



MEDICATION ADMINISTRATION

FOR CHILD CARE PROVIDERS

WELCOME

- I will be taking attendance and this training will be entered into your BFIS account by Northern Lights. It may take up to 4 weeks to show up in your account.
- Participation is required throughout this training. Please keep your video on whenever possible and keep your mic muted unless you are speaking. Questions are encouraged!
- You will need the Activity Packet for participation. This was emailed to you with the Zoom link.
- You will receive a Document of Professional Development (DPD) form from **noreply@vsc.edu** within the next couple days. This is only for your records. Please do not send to Northern Lights. Call or email Northern Lights with any questions.

OBJECTIVES

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

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

REFER TO YOUR ACTIVITY PACKET

- Receiving and storing medications
- Preparing to give medication
- Measuring oral medications
- Documentation

SCENARIO #1

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

AJ's Pharmacy RX #0123456-78907
06/01/XX

444 Medicine Way Dr. E. Donoghue
Blue Skye, NC 27599 (732) 775-5500
1-800-333-6868

NICK SAMPLE (DOB 5/15/XX)
123 Main St.
Anywhere, USA

**Refrigerate this
medication.
Shake well
before using**

Amoxicillin suspension 250 mg/5cc
Quantity 150 mL

**Directions: Take 1 teaspoon (250 mg) by mouth
three times a day for 10 days. Take full dose**

NO Refills – doctor authorization required

Use by 6/20/XX DISCARD UNUSED MEDICATION

MGB Drug Company

“AS NEEDED” MEDICATIONS

- Emergency medication – only given “as needed”
 - Asthma medication like albuterol
 - Epinephrine auto-injectors like Epi-pens for some allergies
 - Nasal or rectal seizure medication
- Over-the-counter medication
 - Antihistamines like Benadryl, Claritin, Zyrtec
 - Fever reducers
- Observe children’s behavior carefully

ASTHMA SIGNS

- Wheezing
- Unable to breath
- Nasal flaring
- Tripoding

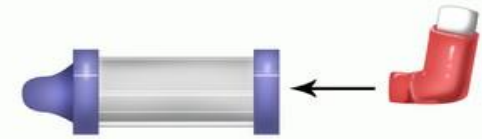


ADMINISTERING ASTHMA MEDICATION

Metered-Dose Inhaler: How to Use with a Spacer



1. Shake the medicine.



2. Insert the mouthpiece of the inhaler into the rubber-sealed end of the spacer.



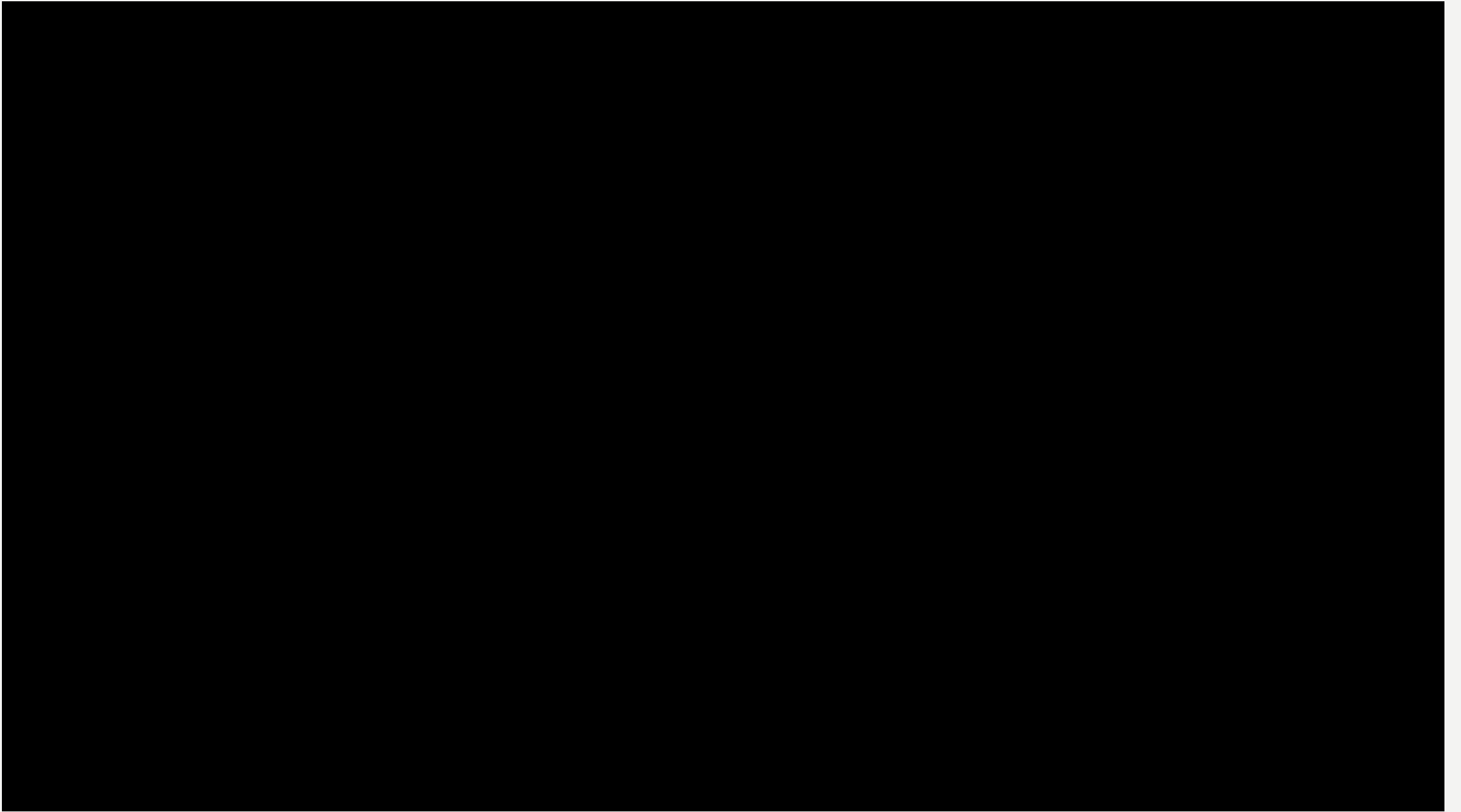
3. Breathe all of the air out of your lungs. Then put the spacer into your mouth between your teeth. Make a tight seal around the mouthpiece with your lips.



