



**Name of Applicant/Licensee:** Rainbow Station of Charlotte

**Name and Title of Contact Person:** Debbie Harwell, RN/Director of Nursing

**Mailing Address:** 9829 Providence Road, West; Charlotte, NC 28277

**Phone Number:** 704-909-4525

**Location Address:** 9829 Providence Road, West; Charlotte, NC 28277

**Type of Facility:** Child Daycare Center with Mildly Ill Emergency Backup Care

**The request for amendment would apply only to child care facilities staffed by a registered nurse.**

**Standard for which an amendment is requested: 10A NCAC 09.0803 ADMINISTERING MEDICATION IN CHILD CARE CENTERS**

(4) Over-the-counter medications, such as, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be stored in the manufacturer's original packaging on which the child's name is written or labeled and shall be accompanied by written instructions specifying:

- (a) the child's name;
- (b) the names of the authorized over-the-counter medication;
- (c) the amount and frequency of the dosages, which shall not exceed the amount and frequency of the dosages on the manufacturer's label;
- (d) the signature of the parent, physician or other health professional; and
- (e) the date the instructions were signed by the parent, physician or other health professional.

The permission to administer over-the-counter medications is valid for up to 30 days at a time, except as allowed in items (6), (7), (8), and (9) of this Rule. Over-the-counter medications shall not be administered on an "as needed" basis, other than as allowed in Items (6), (7), (8), and (9) of this Rule.

**Describe the situation that leads to your inability to comply with this standard:**

We are in compliance with this standard when the prescription or over the counter medication being administered is supplied by the parent. However, to care for our children in the most effective manner possible, our Nurses must have the capability to administer stock medications according to the child's condition on an as needed (PRN) basis and not limited to a specific time requested by the parents. Parents will be contacted prior to Nurses administering any stock

medication. Parental permission with signature is on file for every enrolled child on the PRN Medication Authorization form for administration of Get Well Place supplied stock medications such as acetaminophen, ibuprofen, Benadryl (diphenhydramine HCL), and topical ointments. These are available for administration using the manufacturer's recommended WEIGHT-BASED dosing, or the physician's authorization for dosing for children under two. We do NOT stock cough syrups of any kind. The two situations that lead to our rationale for the allowable amendment request are:

1. *The PRN Medication Authorization is signed **annually** by the parent and prior to any such medication administration the parent is called. It therefore does not expire in 30 days and is signed by the parent only, not by their child's physician, unless the child is under the age of two years.*
  - a. *Children under two must have their physician's authorization, in addition to the parent signature, to verify the dosing per weight schedule since manufacturer's dosing schedules do not generally include dosing for ages under two.*
  - b. *PRN medications are not administered to any specific child on a daily basis, but rather are only administered periodically on an as needed basis. We therefore request that it be recognized that PRN medications are different from long term medications. If a parent were ever to request a PRN medication to be given daily rather than as needed, that would require authorization from the child's physician.*
2. *Stock medications are available for use as described above and therefore the medications are not labeled for individual use, so they do not have an individual child's name, dosage and time to be administered on the medication itself. Naturally, when medications are given to any child, all required documentation is made (see policy GWP-7-C).*

**Describe the hardship you would incur by complying with this standard:**

The hardship which would be incurred if this request for amendment were not approved, is that the parents and the children would not be able to fully benefit from the expertise of the Nurse who is present on location in the Get Well Place clinic (GWP). By having stocked PRN medications available and administered as needed per manufacturer's dosing, or per the dosing schedule approved by the child's physician if under two years of age, the children would receive more efficient and quicker nursing care based on their current condition and professional nursing judgment, with only a phone call to parents since the signed authorization would already be on file.

**Describe the alternative plan you offer to meet the purpose of the standards (or explain why the purpose of the standard is not applicable to your situation).**

Parents authorize, in writing, all medications that their child may receive during the course of their enrollment in Rainbow Station/admission to the GWP. This authorization allows the parent to include a PRN designation which allows the Nurse to administer the medication as it is needed according to the child's condition. In such cases the parent is called **before** the child receives the medication, **even though their written permission is already on file**. Dosage amounts and times for administration are followed per manufacturer's dosing schedule for children 2 and older according to the child's weight, and recorded. Dosing schedule for children

under 2 must be approved by the child's physician. The nurses are guided by Rainbow Station School and the Get Well Place Policies, and by their professional nursing judgement.

