

Guidelines for
Child/Student Focused Medication Management
(CSFMM)
In Preschool and School Settings



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Philosophy

The guiding principle for the management of medication in preschool/school facilities is the belief that the safe management of medication with children should:

- Be developmentally appropriate (see Appendix A: Developmental Considerations for Medication Management)
- Promote self management
- Lead to maximized learning potential for the child/student
- Provide the framework to support preschool/school facility staff in their medication management role
- Lead to medication compliance

All physician prescribed medications given at preschool/school facilities should be managed in accordance with the guidelines for **Child/Student Focused Medication Management (CSFMM)**. The guidelines apply to short term and long term medication administration or monitoring, as well as emergency medications. These guidelines do not apply to over the counter or herbal medications.

The purpose of the **Child/Student Focused Medication Management (CSFMM) Plan** is to clearly outline partner's (parents, preschool/school facility staff, children and community care and health nurse) roles. Each partner's role is important to ensure child/student safety and well-being.

- Parents are the link between their child, the physician, and the preschool/school facility. Parents need to ensure that accurate, complete information about their child's medication management is shared with all partners.
- Preschool/school facility staff are critical to implementing the CSFMM Plan in preschool/school facilities. Preschool/school facility staff need to ensure that the CSFMM Plan aligns with medication management policies in their jurisdiction.
- The child/student is also a partner in managing their medication needs within the preschool/school facility. The child/student's role ranges from full reliance on an adult to 'self-managing their medication with adult supervision' depending on their age, cognitive level and developmental stage. See Appendix: Developmental Considerations for Medication Management.
- Community Care/Community Health Nurses are available to support, advise, and advocate for CSFMM Plans.

The CSFMM Plan is designed to be flexible to suit a variety of situations. All children/students requiring medication management for physician prescribed medications should have a CSFMM Plan to ensure that their medication information is complete and accurate. A plan should be developed by the family and preschool/school facility in consultation with a health care professional if appropriate. The CSFMM Plan should be updated at least once a year. A copy of the CSFMM Plan should be provided to all partners.

- Medication management guidelines are intended to support preschool/school staff in administration/monitoring of prescribed medications during site/school hours.
- These guidelines are based on a review of the literature and current practices.
- Every effort should be made to administer/monitor medications outside of site/school hours (e.g. adjusting dose times to occur outside site/school hours).
- These guidelines apply to physician prescribed medication only, not over the counter or herbal medication.
- **Children at risk for anaphylactic reactions require an emergency medication management plan.**

Definitions

Safe medication administration depends upon clear and open communication. Having a common set of definitions as suggested below, ensures a common understanding between partners.

<i>Child/Student Focused Medication Management (CSFMM) Plan</i>	A written plan providing clear details of physician prescribed medications to be given or monitored for a specific child/student and agreed upon by the parent and preschool/school facility staff.
<i>Medication Management</i>	Administration and monitoring of physician prescribed medication.
<i>Administration of Medication</i>	Preparing and giving medication.
<i>Monitoring of Medication</i>	Observing a child/student who is self-medicating and/or ensuring medication is taken.
<i>Therapeutic Effect of Medication</i>	Desired outcome of taking medication.
<i>Side Effect of Medication</i>	Undesirable effect of medication.
<i>Community Care Nurse</i>	Nurses who provide support to medically complex children at home, in preschool or school sites. (e.g. Home Care Nurse)
<i>Community Health Nurse</i>	The Alberta Health Services school nurse assigned to the school. For preschool services contact Community Health Services at 780-735-3030.
<i>Emergency Medication Management Plan</i>	Children who have prescribed emergency medications should utilize a CSFMM plan.

Goals of the Child/Student Focused Medication Management (CSFMM) Plan

To increase the skills and confidence of preschool/school facility staff managing physician prescribed medications that may be required by children/students during site/school hours.

To provide guidelines for the safe and consistent management of physician prescribed medications in the preschool/school facility setting.

To involve the child/student in self-medication and increase their sense of control regarding their personal health and well-being, where appropriate.

To promote communication between the home and preschool/school regarding prescribed medication management.



