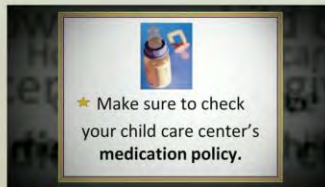


Dispensing Medication in Child Care

Presented by:
Nevada Child Care Provider Training Consultants



This class does not meet the requirements for Signs and Symptoms of Illness. This class offers an overview of regulations associated with dispensing medication in a child care facility.

Agenda

- Medication dispensing in child care
- Prevention and hand washing
- Diaper changes
- 5 Rights in dispensing medication

On a typical day, millions of children in the United States receive care in licensed child care centers . As providers for these children, you play an important role in their development, nurturing, health, and safety.

Some children in your child care setting may need to take medications during the hours you provide care for them.

The administration of medicines at the child care facility should be limited to prescribed or nonprescription medication prescribed/recommended by a health care provider for a specific child.

Before agreeing to give any medication, whether prescription or over-the-counter (OTC), you should obtain written permission from the parent. Also, check with your local child care licensing agency regarding local regulations on administering medications. If you need to administer medications, they must be given to the right child, in the correct amount (dose), way, and at the right time.

Medications Which Can Be Given Safely

The administration of medications at the child care program should be limited to:

1. Prescribed medications ordered by a health care provider for a specific child and a specific illness
2. Nonprescription medications recommended by a health care provider for a specific child, with written permission of the parent or legal guardian, referencing a written or telephone instruction received by the child care program from the health care provider
3. Medications which responsible staff have been trained to administer including oral, topical, nasal, ear and eye
4. Medications which bear their original prescription label or a manufacturer's label and which are provided in safety lock containers, transported safely with regard to temperature, light and other physical storage requirements
5. Medications for which all the criteria on the program's approval form have been met

In Nevada, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children should comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by child care staff should provide the program with appropriate written authorization(s) and the medication before any medications are dispensed.

Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

Medication Which You Can Accept to Administer

Make sure that any prescribed medication parents may give you meets the following criteria:

- The first and last name of the child are on the container
- The medication has been prescribed by a licensed health professional. Check to see that the name and phone number of the health professional who ordered the medication are on the container
- The medication is in the original package or container and is childproof
- The container shows the date the prescription was filled
- The container has an expiration date
- The container has specific instructions for administering, storing and disposing of the medication
- The medication is for the current episode of illness

Medication should be given at home whenever possible, but there will be times when it must be given while the child is in child care.

Nonprescription medications do not require approval of the child's health care provider if administered according to the product label and if parental approval and instructions are provided in writing from the parent. The instructions from the parent cannot conflict with the product label and must be filed with the child's records.

Medications continued...

All medications, refrigerated or unrefrigerated, should:

- Be kept in an orderly fashion
- Be stored away from food
- Be stored at the proper temperature
- Be inaccessible to children
- Not be used beyond the date of expiration
- Be given only for the purpose identified in the label/prescription

Communicate with Parents

- Child's name
- Date
- Name of medication
- Time given
- Dosage
- Any observed side effects, reactions, other comments
- Caregiver's signature



Medications should always be stored in their original container in a secure place out of the reach of children. Refrigerated medication should be stored in a plastic or zip-lock bag in the food section of the fridge. Storing medication in clear plastic containers where it can be seen will help providers remember to give it. Do not freeze medication. If the medication is left unrefrigerated for a long period of time, check with a pharmacist to see if it is still effective.

Most Frequently Given Medications in Child Care Programs

- Antibiotics
- Acetaminophen
- Antihistamine
- Bronchodilators
- Decongestants
- Eye medication
- Iron
- Cough medication
- Topical medications
- Medications for chronic conditions



Antibiotics (given by mouth) – used to treat bacterial infections of the ear, respiratory tract, urinary tract or skin.

Acetaminophen (e.g. Children’s Tylenol) – used to treat fever and pain.

Antihistamines (e.g. Benadryl) – used to treat allergic reactions such as runny nose or hives.

Bronchodilators – used to prevent or treat asthma attacks. Special equipment such as inhalers or nebulizers is also needed to give bronchodilators. When a nebulizer is needed, a special form from licensing must be completed by the parent and child care provider.

