HLTH105: Medication Administration in the Child Care Environment
Course Handout

Course Description

This course provides detailed information on best practices and procedures for the safe, effective, lawful, developmentally appropriate administration of medications in the child care environment. Participants will learn when and why it is appropriate to administer certain medications and policies for ensuring proper authorization, instructions, and confidentiality. In addition, participants will learn best practices for administering various types of medication, as well as health/safety guidance, proper storage and handling methods, strategies for promoting positive, effective communication with families, and tips for making the whole process easier, more positive, and more enriching for children.

Course Objectives:

By taking notes on the handout provided in this course and successfully answering assessment questions, participants will meet the following objectives as a result of taking this course:

- Recognize the roles and responsibilities of adults involved in a child’s health and treatment plan
- Compare and contrast rules and recommendations for administration of over-the-counter and prescription medications in the child care environment
- Identify the training and authorization levels required for administration of various types of medication
- Identify key information to include in a program’s medication administration policy
- Identify safe medication receipt, storage and handling practices
- Recognize the Seven Rights of Medication Administration
- Identify recommended strategies and best practices for administering medication to children of various ages and abilities
- Recognize recommended procedures for ensuring safety and efficacy

References:

Introduction to Medication Administration

Important Fact
The verb administer has two distinct definitions:

Why Are Medications Used?

1. Prevent Illness or Symptoms

2. To Relieve Symptoms

3. To Cure or Control Disease

Categories and Forms of Medication

Medication:

Medicine:

Basic Categories of Medication

Prescription Medications
Prescription medications can only be dispensed by _______________________. (Sometimes, doctors give patients sample packets of prescription medication, which must be used according to all the same rules as any other prescription medication.)
Over-the-Counter (OTC) Medications

Common OTC Medications for Diagnosed Illnesses

Common OTC medications include:
- Fever reducers/pain relievers (ibuprofen, Tylenol, aspirin)
- Antihistamines (for treatment of cold or allergy symptoms)
- Cough suppressants, expectorants, and other cold remedies
- Nasal drops
- Eye/Ear drops
- Medications for gastrointestinal issues, including diarrhea and indigestion

Important Note about Cold Remedies
Note that due to possibly life-threatening side effects, the FDA and AAP both advise against administering OTC cold remedies of any kind to children under age 2.

Other OTC Medications

Preventatives

Forms of Medications

Oral Medications
  Tablets:
  Capsules:
  Liquids:
  There are also:
Topical

Inhalants

Injections

Suppository

Brand Name vs. Generic Medications

Shared Responsibilities

Parent Responsibilities

Child Care Provider Responsibilities

Health Care Professional Responsibilities
Why Administer Medication in the Child Care Environment?

Best Practices and Procedures

Proper Documentation

Confidentiality and Children’s Health Files

Permission to share health care information must be written, not merely oral.

Qualifications for Staff Members who Administer Medicine
How to Receive, Store, and Handle Medicine

Receipt of Medication

Authorization to Give Medication

A copy of a standard Authorization to Give Medication form is attached. Here is the essential information any such form should include:

- Medication name
- Dosage amount
- Time(s) per day
- How to administer (instructions)
- Duration (start and end date)
- Signatures

Order from Health Care Professional

Important Fact

Standing order:

As Needed?
Receipt of Medication Form

For Receipt of Prescription Medication, the Form Should Include:

Make sure you can clearly read:

- Pharmacy name and number
- Prescriber’s name and number
- Prescription number
- Date prescription was filled
- Child’s first and last name
- Name of medication
- Strength of medication
- Refills
- Quantity
- Manufacturer
- Expiration date
- Dosage and instructions for administration
- Instructions for storage
- Special instructions and contraindications