- If there is any question regarding **policy**, they consult with the Director.
- If there is any question regarding **nursing practices or decisions**, they consult with the pediatric nurse practitioner employed by the company. If necessary, the Nurse Practitioner may also consult with their school's advisory physician.
- If there is any question regarding the **child's health or related issues**, the parent is asked to consult with their child's pediatrician.

**If this amendment is granted, please describe how you see the care being affected?**

The care of the children would be improved. The children would receive optimal relief of symptoms as their medical condition/assessment deems necessary, and subsequently the quality of their care is enhanced, and they are likely to experience a better quality of their day. This authorization allows the parent to include a PRN designation which allows the Nurse to administer the medication as it is needed according to the child's condition. In such cases the parent is called before the child receives the medication, even though their written permission is already on file. Dosage amounts and times for administration are followed per manufacturer's dosing schedule for children 2 and older according to the child's weight, and recorded. Dosing schedule for children under 2 must be approved by the child's physician. The Nurses are guided by Rainbow Station and the Get Well Place Policies, and by their professional nursing judgement.

- If there is any question regarding **policy**, they consult with the Director.
- If there is any question regarding **nursing practices or decisions**, they consult with the Pediatric Nurse Practitioner employed by the company. If necessary, the Nurse or the Nurse Practitioner may also consult with their school's advisory physician.
- If there is any question regarding the **child's health or related issues**, the parent is asked to consult with their child's pediatrician.

**Attachments:**

- GWP-7-C Medication Administration
- ANNUAL PRN Medication Authorization Form
- Dosing Schedule Authorization (for children under 2 years of age)
- Medication Consent Form (included since it is referenced in GWP-7-C)
- GWP Child Daily Record
- Medication section of Parent Handbook

**If this amendment is granted, please describe how you see the care being affected?**

The care of the children would be improved. The children would receive optimal relief of symptoms as their medical condition/assessment deems necessary, and subsequently the quality of their care is enhanced, and they are likely to experience a better quality of their day.



**Get Well Place Brand Standard:** Medications will be administered to children following all best nursing practices and regulatory requirements and without error.

### Required Practice:

#### Medication Authorization

**Medications will only be given to a child with written authorization from the parent.**

- The **Annual PRN Medication Authorization Form** is initially completed during registration, renewed annually and is used to administer stock over the counter medications according to manufacturer's dosing schedule and topical applications to children enrolled at Rainbow Station.
  - For children under the age of two years, a dosing schedule for stock medications must be authorized by the child's physician using the **Dosing Schedule Authorization Form**.
  - For children ages 2-4 years old, a dosing schedule for Diphenhydramine HCl must be authorized by the child's physician using the **Diphenhydramine HCl Dosing Schedule Authorization**.
  - For children enrolled in Rainbow Station, a copy of these signed forms are kept in The Get Well Place for reference, as necessary.
- The **Medication Consent Form** is used to administer all medications which are provided by the parent.
  - The Medication Consent Form shall be used for medications given to children enrolled in Rainbow Station and shall expire or be renewed after 10 work days.
    - **Note:** If the medication orders change, a new Medication Consent Form must be completed.
  - If a child is on a long-term medication, the Medication Consent Form is signed by the parent and must be accompanied by a doctor's note.
    - The doctor's note is good for 12 months. After this, a new doctor's note is needed if the parent and physician want the medication to be continued.
- The Parent Authorization Section on the **Child's Daily Record** is used to provide written medication and dietary consent on a daily basis for children admitted to the Get Well Place.
  - The Parent Authorization Section must be signed by the parent during admission of the child to the Get Well Place.
    - **Exception:** During the initial enrollment period, parents of enrolled children provide preauthorization for Get Well Place services in the event that their child requires admission to the Get Well Place during the course of the day.
      - Since the parent is not present at time of admission, only medications currently authorized for the child on the PRN Medication Authorization Form or the Medication Consent Form may be given. If additional



medications are required, the parent must complete and sign the Medication Consent Form.

