

Medication Management Guidelines

Item	Standards of Practice	Performances Expectation	Accomplished
1	Process in place to communicate medication procedures with parents, staff and administration.	The licensed nurse will collaborate with the Office of Health Services and principal information regarding current medication administration procedures for students, parents and staff in school handbook, newsletter, PTA meetings, and etc.	
2	<p>Prescriber's Medication Order Form (PMOF) will be evaluated for compliance with <i>(Administrative Procedure #5163: Medication Procedures)</i></p> <p><u>Please Note:</u> **Medications without a current PMOF <u>will not</u> be accepted.</p>	<p>Upon receipt of the PMOF the licensed nurse or CMT will validate the order is completed in its entirety (i.e. parent and health care provider signatures, etc). In the event a PMOF is received and not accompanied by medication the licensed nurse or CMT:</p> <ul style="list-style-type: none"> • Will not accept the PMOF due to the inability to verify or follow as directed by the health care provider • Instruct parent/guardian to retain PMOF until medication is available and provided for administration 	
3	Clarification of medication order is obtained as necessary	<p>Contacts parent and or authorized prescribed to correct PMOF"s to adhere to school system policy and procedure.</p> <p>Frequently Seen Errors:</p> <ul style="list-style-type: none"> • More than one drug ordered on form • Drug strength or frequency not specified • Reason or side-effects for medication not specified • Temperature for antipyretic (i.e. Tylenol) not specified • Dosage not specified <p style="text-align: center;"><i>Licensed nurse will document communication with parent/health care provider regarding medication order clarification.</i></p>	
5	<p>Verify the PMOF for prescription medications and pharmacy labels match</p> <p><u>Please note:</u> **any order-label mismatches identified by CMT must be reported to the professional school nurse or Health Services immediately.</p>	<p>Upon receipt licensed nurse or CMT will verify that the <u>unaltered</u> pharmacy label of the medication received matches the PMOF. All nurses can accept:</p> <ul style="list-style-type: none"> • Brand or generic substitutions for PMOFs received (i.e. Albuterol-ProAir, Ritalin-Methylphenidate, etc). • Pharmacy label specifies give as directed 	

		<ul style="list-style-type: none"> Request to be provided with the most current medication container Sample Medications which are not labeled 	
6	The PMOF for non-prescription medications (over-the-counter) matches the medication provided by parent/guardian	<p>Upon receipt the licensed nurse or CMT will verify that the non-prescription medication received is the medication which was ordered:</p> <ul style="list-style-type: none"> Brand or generic substitutions (only the license nurse can accept or verify) All non-prescription (over-the-counter) medications must be received in the original unopened package. Medication is labeled with Name of Student and Date received Medication is not expired. 	
7	<p>Controlled substances are counted when received and administered</p> <p>Please Note:**Discrepancies in medication count MUST be reported as a medication error and appropriate steps taken**</p>	<p>Upon receipt of control substances the licensed nurse or CMT with the parent/guardian will:</p> <ul style="list-style-type: none"> Count the medication Document on the Medication Inventory for Controlled Drug in RED as required. <p>When administering control substances the professional nurse or CMT will:</p> <ul style="list-style-type: none"> Count the medication with another adult staff member twice (2x) a day Document on the appropriate form in RED as required 	
8	Medication Orders Are Transcribed on MAR	<p>Licensed nurse or CMT will transcribe order onto the medication administration record (MAR) prior to administration. The following must be documented:</p> <ul style="list-style-type: none"> Transcribe ONLY in black or blue ink Student's Name, Birth date, and allergies across the top of the MAR Medication name, dose, route, time, frequency Reason for the PRN medication Document date received (Month/year, draw line to current date) Enter X for dates which correspond with school closed (i.e. weekends, holidays, etc) Sign with entire legal name (no stamps), enter position and initials 	

9	Medication is stored as required by AP #5163	Professional nurse or CMT will store medication as follows: <ul style="list-style-type: none"> • ALL medication will be kept in a locked cabinet, drawer, or lockbox in the refrigerator • Controlled substances will kept under double lock with two (2) separate keys • Key(s) for medications must only be available to those staff authorized to administer medication. • Topical medications must be stored separately from oral medications 	
10	Medication Manual will be maintained per Health Services Guidelines	See Medication Manual Outline	
11	Medication assessment should be performed prior to administration/delegation to a non-licensed person <u>Please Note:</u> **Medication delegation will comply with the Maryland Nurse Practice Act.	Licensed nurse will perform a nursing assessment to establish baseline norms for students requiring medication and <u>every 45 calendar days</u> there after. <ul style="list-style-type: none"> • Must be completed prior to administration or delegation of medication administration to an authorized person. • Initial assessment should be documented on the medication assessment form, while ongoing assessments will be documented on the flow sheet or with a narrative note as appropriate 	
12	Medication will be administered safely in accordance with the Maryland Nurse Practice Act and AP #5163 The procedure will ensure the six (6) rights are practiced when administering medications in PGCPs: <ul style="list-style-type: none"> • RIGHT person • RIGHT medication • RIGHT dose • RIGHT time • RIGHT route • RIGHT documentation procedures 	Medication will <u>ONLY</u> be administered to students by those authorized to do so. Nurse and authorized person(s) with <u>EVERY</u> medication administration shall: <ul style="list-style-type: none"> • Wash hands with soap and water prior to medication preparation • Identify correct student • Verify agreement between PMOF and medication/pharmacy label (see variations above), perform triple check by reading label three (3) times • Validate medication is in date by checking expiration date • Measures or counts correct dose • Administers medication by following six (6) RIGHTS • Document immediately following medication administration • Document onto MAR by: initialing in the 	

		<p>correct square or using key located above the signature section</p> <ul style="list-style-type: none"> • Should medication be omitted, document omission accurately and completely • Every PRN medication administration will be documented by: circling initials on MAR and completing appropriate flow sheet or narrative note which includes signs, symptoms, final outcome and communication with parent/guardian • Sign your complete name at the end of the note, omitting extra lines and spaces. 	
13	<p>Medication errors will be identified, reported, and documented in accordance with AP# 5163</p> <p>Medication errors:</p> <ul style="list-style-type: none"> • WRONG person • WRONG medication • WRONG or OMITTED dose • WRONG time • WRONG route • WRONG documentation procedures • WRONG medication count • WRONG reason • Administering WITHOUT order • Unauthorized person administering • Administering medication to person with a documented allergy 	<p>Upon identification of ANY medication error the nurse or authorized person will:</p> <ul style="list-style-type: none"> • Immediately report the error to Health Services and school administration. • Take the following actions. 1.) The Nurse will contact the parent/guardian and health care provider. 2) CMT will remain with the student and follow instructions provided by the nurse. 3.) Record error on flow sheet/narrative note. 4.) Student should remain in health room observed by CMT or nurse. 5.) Complete Medication Error Report and send to Health Services with copy of PMOF, MAR, counting form (if indicated), flow sheet/narrative note 	
14	Medication Administration Exceptions	<p>If Student vomits medication: 1.) DO NOT repeat the dose. 2.) CMT MUST notify Health Services or the nurse for instructions. 3.) Complete a note with the date, time, medication vomited and action that was implemented. 4.) Document on the MAR by circling your initials.</p>	