

MEDICATION ADMINISTRATION

FOR CHILD CARE PROVIDERS

OBJECTIVES

1. Demonstrate procedures for receiving, storing, preparing, administering, and documenting administration of medications
2. Describe symptoms of adverse reactions to medication and actions to take when they are observed
3. Describe and demonstrate what to do for signs and symptoms of an asthma attack and allergic reaction

WHAT ARE YOUR CURRENT PRACTICES?

- We give medication to enrolled children
- We work with a health consultant (doctor, nurse, other) to support our health needs
- We have a written medication administration policy
- We store medications in a secure location
- We apply sunscreen to children before they play outside
- We have a program checklist that uses the 5 Rights for giving medications
- We use a separate medication administration record for each child receiving medication
- We have a written policy and procedure to respond to medication errors or incidents
- We have a written policy and procedure to handle medication side effects or reactions

5 RIGHTS OF MEDICATION ADMINISTRATION

1. the RIGHT CHILD
2. the RIGHT MEDICATION
3. the RIGHT DOSE
4. the RIGHT TIME
5. the RIGHT ROUTE

PROCEDURES STATIONS

Nick is a 15 month old with an ear infection. He needs a dose at noon of amoxicillin suspension.

Station 1: Receiving and storing medications

Station 2: Preparing to give medication

Station 3: Measuring oral medications

Station 4: Documentation

“AS NEEDED” MEDICATIONS

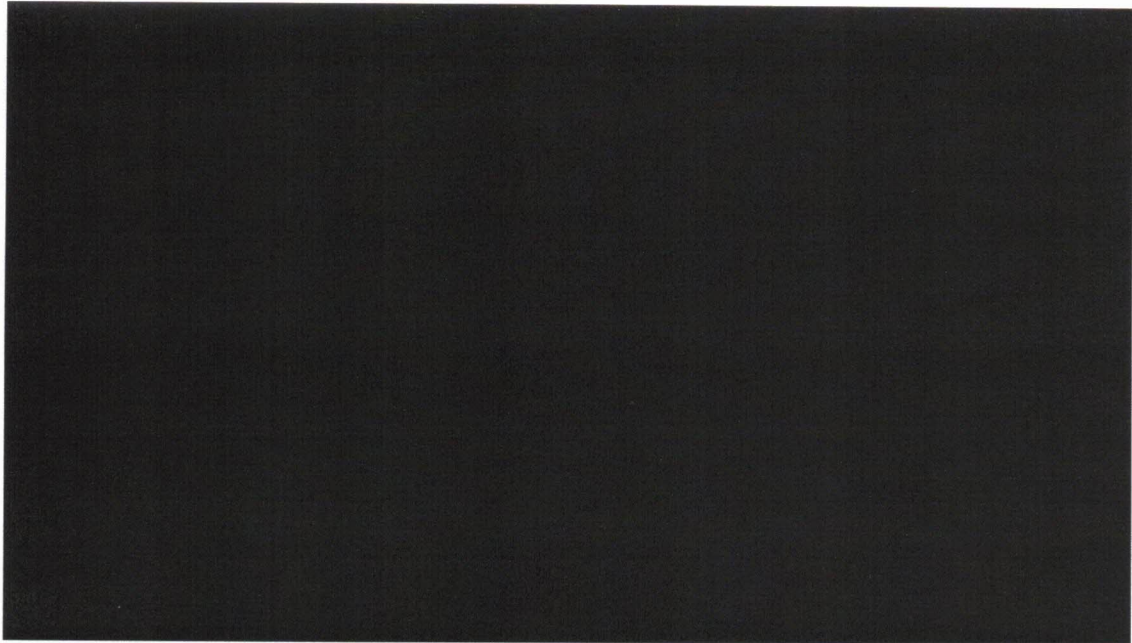
- Emergency medication – only given “as needed”
 - Asthma medication like albuterol
 - Epinephrine auto-injectors like Epi-pens for some allergies
- Over-the-counter medication
 - Antihistamines like Benadryl, Claritin, Zyrtec
 - Fever reducers

ADMINISTERING ASTHMA MEDICATION

Susie is 4 years old. She was recently diagnosed with asthma which is often triggered by a cold. You notice that she is sitting quietly on the platform of the climbing gym and is not participating with the other children (she is usually very active). She has an intermittent cough and you think you hear a slight wheeze.

