
Medication Management

The purpose of administering medication is to ensure each child maintains an optimal state of health to enhance his/her education. Administration of medication should only take place if it is necessary for the pupil's health. The storage, supervision and administration of medicines in school are the responsibility of the School Medical Team. A standing order list of medications that can be administered by the School nurse to school children is authorised by the School Doctor (see Appendix A).

Aim

To provide safe guidance for the management, storage and administration of medication in the School Clinic in accordance with DHA policies and standards in medication administration.

To provide a clear statement on the roles and responsibilities of parents, School medical staff and teaching staff.

Storage:

All medicines must be kept in a secure and locked cupboard in the School Clinic. All medicines to be stored strictly in accordance with product instructions and in the original container in which dispensed e.g. insulin needs to be stored in a fridge.

Emergency medication such as Epipens / Ventolin Inhalers must be stored in a safe, secure and accessible place.

Administration of Medication:

Medication that has been approved by the School Doctor and identified on the standing order (available in the clinic) can be given to staff and children by the DHA licensed School Nurse following a verbal consent if necessary.

Medication should be limited to those required during school hours which are necessary for the pupil to remain in school and those needed in the event of an emergency.

The School nurse must ensure that the seven rights to administration of medication are adhered to:

1. Right Drug
2. Right Patient.
3. Right Dose.
4. Right Time and Frequency
5. Right Route.
6. Right Reason.
7. Right Documentation.
8. Right Drug approach and right to refuse
9. Right drug-drug interaction and evaluation
10. Right education and information.

In the event of an emergency e.g. anaphylaxis, staff are allowed to administer the required medication (Epipen) as long as they have received the appropriate training and feel competent in doing so. Pupils are not allowed to carry medicines (with the exception for Ventolin Inhalers and Epipens following a risk assessment) in their school bag and should only take medicine under supervision of the medical team.

Roles and Responsibilities:

The administration of medication in a school clinic is a joint responsibility between parents, school medical team and teaching staff to ensure that it is safe and within the guidelines of this policy.

Parent's responsibility:

Parents must complete a written consent form in order for medication outlined in the School clinic standing order to be administered prior to School admission.

Parents must inform the School of any medical conditions such as Asthma / Allergies that may require emergency medication. These medicines must be supplied by the parent in its original packaging clearly labelled with the pupils name, dosage and the timing and the prescription from the prescribing doctor. The parent must also sign the Parental Consent for the administration of specific medicines Form.

Where possible, parent should arrange for the administration of prescribed medication outside of school hours. However, it is recognised that there will be times that prescribed medication such as antibiotics may need to be administered during school hours – the prescription order and the medication in its original container clearly labelled with pupils name, dose and name of medication must be given to the School clinic. The parent must then sign the Parental Consent for the administration of Specific Medicines form.

Medical Team Responsibility:

The medical team is responsible for ensuring that Individual Care plans and Parental Consent forms for administration of Medication are in place for students and staff who may need emergency medication administered e.g. Asthma / Diabetes / Anaphylaxis.

The school nurse is not allowed to accept any medication that is provided in a different container or not as outlined in the Medication policy. The school medical team is responsible for returning medication to parents once the course of treatment is complete / prescription instructions change / medication has expired / end of school year.

All medication administered to staff and pupils should be recorded in the pupil's Electronic Record (Engage) with the date, time and dose of medication. The school nurse will always try to contact parents by telephone prior to administration of medication to obtain verbal consent. Any expired medication will be disposed.

Medical team are responsible for their own actions regardless of the prescriber's written order and are allowed to clarify and question any order that may be written inappropriate or wrongly prescribed. They are also allowed to decline the administration of any medication that may be not be in the pupil's best interest / safety. The medical team is responsible for checking and maintaining the stock according to the Standing Order of Medication for the School Clinic.

School Trips:

It may be necessary to administer medication to pupils whilst on school trips.

In general, pupils with medical needs will not be excluded from school trips unless there are sound medical or health and safety reasons. Before taking children off the school premises, the member of staff in charge will check that any medication or equipment that needs to accompany pupils is safely packed.

In more complex cases, and where Individual Action Plans are in operation, the teacher in charge of the trip will have familiarised themselves with the details contain within their plan. Where appropriate, emergency contact details (especially for children with an Individual Action Plan) must accompany each member of staff on each visit away from school.

