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# **Medication Administration in the School Setting: Guidelines**

**Colorado Department of Education**

**Exceptional Student Services Unit**

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§ 1.OVERVIEW

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A significant number of school children have health problems that require the administration of medication during the school day. That number has been growing rapidly. For example, the number of American children being treated with psychiatric drugs has grown sharply in the last 15 years, even tripling from 1987 to 1996 and shows no signs of slowing.<sup>1</sup> The issue of medication administration within the school setting is critical because medications keep children in school without interruption of the learning process so they can learn. It has become a more complex issue due to a variety of factors, such as federal and state disability law, new pharmaceutical and medical technologies, evolving mental and medical health practices, fewer full-time school nurses, and increasing numbers of children with complex as well as simple health needs in schools. Children who require medications in order to fully benefit from a free appropriate public education (FAPE) are protected by federal and state disability laws. There are a number of reasons why students might require medications in schools, including:

- chronic conditions requiring medication in order to benefit from classroom instruction

- acute, but temporary, medical needs that require medicine during the school day, such as an antibiotic for an infection
- conditions that might require emergency medication, such as Epi-pen® for a bee sting or food allergy.

The National Association of School Nurses says that medication should “be administered during the school day only when the interval between doses requires administration in school or the medication is a prn or when-necessary order.” Its position statement specifies that safe and effective medication administration must adhere to school policies, school nurse standards of practice, state nurse practice acts, and state laws.<sup>2</sup> If a child needs specified medication during the course of the school day to attend school and benefit from the educational program, it is in the school's interest to make this accommodation.<sup>3</sup>

<sup>1</sup> Zito, J.M., et al. (2003). Psychotropic Practice Patterns for Youth: A 10-Year Perspective. *Archives of Pediatrics and Adolescent Medicine*, 157(1), 17-25.

<sup>2</sup> National Association of School Nurses. (1997). Position statement: Medication administration in the school setting. <http://www.nasn.org/positions/medication.htm>.  
<sup>3</sup> Schwab, N.C. and Gelfman, M.H.B., (2001). *Legal Issues in School Health*, Sun River Press, North Branch, MN: Sunrise River Press, 205.





**School nurses have a legitimate educational interest in all students who take any medications, whether those medications are administered before or during school.**

## § 2. LEGAL CONSIDERATIONS

To protect the school and staff from liability and to insure student safety, schools must provide for the safe administration of medication to students under strict guidelines. In settings where the schools registered, professional nurse is not on campus at all times, the registered nurse must delegate the task of medication administration to a school staff member who has been trained to administer medications. If the school nurse is unable to administer the medication(s), designated school staff members must be trained in medication administration and the school nurse must delegate the responsibility of administering medications to those trained staff members. That state-approved training should cover the basic tenets of medication administration, as outlined in *Guide for Medication Administration: An Instructional Program for Training Unlicensed Persons to Give Medications in Out-of-Home Childcare, School, and Camp Settings*<sup>4</sup> and must include:

- development of a school district policy regarding medication administration
- written authorization from the student's parent/guardian

- written authorization from the prescribing health care provider
- return demonstration by the delegate in the routes of medication administration
- documentation of medication(s) given
- documentation of medication(s) not given or taken by a student, and
- planned evaluation to assure the delegatee's continued competency

Districts are best protected from liability when policies and procedures are established collaboratively with input from school nursing personnel, district administrators, and parents. Parents should be advised annually of the district's medication policies and procedures.

Safe medication administration requires a process that includes the observation and reporting to the school nurse or her delegate of a student's refusal to take medications, side effects, adverse reactions, and unusual symptoms. The school nurse helps staff identify potentially dangerous drug adverse reactions and reviews health information for problems, including side effects of medication that may interfere with learning.

<sup>4</sup> Guide for medication administration: an instructional program for training unlicensed personnel to give medications in out-of-home child care, school and camp settings (2001). <http://www.corra.org/CORRAPrograms/MAT.asp>





**Being trained to give medication is not the critical issue -- The critical issue is having time to give it right and give the students the care they deserve.**

*Julia Lear*

## LEGAL CONSIDERATIONS (continued)

Special issues to consider include:

- psychotropic (brain) medications
- self-administration of medications
- administration of medications all school-sponsored events including out-of-school activities
- delegation of authority to administer medications
- over-the-counter (OTC) and homeopathic remedies

Depending on the child and school policy, medications may be administered by:

- the school nurse or her designee
  - a parent
  - a person in the act of emergency care
  - the child who has been approved to self-administer
- School nurses have a legitimate educational interest in all students who take any medications, whether those medications are administered before, during or after school. Medications taken or not taken before coming to school may affect a child during the school

day. It is important to check with the parent and/or student about medications that are taken at home and to determine whether doses of medication have been administered or forgotten at home.

Policies regarding administration and storage of medications should be clearly defined and designed to protect:

- the student
- the person responsible for the administration of medication, the person responsible for delegation of that responsibility
- the school
- the local school district, regardless of whether the medication is administered at school during the school day, after school at school sponsored activities, or at off site activities. These policies and procedures should be clearly and regularly communicated to students, their parents, school staff, and community health care providers.

Source: Lear, J.G. (2002). Improving Safety and Quality in Medication Management in Schools. Center for Health and Health Care in Schools. <http://www.healthinschools.org/com/m/Medmgmt/sld001.htm>.

**NOTE:** The remainder of the Legal Considerations section discusses specific issues related to medication administration from a broad legal perspective. These issues will be discussed in greater depth from a practice perspective in Section 3: Role of the School Nurse.





## LEGAL CONSIDERATIONS (continued)

### ADMINISTRATION OF MEDICATION

**A prescription or over-the counter medication is one that has been approved by the Federal Drug Administration (FDA) and provides evidence-based information about its purpose, dosage, adverse reactions, side effects, etc. Homeopathic, holistic, or natural remedies are generally not approved by the FDA.**

#### **Administering medications without a nursing license is in violation of the Colorado Nurse Practice Act.**

If a student requires medication in order to access a free appropriate public education (FAPE) under federal and state disability laws, then the administration of such medication is an appropriate “related” or support service as defined by federal law. The service should be incorporated into the student’s IEP or section 504 accommodation plan. State law and regulation and local district policies define how medication should be administered both for the student for whom this is a related service and for students whose need for medication administration may be for temporary or emergency conditions.

The Colorado Medical Practice Act governs the administration of medication.<sup>5</sup> Licensed professional and practical nurses are allowed to administer medications to “their patients” through a delegated medical function. Each carries independent responsibility through licensure to use appropriate nursing judgment when administering medications.

