Report to you: __ YES __ NO (Drug information sheet may be attached.)

Special Handling Instructions: ___ Refrigeration ___ Keep out of sunlight ___ Other _____

Asthmatic/Diabetic ONLY

This student is both capable and responsible for self-administering this medication:

__ NO __ YES - Supervised __ YES - Unsupervised

This student may carry this medication: __ NO __ YES

Licensed Prescriber's Name _____

Telephone Number _____ Emergency Number _____

Licensed Prescriber's Signature _____ Date _____

Procedure for Administering Medication

Procedure	*Points to Remember*
General Procedure	
1. Wash hands.	
2. Assemble: equipment medication container for administering (if applicable)	
3. Review the medication authorization, medication label, and parental consent for administering medication.	*The first dose of the medication should be given at home unless the medication is a "school only" medication.*
4. Review Health Care Plan for documentation of any student-specific techniques that are recommended for administering the medication.	*Prior to administering medication, it is essential that the method used for giving the medication at home be known. This method should be followed in the school setting.*
5. Remove medication from storage area. Compare label on medication container with medication authorization. Ensure that the dosage, time given, student's name, and licensed prescriber's name on the medication label is identical to the medication authorization. Read the label 3 times before administering the medication.	*Helps to ensure that the right medication is given to the right student.*
6. Prepare medication. An accurate means for measuring the medication should be readily available. Liquid medication may be poured into a cup with marked measurements, a medicine spoon with marked measurements, or pulled up into a syringe. A tablet or capsule may be placed in a cup.	*The person preparing the medication should be the person giving the medication.* *1 teaspoon = 5 milliliters (mls)*
7. Place remaining medication back into the designated storage area.	
8. Explain the procedure to the student at his/her level of understanding. Encourage the student to participate as much as possible.	*By encouraging the student to assist in the procedure, the care giver is helping the student achieve maximum self-care skills.*

Procedure	*Points to Remember*
Oral Medications	
9. Positioning for special situations: Small students at infant developmental level: ♦ Hold student in the cradle position. ♦ Stabilize student's head against your ♦ body. ♦ Hold student's arm with your free arm. ♦ Press on student's chin to open mouth. Large student at infant developmental level ♦ Allow student to remain in wheelchair. ♦ Support student's head against your ♦ body. ♦ Press on student's chin to open mouth. Students with tongue thrust ♦ Medications may need to be rescued from the student's lips or chin and re-administered.	*When holding or supporting the student, it is important that the student is relaxed to prevent choking.* *A relaxed position may be achieved by flexing the student's neck, rounding the shoulders, and positioning the student in a slightly forward or flexed position.*
10. Administering medication: Dropper ♦ Squirt medication to the back and side of the student's mouth in small amounts.	
Syringe ♦ Place syringe to the back and side of the student's mouth. ♦ Give the medication slowly, allowing the student to swallow.	*In smaller children, 3 to 4 squirts per 5 milliliters (ml) is recommended.*
Nipple ♦ Pour medication into the nipple after it has been measured. Allow the student to suck the medication from the nipple. Follow the medication with a teaspoon of water.	
Medicine Cup ♦ Place the medication in the cup. If the student is capable of drinking the medication without help, allow him/her to do so; if the student is unable to hold the cup, then hold the cup and allow the student to drink the medication.	
Tablets ♦ If the student is able to swallow a tablet, place it on the middle of the tongue, then student can swallow tablet with juice or water. ♦ Tablets that may be chewed or crushed and placed in a fruit syrup or applesauce.	*Whole tablets should not be given to children less than 5 years old because of the potential for aspiration.* *It is important to check with pharmacist to see if drug action will be affected by crushing the medication.*
♦ Tablets may be crushed between 2 spoons.	*Make sure that medication does not cling to*