4. Press the metered-dose inhaler down once to release a spray of medicine. The medicine will be trapped in the spacer. Breathe in slowly and deeply.



5. Hold your breath for 5 to 10 seconds and then breathe out slowly. If you cannot hold your breath, another method is to breathe in and out slowly for 3 to 5 breaths.



VERMONT ASTHMA ACTION PLAN

IF YOU ARE:	YOU NEED TO:
<p>DOING WELL</p> <p>You're doing all of these:</p> <ul style="list-style-type: none"> • Breathing well with no coughing or wheezing • Working and playing normally • Sleeping through the night • Had an annual flu shot 	<p>KEEP CONTROLLING YOUR ASTHMA</p> <p>Step 1: Avoid asthma triggers. See back for more info.</p> <p>Step 2: Take these medicines everyday, or as prescribed by your provider (and talk to your provider about using a spacer):</p>
<p>GETTING WORSE</p> <p>You have any of these:</p> <ul style="list-style-type: none"> • 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 	<p>TAKE ACTION TO HELP PREVENT AN EMERGENCY</p> <p>Step 1: Slow down. Stop exercising or sit out from gym class or sports until feeling better.</p> <p>Step 2: Keep taking your daily medicines and add these "rescue" or "relief" medicines:</p> <p>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.</p>
<p>HAVING AN EMERGENCY</p> <p>You have any of these:</p> <ul style="list-style-type: none"> • Hard and fast breathing • Grey or bluish lips or nails • Ribs showing or nose opening wide • Trouble talking or walking <p>Or if your asthma medicine is not helping to ease your symptoms</p>	<p>GET HELP NOW</p> <p>Step 1: Take these medicines <u>right away</u>:</p> <p>Step 2: Call your provider, get to an emergency room, or call 911 <u>now</u>. DO NOT WAIT.</p> <p>_____ PROVIDER'S NAME</p> <p>_____ PROVIDER'S PHONE #</p> <p>_____ EMERGENCY CONTACT'S NAME</p> <p>_____ EMERGENCY CONTACT'S PHONE #</p>

SCENARIO #2

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.

EPINEPHRINE AUTO INJECTORS



Blue to the sky. Orange to the thigh.

How to use EpiPen® and EpiPen® Jr (epinephrine) Auto-injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- After injection, the orange cover automatically extends to ensure the needle is never exposed.




After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.

For more information visit the consumer site EpiPen.ca.



ANAPHYLAXIS EMERGENCY CARE PLAN


American Academy of Allergy Asthma & Immunology
 www.aaaai.org

Anaphylaxis Emergency Action Plan

Patient Name: _____ Age: _____
 Allergies: _____
 Asthma Yes (high risk for severe reaction) No
 Additional health problems besides anaphylaxis: _____
 Concurrent medications: _____

	Symptoms of Anaphylaxis
MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.
 *Some symptoms can be life-threatening. ACT FAST!

