

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 Submitted: _____

Medication Binder Organization/Staff Training and Security	NA	Y	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)			

Responsibility and Accountability	NA	Y	N
Prescription Medication			
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			
4. Prescription Pain Medication on campus (name drug on back)			
5. MDI chimney is labeled with student name			
Over the Counter Medication			
Separate Parent Authorization and MAR sheet on file for each OTC medication			
Expiration date noted on each Parent Authorization			
Medication labeled with student name that does not obscure mfg. label			
Recommendation for # of OTC doses followed			

Medication Administration Record Sheet Documentation	NA	Y	N
1. Medication binder with MAR sheets and Parent Authorization in place			
2. Medication binder kept in secure location			
3. Medication binder is being used (if No, explain what is used and how it is used on back)			
4. 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			
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			
14. Variance forms are appropriately completed and routed			

Medication Policy, Controls and Guidelines - If the answer to any question is No explain on back -

1.Recommendation for accepting 2 wks. supply of medication is followed	NA	Y	N
2.Medication is counted and co- signed by 2 adults when received			
3.More than 2 wks. supply of medication accepted with Administrative approval			
4.More than 2 wks. supply of medication accepted w/o Administrative approval			
5.More than 2 wks. supply of medication accepted and 2 adults count and co-sign			
6.More than 2 wks. supply of medication accepted w/o counting to verify amount			
Control for accepting 2 wks. supply of medication: Medication is counted by 2 adults when medication is received, amount is verified and documented on the MAR sheet and the MAR sheet is co-signed by both adults			

Proper Procedure for Handling and Assisting Student's to Self Administer Medication NA Y N

1.Oral medication is poured from prescription bottle to cap or cup			
2.Medication is taken from the bottle when student reports			
3.Medication is poured into a cup before student reports			
4.Student takes and swallows medication before leaving medication area			

Epi Pen Information # in office # w Teacher # w student # other Total #

1.Epi Pens on hand [] [] [] []			
2.How many students have more than 1 EpiPen (# _____)			
3.Assessment and documentation on file for students permitted to carry EpiPen	NA	Y	N
4.School Nurse notified			
5.Current Physician Orders on file			
6.Parent Authorization on file			
7.Expiration dates checked and noted on the MAR/Parent Authorization/SAP			
8.Student specific training completed by the school nurse			
9.Severe Allergy Plan in medication Binder			

Diastat Information:

1.How many students have Diastat on hand			
2.How many students have a full time nurse available to administer Diastat - (# _____)			
3.Students with Diastat have current physician orders and an IHP- (if no explain on back)	NA	Y	N
4.IHP w current physician orders are filed in the medication binder- (if no explain on back)			
5.Parent authorization is on file			
6.Diastat expiration dates are noted on the MAR, parent authorization, IHP			
7.Student specific seizure training conducted by the school nurse			

Glucagon Information:

1.How many diabetic students have Glucagon on hand (# _____)	NA	Y	N
2.How many students have a full time nurse available to administer Glucagon (# _____)			
3.Students with Glucagon have a current physician order to administer Glucagon			
4.Current Parent Authorization is on file			
5.Expiration dates are noted on Parent Authorization and IHP			
6.There is an unlicensed volunteer trained to administer Glucagon in an emergency			
7.Student specific training is conducted			
8.Volunteer was trained by a nurse this year- if no, indicate training year (_____)			
9.Document below : Name of volunteer - training date- name of training nurse			

Status of Health Care Plans - Asthma Action Plans - Severe Allergy Plans - School Problem List

Priority Health Care Plans are and created and current for students with CAADS - (if no explain)	NA	Y	N
IHP's - SAP's - AAP's are current and located in the Medication Binder			

Remarks/Comments: (add additional sheets as necessary and attach to form)