Administering medications without a nursing license is in violation of 12-38-103 (9) and (10) of the Colorado Nurse Practice Act. The “delegatory clause” of the Nurse Practice Act permits nurses to delegate nursing tasks of a routine and repetitive nature that do not require nursing judgment to unlicensed persons who have been trained to administer medications. The rules and regulations implementing the law allow for delegation of the administration of medication in schools and child care settings.<sup>6</sup>

<sup>5</sup> § 12-36-106(1), CRS. Colorado Medical Practice Act.

<sup>6</sup> §12-38-101 C.R.S. Colorado Nurse Practice Act.





## LEGAL CONSIDERATIONS (continued)

### ADMINISTRATION OF MEDICATION

**While not expressly stated in law or regulation, many Colorado schools use some variation of the following policy.<sup>7</sup>**

A school may administer medication to a child only if a parent or guardian has specifically requested such action and there is a reason to administer the medication when the child is at school. A written order from an individual who is licensed to prescribe medications must be on file in order to administer medications. Medication may be given legally only by trained school personnel that have participated in the required Medication Administration Training and to whom a registered nurse has delegated the task of medication administration. Neither the school nurse nor her designee is permitted to administer medication unless:

**1.** The medication is in the original properly labeled container.

If it is a prescription medicine, the student's name, name of the drug, dosage, time for administering, and name of health care provider and current date is printed on the container.

**2.** Written orders from the student's health care provider are on file in the school stating:

- Student's name

- Name of drug
- Dosage
- Purpose of the medication
- Time of day medication is to be given
- Anticipated number of days it needs to be given in school
- Possible side effects

**3.** The parent/guardian provides written permission to the school to administer a prescription or over-the-counter medication.

**4.** School personnel keep an individual record of any medications administered by school personnel.

**5.** Medication is stored in a clean, locked cabinet or container.

Additionally, school districts may want to consider requiring parents to sign a release from responsibility pertaining to side effects or other medical consequences that may be related to the medication(s).

<sup>7</sup> Administering Medicines to Students (Revised Sample Policy): Sample Policy JLCD, Rev May 2001. <http://www.cde.state.co.us/cdesped/download/pdf/nurAdminMed2StuRSP.pdf>, Sample Regulation JLCD-R, Administering Medicines to Students (Revised Sample Regulation): <http://www.cde.state.co.us/cdesped/download/pdf/nurAdmMeds2StuRSR.pdf>







## LEGAL CONSIDERATIONS (continued)

### DISPENSING OF MEDICATION

#### Five Rights of Medication Administration:

- Right Patient
- Right Route
- Right Dose
- Right Time
- Right Medication

The process of administering medication does not include dispensing. Only pharmacists, advanced practice nurses, physicians, and practitioners licensed to do so may dispense drugs. Nurses, unless licensed as advanced practice nurses with prescriptive authority, may only administer medications and, therefore may only delegate the administration of medications.<sup>8</sup>

While state law prohibits dispensing of medications by nurses, many Colorado school district policies on administration of medication in school refer to

administer and dispense in the same policy.<sup>9</sup> School nurses should read their district policies carefully, especially with regard to medications on field trips. The preparation of individual doses of medications for field trips is controversial. Generally preparation of an individual dose can be considered part of the administration process. However, if multiple doses are required, it is recommended that they be individually packaged by a pharmacy or sent in their original containers filled with the number of doses required for the field trip.

Source: The Five Rights of Assisting with Medications, Jefferson County Public Schools Health Services, <http://jeffcoweb.jeffco.k12.co.us/edservices/health/rxtraining/5rights.html>; Colorado Board of Nursing. The Five Rights Of Medication Administration. <http://www.dora.state.co.us/nursing/newsandhottopics/newsandhottopics.htm#5RIGHTS> and Colorado Board of Nursing. The five rights of medication administration.

<sup>8</sup> §12-22-121 Colorado Pharmacy Practice Act

<sup>9</sup> Colorado Association of School Boards. First Aid and Emergency Medical Care (Revised Sample Policy). <http://www.cde.state.co.us/cdesped/download/pdf/nur1stAid-EMC-RSP.pdf>.







## LEGAL CONSIDERATIONS (continued)

### MEDICATION PROTOCOLS

It is recommended that districts develop policies if they wish to, allow administering analgesics for headaches or pain, topical preparations, throat lozenges, or remedies for stomach upset only when a parent or guardian and an authorized prescriber have given written authorization for their use.<sup>10</sup>

### EMERGENCY MEDICATIONS

Even in emergency situations such as anaphylaxis, hypoglycemia, or respiratory distress school staff should not give any medications at any time, unless the medication has been ordered for that particular child.

### SELF-MEDICATION

Colorado does not have regulations that address student self-medication with epinephrine, insulin, prescription inhalers, other prescribed medications, or over-the-counter medications. However, individual school districts may have very specific policies on self-administration of medications, especially in the case of emergency illness. It is recommended that designated staff members be instructed in the care of students who may experience a need for emergency medications such as epinephrine or inhalers even if the student has permission to carry and self-administer the medication. It may be necessary that the student experiencing such an emergency will need assistance from a trained staff member.

*More specific guidelines for self-medication are included later in this paper.*

<sup>10</sup> Jefferson County Public Schools Health Services (n.d.). Five rights of assisting with medications <http://jeffcoweb.jeffco.k12.co.us/edservices/health/rxtraining/5rights.html>. and Colorado Board of Nursing. The five rights of medication administration.





## LEGAL CONSIDERATIONS (continued)

### MEDICATION ADMINISTRATION AND IMMUNITY FROM CIVIL LIABILITY

Colorado law provides immunity to any school employee who administers any medication to a student in accordance with written instructions from a parent or legal guardian if there is an adverse drug reaction suffered by the student as a result of dispensing such drug.<sup>11</sup>

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<sup>11</sup> §22-1-119 C.R.S. Education Law, General and Administrative Provisions





## LEGAL CONSIDERATIONS (continued)

### STORING MEDICATIONS

***Although FDA regulations apply only to health facilities and not to schools, special care is needed for controlled substances such as Ritalin***

All medications should be stored in a locked drawer used exclusively for medications. Cabinets should not contain glass doors and should be anchored securely to a solid surface. Medication requiring refrigeration should be stored in a locked refrigerator or in an impervious secondary container in the refrigerator. Medications should not be stored in individual classrooms unless all of the above standards can be met & the individuals responsible for administration have been properly trained. All medication should be stored in the original pharmacy or manufacturer labeled container. Access to stored medication and medication cabinet keys must be limited to school personnel authorized to administer medications. Expiration dates should be checked and medications disposed of upon expiration.

