



Medication Administration Toolkit

2023(Third Revision)



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Introduction

School nurses use their professional licensed practice in the delegate of medication administration in the school setting to address the needs of students in administering health services for episodic illness and chronic disease management (Iowa Administrative Code 281.14.2; IAC 655.6). This toolkit provides school nurses a resource to conduct the skills check required in Iowa Administrative Code 281.14.1 for medication administration conducted by unlicensed personnel. The medication course must be completed every five years with an annual skills check completed by the delegating school nurse per IAC 281.14.1. The school nurse retains accountability to supervise monitor and evaluate the delegated nursing task (IAC 281.14.2; IAC 655.6).

When designated district or accredited nonpublic school staff successfully complete the 17 modules in the online medication administration course and pass the 17 quizzes with 100% success, they receive a certificate. The school nurse, as a licensed school personnel, then completes a skills check annually and signs the medication administration certificate of the qualified personnel to be valid for the qualified personnel to administer medications in the school setting and school sanctioned activities as written in the adopted school policy on medication administration.

Nothing in this toolkit supersedes the professional nurse's judgment and accountability in nursing practice or delegation according to IAC 655 Chapter 6.

The purpose of this toolkit is to provide school nurses with sample check off forms and signature consent forms when performing the requirements of medication administration in schools and any invasive procedure associated with medication administration.

Supplies for Skills Kit

School nurses can put together a skills kit to use in the annual skills observation of unlicensed personnel for medication administration. These supplies will address the skills requirements covered in the seventeen-module curriculum. Additional modules available provided by the Iowa Department of Education will require different supplies dependent on school stock medications or individualized student devices. The following page consists of example supplies that a school nurse may want to have in her skills check kit for medication administration. This checklist is an example, a school nurse may choose to add additional supply items to meet the needs of comprehensive training to promote safe medication administration.

Supplies List:

- A labeled pill bottle filled with small items to replicate a pill
- A labeled liquid medication bottle, filled with water or colored water (Labels will last longer if covered with clear packing tape)
- Over-the-counter non-medicated ointment or cream
- Over-the-counter non-medicated eye drop
- Over-the-counter non-medicated ear drops
- Gauze pads for practicing topical skin medication application
- Paper tape for skin medication application
- Protective latex-free gloves
- Cotton balls
- Tongue depressor
- Medicine cup, spoon, syringe or dropper
- Skills checklist to copy for each person observed to sign and obtain consent to perform
- Epinephrine auto-injector trainer(s) varies per student or voluntary stock supply

Additional Supplies List:

- A glucagon trainer (syringe kit, pen, intranasal trainer)
- Insulin syringe or Insulin pen
- Small bottle of saline
- Needles
- Small bottle of powder for reconstitution
- Nasal atomizer
- Diazepam trainer (Rectal, Intranasal)
- Plastic ampule of saline
- Nebulizer tubing
- Nebulizer adaptive mouth piece or mask
- Practice inhaler
- Pediatric Spacer
- Large syringe with plunger and plastic medicine cups
- Practice insulin pump (will vary dependent on student)

Sample Consent Form

Iowa Code § 280.23 states that public schools and nonpublic schools shall not require non-administrative personnel to perform any special health services or intrusive nonemergency medical services for students unless the non-administrative personnel are licensed or otherwise qualified and have consented to perform the health services. Schools may already have a consent form developed for district use. The following is an example that can be adapted according to school district or accredited nonpublic school policy or protocol for an individual health service or task provided to a student or district wide for voluntary stock supplies of medication that require active or written consent.

Delegation Unlicensed Assistive Personnel (UAP) Documentation and Consent Form

Voluntary Stock Medication for School District or Accredited Nonpublic School Name:

Student Name: _____ Birthdate _____ School _____

Health Service or Task:

Location of Individual Health Plan (IHP), medication administration certificate, medication record for student, procedure instructions, and/or authorization forms:

I, _____ (assistive personnel [print name]): Understand my responsibility and accountability in consenting to provide the delegated service(s) as instructed by the school nurse. My signature indicates that I:

- Understand and will follow the lines of communication in the IHP and delegation of the health service or nursing task. I have a copy of the school nurse schedule and know that I can reach a school nurse electronically, by cell phone or office phone.
- Agree to the level and frequency of supervision by the school nurse. The school nurse will monitor/supervise no less than twice a year.
- Agree and consents to perform the health service or nursing task as instructed.
- Agree to ask questions, communicate concerns or incidents promptly, and document service provision.
- Received education and feel knowledgeable about the health service.

Date _____ Initial _____

- Demonstrated a skills competency check with the school nurse on steps to perform the delegated health service /task.

Date _____ Initial _____

(See Attached Procedure Skill Checklist, if applicable)

Assistive personnel signature: _____ Date _____

School nurse signature: _____ Date _____

Medication Labels

The sample labels provided on the following page can be printed and affixed to you sample medication bottles, inhalers, patches, intranasal devices, auto-injection pens, and ointments. School nurses have shared that they have reached out to their community health providers or pharmacies to request supplies to create medication skills kits. Manufacturers of some student specific medications may offer a free trainer if the school nurse contacts their number associated with the packaging.

 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162001 _____ Refills Left: 0 For: MALLORY DOE Insert Pill Name Sample Take two tablets three times a day _____ Qty: 90 Pr: Ms. Sally Mae, ARNP Date: Yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162001 _____ Refills Left: 0 For: MALLORY DOE Insert Pill Name Sample Take two tablet three times a day _____ Qty: 90 Pr: Ms. Sally Mae, ARNP Date: Yesterday</p>
 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162002 _____ Refills Left: 0 For: CHARLOTTE MAYFLOWER Insert Sample Liquid Give 7.5 ml by mouth 3 times a day for 7 days 250mg/5mL Date: this month/year Pr: Ms. Kelly Marks, PA Date: yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162002 _____ Refills Left: 0 For: CHARLOTTE MAYFLOWER Insert Sample Liquid Give 7.5 ml by mouth 3 times a day for 7 days 250mg/5mL Date: this month/year Pr: Ms. Kelly Marks, PA Date: yesterday</p>
 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162003 _____ Refills Left: 1 For: THOMAS MAKER Sample Insert Ointment Apply to affected area twice daily for 4 weeks Pr: Mr. Tanner James, DO Date: Yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162003 _____ Refills Left: 1 For: THOMAS MAKER Sample Insert Ointment Apply to affected area twice daily for 4 weeks Pr: Mr. Tanner James, DO Date: Yesterday</p>
 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162004 _____ Refills Left: 0 For: JENNIFER SMITH Sample Insert Ear Drop Suspension 0.2%/1% Instill 3 drops in right ear every 6 hours for 7 days Pr: Mr. Charlie Matthews, MD Date: Yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162004 _____ Refills Left: 0 For: JENNIFER SMITH Sample Insert Ear Drop Suspension 0.2% / 1% Instill 3 drops in right ear every 6 hours for 7 days Pr: Mr. Charlie Matthews, MD Date: Yesterday</p>
 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162005 _____ Refills Left: 0 For: HENRICK LEWIS Sample Insert Eye Drop Instill one drop in the right eye every four hours Pr: Mr. Scott Evans, ARNP Date: Yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162005 _____ Refills Left: 0 For: HENRICK LEWIS Sample Insert Eye Drop Instill one drop in the right eye every four hours Pr: Mr. Scott Evans, ARNP Date: Yesterday</p>

