



**DUVAL COUNTY PUBLIC SCHOOL DISTRICT COUNTY
FLORIDA DEPARTMENT OF HEALTH – DUVAL
SCHOOL HEALTH SERVICES**



Medication Variance Report

Form must be completed the same day the medication variance occurred

INSTRUCTIONS: Fill in form completely and fax to:

1. DCPS School Health Services 904-858-3612
2. FDOH-Duval School Health Office 904-253-1896

NAME OF STUDENT _____ BIRTH DATE _____

PERSON ADMINISTERING MEDICATION AND POSITION _____

DATE AND TIME OF VARIANCE _____ NAME OF SCHOOL _____

PRESCRIBED MEDICATION (dosage, route, and time as listed on the Medication Administration Authorization Form)

Type of Variance:

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Wrong Route | 4. <input type="checkbox"/> Wrong Medication | 7. <input type="checkbox"/> Parent Error |
| 2. <input type="checkbox"/> Wrong Dose/Extra Dose | 5. <input type="checkbox"/> Medication not Given/Missed Dose | 8. <input type="checkbox"/> Pharmacy Error |
| 3. <input type="checkbox"/> Wrong Student | 6. <input type="checkbox"/> Wrong Time (see instructions) | 9. <input type="checkbox"/> Other _____ |

Location: Health Room Off Site _____ Other _____

Description of Incident:

Describe Action Taken and Times:

Time	Description

Persons Notified of Variance	Name	Date	Time
Poison Control 1-800-222-1222			
Department of Health School Nurse			
Principal			
Parent			
Director of School Health Services			
Other			

**** 911 should be contacted for severe adverse reactions (e.g., difficulty breathing, tongue or facial swelling, difficulty swallowing, vomiting, lethargy, etc.) or as directed by Poison Control ****

Name of Person Completing Report

Signature (Person Completing Report)

Date Completed

Medication Variance Report – Instructions for Use

- Violation of any of the six (6) Rights of Medication Administration is considered a medication error or variance, requiring completion of a Medication Variance Report the same day the variance has occurred or is discovered. The six rights are: right student, right medication, right dosage, right time, right route, and right documentation.
- If a student receives an incorrect drug or dosage, the principal or designee, parent, and school nurse must be notified immediately, so the appropriate intervention can be initiated. Contact the Poison Control Center 1-800-222-1222 for possible adverse side effects, or call 9-1-1 for severe adverse reactions (e.g., difficulty breathing, tongue or facial swelling, difficulty swallowing, vomiting, lethargy, etc.) or as directed by Poison Control.
- When a student does not report for a medication, the staff will make a reasonable effort to locate the student in the classroom in which they are assigned.
- When a dose is missed, the parent will be contacted at the contact phone number on record and a Medication Variance Report completed.
- If multiple doses are missed, the parent or guardian will be contacted with a request to reeducate the student about their responsibility in receiving medication at school. The principal will be notified if additional assistance is needed.
- A Medication Variance Report will need to be filled out if a medication is given more than one (1) hour before or after the medication was ordered to be given.
- The Medication Variance Report does not go home to the parent or placed in the student's health file.
- When completing the report, indicate all action taken and all persons contacted with the date and times.
- If you have any questions about how to proceed with the completion of this document, contact the Department of Health School Nurse or the Director of School Health Services and record any direction you are given by them.
- Send completed form via fax to:
 - **DCPS School Health Services, 904-858-3612 and**
 - **FDOH-Duval School Health Office, 904-253-1896**