

Letter to Editor: School Nurses and Medication Management: A Key to Safer Schools in Iran



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Dear Editor

With the increasing prevalence of chronic diseases such as asthma, epilepsy, diabetes, anaphylaxis, and cystic fibrosis among students, the empowerment of school nurses has become more critical than ever (1). One of the main tasks of school nurses is to support students with chronic diseases and help them effectively manage these conditions (2). Medication management in schools, especially for chronic diseases, is vital because it allows students to participate fully in educational and social activities. This directly impacts improving academic outcomes and students' overall health (3).

Medical emergencies can occur at any time in schools. Therefore, trained school nurses are crucial because they can respond quickly and administer emergency medications such as epinephrine for severe allergic reactions or insulin for diabetic emergencies. This helps schools fulfill their responsibility to provide a safe environment for students with medical conditions or emergencies (4).

There are differences in school health systems worldwide, especially in medication prescribing policies (5). Some countries, such as the United States, have laws that allow school nurses to self-prescribe certain medications in emergencies (1). However, in Iran, school nurses face legal restrictions on prescribing medicines that not only endanger the health of students with chronic diseases but also increase the psychological pressure on nurses (6). For example, in the event of an asthma attack, the school nurse's lack of access to the necessary medication or lack of authorization to prescribe it can have severe consequences (7).

To solve this problem, policies should be developed allowing school nurses in Iran to prescribe essential medications in emergencies. These policies should be created based on successful international experiences and

considering Iran's specific conditions. One successful model of medication administration is the one implemented in Minnesota (8), where collaboration between school nurses and pharmacists is more formally and coherently organized. In this model, pharmacists play an active role in assessing and monitoring students' medication use and, together with school nurses, help improve school medication management. This collaboration usually takes the form of regular consultations and joint training between nurses and pharmacists, which ensures that medication information is updated, drug interactions are prevented, and medications are used correctly. In these models, the existence of clear and flexible legal and professional frameworks allows school nurses to easily benefit from the expertise of pharmacists while monitoring the process of prescribing and using medications carefully and systematically. Also, school nurses may come from different clinical backgrounds and must gain childcare experience. Therefore, they need to be more familiar with pediatric nursing standards and medication management in schools (9).

In addition, proper training in this area is essential. School nurses in Iran should regularly attend specialized training courses, including medication management, recognition of warning signs and allergic reactions, and emergency management. Providing practical and simulation-based training can increase nurses' confidence and practical skills (10).

All schools should be equipped with emergency medications and appropriate medical equipment. Access to vital medications such as epinephrine for severe allergic reactions, antiepileptic drugs, and insulin for diabetic students should be ensured. School equipment, such as blood glucose meters and respirators, should also be available so nurses can respond quickly in critical situations (11).



Close cooperation between the Iranian Ministry of Health and Medical Education is essential to implement these changes. This cooperation should include developing new laws, providing the necessary funds, implementing practical training and supervision programs, and establishing an efficient monitoring system to evaluate nurses' performance, training needs, and equipment requirements.

Implementing these recommendations will improve students' health in Iran, reduce the psychological strain on nurses, and build greater trust in school health services. The Iranian government and education authorities should prioritize this issue and take practical steps to ensure the health and safety of future generations. Establishing supportive policies and providing the necessary resources will help school nurses protect students' health emergencies well.

Conclusion

Empowering school nurses in Iran with greater authority, including the ability to prescribe essential medications alongside proper training and resources, is crucial for strengthening school health services. Such measures will enhance medication safety, foster a supportive learning environment, and safeguard student well-being. The Iranian government and educational authorities should prioritize these reforms through comprehensive policies and sustained investment to ensure healthier, safer schools for future generations.

Authors' Contribution

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Competing Interests

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