 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162001 _____ Refills Left: 1 For: MALLORY DOE Insert Patch Name Sample Apply 1 patch every 3 days _____ Qty: 6 Pr: Ms. Laura Kay, PA Date: Yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162001 _____ Refills Left: 1 For: MALLORY DOE Insert Patch Name Sample Apply 1 patch every 3 days _____ Qty: 6 Pr: Ms. Laura Kay, PA Date: Yesterday</p>
 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162002 _____ Refills Left: 5 For: CHARLOTTE MAYFLOWER Insert Intranasal Medication Administer a 3 mg dose in either right or left nostril Date: this month/year Pr: Ms. Kelly Marks, PA Dr. Rachel Young, DO Date: yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162002 _____ Refills Left: 5 For: CHARLOTTE MAYFLOWER Insert Intranasal Medication Administer a 3 mg dose in either right or left nostril Date: this month/year Pr: Ms. Kelly Marks, PA Dr. Rachel Young, DO Date: yesterday</p>
 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162003 _____ Refills Left: 1 For: THOMAS MAKER Sample Insert Inhaler Medication Administer as directed by healthcare provider Pr: Mrs. Christine Shelley, DO Date: Yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162003 _____ Refills Left: 1 For: THOMAS MAKER Sample Insert Inhaler Medication Administer as directed by healthcare provider Pr: Mrs. Christine Shelley, DO Date: Yesterday</p>
 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162004 _____ Refills Left: 0 For: JENNIFER SMITH Sample Insert Auto-injector Medication Administer 0.3mg/0.3 ml Intramuscularly as directed by healthcare provider Pr: Mr. Jim Brown, MD Date: Yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162004 _____ Refills Left: 0 For: JENNIFER SMITH Sample Insert Auto-injector Medication Administer 0.3mg/0.3 ml Intramuscularly as directed by healthcare provider Pr: Mr. Jim Brown, MD Date: Yesterday</p>
 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162005 _____ Refills Left: 0 For: HENRICK LEWIS Sample Inert Eye Drop Instill one drop in the right eye every four hours Pr: Mr. Scott Evans, ARNP Date: Yesterday</p>	 <p>HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402</p> <p>Rx. 5162005 _____ Refills Left: 0 For: HENRICK LEWIS Sample Inert Eye Drop Instill one drop in the right eye every four hours Pr: Mr. Scott Evans, ARNP Date: Yesterday</p>

Medication Administration Skills Check

In addition to the medication administration course, there are modules for special medication administration skills that goes beyond the basic medication administration course. Based on the school nurse's independent decision to delegate, the qualified personnel must complete the general medication administration course prior to completing any of the additional special medication administration modules.

The additional modules for special medication administration skills related to health services and nursing tasks include:

- Diazepam (rectal insertion, intranasal)
- Glucagon (injection, injection pen, intranasal)
- Nebulizer treatment
- Gastrostomy tube medication administration and feeding
- Insulin injection (glucose monitoring, carbohydrate counts, ketone checks if applicable)
- Insulin pump (glucose monitoring, carbohydrate counts, ketone checks if applicable)

School Nurse Instructions

There are skills checklists associated with the medication administration skills that are individually delegated by the school nurse to unlicensed personnel.

Individually delegated tasks will utilize any medication devices and supplies provided by the parent/family regarding the student's individualized health care plan that includes the treatment directions from the student's healthcare provider.

School nurses may print off the 3-page front and back skills checklist to accompany the signed consent form for qualified school personnel records in delegation of medication administration. Iowa Code § 280.23 states that public schools and nonpublic schools shall not require non-administrative personnel to perform any special health services or intrusive nonemergency medical services for students unless the non-administrative personnel are licensed or otherwise qualified and have consented to perform the health services.

The medication course is completed every five years by the qualified personnel and as needed if a medication error occurs. The school nurse attests by signature on the qualified personnel's medication administration certificate that he or she has completed an annual skill check for the unlicensed school personnel to administer medication administration.

These records, along with the personnel's medication administration certificate may be stored in electronic format, in the front of a medication administration binder, or as district or accredited nonpublic school policy and protocol indicates.

Medication Administration Skills Checklist

Name of School Personnel (print): _____

A. Handwashing: Completed Before and After Medication Administration

Task	✓
1. Take off any hand jewelry	<input type="checkbox"/>
2. Wet hands	<input type="checkbox"/>
3. Apply liquid soap	<input type="checkbox"/>
4. Rub hands together for 20 seconds, lathering the back of hands, between fingers and under nails	<input type="checkbox"/>
5. Rinse hands under clean, running water	<input type="checkbox"/>
6. Use paper towel to dry hands and to turn off faucet	<input type="checkbox"/>

B. Tablet and Capsules

Task	✓
1. Check 5 rights	<input type="checkbox"/>
2. Remove Bottle Cap	<input type="checkbox"/>
3. Hold cap in one hand, bottle in the other	<input type="checkbox"/>
4. Pour correct number of tablets or capsules into cap	<input type="checkbox"/>
5. Pour tablets or capsules into clean medicine cup	<input type="checkbox"/>
6. Secure cap back on the bottle	<input type="checkbox"/>
7. If medication is individually wrapped, remove wrapping while capsule or pill falls into the medicine cup	<input type="checkbox"/>
8. Check 5 rights again	<input type="checkbox"/>
9. Provide the student with a glass of water	<input type="checkbox"/>
10. Give the student the medicine cup	<input type="checkbox"/>
11. Observe the student swallowing the medication	<input type="checkbox"/>
12. Instruct the student to throw away or place the empty medication cup and water cup in the recycle bin (if applicable)	<input type="checkbox"/>
13. Document medication administration	<input type="checkbox"/>
14. Place medication bottle back securely in locked cabinet as directed	<input type="checkbox"/>

C. Sprinkles

Task	✓
1. Check the first 5 rights. Gloves should be worn	<input type="checkbox"/>
2. Open capsule carefully	<input type="checkbox"/>
3. Pour all the sprinkles out of the capsule on the small amount of food in a plastic medicine cup	<input type="checkbox"/>
4. Check the 5 rights again	<input type="checkbox"/>
5. Using a spoon, gently place the "sprinkled food" in the student's mouth to swallow or have the student use the spoon to scoop "sprinkled food" in their mouth.	<input type="checkbox"/>
6. Instruct the student to throw away or place the empty plastic medication cup and plastic spoon in the recycle been (if applicable)	<input type="checkbox"/>
7. Complete the 6th right: document medication administration	<input type="checkbox"/>
8. Place medication bottle back securely in locked cabinet or as directed by prescription label	<input type="checkbox"/>