**All prescription medications must be authorized by the child's physician, and must be in the dated original container labeled with the child's name, dosage, and directions for administration. Prescription medication is only to be administered to the child for whom the prescription is written.**

- To facilitate medication delivery, parents are encouraged to have the prescription divided into two bottles by the pharmacist: one bottle for Rainbow Station and one for home.
- For administration of controlled substances, parents may provide The Get Well Place with no more than 30 doses of the medication at a given time. **Controlled substances must be provided in pill form.**
  - Parents and nurses are required to initial the Medication Consent Form verifying the number of pills provided each time parents supply or replenish the stock of a controlled substance.
- Sample medications may be administered if they are in the original package, properly labeled, and accompanied by a written note from a physician.

**The following medications will not be administered unless accompanied by physician note:**

- Nonprescription medications that are labeled natural or homeopathic.
- Nonprescription medications that are not approved by the American Academy of Pediatrics and/or not approved for children of specific ages. **It is the professional responsibility of the nurse to stay current.**
- Nonprescription medications that do not have dosing instructions on the label for the age of child for which it is requested.

#### **Medication Handling and Storage**

**Non-prescription medication brought from home must be in the original container with a Rainbow Station label affixed to include the child's name, the name of the medication, the dosage amount, and the time(s) to be administered.**

- If medications are not properly labeled, **they will not be given.**

**All medications are kept in the Get Well Place. Medications are kept in a designated locked place or in a refrigerator inaccessible to children.**

- **No medication is stored in the Preschool classrooms, or in the Village.**
  - **Exception:** Diapering ointments may be kept in the cabinets out of reach of children.



- **Exception:** Nurse prepared individual medication doses shall be taken on field trips, as detailed in the Medication Administration section.
- **Exception:** Epinephrine Auto-Injectors and rescue inhalers for Village students may be kept in the Village and taken on bus runs and field trips as long as they are kept in a locked place and are not accessible to children.
- Medications needing refrigeration are kept in a dedicated refrigerator or in a labeled container to prevent accidental contamination of food.
  - If medication is stored in the refrigerator with food, it must be stored in a separate bin.
  - If the refrigerator is unable to be locked, the medications must be in a locked space within the refrigerator.
- Non-refrigerated medications shall be stored in a cool, dark, and dry area.
- Diapers bags, back packs, etc., must be regularly checked for medications. Any medications found in these areas are immediately moved to the appropriate area in the Get Well Place and parents are notified/counseled of appropriate procedures.
- If needles or other sharps are required for medication administration, they must be disposed of in a disposable sharps container. The container shall be routinely emptied per OSHA protocol at a designated facility.

**Prescription and non-prescription medication is returned to the parent as soon as the medication is no longer being administered or if the medication is expired.**

- Medication is discarded within the timeline established by state regulations, after the parent has been notified.
  - All medications requiring disposal are flushed down the toilet or poured down the drain. Medication should never be placed in the trash.
- All medications in the Get Well Place shall be checked weekly according to an established schedule and discarded per policy if expired.

### **Medication Administration**

**The pediatric nurse is the person primarily responsible for administering all medications to children.**

- Medications are primarily administered in the Get Well Place, except as noted below.
  - All regularly scheduled medications for children enrolled at Rainbow Station shall be given from 11:30am to 12:30pm and 3:30pm to 4:30pm each day, unless otherwise requested by the doctor.
- Medications will not be administered in the classroom.
  - **Exception:** Diabetic children may receive insulin in the Village in a private location - see details in the Insulin Administration section.



- **Exception:** In case of an emergency, the nurse or currently MAT certified teacher may administer medications in the classroom.
- The Get Well Place nurse sends written notification daily of children needing medications to each classroom, as appropriate.
- A teacher who is currently MAT certified may administer a child's medication on a field trip.
  - The nurse prepares the required medication to be given on the field trip as well as instructions for administration for all medications using a copy of the Medication Consent Form.
  - Medications taken on the field trip must be in the original container, properly labeled, refrigerated if needed, and locked in the bus's first aid kit or kept in possession of the faculty/staff member at all times.
    - **EXCEPTION:** If the medication is a controlled substance, the MAT certified teacher administering medication on the field trip must witness the nurse dispense the pill from the original prescription bottle and place it in a separate container appropriately labeled. This exception is intended to keep the remaining quantity of controlled substances in the locked medication cabinet in The Get Well Place.
- Teachers who will only administer emergency medications or topical skin medications may take an abbreviated course called EMAT.
- If the nurse is absent or unavailable due to handling a medical emergency, a faculty/staff member with current MAT Certification must be available to administer medications. **At least one MAT certified staff member must be present in the building at all times.**