DEVELOPING A CHILD/STUDENT FOCUSED MEDICATION MANAGEMENT (CSFMM) PLAN

PARENT ROLE	PRESCHOOL/SCHOOL STAFF ROLE	CHILD/STUDENT ROLE	COMMUNITY CARE/COMMUNITY HEALTH NURSE ROLE
<ul style="list-style-type: none"> • Manage medication outside of preschool/school whenever possible. • Ask doctor or pharmacist to schedule medication so that a minimum number of doses are given at preschool/school. • Develop a communication plan with preschool/school. • Communicate with preschool/school staff to discuss medication needs and effects. • Review the medication management prepackage information and complete the Child/Student Focused Medication Management Plan and Parental Consent. • Request single dose packaging from pharmacist when appropriate and feasible. • Suggest methods of giving medication or any special tips to prepare medication that have been effective at home. • Discuss the need for medication to be given at preschool/school with your child. Include as many details as possible. • Notify the preschool or school in writing of all changes for medication given at preschool/school site e.g. dosage, new medication or discontinued medication. • Confirm by phone that all written documentation has reached the preschool/school site. • Ensure an emergency medication management plan is in place if your child is at risk of anaphylactic reaction. 	<ul style="list-style-type: none"> • Ensure parents are aware of the Medication Management guidelines. • Meet with the child/student and parent(s) to complete a Child/Student Focused Medication Management Plan as needed. • Keep a copy of the plan in preschool/school office/student file. • Assign the person who will administer the medication; introduce this person to the child/student and parent(s). • Develop systems to document and store medication e.g. consent, medication cup, medication record sheet. • Maintain written documentation of all medication changes. • Request information and training as necessary to carry out medication administration activities and manage anaphylactic reactions. • Ensure all preschool/school staff that has contact with the child/student is aware of the child/student's condition (e.g. teachers, supervisors or substitute teachers and support staff) as appropriate. • Ensure at least an annual review and update of the Child/Student Focused Medication Management Plan. 	<ul style="list-style-type: none"> • Be aware of the need for medications in the preschool/school facility, where appropriate. • Participate in the development and revision of the medication management plan as appropriate. See Appendix: Developmental Considerations for Medication Management. 	<ul style="list-style-type: none"> • Advocate for child/student or preschool/school to develop a medication plan, as required. • Support medication management training and information for preschool/school staff, including the following topics: <ul style="list-style-type: none"> • therapeutic and side effects of medication • medication storage • administration and monitoring of medication • documentation of medication changes • EpiPen usage • managing anaphylactic reactions • developing emergency medication management plans.

SAFETY CONSIDERATIONS

PARENT ROLE	PRESCHOOL/SCHOOL STAFF ROLE	CHILD/STUDENT ROLE	COMMUNITY CARE/COMMUNITY HEALTH NURSE
<ul style="list-style-type: none"> • Provide medication doses for the preschool/school in the original container with the current pharmacy label identifying: child/student's name, drug, dose, time, and route. • Provide the medication, whenever possible, in single dose units. • Provide pharmacy drug information sheets outlining medication's therapeutic effects and signs and symptoms of potential side effects. • Replace/refill medication before expiry date to avoid missed doses. • Provide medication updates at least once a year and when medication is changed e.g. type, dosage, administration schedule. • Develop a plan of action in the event of side effects. • Provide instructions about what to do if a dose is late or missed. • Provide information on when medications are given at home. 	<ul style="list-style-type: none"> • Assign one person to manage medication for all children/students OR assign one designate for each child/student receiving medication. • Identify a trained alternate person to give medication if designate is unavailable. • Select staff that is directly involved with the child/student and comfortable with the role and tasks. • Attach drug information sheets to Child/Student Focused Medication Management Plan and Parental Consent. • Know the medication's therapeutic and side effects. • Know the action plan to address side effects. • Refer to Medication Preparation and Administration and Monitoring section. 	<ul style="list-style-type: none"> • Communicate any side effects to preschool/school facility staff and parents as able. 	<ul style="list-style-type: none"> • Upon request, provide consultation support in the event of medication side effects. • Provide orientation (as needed) to preschool/school staff about importance of safety checks when administering medications.

LOCATION OF MEDICATION

PARENT ROLE	PRESCHOOL/SCHOOL STAFF ROLE	CHILD/STUDENT ROLE	COMMUNITY CARE/COMMUNITY HEALTH NURSE ROLE
<ul style="list-style-type: none"> • Ensure child/student and preschool/school staff are aware of the importance of keeping medications needed for emergencies with child/student at all times e.g. asthma attacks. • Ensure that preschool/school staff is aware of medication storage guidelines e.g. refrigerate or keep away from light. • Plan on when to remove medications from the school and dispose according to recognized guidelines. 	<ul style="list-style-type: none"> • Allow children to carry medications needed for emergency situations (asthma inhalers, EpiPens) with them at all times as appropriate for the child/student's ability. • If the child/student is not able (due to age or level of functioning) to manage their medication, preschool/school staff should carry the medication. • Store non-emergency prescribed medications in a central locked cabinet that is not accessible to children/students as age appropriate. See Appendix: Developmental Considerations for Medication Management. • Place medications requiring refrigeration in a clearly marked, locked container in the refrigerator. • Return unused medication to the parent. • Plan for medication administration when the children are off site (e.g. field trips). See "Recommendations for Off-Site Medication Administration". 	<ul style="list-style-type: none"> • Keep medications needed for emergency situations (asthma inhalers, EpiPens) with you at all times, as appropriate. • Know how and when to take your medication, as appropriate. • Know who to talk to about your medication, as appropriate. 	<ul style="list-style-type: none"> • Advocate for child/student to carry their emergency medications, as appropriate.

