Medication Training

For Field Trip Checklist

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| Nursing Responsibilities | date |
| 1. Gather and make a copy of care plans for students attending with chronic health conditions and life-threatening allergies. |  |
| 1. Make a confidential list of important health information for staff to know for safety. |  |
| 1. Check medication administration laws in traveling states. |  |
| 1. Gather and review signed medical orders and parent authorizations for medications administered outside school hours. |  |
| 1. Obtain duplicate medication containers from the pharmacy |  |
| 1. Create medication administration record (MAR)s |  |
| 1. Gather stock emergency medications and orders if collaborative practice agreements are in place. List emergency medications sent: |  |
| 1. Gather remaining medications, daily and as needed. |  |

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| Training of UAP by School nurse | date |
| 1. Review local procedures to include privacy, confidentiality, and cleanliness of the area where medications will be administered. |  |
| 1. Review health care and emergency plans. |  |
| 1. Discuss important student health information for safety such as chronic health conditions, allergies, sensitivities, and intolerances. |  |
| 1. Review the 6 rights of medication administration (right student, medication, dose, route, time, and documentation) |  |
| 1. Review the importance of giving full attention to a given task to avoid medication errors. Review medication error procedure. |  |
| 1. Review medications being administered, including action, possible side effects, routes, and any special instructions. |  |
| 1. Review administration of as-needed and stock emergency medications. |  |
| 1. Review transporting and storing medication on field trips, and how to comply with any special directions and secure as safely as possible. |  |
| 1. Instruct when and where to return mar, unused stock and emergency medication, and empty medication containers. |  |

Field Trip Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_

Trained Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class\_\_\_\_\_\_\_\_

I have been trained and have demonstrated competency for administering medication for this field trip. I have had the opportunity to ask questions and have received answers to my satisfaction.

Signature of UAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature of RN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_