D. Oral Liquid Medications

Task	✓
1. Check the first 5 rights	<input type="checkbox"/>
2. Place plastic medication cup on a flat surface and keep your eye level with the cup	<input type="checkbox"/>
3. Pour medication dose into the cup	<input type="checkbox"/>
4. Wipe any drips from the bottle	<input type="checkbox"/>
5. If using a measured dropper, withdraw the correct amount	<input type="checkbox"/>
6. Place the cap securely back on the medication bottle	<input type="checkbox"/>
7. Check the 5 rights again	<input type="checkbox"/>
8. Place the medication in the cup or dropper gently in the student's mouth to swallow or have the student use the cup or dropper to place the medication in their mouth	<input type="checkbox"/>
9. Watch the student swallow the medication	<input type="checkbox"/>
10. Instruct the student to throw away or place the empty plastic medication cup in the recycle bin (if applicable)	<input type="checkbox"/>
11. Complete the 6th right: document medication administration	<input type="checkbox"/>
12. Place medication bottle back securely in locked cabinet or as directed by prescription label	<input type="checkbox"/>

E. Topical Skin Medications

Task	✓
1. Gather supplies	<input type="checkbox"/>
2. Check the first 5 rights	<input type="checkbox"/>
3. Position student/observe affected area	<input type="checkbox"/>
4. Put gloves on hands	<input type="checkbox"/>
5. Clean skin	<input type="checkbox"/>
6. Remove gloves and place in garbage	<input type="checkbox"/>
7. Check the 5 rights again	<input type="checkbox"/>
8. Place clean gloves on hands	<input type="checkbox"/>
9. Uncap ointment or lotion tube or bottle	<input type="checkbox"/>
10. Squeeze correct amount on tongue blade	<input type="checkbox"/>
11. Apply medication gently according to the directions	<input type="checkbox"/>
12. Remove gloves and place in garbage	<input type="checkbox"/>
13. Place cap securely back on the ointment or lotion tube or bottle	<input type="checkbox"/>
14. Cover the skin as directed (if applicable)	<input type="checkbox"/>
15. Complete the 6th right: document medication administration	<input type="checkbox"/>
16. Place medication bottle back securely in locked cabinet or as directed by prescription label	<input type="checkbox"/>

F. Eye Drops and Eye Ointments

Task	✓
1. Gather supplies	<input type="checkbox"/>
2. Check the first 5 rights	<input type="checkbox"/>
3. Position student	<input type="checkbox"/>
4. Observe student's eye(s) for changes and report to school nurse	<input type="checkbox"/>
5. Put gloves on hands	<input type="checkbox"/>
6. Check 5 rights	<input type="checkbox"/>
7. Remove cap from eye medicine tube or bottle	<input type="checkbox"/>
8. Pull the students lower lid down gently to expose conjunctival sac	<input type="checkbox"/>
9. Administer correct number of drops or ointment without the bottle or tube touching the eye, your fingers, or anything else	<input type="checkbox"/>
10. Have student gently close eye(s)	<input type="checkbox"/>
11. Place cap securely back on ointment tube or bottle	<input type="checkbox"/>
12. Carefully blot away any excess liquid or ointment on student's cheeks	<input type="checkbox"/>
13. Instruct student not to rub their eye(s)	<input type="checkbox"/>
14. Remove gloves and place in garbage	<input type="checkbox"/>
15. Complete the 6th right: document medication administration	<input type="checkbox"/>
16. Place medication bottle back securely in locked cabinet or as directed by prescription label	<input type="checkbox"/>

G. Topical Patches

Task	✓
1. Gather supplies	<input type="checkbox"/>
2. Check the first 5 rights	<input type="checkbox"/>
3. Gather supplies and put gloves on	<input type="checkbox"/>
4. Remove the old patch gently (if applicable)	<input type="checkbox"/>
5. Discard old patch as directed	<input type="checkbox"/>
6. Gently clean the site where the old patch was located (if applicable)	<input type="checkbox"/>
7. Identify site for new patch application	<input type="checkbox"/>
8. Clean new site if directed (make sure not to apply patch over scarred areas)	<input type="checkbox"/>
9. Place initials, date and time on outside of new patch	<input type="checkbox"/>
10. Carefully blot away any excess liquid or ointment on student's cheeks	<input type="checkbox"/>
11. Apply sticky side of patch to dry, clean skin and gently press to assure adhesion	<input type="checkbox"/>
12. Remove gloves and place in garbage	<input type="checkbox"/>
13. Complete the 6th right: documentation of medication administration and site	<input type="checkbox"/>
14. Place medication box back securely in locked cabinet or as directed by prescription label	<input type="checkbox"/>

H. Ear Drops

Task	✓
1. Gather supplies	<input type="checkbox"/>
2. Check 5 rights	<input type="checkbox"/>
3. Position student with affected ear up	<input type="checkbox"/>
4. Observe student's ear(s) for changes and report to school nurse	<input type="checkbox"/>
5. Put gloves on hands	<input type="checkbox"/>
6. Check 5 rights	<input type="checkbox"/>
7. Remove cap from ear drop bottle	<input type="checkbox"/>
8. For a student under three gently pull the outer flap of the ear down and back to straighten the ear canal	<input type="checkbox"/>
9. For a student three and over gently pull the outer flap of the ear upward and back to straighten the ear canal	<input type="checkbox"/>
10. Administer the correct number of drops in the affected ear	<input type="checkbox"/>
11. Rub the skin in the front of the ear gently in a circular motion	<input type="checkbox"/>
12. Instruct the student to hold their position for a minute	<input type="checkbox"/>
13. Reposition and treat the other ear if directed	<input type="checkbox"/>
14. Place cap securely on ear drop bottle	<input type="checkbox"/>
15. A cotton ball can be placed in the student's outer ear to avoid leakage	<input type="checkbox"/>
16. Remove gloves	<input type="checkbox"/>
17. Complete the 6th right: document medication administration	<input type="checkbox"/>
18. Place medication bottle back securely in locked cabinet or as directed by prescription label	<input type="checkbox"/>

I. Confidentiality, Documentation and Reporting

Task	✓
1. Demonstrates understanding on how to document in medication administration records	<input type="checkbox"/>
2. Demonstrates understanding on how to document and report a medication error	<input type="checkbox"/>
3. Demonstrates understanding on how to communicate with school nurse regarding medication administration questions or concerns	<input type="checkbox"/>
4. Demonstrates understanding on policies and procedures regarding medication administration	<input type="checkbox"/>
5. Demonstrates understanding regarding confidentiality related to medication administration and health services	<input type="checkbox"/>
6. Demonstrates understanding on how to address universal precautions and an emergency to the student or self, related to medication administration (e.g. injects self with auto injector)	<input type="checkbox"/>

