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# Medication Administration

## Introduction

Medication administration is one of the most common functions of the practice of school nursing. With the growing number of students with special health care needs, many school nurses are finding that the number of students needing medications at school is increasing. With extended release preparations, many schools are seeing a trend away from mid-day dosing. More non-oral medications are being administered, adding to the complexity of the task of medication administration. Based on the growing numbers and complexity of medication administration, safety becomes a concern.

Infectious diseases were once the leading cause of morbidity and death in children. Today, chronic illnesses and conditions such as allergies, asthma, diabetes, neuromuscular and seizure disorders, and mental health conditions, create major impacts on students and schools.

Over the past decade, use of prescription and nonprescription drugs during the school day to prevent, diagnose, cure, or relieve signs and symptoms of disease or injury has sharply increased. A school nurse, who may have once attended to administration of single doses to a handful of students, must now address numerous chronic medical conditions and complex health conditions. This increase is directly related to major trends, such as those described in the opening chapter of this publication, which have significantly changed public schools' responsibilities for student health.

Due to increased economic demands on families, children often return to school soon, sometimes too soon, following acute illness. Furthermore, children who are medically fragile, those who are often said to have "special health care needs," attend public schools in greater numbers, sometimes requiring significant supportive care throughout the school day. An increasing number of children live in families that lack access to adequate health care; this increases the burden on schools to intervene and assist parents/guardians in securing needed care for their children.

Under state and federal law, the administration of medication during the school day and all school-sponsored events is a basic service that all districts must make available. Policies, procedures, and trained personnel need to be in place to provide related routine and emergency medications. The challenge is to do so safely, legally, and efficiently.

To be most successful in meeting the demands of each of those areas of concern, nurses will need to understand:

- Wisconsin statutes regulating nursing and [Chapter N 6](#) of the Wisconsin Administrative Code as they relate to medication administration, delegation, and supervision;
- Wisconsin statutes permitting school administrators to assign the administration of oral medication to school staff who do not have a health care license;
- training requirements for staff administering certain types of medications;

- the local school district's medication policies and procedures, and how to work with school district staff to review and revise them as needed;
- medications frequently used by school-age children; and
- systems for documenting medication administration, reporting medication errors, and supervising and monitoring school staff who administer medications.

To assist readers in achieving those competencies, this chapter will address:

- Legal considerations
  - Emergency Nursing Services
  - Administration of Drugs to Pupils and Emergency Care
    - Prescription and Nonprescription Medication Requirements
    - Packaging of Medication
    - Civil Liability Exemption for Administering Medication to Pupils
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    - Documentation
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    - Implications of Nurse Practice Act/[N 6](#) for Medication Administration, Delegation, and Consultation
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## Legal Considerations

Complex questions have arisen regarding the administration of both prescription and over-the-counter (OTC) medications at school. Three primary statutes and four chapters of the administrative code govern medication administration in Wisconsin schools:

- Emergency Nursing Services—Wis. Stat. [sec. 121.02\(1\)\(g\)](#) and Wis. Admin. Code [sec. PI 8.01\(2\)\(g\)](#)
- Administration of Medications to Pupils—Wis. Stat. [sec. 118.29](#)
- Statute and administrative codes governing the practice of nursing. These include Wis. Stat. [ch. 441](#), the Board of Nursing, sometimes referred to as the Nurse Practice Act; and Standards of Practice for Registered Nurses and Licensed Practical Nurses—Wis. Admin. Code ch. [N 6](#). In addition some aspects of nursing practice are regulated by Wis. Admin. Code ch. [N 7](#), Rules of Conduct, and Wis. Admin. Code ch. [N 8](#), Advanced Practice Nurse Prescriptive Authority.

Collectively these statutes and rules help school districts:

- encourage student attendance by requiring medication administration during the school day and school-sponsored activities,
- set uniform minimum standards for safe and proper administration of medications, and
- recognize the school nurse’s professional role in managing medication administration in the school district.

## Emergency Nursing Services

[Section 121.02\(1\)\(g\)](#) of the Wisconsin Statutes and Wis. Admin. Code [sec. PI 8.01\(2\)\(g\)](#), commonly referred to as Standard G, require each public school district to provide emergency nursing services. The administrative code requires school districts to develop policies and procedures related to the administration of medication during the school day and at all school-sponsored events with the assistance of a health care professional. School-sponsored activities might include, but are not limited to, curricular, co-curricular, and extracurricular activities such as field trips, athletics, drama, music events, and dances.

## Administration of Drugs to Pupils and Emergency Care

Wis. Stat. [sec. 118.29](#), entitled “Administration of Drugs to Pupils and Emergency Care,” governs the administration of prescription and nonprescription medication in the school setting. In 2010 and 2011, this statute was revised with mandates for training, documentation, and packaging of medication. The statute provides minimum standards for the safe and proper administration of medications in all public and private elementary and secondary schools.

School personnel may be assigned by a school administrator to administer oral medications. School personnel may not be *required* to administer medication via other routes, but they *may* do so with appropriate training and supervision. School districts must provide the services, including medication administration, necessary for all students to receive a free, appropriate public education.