**Parents must notify the Get Well Place nurse and/or teacher if a child is on a medication only administered at home (including, but not limited to acetaminophen, ibuprofen, antibiotics, antihistamines, decongestants, psychotropic drugs, etc.) so that appropriate observations related to the medication may be noted.**

#### **Documentation of Medication Administration**

**A record of medications administered shall be kept on all children receiving medications.**

- After each medication is administered, the initials of the person administering the medication, name of the child, the amount given, and the time given shall be recorded on the appropriate form:
  - Stock PRN medications or topical applications are only provided to children enrolled in the Preschool or Village. The child's weight must be recorded to assure appropriate dosing. Administration of these is documented on the:
    - PRN Medication Authorization Form, if in attendance in the Preschool or Village.
    - Child's Daily Record, if enrolled in the Preschool or Village, but admitted to the Get Well Place on any given day.



- One copy of the Child's Daily Record is provided to the parent at the end of the day and one copy is retained in the child's Get Well Place file.
  - For children enrolled in the Preschool or Village, medications brought from home, either prescription or over the counter, are documented according to the following:
    - On the Medication Consent Form if child is in attendance in the Preschool or Village.
    - On the Child's Daily Record, if child is admitted to the Get Well Place on that day.
      - One copy of the Child's Daily Record is provided to the parent at the end of the day and one copy is retained in the child's Get Well Place file.
  - For community children attending the Get Well Place, medications brought from home, either prescription or over the counter, are documented according to the following:
    - On the Child's Daily Record
      - One copy of the Child's Daily Record is provided to the parent at the end of the day and one copy is retained in the child's Get Well Place file.
- When administering a controlled substance, the nurse is responsible for counting the number of pills before and after administering the medication to the child and must record both numbers on the Medication Consent Form.
  - When administering a controlled substance, the nurse and a witness must initial the log on the Medication Consent Form verifying that the correct medication is given.
    - The witness should be made aware of the pill's appearance by the description of the controlled substance on the prescription bottle and/or with a picture.
- The occurrence of any health problems, refusal to eat, nosebleeds, skin rash, high temperature, or other significant side effects shall be recorded.
- Medications not administered for some reason (the child was not in school, medication not available, etc.) are recorded on the Medication Consent Form for that day, with the reason recorded and initialed by the nurse.
- **Medication Notebook(s)** must be maintained, which contains:
  - **The Medication Administration Full Name and Initials Log** must be current and kept in the Medication Book.
    - This provides the full name (printed) and initials (signed) of all nurses and all MAT/EMAT trained individuals for clear identification of who administered any medications where initials might be indicated. This must include any agency or substitute nurses, as applicable.
  - All current **Medication Consent forms**, including doctor's notes as indicated for long term medications, for enrolled children.
  - All current **PRN Medication Authorizations** and administration logs, for enrolled children.





### Medication Errors

All medication errors, including erroneously missed medications, must be documented and communicated appropriately.

- Parents must be informed immediately by phone of the medication error.
- For incorrect dosing, the parents should consult with their child's physician immediately and all recommended interventions shall occur.
  - If the parents cannot be reached, Poison Control must be consulted, and all recommended interventions shall occur.
- All details of the medication error must be documented on an Incident Report.
- All medication errors are subject to corrective action that may result in termination of employment.
  - At minimum, retraining of medication administration procedures must occur.