J. Inhalers

Task	✓
1. Check the first 5 rights	<input type="checkbox"/>
2. Shake inhaler 10-15 times or for about 5 seconds	<input type="checkbox"/>
3. Check the first 5 rights	<input type="checkbox"/>
4. Remove the cap and hold the canister in an upright position above the mouthpiece	<input type="checkbox"/>
5. Visually inspect the mouth piece for any debris. Check the counter, if applicable	<input type="checkbox"/>
6. Have the student take a breath in an exhale	<input type="checkbox"/>
7. Place the inhaler mouth piece gently in the student's mouth on top of the tongue giving instruction to the student to seal lips around the mouth piece	<input type="checkbox"/>
8. If the student is using a spacer, have the student place the mouth piece of the inhaler into the back of the spacer and hold inhaler and spacer between pointer finger and thumb with the student sealing lips around the spacer's mouth piece	<input type="checkbox"/>
9. Instruct the student to breathe in slowly while administering dose and hold for 5-10 seconds before exhaling using an inhaler	<input type="checkbox"/>
10. If the student is using a spacer, instruct the student to take several breathes before removing their mouth from the mouthpiece of the spacer to ensure the student inhales the medication	<input type="checkbox"/>
11. Place the cap back on the inhaler; If using a spacer, clean according to the manufacturer label (if applicable)	<input type="checkbox"/>
12. Encourage the student to rinse their mouth after using their inhaler with water	<input type="checkbox"/>
13. Complete the 6th right: document medication administration	<input type="checkbox"/>
14. Return medication to the student or place medication back securely in locked cabinet or as directed by prescription label	<input type="checkbox"/>

K. Epinephrine Auto-Injectors

Task	✓
1. Check the first 5 rights	<input type="checkbox"/>
2. Follow Instructions for each individual brand of epinephrine auto injector (for this purpose the pen instructions are provided)	<input type="checkbox"/>
3. Remove auto-injector from case, box or tube packaging and hold in your fist	<input type="checkbox"/>
4. Check the 5 rights again (if it is a prescribed medication for an individual student)	<input type="checkbox"/>
5. Pull off the gray cap, red cap or blue safety guard cap from the pen. If the pen has another gray cap, remove it	<input type="checkbox"/>
6. Place the red or orange tip firmly against the side of the student or individual's thigh, about halfway between the knee or hip (on the outside of the clothing or directly on the skin)	<input type="checkbox"/>
7. Inject the medication. Do not inject in a vein or the buttocks	<input type="checkbox"/>
8. Hold the auto-injector in place for the prescribed time in the manufacturer's instructions	<input type="checkbox"/>
9. Massage the area after injection	<input type="checkbox"/>
10. Place the injector back into its safety case, box or tube packaging	<input type="checkbox"/>
11. If emergency medical services are notified, give them the used epinephrine auto-injector	<input type="checkbox"/>
12. If emergency services are not notified, place the used epinephrine auto-injector in a sharps container	<input type="checkbox"/>

Voluntary: School Stock Emergency Medication(s) Awareness Module 18

Schools may have policies to stock emergency medication(s) prescribed in the name of the school district. The medication(s) may include epinephrine auto-injectors, bronchodilators, bronchodilator with spacers, and opioid-antagonist intranasal medication as defined in school policy.

In addition to completing the medication administration course, a completion of an awareness course for the administration of each voluntary school stock supply of stock emergency medication is required. The awareness video(s) provide the qualified personnel with the knowledge of what symptoms a student or an individual who is at the school may exhibit that would warrant the administration of each emergency medication stocked by a school in accordance with their policy.

Your signature below indicates you have completed the medication administration course required to administer medications in a district or accredited nonpublic school and have viewed the awareness modules (if applicable to your school or accredited nonpublic school policy).

Signature of Qualified School Personnel _____

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse and as directed by policy.

Signature of School Nurse and Title _____ Date: _____

The signature of the licensed health personnel working under the auspices of the school attest that the signed qualified personnel above has completed the annual return skills demonstration of all delegated steps A-K correctly as signed on the medication administration certificate to be valid. I attest that the signed qualified personnel has completed the awareness training requirement(s) as provided by the department for each voluntary school stock supply of medication(s) in accordance with the district or accredited nonpublic school policy.

Special Medication Administration Skills

Students may have health conditions or impairments (stable or unstable) that require special medication administration to manage their health.

Licensed school nurses, as licensed health personnel, work under the auspices of the school and may make independent decisions to delegate licensed nursing tasks or health services to unlicensed personnel that do not go above the ascribed level of practice of a licensed practical nurse. Each nurse remains accountable for their profession nursing judgement and delegation decisions.

The following skills observation and consent forms provide documentation for the district or school in the delegation of the special medication administration by the school nurse. The school nurse retains accountability to provide education to unlicensed personnel, supervision, monitoring and evaluation of delegated medication administration.

Based on the school nurse's independent decision to delegate, the qualified personnel must complete the general medication administration course prior to completing any of the additional special medication administration modules.

The additional modules for special medication administration skills related to health services and nursing tasks include:

- Diazepam (rectal insertion, intranasal)
- Glucagon (injection, injection pen, intranasal)
- Nebulizer treatment
- Gastrostomy tube medication administration and feeding
- Insulin injection (glucose monitoring, carbohydrate counts, ketone checks if applicable)
- Insulin pump (glucose monitoring, carbohydrate counts, ketone checks if applicable)

Rectal Diazepam Skills Observation and Consent

The school nurse has delegated and retains accountability in the administration of rectal diazepam for a student's chronic health condition. The school personnel must complete the medication administration course and additional training to perform this delegated task. The school personnel must also sign consent to perform the invasive task. **Each student will have different instructions from their healthcare provider regarding the administration of their emergency medication. Please refer to the student's individualized health plan (IHP) that includes emergency action planning and the healthcare provider's instructions to administer rectal diazepam.**