### *Prescription and Nonprescription Medication Requirements*

School personnel may administer prescription and nonprescription medication with appropriate authorization.

- For administration of any nonprescription drug products, school districts must obtain the written instruction and consent from the student’s parents or guardians. Parental written requests to administer nonprescription medication in a dosage other than the recommended therapeutic dose must also be accompanied by the written approval of the student’s medical provider.
- Prescription drugs may be administered with written instructions of a medical practitioner and the written consent of the student’s parents or guardians. Practitioner is defined as a physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, and podiatrist.

### *Packaging of Medication*

By state law, medications must come to school in containers with specific labeling information.

- Nonprescription medication must come in the manufacturer’s packaging with a list of ingredients and recommended therapeutic dose in a legible format.
- Prescription medication must come in the original pharmacy-labeled package and the label must specify the name of the student, name of the prescriber, prescribed drug’s name, dose, effective date, and directions for administration in a legible format.

### *Civil Liability Exemption for Administering Medication to Pupils*

Wis. Stat. [sec.118.29](#) provides an exemption from civil liability for:

- Any school district administrator, county children with disabilities education board administrator, cooperative educational service agency administrator, public, private, or tribal school principal, or private or tribal school administrator who authorizes an employee or volunteer to administer a nonprescription drug product or prescription drug to a pupil in accordance with the provisions set forth above under “Administration of Drugs to Pupils and Emergency Care,” is immune from civil liability for the act of authorization unless it constitutes a high degree of negligence or the administrator or principal authorizes a person who has not received any required training.
- Any school bus operator validly authorized under Wis. Stat. [sec. 343.12](#) and [343.17\(3\)\(c\)](#) to operate the school bus, any school employee or volunteer, county children with disabilities education board employee or volunteer or cooperative educational service agency employee or volunteer authorized in writing by the administrator of the school district, the board or the agency, or by a school principal, any private school employee or volunteer authorized in writing by a private school administrator or private school principal, and any tribal school employee or volunteer authorized in writing by a tribal school administrator or tribal school principal, and who has gone through the required training as referred to in [118.29\(6\)](#), is immune from civil liability for his or her acts or omissions in administering a nonprescription or prescription drug to a pupil unless the act or omission constitutes a high degree of negligence.

In the event medication is administered to pupils as part of “emergency care,” the law provides that any school bus operator validly authorized under Wis. Stat. [sec. 343.12](#) and [343.17\(3\)\(c\)](#) to operate the school bus he or she is operating and any public, private, or tribal school employee or volunteer, county children with disabilities education board employee or volunteer, or cooperative educational service agency employee or volunteer, other than a health care professional, who in good faith renders emergency care to a pupil of a public, private, or tribal school is immune from civil liability for his or her acts or omissions in rendering such emergency care. The immunity from civil liability provided under this subsection is in addition to and not in lieu of that provided under Wis. Stat. [sec. 895.48\(1\)](#), also known as the Good Samaritan Law.

### *Training*

By law, public school personnel or volunteers are **required** to obtain Department of Public Instruction (DPI) approved medication training for medications administered by rectal, inhalation, injection, gastrostomy, jejunostomy, and nasogastric routes of administration. Since school districts are responsible for the care provided to their students, it is **recommended** that staff receive training for all other routes of medication administration as well.

### *Assignment*

Administrators are required to assign, in writing, school personnel and volunteers to administer medication to students. The law is silent regarding how this written assignment must occur.

Methods for documenting administrative assignment may include: authorization statements on each student's medication log, adding to job descriptions of appropriate school personnel, listing each year those staff members who will administer medications, or listing assigned positions in the local medication policy or procedure. No employee except a health care professional may be required to administer a medication by a route other than ingestion.

#### *Documentation*

Each dose of medication must be documented, including medication errors.

For more information, go to the DPI's question and answer document: [Administration of Medications to Pupils](#) or Wis. Stat. [sec. 118.29](#).

#### Statute and Administrative Codes Governing the Practice of Nursing

Wis. Stat. [ch. 441](#), the Board of Nursing statute, is sometimes referred to as the Nurse Practice Act. Under Wis. Stat. [sec. 441.001\(4\)\(c\)](#), registered nurses have the authority to perform "general nursing procedures and techniques which acts are considered the independent practice of nursing." [Chapter 441](#) also provides definitions of nursing education, licensure, and scope of practice requirements.

Wis. Admin. Code [ch. N 6](#) the Standards of Practice for Registered Nurses and Licensed Practical Nurses, defines key terms such as delegation, basic patient situations, and complex patient situations. It also provides minimum practice standards for nurses, including supervision and directions of delegated nursing acts.

Wis. Admin. Code [ch. N 7](#) defines misconduct or unprofessional conduct for nurses, while Wis. Admin. Code [ch. N 8](#) describes the requirements for an advanced nurse practitioner to prescribe medication.