It should be made clear in advance where emergency

medications such as epinephrine, glucagon, etc. are stored and who is responsible for administering it. District policy should specify that emergency medications should be accessible to staff or students who might need them, but be inaccessible to others.

Needles and syringes should be disposed of in a manner consistent with the following guidelines:

- Needles should not be recapped and should not be purposely bent or broken.
- Disposable syringes and needles (and other sharp items) should be placed in approved red sharps containers and labeled "Biohazard."
- Arrangements should be made with custodial staff or other agents to dispose of containers according to established procedures for regulated medical waste at periodic intervals.





## LEGAL CONSIDERATIONS (continued)

### CONTROLLED SUBSTANCES

Although Federal Drug Enforcement Administration regulations apply only to health facilities and not to schools, controlled medications should:

- Be inaccessible to children
- Be stored in the original container in a controlled area separated from food, cleaning compounds, and other toxic substances
- Be safely secured
- Be counted when received in the health office and at least weekly thereafter and the count documented in an inventory log according to district protocols. If the count is discrepant with records, theft should be suspected and local law enforcement authorities should be notified.
- Require special attention in the school district's policies in terms of storage, and documentation of administration
- Be disposed of either by returning unused quantities to a responsible family member or flushing them in a sink or toilet with a witness<sup>12</sup>

Additionally, the FDA recommends that::

- Schools consider prohibiting students from carrying controlled

substances to and from school and require that a parent, guardian, or other responsible person deliver and remove these medications from school

- One person (preferably the school nurse or a delegate who is knowledgeable about the risks inherent with controlled substances) maintain primary control of the medication supply
- Schools consider not permitting a student to self-administer controlled medications outside the presence of school staff so there is verification that the medication has been consumed and an appropriate pill count can be kept
- The drug supply be secured in a locked drawer, room or cabinet; non-duplicative keys to the locked storage area, limited; and an inventory and accountability systems for the keys be maintained<sup>13</sup>

<sup>12</sup>U.S. Department of Justice, Drug Enforcement Administration (2002). Stimulant abuse by school age children: A guide for school officials, [http://www.dea/diversion.usdoj.gov/pubs/brochures/stimulant/stimulant\\_abuse.htm](http://www.dea/diversion.usdoj.gov/pubs/brochures/stimulant/stimulant_abuse.htm).

<sup>13</sup> §12-22-318 C.R.S. Pharmacy Practice Act. See also National Association of School Nurses (2001). Position statement: Controlled substances in the school setting. <http://www.nasn.org/position/controlled.htm>





## LEGAL CONSIDERATIONS (continued)

### TRANSPORTING MEDICATIONS

Medications should be transported to and from school by a responsible adult who delivers the medications to a designated individual in the school. Medications should be delivered in original pharmacy or manufacturer-labeled containers. Students who have been approved to carry and self administer their own medications may transport them to and from school. Controlled substances should not be transported by students.





## § 3. ROLE OF THE SCHOOL NURSE

The responsibility of the school's professional registered nurse is to assure that procedures are in place for the safe administration of all prescription and over-the-counter medications, including proper storage, administration, documentation, and follow-up/evaluation. The nurse and all staff involved in medication administration must adhere to confidentiality standards to protect staff and students. Appropriate activities include:

- reviewing and understanding state laws, regulations, and rules related to medication administration, delegation, and on-going supervision
- reviewing existing local school district policies, procedures, and forms related to medication
- suggesting revisions as necessary to local school district policies, procedures, and forms related to medication, to comply with federal and state mandates, nursing standards and current best practices
- reviewing pharmacology and dosage of all medications to be administered
- ensuring that all medication administration is accompanied by proper parental permission and prescriber orders in accordance with district policies
- establishing and ensuring documentation and quality control systems for storage and administration of medications both on site and at off-site school-sponsored events
- establishing procedures for training, on-going supervision, and evaluation of paraprofessionals or unlicensed assistive personnel for any delegation of administration of medications
- working with school staff to clarify language referring to medication administration in all individualized education plans (IEPs, 504 plans), individualized health care plans (IHPs), and/or emergency health care plans
- training all school staff to recognize signs and symptoms of medication adverse reactions and/or problems, such as overdoses, skipped dosage(s), etc. and necessary action steps
- reviewing ability of all children who are allowed to self-medicate and developing procedures to communicate with child, parent, and child's health care provider if student is exhibiting difficulty in self administration
- withdrawing permission to self-administer from students who are not compliant with self-administration policies
- communicating medication administration policies and procedures on a regular basis to students, parents, and school staff
- observing and evaluating student health status and response to medication
- assuring that school transportation and disaster plans consider medication issues.





ROLE OF THE SCHOOL NURSE (continued)

REVIEWING THE MEDICATION ORDER

**TIP: Handling and Administration of Medication**  
Jefferson County Public Schools has a checklist on procedures for medication administration.

The school nurse needs to ensure that any order for a prescription medicine is properly authorized as described above. Additional recommendations include:

- Establishment of procedures for reauthorization of the permission and consent forms if medication is to be given over an extended time including
- a new medication authorization form signed by the parent and health care provider, along with a change in the prescription label for any changes in the original prescription
- a signed written order should follow a verbal order from the

prescriber within 24 hours. The registered school nurse is the only person authorized to accept verbal orders and the initial dose should be administered and documented by the RN.

- inclusion of medications, including pertinent administration information, in the written plan (IEP, 504 accommodation plan, or individualized health care plan);
- inclusion of special limitations or orders to delegation instructions (e.g. mixing instructions, administration routes, instructions to administer the medication before/after eating, etc.)

\*\*\*\*\*

**Who is a Licensed Authorized Prescribing Practitioner? <sup>14</sup>**

- Physician
- Advanced practice registered nurse (NP) with prescriptive authority
- Physician Assistant (PA) who has direction from a physician or written protocol
- Dentist
- Podiatrist
- Osteopath
- Psychiatrist

**Who is not a Licensed Authorized Prescribing Practitioner?**

- Licensed Practical or Registered Nurse
- Medical assistant
- Nutritionist
- Psychologist
- Naturopathic physician (ND)
- Chiropractor

Source: Jefferson County Public Schools Health Services (n.d.) Handling and administration of medication. <http://jeffcoweb.jeffco.k12.co.us/edservices/health/rxtraining/overview.html>.

