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:

- Demonstrate an understanding of 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
- Demonstrate an understanding of 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
- Demonstrate an understanding of the Seven Rights of Medication Administration
- Identify and demonstrate an understanding of recommended strategies and best practices for administering medication to children of various ages and abilities
- Identify recommended procedures for ensuring safety and efficacy

As you proceed through the course, use this handout as a guide to assist you with recording important information about each section.

Important Note about State Regulations
This course presents “best practices” from many leading agencies, but specific rules vary from state to state. Some states have very detailed medication administration rules while some provide only minimal guidance. Regardless of what you learn in this course or any other resources, always make sure your policies and practices satisfy state rules and regulations.
All states have published rules and regulations, available online. If you are not sure how to find yours, the easiest place to start is the National Resource Center for Health and Safety in Child Care and Early Education website https://childcareta.acf.hhs.gov/licensing). Click on your state and search the appropriate document for “Medication (or medicine) Administration.”

Introduction to Medication Administration

Use the space provided to record important information from this section of the course.

Important Fact
The verb administer has two distinct definitions:

Both definitions apply to this course.

Reflection –
Why do we use medication at all?
**Why Are Medications Used?**

*Use the space provided to record important information from this section of the course.*

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 Medication**
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

Child Health Care Consultants

Why Administer Medication in the Child Care Environment?

Best Practices and Procedures

Information about forms and 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:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time(s) per day</th>
<th>How to Administer (instructions)</th>
<th>Duration (from <em>to</em> dates)</th>
</tr>
</thead>
</table>

Order from Health Care Professional
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 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.

If a child spits out, vomits up, or refuses to take a medication…
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. Warn them if it’s going to taste bad, but offset this with anticipation of the yummy juice they will drink afterward.
- 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

Side effects, adverse effects, and allergic reactions must be recorded and reported ...

All medication incidents (e.g., child refusal, spilled medicine, partial dosage due to spitting up or spillage) must be recorded and reported to
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.

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
References:


National Resource Center for Health and Safety in Child Care and Early Education: Various state rules, regulations, and guidelines as listed on [https://childcareta.acf.hhs.gov/licensing](https://childcareta.acf.hhs.gov/licensing).


HealthyChildren.org: Various resources and articles on medication administration (http://www.healthychildren.org), all current as of 2018.