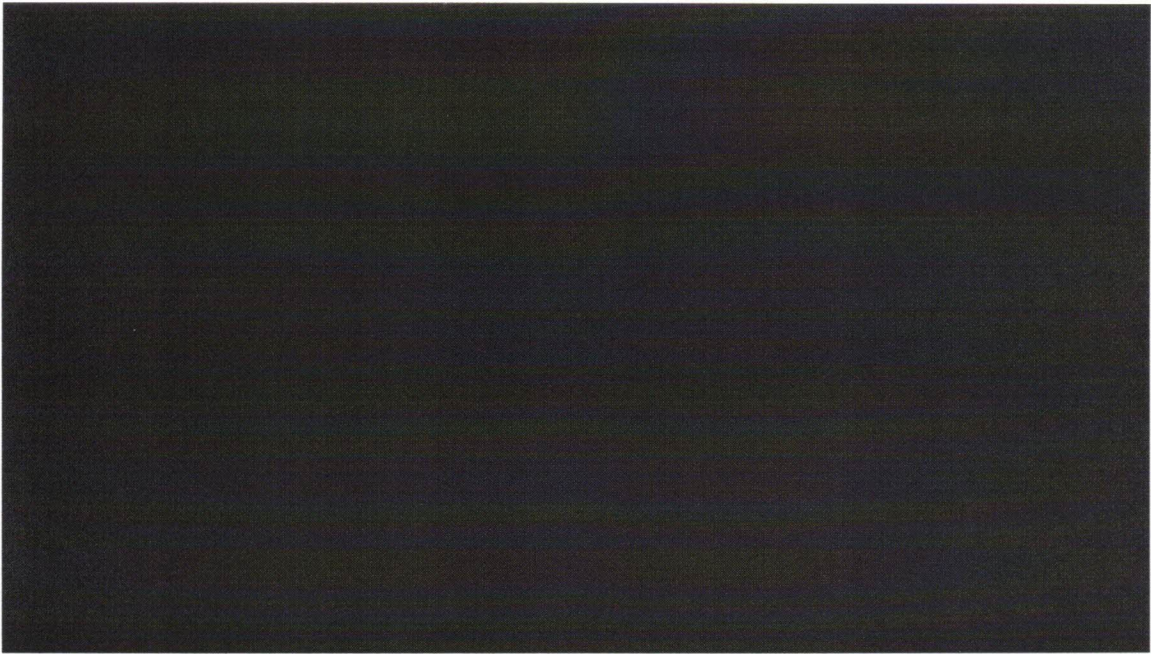
VERMONT ASTHMA ACTION PLAN

IF YOU ARE:	YOU NEED TO:
DOING WELL You're doing all of these: • Breathing well with no coughing or wheezing • Working and playing normally • Sleeping through the night • Had an annual flu shot	KEEP CONTROLLING YOUR ASTHMA Step 1: Avoid asthma triggers. See back for more info. Step 2: Take these medicines everyday, or as prescribed by your provider (and talk to your provider about using a spacer):
GETTING WORSE You have any of these: • Any signs of a cold • A cough (especially if it wakes you up at night) • A mild wheeze • A tight feeling in your chest • Contact with an asthma trigger	TAKE ACTION TO HELP PREVENT AN EMERGENCY Step 1: Slow down. Stop exercising or sit out from gym class or sports until feeling better. Step 2: Keep taking your daily medicines and add these "rescue" or "relief" medicines: Step 3: Call your provider if your symptoms don't get better within 24 hours (1 day). If symptoms get worse, you may be having an asthma emergency. Follow the directions in the Red Zone.
HAVING AN EMERGENCY You have any of these: • Hard and fast breathing • Grey or bluish lips or nails • Ribs showing or nose opening wide • Trouble talking or walking Or if your asthma medicine is not helping to ease your symptoms	GET HELP NOW Step 1: Take these medicines right away: Step 2: Call your provider, get to an emergency room, or call 911 <u>now</u>. DO NOT WAIT.
PROVIDER'S NAME _____ PROVIDER'S PHONE # _____ EMERGENCY CONTACT'S NAME _____ EMERGENCY CONTACT'S PHONE # _____	PROVIDER'S NAME _____ PROVIDER'S PHONE # _____ EMERGENCY CONTACT'S NAME _____ EMERGENCY CONTACT'S PHONE # _____