#### *Implications of Nurse Practice Act/N6 for Medication Administration, Delegation, and Consultation*

The statute and rules governing nursing do not specifically address medication administration. However, medication administration is considered a general nursing procedure as defined in [Chapter 441](#). If a nurse is involved in medication administration in the school setting, that nurse is subject to the standards of practice defined in Wis. Admin. Code [ch. N 6](#).

In addition, Wis. Admin. Code [ch. N 6](#) permits a registered nurse to delegate certain nursing acts, including medication administration. The joint statement by the American Nurses Association and the National Council of State Boards of Nursing defines delegation as the process for a nurse to direct another person to perform nursing tasks and activities, with the nurse retaining the accountability for successful completion of the task. Wis. Admin. Code [sec. N 6.03\(3\)](#) requires all of the following conditions to be met for a delegation to be appropriate:

- The registered nurse (RN) must supervise and direct delegated nursing acts. Wis. Admin. Code [ch. N 6](#) defines direct supervision as immediate availability to continually coordinate, direct, and inspect at first hand the practice of others. General supervision is defined as meeting regularly to coordinate, direct, and inspect the practice of another.

- The RN must delegate tasks commensurate with the educational preparation and demonstrated abilities of the person supervised.
- The RN must provide direction and assistance to those supervised.
- The RN must observe and monitor the activities and evaluate the effectiveness of those supervised.

The nurse must determine which nursing acts, including which specific medication procedures, may safely be delegated, and that the delegated procedures are carried out by appropriately trained school personnel. Given the increasing complexity of medication, variety of routes of administration, and complexity of medical conditions among students, this is a critical task. RNs must be given adequate time and decision making authority to complete this task. While the general assignment of administration of medication may be given by a school administrator, only a RN with direct knowledge of the pupil's condition, medications, competency of specific school personnel, and time to monitor the medication administration may determine whether or not a specific medication administration may be safely delegated, consistent with state administrative code governing nursing.

Wisconsin state statutes and administrative code do not list the nursing tasks, including medication administration, that are appropriate for delegation to school staff without a health care license. The decision to delegate regarding a nursing task, including medication administration, is based on the registered nurse's assessment of the complexity of the nursing task and care, predictability of the health status of the student, and the educational preparation and demonstrated abilities of the school staff without a health care license. Nursing tasks may be categorized as simple or complex. Simple nursing tasks are more likely to be appropriate for completion by individuals without a health care license than complex nursing tasks. Simple nursing tasks can be described as tasks that do not require substantial nursing skill, knowledge, or training, or the application of nursing principles based on biological, physical, or social sciences or the understanding of cause and effect of the act. It is important to note that nursing acts and medical acts appropriately assigned to a person may not, by that person, be further delegated to another person.

If nurses fail to meet the standards of practice, (Wis. Admin. Code [ch. N 6](#)) the nurse is considered negligent and may be reprimanded by the Board of Nursing or have her/his nursing license limited, suspended, revoked, or denied for renewal.

School personnel—such as a principal, teacher, or school secretary—who administer medication, with the exception of administering oral medications and basic first aid, without authority from a registered nurse or licensed physician may be found to be illegally engaging in the unlicensed practice of nursing or medicine. Under Wis. Stat. [sec. 441](#) and [448](#), such persons could be subject to criminal penalties or injunctive action and may lose immunity from any civil suit which may result from any such illegal provision of health care services.

Nurses are mandated by the Standards of Practice to accept delegation from medical providers (Wis. Admin. Code [sec. N 6.02\(4\)](#)). The Standards of Practice do not contain a provision for nurses to accept delegation from parents.

For more information, see the DPI's question and answer document regarding [Delegation, the Nurse Practice Act, and School Nursing in Wisconsin](#). For further information, see the National Association of School Nurses [position paper](#) on delegation.<sup>1</sup>

## Principles of Safe Medication Administration

School nurses have the knowledge of medication and procedural skills to train other school personnel to learn to safely administer medication. The National Association of School Nurses recommends that the following [guidelines](#) be implemented to safely and effectively administer medication in schools:

- School personnel should adhere to school medication policies, school nurse standards of practice, state nurse practice acts, and state laws governing medications in school.
- Medications sold without a prescription should arrive at school in the manufacturer's or original packaging. Prescription medication should arrive in a properly labeled prescription container.
- Medication containers must be labeled with the student's name, the name of the drug, dosage amount, route of administration, time interval of the dose, and, if possible, the name of the prescribing medical provider.
- Parents or guardians must request the administration of the medication in writing.
- School nurses should assess the need for the medication administration at school.
- School nurses should have knowledge of the purpose of the medication, side effects and toxicity, drug interactions, and expected outcomes.
- Procedures must be in place for receiving, administering, documenting, and storing medication.
- Medication administration procedures should not violate the nursing protocols or standing orders.
- Medications must be stored in a locked cabinet.

Implementing the guidelines will provide the safeguards necessary for safe medication administration.<sup>2</sup>

## Medication Administration Procedures

While the school nurse should regularly provide leadership in developing medication administration policies and procedures, districts will benefit from the involvement of others, including other school personnel, the medical and public health community, and parents. Such partnerships help engender a more widespread understanding of all procedures, including those relating to administration of medications. Such policies and procedures should take into account the practical realities of daily life in the school setting.

