Medication Administration Toolkit

2020 (Second Revision)

State of Iowa

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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 281.24.2; 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 an 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 655.6).

When designated 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 then completes a skills check and signs the certificate to be valid to administer medications in the school setting and school sanctioned activities.

Nothing in this toolkit supersedes the professional nurse's judgement and accountability in nursing practice 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 skills observation of unlicensed personnel for medication administration. These supplies will address the skills requirements covered in the seventeen module curriculum and additional modules available provided by the Iowa Department of Education. 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
- Insulin syringe
- Small bottle of saline
- Needles

- Small bottle of powder for reconstitution
- Nasal atomizer
- Diazepam trainer
- Plastic ampule of saline
- Nebulizer tubing
- Nebulizer adaptive mouth piece or mask
- Practice inhaler
- Pediatric Spacer
- Large syringe with plunger
- 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 have 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.

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Delegation Unlicensed Assistive Personnel (UAP) Documentation and Consent Form

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

_____

Student Name: _____Birthdate_____School_____

Heath 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 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.

HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162001_____Refills Left: 0 For: JOHNNY DOE **Inert Pill Name Sample** Take two tablets three times a day____ Qty: 90 Pr: Ms. Sally Mae, ARNP Date: Yesterday	.	HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162001_____Refills Left: 0 For: JOHNNY DOE **Inert Pill Name Sample** Take two tablet three times a day_____ Qty: 90 Pr: Ms. Sally Mae, ARNP Date: Yesterday
HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162002_____Refills Left: 0 For: CHARLOTTE MAYFLOWER **Inert 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 Dr. Kim Yung, DO Date: yesterday	.	HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162002_____Refills Left: 0 For: CHARLOTTE MAYFLOWER **Inert 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 Dr. Kim Yung, DO Date: yesterday
HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162003_____Refills Left: 1 For: THOMAS MAKER **Sample Inert Ointment** Apply to affected area twice daily for 4 weeks Pr: Mrs. Christine Doud, DO Date: Yesterday	.	HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162003_____Refills Left: 1 For: THOMAS MAKER **Sample Inert Ointment** Apply to affected area twice daily for 4 weeks Pr: Mrs. Christine Doud, DO Date: Yesterday
HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162004_____Refills Left: 0 For: JENNIFER SMITH **Sample Inert Ear Drop Suspension 0.2%/1%** Instill 3 drops in right ear every 6 hours for 7 days Pr: Mr. Jim Brown, MD Date: Yesterday	.	HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162004_____Refills Left: 0 For: JENNIFER SMITH **Sample Inert Ear Drop Suspension 0.2% / 1%** Instill 3 drops in right ear every 6 hours for 7 days Pr: Mr. Jim Brown, MD Date: Yesterday
HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162005_____Refills Left: 0 For: HARPER LEWIS **Sample Inert Eye Drop** Instill one drop in the right eye every four hours Pr: Mr. Scott Evans, ARNP Date: Yesterday	.	HomeTown PHARMACY 100 Main Street Anytown, IA 56485 319-555-3402 Rx. 5162005_____Refills Left: 0 For: HARPER LEWIS **Sample Inert Eye Drop** Instill one drop in the right eye every four hours Pr: Mr. Scott Evans, ARNP Date: Yesterday

Medication Administration Skills Checklist

In addition to the medication administration course, there are modules for special medication administration skills that goes beyond the basic medication administration course. The additional modules related to health services and nursing tasks include rectal diazepam, glucagon injection, nebulizer treatment, gastrostomy tube, insulin injection and insulin pump. There are skills checklists associated with these skills that are individually delegated by the school nurse to an unlicensed personnel.

School nurses may print off the skills checklist two page (front and back checklist) to accompany the signed consent form for school personnel records in delegation of medication administration. These records, along with the personnel's medication administration certificate can be stored in electronic format, in the front of a medication administration binder, or as policy and protocol indicates.

Medication Administration Skills Checklist

Name of School Personnel (print):_____

Annual Medication Administration Skills Checklist	**Year One:** Month/Day/Year: _____ School Nurse Signature: _____ I attest that the school personnel completed a return skills demonstration of all steps in section A through section J correctly	**Year Two:** Month/Day/Year: _____ School Nurse Signature: _____ I attest that the school personnel completed a return skills demonstration of all steps in section A through section J correctly
Year Three: Month/Day/Year _____ School Nurse Signature: _____ I attest that the school personnel completed a return skills demonstration of all steps in section A through section J correctly	**Year Four:** Month/Day/Year _____ School Nurse Signature: _____ I attest that the school personnel completed a return skills demonstration of all steps in section A through section J correctly	**Year Five:** **Do Not Sign This Box** Online Course must be completed at a minimum of every five years. School personnel must present with a new certificate of course completion. See New Checklist Form.