<sup>14</sup> §12-38-111.6 C.R.S. Colorado Nurse Practice Act







## ROLE OF THE SCHOOL NURSE (continued)

### DELEGATION

**Best Practice – adhering to the Guide for Medication Administration: An Instructional Program for Training Unlicensed Personnel to give Medications in Out-of-home Child Care, School and Camp Settings in delegating, supervising, monitoring, and documenting all facets in the administration of medications to students.**

Delegation of medications is allowed in Colorado schools in an attempt to achieve balance between safety standards and reasonableness, given limited resources in schools, rights of students, and the assumption that students constitute a healthy population.<sup>15</sup> A professional nurse employed or contracted by a school may delegate the administration of oral, topical including eye and ear drops, and inhaled medications to a specific delegate(s) for the population of a school, within a specific time frame not to exceed one school year.

### Delegation Of Responsibility To Administer Medication

The Delegatory Clause of the Nurse Practice Act authorizes unlicensed personnel to administer medications under the delegation and on-going supervision of the school's registered nurse

- Annual delegation is required
- Delegation to administer medications by the professional school nurse to an unlicensed person can only be done if:

- the medication administration fits the criteria of the Colorado Nurse Practice Act
- the unlicensed person has completed the state-approved medication course

Source: Guide for medication administration: an instructional program for training unlicensed personnel to give medications in out-of-home child care, school and camp settings (2001).  
<http://www.corra.org/CORRA/Programs/MAT.asp>

<sup>15</sup> §12-38-132 CRS. Colorado Nurse Practice Act





**ROLE OF THE SCHOOL NURSE (continued)**

**Criteria for Delegation**

Tasks that are delegated by a registered nurse to unlicensed personnel:

- Must be within the area of the RN's responsibility
- Must be within the knowledge, skills, and ability of the RN
- Must be of a routine and repetitive nature
- Must be defined in specific written protocols provided by the RN
- Must not require delegatee to exercise nursing judgment or interventions that have not been delegated and clearly defined
- Cannot be further delegated to another unlicensed individual
- Must be documented, supervised, and periodically evaluated by the RN

Unlicensed school personnel must complete the state-approved medication training course before delegation can be assigned.

A registered nurse may delegate nursing procedures or the administration of emergency medications given by injection, rectally, or other routes or on a case-by-case basis for individual students to a specific delegate(s) who has completed appropriate training and is judged by the RN to be competent to perform the task.

For criteria about delegation in specific settings, refer to Section 4. The School Nurse and Her Colleagues.





## ROLE OF THE SCHOOL NURSE (continued)

### The School Registered Nurse Must:

- Observe and document competency of the unlicensed person(s) to administer medication
- Delegate to the unlicensed person(s) the task of medication administration, to include routine medications only. Any medications not covered in the medication training, must be delegated on a case-by-case basis
- Provide and document on-going supervision and evaluation of the delegatee in the administration of medications
- Perform on-site medication audits
- Establish methods of communication with the unlicensed person(s) so that questions about medication side effects, errors or adverse reactions can be addressed in a timely manner during all school-sponsored activities
- Document the delegation, keeping a copy with the nurse's records. A copy of the record of delegation should also be given to the unlicensed person(s) for their files.<sup>16</sup>

Delegation must be renewed annually and includes:

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<sup>16</sup> §12-38-132 C.R.S. Colorado Nurse Practice Act and Regulations, 7.1.





**ROLE OF THE SCHOOL NURSE (continued)**

**RECORD KEEPING**

School health personnel should maintain accurate individualized daily records of medications administered, any special circumstances related to the procedure, and the student's unusual reactions or responses. A separate medication log must be kept for each student. This log becomes a permanent record and provides legal protection to those who administer medications in schools.

- A picture of the student attached to the medication log or the medication authorization form is helpful in assuring that the proper student gets the proper medication.
- Student confidentiality must be protected as outlined in the Family Educational Rights & Privacy Act (FERPA)

- It is recommended that medication logs be retained in the district for at least three years. A summary of individual records (e.g., 9/15 – 5/1 - Ritalin 20 mg at lunch time) should be transcribed to a student's cumulative health record. Logs should not be destroyed if summary information has not been transferred to the cumulative health record

The log should contain:

- Student's name;
- Name of the medication, dosage and route;
- Time medication is to be given;
- Special instructions;
- Name and initials of the individuals giving the medication.

*See sample  
Medication  
Log in  
Appendix*





## ROLE OF THE SCHOOL NURSE (continued)

### PROCEDURE FOR ADMINISTRATION OF MEDICATION

1. Identify the student.
2. Identify the medication
  - Note student's name on bottle
  - Note and compare picture (if available) to student
  - Note date of medication on bottle
  - Note name of medication on bottle
  - Note dosage of medication on bottle
  - Note instructions on bottle for giving the medication
3. Compare information on medication bottle with medication record information.
4. Health care plan should be attached to medication record or in student file.
5. Check to see that another individual has not already given the medication for that day and time
6. Administer the medication to the student as directed
7. Initial and record time the medication was given on student's medication record
8. Return medication to locked medication cupboard<sup>17</sup>

<sup>17</sup> Administering Medicines to Students (Revised Sample Policy): Sample Policy JLCD, Rev May 2001.  
<http://www.cde.state.co.us/cdesped/download/pdf/nurAdminMed2StuRSP.pdf>.





## ROLE OF THE SCHOOL NURSE (continued)

### MEDICATION INCIDENTS

**See  
Medication  
Incident  
Report form**

School policies and procedures should include what an individual must do if there is an “irregularity” involving medication. A medication error includes any failure to administer a medication as prescribed for a particular student. Medication errors most often occur when an individual is interrupted or distracted. Eliminating distractions and/or other responsibilities during periods of concentrated medication administration can increase safety and decrease the potential for errors. Medication errors may include:

- omitting a medication
- administering a medication to the wrong student
- administering an incorrect dose of medication
- administering the wrong medication to a student
- administering a medication at the wrong time
- administering a medication by the wrong route

Schools should have policies to address handling situations with students who do not appear or refuse to take ordered medication. It may be best to address these situations on an individual basis dependent upon what the medication is and how often the student forgets. If a medication is not administered, policies should address the extent to which school personnel will attempt to administer the medication and parent notification procedures. Any medication “irregularity” should be documented on a “medication incident report form” and reported to the school nurse and parents, as well as the prescribing practitioner and school administrator if deemed appropriate by the school nurse. School nursing personnel should review reports of medication errors and take necessary steps to avoid problems in the future.