In Wisconsin, school personnel other than nurses most often administer medications. School health aides, secretaries, and educational aides commonly administer medications. This affirms the need both for broad participation in any medication administration program and nurses' understanding of the need for such cooperation by non-nursing professionals.

Each district should write its medication administration policies and procedures in a format consistent with other district policies and procedures. The policy should address the overall goal, and outline the steps staff members and volunteers are expected to take to achieve that goal. Policies and procedures should allow discretionary action by the administration when appropriate, but be specific enough to provide clear guidance to those responsible for medication administration tasks. Above all, the policies and procedures must comply with state law.

Communicating those policies, procedures, and goals to students, staff members, parents/guardians, and other community health care professionals is essential. The district should use a variety of media, including the school newspaper or newsletter, the school website, the community newspaper, and local radio and television stations, to routinely notify all interested residents. The information provided may include:

- a detailed explanation or meaningful overview of the policies and procedures related to medication administration;
- the rights and responsibilities of students who require the administration of medication during the school day and during school-sponsored activities; and
- a recommendation to parents and health care professionals to consider medication administration plans which, if at all possible, avoid or minimize school-day doses, so as to limit the amount of disruption to the student's day.

By law, school personnel are not required to administer non-oral medications even though such tasks may be appropriately performed by those with adequate education, training or experience. Individuals who are willing to perform a nursing procedure are often motivated to provide quality care. The prospective school personnel should be required to immediately inform the nurse of any refusal to accept the task. Also, school personnel may not transfer the responsibility of a nursing task to another staff person. An employee's responsibility to perform a nursing task may be part of the employee's job description. In such cases, the employee's agreement to perform a nursing task, with appropriate training and supervision, may be a stipulation of their employment.

Depending on each student's circumstances, medications will be needed either on a short-term or continuing basis. In addition, the actual administration during that period may vary, from routinely scheduled doses (to treat infections, for example) to as-needed doses (such as ones to treat occasional migraine headaches). As-needed doses are often referred to as PRN (pro re nata, meaning "as circumstances require") doses. Whether a student requires medication on a routine or PRN basis, the guidelines for consent remain the same.

### Parental Authorization

Both prescription and nonprescription medications may be given only with a parent's/guardian's written consent, which should be given to the district on a consent form designed by the district. Policy and consent forms should be readily available in school manuals, parents'/guardians' handbooks, school offices, and on the district's website. It may prove helpful to print the district's medication administration policy on the back of the consent form to educate parents/guardians and avoid misunderstandings. In addition, printing the form in a distinctive

color may help parents more readily distinguish it from the numerous other papers and forms they receive from the school throughout the year.

The form should include the following:

- student's name, address, and phone number;
- name of the drug;
- reason for the medication;
- dose the student should take;
- frequency/time of administration;
- mode (method) of administration;
- possible reactions the student may experience;
- parent's/guardian's signature; and
- date the form was signed.

Districts may find it helpful to refer to the sample consent form on the DPI medication training [web page](#).

### Medical Providers' Authorizations

Prescription medications should be administered only with written instructions of a physician or other health care provider or practitioner legally authorized to prescribe medications. School districts may accept medical provider's orders from providers practicing in other states. However, it is recommended that schools verify that the prescribing medical provider holds a current license in the state in which they are currently practicing. Districts may decide to also require a physician's written instructions and/or authorization for nonprescription medications; however, this is not required by law if it is to be given at its recommended therapeutic dose.

A medication authorization form should include the following:

- student's name, address, and phone number;
- name of the drug;
- reason for the medication;
- dose the student should take;
- frequency/time of administration;
- mode (method) of administration;
- name, address, and phone number of the prescribing physician;
- acknowledgement that the physician will accept personal communication from the person who will be administering the medication;
- start and end date for administration;
- possible reactions the student may experience;
- appropriate responses of school personnel to and documentation of any reactions; and,
- date the form was signed.

### Medication-Specific Procedures

A number of other procedures are critical to the administration of medications to students.

1. Appropriate Labeling and Containers

Prescription drugs must be sent in a pharmacy-labeled container with the:

- student's name,
- name of the drug,
- dose the student should take,
- frequency/time of administration,
- mode (method) of administration,
- directions, and
- date of expiration.

When asked, pharmacies will provide additional labeled containers for children who take the same medication at home and at school. It is necessary for nonprescription drugs to have the manufacturer's label identifying the medication, its ingredients, dosing recommendations, possible drug interactions and/or warnings, in addition to the student's name printed on the container.

2. Counting/Checking-In Medications

School districts should consider whether medications need to be counted on arrival at school in order to verify the number of pills received. If pills require counting on arrival—particularly advisable with Schedule II controlled substances—a staff member should document the count on the medication administration log.