A. Handwashing: Completed Before and After Medication Administration

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

B. Tablet and Capsules

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

C. Sprinkles

1. Check the 5 rights	5. Using a spoon, gently place the “sprinkled food” in the child’s mouth to swallow or have the child use the spoon to scoop “sprinkled food” in his or her mouth
2. Open capsule carefully	6. Instruct the student to throw away or place the empty plastic medication cup and plastic spoon in the recycle bin (if applicable)
3. Pour all the sprinkles out of the capsule on the small amount of food in a plastic medicine cup	7. Documentation medication administration
4. Check five rights	8. Place medication bottle back in locked cabinet

D. Oral Liquid Medications

1.Check 5 right	7.Check 5 rights
2.Place plastic medication cup on a flat surface and keep your eye level with the cup	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 his or her mouth
3.Pour medication dose into the cup	9.Watch the student swallow the medication
4.Wipe any drips from the bottle	10.Instruct the student to throw away or place the empty plastic medication cup in the recycle bin (if applicable)
5.If using a measured dropped, withdraw the correct amount	11. Documentation medication administration
6.Place the cap securely back on the medication bottle	12. Place medication bottle back in locked cabinet

E. Topical Skin Medications

1.Gather supplies	9.Uncap ointment or lotion tube or bottle
2.Check 5 rights	10.Squeeze correct amount on tongue blade
3.Position student/observe affected area	11.Apply medication gently according to the directions
4.Put gloves on hands	12.Remove gloves and place in garbage
5.Clean skin	13.Place cap securely back on the ointment or lotion tube or bottle
6.Remove gloves and place in garbage	14.Cover the skin as directed (if applicable)
7.Check 5 rights	15.Documentation medication administration
8.Place clean gloves on hands	16.Place medication bottle back in locked cabinet

F. Eye Drops and Eye Ointments

1.Gather supplies	9.Administer correct number of drops or ointment without the bottle or tube touching the eye, your fingers, or anything else
2.Check 5 rights	10.Have student gently close eye(s)
3.Position student	11.Place cap securely back on ointment tube or bottle
4.Observe student's eye(s) for changes and report to school nurse	12.Carefully blot away any excess liquid or ointment on student's cheeks
5.Put gloves on hands	13.Instruct student not to rub his or her eye(s)
6.Check 5 rights	14.Remove gloves and place in garbage
7.Remove cap from eye medicine tube or bottle	15.Documentation medication administration
8.Pull students lower lid down gently to expose conjunctival sac	16.Place medication bottle back in locked cabinet

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G. Ear Drops

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

H. Confidentiality, Documentation and Reporting

1.Demonstrates understanding on how to document in medication administration records	4.Demonstrates understanding on policies and procedures regarding medication administration
2.Demonstrates understanding on how to document and report a medication error	5.Demonstrates understanding regarding confidentiality related to medication administration and health services
3.Demonstrates understanding on how to communicate with school nurse regarding medication administration questions or concerns	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)

I. Inhalers

1.Check 5 rights	8.If the student is using a spacer, have the child 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 child sealing lips around the spacer's mouth piece
2.Shake inhaler 10-15 times	9.Instruct the child to breathe in slowly while administering dose and hold for 5-10 seconds before exhaling using an inhaler
3.Check 5 rights	10.If the child is using a spacer, instruct the child to take several breathes before removing his or her mouth from the mouthpiece of the spacer
4.Remove the cap and hold the canister in an upright position above the mouthpiece	11.Place the cap back on the inhaler
5.Visually inspect the mouth piece for any debris	12.Encourage the student to rinse their mouth after using their inhaler with water
6.Have the student take a breath in an exhale	13.Document medication administration
7.Place the inhaler mouth piece gently in the child's mouth on top of the tongue giving instruction to the child to seal lips around the mouth piece	14.Return medication to the student or place medication in secure location

J. Epinephrine Auto-Injectors

1. Check 5 Rights	7. Inject the medication. Do not inject in a vein or the buttocks
2.Follow Instructions For Each Individual Brand of Epinephrine Auto Injector (for this purpose the pen instructions are provided)	8. Hold the auto-injector in place for the prescribed time in the manufacturer's instructions
3.Remove auto-injector from case, box or tube packaging and hold in your fist	9. Massage the area after injection
4.Check 5 Rights again (if it is a prescribed medication for an individual student)	10. Place the injector back into its safety case, box or tube packaging
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	11. If emergency medical services are notified, give them the used epinephrine auto-injector
6.Place the red or orange tip firmly against the side of the child or individual's thigh, about halfway between the knee or hip (on the outside of the clothing or directly on the skin)	12. If emergency services are not notified, place the used epinephrine auto injector in a sharps container