### Insulin Administration

- All children with diabetes must have physician generated diabetic plans, updated annually, filed in a separate binder.
  - A carbohydrate count chart and the Diabetic Management Chart must be kept in the binder.
  - The formula used to determine insulin doses for each child must be followed exactly by the nurse.
  - The Diabetic Management Chart records all blood sugar readings, carbohydrates consumed at all meals and snacks, insulin administered, and any other treatment(s) necessary.
- Before insulin is administered to a child, any calculations used to determine the dose must be reviewed by two people (the nurse and a MAT/Diabetes certified faculty/staff member or another nurse if available), and the dose verified. Both parties must sign the Diabetic Management Chart.
  - EXCEPTION: If a pump is being used to administer insulin, the pump may serve as the first verification and a nurse or MAT/Diabetes certified faculty/staff member may serve as the second verification of the pump's calculation prior to administration of the insulin.
- The parents of diabetic children will be kept informed of blood sugar readings (high or low) throughout the day and any necessary treatments for high or low blood sugar that have been given. Parent notifications may be by text, email, or phone call.
- Pump specific training must be provided for each insulin pump used by enrolled diabetic children.
  - This training must involve the nurse, and the MAT/Diabetes certified faculty/staff member who will have the child in class and on field trips.
  - The MAT/Diabetes certified faculty/staff member may manage the child on field trips with child specific training given regarding the pump, how the pump works, and the child's written orders or diabetes plan generated by the child's physician.



- The diabetic child must be accompanied by a MAT/Diabetes certified faculty/staff member on field trips.
  - The MAT/Diabetes certified faculty/staff member will manage the child on field trips. Before insulin is given, the teacher must call the GWP nurse and have the insulin dose approved. The nurse will sign the Diabetic Management Chart when the child returns from the field trip.

### **Recalled Medications**

**Each school/Get Well Place must stay abreast of all recalled medications.**

- All parents will be notified that recalled medications will not be administered.



# Annual PRN Medication Authorization

*NOTE: Children under two years of age must also have the Dosing Schedule Authorization completed by their physician.*

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

**ACETAMINOPHEN:** Acetaminophen may be administered in the event that my child has a temperature greater than 101°, a headache or teething pain. I authorize the nurse to administer acetaminophen according to the manufacturer's recommendations for dosing, or according to the Dosing Schedule Authorization signed by my child's doctor, if under two years of age. I understand that I will be called before my child is medicated.

Please note any known side effects or adverse reactions to the above medication: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**IBUPROFEN:** Ibuprofen may be administered if my child is > 6 months of age, and in the event that my child has a temperature greater than 101°, a headache or teething pain. I authorize the nurse to administer ibuprofen according to the manufacturer's recommendations for dosing, or according to the Dosing Schedule Authorization signed by my child's doctor, if under two years of age. I understand that I will be called before my child is medicated.

Please note any known side effects or adverse reactions to the above medication: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**DIPHENHYDRAMINE HCL (commonly known as Benadryl):** Diphenhydramine HCL may be administered if my child is > 2 years of age for allergic reactions according to manufacturer's recommendations for dosing, or according to the doctor's authorized dosing schedule if under two years of age. I understand that I will be called before my child is medicated.

Please note any known side effects or adverse reactions to the above medication: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**SALINE:** Nasal saline may be administered to my child for cleansing of wounds and/or moisture restoration to dry nasal passages, sinuses and eyes.

Please note any known side effects or adverse reactions to the above: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**TOPICAL APPLICATIONS supplied by the Get Well Place:** Topical ointments checked below may be applied, as necessary.

- Triple Antibiotic Ointment       Hydrocortisone Cream       Rocky Mountain SPF 30 (Hypo Allergenic)

Please note any known side effects or adverse reactions to any of the above medications: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**TOPICAL APPLICATIONS supplied by parents (Please specify):** Topical ointments checked below may be applied, as necessary:

- Diaper Ointment\* \_\_\_\_\_       Sunscreen\* \_\_\_\_\_       Insect Repellent\* \_\_\_\_\_

*\*May be kept in the classroom*

Please note any known side effects or adverse reactions to any of the above medications: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE



# Dosing Schedule Authorization

Required for children under two years of age

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

**DOSING AUTHORIZATION:** Acetaminophen/Ibuprofen may be administered if my child has a temperature greater than 101<sup>o</sup>, a headache or teething pain. I authorize the nurse to administer acetaminophen every 4-6 hours and ibuprofen every 6-8 hours, according to the dosage schedule below and as approved by my child's physician. I understand that I will be called before my child is medicated. I further authorize the use of Antibiotic Ointment/Cream, Hydrocortisone Cream, and Sunscreen as indicated below.

I understand that the dosing preferences below **must be completed and signed by my child's physician** since the manufacturer's dosing schedule does not generally include dosing for children under two years of age. I understand that my child's weight will be the default for the correct dosing.