## ROLE OF THE SCHOOL NURSE (continued)

### MEDICATION CHECKLIST

**\*Do not change the original status of a medication without checking to determine whether crushing, sprinkling, etc. would change the properties of the medication. If a child is unable to take a medication in its original form, consult with the pharmacist or prescriber to decide appropriate options.**

- ✓ Are you sure the medication (type, strength, dose) is correct? If you are not sure, the school nurse should call the prescriber and/or the pharmacy that filled the prescription before giving the dose.
- ✓ Are OTC (over-the-counter) medications still current?
- ✓ Is there parental authorization for all medication?
- ✓ Is the medication in original bottle/ container?
- ✓ Is medication properly labeled with student's name and dosage?
- ✓ Does the medication have specific storage requirements (such as refrigeration) and are those requirements being met?
- ✓ Does the order specify the route of medication?
- ✓ Does the order provide special instructions (such as crushing, sprinkling of medication\*) or instructions on when to give the medication (with food, etc)?
- ✓ If student has a health care plan and brings in new medication, is there any conflict between the new prescription and the current standing orders?
- ✓ Are there specific emergency orders in the event that the child does not respond to a PRN medication?<sup>18</sup>

<sup>18</sup> Wolfe, L.C., and Selekman, J. (2002). School nurses: What it was and what it is. *Pediatric Nursing*. 28(4);403-407. [http://www.medscape.com/viewarticle/442679\\_print](http://www.medscape.com/viewarticle/442679_print).







**ROLE OF THE SCHOOL NURSE (continued)**

**SPECIAL CONCERNS**

There are a variety of scenarios involving medication administration that may arise in the school setting. This section includes a few of the most common.

These scenarios illustrate the importance of collaboration among the school nurse, other school staff, students and parents.





## ROLE OF THE SCHOOL NURSE (continued)

### Self-Administration

Parents or health care providers may request that students be allowed to carry and self-administer their own medications. While many school districts do not allow students to carry their own medications,<sup>19</sup> individual school districts may, have specific policies on self-administration of medications, especially in the case of emergency illness.

Some districts allow middle and/or high school students to carry and self-administer certain prescription or over-the-counter medications. Students must be informed that this is a privilege granted to them as an individual and be advised that medications must be kept on their person or in a school locker and must not be shared with peers.

The school nurse should facilitate discussion with the student, family health care provider and/or school staff and consider that:

- Student is self directed and knowledgeable about their medication

- Severity of health condition warrants carrying & self administration
- Student demonstrates ability to self administer medication properly
- Student is judged to be responsible and mature enough to carry medication or secure it in the school locker
- Written authorization is obtained from the parent
- Parental responsibility is clarified and agreed upon
- School nurse is able to monitor the self administration process.<sup>20</sup>

Any student self-administering medication inappropriately or outside the bounds of district policy should be counseled and the parent notified. Medications should be confiscated and self administration privileges be revoked if a student shares medication with others. Parents should be notified of any side effects or the student's refusal or failure to take the medication as ordered.<sup>21</sup>

<sup>19</sup> Brener, N.D., Burstein, G.R., DuShaw, M.L., Vernon, M.E., Wheeler, L., and Robinson, J. (September 2001). *School health policies and programs study (SHPPS) 2000*. Journal of School Health, U.S. Department of Health and Human Services Centers for Disease Control and Prevention, (71)7: 294-303.  
[http://www.cdc.gov/nccdphp/dash/shpps/report\\_cards/pdf/colorado.pdf](http://www.cdc.gov/nccdphp/dash/shpps/report_cards/pdf/colorado.pdf).

<sup>20</sup> National Association of School Nurses (1997). Position statement: Medication administration in the school setting.  
<http://www.nasn.org/positions/medication.htm>.

<sup>21</sup> American Academy of Pediatrics (2003). Guidelines for Administering of Medications in School [www.aap.org/policy/s010105.html](http://www.aap.org/policy/s010105.html).





## ROLE OF THE SCHOOL NURSE (continued)

### Over-the-Counter Medications

The Colorado Board of Nursing, the American Academy of Pediatrics, and the Colorado Education Department recommend that districts develop policies for OTC medications that include permission from parent or guardian and an order from a licensed prescriber.

There are many products that affect the health and well-being of individuals that are not subject to prescribing and dispensing regulations and are readily available to consumers without an authorized prescriber's order. These products can be herbs, homeopathic remedies, vitamins, remedies for minor ailments, salves, nutritional supplements, and the like. Just because over-the-counter (OTC) preparations can be purchased without a prescription does not mean they are harmless. Many of these drugs have side effects, adverse reactions, and interactions with other medications and foods.

Although the Colorado Nurse Practice Act does not specifically address the administration of over-the-counter medications, accepted standards of school nursing practice and the American Academy of Pediatrics Guideline(2003) identify best practice as having prescriber orders for *all* medications, including over-the-counter medications. In Colorado, school nurses generally cover several schools and large geographic areas. They delegate the administration of medications to unlicensed school staff that have no formal nursing training. Authority to administer medications that are requested by parents to be given to their children without an order from an authorized prescriber cannot be

delegated by the school nurse to an unlicensed staff person.

It is especially important to have carefully thought-out protocols in place to avoid errors. The Colorado Board of Nursing and the Colorado Education Department recommend that districts develop policies for OTC medications that include permission from parent or guardian *and* a licensed prescriber.

If districts choose to develop policies that allow school health staff to administer OTC medications without a prescription from an authorized prescriber, the medication must be given by the school nurse. It is also recommended that protocols assure that the following information is provided:

- The student's current medication profile
- The student's history of allergies
- Parental consent
- Appropriate delegation information provided to unlicensed persons responsible for administering the medication.

It is appropriate to establish protocols that allow the use of preventive measures such as sunscreen, insect repellent, and diaper ointment with parental permission only.





## ROLE OF THE SCHOOL NURSE (continued)

### Over-the-Counter Medications (continued)

Just because over-the-counter (OTC) preparations can be purchased without a prescription does not mean they are harmless.