MEDICATION PREPARATION

PARENT ROLE	PRESCHOOL/SCHOOL STAFF ROLE	CHILD/STUDENT ROLE	COMMUNITY CARE/COMMUNITY HEALTH NURSE ROLE
<ul style="list-style-type: none"> • Request single dose packaging from the pharmacist when appropriate and feasible. 	<ul style="list-style-type: none"> • Check Medication Management Record to ensure timing and dosage are correct. • Wash hands before preparing medications. • Confirm that medication identified on the container label, Medication Management Record and Child/Student Focused Medication Management Plan Consent are the same. • Read label three times while preparing medication: <ol style="list-style-type: none"> 1. <i>When removing from storage.</i> 2. <i>Before removing from container.</i> 3. <i>After removing from medication container.</i> • Prepare only one child/student's medication at a time. • Clean and put away preparation supplies when administration is completed. 		

MEDICATION ADMINISTRATION OR MONITORING

PARENT ROLE	PRESCHOOL/SCHOOL STAFF ROLE	CHILD/STUDENT ROLE	COMMUNITY CARE/COMMUNITY HEALTH NURSE ROLE
<ul style="list-style-type: none"> • Instruct child/student not to share medication with anyone. 	<ul style="list-style-type: none"> • Make every effort to provide for the child/student's privacy when taking medication. • Explain to the child/student what you will do before you do it. • Ensure you have the five "<i>rights</i>": <ol style="list-style-type: none"> 1) <i>right</i> child/student 2) <i>right</i> medication 3) <i>right</i> dose 4) <i>right</i> time 5) <i>right</i> route (e.g. by mouth) • Acknowledge child/student and tell them when the next dose is due. • Wash hands after administering medications. 	<ul style="list-style-type: none"> • Participate in the medication process as outlined in the Child/Student Focused Medication Management Plan. See Appendix: Developmental Considerations for Medication Management. • Talk to the person who is giving your medicine if you are not feeling well before taking medicine. • Do not share medication with <u>anyone</u>! • Tell the person who is giving you your medicine if it looks different or if you have already had it. 	

RECORDING

PARENT ROLE	PRESCHOOL/SCHOOL STAFF ROLE	CHILD/STUDENT ROLE	COMMUNITY CARE/COMMUNITY HEALTH NURSE ROLE
<ul style="list-style-type: none"> Communicate to preschool/school staff any changes in child/student's medication plan e.g. errors, missed doses, discontinued medication, side effects. 	<ul style="list-style-type: none"> Immediately after administering medication, record the medication name, dose, and administration time on the Child/Student Focused Medication Management Record. Initial the appropriate date box and sign the bottom of the sheet. Record side effects, missed doses or errors immediately in the comments section on the Medication Management Record. Communicate immediately to the parent any errors, missed doses or observed side effects. Record medication changes in red ink, date and initial the change. 		

Recommendations for **Off-Site Medication Administration**

Managing a child/student's medication needs during preschool/school facility hours requires planning and cooperation between home and preschool/school. Managing medication needs while off-site (e.g. fieldtrips) during preschool/school facility hours requires even greater planning. The following recommendations are provided to assist meeting a child/student's medication management needs outside the regular preschool/school environment.

A. Equipment:

- Plastic or metal container with a lockable lid (with carrying handle, if possible).
- Insulated bag with an ice pack for medications requiring refrigeration.
- Supply of disposable cups stored in plastic wrapping or a ziplock bag.
- Supplies or plan for unique administration needs e.g. water, yogurt to take with medication.
- Supply of paper towels to provide clean area for medication preparation.
- A binder or duotang to carry child/student's original **Child/Student Focused Medication Management Record**.