Task	✓
1. Stay calm; Review the emergency action plan and begin timing the seizure, wash hands and Check the first 5 rights	<input type="checkbox"/>
2. Have someone notify the nurse, emergency medical services or parents as indicated in the emergency plan, obtain the medication if it is not readily available with the student	<input type="checkbox"/>
3. Position the student on a flat, safe surface on their side	<input type="checkbox"/>
4. Provide privacy (if possible)	<input type="checkbox"/>
5. Gather supplies	<input type="checkbox"/>
6. Apply gloves	<input type="checkbox"/>
7. Get the syringe and note that the seal pin is attached to the cap or green ready band is visible	<input type="checkbox"/>
8. Check to ensure the correct dose is dialed and the time for administration is met	<input type="checkbox"/>
9. Check the 5 rights again	<input type="checkbox"/>
10. Push up with the thumb and pull to remove the cap from the syringe. Be sure the seal pin is removed with the cap	<input type="checkbox"/>
11. Lubricate rectal tip with lubricating jelly	<input type="checkbox"/>
12. Position yourself with student facing you	<input type="checkbox"/>
13. Expose the buttocks and move the student's upper leg forward to expose the rectum. Provide privacy if possible.	<input type="checkbox"/>
14. Separate buttocks	<input type="checkbox"/>
15. Gently insert the syringe tip into the rectum with the rim snug against the rectal opening	<input type="checkbox"/>
16. Slowly count to three while gently pushing the plunger in until it stops	<input type="checkbox"/>
17. Slowly count to three before removing the syringe from the rectum	<input type="checkbox"/>
18. Slowly count to three while holding the buttocks together to prevent leakage	<input type="checkbox"/>
19. Pull students clothing back up to cover the buttocks	<input type="checkbox"/>
20. Keep the person on their side facing you and stay with the student	<input type="checkbox"/>
21. Note the time medication was administered and continue to observe the student	<input type="checkbox"/>
22. Follow the remaining emergency action plan as outlined by the student's healthcare providers and notify the school nurse, parents or EMS, as indicated. Provide EMS with the used medication if indicated or dispose of medication per the manufacturer's label.	<input type="checkbox"/>
23. Remove gloves and wash hands	<input type="checkbox"/>
24. Complete the 6th right: document medication administration	<input type="checkbox"/>

Additional Instruction: _____

Student: _____

Signature of Qualified Personnel _____
My signature indicates I understand my responsibility and accountability in consenting to perform the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials _____

Date of Annual Skills Check: _____

Glucagon Injection Kit Skills Observation and Consent

The school nurse has delegated and retains accountability in the administration of glucagon injection for a student's chronic health condition. The school personnel must complete the medication administration course and additional training to perform this delegated task. The school personnel must also sign consent to perform the invasive task. **Each student will have different instructions from their healthcare provider regarding the administration of their emergency medication. Please refer to the student's individualized health plan (IHP) that includes emergency action planning and the healthcare provider's instructions to administer an injection kit of glucagon.**

Task	✓
1. Stay calm; Review the emergency action plan, wash hands and check 5 rights	<input type="checkbox"/>
2. Have someone notify the nurse, emergency medical services or parents as indicated in the emergency plan, and obtain the medication if it is not readily available with the student	<input type="checkbox"/>
3. Check the first 5 rights and put on gloves	<input type="checkbox"/>
4. Position the student on their side	<input type="checkbox"/>
5. Follow the glucagon kit instructions for the individual student (kits may vary with instructions)	<input type="checkbox"/>
6. Flip off the cap from the bottle of inactive glucagon powder and wipe the rubber stopper with an alcohol swab	<input type="checkbox"/>
7. Carefully remove the needle protector from the syringe	<input type="checkbox"/>
8. Inject the entire contents of the syringe into the bottle of glucagon	<input type="checkbox"/>
9. Flip the bottle up with one hand on the bottle and the other on the syringe, held together	<input type="checkbox"/>
10. Gently swirl the liquid until the powder dissolves and is clear (do not use unless the solution is clear and water-like consistency)	<input type="checkbox"/>
11. Pull gently back on the plunger and withdraw the prescribed dose into the syringe	<input type="checkbox"/>
12. Wipe the injection site with an alcohol swab (buttocks, upper arm or thigh)	<input type="checkbox"/>
13. Insert the needle into the loose tissue under the cleansed injection site and inject the glucagon solution dose as prescribed	<input type="checkbox"/>
14. Apply light pressure at the injection with a gauze pad and withdraw the needle	<input type="checkbox"/>
15. Retract the needle guard if applicable, while maintaining light pressure on the injection site or place the needle in a red sharps container	<input type="checkbox"/>
16. Remove the gauze from the injection site, and wipe site gently with alcohol	<input type="checkbox"/>
17. Keep student on their side (If unconscious, when they awake they may vomit)	<input type="checkbox"/>
18. Feed the student as soon as he or she awakens and is able to swallow by giving a quick sugar and long acting source of sugar according to the student's emergency action plan	<input type="checkbox"/>
19. If the student is not conscious within a set time frame, the healthcare prescriber may have instructions to give a second dose and contact emergency medical services immediately	<input type="checkbox"/>
20. Notify the prescribing healthcare provider of the hypoglycemic event, remove gloves and wash hands. Complete the 6th right and document medication administration	<input type="checkbox"/>

Additional Instruction: _____

Student: _____

Signature of Qualified Personnel: _____
My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____

Medication Via Nebulizer Skills Observation and Consent

The school nurse has delegated and retains accountability in the administration of a nebulizer for a student's chronic health condition. The school personnel must complete the medication administration course and additional training to perform this delegated task. The school personnel must also sign consent to perform the task. **Each student will have different instructions from their healthcare provider regarding the administration of their emergency medication. Please refer to the student's individualized health plan (IHP) that includes emergency action planning and the healthcare provider's instructions to administer medication by using a nebulizer machine.**

Task	✓
1. Stay calm; Review the IHP or emergency action plan (if this is an emergency), wash hands and check the first 5 rights	<input type="checkbox"/>
2. Have someone notify the nurse, emergency medical services or parents as indicated in the emergency plan (if applicable) or obtain the medication/supplies and nebulizer machine if it is not readily available with the student	<input type="checkbox"/>
3. Follow the instructions for medication administration and use of the supplies/nebulizer. Ensure that the machine is on a level surface, hose is connected to the compressor and plug into the outlet. Prepare a clean surface for supplies.	<input type="checkbox"/>
4. Review the 5 rights again	<input type="checkbox"/>
5. Put on gloves, prepare medication and pour into nebulizer medicine cup	<input type="checkbox"/>
6. Attach the hose and T piece mouthpiece or mask to the medicine cup keeping upright to prevent spills	<input type="checkbox"/>
7. Turn power switch on and check for mist	<input type="checkbox"/>
8. Have the student sit comfortably next to the nebulizer compressor. Explain the treatment and offer a quiet activity to pass the time. Stay with the student during the treatment.	<input type="checkbox"/>
9. Place mask gently on student or give the student the mouthpiece to place in mouth	<input type="checkbox"/>
10. Have the student inhale through the mouth piece or mask until the medication is completely gone. Gently tap the cup as needed (this may take 10 to 15 minutes)	<input type="checkbox"/>
11. When the medication is gone, help the student remove the mask or have them hand you the T piece, medicine cup and tubing.	<input type="checkbox"/>
12. Encourage the student to rinse their mouth after using their nebulizer with water	<input type="checkbox"/>
13. Follow any additional steps in the students IHP or emergency action plan (if applicable)	<input type="checkbox"/>
14. Disconnect the mouthpiece or mask from the tubing, unscrew the medication cup top and follow manufacturer's directions for cleaning	<input type="checkbox"/>
15. Remove gloves, wash hands, place nebulizer and supplies as directed and place medication back securely in locked cabinet or as directed by prescription label	<input type="checkbox"/>
16. Complete the 6th right: document medication administration	<input type="checkbox"/>