Wherever possible especially older children, asthma inhalers can remain the responsibility of the pupil following a risk assessment. The member of staff in charge of the trip will check to ensure that asthma inhalers are being carried by those who need them before leaving school.



Appendix A

<u>Name of Drug</u>	<u>Age</u>	<u>Dose</u>	<u>Indication</u>	<u>Remarks</u>
Paracetamol Syrup 120mg/5ml (Baby & Infant suspension)	3-5 Yr	5-10 ml	Fever / Pain	
Paracetamol Syrup 240mg/5ml (Panadol 5-12 yrs)	5+ Yr	5-10 ml	Fever / Pain	
Paracetamol Tablets 500 mgs	12+ Yr	500 mgs	Fever / Pain	
Ibuprofen Syrup 100mgs/ 5ml	3-5 Yr	2.5 – 5ml	Fever / Pain	Do not give to Asthmatics
Ibuprofen Syrup 100mgs / 5 ml	6+ Yr	5-10 ml	Fever / Pain	Do not give to Asthmatics
Ibuprofen Tablet 400 mgs	12+ Yr	400 mgs	Fever / Pain	Do not give to Asthmatics
Zyrtec oral solution 1mg / 1ml	2-6 Yr	2.5 mgs (2.5 mls) BD / 5 mgs OD	Allergic reactions	
Zyrtec oral solution 1mg / 1ml	6+ Yr	5mgs (5mls) BD / 10 mgs OD	Allergic reactions	
Claritine 10mg/tab	12yrs above	1tab OD	Allergic reactions	
Fenistil gel	3+ Yr	Apply to affected area	Insect bites / Skin Irritations/ Minor burn	
Arnical gel	3+ Yr	Apply to affected area	Muscle pain / Contusions	
Fucidin Cream	3+ Yr	Apply to affected area	Infected wounds	
Strepsils	6+ Yr	1 Lozenge	Sore throat	
Medijel gel	3+ Yr	Apply directly to painful area	Relief from mouth ulcer	
First Aid Spray	3+ Yr	Apply to affected area	Abrasions / Minor burn	
Betadine Antiseptic Solution	3+ Yr	Apply topically to affected area	Abrasions / Infected wounds	
Optrex eye drops	3+ Yr	For eye use	Eye irritations	
Fluorescein dye	3+ Yr	For eye use	Corneal abrasion	
Xylocaine eye drops	3+ Yr	For eye use	Corneal abrasion	
Oxygen Therapy	3+ Yr	1-10 L/min	Exacerbation of Respiratory	

			conditions / Breathlessness / Anaphylaxis	
Salbutamol Inhaler	3+ Yr	2 puffs – 10 puffs as required	Exacerbation of Asthma	
Salbutamol Nebuliser	3+ Yr	2.5 mg – 5mg	Exacerbation of Asthma	
Pulmicort nebulizer	3+ Yr	2.0ml BID to be diluted with NSS	Allergic bronchitis and Asthma	
Adrenaline 1:1000 Injection	3-6 Yr	150 mcg (0.15 ml) IM	Anaphylaxis	5 minute intervals as required
Adrenaline 1:1000 Injection	6-12 Yr	300 mcg (0.3 ml) IM	Anaphylaxis	5 minute intervals as required
Adrenaline 1:1000 Injection	12+ Yr	500 mcg (0.5 ml) IM	Anaphylaxis	5 minute interval as required
Epipen	Named Pupil	As supplied by parent	Anaphylaxis	
Epipen Jr Auto injector 0.15 mgs	15-30 kgs (3-6 Yr)	0.15 mgs IM	Anaphylaxis	5 minute interval as required
Epipen Auto injector 0.3 mgs	Above 30 kgs (6-12 Yr)	0.3 mgs IM	Anaphylaxis	5 minute interval as required
Glucagon 1mg/1ml	All ages	1mg/1ml IM	Hypoglycemic symptoms	
Hydrocortisone Injection	3+ Yr	50 mgs – 200 mgs IM	Anaphylaxis	After Initial resuscitation
Buscopan 10mg/tab	8yrs above	1tablet,3x a day	Abdominal discomfort,cramps	
Normal saline	3+ Yr	Calculated per weight	Excessive vomiting and dehydration	
10% Dextrose	3+ Yr	Calculated per weight	Hypoglycemic coma	