3. Storage of Medication at School

Whether or not a medication requires refrigeration, it should be stored in a securely locked, clean container or cabinet accessible to the persons administering it but not to unauthorized persons. State law does not indicate where medications should be stored in the school building. In accordance with Wis. Stat. [sec. 118.29](#), the medication administration law, school districts must address the storage of medication in the local medication policies and procedures. In circumstances in which students are authorized to self-administer their medications, arrangements must include a safe and secure place to store the medication.

4. Medication Schedules

School districts should consider the best way to handle multiple doses of medication during the school day if the student arrives at school late. It is critical to decide whether to adjust the schedule or to skip the missed dose. Since these situations are quite common, it must be clear to the person responsible for medication administration which decisions they can make independently and which require consultation with the person responsible for delegation or designation. Regardless of the modification, the nurse should contact the student's parents and may need to contact the child's local health care provider for consultation. Occasionally, morning medications may be forgotten at home. The school may secure a medical provider and parent authorization for the administration of the morning as-needed medication at school. To avoid double dosing of morning medication, schools should contact the parents/guardians and assess the

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failure to administer the morning medication prior to the administration of the medication.

5. Dispensing Oral Medication

No one should handle an oral medication while dispensing it. Staff should use either the top of the pill container or a disposable small paper cup. School personnel should measure liquid medications with an exact measuring device. Inappropriate measuring devices include teaspoons and tablespoons.

6. Responsibility for Reporting for Medication

Although a school district policy may state that it is the student's responsibility to report for medication, the people responsible for administering medications should make a concerted effort to locate students who do not report. The omission of the administration of a medication is a medication error. Delays and omissions of medication administration may have detrimental effects on a student's health and educational performance.

7. Delivery of Medications to School

School districts should plan for the transportation of medications to the school office or health office and the notification of parents about reordering. In some cases, the school can depend on students to tell parents that their supply is getting low. In other situations, a phone call or note may be needed.

For children on routine daily medication, it is advisable for the school and the parents to work out details regarding notification for refills at the beginning of the school year. The safest and most secure method of transportation is for parents to deliver refills to the school health office, where it is received by the school nurse or a properly trained school staff member whose work is regularly monitored by the school nurse. This approach prevents loss of medications and provides for the personal safety of all students.

Districts should know that, due to the tight controls placed on some medications, particularly those classified as controlled substances, families may find it difficult, if not impossible, and to quickly replace Schedule II prescriptions lost on the way to school.

8. Disposal of Medications

Schools should take measures to minimize medication left at the end of the school year. For example, when making parental requests for medication replacement near the end of the school year, calculate the number of days of school remaining and request a specific number of doses to cover the days of school. Schools should develop a procedure for disposing of medications that parents do not reclaim by the end of the year.

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If at all possible, give medications back to students/families that have the prescription for the medication. Call the parents and ask if they would like to pick up the medication at the school or have you mail it home. This reduces the cost to the school for disposal and makes it more likely that the medication would be used instead of discarded. A school does not have to notify Drug Enforcement Administration (DEA) or the US Postal Service of such mailings. DPI does not recommend that schools give any controlled substances to the students to take home due to the danger of drug diversion and other safety concerns. Other drugs may be sent home with the students, if the parents agree. Schools should turn their controlled substance waste over to their local police department or to a waste disposal company that has DEA authorization to accept it.

After a school has determined that a particular medication **cannot** be returned, is **not** a controlled substance or infectious waste, and is **not** a hazardous waste, the school district employees **should cover (hide from view) the drugs in waste**; and may crush, suspend in water, and add to kitty litter or unused coffee grounds, **or** the school may discard the waste through incineration at a licensed incinerator with their hazardous waste drugs. For more information, go to the DNR website: <http://dnr.wi.gov> and search for the topic “health care waste.” Under the heading for non-households, choose “Pharmaceutical waste.” Schools are **not** allowed to take unreturned medications to Community Household Medication roundups.

#### 9. Notification of Staff Members

In view of the rights of children and families to confidentiality of health care information, school districts must consider what provisions will be made for notifying classroom teachers of students who need medication. In accordance with Wis. Stat. [sec. 118.125\(2\)\(d\)](#), information should be shared with school personnel who have a legitimate educational and safety interest to know the information. School personnel who are given such information should be reminded that it must, by law, remain confidential.

### Medication Training

School personnel who may be asked to administer medications include: administrators, teachers, pupil services staff, principals, secretaries, bus drivers, and paraprofessionals. All school personnel and volunteers administering medications to students via inhaled, rectal, injectable, gastrostomy, jejunostomy, and nasogastric routes must receive DPI-approved medication training. It is strongly recommended that school personnel providing medication via other routes of administration, including oral, ear, eye, and topical medications receive training.

School districts will need to give forethought to their medication training needs. The content and extent of medication training is based on routes and types of the medication prescribed for the students. If school nursing services are limited or not immediately available, the school district should have at least two other school personnel in every building who can administer all routes or types of medication. To adequately respond to emergency situations, it is recommended that

school districts secure training for the administration of emergency medication at the beginning of every school year. Whenever possible, school nurses should train at least two nonprofessional school health personnel (one as a primary assistant and the others as back-up assistant) to administer medications in the event the nurse or designated or delegated assistant is absent or needs regular assistance.