For Receipt of OTC Medication, the Form Should Include

- Verify original packaging. (As a matter of policy, many programs only accept unopened packages of OTC medication; in any case, it should be in the original packaging, not some alternative container.)
- Check the package for signs of tampering. (This is not possible if it is already opened, which is why many policies only accept unopened packages.)
- Check following info on packaging:
  - Product name
  - Active and inactive ingredients (for example, some products such as Excedrin may include inappropriate secondary ingredients such as caffeine)
  - Purpose and uses
  - Dosage and Directions
  - Warnings
  - Expiration date
- Determine whether instructions from parents or health professional match product information; if not, seek clarification or explanation.
- Determine whether program policies allow administration of medication without doctor’s advice/order. If they do not, also get order.
Safe Handling and Storage

Handling

Storage

Guidelines for Refrigeration

Designated Medication Administration Area

Procedures for Giving Medicine

Medication Log

The Medication Log includes the following:

- Child’s name
- Medication name
- Dosage and route
- Day and time
- Staff signature
- Pertinent observations and comments related to a child’s behavior/response before, during, and after medication administration
- Note as whether medication was returned to storage or discarded
The Seven “Rights” of Medication Administration

Right Child

Right Medication

Right Dose

Right Time

Right Route

Right to Refuse

Right Paperwork

Try This!
Double-Double Check

*Redundancy is good:*

- Always read the label at least *twice* when administering a new medicine
- Reread at least once every time thereafter, even if you give it every day. You may *think* you remember the dose, but you may not, especially if you administer meds to more than one child.
- Ask a colleague to read the label and verify you are using the correct dosage and device with the correct child. This is especially important the first time you administer a new med to a child, or if it is only an occasional treatment.

Administering the Medicine

Prepare Yourself
Prepare the Medicine

Prepare the Child

Administering Oral Medication

For infants...
- Administer before feeding unless otherwise instructed
- Hold the infant semi-upright, supporting the head
- Keep infants’ hands away from face
- Press chin gently to open mouth
- Rock and reassure infant
- Using a syringe or dropper, position it on one side of the mouth along gums and squirt slowly, allowing time to swallow entire dose

For toddlers...
- Get advice from parents on what works best for the child
- Set expectations: they are expected to cooperate and follow instructions, just like you are following the doctor’s instructions.
- Offer some control, such as a choice whether to sit or stand.
- Be honest but use appropriate language. Let them know that they can have a sip of yummy juice after they take the medicine.
- Thank them for their help and cooperation.

For older children...
*Start with a conversation*...
Administering Eye Drops

Here are some key pointers:
- Make sure your hands are clean
- Avoid direct contact with dropper
- Don’t worry about missed drops
- Older children should sit in a chair and look upward with both eyes open.
- Gently pull down lower eyelid and administer drop(s) directly onto eye.
- Or, to a child’s relaxed closed eyes, administer drops to tear ducts and encourage child to blink

Administering Inhaled Medication

Complete the Process

Disposal

Identifying Side Effects

Observation is key to identifying side effects.
Common side effects of various medications can include:
Allergic Reactions

Allergic reactions are a potential source of serious or life-threatening side effects. A child exhibiting two or more of the following symptoms may be suffering from a severe condition known as anaphylaxis and requires immediate medical attention. Call 911 if child exhibit two or more:

- **Lungs:**
  - Trouble breathing or noisy breathing
  - Coughing, wheezing
  - Sneezing
  - Congestion
  - Tightness in the lungs
  - Hoarseness
- **Heart and Blood Vessels**
  - Chest pain
  - Low blood pressure
  - Weak, rapid pulse
  - Dizziness, fainting
- **Skin**
  - Pale or flushed skin
  - Hives or welts
  - Itchy skin
  - Sweating
- **Mouth**
  - Swelling of the throat, face, lips, or tongue
- **Stomach and Digestion**
  - Abdominal pain
  - Nausea, vomiting
  - Diarrhea

**Checklist: When to Call 911**

- When you see signs of distress
- When there is a loss of (or change in) consciousness
- Blue color or difficulty breathing
- Difficulty swallowing
- Swelling of lips, tongue, or face, or drooling
- Seizure activity
- Rapidly spreading rash or hives
- Impaired speech or mobility
- Getting worse quickly
- When in doubt

**Checklist: When to Call Poison Control**

- When medication is given to the wrong child
- When the wrong medication is given to a child
- When the wrong dose is given (overdose)
- When a medication is given by the wrong route
- When a medication is given at the wrong time (and it results in an extra dose)
Be sure you know the child’s weight, the medication details from the container, and have the child’s medication administration information on hand.

