Medication Administration Instructional Program

SAMPLE FORMS

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These forms are provided as a resource to the RN instructor for use during the Medication Administration Training. Forms may be copied. Please note: the format of these forms may be modified to fit the needs of schools, child care programs and camps as long as the information included on the forms meets the basic requirements outlined in the Instructor Manual.

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Administering Medications Steps

DO NOT, UNDER ANY CIRCUMSTANCES, GIVE ONE CHILD'S MEDICINE TO ANOTHER CHILD.

Always wash your hands before and after giving a medication to a child. If the child will be touching the medication, he/she should also wash his/her hands.

Administering Oral Medications

- Start with clean hands and clean equipment.
- Crushing or sprinkling a medication can only be done with written authorization by the Health Care Provider.
- If ordered or allowed, mix the dose in a small amount (i.e., 1 teaspoon) of food or drink, to be sure the child will swallow the entire dose at once.
- **NOT ALL** medications, however, can be mixed in water or juice. Contact the pharmacist for more information.

- **Pills / Tablets / Capsules:**
  - Pour medication into a medicine cup, lid of the bottle, paper towel, or a small paper cup.
  - Have the child wash his hands, before putting the medication into his mouth.
  - Give the child 6-8 ounces of water.
  - Never refer to medication as **"candy"**.
  - Observe the child swallowing the medication.

- **Liquids:**
  - **DO NOT OVERFILL OR UNDERFILL. IT IS IMPORTANT TO BE ACCURATE.**
  - **Note**: Medication may be prescribed in teaspoons, cc's, or ml's.
    - 1cc = 1ml
    - 5cc's or 5ml's = 1 teaspoon
  - Use a calibrated medicine spoon or cup, syringe, or dropper to measure liquid medications.
  - Check carefully for the appropriate line measurement on the spoon, cup, syringe, or dropper.
  - Never use household utensils to measure liquid medication.
  - Pour medication from the side opposite the label, so that the label remains readable.

- **Medicine Spoon or Cup:**
  - Read the cup on a flat surface, at eye level, for accuracy.
  - Do not try to measure something for an infant or toddler with a small medicine cup. The amount will not be accurate.
  - When using a calibrated spoon or syringe, pour or draw up medication to the appropriate line.

- **Dropper:**
    - Droppers are sometimes included as part of the medicine bottle.
    - Only use the dropper that is included with the medicine bottle.
    - Withdraw the correct dosage and squeeze the dropper, placing the medicine into the side of the child's mouth.

- **Syringe:**
    - Pour a small amount of medication into a paper cup, or any small cup.
    - Place the tip of the syringe into the liquid in the cup and pull back on the plunger.
    - Avoid air bubbles by keeping the tip below the level of the liquid. Draw up enough to equal the dosage amount.
    - Pour the remainder of the medicine back into the bottle.
    - To give the medicine, slowly squirt small amounts toward the back and side of the child's mouth. Do not squirt toward the back of the throat. (This will cause gagging.)

    - For an Infant: Drop medication into a nipple for them to suck. Always follow by giving the infant a bottle. **NEVER mix medications with an entire bottle.**

- **Helpful Hint:**
    - A syringe adapter is a plastic device that fits on the medicine bottle.
    - This is an easy way to draw the amount from the bottle with a syringe.
    - Hold infants in the cradle position to administer oral medication.
    - Allow toddlers to sit up in a high chair.

Make Sure the Child/Student Takes All of the Medicine!

- **Refusal or Vomiting of Medication:**
    - If the child does not take all of the medication, spits part of it out, vomits, or refuses to take part of the medication, **do not give another dose.**

    - Contact the child's parent or guardian and request further instructions from the Health Care Provider.

Administering Topical Medication

- Start with clean hands and clean equipment.
- Wear gloves when applying topical medications.
- After use, dispose of them and any contaminated dressings in a plastic-lined covered container.
- Keep topical medications separate from oral medications.
- Read instructions carefully to avoid mixing up eye and ear drops.

- Eye Drops:
  - Wash your hands and put on gloves.
  - Check the 6 Rights.
  - Rub medication bottle between the palms of your hand to help warm the drops.
  - Clean child's eye by wiping each eye once from the inside to the outside. Use a clean tissue for each eye.
  - Place child on his/her back, if younger than five. You may need an assistant to help.
  - If older than five, the child may be seated.
  - Ask child to look up, then gently open the eye and pull down the lower lid to make a pocket.
  - Bring the medicine toward the eye, outside of the child's field of vision.
  - Do not touch the eye or anything else with the bottle or dropper.
  - With bottle no more than one inch above the eye, drop one drop into the lower lid.
  - Close the eye. Apply pressure on the inside corner of eye for 10-20 seconds.
  - Wipe away any excess medication or tearing with clean tissue.
  - Dispose of gloves after use in a plastic-lined container, out of reach of children.
  - Wash hands.

- Eye Ointments: ***(Follow instructions, above, for eye drops.)***
  - Apply along the inside of the lower eyelid.
  - Rotate the tube when you reach edge of the outer eye. (This will help detach the ointment from the tube.)
  - After applying, hold the eye open for a few seconds, and then have the child keep it closed for about 1 minute.
  - Wipe away any excess medication or tearing with clean tissue.
  - Dispose of gloves after use in a plastic-lined container, out of reach of children.
  - Wash hands.

- Ear Drops:
  - Wash your hands and put on gloves.
  - Check the 6 Rights.
  - Rub medication bottle between the palms of your hand to warm the drops.
  - Have child lie down, with affected ear facing up.
  - Child younger than three years old: Hold ear lobe and pull down and back.
  - Child older than three years old: Hold upper part of ear lobe and pull up and back.
  - A child older than five may sit in a chair and tilt head, with affected ear facing up.
  - Clean ear with cotton and discard.

Note: If you see blood or pus, do not administer the drops. Notify the CCHC/SN and the child's parent/guardian.

- Drop medication on the side of ear canal.
- Do not touch the dropper to the ear.
- Have child stay on his/her side for several minutes.
- Dispose of gloves after use in a plastic-lined container, out of reach of children.
- Wash hands.

NEVER INSERT Q-TIPS OR COTTON BALLS INTO THE EAR CANAL!

- **Skin Creams/ Ointments:**
  - A cream is a type of medication for topical use (on the skin) that is 50% oil (usually lanolin or petrolatum) and 50% water.
  - An ointment is a type of medication for topical use (on the skin) that usually contains 80% oil (usually lanolin or petrolatum) and 20% water.
  - The more oil in a topical medication, the "greasier" and "stickier" the product is.
    - Ointment will stay on the skin longer, and may be prescribed if slower absorption is desired.
  - Creams are easier to "spread", and are often prescribed for larger areas.
  - Creams absorb into the skin quickly.
  - **When Applying Skin Creams and Ointments:**
    - Always use *Standard Precautions.*
    - Wash your hands and put on gloves.
    - Check the 6 Rights.
    - Remove bandage, if applicable.
    - Apply cream or ointment to affected area with applicator (or gloved finger).
      - ➢ Use a small amount to cover the area and rub onto the skin.
    - If Instructions State to Cover the Affected Area:
      - ➢ If the affected area is small, use a band-aid.
        - ✓ Place medication on the gauze pad of the band-aid, then cover the area with the band-aid.
      - ➢ If the affected area is larger, use gauze pads for dressing.
        - ✓ Place the medicine on the dressing (the gauze pad).
        - ✓ Then place the dressing on the affected area.
        - ✓ Cover the dressing with a bandage, such as gauze wrap or an elastic bandage, and tape in place.
    - Dispose of gloves after use in a plastic-lined container, out of reach of children.
    - Wash hands.
    - Document.

- **Notes:**
  - **Carefully follow label instructions when applying any type of topical medication.**
  - **Contact a pharmacist, or your Child Care Health Consultant (CCHC)/School Nurse, if you have any questions about application instructions.**

Americans with Disabilities Act (ADA)

- The Americans with Disabilities Act (ADA) gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services and telecommunications. According to Title III of the ADA, private schools, child care centers and family child care homes are public accommodations and must comply with this law. The ADA went into effect in January 1992.

- The ADA mandates that equal access be given to all children with disabilities in school, child care programs and that children with disabilities be fully integrated into the regular activities. The law not only covers the facility where a school or child care program is offered, but also features which are needed to access the facility such as sidewalks, doors and bathrooms. However, schools and child care providers are not expected to do the impossible.

- Child care programs are required to make "readily achievable accommodations" for all children with disabilities. "Readily achievable" is defined as being "able to accomplish easily and without much difficulty or expense." Programs are not required to make changes that would create an undue burden, which is most simply defined as creating significantly difficult or expense, or increasing safety or crime considerations".

- For the purposes of the ADA, a disability is a "physical or mental impairment that substantially limits one or more major life activities." Short term or temporary illnesses or conditions do not qualify.

- Schools and child care programs are required to make an individual assessment about whether it can meet the particular needs of the child without fundamentally changing the program. The ADA generally does not require schools or child care programs to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

- A few examples of situations where accommodations can be made in a school or child care program:
  - Child older than 4 years of age who wears diapers.
  - Child that requires daily medication at lunchtime.
  - Child that requires blood glucose testing during the day by school or child care personnel.
  - Child that has a life-threatening allergy and requires an Epi-Pen® in case of a severe allergic reaction
  - Child that wears leg braces that needs assistance in taking off and then putting them on.
  - A 3-year-old child with Downs Syndrome, with moderate developmental delays, attending a private preschool program.

- Privately-run child care centers - like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks must comply with title III of the Americans with Disabilities Act (ADA). Child care services provided by State and local government agencies, such as Head Start, summer programs, and extended school day programs, must comply with title II of the ADA. Both titles apply to a child care center's interaction with the children, parents, guardians, and potential customers that it serves.

Commonly Asked Questions about Child Care Centers and the Americans with Disabilities Act. (2017) Retrieved 6/16/17 from https://www.ada.gov/childqanda.htm

Preschool Children with Disabilities Have Right to Least Restrictive Environment (2012). Retrieved 6/16/17 from https://disabilitylawco.org/resources/ability-law-blog/preschool-children-disabilities-have-right-least-restrictive-environment

U.S. Department of Justice. Child Care Centers and the Americans with Disabilities Act. (1997) Retrieved 6/16/17 from https://www.ada.gov/chcaflyr.htm

Section 504/Individuals with Disabilities Education Act (IDEA)

- Section 504 is an amendment to the Rehabilitation Act of 1973. Unlike the Individuals with Disabilities Education Act (IDEA), which is an education statute based in civil rights law, Section 504 requires that any agency that receives federal funds must provide qualified persons with disabilities equal access to the services, programs and activities offered by the agency. Section 504 specifically prohibits discrimination on the basis of a disability or "handicapping condition" by recipients of federal funds.

LD Online. Understanding the Differences Between IDEA and Section 504. (2017) Retrieved 7/17/17 from http://www.ldonline.org/article/6086

Antibiotic Use

- <u>Did you Know:</u>
  - More than 90% of infections are due to viruses.
  - Antibiotics have no effect on viruses and may interfere with the child's ability to fight future infections that are caused by bacteria.
  - Using antibiotics wisely can help fight antibiotic resistance.
  - Antibiotics will kill bacteria. That is why it is essential to complete the full 10-14 days of treatment, even though the child may begin to feel well.
  - Antibiotics should be given at home whenever possible. (Once or twice-daily dosages are available.

- <u>Side Effects:</u>
  - Are the natural, expected, and predictable effects of a medication that can happen, along with the intended effect.
  - The benefits of these medications out-weigh the side effects.
  - While not desired, most side effects are minor and will go away on their own.

  - <u>Common Side Effects of Antibiotics</u>:
    - Upset stomach
    - Nausea and/or vomiting
    - Diarrhea - Notify the Health Care Provider for severe or prolonged diarrhea.
    - All antibiotics can cause side effects, though some are worse than others.

- <u>Adverse Reactions:</u>
  - Are any unexpected or potentially harmful reactions to a medication.
  - These reactions can happen suddenly, or develop over a period of time.
  - They can include things like vomiting and double vision.
  - If you see a child having a bad reaction, immediately notify Poison Control, the child's parent or guardian, and your Child Care Health Consultant (CCHC) or School Nurse.
  - If you are a family child care provider, call Poison Control and the child's parent or guardian. **If you cannot reach the parent and you are concerned the reaction is severe, call 911.**

- <u>Allergic Reactions:</u>
  - Happen when the body's immune system attacks something in the body that is normally harmless.
  - These reactions are difficult to predict and can range from mild to severe.
  - The most common types of reactions are skin irritations, including itching, rashes, or swelling.
  - If you observe these mild reactions, call the parent or guardian immediately.
  - **A severe form of allergic reaction is <u>anaphylaxis.</u>**
    - **This is a life-threatening condition. You must call 911 if you suspect anaphylaxis.**

Children and Attention Deficit Hyperactivity Disorder (ADHD/ADD)

- Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are conditions that affect millions of children and adults. According to the Center for Disease Control (CDC), 10.2% of children aged 5-17 years have been diagnosed with ADHD or ADD at some point in their lives.

- ADHD is characterized as hyperactivity, poor quality attention, difficulty sustaining attention and attention to detail, poor follow-through, losing things, unable to stay in one place, restlessness/fidgeting, interrupting, and difficulty waiting turns. These behaviors must occur in more than one setting. ADHD does not usually occur alone. Other conditions that may co-exist with the above behaviors are learning difficulties, depression, and sleep problems.

- Treatment for children with ADHD includes a team approach of parents/guardians, child, school/child care, health professionals, and other significant people in the child's life. Medication is often prescribed as an integral *part* of the child's treatment plan. It is not enough to treat ADHD/ADD (attention deficit disorder) with medication alone; a consistent behavior management plan is just as important.

- <u>Common Medications Used for the Treatment of ADHD/ADD in 2017</u>:

    - <u>Stimulants:</u>
        - Methylphenidate (Ritalin®, Ritalin SR®, Concerta, Metadate ER, Quillivant XR)
        - Lisdexamfetamine (Vyvanse)
        - Dexmethylphenidate (Focalin)
        - Dexedrine (Adderall, Dexedrine, and Dextrostat)

        <u>Side Effects</u>: Headache, nausea, stomachaches, decreased appetite, weight loss, jitteriness, decreased sleep, mood swings and tics (rare).

        <u>Dosage Requirements</u>: Many of these medications come in the short-acting (4-6 hour) tablets or sustained release tablets, which can last from 8-12 hours. **DO NOT** stop this medication abruptly unless recommended by the prescribing provider.

    - <u>Other Medications used for the Treatment of ADHD/ADD in 2017</u>:
        - Clonidine (Catpres tabs or patch, Kapvay)
        - Guanfacine (Intuniv, Tenex)

        <u>Side Effects</u>: Drowsiness (which usually passes), dizziness, lowered blood pressure, dry mouth, poor appetite, irritability, headache, abdominal pain.

        <u>Dosage Requirements</u>: Children who have been on Clonidine for a period of time should not stop abruptly. Medication should be reduced gradually over a period of time.

- The purpose of the medication is to help the brain get organized. The medicine can increase attention span, increase organizational skills, and decrease impulsivity and distractibility. This also helps children improve their academic performance. To help children feel good about themselves, parents/guardians, teachers and providers need to praise the child, not the drug. Some children may require the use of a Selective Serotonin Reuptake Inhibitor (SSRI) to treat depressive symptoms, in combination with ADHD symptoms.

- Usually a medication should be tried for 1-4 weeks to see if it helps. The medication trial usually begins with a low dose that is gradually increased until benefits are achieved. Children should be followed regularly while on medication by the prescribing Health Care Provider. Medication is adjusted to best meet the child's needs. In some cases, a child may be on more than one medication.

American Academy of Pediatrics. ADHD. (2017) Retrieved 6/17/17 from https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/default.aspx
Center for Disease Control. Attention-Deficit/Hyperactivity Disorder (ADHD). (2017) Retrieved 6/17/17 from https://www.cdc.gov/ncbddd/adhd/index.html
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). (2017) For Health Care Professionals. Retrieved 6/17/17 from http://www.chadd.org/Understanding-ADHD/For-Professionals/For-Healthcare-Professionals.aspx
Mental Health America. AD/HD (2017) and Kids. Retrieved 6/17/17 from http://www.mentalhealthamerica.net/conditions/adhd-and-kids
National Institute of Mental Health. Attention Deficit Hyperactivity Disorder (2016) Retrieved 6/17/17 from https://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml

Classroom Safety Checklist Medication Administration

Name:	Birth Date:	School/Child Care:	Classroom:

Before School/Program Accepts Medication		Before Medication is Stored in School Program		At End of Medication Order	
Medication label and medication orders match for: ☐ Child ☐ Birth Date ☐ Medication ☐ Dosage ☐ Time ☐ Route ○ Parent signature and date within past year ○ Health Care Provider signature and date within past year ○ Expiration date of medication current ○ Medication amount documented		○ Medication order or health plan communicated to CCHC or School Nurse ○ CCHC or School Nurse authorized medication order/individualized health plan ○ Medication administration log completed for each medication ○ Copy of completed individualized health plan and log is placed with emergency medications ○ Child Care/School staff with need to know have been informed ○ Medication secured in designated place		○ Parent notified to pick up medication ○ Return to parent noted and dated on medication administration log, including parent signature ○ Disposal noted on medication administration log ○ Medication order and administration log stored in child's record ○ Extra copies of documents destroyed	
Staff Signature:	Date:	Staff Signature:	Date:	Staff Signature:	Date:
Delegated RN/MD Signature:	Date:	Delegated RN/MD Signature:	Date:	Delegated RN/MD Signature:	Date:

Confidentiality in Licensed Child Care Centers

- 7.702.94 Confidentiality and Retention
  - A. The confidentiality of all personnel and children's records must be maintained.
    - Centers must notify parents/guardians and eligible students of their rights under this law. The actual means for of notification is left to the center.
    - The policy will be made available to parents/guardians and/or students upon request.

Colorado Office of Early Childhood Department of Human Services Child Care Facility Licensing Rules [Rev. eff. 2/1/16]. Retrieved 7/10/17 from https://dcfs.my.salesforce.com/sfc/p/#410000012srR/a/41000000Cg4h/Yz0MXFeo6c6leuCcu9IZH24_bvIHdxTNbMI43gN0Ils

Controlled Substances Classifications

The drugs and drug products that come under the jurisdiction of the "Controlled Substances Act" are divided into five schedules. (For a complete listing of all of the controlled substances, contact any office of the Drug Enforcement Administration.) Examples of drugs in these five schedules follow:

- Schedule I Substances:
  The substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. There is a lack of accepted safety for use of the drug or other substance under medical supervision. Some examples are heroine, marijuana, LSD, MDMA, peyote, mescaline, psilocybin, N-ethylampelamine, acetylmelhadol, fenethylline, illidine, dihydromorphine, and methaqualone.
- Schedule II Substances:
  The substances in the schedule have a high abuse potential with severe psychic psychological or physical dependence liability. The drug or other substance has a currently accepted medical use in treatment in the U.S., or a currently accepted medical use with severe restrictions. Schedule II controlled substances consist of certain narcotic stimulant and depressant drugs. Some examples of Schedule II controlled substances are: opium, morphine, codeine, hydromophone, levo-alpha-acetylmethadol (LAAM), methadone, meperidine, cocaine, oxycodone, oxymorphone, amphetamine, methamphetamine, methylphenidate, amobarbital, pentobarbital, fentanyl, sufentanil, phenylacetone, dronabinol, and nabilone.
- Schedule III Substances:
  The drug or other substance has a currently-accepted medical use in treatment in the U.S. Abuse of the drug may lead to low or moderate physical dependence or high psychological dependence. The substances in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of certain narcotic drugs and non-narcotic drugs, such as acetaminophen with codeine, hydrocodone with aspirin, derivatives of barbituric acid (except those that are listed in another schedule), nalorphine, benzphetamine, chlorphentermine, phendimietrazine, paregoric and any compound, mixture, preparation or suppository dosage form containing amobarbital, secobarbital or pentobarbital. Anabolic steroids are also included in Schedule III, unless specifically excepted or listed in another schedule.
- Schedule IV Substances:
  The substances in this schedule have an abuse potential less than those listed in Schedule III, and include such drugs as: barbital, phenobarbital, methylphenobarbital, chloral hydrate, methohexital, diethylpropian, chlordiazepoxide, diazepam, oxazapam, clorazepate, flurazopam, clonazepam, alprazolam, temazepam, triazolam, lorazepam, mebutamate, dextropropxyphene dosage forms and pentazocine. The drug or other substance has accepted medical use in treatment in the U.S.
- Schedule V Substances:
  The substances in this schedule have an abuse potential less than those listed in Schedule IV, and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes. Some examples are buprenorphine and propylhexadrine.

