



**Medication Administration Record for Over the Counter Medications**

Student name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Staff member: \_\_\_\_\_

Allergy to Acetaminophen: \_\_\_\_\_ or Ibuprofen: \_\_\_\_\_

***If "no" proceed. If "yes" then proceed with non-allergic drug or stop as appropriate.***

Nature of condition requiring medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Is the pain \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe?  
**If "severe" refer for medical follow-up.**

2. In the case of headache, is the pain \_\_\_\_\_ one sided? \_\_\_\_\_ causing vision disturbances?  
**"No" answers to question 2, proceed to 3.**  
**"Yes" answers referred for medical follow-up.**

3. Telephone parent or guardian: \_\_\_\_\_ name  
Time of call \_\_\_\_\_ Student discussion with parent confirmed: \_\_\_\_\_

4. Instruction from parent: \_\_\_\_\_  
\_\_\_\_\_

5. Medication name \_\_\_\_\_ strength \_\_\_\_\_ number of tablets \_\_\_\_\_  
to be given as instructed by parent or guardian \_\_\_\_\_

***Triple check: student name, name of medication matches name on bottle, tablet count.***

6. Time medication is given: \_\_\_\_\_

7. 30 minute followup for effect \_\_\_\_\_ Time: \_\_\_\_\_

8. 60 minute followup for effect if no result in #7 above: \_\_\_\_\_  
\_\_\_\_\_ Time \_\_\_\_\_

Signature of student: \_\_\_\_\_ Signature of staff: \_\_\_\_\_



### Over the Counter Drugs

Discussion: although the term “over the counter” implies that the drugs are safe, there are still concerns about the appropriate conditions for use. Some drugs that cause central nervous system depression might be overly sedating especially if given in combination with drugs with similar effects for side effects. Some “over the counter drugs” can be taken to “get high” especially at higher doses. Since it is simply not known what a student took prior to a classroom setting, this can pose unreasonable risk to teachers or program assistants. For this reason, it’s best that the only “over the counter” drugs made available should be Acetaminophen or Ibuprofen for the treatment of minor headache, aches, pain, or menstrual cramps. Even for these seemingly harmless drugs, a certain procedure should be followed to rule out allergy or intolerance to minimize the risk of adverse drug reactions.

In the event that it is deemed reasonable that a student should have these medications, the parent or guardian must be involved in the request and give verbal consent.

Questions to ask the student:

1. What type of pain are you having? (*Acetaminophen or Ibuprofen are intended for minor aches, pains, strains or headache. Ibuprofen should be given with food to minimize the chance of stomach upset. If a student is already nauseous and will be unable to eat something then it should not be given. If the pain is severe, it is beyond the scope or responsibility of staff and the student should be instructed to seek medical attention.*)
2. For headache, are you having any difficulty with vision? Is the pain one sided? (*One sided pain and vision disturbances often signal migraine. Visual disturbances can also be a symptom of other more serious medical conditions which require the appropriate medical intervention.*)
3. Have you had similar pain in the past and what have you taken for it? (*If the answer is “yes” and they have taken either Acetaminophen or Ibuprofen with success, then it may be a reasonable course of action. If the answer is “no” then it will require more questions to determine if this is minor enough to medicate or if other medical interventions are more appropriate.*)
4. Are you allergic to either Acetaminophen or Ibuprofen? (*Allergies to either substance are possible, the most serious of which are anaphylactic reactions which would be a medical emergency.*)

If the decision is made that it is appropriate to proceed, then the parent or guardian must be contacted. A copy of the Medication Administration Record for Over the Counter Medications should be available to record the conversation. The student should communicate their needs with their parent or guardian and after that conversation has resulted in a request for medication then the parent or guardian needs to give their verbal permission for the specific medication to be given to staff. The instruction should be repeated and immediately recorded so that staff are sure they have chosen the medication as requested by the parent or guardian.

Staff then should continue to follow instructions on the Medication Administration form, completing information as required. Staff must also remember to follow-up with the student after 30 minutes and document if the medication has been successful and if the answer is no, then follow-up again in 30 minutes more (total 60 minutes after medication has been given). If the answer is still no, then the parent or guardian must be contacted and alternate arrangements for care of the situation must be undertaken.