AGE	WEIGHT (pounds)	ACETAMINOPHEN: Elixer (160mg/tsp)	IBUPROFEN: Elixer (100mg / tsp)	Antibiotic Ointment/Cream (Neosporin)	Hydrocortisone Cream	Hypoallergenic Sunscreen (Rocky Mountain SPF 30)
0-6 months	6-11 lbs.	Physician's recommended dosage: ____ mg / ____ tsp or ____ not recommended	Not recommended	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____
7-11 months	12-17 lbs.	<input type="checkbox"/> 80 mg or ½ tsp <input type="checkbox"/> Other: _____	<input type="checkbox"/> 50 mg or ½ tsp <input type="checkbox"/> Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____
12-23 months	18-23 lbs.	<input type="checkbox"/> 120 mg or ¾ tsp <input type="checkbox"/> Other: _____	<input type="checkbox"/> 75 mg or ¾ tsp <input type="checkbox"/> Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____
Weight 24-35 lbs., even if under 2 years		<input type="checkbox"/> 160 mg or 1 tsp <input type="checkbox"/> Other: _____	<input type="checkbox"/> 100 mg or 1 tsp <input type="checkbox"/> Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____	Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency: Maximum ____ / daily Other: _____

Please note any known side effects or adverse reactions to any of the above medications: \_\_\_\_\_

Parent Authorization: \_\_\_\_\_  
 PARENT SIGNATURE DATE

Physician Authorization:  
 I have completed my recommendations for the above dosing amounts and approve this dosing schedule for the child named.

PHYSICIAN'S SIGNATURE DATE

PHYSICIAN'S NAME PRACTICE

Child's Name \_\_\_\_\_ Classroom \_\_\_\_\_

Date \_\_\_\_\_

I authorize the nurse to give my child the following medications.

NOTE: All medications must be in the original container. All prescription medications will only be dispensed according to the pharmacy label. All non-prescription medications must have a LeafSpring School label affixed (without obscuring the original label) indicating child's name, name of medication, frequency of administration and amount to be given.

Use separate Medication Consent Forms for each medication unless two are used together for the same condition per doctor.

Medication**	Dose**	Circle time to be given	Reason for Med	# of days to be given*	Exp. Date
		12:00 – 4:00 – PRN***			
		12:00 – 4:00 – PRN***			

\* This form shall expire or be renewed after ten work days unless a doctor's note is provided, which is required for long-term medications.

\*\* If medication and/or dose changes for long-term medications, a new doctor's note must be on file.

\*\*\* Other medication times are available per physician's order on prescribed medications.

Special instructions for giving medication. Please note any known side effects or adverse reactions to the medication:

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

<i>Office Use Only</i>	
Long-term Medications <i>ONLY</i>	Annual Doctor's Note on file <input type="checkbox"/> Date of note _____

## MEDICATION ADMINISTRATION RECORD

Record time each medication is given and initial below.

Please make sure that a doctor's note is provided annually for long term medications.

\*\*\* Controlled Substances MUST be counted BEFORE giving medication.

Controlled Substance Count***											
Medication	Dose	Date ___/___/___		Date ___/___/___		Date ___/___/___		Date ___/___/___		Date ___/___/___	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											
Controlled Substance Count***											
Medication	Dose	Date ___/___/___		Date ___/___/___		Date ___/___/___		Date ___/___/___		Date ___/___/___	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											

# MEDICATION ADMINISTRATION RECORD

Record time each medication is given and initial below.

Please make sure that a doctor's note is provided annually for long term medications.

Controlled Substance Count***											
Medication	Dose	Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											

Controlled Substance Count***											
Medication	Dose	Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											

Controlled Substance Count***											
Medication	Dose	Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											

Controlled Substance Count***											
Medication	Dose	Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											

Controlled Substance Count***											
Medication	Dose	Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											

Controlled Substance Count***											
Medication	Dose	Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											

Controlled Substance Count***											
Medication	Dose	Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____		Date ____/____/____	
		Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Note any adverse reactions, date & action(s) taken by nurse:											



Get Well Place

# CHILD'S DAILY RECORD

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
WEIGHT: \_\_\_\_\_

PARENT'S REQUEST

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Diet: \_\_\_\_\_ Last Fed: \_\_\_\_\_