Colorado State Board of Pharmacy. Department of Regulatory Agencies. State Board of Pharmacy Rules. (2017) Retrieved 6/17/17 from https://drive.google.com/file/d/0B-K5DhxXxJZbclRwOUxLRThWUlk/view
Title 21 United States Code (USC) Controlled Substances Act. Retrieved 6/17/17 from https://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm
Uniform Controlled Substance Act of 2013. Retrieved 6/17/17 from https://drive.google.com/file/d/0BzKoVwvexVATRERhWUJVVlRnSGc/view
DEA Manual for Pharmacists. An Informational Outline of the Controlled Substances Act Revised 2010 Retrieved 6/17/17 from https://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/

DISPOSAL OF MEDICATIONS*

SCHOOL/CHILD CARE PROGRAM: ____________________

Date	Medication/dose	Amount	Signature/Witness	Comments

*This form may be edited.

Disposal of Medications

- All medications in out-of-home settings, no longer being used or expired, should ideally be returned to the child's parent/guardian for disposal.
  - Medications should not be sent home in a child's backpack, or stored within reach of children.

- You should notify the parent or guardian to pick up the medication, and document your contact with them on the medication log, or according to your program's policy.

- If the medicine has not been picked up within one week of the date of parent/guardian notification, dispose of the medication per program policy and the following disposal procedures:
  - Two people must witness disposal of medication. It can be two staff, or one staff person and your Child Care Health Consultant or School Nurse.
  - Document disposal on the Medication Log, in the "Comments" section, by recording the date, time, child's name, name of medicine, amount of medicine, the method of disposal (i.e., returned to parent/guardian, a medication collection site, or other method of disposal).
  - The witness must sign the Medication Log.

- According to the Colorado Department of Public Health and Environment, it is no longer recommended that even small quantities of medications be flushed down the drain.
  - Some medicines can disrupt or destroy the useful microorganisms in the sewage treatment system, and/or may pass through the system intact and potentially contaminate downstream water resources.

<u>Disposal of Medications</u>

- All medications in out-of-home settings no longer being used or expired should ideally be returned to the child's parent/guardian for disposal.
- Medications should not be sent home in a child's backpack or stored within reach of children.
- Notify the parent or guardian to pick up the medication and document your contact with them on the medication log or according to your program's policy.
- If the medicine has not been picked up within one week of the date of parent/guardian notification, dispose of the medication per program policy and the following disposal procedures.
  - Two people must witness disposal of medication. It can be two staff or one staff person and your Child Care Health Consultant or School Nurse.
  - Document disposal on the Medication Log, in the comments section by recording the date, time, child's name, name of medicine, amount of medicine, the method of disposal (ie: returned to parent/guardian, a medication collection site, or other method of disposal).
    - Do not flush even small quantities of medications down the toilet or drain.
  - Have your witness sign the Medication Log.

- Procedures for properly disposing of medications:
  - For controlled substances:
    - Contact local law enforcement agency to take custody of the controlled medications and dispose of them.
    - If local law enforcement cannot or will not take custody, controlled medications should be rendered irretrievable (made to where no one could ingest them) and disposed in the trash.
      - mix them with an unpalatable substance, like used coffee grounds or kitty litter, in a zip top bag
      - wrap the bag in newspaper or otherwise conceal it
      - put this in the trash on the day it is to be picked up
    - Prescription bottles should be recycled or disposed separately after removal of personal information from their labels.

  - For non-controlled prescription or over-the-counter medications:
    - Take non- controlled medication to a medication collection site. Collection sites can be found at http://takemedsseriously.org/safe-disposal/disposal-options/ .
    - If a collection site is not available locally, non-controlled medications should be disposed of in the trash after being rendered irretrievable as described above for controlled substances.
    - Prescription bottles should be recycled or disposed separately after removal of personal information from their labels.

- Disposal of Asthma Medications
  - If there is still medication in the inhaler, the inhaler can be taken to a medication collection site.
  - If a collection site is not available locally, the inhaler should be double wrapped in a bag or newspaper.
  - Store the packaged inhaler away from children and pets.
  - Place the packaged inhaler in the trash on the day your garbage is collected or taken to the landfill.

- Disposal of unused or expired Epinephrine Auto-injectors:
  - An unused/expired epinephrine auto-injectors should ideally be returned to the child's parent/guardian for disposal.
  - Child care or school staff may be able to return the unused device to the prescribing pharmacy for disposal.
  - Call ahead to ensure that the location will dispose of the device for you.
  - Information about safe disposal of these devices can be found on the following web site: www.safeneedledisposal.org

Colorado Department of Public Health and Environment: Household Medications and Pharmaceuticals Retrieved 6/16/17 from https://www.colorado.gov/pacific/cdphe/household-medications-and-pharmaceuticals

Safe Needle Disposal (2017) Retrieved 6/16/17 from www.safeneedledisposal.org

Caring for & Storing Epinephrine

- Store in its original container
- Store at room temperature
- In a clean area
- Not accessible to children, easily accessible to staff

- Epinephrine auto-injector should be stored:
  - in its original container
  - at room temperature
  - in a clean area that is not accessible to children
  - immediately accessible to trained and delegated staff

- Do not expose epinephrine auto-injector to:
  - extreme cold
  - extreme heat
  - direct sunlight

- Do not leave epinephrine auto-injector in places which experience temperature extremes such as a glove box in a car.

- Epinephrine auto-injector which has been exposed to temperature extremes should be replaced.

- Epinephrine auto-injector solution which appears discolored (pinkish or brown color), cloudy, or contains particles should be replaced.

- Emergency medications like epinephrine auto-injector should stay with the child.

- Emergency medications should always be easy to access in a moment.

- As the trained and delegated staff member for a child with severe allergies, you should have the medication in your classroom or facility or carry it on you if you leave the facility with the child.

- The decision of where epinephrine auto-injector should be stored is one you should make by consulting with your CCHC/SN.

- If you are going on a field trip, you should work out the details of medication administration and emergency care plans with your CCHC/SN.

- Transport epinephrine auto-injector in an insulated fanny pack or safety sack (which is a bag specifically developed to carry emergency medications).

Essential Oils

The use of essential oils in licensed child care programs is prohibited by the Colorado Department of Health and Environment.

7.7.1. D The source of noxious odors shall be removed, to the extent possible, by removing the source of the noxious odor, or by dissipating odors through cleaning and ventilation. The use of the following shall be prohibited:

- Incense
- Moth crystals or moth balls
- Toilet/urinal deodorizer blocks
- Chemical air fresheners
- Scent enhanced products (e.g., candles, essential oils, and spray and plug-in air fresheners, etc.)

Colorado Department of Public Health and Environment Rules and Regulations Governing the Health and Sanitation of Child Care Facilities in the State of Colorado. (2016) Retrieved 6/16/17 from https://www.colorado.gov/pacific/sites/default/files/DEHS_ChildCare_6CCR1010-7_DistribCopy_Jan2016.pdf

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

- The Family Educational Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of students' education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

- School district employees are reminded to follow FERPA requirements as reflected in the school district policy. FERPA requirements are to be on file in each school building.

- Protects the right to privacy of educational information. The right to inspect and review education records is guaranteed to parents/guardians under FERPA. This law applies to all schools that receive funds under an applicable program from the U.S. Department of Education. Therefore, all public schools are subject to this act. The four most important provisions of this act are:
  - Access by parents/guardians to all education records directly related to the student;
  - The right to an administrative hearing to challenge "inaccurate, misleading, or otherwise inappropriate date in the child's educational records;
  - Limitations on the school districts disclosure of information in the education records to third parties without written parental/guardian consent.
  - Health related information once give to or part of the student's school records, also becomes part of the education records and subject to FERPA.

- FERPA gives parents/guardians certain rights with respect to their children's education records. These rights transfer to the student, or former student, who has reached the age of eighteen or is attending any school beyond the high school level. Students and former students to whom the rights have transferred are called "eligible students."
  - Parents/guardians and eligible students have the right to inspect and review all of the student's education records maintained by the school. Schools are not required to provide copies of materials in education records unless, for reasons such as great distance, it is impossible for parent/guardian and eligible students to inspect the records. Schools may charge a fee for copies.
  - Parents/guardians and eligible students have the right to request that a school correct records believed to be inaccurate or misleading. If the school decides not to amend the record, the parent/guardian or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent/guardian or eligible student has the right to place a statement with the record commenting on the contested information in the record.
  - Generally, the school must have written permission from the parent/guardian or eligible student before releasing any information from a student's record. However, the law allows schools to disclose records without consent to the following parties:
    - School employees who have a need-to-know
    - Other schools to which a student is transferring
    - Parents/guardians when a student over 18 is still dependent
    - Certain government officials in order to carry out lawful functions
    - Appropriate parties in connection with student financial aid

- Accrediting organizations
- Individuals who have obtained court orders or subpoenas
- Persons who need to know in cases of health and safety emergencies
- State and local authorities to whom disclosure is required by state laws adopted before November 19, 1974.
- NOTE: Colorado law allows disclosure to these parties as well

For additional information or technical assistance, call (202) 260-3887 or TDD (202) 260-8956, or contact:

Family Policy Compliance Office
U.S. Department of Education
600 Independence Avenue SW
Washington, DC 20202-4605

National Center for Education Statistics. Appendix B: FERPA Fact Sheet (1974) Retrieved 6/17/17 from https://nces.ed.gov/pubs2005/tech_suite/app_B.asp

U.S. Department of Education: Family Education; Rights and Privacy Act (FERPA) Retrieved 4/28/17 from https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html?src=rn

U.S. Department of Education. (2015) Protecting Students Overview. Retrieved 6/16/17 from https://www2.ed.gov/about/offices/list/ocr/frontpage/pro-students/protectingstudents.html

Fever

- Fever is a very common symptom that is typically treated with over-the-counter fever reducers (such as Acetaminophen). You should become familiar with the signs of a fever, and when you should treat it. Parents/guardians often worry and lose sleep when their child has a fever. Fevers are, in fact, harmless, and often helpful.

- A fever means the body's temperature is above normal. The body's average temperature can vary greatly during the day, between 97.6° F. to 99.5° F. Mild elevations between 100° F. to 101° F. can be caused by exercise, excessive clothing, hot bath, or hot weather.

- A fever is the body's normal response to an infection. It is important to remember that a fever is only a symptom of an infection, and is not an illness of its own. Fever turns on the body's immune system, thereby increasing the release and activity of white blood cells and other germ-killing substances.

- Children can feel warm for many reasons. Examples are playing hard, crying, getting out of a warm bed, or hot weather. They are "giving off heat." Their skin temperature should return to normal in 10 to 20 minutes.

- Oral temperature can be elevated by hot food and drink. If it is suspected that the temperature elevation is due to these factors, take the temperature again in 30 minutes, after removing the suspected cause.

- About 80% of children who act sick and feel warm do have a fever. If you want to be sure, take their temperature.

- Determining whether a child has a fever depends on where you take their temperature and what kind of thermometer you use. If you take their temperature:
    - In their mouth (orally), and their temperature is 100 degrees Fahrenheit or higher, they have a fever.
    - In their ear (tympanic), or on their forehead and their temperature is 100.4 degrees Fahrenheit or higher, they have a fever.
    - Under the arm (axillary), and their temperature is 99 degrees Fahrenheit or higher, they have a fever.

- Fevers turn on the body's immune system. They help the body fight infection. Normal fevers between 100 and 104 degrees Fahrenheit actually benefit sick children.

- Fevers don't cause brain damage on their own. **Only temperatures above 108 degrees Fahrenheit can cause brain damage.**

- Fevers only need to be treated if they cause discomfort. Most fevers don't cause any discomfort until they go above 102 degrees Fahrenheit.

- The brain has a thermostat. For that reason, most fevers from infection do not go above 103 or 104 degrees Fahrenheit.

- Fevers often do not come down to normal in response to fever medicine. However, they will come back to normal in 2 or 3 days.

- If the fever is high, the cause may or may not be serious. If your child shows other symptoms, such as weakness or trouble drinking, the cause is more likely to be serious.

- How your child looks and feels is what's important. The exact temperature is not. Keep in mind that fever is fighting off your child's infection.

- **Note**: Alternating Acetaminophen and Ibuprofen is not recommended.

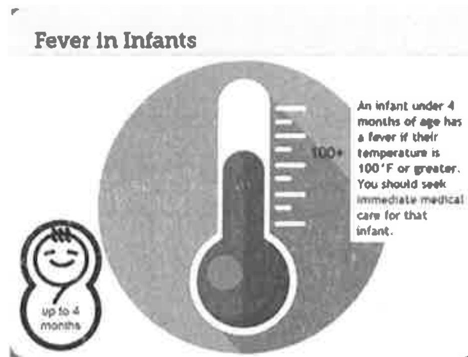
- **Fever in Older Children:**
  - Seek immediate medical attention if:
    - The child's fever is over 104°Fahrenheit under the arm (axillary), or 105°orally or in the ear (tympanic).
    - The child has a fever, along with a rash, sore throat, headache, stiff neck or earache.

- **DO NOT**:
  - Give aspirin or products containing aspirin to children.
  - Give fever-reducing medications for more than three days without written instructions from the Health Care Provider.

- **Exclusion from School or Child Care**:
  - Fever alone is not a reason to exclude a child from school or child care. Look for fever with a behavior change, or with other signs and symptoms of illness, such as vomiting or diarrhea. Children in school or group care should be well enough to participate, and the care of the child should not interfere with the ability to care for the other children in the school or child care program.

- **Return to School or Child Care:**
  - A note from the child's Health Care Provider, stating that a child may return to school or child care, does NOT automatically mean that a child must be accepted back into the program. A program should be referring to its exclusion guidelines/illness policy, consulting with its Child Care Health Consultant (CCHC) or School Nurse, and considering the information from the Health Care Provider when determining re-admittance of a child.

- **Fever in Infants:**



  - **Note:** It is important to note that while older children's temperatures may fluctuate up to 101 degrees without a fever, infants under 4 months of age have a fever if their temperature is 100°Fahrenehit or greater.

  - **If you see a 100°Fahrenheit or greater fever in an infant less than 4 months old, you need to seek immediate medical attention.** Contact the infant's parent/guardian, and notify them of the fever, and any other symptoms that the infant might be experiencing.

  - **DO NOT** give fever-reducers to infants under 3 months old.

  - Also, refer to the "*How Sick is Too Sick*" handout.

Children's Hospital Colorado 9 Fever Facts (2017) Retrieved 7/10/17 from https://www.childrenscolorado.org/conditions-and-advice/parenting/parenting-articles/fever/
Mayo Clinic. Reye's Syndrome (n.d.) Retrieved 7/10/17 from http://www.mayoclinic.org/diseases-conditions/reyes-syndrome/basics/definition/con-20020083
Children's Hospital Colorado 9 Fever Facts (2017) Retrieved 7/10/17 from https://www.childrenscolorado.org/conditions-and-advice/parenting/parenting-articles/fever/
Mayo Clinic. Reye's Syndrome (n.d.) Retrieved 7/10/17 from http://www.mayoclinic.org/diseases-conditions/reyes-syndrome/basics/definition/con-20020083

GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name:____________________ **Birthdate:** __________

Allergies: ❑ None or Describe____________________

Type of Reaction ____________________

Diet: ❑ **Breast Fed** ❑ **Formula**__________ ❑**Age Appropriate**

❑**Special Diet** ____________________

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

❑ **Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.**

I,________________give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #:____________DATE: ____________

Parent/Guardian Signature____________________

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal:____________ **Weight @ Exam:** ____________

Physical Exam: ❑ **Normal** ❑ **Abnormal** (Specify any physical abnormalities)____________

Allergies: ❑ None or Describe____________Type of Reaction ____________

Significant Health Concerns: ❑Severe Allergies ❑Reactive Airway Disease ❑Asthma ❑Seizures ❑Diabetes ❑Hospitalizations ❑Developmental Delays ❑Behavior Concerns ❑Vision ❑Hearing ❑Dental ❑Nutrition ❑ Other ____________

Explain above concern (if necessary, include instructions to care providers): ____________

Current Medications/Special Diet: ❑ None or Describe ____________

Separate medication authorization form is required for medications given in school, child care or camp

For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT

❑Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed
Dose or see the attached age-appropriate dosage schedule from our office

OR ❑Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed
Dose or see the attached age-appropriate dosage schedule from our office

Immunizations: ❑Up-to-Date ❑ See attached immunization record ❑Administered today: ____________

Health Care Provider: Complete if Appropriate

****ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE****

**** Height @ Exam_____** B/P_____**Head Circumference (up to 12 months)_____****

**** HCT/HGB_____** Lead Level** ❑**Not at risk or Level** _____

****TB** ❑**Not at risk or Test Results** ❑ Normal ❑ Abnormal

****Screenings Performed:** ❑**Vision:** ❑Normal ❑Abnormal ❑**Hearing:** ❑Normal ❑Abnormal ❑**Dental:** ❑Normal ❑Abnormal-

Recommended Follow-up____________________

Provider Signature

Next Well Visit: ❑ Per AAP guidelines* or ❑ Age________

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

____

Signature of Health Care Provider (certifying form was reviewed) Date: ________

Office Stamp
Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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History of the Colorado Medication Administration Training

- The Colorado Board of Nursing has the responsibility for regulating nursing practice, including delegation of medication administration to unlicensed persons (2-38-103(10) C.R.S.). In Colorado, medications are legally administered by a licensed registered nurse (RN) or by unlicensed personnel to whom the RN consultant or school registered nurse has delegated the task of giving medication. A Licensed Practical Nurse (LPN) may administer medications under the supervision of a physician or a registered nurse. However, an LPN may not delegate medication administration to unlicensed personnel.

- "Rules and Regulations Governing Schools in the State of Colorado" passed by the Colorado Board of Health in 1990 and revised in 2005 contain regulations pertaining to medications in schools. (See Appendix) The Colorado Department of Education document entitled Medication Administration in the School Setting: Guidelines dated 2003 also has information regarding medication administration in the school setting. The "Procedure Guidelines for Health Care of Students with Special Needs in the School Setting" developed by the Colorado Department of Public Health and Environment contains the "Medication Procedure and Forms" which can be used in schools.

- In order to standardize the format for instruction of unlicensed personnel in the procedure of medication administration, a subcommittee of the Colorado State Board of Nursing was formed in 1995 to develop an instructional program to be used in schools as well as "out-of-home" settings. The original instructional manual addressed the issues associated with administering medications to older children in school settings. Subsequently, an instructional program was adapted in 1997 to articulate knowledge and skills needed to administer medications to infants and toddlers and to administer medications in various child care programs.

- Since 1995, unlicensed school personnel in public schools involved in medication administration have been required to complete a standard Medication Administration Training. School nurses have been training, delegating and supervising unlicensed school personnel in the administration of medications and other special procedures since this requirement went into effect.

- In 2000-2001, the Colorado Department of Human Services, Division of Child Care implemented a similar requirement to the "Rules Regulating Family Child Care Homes, Child Care Centers, School-Age Child Care Centers and Camps" that states: all family child care providers, and child care staff (including licensed before and after school program staff and camp personnel) designated to give medications are required to complete the 4 hour Division of Child Care approved medication administration training. In addition, the Division of Child Care has collaborated with Qualistar Early Learning to establish and maintain a database for current and approved RN and physician trainers as well as a database of participants who have completed this training. This training is renewed every three years.

- In March 2002, the Colorado Board of Nursing excluded the licensed family child care provider from the requirement for delegation of the administration of the routine medications covered in this training curriculum. There are requirements the family child care provider must meet to qualify for the exclusion from delegation and these

requirements are delineated in section 10.4 of Chapter XIII Rules and Regulations Regarding the Delegation of Nursing Tasks.

- In 2008, an update to the Medication Administration Training occurred with the inclusion of a state-wide database to house trainings, trainers, and students who were trained. This provided a consistent place for providers, CCHC/SN, and licensing specialist to document and search for completed courses, trained providers, and trainers.

- This 2017 revision included a committee formed from the newly created professional group of statewide nurses serving in the CCHC role. Child Care Health Consultants of Colorado (CCHCC) is a grassroots organization working closely with Healthy Child Care Colorado at Qualistar to ensure child care environments are health and safe. CCHCC works to engage child care health consultants in Colorado and ensure they are informed and educated about policies that impact them and the child care programs they serve, provide networking opportunities, and resources to support the child care health consultant role. This group, in partnership with Healthy Child Care Colorado and other, plan and implement professional development opportunities, awareness building, and advocacy efforts. With funding from the Office of Early Childhood at CDHS, CCHCC, Children's Hospital Colorado, and Healthy Child Care Colorado refreshed, updated and created the hybrid options for the 2017 medication administration training.