Decongestants (e.g. Dimetapp) – used to reduce stuffiness in ears, nose, chest.

Eye medication (liquid or ointment administered directly into the eye) – used to treat bacterial eye infections or “pink eye.”

Iron (by mouth) – used to treat anemia.

Cough medicine – suppressant for dry cough or expectorant for wet cough.

Topical medications – used to treat skin conditions such as diaper rash, infections.

Medications for chronic conditions – used to treat seizure disorders, cystic fibrosis, and other chronic illnesses.

Common Routes (Ways) Medication Is Given

- Oral medication
- Eye drops
- Topical medication
- Inhaled medication
- Injected medication



Oral medication can be solid such as tablets or capsules or can be liquid such as elixirs or suspensions. All oral medications should be followed by two to four ounces of water unless otherwise indicated.

Eye drops require some preparation. First gather supplies (medications, tissue, gloves) and wash hands. Clean eyelids, if necessary, wearing gloves. Position child on back or if seated, with head tilted back. Gently but firmly pull down lower lid and insert medication drops into pocket formed by lower lid. Be careful not to touch the eye or eyelid with container. Wipe closed eye with tissue. Praise the child for helping and wash your hands after re-moving the gloves. To apply eye ointment, follow the same procedure but drop a line of ointment along the lower lid, again without touching the container to the eye.

Topical medications are applied to skin. First, clean the skin where you will be applying the medication. Wear gloves if directed. Apply medication using applicator, gauze or gloves. Cover area if directed.

Inhaled medication is delivered by a spray bottle, inhaler or nebulizer. The medication forms a fine mist to be inhaled. A nasal spray is fairly easy to administer in older children who can cooperate. Ask them to hold one nostril closed while you squirt and they inhale the medication into the open nostril. Medication delivered by an inhaler or nebulizer requires special training from the parent or health care provider and specific written instruction and warnings. The nebulizer is a machine that requires special cleaning after each use and instructions on its use must be provided by the parent and health care provider.

Injected medication is delivered through a syringe/needle. At this time, child care providers cannot inject medications such as insulin, with the exception of using an Epi-Pen® after receiving training. Check with your licensing professional for guidelines specific for injecting medication.

Who Should Be the Person Responsible for Administering Medication?

Someone who:

- Has designated time for administering medications
- Has been trained to administer the type of medication as required by protocol of the local health consultant
- Will assure safe storage and disposal of medication
- Has access to locations where medication is stored and administration records are kept
- Knows the children to whom the medication is to be given
- Knows about the potential reactions to the medications to be administered, and how to respond to such reactions
- Knows when and how to contact parents, pharmacists or health providers to clarify the need and instructions for administration of medication in child care

According to the American Academy of Pediatrics and American Public Health Association, all staff who work with children should have training on these practices .

All staff should be trained on proper medication safety in child care upon employment and once every two years thereafter. Documentation of the individual trainings will provide proof that all staff members know how to administer medications.

(American Academy of Pediatrics and the American Public Health Association, 2002)

Have a written policy

In the child care setting it is justified to give medications if:

- Dosage cannot be adjusted so that it can be taken before and after child care
- A child has chronic health conditions (*e.g. asthma, diabetes*) which may require urgent administration of medicine
- Refusal to administer the medication would pose a significant hardship, such as requiring the child's absence from child care to recover from an illness when the child is well enough to attend child care (i.e. ear infection after the first day or so)



Child care facility should have a written policy for the use of prescription and nonprescription medication. Your medication policy should cover use of any commonly used nonprescription medication. Your health consultant could be helpful in preparing such a policy as it relates to acetaminophen, sunscreen, syrup of ipecac, etc.

Child care providers need to be aware of what medication the child is receiving, who prescribed the medicine and when, and what the known reactions or side effect may be if a child has negative reaction to the medicine.