Additional Instruction:

Signature of Qualified Personnel: _____

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____

Gastrostomy Tube Medication Administration and Feeding Skills Observation and Consent

The school nurse has delegated and retains accountability in the administration of a gastrostomy tube feeding or medication for a student's chronic health condition. The school personnel must complete the medication administration course and additional training to perform this delegated task. The school personnel must also sign consent to perform the task. **Each student will have different instructions from their healthcare provider regarding the administration of their emergency medication. Please refer to the student's individualized health plan (IHP) that includes emergency action planning and the healthcare provider's instructions to administer the gastrostomy tube feeding or medications.**

Task	✓
1. Wash hands and check the first 5 rights	<input type="checkbox"/>
2. Assemble supplies needed, including medication or feeding as outlined in the student's individual health plan	<input type="checkbox"/>
3. Follow the instructions for medication administration and use of the supplies/nebulizer. Ensure that the machine is on a level surface, hose is connected to the compressor and plug into the outlet. Prepare a clean surface for supplies.	<input type="checkbox"/>
4. Put on gloves and prepare feeding or medications as ordered (ensure whether medication is able to be crushed or dissolved and place each medication separately in the prescribed amount of water, in plastic medication cup[s])	<input type="checkbox"/>
5. Have the student be in an upright position either sitting or with head above 30 degrees	<input type="checkbox"/>
6. Remove the plug to cap on the tube that you have been instructed to use	<input type="checkbox"/>
7. With the plunger removed from the syringe, connect the syringe to the GT holding in an upright fashion with the plunger opening allowing air bubbles to escape	<input type="checkbox"/>
8. Flush tubing slowly by pouring clear water in an amount prescribed by the healthcare provider to gravity feed through the tube into the stomach	<input type="checkbox"/>
9. Administer each medication with the prescribed amount of flush between medications that is provided by the healthcare provider	<input type="checkbox"/>
10. After medication administration or feeding, flush the GT with the prescribed amount of fluid to be given after feeding or medication administration that is provided by the healthcare provider using gravity feed through the tube into the stomach and keep student upright sitting or with head above thirty degrees or as directed for a set amount of time	<input type="checkbox"/>
11. Replace the plug or cap on the tube	<input type="checkbox"/>
12. Check the area around the G-tube for signs of skin irritation or redness	<input type="checkbox"/>
13. Clean supplies as directed	<input type="checkbox"/>
14. Dispose of empty plastic medication cup(s) or feeding supplies in the recycle bin	<input type="checkbox"/>
15. Remove gloves	<input type="checkbox"/>
16. Wash hands	<input type="checkbox"/>
17. Store medications securely in locked cabinet or as directed by prescription label and store supplies in designated area	<input type="checkbox"/>
18. Complete the 6th right: document medication administration or feeding and flush amounts	<input type="checkbox"/>

Additional Instruction: _____

Student: _____

Signature of Qualified Personnel: _____

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____

Insulin Administration by Injection Skills Observation and Consent

The school nurse has delegated and retains accountability in the administration of an insulin injection for a student's chronic health condition. The school personnel must complete the medication administration course and additional training to perform this delegated task. **The school personnel must also sign consent to perform the task. Each student will have different instructions from their healthcare provider regarding the administration of their emergency medication. Please refer to the student's individualized health plan (IHP) that includes emergency action planning and the healthcare provider's instructions to administer an insulin injection.**

Task	✓
1. Wash hands and check 5 rights	<input type="checkbox"/>
2. Assemble supplies needed, including medication as outlined in the student's IHP and as prescribed by the healthcare provider	<input type="checkbox"/>
3. Put on gloves	<input type="checkbox"/>
4. Check the insulin for discoloration, lumps or crystals (stop here if this is observed and notify the nurse). If cloudy, roll in-between your hands 20 times.	<input type="checkbox"/>
5. Review where last injection was given to choose an alternate site with the student. Check the 5 rights again.	<input type="checkbox"/>
6. Wipe the top of vial off with an alcohol pad	<input type="checkbox"/>
7. Gently remove the cap from the insulin syringe	<input type="checkbox"/>
8. Pull the plunger out to the number of units to be administered	<input type="checkbox"/>
9. Push needle into vial that is setting on a flat surface and plunge the air into the air space in the bottle	<input type="checkbox"/>
10. Keeping the needle in the bottle, turn the bottle upside down, ensure the tip of the needle is in the insulin (in the bottle) and withdraw slowly the units of insulin needed as provided by the healthcare provide or within the written parameters the healthcare provider has given for parents to make adjustments	<input type="checkbox"/>
11. Tap syringe gently to remove all air bubbles	<input type="checkbox"/>
12. Check the number of units to be administered from the medication administration record for a third time and then check what is drawn up in the syringe	<input type="checkbox"/>
13. Clean injection site with an alcohol wipe and wait for it to dry	<input type="checkbox"/>
14. Pinch up skin gently with free hand and insert the needle at a 90-degree angle	<input type="checkbox"/>
15. Release pinch and push plunger in slowly	<input type="checkbox"/>
16. Pull needle straight out	<input type="checkbox"/>
17. Wipe any bleeding away (if any) with an alcohol wipe	<input type="checkbox"/>
18. NEVER RECAP A NEEDLE ; Dispose of the used needle in a red sharps container	<input type="checkbox"/>
19. Remove gloves and wash hands	<input type="checkbox"/>
20. Complete the 6th right: Document medication administration and store medications securely in locked cabinet or as directed by prescription label and store supplies in designated area	<input type="checkbox"/>

Additional Instruction: _____

Student: _____

Signature of Qualified Personnel: _____

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____

Insulin Pen Injection skills Observation and Consent

The school nurse has delegated and retains accountability in the administration of an insulin injection for a student's chronic health condition. The school personnel must complete the medication administration course and additional training to perform this delegated task. **The school personnel must also sign consent to perform the task. Each student will have different instructions from their healthcare provider regarding the administration of their emergency medication. Please refer to the student's individualized health plan (IHP) that includes emergency action planning and the healthcare provider's instructions to administer an insulin pen.**