The knowledge portion of the department-approved medication training for rectal, injectable, inhaled, gastrostomy, jejunostomy, and nasogastric must occur at least every four years. The skill portion of the medication training must occur annually. This is where the school personnel and volunteers must provide an adequate demonstration of the specific route of medication being administered in the school. School nurses are uniquely skilled to assess the competency of the medication administration skills of school personnel. The school nurse, medical provider, or adequately trained parents must provide a demonstration, and the school personnel or volunteer must then adequately carry out the medication administration procedure.

Health care professionals are not required to receive medication training. In Wis. Stat. [sec. 118.29](#), health care professionals are defined as including: registered and licensed practical nurses, emergency medical technicians, chiropractors, dentists, physicians, and optometrists.

Required medication administration training programs developed by parties other than the DPI must be submitted to the DPI for review and approval (Wis. Stat. [sec. 118.29\(6\)\(a\)](#)).

### Documentation of Dosing and Errors

A medication record should be kept for each student receiving medication at school. This medication record should include the following:

- student's name, address, and phone number,
- name of the drug,
- dose the student should take,
- frequency/time of administration,
- date the medication expires ("shelf life"),
- name of the administering person, and
- medication errors.

This log should be kept with the parental consent and physician medication order forms, so that it is easily accessible. At the end of the school year, individual medication administration records should be filed in the pupil's physical health record.

Nurses, working with administrators, should design the documentation so that it describes each school day's activities as they relate to medications or procedures. In the event that the medication is not administered as prescribed, the person responsible for administering it should indicate if the student was absent from school, refused medication, or did not report/was not located for medication.

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It is important to note that most prescription medications will not expire before they are fully used. As-needed medications, however, are more likely to expire during the school year. In either case, nurses should check medication bottles throughout the year to prevent the inadvertent use of expired medications. When a prescription bottle is near the expiration date or after, the nurse should notify the student's parents/guardians to discuss discarding or replenishing the medication in a timely manner.

The sample student "[Daily Medication Log](#)," may serve as a helpful guide to districts wishing to develop or revise their own records.

Most medication errors occur when an individual is interrupted or distracted during the administration of medication or have simultaneous primary responsibility for a task other than medication distribution. Eliminating distractions and other responsibilities during periods of concentrated medication administration can increase safety and accuracy and decrease the potential for errors.

In the event of a medication error of commission or omission, the person who administered the medication should immediately:

- assess the student;
- notify the school nurse, a supervisor, or school administrator;
- contact the Poison Control Center, if necessary;
- notify the student's parents/guardians;
- notify the student's physician; and
- complete a written report of medication error detailing the student's name, parent's or guardian's name and phone number, specific statement of the medication error, people notified, and remedial actions taken.

A sample form for documentation of a medication incident report is available on the medication training resource [web page](#).

## Types of Medication

### 1. Drug

Drug means any substance recognized as a drug in the official U.S. pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States or any supplement to either of them.

### 2. Non-Oral Medications

Non-oral medications means any medication to be administered by a route other than oral ingestion. State law makes it clear that no school employee may be required to administer non-oral medications as a condition of employment. However, under the delegation/direction of a nurse, staff members wishing to do so may be trained to administer medications by means other than or in addition to oral ingestion.

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In either case, the district and nurse will want to carefully consider whether a medication can, in each given circumstance, be given safely by a staff member who is not a licensed health care professional.

3. EpiPens™

EpiPens™ are auto-injectors that deliver a set dose of epinephrine during a life-threatening (anaphylactic) reaction to a bee sting or other allergen. School nurses may legally delegate, train, monitor, and supervise teachers and other nonprofessional school health personnel for this task, if they are willing and able to accept the delegation from the nurse. As EpiPens™ are non-oral medications, staff members may not be compelled to administer such injections.

4. Nonprescription Medications

Nonprescription medications means any non-narcotic drug product which may be sold without a prescription order and which is prepackaged for use by consumers and labeled in accordance with the requirements of state and federal law.

Many people rely on nonprescription or over-the-counter (OTC) medications for conditions that, if investigated, might have simpler solutions. For instance, a child's headache may be the result of not eating properly and developing hypoglycemia. Dispensing an OTC medication will not improve the underlying cause, which is hunger. Studies linking aspirin to Reye's Syndrome in young children demonstrate that there are areas of drug reactions in children for which there is little information. The school district exposes itself to the least amount of risk by requiring written parental consent and a physician's order for both nonprescription and prescription medications.

5. Prescription Medications

Prescription Medications are defined in Wis. Stat. [sec. 450.01\(20\)](#).

6. As-Needed Medications

As-needed (PRN) medications may or may not be prescription drugs. This type of medication order can often pose difficulty for school districts because students often require the medication only in specific situations indicated by specific clinical signs and symptoms.