EPINEPHRINE AUTO INJECTORS

José is 2. He is allergic to peanuts. You have a peanut-free classroom and all parents have signed the peanut-free classroom agreement. Today is Mary's birthday. Mary's grandmother is visiting from out of town and brought in a special snack. After eating the snack José starts pointing to and scratching at his tongue.



MEDICATION ERRORS AND SIDE EFFECTS

- **Common Errors in Medication Administration:**
 - Most often occur with OTC medications
 - Could be errors with any of the 5 rights (wrong child, wrong medication, wrong dose, wrong time, wrong route)
 - How can you prevent these errors?
- **Medication Side Effect:**
 - A secondary and usually adverse effect of taking a medication
 - Common side effects include: upset stomach, diarrhea, loose stool, dry mouth, drowsiness, change in activity or mood, dizziness, flushing/sweating, rashes, rapid heartbeat, nausea
 - While not all side effects are problematic, be sure to watch for adverse effects

ERRORS AND SIDE EFFECTS (CONT)

- Effects of medication vary from child to child – best solution is to carefully watch child after administering medication
- Review consent form and medication label to see if there are potential medication side effects
- Best source of information is the health care provider.
- With medication errors or side effects, act quickly
 - If this child is in distress, call 9-1-1

WHO DO YOU CALL ACTIVITY

Sort cards at your table to decide who you would call for each of the situations.

Group 1: Call 9-1-1

Group 2: Call poison control

Group 3: Call parent/guardian

Group 4: No call needed

OTHER MEDICATION INCIDENTS

- Child refusal, spit out doses, vomited doses, spilled medication
- Always:
 - Notify director and notify parent/guardian
 - Fill out a medication incident report (also note error on Medication Log)
 - Develop and document a follow up plan
- Never:
 - Repeat a dose without specific instructions from health care professional

SMALL GROUP SCENARIO

You gave Nick his dose of amoxicillin at noon and recorded it. At 12:30, you note that Nick is scratching his arms and is developing a rash on his arms. He is happy and playful and is not having any breathing difficulties. What do you do?

FIELD TRIPS AND MEDICATION OUTDOORS

- Someone authorized to administer medication must be present
- Medication must be secure and labeled
- Maintain proper temperature and conditions for medication
- Carry copies of emergency contact information and the child's medical forms
- Use good hand hygiene

WHAT WOULD YOU DO?

Use R/Y/G cards to respond to the following scenarios:

- A parent asks you to give the morning dose of a medication that is ordered three times a day
- A parent asks you to give a medication but the medication is incorrectly labeled
- A child has had three seizures and has been prescribed emergency medication. The parent brings in a correctly completed consent form and correctly labeled medication. No staff member has had training in this specific procedure required.

WHAT WOULD YOU DO?

- A parent asks you to provide their child with cough medicine. The manufacturer's label including dosage for child's age is clear.
- Parent brings in a homeopathic remedy and asks you to administer to their child. The medication is in a plastic baggie with a handwritten instruction label attached.

CREATING MED ADMIN POLICIES

- Creating and implementing effective medication administration policies and procedures helps protect both the children and the program
- One key to any effective policy is that all staff know about, understand, and can effectively follow it
- Review the attached packet for information about creating effective medication administration policies