Activity (include naps and rest times): \_\_\_\_\_

Medications:	NAME	ROUTE	DOSE	TIMES	EXP. DATE

Special Instructions: \_\_\_\_\_

I agree to accept financial responsibility for all charges related to my child's prescribed care, including but not limited to court costs and collection fees.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_  
Late charges are \$1/minutes x 5 minutes then \$5/minute thereafter

## YOUR CHILD'S DAY

	Temp	Fluid/Food/Intake	Activity	Voided	BM	Meds	Treatments	Other	Nurse
7a									
8a									
9a									
10a									
11a									
12n									
1p									
2p									
3p									
4p									
5p									
6p									

CAREGIVER'S NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

REGISTRATION FEE: \_\_\_\_\_  Paid ESTIMATED P/U TIME: \_\_\_\_\_  
 DAILY FEE: \_\_\_\_\_  Paid BY WHOM: \_\_\_\_\_  
 SUBSIDY: \_\_\_\_\_ MEDS TO HOME: \_\_\_\_\_

RN Signature



Station.

To prevent the spread of illness, children are assigned to areas related to their illness:

Respiratory Conditions	Sniffle Stop
Gastrointestinal	Whoozy Station
Chickenpox	Spot Stop
Convalescent	R & R Crossing

## **Medication Administration Policy**

The nurses direct and instruct staff and children in measures necessary to prevent the spread of illness. You must authorize, **IN WRITING**, administration of all prescription and non-prescription medications. This includes medications brought from home as well as those provided by the Get Well Place and also includes sunscreen and diaper ointments. If you would like your child to use insect repellent or sunscreen, we suggest an application of all-day repellent or sunscreen be administered before arrival at Rainbow Station. Sunscreen will be reapplied if necessary. A special authorization form is available for these topical medications and other medications provided by the Get Well Place.

Prescribed medications must be in the dated original container labeled with your child's name, dosage, directions for administration, the physician's name, the name of the medication, expiration date and the prescription number. Prescription medications are only administered to your child for whom the prescription is written.

**SAMPLE MEDICATIONS MUST BE IN ORIGINAL PACKAGING, LABELED WITH YOUR CHILD'S NAME AND ACCOMPANIED BY A WRITTEN PRESCRIPTION FROM YOUR PHYSICIAN.**

To facilitate administration, you are encouraged to have the prescription divided into two bottles by the pharmacist: one for school and one for home.

Non-prescription medications must be in the original packaging and labeled with your child's name, the name of the medication, expiration date and the dosage. Labels are available for you to complete the above information. Get Well Place medication labels must not obscure the name of the medication or the expiration date.

**MEDICATIONS ARE  
NOT BE GIVEN WITHOUT PROPER AUTHORIZATION  
AND LABELING.**

All non-prescription medication and over the counter skin products will be administered in accordance with the manufacturer's recommendations. Non prescription medications and over the counter skin products will not be kept beyond the expiration date of the product.

All medications are administered by the Get Well place registered nurse or the person designated and supervised by the Get Well Place nurse.

All medication authorizations expire after ten (10) days unless renewed by the parent. Long term prescription drug use (> 10 days) may be allowed if both you and your child's physician authorize extended drug administration, **IN WRITING**, and renew the authorization every six months.

If your child is on a medication only administered at home (including, but not limited to: acetaminophen, ibuprofen, antibiotics, antihistamines, decongestants, psychotropic, etc.) you must notify the Get Well Place nurse so that appropriate observations relating to the medication may be noted.

Any medication changes, i.e., dosage, brand, etc., must be communicated immediately to the Get Well Place nurse. This applies to short term, long term, and at-home-only medications.

**Emergency Care**

In the event that your child has an accident or injury that requires medical treatment, you will be notified of the incident as soon as possible. Necessary first aid and/or emergency treatment will be given until you arrive. For minor accidents, parents are notified by written report at time of pick up unless the nurse deems otherwise.

In the event of fire, disaster, or need to evacuate the building, the emergency evacuation procedures posted throughout the building are followed. If returning to the building is not possible, children will be sheltered in a facility previously arranged by the school. See your Director for the exact location. To prepare for potential disaster, regular fire and tornado drills are held.

**EVERY EFFORT WILL BE MADE TO CONTINUE ISOLATION OF  
CHILDREN ADMITTED TO THE GET WELL PLACE**