Task	✓
1. Wash hands and check 5 rights	<input type="checkbox"/>
2. Assemble supplies needed, including medication as outlined in the student's IHP and as prescribed by the healthcare provider	<input type="checkbox"/>
3. Review where last injection was given to choose an alternate site with the student	<input type="checkbox"/>
4. Check 5 rights again and apply gloves	<input type="checkbox"/>
5. Pull pen cap to remove from the insulin pen	<input type="checkbox"/>
6. For cloudy insulin roll pen back and forth for a minute until evenly mixed	<input type="checkbox"/>
7. Wipe pen end rubber seal with alcohol wipe	<input type="checkbox"/>
8. Screw new capped pen needle straight onto pen tip until tight (sizes of needle will vary depending on what the healthcare provider indicates is best for the student)	<input type="checkbox"/>
9. Hold pen pointing up and remove outer shield (keep to use for needle removal). Remove inner shield	<input type="checkbox"/>
10. Prime the pen per the manufacturer's instructions	<input type="checkbox"/>
11. Dial the desired dose of insulin	<input type="checkbox"/>
12. Check the number of units to be administered as dialed on the pen for a third time against the medication administration record	<input type="checkbox"/>
13. Choose a new injection site with student, wipe with alcohol wipe and allow to dry	<input type="checkbox"/>
14. Pinch up skin with your free hand and hold the pen against the site held with you other hand at 90 degree angle and press injection button, wait five to ten seconds per instructions	<input type="checkbox"/>
15. Release pinch and release injection button	<input type="checkbox"/>
16. Remove needle straight out. Wipe blood away with alcohol wipe (if any)	<input type="checkbox"/>
17. Check pen to make sure the full dose was administered	<input type="checkbox"/>
18. Carefully replace the outer needle shield	<input type="checkbox"/>
19. Remove capped needle turning counterclockwise	<input type="checkbox"/>
20. Discard used needle and pen if disposable in sharps container	<input type="checkbox"/>
21. Replace pen cap	<input type="checkbox"/>
22. Remove gloves and wash hands	<input type="checkbox"/>
23. Complete the 6th right: Document medication administration and store medications securely in locked cabinet or as directed by prescription label and store supplies in designated area	<input type="checkbox"/>
24. Store as instructed. Reusable pen usually kept at room temperature away from heat and light	<input type="checkbox"/>

Additional Instruction: _____

Student: _____

Signature of Qualified Personnel: _____

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____

Insulin Pump Skills Observation and Consent

- Most insulin pump sets contain a pump, disposable cartridge to hold insulin and an infusion tubing set that has a small needle/cannula that is inserted 30 to 90 degrees into subcutaneous tissue either by manual or injector device
- A school nurse may have to adjust a temporary basal rate for a student during sports or activities per the healthcare provider or parents, within the written parameters provided by the healthcare provider
- Bolus insulin doses are given for foods or to correct a high blood glucose (some pumps can calculate bolus' based on user pump settings)
- The student's pumps settings may be preprogrammed for:
 - One-unit Insulin: Carbohydrate Ratio
 - Insulin Sensitivity Factor
 - Blood Glucose Target
 - Insulin Onboard
- Completed Insulin to Carb. Ratio training and steps in the IHP provided by the school nurse as outlined by the healthcare provider
- Completed Insulin Adjustment to blood glucose checks following steps in the IHP developed by the school nurse as outlined by the healthcare provider
- Insulin Sensitivity Factor refers to how the blood glucose responds to 1 unit of rapid-acting insulin by decreasing the blood sugar amount by a certain number specific to the student (this may be added to a food bolus, or given separately depending on the healthcare provider instructions or parents, within the written parameters provided by the healthcare provider)
- Blood Glucose Target is used to calculate blood glucose correction dose and is often expressed in a range by the healthcare provider, some pumps may use the midpoint range for dose calculation. Please follow the instructions for the student's individual pump and the target blood glucoses for different times of day as outlined by the student's healthcare provider or parent within the written parameters provided by the healthcare provider
- To calculate a correction bolus dose: Take the student's current blood sugar subtracted by the target blood sugar and then divided by the insulin sensitivity factor to get the units of insulin needed to be administered. Many pumps have a built-in calculator, please refer to the student's pump and healthcare provider's instruction or parent within the written parameters provided by the healthcare provider
- Insulin Onboard tracks how much bolus is still active at a given time and when the bolus will be done working in the body; if the program is active for the student, a calculator in the pump will subtract the insulin onboard from the next correction bolus. This pump action decreases the risk of low blood sugar due to stacking doses. Ask the school nurse regarding the functions of the student's pump
- Completed correction bolus training provided by the school nurse as outlined by the healthcare provider
- Completed training on how to identify if the student's pump has an insulin onboard feature and the importance of this feature.
- Complete and demonstrate how to utilize the individual's pump device in accordance with the IHP and emergency planning
- Complete training on how to differentiate between a basal rate and bolus as outlined by the healthcare provider.
- Completed training on how to suspend a bolus or resume insulin after manually suspending a bolus to prevent hypoglycemia as outlined by the healthcare provider
- Completed training on how to access the continuous glucose monitoring feature of the student's insulin pump as outlined by the healthcare provider (if applicable)
- Completed training and demonstrate how to communicate with the school nurse, parents, document and troubleshoot alarms, alerts, battery replacement and emergency procedures specific to the student's individual healthcare provider instructions regarding hypoglycemia, hyperglycemia, individual health plan and pump manufacturer's instruction

Additional Instruction: _____

Student: _____

Signature of Qualified Personnel: _____
My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____

Intranasal Seizure Medication with An Atomizer Skills Observation and Consent (Page 1 of 2)

The school nurse has delegated and retains accountability in the administration of intranasal seizure medication with an atomizer for a student's chronic health condition. The school personnel must complete the medication administration course and additional training to perform this delegated task. The school personnel must also sign consent to perform the invasive task. **Each student will have different instructions from their healthcare provider regarding the administration of their emergency medication. Please refer to the student's individualized health plan (IHP) that includes emergency action planning and the healthcare provider's instructions to administering intranasal seizure medication with an atomizer.**