- As of August 28, 2017, Qualistar no longer maintains the database of students who have completed this training. Medication Administration Trainers are required to maintain training sign-in sheets and records for three years. To find information on a student who took Medication Administration Training after August 28, 2017:
  - School staff (K-12) each staff should have a copy of their certificate.
  - Staff working in licensed child care programs should keep a copy of their certificate.
  - CDHS on-line training completions will be maintained in the Colorado Shine PDIS.
  - Contact the CCHC/SN who facilitated their training

Homeopathic and Herbal Preparations

This is reference information on homeopathic and herbal preparations. Homeopathic and herbal preparations are not a required element of, and are not included in, this Medication Administration Training. Therefore, these preparations may not be delegated within the routine task of medication administration.

Homeopathic Preparations:

- Homeopathic preparations are products made by homeopathic pharmacies. These preparations are made from a plant, or plant part, used for its aroma, taste, or beneficial properties.
- They contain a very small amount of an active ingredient. These remedies are made from many sources, including plants, minerals, or animals. They are most often sold over-the-counter. The Food and Drug Administration (FDA) regulates homeopathic remedies under provisions of the "Food Drug and Cosmetic Act". Only homeopathic products sold for "self-limiting" conditions can be sold without a prescription.
- The active ingredient is believed to be able to cause a symptom of the illness, and then to stimulate the body to build up resistance to the illness.
- For example, if a person has a fever, the active ingredient in the homeopathic preparation/product is supposed to cause a fever. Homeopathic products are exempt from manufacturing requirements, from expiration dating, and from finished product testing for identity and strength.
- No dosage guidelines exist for the administration of herbal or botanical preparations to young and school-aged children, and the long-term effects of herbal preparations on children is not known.
- Common homeopathic substances include dandelion, plantain, sodium chloride, arsenic oxide, and venom of poisonous snakes.

Herbal Preparations:

- Herbal preparations are unregulated, and products may be sold until the federal government determines that they are unsafe.
- The amount contained in the preparation, or what the active ingredients included in the preparation are, is not always known. Information regarding side effects and interactions with medication is not widely known.
- Herbal preparations contain one or more active ingredients that are taken from plants. They are in a diluted form and are sold over-the-counter.
- Common herbal preparations include Echinacea, ginkgo biloba, valerian, garlic and feverfew.
- In licensed child care programs, the Child Care Health Consultant (CCHC) may not delegate, nor may staff give, these products to a child. In school settings, there are occasions when the School Nurse (SN) may delegate these products or preparations, in a one-to-one situation for the child with a stable health condition. This is determined on an individual basis, based on the SN's knowledge and expertise in homeopathic and herbal preparations, and with a current health care plan.

Ekor, M. (2013). The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. Frontiers in Pharmacology, 4, 177. http://doi.org/10.3389/fphar.2013.00177
Herbal Medicine Also called: Botanicals, Phytotherapy (2017) Retrieved 6/16/17 from https://medlineplus.gov/herbalmedicine.html

If a medication incident occurs, the best thing you can do is to stay calm and contact the appropriate people.

1. **Call:** If you gave the medication to the wrong child (violation of the "Right Child") or if you suspect an overdose of medication (violation of the "Right Dose"), call Poison Control immediately.
   - **American Association of Poison Control Centers: 1-800-222-1222**
   - It would be a good idea to have this number in your phone.
   - Then, contact the child's parent and your Child Care Health Consultant (CCHE) or School Nurse.
   - For all other types of medication incidents, you should first contact the child's parent, and your CCHC or School Nurse.
   - For all medication incidents, you should contact your Center Director or School Administrator.
2. **Document:** The person responsible for the error or incident needs to document the incident on the "Medication Incident Report" form, which serves as a record for your program.
   - If that is not possible, the person who discovered the error or incident should complete the form.
   - Documenting the incident helps your Director and Administration, and your CCHC or School Nurse, better understand how the incident occurred, and can help them take steps to prevent similar incidents in the future.
3. **Record:** In addition to completing the "Medication Incident Report", you need to document in the child's "Medication Log" that an incident or error occurred.
   Report: Be sure you report the error or incident immediately to the CCHC or the School Nurse, the child's Health Care Provider, the parent/guardian, and the Program Administrator.
   - If you are a family child care provider, you will contact just the child's parent and Health Care Provider.
4. **Observe:** Continue to observe the child after the error or incident is discovered, and record and report any changes.
   - **Be ready to call 911 if the child starts to show symptoms of distress, such as difficulty breathing.**

DO NOT INDUCE VOMITING

Incident Report Medication Administration

This form is to be completed whenever any one of the "Rights" of Medication Administration is not in place.

Child's Name:	Birthdate:	School/Child Care:	Classroom:
Name of Medication:	Dose:	Time to be given:	Route:
Date and Time Incident Discovered:			
Person Completing this Form:			

Please describe the INCIDENT below. Always inform the Child Care Health Consultant or School Nurse of this situation. If the student was injured during this incident, further documentation and reporting will be required.

	Describe the Exceptional Situation	**Describe Action/Follow-Up Taken**
Right Student		
Right Medication		
Right Dose		
Right Route		
Right Time		
Right Documentation		
Right written orders signed and dated by parent and doctor		
Communication:		☐ Parent Notified: Date/Time: ____________________ ☐ Nurse Notified: Date/Time: ____________________ ☐ Principal/Director Notified: Date/Time: ____________________ ☐ if needed, 911 or Poison Control Notified: Date/Time: ____________________

Nurses Comments/Corrective Action Taken:

CCHC/SN: ____ Date: ______________

Liability

- C.R.S. 22-1-119. Students - dispensing of drugs to - liability.
    - Any school employee who dispenses any drug, as such term is defined in section 12-42.5-102 (13), C.R.S., to a student in accordance with written instructions from a parent or legal guardian shall not be liable for damages in any civil action or subject to prosecution in any criminal proceedings for an adverse drug reaction suffered by the student as a result of dispensing such drug.

    - Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes should check their liability insurance policies for any conditions involving the administration of medication.

Colorado Revised Statutes 2016 Title 22 Education General and Administrative 22-1-119. Students - dispensing of drugs to - liability. Retrieved 7/17/17 from http://www.lpdirect.net/casb/crs/22-1-119.html

National Association of School Nurses Position Statement. Medication Administration in Schools. (2017) Retrieved 7/17/217 from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/medication-administration-in-schools

LOG 2 Week MEDICATION ADMINISTRATION

School/Child Care:			
Child's Name:		Birthdate:	Classroom:
Medication:	Dosage:	Route:	Time to be given:
Start Date of Medication:	End Date:	Expiration Date:	Special Instructions:
Healthcare Provider Prescribing Medication:			Phone:
Parent Name:		Parent Work Phone:	Parent Cell Phone:

	Week of:					Week of:				
	Mon Date:	Tues Date:	Wed Date:	Thurs Date:	Fri Date:	Mon Date:	Tues Date:	Wed Date:	Thurs Date:	Fri Date:
AM.										
AM:										
PM:										
PM:										

Include time medication given and initials. If child absent, mark box with "A"; If medication not given, mark box "NG". Document reason not given in comments.

Date & Comments:

Staff Signatures	Initials

Intake and Count for All Medication

All controlled medications must be counted and verified by two medication trained staff members or by one staff member and parent (i.e. Ritalin, Dexedrine)

Date	Name of Medication and Dosage	Expiration Date	Amount Received	Parent Signature	Staff initials

Log 2 Week Medication Administration

School/Child Care:			
Child's Name:	Birthdate:		Classroom:
Medication:	Dosage:	Route:	Time to be given:
Start Date:	End Date:		Expiration Date:
Special Instructions:			
Health Care Provider Prescribing Medication:			Phone:
Parent Name:	Parent Work Phone:		Parent Cell Phone:

Time	Week of:					Week of:				
	Mon Date:	Tue Date:	Wed Date:	Thurs Date:	Fri Date:	Mon Date:	Tue Date:	Wed Date:	Thurs Date:	Fri Date:
AM:										
AM:										
PM:										
PM:										

Include time medication given and initials. If child absent, mark box with "A"; If medication not given, mark box "NG".
Document reason not given in comments.

Date & Comments:

Staff Signatures	Initials

Intake and Count for All Medication

All controlled medications must be counted and verified by two medication trained staff members or by one staff member and parent (i.e. Ritalin, Dexedrine)

Date	Name of Medication and Dosage	Expiration Date	Amount Received	Parent Signature	Staff Initials

Log – Daily - Controlled Medications Administered

Use one sheet for each child and each medication

School/Child Care Program:		
Child's Name:	Birth Date:	Classroom:
Medication:	Dosage:	Route
Time medication to be given:		
Length of time medication is to be given:	Start Date:	End Date:
Special Instructions:		
Name of Health Care Provider Prescribing Medication:		Phone:

All medication received must be counted and signed by staff member as well as guardian

Date	# of Pills Received Date & Initial (Staff & Guardian)	Time of Administration	# of Pills Remaining	Initials	Comments

Staff Signatures	Initials	Date

Medical Marijuana

The following information is an excerpt from the Colorado Department of Education's Exceptional Student Services Unit Technical Assistance document, entitled, "Medical Marijuana in Colorado Schools", which is found at:
https://www.cde.state.co.us/cdesped/ta_medicalmarijuana

- Medical marijuana was legalized in Colorado in 2000.
- In order for a minor applicant (under age 18) to apply for a medical marijuana registry card, the parent/guardian must be a legal resident of Colorado and submit a complete application form, along with a "Parental Consent" form, a certified copy of the minor's state-issued birth certificate, a copy of both parents'/legal guardians' Colorado driver licenses or IDs, the required fees, and two physician certifications completed by two MDs or DOs licensed to practice in Colorado. The physicians' certifications are submitted in the form of a recommendation, and not a prescription, since a physician cannot legally prescribe marijuana.

  To recommend a medical marijuana card, a physician must "have a bona fide physician-patient relationship with the patient", and certify that the patient has a qualifying condition (i.e., cancer, seizures, glaucoma, AIDS/HIV positive, cachexia, severe nausea, severe pain, persistent muscle spasms). The registry card from the Colorado Department of Public Health and Environment must be renewed annually, and allows the parent/guardian to purchase a determined amount of medical marijuana at a dispensary for their child. This card must always be carried whenever medical marijuana is on their person.
- In 2016, Colorado passed legislation allowing a parent or "primary caregiver" to administer medical marijuana on school grounds, on a school bus, or school-sponsored events, (C.R.S. 22- 1-119.3 known as Jack's Law). In all cases, smoke-able forms of marijuana are prohibited on school grounds. Medical marijuana should not be stored on school grounds, and must be removed by the parent/guardian or caregiver after administering the drug. School staff is not required to administer the drug and the School Nurse (SN) will not administer medical marijuana, since marijuana is still illegal under federal law and would violate the Colorado Nurse Practice Act. It is important to note that physicians are not writing a prescription for this drug and are only recommending its use. In most cases, parents/guardians determine the therapeutic levels for their child. The FDA does not regulate medical marijuana, and verification of purity and content cannot be determined. Schools should develop policies related to the administration of this drug by parents/guardians or caregivers at school.

Colorado Department of Education's Exceptional Student Services Unit Technical Assistance document: Medical Marijuana in Colorado Schools. Retrieved 6/16/17 from https://www.cde.state.co.us/cdesped/ta_medicalmarijuana25/17 from

Colorado Department of Public Health and Environment. Good to Know. (n.d) Retrieved 7/25/17 from https://goodtoknowcolorado.com/

Onsite Audit Medication Administration

School/Child Care Program:	
Date:	Reviewed by: ☐ RN ☐ MD

** A = Acceptable *U = Unacceptable *NI = Needs Improvement *NA = Not applicable*

RATING				
CARE & STORAGE	**A**	**U**	**NI**	**NA**
Medications properly stored				
Area is clean				
Refrigerated medications in designated area (box)				
Epinephrine is stored at room temperature				
Emergency medications are current and accessible				
Medication expiration dates current				
Medications in properly labeled containers				
Organized system				
Disposal of medications is documented				
PAPERWORK				
Communication plan with delegating RN/MD in place				
Health Care Provider signatures within past year				
Parent signature on completed information within past year				
Reviewed by delegating RN/MD - checklist completed				
Health Care plans (as needed)				
Medications being given only by trained/delegated staff				
DOCUMENTATION				
All documentation in ink				
Signature to match all initials on medication log				
Controlled drugs are counted by 2 staff (or staff and parent) upon arrival and documented				
Medications being given at correct time				
As needed drugs are given at proper intervals				

Areas of concern:

Follow up plan:

Over-the-Counter Medication Information

- People in the United States spend millions of dollars on the use of over-the-counter (OTC) medications. Many of these medications are unnecessary, and in the case of young children (particularly under the age of 5 years), the effect of these medications often produces side effects, instead of providing relief to bothersome symptoms.

  "The increase in parents working outside the home puts pressure on families, child care providers, and health professionals alike to keep children symptom-free and in care. As a result, we may tend to reach quickly for over-the-counter remedies to alleviate symptoms; remedies do little, if anything, to help. Not only is much of this medicine not beneficial, but some of it also could be doing harm."
  Dr. James M. Poole, MD, FAAP, member of the American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care."

- The Food and Drug Administration decides whether a medication can be safely used by a consumer, without the advice of a Health Care Provider. This does not mean that OTC's are harmless.

- Like prescription medications, OTC's can be very dangerous to a child, if given incorrectly.

- Over-the-counter medications administered in the school or child care program require written authorization from the Health Care Provider with prescriptive authority, and parent/guardian written permission. It is recommended that parents/guardians discuss the use of OTC medications with their Health Care Provider before giving any medications to their child. Also, many of these medicines contain acetaminophen. Read labels carefully.

- Common Over-the-Counter Medications Used for Children Include:
  - Fever-reducers
  - Pain-relievers
  - Antihistamines
  - Mild cortisone cream/ointment
  - Cough syrups
  - Cold remedies
  - Nose drops
  - Medications used for common gastrointestinal problems

- Other over-the-counter items administered in the school or child care program also require written authorization from the Health Care Provider with prescriptive authority, and parent/guardian written permission. Such items include the following:

  - **Oral electrolyte maintenance solutions** (e.g., Pedialyte™). These preparations balance electrolytes lost through diarrhea or vomiting. Children recovering from an intestinal illness may need these preparations as they attempt to return to their regular diet. Typically, children should not be in group care settings while needing this replacement. Orders from a person with prescriptive authority are required, and should indicate the need for this solution, how often it should be given, the concentration, and how long before a child can return to their regular diet.

  - **Lice Shampoo or Cream Rinses**: These preparations must be used only as directed, and only if live bugs or nits (eggs) are seen. Some home remedies, such as the use of kerosene

and gasoline, are extremely dangerous. **Note**: It is recommended that lice treatments be performed in the child's home.

- **Cough Drops**: Since cough drops are generally a treatment, and may contain medications such as benzocaine and phenol, the administration of cough drops requires both parent/guardian and Health Care Provider authorization as any OTC medication. **Note**: Cough drops may pose a choking hazard for children.

- **Saline Nose Drops**: Infants and toddlers cannot sniffle or blow their nose. If the child is unable to sleep or eat because of thick mucus, saline drops can help clear the nose. Put a drop or two into each nostril. To use a bulb syringe: 1) Squeeze the bulb; 2) Put the tip gently into the child's nostril; and, 3) Let go, aspirating mucous from the nose. Be careful. Overuse of the bulb syringe can be irritating. Be sure the bulb syringe is cleaned properly, and never shared among children.

- **Non-prescription Medications for Common Symptoms:**
  - If the child is playing and sleeping normally, non-prescription medications are not needed.
  - Medications should only be given for symptoms that cause significant discomfort, such as repeated coughing or difficulty with sleeping. Parents should consult with the Health Care Provider.
  - Viral illnesses are best treated with rest, fluids, and comfort measures.
  - Over-the-counter medications are not usually helpful, and may be harmful.

- **Some Drugs are Both OTC and Prescription**:
  - They are considered OTC if the active ingredient is small in each dose. Those that require a prescription contain the active ingredient in a larger dose. All medications require written authorization from a Health Care Provider with prescriptive authority, along with parent/guardian written permission.

  - Over-the-counter ointments and creams (sunscreen, lip balm, skin creams and diaper ointments) that are used for preventive purposes, do not require a written authorization from a Health Care Provider with prescriptive authority. However, parent/guardian written permission is required, and all label instructions must be followed. If the skin is broken, or an allergic reaction is observed, discontinue use and notify the parent or guardian.

  - Over-the-Counter ointments and creams used as a treatment for skin condition (e.g., broken skin, eczema, burn or bleeding with severe diaper rash) require a written authorization from the Health Care Provider, and written parent/guardian permission.

    Note: Include a statement on the permission form that sunscreen or diaper ointment will not be applied to broken skin, or in the presence of a severe or persistent rash, without written authorization from the Health Care Provider.

  - Standing Orders are not acceptable for Over-the-Counter Medications or Prescription Medications for chronic health conditions. All requests to administer medication must include a written authorization that includes the items previously listed above.

American Academy of Pediatrics. Policy Statement - Guidance for the Administration of Medication in School. (2009). Pediatrics, 124(4). 1244-1251. Retrieved from http://pediatrics.aappublications.org/content/124/4/1244
This Policy Statement was Reaffirmed February 2013 accessed at
http://pediatrics.aappublications.org/content/132/1/e281

Permission for Medication Administration at School and Child Care

The parent/guardian of ______________________________ ask that school/child care staff give the
Child's Name

following medication ______________________________ at ______________________
Name of Medicine & Dosage *Time(s)*

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

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, and licensed Health Care Provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed Health Care Provider authorization, and medicine must be packaged in original container.

The school/child care agrees to administer medication prescribed by a licensed Health Care Provider with prescriptive authority. The parent agrees to pick up expired or unused medication within one week of notification by staff. All medication(s) left at the school will be discarded according to the most current state regulatory recommendations for safe medication disposal.

By signing this document, I give permission for my child's Health Care Provider to share information about the administration of this medication with the school staff delegated to administer medication.

______________________ ______________________ __________
Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

______________________ ______________________
Work Phone Alternate Phone

****

Health Care Provider Authorization

Child's Name:		Birthdate:
Medication:	Dosage:	Route:
To be given at the following times:	Start Date:	End Date:
Special Instructions:		
Purpose of Medication:		
Side Effects to be reported:		

______________________________ ______________________
Signature of Health Care Provider with Prescriptive Authority Date

______________________________ __________/__________
Print Name of Health Care Provider Phone & Fax Number

______________________________ ______________________
Signature of Child Care Health Consultant or School Nurse Date

Log 2 Week Medication Administration

School/Child Care:			
Child's Name:	Birthdate:		Classroom:
Medication:	Dosage:	Route:	Time to be given:
Start Date:	End Date:		Expiration Date:
Special Instructions:			
Health Care Provider Prescribing Medication:			Phone:
Parent Name:	Parent Work Phone:		Parent Cell Phone:

Time	Week of:					Week of:				
	Mon Date:	Tue Date:	Wed Date:	Thurs Date:	Fri Date:	Mon Date:	Tue Date:	Wed Date:	Thurs Date:	Fri Date:
AM:										
AM:										
PM:										
PM:										

Include time medication given and initials. If child absent, mark box with "A"; If medication not given, mark box "NG". Document reason not given in comments.

Date & Comments:

Staff Signatures	Initials

Intake and Count for All Medication

All controlled medications must be counted and verified by two medication trained staff members or by one staff member and parent (i.e. Ritalin, Dexedrine)

Date	Name of Medication and Dosage	Expiration Date	Amount Received	Parent Signature	Staff Initials

Sample Policy*

Administration of Routine Medications in the School, Child Care or Camp Settings

Purpose:
To ensure safe and accurate administration of routine medications, prescription and non-prescription, to children in school, child care or camp settings. The Child Care Health Consultant or School Nurse will delegate and supervise the task of medication administration only to those providers and staff members who have successfully completed the 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 a dosage schedule can be arranged that does not involve the hours the child is in school or a child care setting.

Medication Administration Policy
The following requirements must be met before administering medications:

- Health Care Provider written authorization within the past year including child's name, medication, dates and time to administer, dose, and route
- Parent written authorization within the past year
- Medication in the original labeled container
- Medication, current and not expired
- Proper care and storage of medication
- Documentation of medication administration

Inhaled asthma medications and emergency epinephrine autoinjectors require a written health care plan with instructions completed the child's Health Care Provider and signed by the Child Care Health Consultant or School Nurse.

Parents are responsible for providing all medications and supplies to the school/child care program. Children should not transport medications to and from school/childcare; this includes medication placed in a diaper bag or backpack. Special arrangements must be considered regarding the safe transport of medications for children attending camp programs.

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 are no longer being used at the school or a child care setting should be returned to the parent or guardian. If the medicine has not been picked up within one week of the date of the request, then medication must be disposed of by a medication trained person per State procedures.