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 and Title _____ Date: _____

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 child's healthcare provider's instructions to administer rectal diazepam.**

1.) Stay Calm; Review the Emergency Action Plan, wash hands and Check 5 Rights	12.) Position yourself with student facing you
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	13.) Expose the buttocks and move the student's upper leg forward to expose the rectum
3.) Position the student on a flat, safe surface on their side	14.) Separate buttocks
4.) Provide privacy (if possible)	15.) Gently insert the syringe tip into the rectum with the rim snug against the rectal opening
5.) Gather supplies	16.) Slowly count to three while gently pushing the plunger in until it stops
6.) Apply gloves	17.) Slowly count to three before removing the syringe from the rectum
7.) Get the syringe and note that the seal pin is attached to the cap or green ready band is visible	18.) Slowly count to three while holding the buttocks together to prevent leakage
8.) Check to ensure the correct dose is dialed	19.) Pull students clothing back up to cover the buttocks
9.) Check the 5 rights	20.) Keep the person on their side facing you and stay with the student
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	21.) Note the time medication was administered and continue to observe the student
11.) Lubricate rectal tip with lubricating jelly	22.) Follow the remaining emergency action plan as outlined by the child's healthcare providers and notify parents or EMS, as indicated; Document and wash hands

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 and Title _____Date of Skills Check: _____

Glucagon Injection Skills 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 child's healthcare provider's instructions to administer glucagon.**

1.) Stay Calm; Review the Emergency Action Plan, wash hands and check 5 rights	11.) Pull gently back on the plunger and withdraw the prescribed dose into the syringe
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	12.) Wipe the injection site with an alcohol swab (buttocks, upper arm or thigh)
3.) Check 5 rights	13.) Insert the needle into the loose tissue under the cleansed injection site and inject the glucagon solution dose as prescribed
4.) Position the student on their side	14.) Apply light pressure at the injection with a gauze pad and withdraw the needle
5.) Follow the glucagon kit instructions for the individual student (kits may vary with instructions)	15.) Retract the needle guard if applicable, while maintaining light pressure on the injection site or place the needle in a sharps container
6.) Flip off the cap from the bottle of inactive glucagon powder and wipe the rubber stopper with an alcohol swab	16.) Remove the gauze from the injection site, and wipe site gently with alcohol
7.) Carefully remove the needle protector from the syringe	17.) Keep student on their side (If unconscious, when they awake they may vomit)
8.) Inject the entire contents of the syringe into the bottle of glucagon	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
9.) Flip the bottle up with on hand on the bottle and the other on the syringe, held together	19.) If the student is not conscious within fifteen minutes, the healthcare prescriber may have instructions to give a second dose and contact emergency medical services immediately
10.) Gently swirl the liquid until the powder dissolves and is clear (do not use unless the solution is clear and water-like consistency)	20.) Notify the prescribing healthcare provider of the hypoglycemic event, wash hands and document medication administration

Additional Instruction:
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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 and Title _____ Date of Skills Check: _____

Nebulizer Skills 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 child's healthcare provider's instructions to administer the nebulizer.**

1.) Stay Calm; Review the Emergency Action Plan, wash hands and check 5 rights	9.) Place mask gently on student or give the student the mouthpiece to place in mouth
2.) Have someone notify the nurse, emergency medical services or parents as indicated in the emergency plan, and obtain the medication/nebulizer machine if it is not readily available with the student	10) Have the student inhale through the mouth piece or mask until the medication is completely gone (this may take 10 to 15 minutes)
3.) Follow the instructions for use of the nebulizer and ensure that the machine is on a level surface, hose is connected to the compressor and plug into the outlet	11.) When the medication is gone, help the student remove the mask or have them had you the T piece, medicine cup and tube
4.) Review 5 rights while reading medication label for instructions	12.) Encourage the student to rinse their mouth after using their nebulizer with water
5.) put on gloves, prepare medication and pour into nebulizer medicine cup	13.) Follow any additional steps in the students emergency action plan
6.) Attach the hose and T piece mouthpiece or mask to the medicine cup keeping upright to prevent spills	14.) Disconnect the mouthpiece or mask from the tubing, unscrew the medication cup top and follow manufacturer's directions for cleaning
7.) Turn power switch on and check for mist	15.) Remove gloves and return the medication and compressor to the appropriate storage
8.) Have the student sit comfortably next to the nebulizer compressor. Explain the treatment and offer an quiet activity to pass the time. Stay with the student during the treatment.	16.) Document medication administration and wash hands