In complex situations, ones in which substantial nursing skill, knowledge, training, and application of nursing principles are required to make a decision, the school principal should work collaboratively with the school nurse to determine which PRN medications should or should not be delegated for administration by a trained staff member.

When a student's clinical condition is not predictable, as with a seizure disorder, or when nursing procedures are likely to involve frequent or complex modifications, the nurse cannot delegate the assessment and evaluation functions in their entirety to licensed practical nurses or less-skilled assistants. In such circumstances, the nurse needs to assess

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the medication order and determine which aspects of assessment, intervention, and evaluation of the student's response to the medication can be delegated safely.

#### 7. Self-Administered Medications

While some students may be able to self-administer medications in the prescribed manner without assistance, it may be prudent under certain circumstances for the school district to store the medication in the health office or another designated location. It would be advisable for districts to consider each request to self-administer medication in consultation with the student, parents/guardians, physician, and nurse to determine whether the student is capable of self-administering needed medication in the school setting.

Wis. Stat. [sec. 118.291](#) allows asthmatic students to carry and self-administer inhalers at school or school-sponsored activities, with approval of the student's physician and parent/guardian on file at the school. Furthermore, the statute notes that the school district, school board, and school employees are immune from civil liability for prohibiting a student to use an inhaler because of a good faith belief that the approvals have not been obtained and are not on file at the school or for allowing a student to use an inhaler because of a good faith belief that the approvals have been obtained and are on file at the school.

Similarly, Wis. Stat. [sec. 118.292](#) allows students to self-carry epinephrine auto-injectors with appropriate parent and medical provider authorizations. These authorizations must be submitted to the principal of the school building. The school board, school district, private school, tribal school, or any employee thereof is granted a civil liability exemption for injuries incurred as a result of the usage or possession of an epinephrine auto-injector.

#### 8. Controlled Substances

The Drug Enforcement Administration categorizes controlled substances by schedules based on the potential for abuse or dependence. While some medications students take at school will be in Schedules III, IV, or V, which pose less potential for abuse or dependence, some medications—such as Ritalin® (methylphenidate) or Adderall® (dextroamphetamine and amphetamine) both used to treat Attention Deficit Hyperactivity Disorder—are classified as Schedule II medications, meaning they have potential risk for abuse or dependence.

Wisconsin's Uniform Controlled Substances Statute (Wis. Stat. [ch. 961](#)) regulates the prescription of Schedule II drugs in many ways. School districts should consider this type of medication carefully when planning for the transportation of medications and refills to school, their storage, and administration during co-curricular or extracurricular activities.

### Special Orders

#### *Parental Request for Order Change*

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Parental requests to change a prescription medication order (dose or time of administration) must be approved by the prescribing medical provider before they can be implemented. Parental requests to change an OTC medication may be evaluated based on dosing information contained on the manufacturer's label. Districts will want to consider the procedure by which such requests are processed.

#### *Verbal Orders*

The Wisconsin Board of Nursing indicates that the verbal orders from a medical provider, including those for medication administration, must be validated in writing “within the timeframe appropriate for the setting.” There is no explicit rule regarding timeframes for the signing of a verbal order of advanced nurse practitioner, physician assistant, or physician. Districts must decide whether they will accept verbal orders from physicians or other qualified health care professionals for medication and other health care procedures. If they do so, districts should also decide how such orders will be documented. Only a registered nurse can accept verbal orders.

#### *Non-Wisconsin Licensed Nurses and Practitioners*

Generally, a registered nurse without a multi-state license must obtain a Wisconsin license from the Board of Nursing to practice within this state. There is an exception for those that may be travelling through the state for short periods of time. Wisconsin Statutes [sec. 441.115](#) allows for temporary practice of no more than 72 consecutive hours with prior notification to the Board.

However, Wis. Stat. [sec. 118.29](#) or medication law defines “practitioner” as any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state. Therefore, school nurses may implement an order from a medical provider licensed in any state. School nurses must ensure that the out-of-state practitioner is holding a current license to practice in their state.

#### Legal Definitions Related to Medication Administration

1. Drug—a substance used in a medication or in preparation of a medication. Wisconsin statutes include the following definitions of drug:
  - a. Any substance recognized as a drug in the official U.S. Pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States or any supplement to either of them.
  - b. Any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease or other conditions in persons.
  - c. Any substance other than a device or food intended to affect the structure or any function of the body of persons.

Wis. Stat. [secs. 450.01\(10\)\(a\),\(b\), and\(c\)](#).