Child health information, including medications, is maintained confidentially.

Medication Administration Procedure
<u>Care and Storage:</u>
Medications administered in school or child care settings should be stored in a secure, locked, clean container and under conditions as directed by the Health Care Provider, Child Care Health Consultant, School Nurse, or Pharmacist. Emergency medications should be kept with the child, easily accessible to trained and delegated staff and inaccessible to children. Medications

that require refrigeration should be stored in a leak-proof container (locked box) in a designated area of the refrigerator separated from food *OR* in a separate and locked refrigerator used only for medication.

Once all requirements are met, the care provider will administer the medications utilizing the following:

6 Rights of Medication Administration

- Right Child
- Right Medication
- Right Dose
- Right Time
- Right Route
- Right Documentation

Documentation

Any medications routinely administered must be documented on the *Medication Log* by the person administering the medication. Refer to the "*Medication Log*" sample.

Medication Incidents

A medication incident is any situation that involves any of the following:

- Forgetting to give a dose of medication
- Giving more than one dose of the medication
- Giving the medication at the wrong time
- Giving the wrong dose
- Giving the wrong medication
- Giving the wrong medication to the wrong child
- Giving the medication by the wrong route
- Forgetting to document the medication

Medication incidents are documented on a *Medication Incident Report* and reported to the Child Care Health Consultant or School Nurse, child's parents, program administrator and health care provider (as appropriate). Medication incidents involving medication given to the wrong child or an overdose of medication require immediate consult with Poison Control.

DO NOT INDUCE VOMITING.
POISON CONTROL: 1-800-222-1222

Disposal of Medications

- All medications in out-of-home settings no longer being used or expired should ideally be returned to the child's parent/guardian for disposal.
- Medications should not be sent home in a child's backpack or stored within reach of children.
- Notify the parent or guardian to pick up the medication and document your contact with them on the medication log or according to your program's policy.
- If the medicine has not been picked up within one week of the date of parent/guardian notification, dispose of the medication per program policy and the following disposal procedures.
    - Two people must witness disposal of medication. It can be two staff or one staff person and your Child Care Health Consultant or School Nurse.
    - Document disposal on the child's Medication Log, in the comments section by recording the date, amount of medicine, and the method of disposal (i.e.: returned to parent/guardian, a medication collection site, or other method of disposal).
        - Do not flush even small quantities of medications down the toilet or drain.

- Have your witness sign the child's Medication Log.

- Procedures for properly disposing of medications:
  - For controlled substances:
    - Contact local law enforcement agency to take custody of the controlled medications and dispose of them.
    - If local law enforcement cannot or will not take custody, controlled medications should be rendered irretrievable (made to where no one could ingest them) and disposed in the trash.
      - mix them with an unpalatable substance, like used coffee grounds or kitty litter, in a zip top bag
      - wrap the bag in newspaper or otherwise conceal it
      - put this in the trash on the day it is to be picked up
    - Prescription bottles should be recycled or disposed separately after removal of personal information from their labels.

  - For non-controlled prescription or over-the-counter medications:
    - Take non- controlled medication to a medication collection site. Collection sites can be found at http://takemedsseriously.org/safe-disposal/disposal-options/ .
    - If a collection site is not available locally, non-controlled medications should be disposed of in the trash after being rendered irretrievable as described above for controlled substances.
    - Prescription bottles should be recycled or disposed separately after removal of personal information from their labels.

- Disposal of Asthma Medications
  - If there is still medication in the inhaler, the inhaler can be taken to a medication collection site.
  - If a collection site is not available locally, the inhaler should be double wrapped in a bag or newspaper.
  - Store the packaged inhaler away from children and pets.
  - Place the packaged inhaler in the trash on the day your garbage is collected or taken to the landfill.

- Disposal of unused or expired Epinephrine Auto-injectors:
  - An unused/expired epinephrine auto-injectors should ideally be returned to the child's parent/guardian for disposal.
  - Child care or school staff may be able to return the unused device to the prescribing pharmacy for disposal.
  - Call ahead to ensure that the location will dispose of the device for you.
  - Information about safe disposal of these devices can be found on the following web site: www.safeneedledisposal.org

Colorado Department of Public Health and Environment: Household Medications and Pharmaceuticals Retrieved 6/16/17 from https://www.colorado.gov/pacific/cdphe/household-medications-and-pharmaceuticals

Safe Needle Disposal (2017) Retrieved 6/16/17 from www.safeneedledisposal.org

*This document may be edited.

Record of Medication Given at School/Child Care

Student Name:	Birth Date:	School/Child Care:	Classroom:	Start/End dates:
Medication:	Dose:	Route:	Time to be given:	Special Instructions:

Medication Drop Off

I have brought in ______________________________ and understand that I will be notified to pick up medications if the medication is expired or my student withdraws. All student medication(s) left at the school/child care will be discarded according to State Regulatory Agency recommendations for safe medication disposal.

Parent Signature

Staff Signature

Is Medication Authorization or Health Care Action Plan signed by **Parent**? Staff Initial	Is Medication Authorization or Health Care Action Plan signed by **Health Care Provider**? Staff Initial	Does medication label & dosage match all written authorizations? Staff Initial

Intake and Count for all Medication

*All controlled Medications must be counted and verified by two medication trained staff members or by one staff member and parent (i.e. Ritalin, Adderall)

Date	Medication and Dose	Expiration Date	Amount Received	Parent Signature	Staff Initials	*2nd Staff Initials

Is medication log on reverse side of this document completed with one medication per page? Staff Initial	Has a transmitted copy/email/Fax of this order gone to Child Care Health Consultant or School Nurse? Staff Initial	Has staff with "need to know" been informed of Health Care Action Plan? Staff Initial	Are medication secured in designated location with copy of Health Care Action Plan or Medication Authorization? Staff Initial

Parent Pick up of Medication – Indicate how and when parent is notified to pick up:

Date	Medication and Dose	Amount	Parent Signature	Staff Initials

Disposal of Medication - The following medication has been discarded in per Colorado Department of Public Health and Environment recommendations.

Date	Medication and Dose	Amount	Staff Initials/Date	*2nd Staff Initials/Date	Child Care Health Consultant/School Nurse and Date

Comments/Special instructions (Date and sign all entries):

File Medication Authorization/Health Care Action Plan and this record in Student Cumulative File.

Staff Initial

Student Name:	Birth Date:	School/Child Care:	Classroom:	Start/End dates:
Medication:	Dose:	Route:	Time to be given:	Special Instructions:

	Week of:					Week of:					Week of:					Week of:				
Date:																				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
AM:																				
PM:																				
Count:																				
	Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.				

	Week of:					Week of:					Week of:					Week of:				
Date:																				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
AM:																				
PM:																				
Count:																				
	Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.				

	Week of:					Week of:					Week of:					Week of:				
Date:																				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
AM:																				
PM:																				
Count:																				
	Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.					Count/record amount 1x/wk. after giving med.				

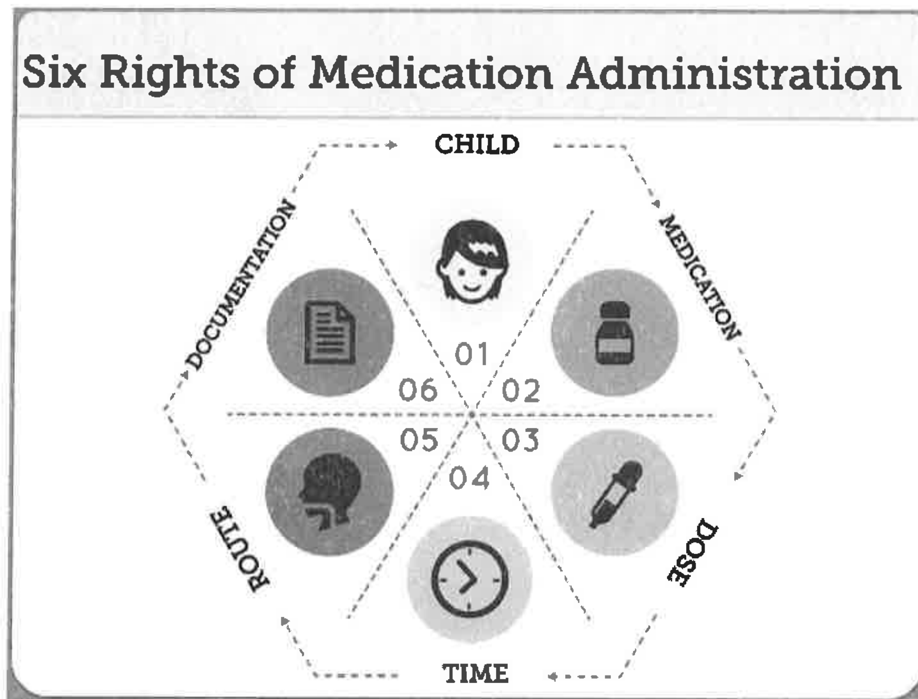
Codes:	**NS** = No School	**A** = Absent	**OM** = Out of Medication	**M** = Missed Dose	**R** = Refused

Staff (print) ______________________ Signature ______________________ Initials __________

Staff (print) ______________________ Signature ______________________ Initials __________

Staff (print) ______________________ Signature ______________________ Initials __________

CCHC/SN ______________________ Signature ______________________ Initials __________



- **Right Child:** Make sure you are giving the medication to the right child. Double and triple check the child's identity and date of birth on the medication forms and log.

- **Right Medication:** Compare the pharmacy label on the medication bottle to the health care provider's written instructions on the authorization form, and the information on the Medication Log.

- **Right Dose:** When providing medication, you must give the exact amount specified in the dosing instructions from the pharmacy and the health care provider. Use the measuring devices that come with the medication, including calibrated spoons, cups, droppers and syringes.

- **Right Time:** Medication must be given within a 30-minute time frame or "window" -- 30 minutes before the scheduled time or 30 minutes after the scheduled time. Giving a medication any earlier or later than this window is a "medication incident", which you will learn more about later. You may need to contact the child's parent/guardian to see if the medication has already been given for the day.

- **Right Route:** Double-check the Authorization Form, Medication Log and the pharmacy label to determine the route for the medication (by mouth, inhaled, ear, eye, or topical).

- **Right Documentation:** You must have the right documentation, which is a relatively new medication right. Every time you give a child a medication, you must document that you did so. Document (in ink) on the Medication Log that you gave the child the medication. And, remember, if you make a mistake in your documentation, simply draw a line through the mistake, write the word "error", and initial it.

Skills, Delegation, & Supervision Checklist Medication Administration

Approved training materials have been used in accordance with Colorado's Medication Administration Training for Unlicensed Assistive Personnel in Public, Charter, Private and Parochial Schools, Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes, 2017, Sixth Edition.

☐ NEW – Test Score: ____________ Training Date: ____________________ ☐ RENEW

Staff Name:	School/Child Care:			
Competency for Unlicensed Assistive Personnel (UAP)	**Facilitator Initial & Date**	**CCHC/SN Initial & Date**	**CCHC/SN Initial & Date**	**CCHC/SN Initial & Date**
1. Written Authorization: a. Parent Permission & Health Care Provider Authorization b. Health Care Plan (when needed) 2. Medication in pharmacy labeled bottle 3. Follows proper medication storage 4. Definition of routine medications				
5. Demonstration Procedure: a. Wash hands, put on gloves if indicated b. Check written instructions with the label c. Identify child and follow 6 rights d. Prepare without touching medication e. Double check the label and medication log f. Observe and check child taking medication g. Document h. Triple check label & return to secure storage				
6. Oral (Pills, liquid, and controlled medications) 7. Topical (eye, ear, skin creams, ointments, and patches)				
8. Severe Allergy/Anaphylaxis Medications a. Describes signs and symptoms b. Identifies need for epinephrine vs. antihistamine c. Monitors for increased symptoms d. Demonstrates administration of epinephrine and antihistamine e. Confirms importance of EMS activation f. Indicates need for second dose of epinephrine				
9. Asthma and Inhaled Medications a. Describes signs and symptoms b. Identifies need for treatment c. Monitors for increased symptoms d. Demonstrates administration of inhaled medications e. Confirms importance of EMS activation f. Indicates need for additional dose				
10. Documentation: Medication Log 11. Medication incident procedure 12. Medication disposal procedure 13. Process to locate CCHC/SN 14. Student/child confidentiality				

Competency Statement:	*The above staff member has completed Medication Administration Training and demonstrated competency on the steps checked above.* Facilitator Signature and Initial: Date:	*The above staff member has completed Medication Administration Training, demonstrated competency on the steps checked above, and delegated the responsibility to administer routine medications.* CCHC/SN Signature and Initial: Date:

Delegation Authorization: *I have been trained in proper administration of routine medications. I understand the need to maintain skills and be observed on an ongoing basis by a Registered Nurse/Physician. I have had the opportunity to ask questions & received satisfactory answers.*

Delegatee Signature:	Date:
Delegating CCHC/SN Signature:	Date:
Delegatee Signature:	Date:
Delegating CCHC/SN Signature:	Date:
Delegatee Signature:	Date:
Delegating CCHC/SN Signature:	Date:

Staff Name:	Date of Delegation:

Medication Administration Supervision Record

As the delegating CCHC/SN, I am providing ongoing supervision to this delegatee as described below:

Date CCHC/SN Initial	Procedure: ✓ = acceptable performance	Follow-up / Supervision Plan / Comments
	❐ Written authorization ❐ Medication in pharmacy labeled bottle ❐ Proper storage ❐ Proper administration procedure ❐ Correct documentation ❐ Procedure for medication incident ❐ Contacts delegating CCHC/SN appropriately for guidance and new medication orders ❐ Observes confidentiality	❐ Staff person has not had opportunity to administer meds ❐ Additional on-site training provided ❐ Supervision plan (minimum annually) date: ____________ ❐ Continue delegation ❐ Withdraw delegation date: ________________ ❐ Comments:
	❐ Written authorization ❐ Medication in pharmacy labeled bottle ❐ Proper storage ❐ Proper administration procedure ❐ Correct documentation ❐ Procedure for medication incident ❐ Contacts delegating CCHC/SN appropriately for guidance and new medication orders ❐ Observes confidentiality	❐ Staff person has not had opportunity to administer meds ❐ Additional on-site training provided ❐ Supervision plan (minimum annually) date: ____________ ❐ Continue delegation ❐ Withdraw delegation date: ________________ ❐ Comments:
	❐ Written authorization ❐ Medication in pharmacy labeled bottle ❐ Proper storage ❐ Proper administration procedure ❐ Correct documentation ❐ Procedure for medication incident ❐ Contacts delegating CCHC/SN appropriately for guidance and new medication orders ❐ Observes confidentiality	❐ Staff person has not had opportunity to administer meds ❐ Additional on-site training provided ❐ Supervision plan (minimum annually) date: ____________ ❐ Continue delegation ❐ Withdraw delegation date: ________________ ❐ Comments:
	❐ Written authorization ❐ Medication in pharmacy labeled bottle ❐ Proper storage ❐ Proper administration procedure ❐ Correct documentation ❐ Procedure for medication incident ❐ Contacts delegating CCHC/SN appropriately for guidance and new medication orders ❐ Observes confidentiality	❐ Staff person has not had opportunity to administer meds ❐ Additional on-site training provided ❐ Supervision plan (minimum annually) date: ____________ ❐ Continue delegation ❐ Withdraw delegation date: ________________ ❐ Comments:
	❐ Written authorization ❐ Medication in pharmacy labeled bottle ❐ Proper storage ❐ Proper administration procedure ❐ Correct documentation ❐ Procedure for medication incident ❐ Contacts delegating CCHC/SN appropriately for guidance and new medication orders ❐ Observes confidentiality	❐ Staff person has not had opportunity to administer meds ❐ Additional on-site training provided ❐ Supervision plan (minimum annually) date: ____________ ❐ Continue delegation ❐ Withdraw delegation date: ________________ ❐ Comments:

Delegating CCHC/SN Signature: ____ Initials: ______________________

Staff Medication Administration Training and Delegation

				Date Competency Verified			Date Delegation			Date Annual Review & Delegation			Date Annual Review & Delegation				
Date	Staff Name	Date Medication Training	Type of Medication Training	Routine	Asthma	Severe Allergy	Routine	Asthma	Severe Allergy	Routine	Asthma	Severe Allergy	Routine	Asthma	Severe Allergy	RN/MD Comments	Expired Withdrawal Delegation
			o Full o Allergy o Asthma														
			o Full o Allergy o Asthma														
			o Full o Allergy o Asthma														
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			o Full o Allergy o Asthma														

RN/MD Signature and Initials ______________________ **School/Child Care Program** ______________________

Updated Date________ Initials________ Updated Date________ Initials________ Updated Date________ Initials________ Updated Date________ Initials________

Updated Date________ Initials________ Updated Date________ Initials________ Updated Date________ Initials________ Updated Date________ Initials________

Types of Licensed Child Care Programs and Schools

Child Care Center

- 7.701.2 C. "Childcare centers", less than 24-hour programs of care defined at Section 26-6-102(1.5), C.R.S., [Rev. eff. 2/1/16] include the following types of facilities:
  - A "large child care center" provides care for sixteen (16) or more children between two and one-half (2-1/2) and sixteen (16) years of age.
  - A "small child care center" provides care for five (5) through fifteen (15) children between two (2) and sixteen (16) years of age.
  - An "infant program" provides care for children between six (6) weeks and eighteen (18) months of age.
  - A "toddler program" provides care for children between the ages of twelve (12) months (when walking independently) and thirty-six (36) months of age.

Preschool

- 7.701.2 C. "Preschool" is a part-day child care program for five (5) or more children between the ages of two and one-half (2-1/2) and seven (7) years of age.

School Age Child Care Programs

- 7.701.2 C. 7. A "school-age child care center" means a child care center that provides care for five (5) or more children who are between five (5) and sixteen (16) years of age. The centers purpose is to provide childcare and/or an outdoor recreational experience using a natural environment. The center operates for more than one week during the year. The term includes facilities commonly known as "day camps", "summer camps", "summer playground programs", "before and after school programs", and "extended day programs." This includes centers operated with or without compensation for such care, and with or without stated educational purposes.
- 7.701.2 C. 7. a. A "building-based school-age child care program" means a child care program that provides care for five (5) or more children who are between five (5) and sixteen (16) years of age. The center is located in a building that is regularly used for the care of children.
- 7.701.2 C. 7. b. A "mobile school-age child care program" provides care for five (5) or more children who are at least seven (7) years of age or have completed the first grade. Children move from one site to another by means of transportation provided by the governing body of the program. The program uses no permanent building on a regular basis for the care of children.
- 7.701.2 C. 7. c. An "outdoor-based school-age child care program" provides care for five (5) or more children who are at least seven (7) years of age or have completed the first grade. This program uses no permanent building on a regular basis for the care of children. Children are cared for in a permanent outdoor or park setting.

Residential Camps and Day Camps 7.701.2 C. 7. D. Children's Resident Camp

- A residential camp may have a "primitive camp" which is a portion of the permanent camp premises or another site at which the basic needs for camp operation such as places of abode, water supply systems, and permanent toilet and/or cooking facilities are not usually provided.
- A "travel-trip camp" shall be known as a camp in which there is no permanent camp site and children move from one site to another. The travel-trip camp either originates in Colorado or moves into and/or through Colorado from another state and operates

for three or more consecutive twenty-four (24) hour days during one or more seasons of the year for the care of five (5) or more children who are at least ten (10) years old or have completed the fourth grade. The program shall have as its purpose a group learning experience offering educational and recreational activities utilizing an outdoor environment.

Family Child Care Homes (exempt from routine medication delegation)

- 7.701.2 DEFINITIONS [Rev. eff. 1/1/16] A. Types of Homes 1. Family Child Care Home "Family Child Care Home", defined at Section 26-6-102(4), C.R.S., means a type of family care home that provides less than 24-hour care for two (2) or more children on a regular basis in a place of residence. Children in care are from different family households and are not related to the head of household.

Public Schools: Definition of a Colorado Public School Colorado Requirements: A Colorado public school is an institution that receives the majority of its funding from moneys raised by a general state, county, or district tax and whose property is operated by a political subdivision of the state and:

- Is an autonomous entity of a preschool through grade 12 district, the Charter School, Institute or Board of Cooperative Educational Services (BOCES) which includes preschool through grade 12 grades within.
- Private Schools*-The term "non-public school" applies to private, parochial, and independent schools which provide education to children of compulsory school age. Neither the State Board of Education nor any local board of education has jurisdiction over the internal affairs of any non-state independent or parochial school in Colorado. A non-public school is considered a private business. * Includes Parochial Schools

Colorado Office of Early Childhood Department of Human Services Child Care Facility Licensing Rules [Rev. eff. 2/1/16]. Retrieved 7/10/17 from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Providers?p=Providers&s=Rules-and-Regulations&lang=en

Colorado Non-Public Schools. (n.d.) Retrieved 7/10/17, from https://www.cde.state.co.us/choice/nonpublic_index

Definition of a Colorado Public School (2017) Retrieved 7/10/17, from https://www.cde.state.co.us/datapipeline/definition-of-colorado-public-school

What is a Medication and How Does It Work?