Task	✓
1. Stay calm; review the emergency action plan and begin timing the seizure, wash hands and check the first 5 rights	<input type="checkbox"/>
2. Have someone notify the nurse, emergency medical services or parents as indicated in the emergency plan, obtain the medication if it is not readily available with the student	<input type="checkbox"/>
3. Position the student on a flat, safe surface on their side or as directed by the healthcare provider	<input type="checkbox"/>
4. Gather supplies and applies gloves	<input type="checkbox"/>
5. Mark the syringe at the level that the medication needs to be drawn up to. Make sure, you draw up the correct amount of medication to account for the medication that will remain in the neck of the nasal atomizer. This will be outlined in the IHP as directed by the healthcare provider or pharmacist	<input type="checkbox"/>
6. Fill the syringe with air to the marked line by pulling the plunger back until the top of the plunger reaches the mark.	<input type="checkbox"/>
7. Check the medication to ensure it is the correct medication, is not expired, is the correct dose and check the 5 rights again	<input type="checkbox"/>
8. Remove the protective plastic cap off of the vial and wipe the top of the vial with an alcohol swab	<input type="checkbox"/>
9. Connect the needle to the marked syringe and twist it on to secure	<input type="checkbox"/>
10. Remove the needle cap and stick the needle through the rubber stopper of the medication vial	<input type="checkbox"/>
11. Push on the medication syringe plunger to push the air into the medication vial	<input type="checkbox"/>
12. With the needle remaining in the vial, flip the bottle upside down	<input type="checkbox"/>
13. While holding down the plunger with the vial turned up, visualize to make sure the needle tip is in the medication. If it is not, adjust the needle in the vial to ensure it is fully in the liquid medication.	<input type="checkbox"/>
14. Pull back on the plunger and allow for the syringe to fill with the medication to the marked level.	<input type="checkbox"/>
15. If there are no air bubbles and you have the correct amount in the syringe, remove the needle from the vial.	<input type="checkbox"/>
16. Replace the needle cap by scooping the cap with the needle from a flat clean surface. Never recap a needle by holding onto the needle cap.	<input type="checkbox"/>
17. Gently twist the needle off of the syringe and dispose of the needle in the red sharps container	<input type="checkbox"/>
18. Attach the nasal atomizer to the syringe. View the student's nostrils for obstruction.	<input type="checkbox"/>
19. Gently place one hand on the student's forehead and place the tip of the atomizer in the student's nostril snugly facing up and outwards (or as directed by the healthcare provider)	<input type="checkbox"/>
20. Inject the medication using the atomizer to administer the medication as a mist in the student's nostril(s) per the IHP and healthcare provider's instruction	<input type="checkbox"/>
21. Note the time medication was administered and continue to observe the student	<input type="checkbox"/>
22. Follow the remaining emergency action plan as outlined by the student's healthcare providers and notify the school nurse, parents or EMS, as indicated. Provide EMS with the used medication if indicated or dispose of medication per the manufacturer's label.	<input type="checkbox"/>
23. Remove gloves and wash hands	<input type="checkbox"/>
24. Complete the 6th right: document medication administration	<input type="checkbox"/>

Intranasal Seizure Medication with An Atomizer Skills Observation and Consent (Page 2 of 2)

Additional Instruction:

Student: _____

Signature of Qualified Personnel:

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials _____

Date of Annual Skills Check: _____

Glucagon Auto-injector Skills Observation and Consent

Task	✓
1. Wash hands, put on gloves, and check the first 5 rights	<input type="checkbox"/>
2. Assemble supplies needed, including medication as outlined in the student's IHP or emergency action plan and as prescribed by the healthcare provider	<input type="checkbox"/>
3. Have the student lie on their side if conscious. If the student is not conscious, roll the student to their side.	<input type="checkbox"/>
4. Check 5 rights again	<input type="checkbox"/>
5. Expose the injection site: upper right or left arm, stomach, right or left thigh	<input type="checkbox"/>
6. Pull the red cap off the pen	<input type="checkbox"/>
7. Push the yellow end down on the skin firmly and hold for 5 seconds. The window on the pen will turn red when all of the medication is administered.	<input type="checkbox"/>
8. Keep the student on their side to prevent choking if the student vomits.	<input type="checkbox"/>
9. Dispose of the pen in a sharp's container (unless otherwise indicated in the emergency action plan)	<input type="checkbox"/>
10. Remove gloves and wash hands. Stay with the student.	<input type="checkbox"/>
11. Follow the remaining emergency action plan as outlined by the student's healthcare providers and notify the school nurse, parents or EMS, as indicated. Provide EMS with the used medication if indicated or dispose of medication per the manufacturer's label.	<input type="checkbox"/>
12. Complete the 6th right: Document medication administration and store medications securely in locked cabinet or as directed by prescription label and store supplies in designated area	<input type="checkbox"/>

Additional Instruction:

Student: _____

Signature of Qualified Personnel:

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____

Intranasal Glucagon Skills Observation and Consent

Task	✓
1. Wash hands, put on gloves and check the first 5 rights	<input type="checkbox"/>
2. Assemble supplies needed, including medication as outlined in the student's IHP or emergency action plan and as prescribed by the healthcare provider	<input type="checkbox"/>
3. Have the student lie on their side if conscious. If the student is not conscious, roll the student to their side.	<input type="checkbox"/>
4. Check 5 rights again	<input type="checkbox"/>
5. Remove the shrink wrap by pulling the red stripe from the intranasal device	<input type="checkbox"/>
6. Hold the intranasal device between your fingers and thumb	<input type="checkbox"/>
7. Gently insert the tip of the device into one nostril, until the finger touches the outside of the nose. Press the plunger firmly to give the dose.	<input type="checkbox"/>
8. Keep the student on their side to prevent choking if the student vomits.	<input type="checkbox"/>
9. Dispose of the empty intranasal device according to manufacturer's label (unless other steps are indicated in the emergency action plan)	<input type="checkbox"/>
10. Remove gloves and wash hands. Stay with the student.	<input type="checkbox"/>
11. Follow the remaining emergency action plan as outlined by the student's healthcare providers and notify the school nurse, parents or EMS, as indicated. Provide EMS with the used medication if indicated or dispose of medication per the manufacturer's label.	<input type="checkbox"/>
12. Complete the 6th right: Document medication administration and store medications securely in locked cabinet or as directed by prescription label and store supplies in designated area	<input type="checkbox"/>

Additional Instruction:

Student: _____

Signature of Qualified Personnel:

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____

Buccal Seizure Medication

Task	✓
1. Gathering supplies, washing your hands and putting on clean gloves.	<input type="checkbox"/>
2. Placing the syringe or dropper into the bottle of medication until the end of the syringe/dropper is in the fluid.	<input type="checkbox"/>
3. Draw up the correct dose of medication, ensuring that the dose is correct once the syringe or dropper is removed.	<input type="checkbox"/>
4. Gently use your gloved hand and pull back the student's lower lip and slowly squirt the drug into the mouth between the lip and gum.	<input type="checkbox"/>
5. After squirting the medication into the gum remove the syringe/dropper but keep the lip pulled back for a few seconds	<input type="checkbox"/>
6. Use gauze swabs to wipe the outside of their mouth after administration.	<input type="checkbox"/>
7. Remove gloves, wash hands, follow additional steps in the emergency action plan.	<input type="checkbox"/>
8. Stay with the student.	<input type="checkbox"/>
9. Wash hands	<input type="checkbox"/>
10. Document	<input type="checkbox"/>

Additional Instruction:

Student: _____

Signature of Qualified Personnel:

My signature indicates I understand my responsibility and accountability in consenting to provide the delegated service as instructed by the school nurse.

Signature of School Nurse/Credentials: _____

Date of Annual Skills Check: _____