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 and Title _____ Date of Skills Check: _____

Gastrostomy Tube 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 tube feeding or medications via gastrostomy tube. Please refer to the child's healthcare provider's instructions to administer the gastrostomy tube feeding or medications.**

1.) Wash hands and check 5 rights	10.) After medication administration, flush the GT with the prescribed amount of fluid to be given after 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
2.) Assemble supplies needed, including medication as outlined in the student's individual health plan	11.) Replace the plug or cap on the tube
3.) Check 5 rights	12.) Check the area around the G-tube for signs of skin irritation or redness
4.) Put on gloves and prepare 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))	13.) Clean supplies as directed
5.) Have the student be in an upright position either sitting or with head above 30 degrees	14.) Dispose of empty plastic medication cup(s) in recycle bin
6.) Remove the plug to cap on the tube that you have been instructed to use	15.) Remove gloves
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	16.) Wash Hands
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	17.) Store medications and supplies in designated area
9.) Administer each medication with the prescribed amount of flush between medications that is provided by the healthcare provider	18.) Document medication administration

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 and Title _____ Date of Skills Check: _____

Insulin Administration by Injection 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 insulin administration. Please refer to the child's healthcare provider's instructions to administer an insulin injection.**

1.) Wash hands and check 5 rights	11.) Tap syringe to remove all air bubbles
2.) Assemble supplies needed, including medication as outlined in the student's individual health plan and as prescribed by the healthcare provider	12.) Check the number of units to be administered and then check what is drawn up in the syringe
3.) Check 5 rights and apply gloves	13.) Clean injection site with an alcohol wipe and wait for it to dry
4.) Check the insulin for discoloration	14.) Pinch up skin gently with free hand and insert the needle at a 90 degree angle
5.) Review where last injection was given to choose an alternate site with the student	15.) Release pinch and push plunger in slowly
6.) Wipe the top of vial off with an alcohol pad	16.) Pull needle straight out
7.) Gently remove the cap from the insulin syringe	17.) Wipe any bleeding away (if any) with an alcohol wipe
8.) Pull the plunger out to the number of units to be administered	18.) Dispose of the needle in a sharps container
9.) Push needle into vial that is setting on a flat surface and plunge the air into the air space in the bottle	19) Remove gloves and wash hands
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	20.) Document medication administration and store insulin as directed

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 and Title _____ Date of Skills Check: _____

Insulin Pen Injection and Consent

1.) Wash hands and check 5 rights	13.) Choose a new injection site with student, wipe with alcohol wipe and allow to dry
2.) Assemble supplies needed, including medication as outlined in the student's individual health plan and as prescribed by the healthcare provider	14.) Pinch up skin and insert needle at 90 degree angle
3.) Review where last injection was given to choose an alternate site with the student	15.) Release pinch, press injection button to inject insulin, wait five to ten seconds per instructions
4.) Check 5 rights and apply gloves	16.) Remove needle straight out. Wipe any blood away with alcohol wipe
5.) Pull pen cap to remove from the insulin pen	17.) Check pen to make sure the full dose was administered
6.) For cloudy insulin roll pen back and forth for a minute until evenly mixed	18.) Carefully replace the outer needle shield
7.) Wipe pen end rubber seal with alcohol wipe	19.) Remove capped needle turning counterclockwise
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)	20.) Discard used needle and pen if disposable in sharps container
9.) Hold pen pointing up and remove outer shield (keep to use for needle removal). Remove inner shield	21.) Replace pen cap
10.) Prime the pen per the manufacturer's instructions	22.) Remove gloves and wash hands
11.) Set the desired dose of insulin	23.) Document medication administration
12.) Check the number of units to be administered and then check what is dialed on the insulin pen	24.) Store as instructed. Reusable pen usually kept at room temperature away from heat and light

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 and Title _____ Date of Skills Check: _____

Insulin Pump 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	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
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	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
Bolus insulin doses are given for foods or to correct a high blood glucose (some pumps can calculate bolus' based on user pump settings)	Completed correction bolus training provided by the school nurse as outlined by the healthcare provider
The student's pumps settings may be preprogrammed for: One unit Insulin: Carbohydrate Ratio Insulin Sensitivity Factor Blood Glucose Target Insulin Onboard	Completed training on how to identify if the student's pump has an insulin onboard feature and the importance of this feature
Completed Insulin to Carb. Ratio training provided by the school nurse as outlined by the healthcare provider	Complete training on how to differentiate between a basal rate and bolus as outlined by the healthcare provider
Completed Insulin Adjustment to blood glucose by the school nurse 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
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)	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)
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	Completed training on 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 and Title _____ Date of Skills Check: _____