- **Medications are chemical substances** used to prevent illnesses, relieve symptoms, and manage or even cure various health problems.

- You may already know some medicines, and even use them in your daily life, but **there are many types of medications.**

- **Medications come in different forms and dosages.** Instructions must be read and followed very carefully.

<u>Why Give Medication in Child Care or School</u>?

- To maintain the health of the child.
- To allow a child who is not acutely ill to attend the program.
- To comply with laws, regulations, and best practice.

<u>Note</u>: Medications may be used for more than one purpose. For example, diaper rash creams can prevent, as well as treat, diaper rash. You must know why you are providing the medication to the child.

<u>How Medications Work in the Body</u>:

- Compared to adults, children (especially from birth to 3 years of age) are immature, and process medicines ineffectively.
- Children are more susceptible to medication side effects, overdoses, and allergies.
- Children are smaller than adults, and need less medicine to obtain the desired effect.
- Medications can produce both desired and undesired results.

<u>**Note**</u>: Even though it may be necessary to give medications to children in school or child care settings, medications should be given at home whenever possible.

ASK
Allergy Safe Kids

CROSS CONTACT WITH FOOD ALLERGENS

Food Allergen Cross Contact Basics

Cross contact is the presence of unintended food allergen.

It is a common cause of allergic reactions.

Allergens can withstand heating and drying.

Contact with tiny amounts of allergens is enough to cause a serious allergic reaction.

If a mistake is made then discard the item and start over.

Routine training for all staff about sources of cross contact and prevention is essential.

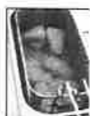
Remember: *Saliva, whether from a person or a pet, is another source of cross contact. No sharing of food,utensils, water bottles, musical instruments that go in the mouth, lipstick or other objects.*

Who Needs to Know About Allergen Cross Contact?

Anyone who is responsible for cleaning surfaces and objects that may come into contact with students or staff.

Anyone responsible for meal and snack distribution and preparation.

Kitchen slicers, deep fryers, buffets, splatter from food, garnishing, sanitizing dip buckets, high chairs, table tops, hands, utensils, dishware, cups, water bottles, sponges and dishrags, pot holders, aprons are common sources of cross contact.



Cleaning to Prevent Cross Contact with Food Allergen

Preventing cross contact with cleaning is important.

Establish a cleaning protocol to avoid cross contact.

Use soap and water or commercial hand wipes to clean allergens from hands. (Hand sanitizers are not effective!).

Use soap and water, commercial cleaners or commercial wipes to clean table tops and non-porous surfaces of allergen.

Using disposable wipes or rags is preferable when cleaning surfaces

Think About the Abilities of the Children!

Each child has different developmental capabilities. There are different issues of cross contact with various age groups.

Younger age groups explore with their hands and their mouths. They are also less capable of self-managing and not as good at cleaning hands or surfaces.

Older children can effectively wash their hands before they eat, read labels and should know not to share.

Keep in mind that children with developmental delays may not have the same management skills as their peers.

Special Thanks to Our Reviewer: Beth Foland, MS RD, Team Nutrition Specialist, Indiana Department of Education, Office of School and Community Nutrition.

Created by Michael Pistiner, MD, MSSC & Grennan Sims, RD, LD
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LABEL READING ESSENTIALS

Know how to read a food ingredient label to avoid allergen exposure and to prevent a life-threatening reaction.

Everyone responsible for meal and snack preparation needs to know how to read ingredient labels.

Allergen Label Reading Basics

Read (and evaluate) ingredient labels for every food each time it is used. Product formulations may change at any time without notification.

Get more information from manufacturer or supervisor for unclear ingredient labels.

If any doubt of allergen safety then do not offer the item in question.

Keep all food ingredient labels onsite for at least 24 hours following meal service.

For more information visit: Schools.AllergyHome.org

Understanding Food Allergen Labeling Laws:

What FALCPA* does and does not cover.

FDA requires all packaged food list the eight major food allergens in plain (clear and understandable) language.

Major 8 Allergens: Milk, Egg, Fish, Crustacean Shellfish, Peanuts, Tree Nuts, Wheat, and Soy

These allergens account for over 90 percent of all food allergies in the U.S.

These allergens must be stated if found in flavorings, colorings or other additives.

Current labeling laws only apply to foods regulated by the FDA. It does not apply to most fresh meats/poultry and certain egg products.

Food allergens labeling laws only apply to the major eight and does not apply to:

- Most fresh meats/poultry
- Certain egg products
- Sesame and other seeds
- Molluscan shellfish (oysters, clams, mussels and scallops)
- Gluten containing grains other than wheat (barley, rye and oats).

Advisory Labels and Cautionary Statements

- Advisory statements are written in numerous formats and under no federal or state regulation
- "May contain", "Produced in a facility that", "Manufactured on shared equipment with," etc.
- Avoid products with advisory labeling for the allergen in question

*Food Allergy Labeling Consumer Protection Act
http://www.fda.gov

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Looking at Ingredient Labels

Labels can list the 8 major food allergens in one of two ways:

1) Following Name of the Ingredient

Ingredients:

Sugar, Peanuts (Roasted), Corn Syrup, Palm Kernel and Coconut Oil (Partially Hydrogenated), Nonfat Milk, High Fructose Corn Syrup, Cocoa, Less Than 1%: Glycerin, Dextrose, Whey (From Milk), Salt, Artificial & Natural Flavors, Soy Lecithin, Soybean Oil, Carrageenan, TBHQ and Citric Acid, TBHQ and Citric Acid (to Preserve Freshness), Lactic Acid Esters

OR

2) Next to a Contains Statement

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMIN MONONITRATE [VITAMIN B1], RIBOFLAVIN [VITAMIN B2], FOLIC ACID), SUGAR, VEGETABLE OIL (PARTIALLY HYDROGENATED PALM KERNEL AND/OR COTTONSEED OIL, SOYBEAN AND PALM OIL), COCOA, CARAMEL COLOR, CONTAINS TWO PERCENT OR LESS OF COCOA PROCESSED WITH ALKALI, INVERT SUGAR, WHEY, LEAVENING (BAKING SODA, MONOCALCIUM PHOSPHATE), CORNSTARCH, SALT, SOY LECITHIN, NATURAL AND ARTIFICIAL FLAVOR, OIL OF PEPPERMINT.

CONTAINS WHEAT, MILK AND SOY INGREDIENTS.

Note: Just because a product does not include a "contains" statement, that does not mean the allergen in question is not in the product.

Celiac Disease and Gluten Sensitivity

You may be caring for students with celiac disease or non- celiac gluten sensitivity. Celiac disease is a genetic autoimmune disease. Non-celiac gluten sensitivity is a condition that occurs in individuals who are unable to tolerate gluten and experience symptoms similar to those associated with celiac disease. Gluten is a protein found wheat, rye, and barley and their derivatives. Even though oats are inherently gluten-free, they are likely to be contaminated unless they are certified gluten-free. A small percentage of people with celiac disease do react to pure, uncontaminated oats. Accidental gluten exposure can cause severe gastrointestinal symptoms, brain fog, muscular pain and potentially long term health concerns.

ASK Allergy Safe Kids **AVOIDING FOOD ALLERGENS LABEL READING ESSENTIALS**

Hidden Ingredients

Hidden ingredients are not an obvious part of a food. A person eating the food may have no idea that it contains an allergen.

Label reading is key to avoiding accidental ingestion of hidden ingredients!

If you can't read it, then don't eat (or serve) it!

Common Sources of Hidden Ingredients

Milk: Breads, caramel, hot dogs and deli meat, non-dairy creamers, cheese alternatives, canned tuna, guacamole, chocolate, butter substitutes, sauces…

Eggs: Mayonnaise, meringue, egg substitutes, cake mixes, frosting, pasta, salad dressing, meatballs, sauces, ice cream, glaze on soft pretzels…

Peanuts/Tree Nuts: Artificial and mixed nuts, desserts, ethnic cuisine, ice cream, barbeque and other sauces, marzipan, nougat, pesto, energy bars, granola, cereal, chocolate candies . . .

Fish/Shellfish: Worcestershire sauce, Caesar salad dressing, imitation crab products, Asian cuisine…

Wheat: All grain based products, processed foods, food starch, soy and other sauces…

Soy: Processed foods, breads, soups, sauces, canned meats, peanut butter, cereals, crackers…

Special Thanks to Our Reviewer: Beth Foland, MS RD, Team Nutrition Specialist, Indiana Department of Education, Office of School and Community Nutrition.

Anaphylaxis in School: What CO School Staff Need to Know

Are You Prepared to R.E.ACT?

Written by Michael Pistiner, MD, MMSc; Produced by John Lee, MD

Modified for use by

Anaphylaxis is a severe, life threatening, allergic reaction. Children with food allergies and other allergic disorders, like latex and insect sting allergy, are at risk for this allergic emergency. Anaphylaxis occurs in schools, and first time allergic reactions and anaphylaxis can also occur. Anaphylaxis, a reaction that can involve more than one organ system, like skin, lungs, heart, gastrointestinal, and brain may start off mild in severity and quickly evolve into a more severe reaction that can be more difficult to treat. Children can experience allergic reactions in very different ways, and each child can have different reactions from ones that they had in the past. Keep in mind that anaphylaxis can start with mild symptoms but progress quickly. Delays in treatment with epinephrine increase the risk of dying from these reactions. Epinephrine, a quick acting and safe medicine, is the first line, treatment of choice for anaphylaxis. Policies and procedures should be developed to ensure that allergic emergencies are quickly recognized and appropriately treated. Anaphylaxis or food allergy emergency care plans are tools created by a healthcare provider for the specific student and it is important to refer to this plan during a reaction. Talk to your school nurse and/or administration to learn more about anaphylaxis and learn your role in your schools emergency protocol.

RECOGNIZE AN ALLERGIC REACTION

- All staff should get to know the symptoms of allergic reactions and anaphylaxis.
- Know your role in your school's anaphylaxis/allergy emergency protocol and respond quickly.
- For suspected allergic reactions or anaphylaxis, immediately contact your school nurse (if available) and designee and follow your school's emergency response plan. If the school nurse is not available—someone must call 911 immediately.
- Have quick access to the Food Allergy/Anaphylaxis Emergency Care Plans for students that you are responsible for and understand which signs and symptoms will require epinephrine.

EPINEPHRINE

- Once anaphylaxis is recognized, the next step is for the life saving epinephrine to be administered. **Epinephrine is the treatment of choice for anaphylaxis**. Rapidly getting the school nurse or school doctor and contacting emergency services (911) are critical.
- For those with a **known** allergy and an auto-injector, in some states, a trained non-licensed staff member can administer an epinephrine auto-injector in the event that a nurse or physician is unavailable. Please discuss your state's regulations with your school nurse or principal. If the affected person has a known allergy—administer epinephrine as per training and school policy and confirm that 911 was called.
- For those with an **unknown** allergy—Confirm that 911 was called and continue to attempt to contact the school nurse. If your district has adopted a policy under CRS 22-1-119.5 to stock epinephrine, then designated responders can administer epinephrine as per Level III training.
- Anaphylaxis may require a second dose, therefore students should have two auto-injectors available.
- Keep epinephrine in a well-defined, accessible but secure location, avoiding temperature extremes.
- Staff should be trained and have periodic refreshers to administer the specific student's auto-injector. Make sure you are comfortable with using auto-injectors that are specific to your students.
- Remember that antihistamines are second-line treatment and do not prevent or stop anaphylaxis. Do not allow antihistamines to delay giving epinephrine.

ACTIVATE EMERGENCY RESPONSE

- **Call the school nurse if available and 911 or local emergency medical services.** The caller should state that a child is having anaphylaxis and request a licensed responder that has epinephrine available.
- Anyone experiencing anaphylaxis should be taken to the emergency department via ambulance. Also, epinephrine is short-acting. Further evaluation and management in the emergency department is essential. This is important because the child may need additional care and can also experience a second phase of their reaction called the biphasic response.
- After epinephrine is administered, if appropriate and after 911 is called, then contact emergency contacts as per the Emergency Allergy Action Plan.
- While awaiting EMS and after giving epinephrine, if possible do not have the child or adults rise to an upright position. There have been cases of deaths that have been associated with rising to an upright position.
- The student should be observed for at least 4-6 hours in the emergency department.

This supplemental written material complements staff education module found at Schools.AllergyHome.org © 2014. All Rights Reserved.

Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

To be completed by healthcare provider

Student's Name: ______________________ D.O.B. ________ Grade: __________

School: ______________________ Teacher: ______________________

ALLERGY TO: ______________________

HISTORY: ______________________

____

Asthma: ☐ YES (higher risk for severe reaction) ☐ NO

◊ STEP 1: TREATMENT

SEVERE SYMPTOMS: Any of the following:
- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy,
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Significant swelling of the tongue and/or lips
- SKIN: Many hives over body, widespread redness
- GUT: Repetitive vomiting, severe diarrhea
- OTHER: Feeling something bad is about to happen, confusion

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911 and activate school emergency response team
3. Call parent/guardian and school nurse
4. Monitor student; keep them lying down
5. Administer Inhaler (quick relief) if ordered
6. Be prepared to administer 2nd dose of epinephrine if needed

*Antihistamine & quick relief inhalers are not to be depended upon to treat a severe food related reaction . **USE EPINEPHRINE**

MILD SYMPTOMS ONLY:
- NOSE: Itchy, runny nose, sneezing
- SKIN: A few hives, mild itch
- GUT: Mild nausea/discomfort

1. Alert parent and school nurse
2. Antihistamines may be given if ordered by a healthcare provider,
3. Continue to observe student
4. If symptoms progress **USE EPINEPHRINE**
5. Follow directions in above box

DOSAGE: **Epinephrine**: inject intramuscularly using auto injector (check one): ☐ **0.3 mg** ☐ **0.15 mg**

☐ If symptoms do not improve ____minutes or more, or symptoms return, 2nd dose of epinephrine should be given

Antihistamine: (brand and dose)______________________

Asthma Rescue Inhaler: (brand and dose)______________________

Student has been instructed and is capable of carrying and self-administering own medication. ☐Yes ☐No

Provider (print) ______________________ Phone Number: __________

Provider's Signature: ______________________ Date: __________

If this condition warrants meal accommodations from food service, please complete the medical statement for dietary disability

◊ STEP 2: EMERGENCY CALLS ◊

1. If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Parent: ______________________ Phone Number: ______________________
3. Emergency contacts: Name/Relationship Phone Number(s)
   a. ______________________ 1) __________ 2) __________
   b. ______________________ 1) __________ 2) __________

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child.

Parent/Guardian's Signature: ______________________ Date: __________

School Nurse: ______________________ Date: __________

Student Name: ______________________ **DOB:** ______________________

1.______________________ Room ______________________

2.______________________ Room ______________________

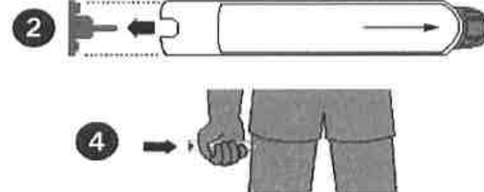
3.______________________ Room ______________________

Self-carry contract on file: ☐Yes ☐No

Expiration date of epinephrine auto injector: ______________________

EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.

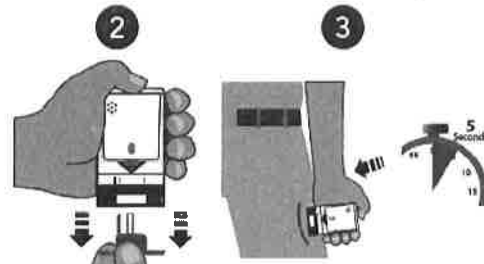


ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.

AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



NOTE: Consider lying on the back with legs elevated. Alternative positioning may be needed for vomiting (side lying, head to side) or difficulty breathing (sitting)

Additional Information

Side Effects, Adverse Reactions, and Allergic Reactions

Medications can have undesired results, including side effects, adverse reactions, and allergic reactions.

Young children cannot always verbalize side effects, adverse reactions, or allergic reactions, so careful observation is essential.

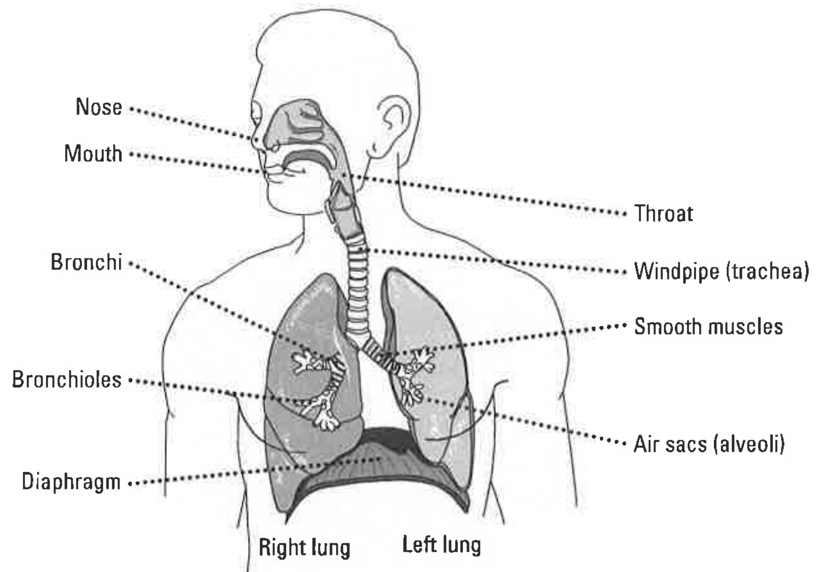
- **Side Effects:**
  - Definition: The natural, expected, and predictable effects of a medication, which can happen along with the intended effect of a medication.
  - The benefits of these medications outweigh the side effects.
  - Side effects can be different for different medications.
    - For example, antibiotics often cause an upset stomach, and antihistamines can make you sleepy and cause dry mouth. While not desired, most side effects are minor and will go away on their own.
    - To remind staff to watch for side effects, make notations of possible side effects in the medication log when you receive the medication.
    - Examples of Side Effects Are:

      - Upset stomach
      - Drowsiness
      - Rashes
      - Diarrhea or loose stool
      - Change in activity or mood
      - Flushing/sweating
      - Dry mouth
      - Dizziness
      - Rapid heartbeat

- **Adverse Reactions:**
  - Definition: An Adverse (or bad reaction) is any unexpected or potentially harmful reaction to a medication.
  - These reactions can happen suddenly, or develop over a period of time.
  - They can include things like vomiting and double vision.
  - If you see a child having an adverse reaction, immediately call Poison Control, the child's parent or guardian, and your Child Care Health Consultant (CCHC) or School Nurse (SN).
  - If you are a family child care provider, call Poison Control and the child's parent or guardian. **If you cannot reach the parent and you are concerned the reaction is severe, contact 911.**

- Allergic Reactions:
  - Definition: Allergic reactions happen when the body's immune system attacks something in the body that is normally harmless.
  - These reactions are difficult to predict, and can range from mild to severe.
  - The most common types of reactions are skin irritations, including itching, rashes, or swelling.
  - If you observe these mild reactions, call the parent or guardian immediately.
  - Anaphylaxis **is a severe form of an allergic reaction.**
    - **This is a life-threatening condition. You must call 911, if you suspect anaphylaxis.**

Asthma Basics



What is asthma?

Asthma is a chronic lung condition with ongoing inflammation of the airways, or "bronchial tubes." Asthma causes episodes of breathing problems such as—

- *coughing*
- *wheezing*
- *chest tightness*
- *shortness of breath*

Inflammation causes the lining of the airways to swell and produce more mucus. When this happens, the airways narrow and obstruct the flow of air out of the lungs. Several different factors called asthma triggers can worsen inflammation.

