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Quality Assurance Evaluation for School Personnel Assisting Students to Self Administer Medication

	School Name	_School	Year	
	Evaluator:	_Date of	Eval.	
	Primary Medical Records Clerk:Date Sub	mitted:_		
Me	dication Binder Organization/Staff Training and Security	NA	Υ	N
1.	The Medication Binder is arranged in A –Z order			
2.	Quality Assurance evaluation is completed by the Medical Records Clerk & School Nurse			
3.	All current staff Training Certificates in Medication Binder			
4.	All current staff General EpiPen Training Certificates in Medication Binder			
5.	All current staff student specific Training Sign Off sheets filed in Medication Binder			
6.	Current copies of Monthly H S A Reports are filed in Medication Binder			
7.	Quality Assurance Evaluation for October [] February [] in Medication Binder			
8.	A sealed copy of the School Health Problem List in Medication Binder			
9.	Number of staff trained to assist student's to self administer medication this year			
10.	Number of staff currently assisting students to self administer trained in other years			
11.	Number of staff assisting students to self administer medication without training			
12.	Medication stored in locked and secure location (explain on back)		<i>,,,</i>	A*
Res	ponsibility and Accountability	NA	Υ	N
Pre	scription Medication	100 mg/s/ 100 mg	ANN T	
1.	Separate MAR sheet for each medication in MAR binder per guidelines			
2.	Separate Parent authorization in MAR binder for each medication per guidelines			
3.	Pharmacy label matches parent authorization and MAR sheet per guidelines	\neg		
4.	Prescription Pain Medication on campus (name drug on back)	_		\vdash
5.	MDI chimney is labeled with student name			
J.	TVIDI CHIMINEY IS labeled With Student Haine	_		
Ove	er the Counter Medication			
Sep	arate Parent Authorization and MAR sheet on file for each OTC medication			
Ехр	iration date noted on each Parent Authorization			
	dication labeled with student name that does not obscure mfg. label			
	ommendation for # of OTC doses followed	_		
	dication Administration Record Sheet Documentation	NA	Y	N
1.	Medication binder with MAR sheets and Parent Authorization in place		т .	<u> </u>
2.	Medication binder kept in secure location	-+-	-	$\overline{}$
3.	Medication binder kept in secure location Medication binder is being used (if No, explain what is used and how it is used on back)			
4.				\vdash
	MAR sheet heading properly and completely filled out		 	
5.	Staff signature and matching initials on each MAR sheet		-	
6.	MAR is signed off when medication is actually taken			
7.	Proper documentation on MAR			
8.	MAR reflects actual time medication is taken			\sqcup
9.	MAR codes are utilized and appropriately recorded			
10.	MAR reflects appropriate documentation if codes are used			
11.	MAR is checked daily for missed doses of medication and student no shows			
12.	Late dose procedures are followed and documented			
13.	Exceptional events and parent contact documented on back of MAR sheet			
	Variance forms are appropriately completed and routed			
			1	

Medication is counted and or or signed by 2 adults when received .More than 2 wks. supply of medication accepted with Administrative approval .More than 2 wks. supply of medication accepted w/o Administrative approval .More than 2 wks. supply of medication accepted w/o Counting to verify amount ontrol for accepting 2 wks. supply of medication accepted w/o counting to verify amount ontrol for accepting 2 wks. supply of medication accepted w/o counting to verify amount ontrol for accepting 2 wks. supply of medication is received, amount is verified and occumented on the MAR sheet and the MAR sheet is co-signed by both adults roper Procedure for Handling and Assisting Student's to Self Administer Medication .Oral medication is poured from prescription bottle to cap or cup .Medication is taken from the bottle when student reports .Medication is taken from the bottle when student reports .Student takes and swallows medication before leaving medication area pi Pen Information # in office # w Teacher # w student # other Total # .Epi Pens on hand [] [] [] [] .How many students have more than 1 EpiPen (#) .Assessment and documentation on file for students permitted to carry EpiPen Assessment and occumentation on file .Expiration dates checked and noted on the MAR/Parent Authorization/SAP .Student specific training completed by the school nurse .Severe Allergy Plan in medication Binder iastat Information: .How many students have Diastat on hand .How many students have a full time nurse available to administer Diastat – (#) .Student specific training completed by the school nurse .Severe Allergy Plan in medication Binder iastat Information: .How many students have a full time nurse available to administer Diastat – (#) .Students with Diastat have current physician orders and an IHP – (if no explain on back) .How many students have a full time nurse available to administer Glucagon (#) .Students specific seizure training conducted by the school nurse ilucagon Informatio			
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