2. Prescription drug—
  - a. A drug, drug product, or drug-containing preparation that is subject to 21 USC. sec. 353(b) or 21 CFR sec. 201.105.
  - b. A controlled substance included in schedules II to V of Wis. Stat. [ch. 961](#) except a substance that by law may be dispensed without the prescription order of a practitioner.  
Wis. Stat. [sec. 450.01\(20\)\(a\) and \(b\)](#).
3. Nonprescription drug product—means “any non-narcotic drug product which may be sold without a prescription order and which is prepackaged for use by consumers and labeled in accordance with the requirements of state and federal law.” (Wis. Stat. [sec. 450.01\(13\)\(m\)](#)).
4. The statutory definition of a school nurse was amended by 2011 Wisconsin Act 86, effective December 9, 2011. Wis. Stat. [sec 115.001\(11\)](#) states:  
“School nurse” means a person who is a registered nurse licensed under Wis. Stat. [sec. 441.06](#) or in a party state, as defined in Wis. Stat. [sec. 441.50\(2\)\(j\)](#) who submits evidence satisfactory to the DPI that he or she has successfully completed a course, determined to be satisfactory to the DPI, in public health or community health.
5. U.S. Pharmacopeia (USP)—sets standards for product quality and label information by verifying that the declared ingredients are actually present in the product and by inspecting the manufacturing processes. However, the USP does not regulate claims made for product use. Manufacturers’ participation in the USP review is voluntary.
6. Administer—direct application of a nonprescription drug product or prescription drug, whether by injection, ingestion, or other means to the human body (Wis. Stat. [sec. 118.29\(1\)\(a\)](#)).
7. Epinephrine auto-injector—a device used for the automatic injection of epinephrine into the human body, to prevent or treat a life-threatening allergic reaction (Wis. Stat. [sec. 118.29\(1\)\(bm\)](#)).
8. Practitioner—any physician, dentist, optometrist, physician assistant, advance practice nurse prescriber, or podiatrist licensed in any state (Wis. Stat. [sec. 118.29\(1\)\(e\)](#)).

## Policy Development

School districts must adopt a written policy and procedure governing the administration of prescription and nonprescription medications. In development of the medication policies and procedures, the school district is required to seek the assistance of health care professionals that are hired or contracted to provide services or consultation for emergency nursing services. The school board must adopt a written policy that includes procedures for the following:

- obtaining and filing in the school the written instructions and consent required from both the parents and the physician,

- periodic review of such written instructions by a registered nurse,
- storage of prescription and nonprescription drugs, and
- record keeping, including documentation of each medication dose, including errors.

It is also recommended that the policy include procedures for appropriate instructions for persons who may be authorized to administer prescription or nonprescription drugs to students.

The school district's medical advisor can be particularly helpful in the review of medication-related policies and procedures.

While school districts may require any of its employees to administer oral medications, only health care professionals can be required to administer medication by other means. Because districts are regularly asked to administer medications by means other than orally—including topically; insertion into the eye, ear, and/or nose; inhalation; injection; and rectally—districts need to be prepared to respond to such requests. School districts are obligated to administer the medications necessary for a student to benefit from their free, appropriate public education.

The law allows for the administration of emergency medication in the school setting. School personnel are authorized to administer an epinephrine auto-injector to a student who appears to be experiencing a severe allergic reaction. State statute also allows for the administration of glucagon to known diabetic students who appear to be experiencing a severe hypoglycemic event. Both the epinephrine auto-injector and glucagon may be given to students without written instructions from the student's medical provider and permission of parents/guardians. Standing orders for glucagon and epinephrine may be required, however, by the local school district's policies.

## Medication Abbreviations

<b>A.C., ac</b>	before meals	<b>P.C., pc</b>	after food or meals
<b>Au</b>	both ears	<b>po</b>	by mouth (per os)
<b>BID, bid</b>	twice a day	<b>prn</b>	as necessary
<b>Cap.</b>	capsule	<b>q</b>	every
<b>cc</b>	cubic centimeters	<b>qd</b>	every day
<b>DC, dc</b>	discontinue	<b>qh</b>	every hour
<b>elix</b>	elixir	<b>q2h</b>	every 2 hours
<b>HS, hs</b>	hour of sleep	<b>q3h</b>	every 3 hours
<b>H, hr</b>	hour	<b>QID, qid</b>	four times a day
<b>IU</b>	international unit	<b>QOD</b>	every other day
<b>Kg, kg</b>	kilogram	<b>Rx</b>	treatment, therapy, prescription
<b>mg</b>	milligram	<b>STAT, stat</b>	immediately
<b>noc, noct</b>	night	<b>syr</b>	syrup
<b>NPO</b>	nothing by mouth	<b>tab</b>	tablet
<b>O.D.</b>	right eye	<b>TID, tid</b>	three times a day
<b>O.S.</b>	left eye	<b>Tr, tinc</b>	tincture
<b>os</b>	mouth	<b>U</b>	unit
<b>O.U.</b>	each eye	<b>ung</b>	ointment
<b>oz</b>	ounce		
<b>P</b>	pulse		

## Conclusion

Medication administration is one of the most vital services school nurses provide for students. Many students with special health care needs come to school with complex medication regimens, challenging school districts to provide necessary services. School nurses are essential for the development, implementation, and evaluation of quality medication policies and procedures. Adequate training of all staff administering medications is essential. The information within this chapter is intended to assist school nurses and administrators in the critical service of medication administration.

## References

1. National Association of School Nursing Position Statement, "[Delegation](#)."
2. National Association of School Nursing Position Statement, "[Medication Administration in the School Setting](#)."