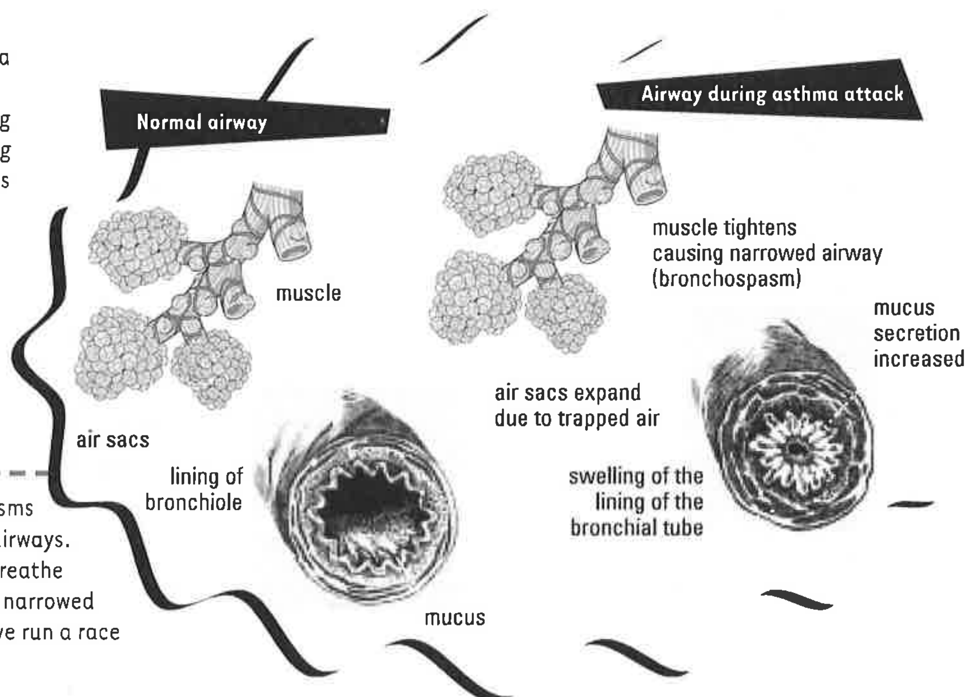
Why you need to know about asthma

In the United States, asthma is the most common chronic childhood illness. Asthma affects an estimated 5 million children nationally. Asthma is among the leading causes of school absenteeism, accounting for more than 10 million lost school days annually. Asthma can be disruptive not only to the students with breathing problems, but to others around them. School personnel need to understand asthma, its causes, and its treatment.

What happens during an "asthma episode?"

An acute episode of asthma, or "asthma attack," occurs when there is a narrowing of the airways caused by the following:

- **Swelling**—the lining of the airway swells, making the airway smaller. This swelling is caused by inflammation of the airways.
- **Mucus**—the tissues that line the airway secrete extra mucus. This mucus can further plug the narrowed airways.
- **Bronchospasm**—the muscles that surround the airway tighten and make the airway even smaller.



Together, inflammation and bronchospasms make it harder to move air through the airways. Students with asthma work harder and breathe faster to move enough air through these narrowed airways. They often appear as if they have run a race when they are sitting quietly.

Asthma Basics

What are "early warning signs?"

Most people think that an asthma episode starts suddenly. However, many students show "early warning signs" before the episode begins. These signs may include:

fatigue
headache
watery eyes
hyperactivity
behavioral changes
itchy throat or chin
stuffy or runny nose
funny feeling in chest
dark circles under eyes
feeling nervous or anxious

Obvious signs and symptoms of asthma, such as coughing, wheezing, and the feeling of not being able to get enough air, may follow.

Pay attention to each student's early warning signs and asthma symptoms. If they occur, take action!

What are asthma triggers?

There are numerous triggers that can cause an asthma episode or worsen asthma. The most common triggers include:

* **Exercise**—also called "Exercise-Induced Asthma" or EIA
* **Colds**—caused by viral illnesses
* **Allergies**—pollens from trees, grasses and weeds, dander from furry animals, dust and dust mites, and molds
* **Weather**—cold air or sudden or marked changes in temperature, humidity, or barometric pressure
* **Irritants**—cigarette smoke, air pollution, chalk dust, dust, and strong odors (paint, markers, perfumes, sprays, etc.)
* **Emotions**—excitement, anxiety, tension, depression, etc.

Secondhand Smoke

Secondhand smoke is the smoke from the burning end of a cigarette, cigar, or pipe, and the smoke breathed out by smokers. Secondhand smoke has many harmful chemicals and is especially harmful to children and individuals with lung disease.

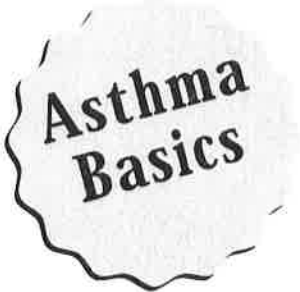
Studies have shown that children who breathe secondhand smoke are more likely to suffer from:

* Pneumonia, bronchitis, and other lung infections resulting in repeated hospitalizations.
* Frequent ear infections.
* Asthma and an increase in asthma episodes.

It has been shown that when the parents of a child with asthma stop smoking, the child's asthma often improves.

Suggestions for protecting children from secondhand smoke include:

* Encourage parents and other caretakers to quit smoking.
* If adults in the household must smoke, encourage them to smoke outdoors and not in the house or car.
* In restaurants, ask to sit in the non-smoking area and encourage the restaurant to go "smoke-free."
* Make sure that children's day-care, school and after-school programs are smoke free.



Medications

Asthma medications belong to two broad categories based on whether they provide *quick relief* or *long-term control* of asthma symptoms. Generally, both categories have medications that

1) Open the airways by relaxing the muscles around the bronchial tubes (called bronchodilators)

or

2) Reduce the inflammation of the airways (called anti-inflammatory drugs).

Category	Asthma Medications
Quick relief of symptoms *Used to provide prompt relief of asthma symptoms.*	
Bronchodilators * Short-acting medications that act quickly. * Improvement is usually seen within 5-10 minutes. * Given by metered-dose or dry-powder inhaler, nebulizer, syrup, or tablet. * Commonly used in the school setting for quick relief of symptoms.	**Short-acting** * albuterol (Ventolin®[1], Proventil®[2]) * Maxair®[3] * Xopenex™[4]
Long-term control of asthma symptoms *Taken as part of daily treatment to control asthma.*	**Nonsteroidal agents** * Accolate®[6] * Intal®[9] * Tilade®[13] * Singulair®[7] **Combination medications** Advair®[1] (combination of Serevent and Flovent)
Long acting bronchodilators	**Long acting** * Foradil®[5] * Serevent®[1]
Anti-inflammatory drugs	**Inhaled steroids** * AeroBID®[8] * Azmacort®[9] * Beclovent®[1] * Flovent®[1] * Pulmicort Respules®[6] * Pulmicort Turbuhaler®[6] * QVAR™[3]
Acute moderate-severe asthma episodes *May be needed for severe exacerbation.*	
Oral "systemic" steroids	**Oral steroids** * Medrol®[14] * Pediapred®[10] * Prednisone®[11] * Prelone®[12]

[1] GlaxoSmithKline
[2] Schering Corporation
[3] 3M Pharmaceuticals
[4] Sepracor
[5] Novartis
[6] AstraZeneca Pharmaceuticals, LP
[7] Merck & Co., Inc.
[8] Forest Pharmaceuticals, Inc.
[9] Aventis Pharmaceuticals
[10] Medeva Pharmaceuticals, Inc.
[11] Roxane Laboratories, Inc.
[12] Muro Pharmaceuticals, Inc.
[13] Rhone-Poulenc Rorer Pharmaceuticals, Inc.
[14] Pharmacia & Upjohn

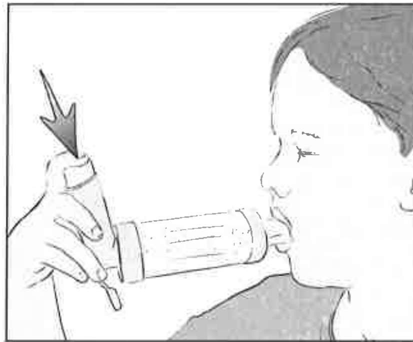
Asthma Basics

Correct use of Metered-Dose Inhaler (MDI)

Steps for using an inhaler

1. Remove the cap and hold the inhaler upright.
2. Shake the inhaler.
3. Tilt the head back slightly and breathe out.
4. Position the inhaler in one of the following ways—

Place inhaler 1" to 2" away from open mouth.



Use a spacer with the inhaler. Spacers are useful for all patients, particularly young children and older adults, for use with inhaled steroids and during an asthma episode.

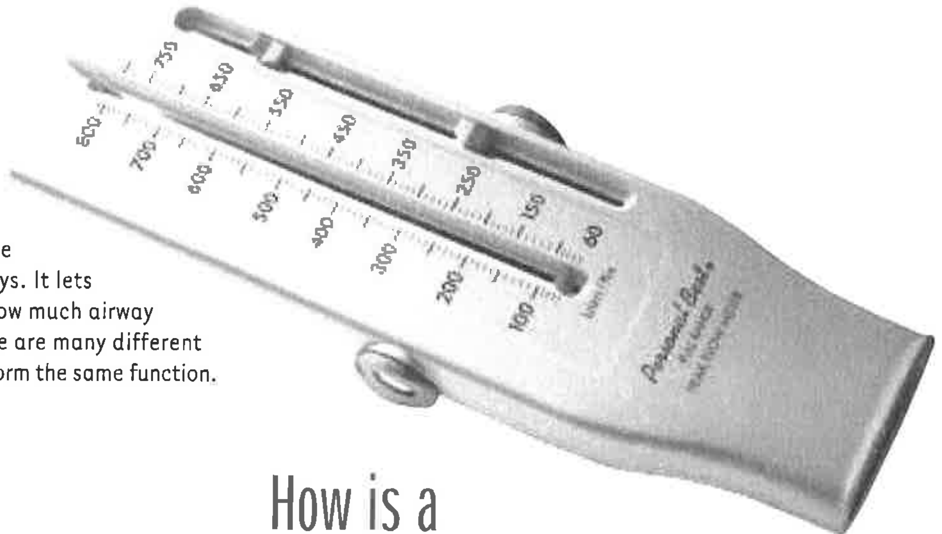
Spacers—

* *Easy to hold inhaler in right position.*
* *Holds the puff of medicine, so it can be inhaled more slowly.*
* *Helps more medicine get to the airways.*

5. Press down once on inhaler to release medication while inhaling slowly.
6. Breathe in slowly (3-5 seconds).
7. Hold breath for 10 seconds to allow medicine to reach deeply into lungs and then exhale slowly.
8. Repeat puffs as directed by your physician. Wait 1 full minute before repeating the next puff of your bronchodilator inhaler.
9. If using inhaled steroids, rinse mouth with water after use.

Information above adapted from "Guidelines for the Diagnosis and Management of Asthma." U.S. Department of Health and Human Services (Pub. No. 91-3042).

Asthma Basics



What is a Peak Flow Meter?

The Peak Flow Meter measures how fast the student can blow air out through the airways. It lets the student and supervising adult know how much airway narrowing is present at a given time. There are many different types of Peak Flow Meters, but they all perform the same function.

How can a Peak Flow Meter help?

* It can tell how much airway narrowing is present.
* It can give an early warning of an asthma episode, sometimes before other symptoms develop.
* It can signal when medication can prevent asthma from getting worse.
* It can measure how well the student's asthma medications are working.
* It can help identify asthma as the cause of shortness of breath, chest tightness, coughing, or fatigue during physical activities (P.E., recess, sports).
* It can help adults share information about the student's asthma.

Which student should have a Peak Flow Meter at school?

* If the student requires asthma medications at school, it is also helpful to have a Peak Flow Meter available.
* The student who has asthma symptoms at school.

The school nurse should talk with the student's family and physician about having a Peak Flow Meter at home and another at school.

How is a Peak Flow Meter used?

Give the student the following instructions

* Stand up straight and make sure the pointer is at "zero" on the meter. Clean out your mouth (gum, food, etc.).
* Take a deep breath. Put the mouthpiece past your teeth and close lips around it. Make sure your tongue doesn't touch the mouthpiece.
* Blow out as **hard and fast** as you can. A fast blast, not a slow blow.
* Check to see how high the pointer went. This measurement value is the "peak flow."
* Repeat two more times and write down the highest peak flow of the three blows. Most school-aged children can use a Peak Flow Meter correctly with practice.

When is the Peak Flow Meter used?

* Before P.E. or physical activities (e.g., "field day").
* On or before field trips.
* During asthma episodes, a peak flow measure will help to guide asthma care (see the *Daily Asthma Management Plan*).
* Whenever there is any question about chest symptoms or asthma control.

Asthma Basics

What do Peak Flow Meter readings mean?

The peak flow reading should be compared to the student's "Personal Best" peak flow value. The student can blow his/her "Personal Best" when asthma is well-controlled. The student's physician should determine the student's "Personal Best" peak flow value. This "Personal Best" value should be clearly recorded in the student's health file and used to make asthma management decisions (see the *Daily Asthma Management Plan*).

It is helpful to think about Peak Flow Zones

Green Zone

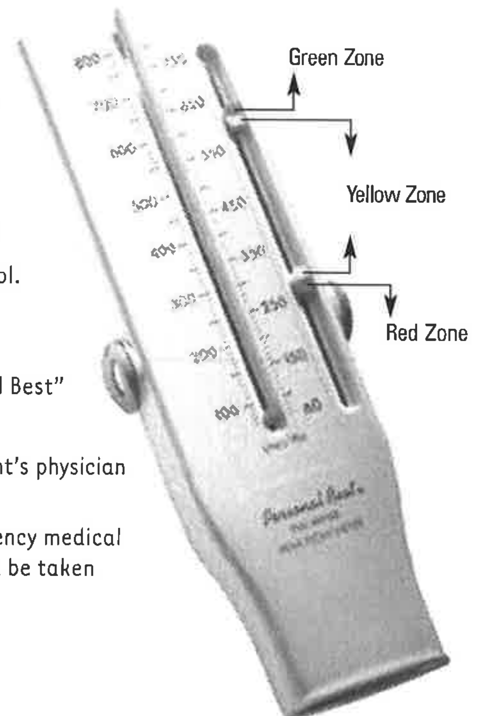
* 80-100% of the student's "Personal Best"
* Asthma is under good control.

Yellow Zone

* 50-80% of the student's "Personal Best"
* **Caution**—Asthma is not under good control. Additional steps need to be taken.

Red Zone

* **Less than** 50% of the student's "Personal Best"
* **Danger**—immediate action is needed.
* Give treatment as directed by the student's physician (see *Daily Asthma Meanagement Plan*).
* If the response is poor, call **911** or emergency medical services in your area. The student should be taken immediately to the emergency room.
* Call the student's parent/guardian.



How to help the student's physician set Peak Flow Zones (for School Nurses)

* Have the student see the school nurse two times per day, if possible. If only one time is possible, morning is preferable. This meeting can be around medication time, but not after exercise.
* Have the student blow a peak flow three times and record the best number. The student must blow as hard and fast as possible.
* If the student takes an inhaled bronchodilator, repeat the peak flow about 5—10 minutes after the medication. Record this value, also.
* Repeat this process for 2 consecutive weeks. The student's asthma needs to be stable and well controlled during this time.
* You should now have a narrow range of peak flow values. This information should be shared with the student's physician for setting the student's "Personal Best" value and Green-Yellow-Red Zones. These values will allow you to better assess the student.
* Peak flow values are affected by age, height, race, and gender. Keep in mind that when the student is growing, their "Personal Best" is also likely to increase.

What To Do During an Asthma Episode

Action Steps

1. Provide treatment outlined in the Colorado School Asthma Care Plan
2. Encourage the child/student to relax with slow, deep breaths
3. Offer sips of warm water to help child/student relax
4. Contact the parent or guardian as soon as you treat the child/student and again if you do not see improvement in 10-15 minutes

Call 911 if...

- The child's/student's symptoms do not improve 10-15 minutes after treatment

OR

- The child/student has difficulty breathing accompanied by any of the following:
- Check/neck "pulling in" with breathing
- Hunching over
- Struggling to breathe
- Trouble walking/talking
- Inability to play/continue normal activities
- Inability to complete a sentence
- Lips or fingernails turning gray or blue
- Decreasing/loss of consciousness

A licensed child care program must notify the Colorado Department of Human Services any Services of any accident or illness that happened at the center for which someone had to seek medical care or which resulted in a fatality. This includes any time 911 is called.

7.702.93 B. Each center must immediately report in writing to the Colorado Department of Human Services any accident or illness occurring at the center that resulted in medical treatment by a physician or other health care professional, hospitalization, or death. This report must be made within 48 hours after the accident or illness occurred.

Asthma Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry and self-administer their asthma medication for the current school year.
https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf

School/Child Care: ___________________________ **School Year/Date:** ______________________

STUDENT/CHILD: _______________________________ **Birthdate:** ____________ **Grade/Classroom:** ________

- ☐ I will keep my rescue inhaler with me at school/child care and will follow my doctor's instructions.
- ☐ I will use my rescue inhaler safely at school/child care and any school/child care sponsored events.
- ☐ If I have asthma difficulty I will tell school/child care staff or I will go to the school health office.
- ☐ I will not allow any other person to use my inhaler.
- ☐ If I don't use my medicine safely, I may lose my privilege.

Student's Signature _____________________________Date _______________

PARENT/GUARDIAN: __________________________________

This contract is in effect for the current school year unless revoked by the provider or student fails to meet the above safety contingencies.

- ☐ I agree to make sure that my child carries his/her asthma medication.
- ☐ I will see my child carries the prescribed medication. The device will contain medication, the medication won't be expired and the medication will have my child's name on it.
- ☐ I have been told to keep an extra rescue inhaler in the Health Office or __________________.
- ☐ I know school/child care staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.
- ☐ I will provide a doctor signed medication authorization to the school.

Parent's Signature _______________________________Date _______________

Child Care Health Consultant/School Nurse: ____________________________

- ☐ The above child has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pre-treatment with an inhaler prior to exercise.
- ☐ I have notified the appropriate staff that need to know of the child's health condition and have advised them of the child's authorization to carry and self-administer their asthma medication.
- ☐ I have verified that all appropriate paperwork has been completed and the school nurse/child care health consultant has determined that this child has the skill level necessary to carry and self-administer their asthma medication at school/child carl and school/child care sponsored activities.

Child Care Health Consultant/School Nurse signature ______________________________Date ____________

Allergy Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry their emergency medication for the current school year.
https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf

School/Child Care: ______________________ School Year/Date: ______

STUDENT/CHILD: ____________________________ Birthdate: _____________ Grade/Classroom: _______

- ☐ I plan to keep my Epi-pen with me at school/child care rather than in the school health office/classroom.
- ☐ I will use my Epi-pen in a responsible manner, in accordance with my physician's orders.
- ☐ I will notify the school health/care staff immediately if my Epi-pen has been used.
- ☐ I will not allow any other person to use my Epi-pen.

Student's Signature _________________________ Date ______________

PARENT/GUARDIAN: ____________________________

This contract is in effect for the current school year unless revoked by the provider or the child fails to meet the above safety contingencies.

- ☐ I agree to see that my child carries his/her emergency medication as prescribed, that the device contains medication, and that the medication has not expired.
- ☐ I have been told to keep extra emergency medication in the Health Office or ________________.
- ☐ I know school staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.
- ☐ I will provide the school a signed medication authorization for this medication.

Parent/Guardian's Signature ___________________________ Date ______________

Child Care Health Consultant/School Nurse: ________________________

- ☐ The above child has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.
- ☐ School/child care staff that have the need to know about the child's condition and the need to carry their emergency medication have been notified.
- ☐ I will review the medication authorization provided by the parent and signed by the parent and Health Care Provider.

Child Care Health Consultant/School Nurse Signature ______________________ Date _____________

What is Asthma?

Asthma is a lung disease. There is no cure, but asthma can be well controlled so that your child can be healthy and join in all of their favorite activities.

Asthma causes the airways (breathing tubes in the lungs) to get smaller making it hard to breathe. Common symptoms of asthma are:

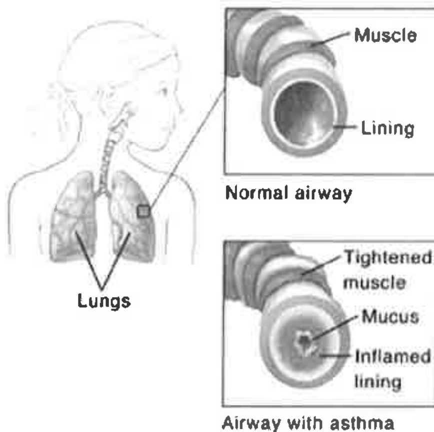
- coughing
- wheezing
- chest tightness and
- trouble breathing

These symptoms are ongoing and get better with asthma medicines.

How does asthma make it hard to breathe?

Asthma affects your child's airways in three ways:

1. **Swelling (inflammation)** inside of the airway means there is less room for air to get in and out.
2. **Bronchospasm** is when the muscles around the airway tighten down. This also means there is less room for air to get in and out.
3. **Too much mucus** is made and it can block the airways.



What are triggers and how do they cause an asthma attack?