Procedure	*Points to Remember*
	spoon, so that student receives all of the prescribed medication.
♦ Unscored tablets should not be divided. If medication authorization requires unscored tablet to be divided, please consult with pharmacist prior to dividing the medication.	*Division of unscored tablets may adversely affect their absorption by the body.*
♦ Do not force a student to take a tablet if he/she resists because of the potential for aspiration.	*Check with parents to determine how the medication is given at home.*
<u>Capsules</u> ♦ Place the capsule on the back of the tongue and have the student swallow lots of fluid. ♦ Some capsules may be opened and sprinkled on a spoonful of food. Check with pharmacist to see if this can be done.	*Many medications are designed to be time-released. It is important not to disrupt this formulation because it affects the absorption of the medication and may cause potential harm to the student.*
11. Before student leaves your presence, make sure that he/she has received and swallowed all of the medication.	*Students may hold medication in their mouth and spit it out at a later time.*
Nose Drops 9. For young children/developmentally young children, cradle student in your arms, stabilizing head with arm, and tilt student's head slightly back OR place student's head over a pillow.	*The lowered position is necessary when the student can not sniff the medication.*
10. Squeeze prescribed drops into each nostril.	
11. Older students may give their own medication, if they are able to sniff the medication.	
Ear Drops 9. Tilt student's head away from affected ear. Pull pinna (outer edge of ear) upwards and back.	
10. Instill ear drops as ordered into the student's ear.	
11. Student should maintain this position for 5 to 10 minutes. Then place a small piece of cotton ball into the ear canal.	*Keeps medication from flowing out of the ear.*
Eye Drops or Ointment 9. Place student in a supine position (lying down on his/her back).	

Procedure	*Points to Remember*
10. Drops - Pull lower eyelid down and out to form a cup. Drop solution into the cup. Close eye gently and attempt to keep eye closed for a few moments.	*Avoid touching dropper to eye to avoid contamination of the medication.*
11. Ointment - Pull lower eyelid down, apply ointment along edge of lower eyelid from the nose side of the eyelid to the opposite side.	*Avoid touching tip of medication container to the to eye to avoid contamination of the medication.*
Rectal Medications 9. Place student in side-lying or prone position (on his/her stomach)	
10. Lubricate suppository with water-soluble gel.	
11. Using a finger cot, gently insert the suppository into the rectum. ♦ Do not insert finger more than 1/2 inch. ♦ Hold buttocks together for 5 to 10 minutes.	*It is important that privacy be provided.* *Prevents quick expulsion of the medication so that the medication has adequate time to be absorbed.*
Enzyme Replacement Therapy (Used with students with cystic fibrosis to provide pancreatic enzymes.)	
9. Enzymes should be given **prior** to a meal or snack.	*Pancreatic enzymes aid in digestion and absorption of food; therefore, they should be given prior to eating.*
10. Microspheres or microtablets should not be crushed or chewed.	*Enzymes should dissolve in the higher pH environment of the intestines rather than the mouth. The enzymes are coated with an enteric coating that prevents the enzyme from being dissolved till it reaches the intestine. If the coating is disrupted by crushing or chewing, the enzyme will not dissolve in the proper place.*
11. For infants and small children, the capsules should be broken open and mixed with a **lower pH** food, such as applesauce.	
12. Document medication given, time given, amount given, how it was given, who gave it, and the student's name. Also, document any problems or side effects.	*Notify parents and/or physician of any problems or side effects.*

Possible Problems	
Observations	***Reason/Action***
Incomplete dose of medication	*If the student spits or vomits the medication, administer the medication again. Investigate why the student spit or vomited. Perhaps a smaller potion of medication may be given at more frequent times, or medication may be mixed with juice to make it more palatable.*
Incorrect medication	*Notify parents and physician immediately with name of medication and dosage given. Follow physician's orders.*
Medication not given	*Report immediately to parents and/or physician. Determine when medication should be given next.*
Choking	*Stop giving medication immediately. When student begins to breathe regularly and has completely recovered, medication can be given. If the student does not recover and is believed to have an obstructed airway, perform the Heimlich Maneuver, activate the emergency medical system, and begin CPR as indicated.*
Response to medication	*Any side effects should be reported to the parents. If the student has an allergic reaction, the medication should be discontinued.*

Resources

Cystic Fibrosis Foundation. (1990). Nutritional Assessment and Management in Cystic Fibrosis. *Consensus Conferences, Concepts in Care, 1.*

Graff, J., Ault, M., Guess, D., Taylor, M., and Thompson, B. (1990). Medication Administration. In *Healthcare for Students With Disabilities: An Illustrated Medical Guide for the Classroom* (pp. 29-41). Baltimore, Md.: Paul H. Brookes Publishing.

Skale, N. (1992). Medication Administration. In *Manual of Pediatric Nursing Procedures* (pp. 117-123). Philadelphia, Pa.: J.B. Lippincott Company.

Woolridge, N.H. (1994). Nutrition Management of Cystic Fibrosis. *Nutrition Focus*, 9 (6), pp.1-8.