B. Procedures:

- Keep all physician prescribed medications in their original container and placed in the lockable container until needed.
- **Ensure all physician prescribed medications required for emergency situations are kept with the child/student.**
- Find a quiet area for administering/monitoring medication.
- Designate a trained preschool/school staff member to manage off-site medication administration, medication container and medication documenting and records.
- Prepare one child/student's medication at a time.
- Check the **Child/Student Focused Medication Management Record** to ensure the medication has not already been given.
- Place a clean paper towel on a clean level surface.
- Check the label three times while preparing the medication. (When removing from storage, before removing medication from container, and after removing medication from container.)
- Check the five "rights" (right child/student, right medication, right dose, right time and right route).
- Give the child/student their prescribed medication.
- Replace any remaining medication in the lockable container.
- Initial and sign the medication as 'taken' or 'not taken' on the child/student's individual **Child/Student Focused Medication Management Record**.

Resources

The following resources were invaluable sources of information in the development of this document.

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Forms



To: Parent or Guardian

Re: **Request for medication to be given at preschool/school**

Some children may be required to take physician prescribed medication while they are at preschool/school. To ensure the safe medication management, each child/student should have his/her own **Child/Student Focused Medication Management** Plan. This plan will be developed in a meeting with preschool/school staff and the parent/guardian.

Before this meeting, please:

1. Consult with your child's physician and/or pharmacist to determine if medication(s) can be managed outside of preschool/school facility hours. If this is not possible, a meeting to develop a **Child/Student Focused Medication Management** Plan must be arranged with the preschool/school staff. Ask the pharmacist to provide you with the Pharmacy Information sheet to provide to the school.
2. Read the information in this package.
3. Complete the parent section of the **Child/Student Focused Medication Management (CSFMM) Plan**. Use the pharmacy label on your child's medication and the pharmacy information sheet.
4. Complete and sign the **Child/Student Focused Medication Management Parental Consent**.
5. Return the completed forms to (add the name of the person who will lead the **Medication Management** process) and arrange a time to meet about the CSFMM.

Preschool Staff/School Principal

**Child/Student Focused Medication Management
Parent/Guardian Consent**

Child/Student's Name: _____
(Last/First)

Date of Birth: _____ Male Female
(Day/Month/Year)

PLEASE PRINT CLEARLY

Parent/Guardian Name _____ **Parent/Guardian Name** _____
Phone (home) _____ (work) _____ Phone (home) _____ (work) _____
Pager/Cell _____ Pager/Cell _____

Emergency Contact Name _____
Phone (home) _____ (work) _____
Pager/Cell _____

Pharmacy Name _____
Phone _____

Pharmacy Name _____
Phone _____

The information you provide will be kept confidential. This information will assist the preschool/school facility staff to respond appropriately to your child/student's medication management needs. All information provided will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act and the Health Information Act (HIA), as applicable.

I request that preschool/school facility staff administer/monitor my child's medication as outlined in **the Child/Student Focused Medication Management Plan** for my child.

I will give the preschool/school the physician prescribed medication in its **original** container with the current **pharmacy label attached**.

The medication dose schedule has been planned such that a minimum number of doses will be given at preschool/school.

Medication and refills will be supplied to the preschool/school when necessary.

Signature of Parent/Guardian: _____ Date: _____

Signature of Preschool/School Staff: _____ Date: _____

Child/Student Focused Medication Management Plan

This plan is intended for physician prescribed medications only.

Child/Student's Name: _____
(Last/First)

Date of Birth: _____ Male Female
(Day/Month/Year)

Please print clearly. Do not use abbreviations. Update annually.

	Medication #1 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication #2 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication #3 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor	Medication #4 <input type="checkbox"/> Administer <input type="checkbox"/> Monitor
Received medication in original container	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Information sheets provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of medication				
Therapeutic effect(s) of medication				
Possible side effect(s) of medication				
Plan of action for possible side effect(s)				
Medication Dose				
Route of administration (e.g. by mouth)				
Time(s) medication to be given at preschool/school facility				
Start date of medication				
Finish or review date of medication				
COMPLETED DURING MEETING	Medication location for administration/monitoring			
	Name of staff person to administer/monitor medication			
	Name of alternative staff to administer/monitor medication			
	Special Instructions (Please attach pharmacy information sheet)			

Parent Name: _____ Signature: _____ Date: _____

Staff Name: _____ Signature: _____ Date: _____

Other: _____ Signature: _____ Date: _____

Child/Student Focused Medication Management Plan

This plan is intended for physician prescribed medications only.

Child/Student's Name: Smith, John.
(Last/First)

Date of Birth: 06/Jan/1993 Male Female
(Day/Month/Year)

Please print clearly. Do not use abbreviations. Update annually.