First and Last Name of Child

Name of Medication (only one medication per authorization) Prescription OR Non Prescription

Reason for Medication

Dose Time to be Given

Start Date Stop Date**

Name of Licensed Physician or Nurse Practitioner prescribing the medication Phone # of Physician

I allow the above medication to be given to my child or youth by the child care provider/staff member or school age program staff member. Parent's Signature /Date Signed

Prescription medications must be in their original containers labeled with the child's first and last name, the date the prescription was filled, the name of the licensed physician or licensed nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. Administer the medication according to the instructions. Non-prescription medications can be given by permission and direction from the parent, guardian or legal custodian based on general advice received from the child's or youth's physician. Administer nonprescription medication from the original container labeled with the first and last name of the child or youth and according to the instructions on the label. A record of administration must be kept.

Instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.

Above is a form you can use for your facility.

Date mm/dd/yy	Time	Initials	Date mm/dd/yy	Time	Initials	Date mm/dd/yy	Time	Initials

Provider or staff member to note any comments or remarks about the child's appearance and/or condition on the back of the form.

Signature of Person Administering Medication _____ Initialing as _____

Signature of Person Administering Medication _____ Initialing as _____

Signature of Person Administering Medication _____ Initialing as _____

Signature of Person Administering Medication _____ Initialing as _____

This form can be used to document administration of only the medication identified on the previous form.

Tips for Administering Medication by Age

- Infants
- Toddlers and Preschoolers



For Infants

Assemble all supplies within reach—medication, tissues, measuring devices—and wash your hands. Measure the correct amount of medication. If you are not able to hold the infant and give the medication at the same time, ask for help. Talk to the infant and gently touch his or her mouth with the dropper or medication syringe. If his or her mouth doesn't open, gently pull down the chin. Make smacking sounds with your mouth to model what you want. When the infant's mouth is open, place the dropper or syringe on the middle of the tongue and slowly drop the medication a little at a time. If the infant does not cooperate, gently slide the dropper or syringe between the inside of cheek and gums and slowly drop in medication. Or, try dropping pre-measured amount of medication into a bottle nipple and let the infant suck it up.

For Toddlers and Preschoolers

Follow the same preparation as for infants, but try to prepare toddlers by letting them know you are going to be giving medication and you will need their help. Pre-measured medication may be placed in a spoon or in a small cup. If they are cooperative they may not need your help and will do it themselves; if not, you may have to firmly hold them while you use a dropper or medication syringe to place medication in the mouth between cheek and gums. Allow time for the medication to be slowly swallowed. Always praise children for their cooperation.

Reaction to Medication

- Anaphylactic shock
- Hives
- Swelling
- Vomiting
- Diarrhea
- Wheezing
- Sneezing



Reactions

Children may react to the medications you administer. Typical reactions include rashes, tiredness and irritability. It's also very common for children to have diarrhea during antibiotic treatment, although as long as it can be contained in the pants or diaper there is no reason to exclude a child for this kind of diarrhea. If you have any concerns about a reaction, notify the parent and seek advice from the health care provider or pharmacist.

A number of situations may arise related to administering medication in child care:

- Parents may ask you to give their child herbal remedies. Because many remedies are not standardized, it's best not to give them unless they are properly labeled and prescribed by a licensed health care provider. Suggest that parents administer these at home instead.
- Parents may not want to reveal what condition their child has. You must respect their desire for confidentiality, but you still need to know if there are any medication reactions to watch for. Remember that a child's medication or health condition cannot be discussed with anyone without the parent's permission.



Check to make sure there are clean, single-use cloths or disposable paper towels available. Turn on warm water at a temperature between 60 and 120 degrees F. Wet hands with water and apply soap, rubbing hands together until you create a soapy lather. Continue rubbing hands together for at least 10 seconds, including between the fingers, under the nails and around the nail beds and on the back of hands. Rinse hands clean and dry with a dry towel. If the faucet does not turn off automatically use a paper towel to turn it off.

Sometimes you work with children who are unable to stand or too heavy to hold for proper hand washing. Wipe these children's hands with a damp paper towel moistened with a drop of liquid soap, then throw out the towel. Wipe children's hands with a wet, clean paper towel until the hands are free of soap. Dry the children's hands with a dry clean cloth or paper towel.

