

Thorne Ecological Institute
Thorne Natural Science School

Medication Administration Policy

Purpose

To ensure safe and accurate administration of routine medications to all children enrolled in Thorne Natural Science School (TNSS). Medication will only be administered by teachers who have successfully completed the required Medication Administration Certification and Delegation. The RN consultant will delegate and supervise the task of medication administration only to those staff members who have completed approved Medication Administration Training.

Because the administration of medication requires extra staff time and safety considerations, parents should check with their health care provider to see if dosage schedule can be arranged that does not involve the hours the child is in TNSS.

Medication Administration Policy

The following requirements must be met before administering medications.

- *Written Authorization from Health Care Provider with Prescribing Authority*
- *Parent written Authorization*
- Medication in the *original labeled* container
- Proper care and storage of medication
- Documentation of medication administration
- **Child cannot attend without required and completed paperwork**

Inhaled/nebulized medications, emergency injections (EpiPen®), and prescribed and over-the-counter medicines require a written health care plan or instructions completed by the child's Health Care Provider.

Parents are responsible for providing all medications and supplies to TNSS. In most situations, children should not transport medications to and from TNSS; this includes medication placed in a backpack. Special arrangements must be considered regarding the safe transport of medications for children attending TNSS.

Program staff may not deviate from the written authorization from the Health Care Provider with prescriptive authority. Program staff must count and record the quantity of controlled substances (e.g. Ritalin®) received from the parent, in the presence of the parent.

Medications that have expired or that are no longer being used at the center will be returned to the parent/guardian. If the medicine has not been picked up within one week of the date of request, then medication must be disposed of by a medication trained person or the RN according to established procedures.

Care and Storage:

Due to the mobile, outdoor setting of the Thorne Natural Science School, medications shall be stored in the backpack of the teacher. Medications that require refrigeration shall be stored in a leak-proof container in a cooler with the Director. Medication for children attending the TNSS Afternoon Session shall be stored in a secure, locked, clean container and under conditions as directed by the Health Care Provider.

Student Asthma Health Care Plan

Thorne Natural Science School

Student Name: _____ Age: _____

Parent/Guardian Name: _____ Ph: (H): _____

Physician Treating Student for Asthma: _____ Ph: _____

Other Physician: _____ Ph: _____

Triggers: (Check those which apply to this student)

- | | | |
|--|---|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Colds (viral illness) | <input type="checkbox"/> Dust/Dust Mites |
| <input type="checkbox"/> Weather Changes | <input type="checkbox"/> Cold Air | <input type="checkbox"/> Irritants: Pollution, odors (perfume, paint) |
| <input type="checkbox"/> Pollens (trees, grasses, & weeds) | <input type="checkbox"/> Animal Dander – Type: _____ | |
| <input type="checkbox"/> Molds | <input type="checkbox"/> Emotions (excitement, anxiety) | <input type="checkbox"/> Other: _____ |

Emergency Plan

Emergency action is necessary when the student has symptoms such as _____, _____, _____, _____ or has a peak flow reading of _____.

Steps to take during an asthma episode:

1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15 – 20 minutes.
3. Contact parent/guardian if _____
_____.
4. Re-check peak flow.
5. Seek emergency medical care if the student has any of the following:
 - Coughs constantly
 - No improvement 15 – 20 minutes after initial treatment with medication and a relative cannot be reached.
 - Peak flow of _____
 - Hard time breathing with
 - Chest and neck pulled in with breathing
 - Stooped body posture
 - Struggling or gasping
 - Trouble walking or talking
 - Stops playing and can't start activity again
 - Lips or fingernails are grey or blue

Emergency Asthma Medications

	Name	Amount	When to use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

(Over)

Medication Administration in Thorne Natural Science School Inhaled Medications or Nebulizer Treatments

Parent/Guardian Permission

The parent/guardian of _____ ask that school/child care staff give the
(Child's Name)
following medication _____ at _____
(Name of medication) (Time)

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

- The Program agrees to administer medication prescribed by a licensed health care provider.
- It is the parent's responsibility to furnish the medication and equipment and to keep daily emergency contact information up to date.

By signing this document, I give permission for my child's health care provider/clinic to share necessary information regarding the care of my child's health condition with Program Staff.

Parent/Legal Guardian's Name

Date

Home Phone

Work Phone

Health Care Provider Authorization

Child's name: _____ Birthdate: _____

Name of inhaled medication: _____

Dosage: _____

To be given in school/child care at the following time(s): _____

Note to health care provider: Specific time and/or interval must be indicated on this form in order for non-medical persons in school/child care to administer medication.

Start date: _____ End Date: _____

Usual (baseline) respiratory rate for this child: _____

Comments: _____

Signature of Health Care Provider with Prescriptive Authority

Phone

(Over)