Please print clearly. Do not use abbreviations. Update annually.					
	Medication #1	Medication #2	Medication #3	Medication #4	
	<input checked="" type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	<input type="checkbox"/> Administer <input type="checkbox"/> Monitor	
Received medication in original container	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication information sheets provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of medication	Ritalin Methylphenidate				
Therapeutic effect(s) of medication	Focused Calm				
Possible side effect(s) of medication	Vomiting Tremors Convulsions				
Plan of action for possible side effect(s)	Call parent Convulsions: call 911 & call parent				
Medication Dose	5 milligrams x 3 daily				
Route of administration	Mouth				
Time(s) medication to be given at preschool/school facility	Morning/afternoon recess-30 minutes before lunch (use actual times)				
Start date of medication s	Sept. 17, 2000				
Finish or review date of medication	January, 2001				
COMPLETED DURING MEETING	Medication location for administration/monitoring	Locked cupboard in Room 11			
	Name of staff person to administer/monitor medication	Mary Jones Secretary			
	Name of alternative staff to administer/monitor medication	Lori Diamond Home Room Teacher			
	Special Instructions (Please attach pharmacy information sheet)	None			

SAMPLE

Parent Name: Joan Smith Signature: _____ Date: _____

Staff Name: Jane Doe Signature: _____ Date: _____

Other: _____ Signature: _____ Date: _____

Child/Student Focused Medication Management Record

Child/Student Name: _____
(Last/First)

Date of Birth: _____ Male Female
(Day/Month/Year)

Medication	Dose	Time	Date: Month _____ Year _____																

Date	Comments	Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Administered/monitored by:

Print Name: _____	Signature: _____	Initials: _____
Print Name: _____	Signature: _____	Initials: _____
Print Name: _____	Signature: _____	Initials: _____

Child/Student Focused Medication Management Record

Child/Student Name: Doe, John
 (Last/First)

Date of Birth: 06 January 1993 Male Female
 (Day/Month/Year)

Medication	Dose	Time	Date: Month <u>September</u> Year <u>2001</u>																		
			17	18	19	20	21	24	25	26	27	28									
Ritalin	5 mgm	Morning Recess	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS								
Ritalin	5 mgm	Lunch	JS	JS	Ⓢ	JS	JS	JS	JS	JS	JS	JS	JS								
Ritalin	5 mgm	Afternoon Recess	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS	JS								

SAMPLE

Date	Comments	Initials
<u>19-Sept-2001</u>	<u>Vomited following medication. Parents contacted.</u>	<u>JS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Administered/monitored by:

Print Name: Joan Smith (Staff) Signature: Joan Smith Initials: JS

Print Name: _____ Signature: _____ Initials: _____

Print Name: _____ Signature: _____ Initials: _____

Appendix - Developmental Considerations for Medication Management

Medication Management
(Adapted from B.C. Ministry of Health)

Children reach developmental milestones at different chronological ages. The following growth and development milestones are provided to assist in developing an individualized child/student health plan that incorporates the child/student as fully as their abilities allow. Children with cognitive/developmental delays should be encouraged to participate to the best of their abilities.

Overall Guidelines:

- Encourage normalcy
- Maintain confidentiality
- Practice honesty
- Involve the child/student
- Keep preschool/school routine disruption to a minimum
- Allow child/student to assume responsibility for their care as developmentally and physically appropriate

Age	Characteristics	Relevant Points
0 - 5	<ul style="list-style-type: none">• variable	<ul style="list-style-type: none">• younger preschooler – unable to assist with medication plan• older preschooler will be able to assist with some aspects of the medication plan
5 - 7	<ul style="list-style-type: none">• can follow rules, directions• wishes privacy• developing manual dexterity	<ul style="list-style-type: none">• finds it difficult to leave activities• will be able to assist with some aspects of the medication plan
8 - 9	<ul style="list-style-type: none">• may be able to tell time• beginning to understand safety• self confidence increasing	<ul style="list-style-type: none">• fine motor control improving• more independent• developing good health habits
10 - 13	<ul style="list-style-type: none">• good coordination• able to look after own needs• wants independence• needs ownership in decision making	<ul style="list-style-type: none">• may begin planning and doing own procedures in care• involve in plan development
14 - 15	<ul style="list-style-type: none">• gains maturity and control• needs autonomy• able to problem solve	<ul style="list-style-type: none">• needs independence• needs to fit in with peers• involve in care plan
16 - 19	<ul style="list-style-type: none">• depth in reasoning• reasons deductively• comprehensive problem review• more emotionally stable	<ul style="list-style-type: none">• independent• any assistance required may be related to special health challenges