The National Resource Center for Health and Safety in Child Care says hands should be washed after arrival for the day, when moving from one group of children to another, before and after eating, handling food or feeding a child. Hands also should be washed after administering medication. Wash hands after diapering, using the toilet or helping a child use the toilet, playing in sandboxes, cleaning, handling garbage, handling bodily fluids, working with uncooked food or touching animals.

Always wash your hands before and after dispensing medication.

Proper Diaper Change

The Daily Drill

Time	Breast or Bottle	Side/Time or Ounces	Diapers Wet or Dirty	Sleep	Extra Notes
Morning					
6:					
7:					
8:					
9:					
10:					
11:					
12:					
1:					
2:					
3:					
4:					
5:					
6:					
7:					
8:					
9:					
10:					
11:					
12:					
1:					
2:					
3:					
4:					
5:					



It's important to avoid spreading germs during a diaper change. Wear latex gloves while you remove the soiled diaper, disposing of it in the diaper receptacle and placing any soiled clothing in a sealed plastic bag to give to the parents later. You can then wipe the baby's bottom with a disposable baby wipe, throwing the wipe and the gloves in the diaper receptacle. Getting rid of the gloves allows you to put a fresh diaper on the baby without the risk of touching her with waste from the diaper. If the child's clothes are soiled, you'll need to change her into clean clothing.

Before returning the child to the day care area, wash his hands with soap and water. This is because small children and babies often touch the changing table and then place their hands in their mouths. Wash your hands as well to avoid spreading germs throughout the day care environment. Once the child is back in a crib, occupied with an activity or supervised by another adult, clean and disinfect the changing pad and any other surfaces that were soiled during the diaper-changing process. You can use ordinary soap and water to clean the changing area and then follow up with a disinfecting solution. A solution prepared by mixing 1/4 cup of bleach with one gallon of water can effectively disinfect a diaper-changing area.

Once the diaper-changing area is cleaned and disinfected, you and other day care workers may use it to change other children. Never place a child on a changing surface that hasn't been cleaned and disinfected, even if you do not see visible signs of soiling. Wash your hands again after disinfecting the diapering area and before diapering or interacting with other children, preparing food or touching other surfaces.

Keeping a record of each diaper change is important as well.

Medical treatment of diaper rash primarily involves topical corticosteroids to reduce the inflammatory response in irritated areas of skin and antifungal or antibiotic agents to treat secondary infections.

Parents should sign a permission slip to allow child care providers to apply over the counter diaper rash medication. Have parents sign this form upon their enrollment in the school so it is in the child's file when needed.

Remember These Five “Rights” When You Give Medicines:

- The right **CHILD**
- The right **MEDICINE**
- The right **DOSE**
- The right **ROUTE (by mouth, or on skin, etc.)**
- The right **TIME**

Patient information sheets on medications provide a wealth of information. They may be obtained free from pharmacies with each prescription and for nonprescription drugs upon request, or downloaded from www.nlm.nih.gov/medlineplus/druginformation.html. The sheets describe how the drug works, what to do if a dose is forgotten, and which side effects might occur. Request that parents bring the information sheet with the medication so the child care staff will be more informed, but don't hesitate to ask questions of the prescribing health care provider or pharmacist if you need more information.

Safeguards to prevent errors:

- Assign a staff member to administer medications at the right time.
- Consult with the parent, pharmacist or health care provider if uncertain about the next dose.
- If a medication is crucial and has been left at home, ask the parent to return home and get medication before the child is admitted for the day. Establish a system for ensuring that medications are returned each day to the family for use at home.
- Develop systems to alert all staff members that a child has medication—something as simple as a red dot next to a child's name on the sign-in sheet can be a good reminder.
- Set an alarm clock for the times of administration.
- Use measuring devices such as medicine caps or oral syringes for liquid medications, rather than household utensils, which are not accurate. Read the measured amount at eye level.
- Do not accept medication without written, understandable instructions. Check with a pharmacist or the child's health care provider if the instructions conflict with the label.
- Require that prescribed medication must have the child's name and current date.
- Make certain that medication is always administered by trained staff who know the children.
- Always provide written notification of medication administered so that the parent or other caregivers will know when to give the next dose.
- If a medication error is made, notify the parent immediately and consider seeking advice from the child's pharmacist or health care provider.