Never use a drug for children at ages below which the drug is not approved unless it is prescribed by a licensed health care provider and reserve the right to limit the duration the OTC medications are given based on parent only request.<sup>22</sup>

Alternatives for the administration of OTC medications include:

- Requiring prescriptions for all medications, including OTCs
- Collaborating with a local health care provider who is authorized to prescribe in order to develop protocols for the administration of OTC medications with parent permission
- Developing policies that allow OTC medications to be administered only with parent permission

<sup>22</sup> American Academy of Pediatrics (2003). Guidelines for Administering of Medications in School [www.aap.org/policy/s010105.html](http://www.aap.org/policy/s010105.html).





## ROLE OF THE SCHOOL NURSE (continued)

### PROTOCOLS FOR THE ADMINISTRATION OF OTC MEDICATIONS SHOULD INCLUDE:

- Drug name
  - Dose specific to weight or age
  - Dosage interval
  - Specific indications/contraindications
  - Potential adverse effects
- OTC medications should not be stored and administered by individual staff members unless they have completed the Medication Administration training and received delegation by a registered nurse.

### Homeopathic And Herbal Preparations

These remedies are viewed by many as effective treatments for a wide array of conditions, but lack substantiating medical or scientific evidence.<sup>23</sup>

These preparations may or may not be recommended by practitioners who are licensed to prescribe.

<sup>23</sup> National Association of School Nurses. (2001). Position statement: Alternative medicine use in the school setting. <http://www.nasn.org/positions/altermedi.htm>.





## ROLE OF THE SCHOOL NURSE (continued)

**School-based policies and procedures should consider the following issues:**

- The Colorado Medication Administration<sup>24</sup> course does not include homeopathic or herbal preparations as a routine medication so unlicensed persons have not had training specific to these products.
- All preparations have potential side effects, adverse reactions, and interactions with medications and foods.
- Dosage requirements are unlikely to exist for the administration of herbal preparations to school age children
- Herbal preparations are unregulated by the FDA resulting in potential inconsistent amounts of the product and contamination, making a dose variable and unpredictable, a special concern where children are concerned.<sup>25</sup>
- The school nurse is unlikely to be able to safely monitor their use.
- It is generally not urgent that these products be administered during school hours; schools should recommend that they be given at home.
- If the school nurse is able to comply with criteria from the Nurse Practice Act, then these medications may be delegated on a case-by-case basis.

<sup>24</sup>Guide for medication administration: an instructional program for training unlicensed personnel to give medications in out-of-home child care, school and camp settings (2001). <http://www.corra.org/CORRAPrograms/MAT.asp>.

<sup>25</sup> Center for Health and Health Care in Schools(2003). *Herbal remedies and children: Are they safe and effective?* <http://www.healthinschools.org/ejournal/2003/sept4.htm>.





## ROLE OF THE SCHOOL NURSE (continued)

### Homeopathic And Herbal Preparations (continued)

**The National Association of School Nurses (NASN) recommends that school policies for alternative or homeopathic remedies include:**

- a written order from a health care provider authorized to prescribe in that state and that includes the condition for which the product is being used;
- a written request from the parent/guardian to administer the remedy;
- verification that the product and requested dosage are safe for the student (considering age, body weight, and condition), and
- reasonable information about therapeutic and untoward effects and interactions.

NASN also suggests that consumers check for an expiration date and batch number on the container, and that they know how to contact the manufacturer for information or to report a problem<sup>26</sup>. School nurses should also consider chronic illness status, culture, and family tradition and should clarify terms when asking adolescents about self-care, over-the-counter medications, or use of other alternative medicines.<sup>27</sup>

<sup>26</sup> National Association of School Nurses. (2001). Position statement: Alternative medicine use in the school setting. <http://www.nasn.org/positions/altermedi.htm>

<sup>27</sup> Center for Health and Health Care in Schools (2003). *Herbal remedies and children: Are they safe & effective?* [www.healthinschools.org/ejournal/2003/sept4.htm](http://www.healthinschools.org/ejournal/2003/sept4.htm).







## ROLE OF THE SCHOOL NURSE (continued)

### Field Trip Medications

**A child may not be prevented from participating in a school-related activity, such as a field trip, solely on the basis of a special health need.**

The school nurse should establish procedures to handle administration of medications when students go on field trips or participate in after-school activities. The school nurse is encouraged to prepare the medication herself and not delegate medication preparation for field trips. If that responsibility must be delegated, the school nurse should include training in the preparation of field trip medications in the delegation training of the person who will be responsible.

Although it is recommended that those who administer medications on field trips have medication administration training, it is recognized that this may not be possible. If necessary, individuals that participate in these activities may be provided with a case-by-case delegation and a one-time responsibility to administer medication(s) that ends when the field trip is over. The school nurse should be reasonably assured that the person who will be giving the medication is a responsible person who is competent to perform the task. That person should be provided a labeled, prepackaged dose of the medication, with written instructions about possible adverse effects and reasons not to administer the medication, and should be required to document

that the medication was or was not given.

The preparation of individual doses of medication for field trips is controversial. Generally preparation of an individual dose of medication for a field trip can be considered part of the administration process. However, if multiple doses are required, it is recommended that they be individually packaged at the pharmacy or sent in their original container with the number of doses required for the field trip.

***For self-directed students***, on field trips or at after-school activities, teachers or other school staff may carry the student's medication so the student can take his/her own medication at the appropriate time or students may be given permission to carry their own medication. The person responsible for the medication should report to the school nurse that it was or was not taken and document accordingly.

*(continued on following page)*





## ROLE OF THE SCHOOL NURSE (continued)

### Field Trip Medications (continued)

***For students who are not self-directed,*** the school has several options:

- A trained medication delegate can attend the activity and administer the medication
- Staff that will participate in the activity can be provided with the one time responsibility to carry and administer the medication that ends when that activity is over even if they have not completed the state medication administration course
- The parent or guardian may be asked to attend the activity and administer the medication, but this cannot be a requirement in order that their child may participate in the activity
- The student's health care provider can be consulted and may order the medication time to be adjusted or the dose eliminated for that day

If no alternative can be found, the medication must be administered by a licensed professional school nurse, LPN, substitute school nurse, or physician employed by the district. A child may not be prevented from participating in a school-related activity, such as a field trip, solely on the basis of a special health need.<sup>28</sup>

<sup>28</sup> Administering Medicines to Students (Revised Sample Policy): Sample Policy JLCD, Rev May 2001.  
<http://www.cde.state.co.us/cdesped/download/pdf/nurAdminMed2StuRSP.pdf>.