Lots of things can cause an asthma attack. The things that cause asthma attacks are called triggers. Each child has different triggers for their asthma. Some common triggers are:

- cigarette (tobacco, marijuana, e-cig) smoke
- colds and other viruses that affect the nose, throat, airways and lungs
- exercise
- perfumes and other strong smells
- cold air, weather changes
- air pollution
- worry, stress, emotions
- pollen, dust, molds, and animal dander can trigger asthma in children with allergies

Medicines

Medicines are used to treat asthma. They make symptoms better by lessening swelling and bronchospasm. There are three main types of medicine for asthma.

1. **Quick relief inhalers,** like albuterol or levalbuterol, quickly relax the muscles around the airways and should make the asthma attack better within 5-10 minutes. These medicines are also called bronchodilators.
2. **Controller medicines** can be either inhaled steroids or non-steroidal anti-inflammatory medicines. They need to be taken every day, even when your child feels good, because they prevent asthma symptoms and attacks. These medicines help to lessen swelling inside the airways but they won't work quickly enough to stop symptoms during an asthma attack.
3. **Oral steroids** may be needed for asthma symptoms that don't get better with albuterol alone.

All medications may have side effects. Tell your child's doctor about any worries you have about side effects from your child's medicines. It is very important to follow the directions on when and how to use your child's asthma medicines to keep asthma well-controlled.

Asthma Control

Asthma is well controlled when:

- Your child can run and play as much as they want.
- Your child doesn't miss school or work or activities.
- Your child sleeps well at night.
- You can't remember the last time your child had to visit the ER for asthma.

Remember the Rules of Two® to check for asthma control:

Does your child:

- Have asthma symptoms or take their quick-relief inhaler more than two times a week?
- Wake up at night with asthma symptoms more than two times a month?
- Refill their quick relief inhaler more than two times a year?

If you answered "yes" to any of these questions, then your child's asthma is not well controlled. Please talk with your child's doctor.

Follow your Asthma Action Plan and Get EMERGENCY CARE for asthma if your child has these symptoms→

- It's hard to breathe while walking or talking.
- The muscles in your child's neck, chest or ribs are pulling in or your child's nostrils are flaring with each breath.
- The quick relief inhaler isn't working and your child is getting worse.
- If your child's peak air flow is below 50% of their normal.
- Your child's skin, or lips look blue, if they pass out from asthma or if they cannot breathe. If this happens, call 911 right away.

The Rules of Two® is a registered trademark of Baylor Health Care System.

Author: Asthma Education Standard Committee | Approved by Patient Education Committee | Valid through 2017
The information presented is intended for educational purposes only. It is not intended to take the place of your personal doctor's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call or consultation or advice of your doctor or other health care provider.

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Asthma-Friendly Child Care

A Checklist for Providers

Asthma is the most common chronic childhood disease. Children with asthma have sensitive airways. They are bothered by many things that start (or "trigger") their symptoms and make their asthma worse. The most common asthma triggers are allergies to dust mites, cockroaches, animal dander, mold, and pollens, and exposure to irritating smoke, smells, or very cold air. Children's asthma can also be triggered by exercise or an upper respiratory infection. The airways of people who have asthma are "chronically" (almost always) inflamed (swollen) or irritated, especially if they are exposed to their triggers every day. This makes it hard for them to breathe.

Asthma can be controlled by being aware of its early warning signs and symptoms, using medicines properly to treat and prevent asthma episodes, and avoiding the things that trigger asthma problems. *Each child's asthma is different*, so it is important to know the asthma triggers and treatment plan of each individual.

Use this checklist to learn how to make your child care setting a safe and healthy environment for children with asthma and allergies.

Wee Breathers™

Asthma Education for Families with Young Children

Asthma and Allergy Foundation of America

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Needs Improvement	Okay	
		Avoiding or Controlling Allergens
		Dust Mites
☐	☐	• Surfaces are wiped with a damp cloth daily. (No aerosol "dusting" sprays are used.)
☐	☐	• Floors are cleaned with a damp mop daily.
☐	☐	• Small area rugs are used, rather than wall-to-wall carpeting. Woven rugs that can be washed in hot* water are best.
☐	☐	• If wall-to-wall carpeting can't be avoided, children are prevented from putting their faces, nap mats, blankets, or fabric toys directly on the floor.
☐	☐	• Children's bed linens, personal blankets, and toys are washed weekly in hot* water.
☐	☐	• Fabric items (stuffed toys or "dress-up" clothes) are washed weekly in hot* water, to kill dust mites.
☐	☐	• Furniture surfaces are wiped with a damp cloth.
☐	☐	• Soft mattresses and upholstered furniture are avoided.
☐	☐	• Beds and pillows that children sleep or rest on are encased in special allergy-proof covers.
☐	☐	• Curtains, drapes, fabric wall hangings, and other "dust catchers" are not hung in child care areas.
☐	☐	• If light curtains are used, they are washed regularly in hot* water.
☐	☐	• If window shades are used, they are wiped often with a damp cloth.
☐	☐	• Books, magazines, and toys are stored in bookcases with doors, closed boxes, or plastic bags.
☐	☐	• Supplies and materials are stored in closed cabinets; piles of paper and other clutter are avoided.
		Animal Substances: (both pets and pests shed dander, droppings, and other proteins which cause allergic responses and trigger asthma symptoms)
☐	☐	• Furry or feathered pets are not allowed anywhere on the premises (like cats, dogs, gerbils, hamsters, birds).
☐	☐	• Cockroaches and mice infestation are aggressively controlled, using preventive practices and least toxic extermination methods (see "Cleaning and Maintenance," page 3).
☐	☐	• Feather-stuffed furnishings, pillows, or toys are not used.

* Water temperature of at least 130°F/54°C kills dust mites.

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Needs Improvement **Okay**

Mold and Mildew:

- Exhaust fans are used in bathrooms, kitchens, and basement areas to help remove humidity.

- Wet carpeting and padding are removed if not dry within 24 hours to prevent mold growth.

- Mats placed on carpeted floors (especially in basement area) are vinyl-coated and wiped regularly with diluted chlorine bleach and water.

- Mildew growth in bathroom and other damp areas (such as refrigerator drip pans) is prevented by regular wiping with diluted chlorine bleach and water.

- Indoor houseplants and foam pillows, which can develop mold growth, are not used.

Outdoor Pollens and Mold Spores:

- If ventilation is adequate, windows are kept closed when pollen counts are high.

- Air conditioners with clean filters are used during warm seasons, if possible.

- Outdoor yard and play areas are kept clear of fallen leaves, compost piles, and cut grass.

Latex: (products made with natural rubber)

- Avoid latex gloves. If gloves are used, use only non-powdered, non-latex gloves.

- Avoid latex balloons, pacifiers, koosh balls, and other latex products (if a child or staff member has latex sensitivity).

Ideas for improvement: ______________________________

____

Avoiding or Controlling Irritants

Tobacco Smoke: (triggers asthma symptoms; causes children to have more respiratory and ear infections; and to need more asthma medication)

- Smoking is not allowed anywhere on the premises. This rule is strictly enforced.

- Staff and parents are encouraged to participate in smoking cessation programs and given referrals and assistance.

Chemical Fumes, Fragrances, and other Strong Odors:

- Arts and crafts materials with fragrances or fumes are avoided (for example, markers, paints, adhesives). If they are used, extra ventilation is provided.

- Staff does not wear perfume or other scented personal products. (Use "fragrance-free" products.)

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Asthma-Friendly Child Care *A Checklist for Providers*

Needs Improvement	Okay	
		Chemical Fumes, Fragrances, and other Strong Odors: (continued)
☐	☐	• Personal care products (such as hair spray, nail polish, powders) are not used around the children.
☐	☐	• Air fragrance sprays, incense, candles, and "air fresheners" are not used. (Open the windows and/or use exhaust fans instead.)
☐	☐	• New purchases (such as pressed-wood furnishings or plastic laminated products) are checked for formaldehyde fumes and aired out before installation.
☐	☐	• Cleaning supplies and home repair products with strong smells are not used when children are present; indoor spaces are carefully ventilated during and after their use.
☐	☐	• Office equipment that emits fumes (for example, photocopiers) are in vented areas away from the children.
		Other Irritants:
☐	☐	• Fireplaces and wood or coal stoves are not used.
		Ideas for improvement:______________________________
		Policies and Practices
		Asthma Management and Care
☐	☐	• All staff are trained to watch for symptoms of asthma, warning signs that asthma is flaring up, and how to recognize emergency situations. New staff receive this training when hired.
☐	☐	• Every child with asthma has a written plan on file, listing allergies and asthma triggers, medication schedule, and emergency instructions.
☐	☐	• Staff is trained to administer medication, and in the use and care of nebulizers, inhalers, spacers, and peak flow meters.
☐	☐	• Parents and providers communicate regularly about the child's asthma status.
☐	☐	• Outdoor time is adjusted on poor air quality days (www.AirNow.gov) for cold-sensitive or pollen-sensitive children, and alternative indoor activities are offered. (After an asthma episode or viral infection, they are also more sensitive.)
☐	☐	• Staff and children wash hands frequently; toys and surfaces are wiped often to prevent the spread of viral infections that can trigger asthma.

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Asthma-Friendly Child Care *A Checklist for Providers*

Needs Improvement	Okay	
		General Physical Site/Space:
☐	☐	• Ventilation provides good air flow in all rooms and halls in every season. There is no stale or musty smell. Outdoor intake and inside supply vents are checked for blockages.
☐	☐	• Heating or cooling system filters are properly installed, and changed often; other service guidelines and routine maintenance procedures are followed.
☐	☐	• Outdoor fumes (such as from car exhaust, idling vans or buses, or nearby businesses) are prevented from entering the building through open windows or doors.
☐	☐	• The building is checked periodically for leaks and areas of standing water.
☐	☐	• School buses, delivery trucks, and cars are not allowed to idle on the premises.
☐	☐	• Plumbing leaks are fixed promptly.
☐	☐	• Humidity level is monitored, using a humidity gauge, if possible. Humidifiers are not used; dehumidifiers are used if necessary. (Dust mites and mold thrive on humidity.)
☐	☐	• Wet boots and clothing are removed and stored where they don't track wetness into activity space.
☐	☐	• Doormats are placed outside all entrances to reduce tracking in of allergens.
		Cleaning and Maintenance:
☐	☐	• If rugs or carpets must be used, they are vacuumed frequently (every day or two).
☐	☐	• High efficiency vacuum cleaner (ideally with a "HEPA" filter) is used. (Other vacuum cleaners blow tiny particles back into the air.)
☐	☐	• Dusting is done often, with a damp cloth, to avoid stirring up the dust.
☐	☐	• Vacuuming and other cleaning is done when children are not present.
☐	☐	• Integrated pest management techniques are used to limit amount of pesticide needed (for example, seal all cracks in walls, floors, and ceilings; eliminate clutter; keep food in airtight containers).
☐	☐	• Pesticides are applied properly, with adequate ventilation, when children are not present.
☐	☐	• Garbage is kept in tightly covered containers and removed promptly to outdoor enclosed trash area that is not accessible to children.
☐	☐	• Painting, repairs, or construction work is done when children are not present. Indoor spaces are protected from construction dust, debris, strong odors, and fumes.
☐	☐	• Shampooing of rugs and upholstery is done with low emission, fragrance-free products. They are dried thoroughly to prevent growth of mold and dust mites.

Ideas for improvement:____

____

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Family Day Care: Special Concerns

When children are cared for in "family day care" settings, they are exposed to things that are part of daily life in that household, some of which may be harmful for children with asthma. Parents and providers need to have honest discussions about these issues, which may involve sensitive matters. For example:

- Members of the provider's family may smoke cigarettes in the home, or wear strong perfumes or lotions.
- The family may have pets, or acquire new pets, to which the asthmatic child is allergic.
- The home may have a wood stove, fireplace, or space heater that produces particles or fumes that irritate sensitive airways.
- Home furnishings are likely to include upholstered chairs and sofas that contain dust mite allergen.
- Hobbies or home repairs may produce fumes or strong odors.

The habits and activities of a child care provider's family may need to be adjusted in order to provide a healthy environment for all children who spend time in the household. Parents of children with asthma need to find out whether asthma triggers are present. In some circumstances, they may need to make other child care arrangements. Child care centers housed in public or private buildings may also have limits on their ability to improve their indoor air quality and remove all asthma triggers.

This checklist was developed by the Asthma and Allergy Foundation of America/New England Chapter, with the support of a grant from the U.S. Environmental Protection Agency, Region I. 10/23/00. Revised 2013.

For more information visit:

Asthma and Allergy Foundation of America: www.aafa.org • 1.800.727.8462

Centers for Disease Control and Prevention: www.cdc.gov/asthma/triggers.html

Environmental Protection Agency: www.epa.gov/asthma/triggers.html

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Asthma and Allergy Foundation of America

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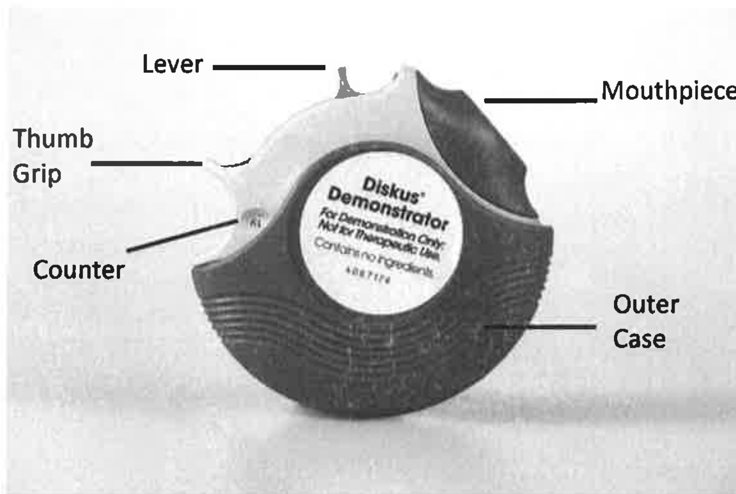
Diskus

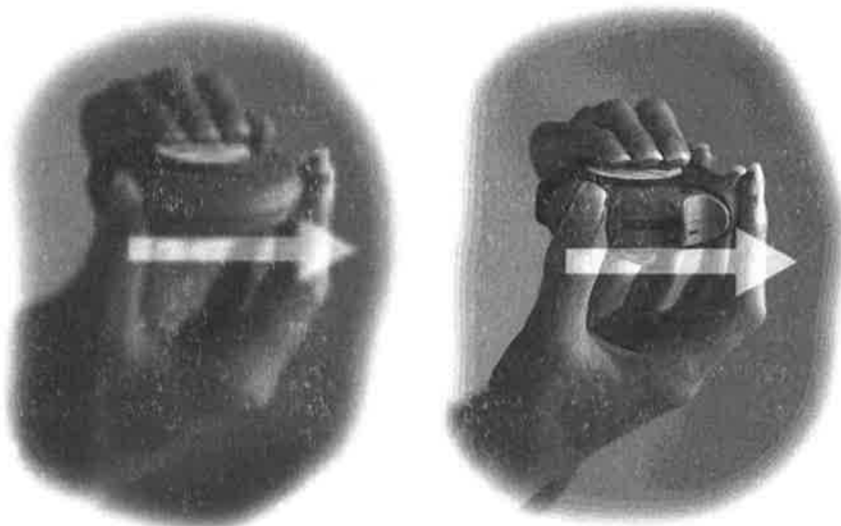
Medicines names: fluticasone (**FLOVENT**), fluticasone and salmeterol (**ADVAIR**)



The Diskus puts a fine dry powder medicine into the lungs. You must breathe in quickly and deeply to get the medicine into the lungs.

Step 1: Hold the Diskus flat in your left hand like a hamburger and put your right thumb on the thumb grip. Push the thumb grip away from you as far as it will go until it snaps in place and opens the Diskus. This will uncover the mouthpiece.

Step 2: Slide the lever until you hear it click. The number on the counter will count down by 1. The Diskus is now ready to use. Make sure you do not drop, close or tilt the Diskus before you breathe in the medicine. If you do, repeat steps 1 and 2 to load a new dose of medicine.



Step 3: Inhaling the medicine. Breathe out (exhale) as long as you can while holding the Diskus level and away from your mouth. Put the mouthpiece up to your mouth and make a tight seal with your lips. Breathe in fast and deep until your lungs are full. Remove the Diskus from your mouth and hold your breath for 10 seconds. You may or may not taste or feel the medicine. Do NOT take an extra dose from the Diskus even if you do not taste or feel the medicine. If you accidently blow into the Diskus, follow steps 1-2 to load a new dose of medicine.

Step 4: Close the Diskus. Put your thumb in the thumb grip and slide it back towards you as far as it will go until you hear it click. This covers the mouthpiece and resets the Diskus for the next scheduled dose. Keep your Diskus in a dry place at room temperature and do not get it wet. Make sure to brush your teeth and rinse your mouth with water after using the Diskus.

To watch a video on how to use the Diskus, visit: http://www.childrenscolorado.org/Diskus

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Author: Asthma Education Standardization | Approved by Patient Education Committee | Valid through 2019
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DISKUS® Inhaler Steps

1. Take the Diskus® out of the foil wrapper. Once the foil wrapper is opened, the Diskus® must be used within two months.
2. Hold the Diskus® level with one hand.
3. Place the thumb of the other hand on the thumb grip.
4. Push your thumb away from you until the Diskus® clicks. This will open the Diskus®, so you can see the mouthpiece.
5. Hold the Diskus® level and slide the lever away from you until the Diskus® clicks. This will load the medication. Keep the Diskus® level, so you don't lose the medication. Hold the Diskus® level and away from your mouth and gently breathe out. Never exhale into the Diskus®.
6. Seal your lips around the mouthpiece.
7. Inhale rapidly and deeply. Continue to take a full, deep breath.
8. Hold your breath for up to ten seconds. This allows the medication time to deposit in the airways.
9. Breathe normally.
10. Close the Diskus® by placing your thumb on the thump grip. Pull your thumb toward you until the discus clicks. The mouthpiece will be hidden and the lever will be re-set.
11. Rinse your mouth out with water and spit the water out (don't swallow it). Rinsing your mouth can cut down on some side effects, like a white coating on your tongue (a yeast infection called thrush), or a sore throat.

How to Tell When the Diskus® Is Empty:

- The Diskus® has a dose indicator on the top of the device. Numbers on the dose indicator show how many doses are left in the Diskus®.
- When there are five doses left in the Diskus®, the numbers on the dose indicator will turn red. This means the Diskus® is almost empty.
- When the red number is at 0, the Diskus® is empty. Start using a new Diskus®.

How to Care for Your Diskus®:

- Keep the Diskus® closed when not in use.
- Keep the Diskus® dry.
- The Diskus® does not need to be cleaned routinely. If the mouthpiece is dirty, wipe it with a cloth.

The Lung Association's How to use the Diskus® (2016) Retrieved 8/15/17 from https://www.lung.ca/lung-health/get-help/how-use-your-inhaler/diskus

How to Use a Diskus Inhaler Video https://www.childrenscolorado.org/doctors-and-departments/departments/breathing-institute/programs/asthma/how-to-use-a-diskus-inhaler/

Metered Dose Inhaler (MDI) Steps

1. Remove the cap from the inhaler.
2. Hold the inhaler with the mouth piece at the bottom.
3. Shake the inhaler. This mixes the medication properly.
4. Breathe out.
5. Place the mouthpiece in your mouth, with your lips sealed tightly around the mouth piece.
6. Press the inhaler, and at the same time, begin taking a slow, deep breath. Continue to breathe in slowly and deeply over 3 - 5 seconds. Breathing slowly delivers the medication deeply into the airways.
7. Hold your breath for up to ten seconds. This allows the medication time to deposit in the airways.
8. Resume normal breathing.
9. Repeat steps 4 - 9 when more than one puff is prescribed.

Metered Dose Inhaler (MDI) with Spacer:

1. Follow instructions, above, through Number 4.
2. Place the mouth piece of the spacer in your mouth, with your lips sealed tightly around the spacer mouth piece.
3. Press the inhaler once. The medication will be delivered into the spacer. At the same time, begin taking a slow, deep breath. Continue to breathe in slowly and deeply over 3 - 5 seconds. Breathing slowly delivers the medication deeply into the airways.
4. Follow instructions 7 – 9, above.

Metered Dose Inhaler (MDI) with Spacer and Face Mask*:

* Face mask should be used with children under the age of 7.

1. Follow instructions, above, through Number 4.
2. Hold the mask to the face, so that both the nose and mouth are covered. It is important to create a good seal between the face and mask, so that all medication will be delivered to the airways.
3. Press the inhaler once. The medication will be delivered into the spacer. At the same time, begin taking a slow, deep breath. Continue to breathe in slowly and deeply over 3 - 5 seconds. Breathing slowly delivers the medication deeply into the airways.
4. Follow instructions 7 – 9, above.

