

BALDWINSVILLE CENTRAL SCHOOL DISTRICT

29 East Oneida Street Complex
Baldwinsville, NY 13027

Nursing Assessment for Determination of Supervised Student

New York State allows students who have been determined to need supervision either by the school nurse or the student's provider to be assisted by trained unlicensed personnel to self-administer their own medication. The supervised student can complete the tasks below to take their own medication under supervision. At the student's direction, he/she may request assistance such as opening or pouring from bottles, assembling nebulizer tubing, verifying the student's math calculations and the number entered into an insulin pump as needed.

Name:	Medication:	Grade:
Teacher/HR	DOB:	Date:

This student can independently complete the following:

	Yes	No
Administer the medication to him/herself via the correct route <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize this medication (e.g., color, shape, size) <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Determine the correct dosage which is needed (e.g., one tablet, 2 puffs, 3 units, etc) <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Identify the time this medication is needed during the school day (e.g., lunch time, before/after lunch, before PE class) <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Describe how to take this medication from original labeled pharmacy container or original OTC container and administer it to themselves (or is able to direct staff member to assist) by the correct route (e.g., oral, nasal, inhaled, topical) <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Describe why (purpose) this medication is taken and under what circumstances it is appropriate to do so (e.g., to improve attention, blood glucose or vital sign ranges that are acceptable to take medication, taken only for headache, shortness of breath, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Describe what happens when this medication is not taken (e.g., unable to complete school work, blood glucose will elevate, etc.) <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Describe when to refuse to take this medicine when appropriate (wrong color, shape, amount, duplicate dose) <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>

This student meets the criteria of being self-directed

This student does not meet the criteria of being self-directed.

Plan to assist student in becoming self-directed and date or reassessment: _____

School Nurse:	School:
Date:	