## ROLE OF THE SCHOOL NURSE (continued)

### Self-Directed Students:

- Know that they must take a medication;
- Can recognize that they are taking the correct medication(e.g. by color or shape)
- Know how much they should take (either by dose or number of pills);
- Know when they should take the medication (e.g. before/after lunch)
- Acknowledge and comply with the responsibilities involved in taking their own medication;
- Are assertive enough to refuse to take a medication that is not the right one.

**Field trip medication** should be individually prepared for each student and the container should be labeled with the following information:

- name of student
- name of medication(s) to be given
- route of administration
- time medication is to be given
- copy of the log to record that medication was given
- name of medication(s) to be given
- route of administration
- time medication is to be given
- copy of the log to record that medication was given





## ROLE OF THE SCHOOL NURSE (continued)

### Experimental Medication

The National Association of School Nurses recommends that a parent's request to have the school administer experimental medications at school should be evaluated on a case-by-case basis with the parent, the prescribing health care provider, and the school nurse.

***Clinical trial medications:*** The request to administer medication at school should be accompanied by:

- a copy of the written protocol or study summary from the research organization;

- a copy of the detailed consent form signed by the parent/guardian that describes the study (including the potential benefits and risks)
- the signs and symptoms of adverse reactions to be reported
- the name and telephone numbers of the investigator or research team, and
- Written and signed orders from the prescriber.

If these criteria can be fulfilled, the medication may be administered by a RN or delegated on a case-by-case basis.

### Off-Label Use of Medications

Parents or health care providers should provide the school nurse with adequate information to support the safe administration at school, such as:

- Published anecdotal reports of use in children for the specific condition for which the medication s being prescribed;
- Manufacturer reports or reports from a reliable pharmacy
- Current medical journals; or
- Information from a pediatric medical or mental health facility.<sup>29</sup>

- Consent form signed by the parent or guardian
- Written signed orders from the prescriber.

Off-label use of medications refers to those drugs that are used for a purpose other than that identified by the manufacturer. Examples include Clonidine (normally prescribed to lower BP) for ADHD.

<sup>29</sup> National Association of School Nurses. (2001). Position statement: Research medications in the school setting (Experimental and Off-Label Medications in the School Setting). <http://www.nasn.org/positions/researchmeds.htm>.





## ROLE OF THE SCHOOL NURSE (continued)

### Psychotropic Medications<sup>30</sup>

A summary of medications given should be entered on the student's cumulative health record (CHR) when the medication is started and ended, at the end of the year, at the end of a course of medication, or when the dose changes. Examples of appropriate documentation:

- 1/5/02 – Ritalin 10 mg daily.  
5/20/02 – Ritalin 10 mg daily stopped per MD order.
- Ritalin 10 mg daily from 8/15/01 to 1/10/02.

It is recommended that medication logs and prescriber orders be retained in the cumulative health record for at least three years. Logs and orders should not be destroyed if summary information has not been transferred to the CHR.<sup>34</sup>

Doctors prescribe psychotropic drugs or brain medications for a wide range of disorders, including depression, obsessive compulsive disorder, post-traumatic stress disorder, panic disorder, social anxiety disorder, generalized anxiety disorder, depression, anxiety, enuresis, high blood pressure, ADD/ADHD, tics, Tourette syndrome, extreme impulsivity, drug and alcohol withdrawal aid, ulcerative colitis, childhood growth delay, mania associated with bipolar disorder, migraine prevention, seizure disorders, aggression, and narcolepsy.

A coordinated process for communicating with the family is essential for school staff to gain the trust of the family. Many brain disorders have familial links, which means family members may be experiencing the same symptoms as the student and may not perceive the student's behavior or symptoms as a problem.<sup>35</sup>

Parents may not wish the fact that their children are on such medications to be known within the school environment. Student confidentiality must be protected as outlined the Family Educational Rights & Privacy Act.

<sup>30</sup> Brunner, P. (2002). School support for students who use brain medications. *School Health Reporter*, Spring 5  
[www.Childrenshospitalden.Org](http://www.Childrenshospitalden.Org).





## ROLE OF THE SCHOOL NURSE (continued)

### WHAT ELSE CAN THE SCHOOL NURSE DO?

**“ School nurses responsible for multiple schools or large student populations need job descriptions that reflect their responsibilities more as consultants than direct care providers”**

#### **Seek Clarity in Job Description**

For a variety of reasons, there has long been lack of clarity of the role of the nurse who practices in the school setting. In order to protect themselves, school nurses should insist that they have a job description that includes their role in overseeing the process of medication administration. Those who already have job descriptions should review them for legality, preciseness of language and achievability of the individual nurse's responsibilities with regard to administration of medications and/or delegatory responsibilities and to assure that it is not in conflict with state laws and regulations.

#### **Improve Medication Management to Ensure Safety and Quality**

The school nurse should work with both the administration and staff members to develop a system that will:

- prevent error by reducing reliance on memory
  - consider work hours, work loads, and appropriate training, and
  - make errors visible and in the case of error, mitigate harm.
- For example, attaching a student's photograph to the medication administration form assists in accurate student identification when administering a medication. Using electronic technology to enter medication administration information can be an efficient method of tracking documentation and problems.<sup>31</sup>

**Source:** Lear, J. G. (2002). *Improving safety and quality in medication management in schools*. Center for Health and Health Care in Schools. <http://www.healthinschools.org/comm./Medmngmn/sld001.htm>.

<sup>31</sup> School Nursing and School Health: Frequently Asked Questions – Records (2002). <http://www.cde.state.co.us/cdesped/nurseFAQ.htm>.





## §4. THE SCHOOL NURSE AND HER COLLEAGUES

### DELEGATION OF RESPONSIBILITY TO ADMINISTER MEDICATION

The Delegatory Clause of the Colorado Nurse Practice Act authorizes unlicensed personnel to administer medications under the delegation and on-going supervision of the school registered nurse. Based on school district policy and child care licensing regulations, unlicensed school personnel who are responsible for administering medications must complete the medication training course that has medications are required to have staff trained in medication administration. This includes school programs licensed by the Division of Child Care such as early childhood preschool programs, Head Start and before and after school programs.<sup>32</sup>

<sup>32</sup> Guide for medication administration: an instructional program for training unlicensed personnel to give medications in out-of-home child care, school and camp settings (2001). <http://www.corra.org/CORRAPrograms/MAT.asp>.