**Checklist: Minor Incidents**

After any error, mistake, or other negative incident involving medicine, do the following:

- Notify the program manager
- Notify parents
- Fill out Medication Incident Form
- Reflect on cause of error/incident and develop follow-up plan to avoid it in the future.

**Important Fact**

*Side effects, adverse effects, and allergic reactions must be recorded and reported to*

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**Additional Guidance and Potential Problems**

**Recommended Procedures for Ensuring Safety and Efficacy**

**Safety:**

**Efficacy:**

**Avoidable Hazards**

**Emergency Procedures for Medication Incidents/Errors**

*Keep the number for Poison Control (1-800-222-1222) in a prominent place*
Medication Incident Form

Possible incidents include:

Avoiding Errors and Coping with Challenges

Communication

When Children Refuse

Try This!
A Few Helpful Hints

- Review the previous “Prepare the Child” information if necessary to make sure you are using a recommended, appropriate strategy.
- Keep it positive. Don’t say, “Would you rather be sick?” Don’t sound accusatory by saying, “What, don’t you want to feel better?” Instead, give the child an opportunity to voice his concern; focus on the purpose of the medicine.
- It is okay to offer a sticker as a reward for compliance, but this should be established in the beginning. It is not a good idea to offer a reward while a child is refusing to take the medicine; this only reinforces the notion that refusal is a part to reward. If you decide to offer a reward to a child who refuses medicine, wait until the next scheduled dose, talk about the problem, and then offer the sticker as a reward for cooperation, not as a reward for refusing to take it in the first place. (Note that offering stickers or other material rewards typically does not align to good positive guidance principles; however, sometimes, the child’s immediate health issue takes precedence over long-term behavioral development goals.)
Other Challenging Scenarios
**Daily Log of Controlled Medications Administered**
*Use one Sheet for Each Child*

**School/Childcare Program**

Child’s Name ____________________ Birth Date ______________ Classroom __________________

Medication________________________ Dosage ____________ Route ____________

Time of day medication is to be given______________________________________________

Length of time medication is to be given:_________ Start Date ____________ End Date ___________

Special Instructions_________________________________________________________________

Name of Health Care Provider Prescribing Medication __________________________ Phone __________

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*All medication received must be counted and signed by staff member as well as guardian.*

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<th># of Pills Received Date &amp; Initial (Staff &amp; Guardian)</th>
<th>Time of administration</th>
<th># of Pills Remaining</th>
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**Staff Signature**

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Medication Administration in School or Child Care

The parent/guardian of __________________________ ask that school/child care staff give the following medication __________________________ at __________________________ to my child, according to the Health Care Provider’s signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian’s responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child’s name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider’s name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child’s name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child’s health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian’s Name: __________________________ Parent/Legal Guardian Signature: __________________________ Date: __________________________

Work Phone: __________________________ Home Phone: __________________________

Health Care Provider Authorization to Administer Medication in School or Child Care

Child’s Name: __________________________ Birthdate: __________________________

Medication: __________________________

Dosage: __________________________ Route: __________________________

To be given at the following time(s): __________________________

Special Instructions: __________________________

Purpose of medication: __________________________

Side effects that need to be reported: __________________________

Starting Date: __________________________ Ending Date: __________________________

Signature of Health Care Provider with Prescriptive Authority: __________________________ License Number: __________________________

Phone Number: __________________________ Date: __________________________

Please ask the pharmacist for a separate medicine bottle to keep at school/child care.

Thank you!