National Jewish Health. (2017). Metered Dose Inhaler (MDI). Retrieved 8/31/17 from https://www.nationaljewish.org/treatment-programs/medications/asthma-medications/devices/metered-dose

Children's Hospital Colorado. (2017). How to Use an MDI Inhaler Video Retrieved 9/15/17 from https://www.childrenscolorado.org/doctors-and-departments/departments/breathing-institute/programs/asthma/how-to-use-an-inhaler/

Metered Dose Inhalers (MDI) with Spacer and Mouthpiece

1. Remove the caps from the spacer and metered dose inhaler (MDI).
2. Shake the inhaler for 3-5 seconds.
3. If the inhaler is new, hasn't been used in a while, or has been dropped it needs to be primed. Spray 4 times to prime. This does not count as a dose of medication.
4. Connect the inhaler and the spacer.
5. Stand or sit up straight.
6. Breathe out, insert the mouthpiece between teeth and make a tight seal with your lips.
7. Press down on the MDI once to spray into the spacer.
8. Breathe in slowly & deeply through your mouth. YOU SHOULD NOT HEAR A WHISTLE.
9. If you hear a whistle you are breathing in too fast.
10. Hold your breath for 10 seconds. Breathe out normally.
11. Wait 1 minute and repeat steps 2-9 for each puff prescribed.
12. Remove the MDI from the spacer. Replace the cap on your MDI when finished.
13. If you are using an inhaled steroid, rinse your mouth or brush your teeth after each use.

To watch a video on how to use the MDI inhaler, visit:
http://www.childrenscolorado.org/MDI

Cleaning instructions:

- Clean the spacer once a week.
- Take apart the spacer.
- Rinse in warm soapy water.
- Rinse with clean water and air dry.
- Do not put the spacer in the dishwasher.
- Clean the small hole in the MDI once a week with a wet Q-tip.
- Replace the MDI when the counter reaches 000. It may continue to spray, but no medicine is coming out.

Metered Dose Inhalers (MDI) with Spacer and Facemask

*Facemask should be used with children under the age of 7.

1. Remove the caps from the spacer and metered dose inhaler (MDI).
2. Shake the MDI for 3-5 seconds.
3. If the inhaler is new, hasn't been used in a while, or has been dropped it needs to be primed. Spray 4 times to prime. This does not count as a dose of medication.
4. Connect the MDI to the spacer. Attach the mask to the mouthpiece of the spacer.
5. Stand or sit up straight.
6. Place the mask over your child's nose and mouth to make a tight seal.
7. Have your child breathe out.
8. Press the top of the MDI so that it sprays into the spacer. Only press one time.
9. Have your child breathe in and out for 10 seconds.
10. Wait 1 minute and repeat steps 2-9 for each puff prescribed.
11. Remove the MDI from the spacer. Replace the cap on your MDI when finished.
12. If your child used an inhaled steroid, wash their face and rinse mouth or brush teeth after each use.

Cleaning instructions:

- Clean the spacer once a week.
- Remove the mask and take apart the spacer.
- Rinse in warm soapy water.
- Rinse with clean water and air dry.
- Do not put the spacer in the dishwasher.
- Clean the small hole in the MDI once a week with a wet Q-tip.

Replace the MDI when the counter reaches 000. It may continue to spray but no medicine is coming out.

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Home "Acorn" Nebulizers

How do I use the Nebulizer?

1. Plug the compressor machine into an electrical outlet.
2. Open the nebulizer cup by twisting the top counter clockwise.
3. Pour the medication into the nebulizer cup. Then add saline, if recommended.
4. Replace the nebulizer top by twisting it clockwise until secure.
5. Plug one side of the clear plastic tubing into the compressor machine and the other side into the nebulizer cup.
6. Assemble the mouthpiece and attach it to the nebulizer (see Figure A). If using a mask, attach the mask to the nebulizer mask (see Figure B).
7. Place the mouthpiece in the child's mouth or put the mask on the child's face (make sure you have a tight seal).
8. Turn on the air compressor machine. A fine mist will come out of the nebulizer.
9. Breathe in and out normally, until the medicine is finished. This should take about 10 minutes.
   - If the child is able, instruct them to take an extra deep breath and hold it for 5-10 seconds every 10 breaths.

Key Points:

- The child should sit upright and be awake during the nebulizer treatment.
- If the nebulizer is not creating mist, pour out the medicine, rinse with sterile water and start over.
- When you hear the nebulizer make a sputtering noise, tap the cup so the droplets of medicine on the side can be nebulized.

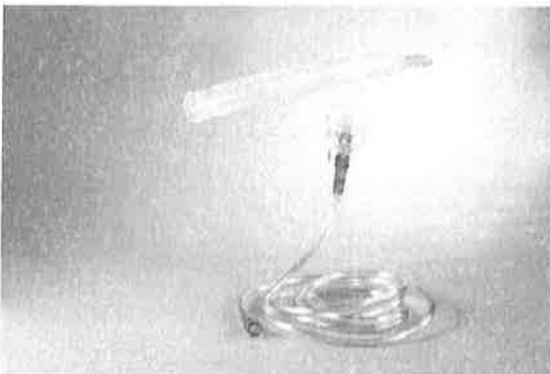

Figure A. Mouthpiece attached to the nebulizer.

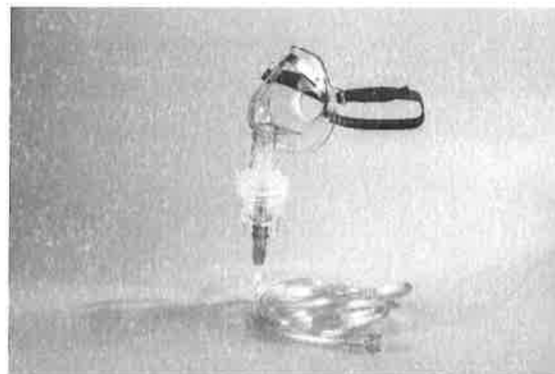

Figure B. Mask attached to the nebulizer.

To watch a video on how to use the Acorn Nebulizer, visit:
http://www.childrenscolorado.org/Acornneb

Equipment Maintenance:

1. **Cleaning:** After each treatment, take the nebulizer apart and wash with warm water and liquid dish soap. This includes the mask and/or mouthpiece. Rub off any "stuck on" mucus. Rinse all parts. Shake off the excess water and allow to air dry.
   - If the nebulizer is not rinsed after each treatment, the small holes inside the nebulizer will become clogged and will not make a mist.
   - It is not necessary to rinse the clear compressor tubing.

2. **Disinfecting:** At least once a week the nebulizer, mask, and/or mouthpiece should be disinfected by using the following method:
   - Soak in a solution of 1 part distilled white vinegar and 3 parts hot tap water for 1 hour.
     - After soaking, rinse all of the parts with sterile water and air dry.
     - You can make sterile water by boiling tap water for 10 minutes.

For any questions, please call 720-777-6181 and ask for a Respiratory Therapist.

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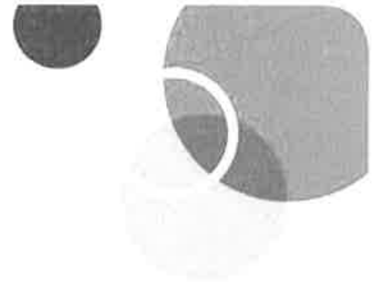

PARI LC+ Nebulizer

How do I use the PARI LC+ Nebulizer?

1. Plug the compressor machine into an electrical outlet.
2. Open the nebulizer cup by twisting the top counter clockwise.
3. Pour the medication into the nebulizer cup. Then add saline if recommended.
4. Replace the nebulizer top by twisting it clockwise until secure.
5. Attach the mask or mouthpiece to the nebulizer cup (see Figure A).
6. Plug one side of the clear plastic tubing into the compressor machine and the other side into the nebulizer cup.
7. Turn on the air compressor machine. A fine mist will come out of the nebulizer.
8. Breathe in and out normally until the medicine is finished. This should take about 10 minutes.
    - If the child is able, instruct them to take an extra deep breath and hold it for 5-10 seconds.

Key Points:

- The child should sit upright and be awake during the nebulizer treatment.
- If the nebulizer is not creating mist, pour out the medicine, rinse with sterile water and start over.
- If using a mask, do not attach the mask directly to the nebulizer cup. Attach the mask with an elbow or y-piece. Refer to the insert instructions included with the mask (see figure b.)
- When you hear the nebulizer make a sputtering noise, tap the cup so the droplets of medicine on the side can be nebulized.

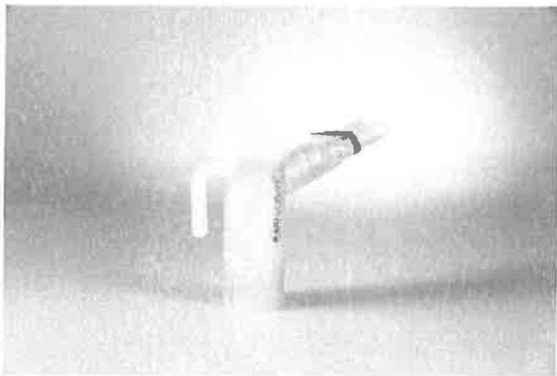

Figure A. Mouthpiece attached to the nebulizer cup

Figure B. Mask attached with an elbow or y-piece

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To watch a video on how to use the Pari Nebulizer with a mask, visit:
http://www.childrenscolorado.org/Parineb

Equipment Maintenance:

1. **Cleaning:** After each treatment, take the nebulizer apart and wash with warm water and liquid dish soap. This includes the mask and/or mouthpiece. Rub off any "stuck on" mucus. Rinse all parts. Shake off the excess water and allow to air dry.
    - If the nebulizer is not rinsed after each treatment, the small holes inside the nebulizer will become clogged and will not make a mist.
    - It is not necessary to rinse the clear compressor tubing.
2. **Disinfecting:** Once a week after cleaning, the nebulizer, mask, and/or mouthpiece may be disinfected by using ANY of the following methods:
    - Boil in a clean pot of water for a full 10 minutes OR
    - Soak in a solution of 1 part distilled white vinegar and 3 parts hot tap water for 1 hour.
        - After soaking, rinse all of the parts with sterile water and air dry.
        - You can make sterile water by boiling tap water for 10 minutes.

For any questions, please call 720-777-6181 and ask for a Respiratory Therapist.

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Nebulizer Treatment - How to Administer for Facilitators*

While not seen very often, there may be occasions when, children (especially younger ones) are prescribed nebulizer treatments. This procedure is delegated by a CCHC/SN to a specific individual (or individuals), for a specific child.

Definition: To nebulize means to convert a liquid into a fine spray.

- o The use of a mechanical nebulizer assists in the improvement of breathing by administering bronchodilators and/or anti-inflammatory medication directly into the lungs.
- o A nebulizer treatment is the delivery of an asthma medication through a mist inhaled into the lungs.
- o These treatments can be used for both quick relief and long-term asthma control.

- The CCHC/SN will assess the "Care Plan" and train staff on the use the nebulizer. There may be occasions when parents/guardians will request to come on-site to do the treatment.

- Following the 6 Rights of Medication Administration, ensure that you have the required documentation for administering medications to children in your care. This includes a completed "Asthma Care Plan", signed by the child's parent/guardian and the child's Health Care Provider.

- **Equipment Needed** (may vary by Manufacturer):

  - o Nebulizer machine (air compressor)
  - o Connection tubing
  - o Nebulizer "cup" with mouth piece or mask
  - o Medication (normal saline or other pre-measured medication)
  - o Watch or clock with a second-hand
  - o Be sure to read the instructions that come with the device to get a better understanding of how to use that specific device.

- For the Trainer's information, normal breathing rates at rest are as follows:
  - o Infant ------------------------30 to 55 breaths per minute
  - o Toddler-----------------------20 to 40 breaths per minute
  - o 3 - 5-Year-Old---------------20 to 30 breaths per minute
  - o School-Aged Child----------18 to 25 breaths per minute
  - o Adolescent-------------------12 to 20 breaths per minute

  Note: Unlicensed Assistive Personnel should not count respirations.

- Some children cough up mucous after nebulizer treatments. Normal mucous is usually white/clear and thin.
  If the mucous is thick and sticky, or yellow or green in color, that could indicate an infection. Report this to the parent/guardian.

- An Individualized "Health Care Plan" or Instructions Must Include the following:

  1. How often the treatment needs to be given.

  2. Description of specific measurable symptoms to observe.

- A blanket permission that states, "Give nebulizer treatment, as needed, per parent request", is **unacceptable**.

- These Two Examples Provide Clear Instructions:

  1. Give nebulizer treatment every 4 hours, for a period of 5 days. If coughing becomes more frequent, or there is wheezing present, contact the parent immediately for follow-up with the Health Care Provider.

  2. Give nebulizer treatment, as needed, every 4 hours, for persistent frequent coughing, wheezing, or respiratory rate greater than 40. Notify parent when treatment is given.

- The caregiver is not responsible for making "judgments" regarding when and if a treatment should be given.

- **Procedure for the CCHC/SN:**

  1. Check the written orders from the Health Care Provider.

  2. Check for written permission from the child's parent/guardian to administer the medication at school/child care.

  3. Find out what time the treatment was given by the parent.

  4. Observe, count, and document the child's breathing before treatment.
     Normal Breathing Rate at Rest:
     30-60 breaths/minute for a newborn
     20-40 breaths/minute for an infant < one year
     18-30 breaths/minute for a toddler
     16-25 breaths/minute for a school age child

  5. Wash your hands.

  6. Assemble the equipment near the child and a power source.

  7. Measure and pour the medicine. Then add the saline (or other diluent, ordered by Health Care Provider), into the nebulizer cup. **Note**: Some medicines are packaged in a "unit dose".

  8. Ask the child to sit upright in a comfortable position.

  9. Attach the nebulizer tubing to the air compressor and turn it on. A fine mist should be visible.
     Note: If the output from the nebulizer appears decreased, or the mist is not visible, unplug the machine. Check the tiny opening in the lower half of the nebulizer cup to see if it is clogged. If necessary, carefully run a clean safety pin through the opening a couple of times, and rinse well.

  10. Ask the child to place the mouth piece into his/her mouth and breathe in and out through the mouth. An infant or toddler may use a mask instead.
      Note: Sometimes a Health Care Provider will recommend a "blow-by" technique. This technique is done by placing the mist very close to the child's nose and mouth, usually

while he/she is being still with an activity (e.g., coloring, looking at a book, or while they are napping).

11. About every two minutes, ask the child to take an extra deep breath, hold the breath briefly, and then exhale. Resume normal breathing for a few more minutes before doing this again. This allows the medicine to remain in the lungs longer.

12. Observe the child for any adverse reactions, such as wheezing (bronchospasm). If the child coughs during the treatment, remove the mouth piece or mask, and allow the child to finish coughing.

13. Continue the procedure until all the medication fluid is nebulized.

14. The treatment is finished when the fine mist is no longer visible and the fluid is gone from the nebulizer cup. This usually takes 8-10 minutes.

15. Turn off the machine. Observe, count, and document the child's respiratory rate. (Review Step #3, above, for normal breathing rates.)

16. Ask child to wash his/her hands and rinse out their mouth with water.

17. Wash your hands.

18. **DOCUMENT:**
    - Date and time administered.
    - Breathing rate before and after the treatment.
    - Any observations (e.g., cough, secretions, skin color, activity, etc.).
    - Initial the log.

    Note: Some children cough up mucous after breathing treatments.

19. Observe color and thickness of the mucous. Normal secretions are usually white/clear and thin. Thick and sticky mucous that is a yellow or green color may indicate infection. Report this to the parent.

20. After each treatment, rinse the nebulizer cup, mouth piece, or mask under hot running water. Allow the pieces to air-dry on a clean paper towel or cloth. When dry, store in a clean plastic bag that can be closed. A more complete cleaning is needed, if 3-4 treatments are given per day. Do not clean or rinse tubing. Store it with the nebulizer cup and mouth piece.

21. Send the nebulizer machine home with parent/guardian for regular cleaning and maintenance.

Children's Hospital Colorado. (2017). How to Use an Acorn Nebulizer with Mouthpiece Video (n.d.) Retrieved 7/717/17 from https://www.childrenscolorado.org/doctors-and-departments/departments/breathing-institute/programs/asthma/how-to-use-an-acorn-nebulizer/

Children's Hospital Colorado. (2017). How to Use a Pari Nebulizer with Mask Video (n.d.) Retrieved 7/17/17 from https://www.childrenscolorado.org/doctors-and-departments/departments/breathing-institute/programs/asthma/how-to-use-a-pari-nebulizer/

*Nebulizers are no longer part of routine Medication Administration Training. The Child Care Health Consultant (CCHC) or School Nurse (SN) can make the decision to train individually, based on the situation, and will need to document training and delegate these procedures separately.

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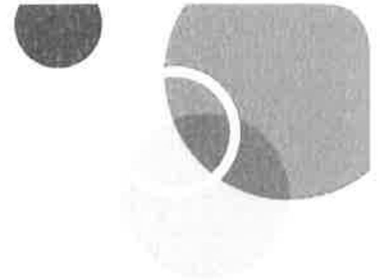

How to Use a Peak Flow Meter

A peak flow meter is a portable, easy to use tool that measures how well your lungs are working. A peak flow meter is a tool to help see if your asthma is controlled.

1. **Before each use, make sure the sliding marker is at the bottom of the numbered scale.**

2. **Stand or sit up straight. Take a deep breath. Put the mouthpiece between your teeth and close your lips tight. Do not put your tongue into the mouthpiece.**

3. **In one breath, blow out as hard and fast as you can. The sliding marker will move up the scale. Repeat this test three times. Record the HIGHEST of the three numbers on your peak flow chart.**

When to use a Peak flow meter:

- When you first start checking your peak flow readings—take them daily for 2-3 weeks at the same time in the afternoon to help find out what your "Personal Best" number is.
- When you have asthma symptoms, a cold, or other sickness that changes your breathing.
- When you need to use quick-relief (rescue) medicine, like albuterol. Check your peak flow before you take your quick-relief medicine. Then check it again after 20 minutes.

When your Peak Flow Measurement is part of your Asthma Action Plan:

Your Asthma Action Plan lists what medicines to take and when to take them. It uses three color-coded zones: green, yellow or red, like a stoplight. Symptoms and peak flow numbers can help you judge whether your asthma is controlled or not.

- **Green Zone:** 80 to 100 percent of your "Personal Best" peak flow number. All systems "go." You are relatively free of symptoms. Keep up your current daily asthma plan.
- **Yellow Zone**: 50 to 80 percent of your "Personal Best" peak flow number.

  "Use Caution," as your asthma is worsening. Use your quick-relief (rescue) medicine, like albuterol, and repeat peak flow. If still in the yellow zone, call your healthcare provider for help.
- **Red Zone**: Below 50 percent of your "Personal Best" peak flow number.

  HEALTH ALERT! Repeat the use of your quick-relief (rescue) medicine, like albuterol.

  If you are still in the red zone, call your healthcare provider right away or go to a hospital ER.

RespiClick Inhaler

Medicines: ProAir (Albuterol sulfate)

The RespiClick is an inhaler that puts a dry powdered medicine into your lungs. **You don't need to use a spacer with this type of inhaler.**

How to use the RespiClick inhaler:

1. OPEN

- Hold the inhaler upright as you open the cap fully
- Open the cap all the way back until you hear a "CLICK"
- Your RespiClick is now ready to use

2. INHALE

- Don't let your lips or fingers block the vent above the mouthpiece.
- Hold your breath for 10 seconds.
- Remove the inhaler from your mouth and check the counter on the back of the inhaler to make sure you got the dose

3. CLOSE

- Always close the cap after each inhalation so your inhaler will be ready for your next dose.
- If you need another dose, close the cap and repeat all the steps.

ADDITIONAL INFORMATION ABOUT THE RESPICLICK INHALER:

- **Don't use a spacer (or valved holding chamber) with the RespiClick inhaler.**
- Make sure the cap is closed before each dose.
- Don't open the cap unless you are taking a dose.
- When using a dry powder inhaler, you may not taste the powder and you may not feel the medicine being delivered.
- If the mouthpiece needs cleaning, wipe it with a dry cloth or tissue. Don't wash.
- The RespiClick contains a powder and must be kept dry. Store at room temperature and avoid exposure to extreme heat, cold or humidity.
- There is a counter at the back of the inhaler. When the counter reads 0, the RespiClick is empty and should be thrown away and replaced with a new RespiClick.

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The information presented is intended for educational purposes only. It is not intended to take the place of your personal doctor's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call or consultation or advice of your doctor or other health care provider.

About The Sample Forms Packet:

The packet of sample forms can be emailed for free or purchased at $5.00 by calling 303.914.6307.