## THE SCHOOL NURSE AND HER COLLEAGUES (continued)

### WORKING WITH THE SCHOOL STAFF

*The school nurse must work collaboratively with school colleagues, as well as students and their families*

School staff encountering students on medication may be confused by the variety of procedures and issues related to medication administration, monitoring, and effects. In order to safeguard both students and the school, staff needs to understand:

- district policies and procedures regarding administering medication
- the effects of the specific medication(s) that students are taking, especially the time when effects of medication are most likely to occur (both on the positive and withdrawal sides),
- side effects
- possible rebound effects (such as the increased irritability, activity, and inattentiveness seen in some children taking stimulant medication)
- necessity of notifying the school nurse if maximum desired effect is not achieved

- the importance of providing the school nurse with feedback on medication effects
- the use of appropriate language for discussing students on medication without improperly labeling a child and to preserve confidentiality<sup>40</sup>

Unlicensed school staff may bear a large part of the responsibility in administering medications. As such, when staff time for this responsibility becomes tight, they can be invaluable resources for the school nurse who is developing a program budget and planning safe and efficient coverage of health related duties.<sup>33</sup>

<sup>33</sup> Lear, J. G. (2002). *Improving safety and quality in medication management in schools*. Center for Health and Health Care in Schools.







## THE SCHOOL NURSE AND HER COLLEAGUES (continued)

### EDUCATING STUDENTS, PARENTS, AND BOARD MEMBER REGARDING THEIR SCHOOL'S MEDICATION PRACTICES

Students, parents, board members, and others in the school community may not have a clear understanding of the school's medication policy, and why it is important, and why it is not "just another rule." The school nurse should work with the school community to explain the importance of controlling medications in school.

- There are many effective, non-drug treatments for common ailments that can be offered to discourage the attitude that there "must be a pill for every complaint" (e.g. ice for insect bites or water for cough, rest for headache etc.
- Students may "help" each other with OTC remedies they bring to school without parent and doctor authorization. These may be contraindicated in certain circumstances
- Younger students may treat some OTC remedies, such as medicated throat lozenges as candy and take inappropriate amounts
- Homeopathic remedies can intentionally, or unintentionally be abused by a child
- Treatment of symptoms may be delayed if staff is unaware of an acute or chronic health conditions that are masked by self-administered medication

Prescription and non-prescription medications that are carried and self-administered by students unbeknownst to school health staff can produce adverse effects that may not be recognized.





## § 5. RESOURCES

### COLORADO RESOURCES

*Guide for Medication Administration: An Instructional Program for Training Unlicensed Personnel to Give Medications in Out-of-Home Child Care, School and Camp Settings* 4<sup>th</sup> Ed. (2001). CORRA (Colorado Resource and Referral Agencies) maintains the database of providers who have completed the state-approved Medication Administration training and the database for the approved Medication Administration RN trainers. This curriculum was developed by a collaborative team of representatives from the Colorado Department of Public Health and Environment; Healthy Child Care Colorado; The Children's Hospital; The Colorado Department of Human Services, Division of Child Care; and The Colorado Department of Education and is designed to help schools, out-of-home child care providers, and camp personnel safely administer medications to children in their care. Topics include a medication overview, handling and administration of routine medications, Epi-Pen® training, medication orders and documentation, and rights and responsibilities. Providers needing this training can search for approved trainers in their county on [www.corra.org](http://www.corra.org).

Frequently Asked Questions and sample health care forms are also available on the website or call CORRA at (303) 290-9088 x 201.

*Rocky Mountain Poison Center*, Available 24 hours a day, 365 days per year. Metro Denver: (303)739-1123  
Statewide (outside Metro Denver): 1(800) 332-3073





## RESOURCES (continued)

### NATIONAL RESOURCES

**U.S. Food and Drug  
Administration, Center for Drug  
Evaluation and Research**

Recent Consumer Drug Information - Each of the Consumer Drug Information Sheets posted on this site gives general information about newly approved prescription drugs approved since January 1998.  
<http://www.fda.gov/cder/consumerinfo/default.htm>

**U.S. Food and Drug  
Administration, Center for Drug  
Evaluation and Research**

Recent Consumer Drug Information - Each of the Consumer Drug Information Sheets posted on this site gives general information about newly approved prescription drugs approved since January 1998.  
<http://www.fda.gov/cder/consumerinfo/default.htm>

US Pharmacopia USP is a non-government organization that promotes the public health by establishing state-of-the-art standards to ensure the quality of medicines and other health care technologies. These standards are developed by a unique process of public involvement and are accepted worldwide. USP has prepared materials designed to stimulate and guide the development of programs and materials for teaching children and adolescents about medicines.

<http://www.usp.org/information/programs/children/index.htm>

**A Resource Aid Packet on  
Students and Psychotropic  
Medication: The School's Role**  
School Mental Health Project, Dept. of Psychology, UCLA. Center for Mental Health Services in Schools - This resource aid is designed to provide a brief overview and some aids and information for school professionals encountering students on medication and to address the variety of procedures and issues related to medication administration, monitoring, and effects in the school setting.  
<http://smhp.psych.ucla.edu/>

**Medications - NIH Publication  
No. 02-3929 Revised April 2002,  
Reprinted September 2002**

This booklet from the National Institutes of Health is designed to help mental health patients and their families understand how and why medications can be used as part of the treatment of mental health problems. There are separate chapters for children's medications.  
<http://www.nimh.nih.gov/publicat/medicate.cfm>





## RESOURCES (continued)

### National Resources (continued)

*Facts for Families: Psychiatric Medications For Children And Adolescents* - American Academy of Child and Adolescent Psychiatry (AACAP) developed this booklet to provide concise and up- to-date information on issues that affect children, teenagers, and their families. Materials are available in English, Spanish, Deutsch, French, Polish and Icelandic.  
[www.aacap.org/publications/factsfam/index.htm](http://www.aacap.org/publications/factsfam/index.htm)





## § 6. REFERENCES

1. American Academy of Pediatrics (September 1993, reaffirmed June 1997). Guidelines for the Administration of Medication in School (RE9328). *Pediatrics*. 92(3), 499-500. Available at <http://www.aap.org/policy/04524.html>.
2. American Academy of Pediatrics (September, 2003). Guidelines for the Administration of Medication in School: Policy Statement. *Pediatrics*. Available at [www.aap.org/policy/s010105.html](http://www.aap.org/policy/s010105.html).
3. Schwab, N.C., & Gelfman, M.H.B., (Eds.). (2001). Legal issues in school health services: A resource for school nurses, administrators and attorneys. North Branch, MN: Sunrise River Press.
4. Sheetz A. Blum MS. (1998). Medication administration in schools: The Massachusetts experience. *Journal of School Health*, 68(3):94-98.

