

SOLU-CORTEF INJECTION, Action Plan

§ 54.1-3408. Professional use by practitioners.

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

Name _____ Sex _____ DOB _____

Grade _____ School _____

Is this information in students 504/IEP? __ Yes __ No Date _____

Parent Contact information:

1. Name _____ Phone # (____) _____

2. Name _____ Phone # (____) _____

Treatment for Adreno-Cortical Insufficiency: Solu-Cortef Injection (Procedure)

Student may not remain in or return to school the day after emergency treatment.

Supplies: Medication, syringe, needles, and alcohol wipes, gloves, and sharps container.
Location of Supplies: _____

For one or more **CHECKED** symptoms below, administer Solu-Cortef _____ ml. immediately.

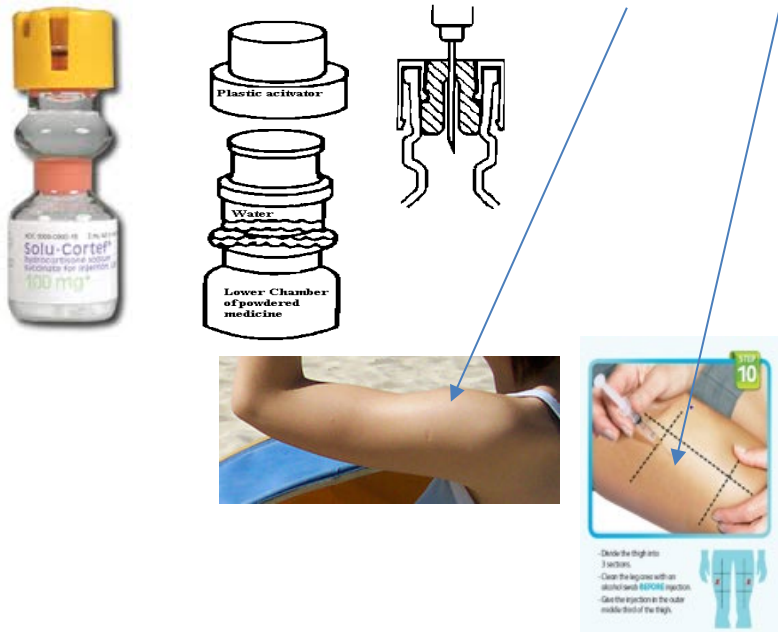
- | | | |
|---|--|---|
| <input type="checkbox"/> Severe illness | <input type="checkbox"/> Fever > 100 degrees F | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Chills | <input type="checkbox"/> Irregular Heart Beat |
| <input type="checkbox"/> Sudden confusion | <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Other _____ |

Action Steps:

1. **Call for help and 911.** If possible, direct staff to contact parent.
2. Verify medication orders, child's name, dose and route of administration.
3. Press down on plastic activator to force diluent into lower compartment.
4. Shake gently to mix solution. USE SOLUTION ONLY IF CLEAR.
5. Remove plastic cap covering center of stopper. Once protective cap is removed do not touch top of stopper.
6. Take plastic cap off needle. Insert needle through center of stopper until tip is visible.
7. Turn bottle upside down and withdraw correct dose as per medication authorization.
(If any air in the syringe, turn needle upward and gently tap on syringe. Push air out by gently pushing on

plunger until you get a drop of solution.)

8. Apply gloves (optional), cleanse injection site on upper arm or mid-thigh with alcohol pad.



9. Insert needle straight into injection site and inject all medication into site.

10. Dispose syringe in Sharps Container.

11. Call parent.

12. Document on the Medication Chart (SS/SE-46) report to **EMS-911**.

Time given: _____

School Nurse _____ Date: _____