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):

<input type="checkbox"/> Adrenaclick (0.15 mg)	<input type="checkbox"/> Adrenaclick (0.3 mg)
<input type="checkbox"/> Auvi-Q (0.15 mg)	<input type="checkbox"/> Auvi-Q (0.3 mg)
<input type="checkbox"/> EpiPen Jr (0.15 mg)	<input type="checkbox"/> EpiPen (0.3 mg)

Epinephrine Injection, USP Auto-injector- authorized generic

<input type="checkbox"/> (0.15 mg)	<input type="checkbox"/> (0.3 mg)
<input type="checkbox"/> Other (0.15 mg)	<input type="checkbox"/> Other (0.3 mg)

Specify others: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home _____ work _____ cell _____


Emergency contact #2: home _____ work _____ cell _____

Emergency contact #3: home _____ work _____ cell _____

Comments: _____

Doctor's Signature/Date/Phone Number _____

Parent's Signature (for individuals under age 18 yrs)/Date _____


FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN
 Food Allergy Research & Education

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

PLACE PICTURE HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

<p>FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> LUNG Shortness of breath, wheezing, repetitive cough</td> <td style="text-align: center;"> HEART Pale or bluish skin, faintness, weak pulse, dizziness</td> <td style="text-align: center;"> THROAT Tight or hoarse throat, trouble breathing or swallowing</td> <td style="text-align: center;"> MOUTH Significant swelling of the tongue or lips</td> </tr> <tr> <td style="text-align: center;"> SKIN Many hives over body, widespread redness</td> <td style="text-align: center;"> GUT Repetitive vomiting, severe diarrhea</td> <td style="text-align: center;"> OTHER Feeling something bad is about to happen, anxiety, confusion</td> <td style="text-align: center;">OR A COMBINATION of symptoms from different body areas.</td> </tr> </table>	 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips	 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.	<p>MILD SYMPTOMS</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> NOSE Itchy or runny nose, sneezing</td> <td style="text-align: center;"> MOUTH Itchy mouth</td> <td style="text-align: center;"> SKIN A few hives, mild itch</td> <td style="text-align: center;"> GUT Mild nausea or discomfort</td> </tr> </table> <p>FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.</p> <p>FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:</p> <ol style="list-style-type: none"> Antihistamines may be given, if ordered by a healthcare provider. Stay with the person; alert emergency contacts. Watch closely for changes. If symptoms worsen, give epinephrine. 	 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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1. INJECT EPINEPHRINE IMMEDIATELY.

2. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

SCENARIO #3

José is 2. He is allergic to peanuts. You have a peanut-safe classroom and all parents have signed the peanut-safe 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.

The following are examples of the words a child might use to describe a reaction:

- “This food is too spicy.”
- “My tongue is hot [or burning].”
- “It feels like something’s poking my tongue.”
- “My tongue [or mouth] is tingling [or burning].”
- “My tongue [or mouth] itches.”
- “It [my tongue] feels like there is hair on it.”
- “My mouth feels funny.”
- “There’s a frog in my throat.”
- “There’s something stuck in my throat.”
- “My tongue feels full [or heavy].”
- “My lips feel tight.”
- “It feels like there are bugs in there.” (to describe itchy ears)
- “It [my throat] feels thick.”
- “It feels like a bump is on the back of my tongue [throat].”

If you suspect that a child is having an allergic reaction, follow their emergency care plan and treat the reaction quickly.

EMERGENCY SEIZURE MEDICATION

- Prescription medicine used for the short-term treatment of seizure clusters
- Federally controlled substance because it can be abused or lead to dependence
- Comes in various doses: 5 mg, 7.5 mg, 10 mg, 15 mg, or 20 mg
- The most common adverse reactions are sleepiness and headache

DIASTAT (RECTAL)

Do not give DIASTAT ACUDIAL until:

1. You have confirmed:

- Prescribed dose is visible and if known, is correct
- Green “ready” band is visible
- Confirm the dose and green ready band are visible.

2. You have thoroughly read these instructions

3. Reviewed administration steps with the doctor

4. Understand the directions

Before administering DIASTAT ACUDIAL for the first time, your caregiver must read and completely understand the dosing instructions.



VALTOCO (NASAL FOR AGES 6+)

1. HOLD



HOLD VALTOCO with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

DO NOT test or prime; each device sprays only one time.

2. INSERT



INSERT the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.

For nasal use only.

3. PRESS



PRESS the bottom of the plunger firmly with your thumb to give VALTOCO.

Throw away nasal spray device(s) after use.

SEIZURE ACTION PLAN (SAP)



END EPILEPSY

Name: Cinnamon Stick Birth Date: 10/04/xxxx
Address: 2 Pantry Lane Phone: _____
Emergency Contact/Relationship: Ginger and Nutmeg Spice, parents Phone: _____

Seizure Information

Generalized- motor			may have rigid or limp muscles
			may appears spacey, may laugh, lipsmack

How to respond to a seizure (check all that apply)

- First aid – **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify emergency contact
- Notify emergency contact at _____
- Call 911 for transport to _____
- Other _____

First aid for any seizure

- STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens _____
- Other _____

When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) if longer than 5 minutes or more than 3 within 15 minutes- give med _____
Name of Med/Rx Valtoco How much to give (dose) 5 mg
How to give nasal injection. May repeat if seizure does not stop.

If seizure (cluster, # or length) _____
Name of Med/Rx _____ How much to give (dose) _____
How to give _____

If seizure (cluster, # or length) _____
Name of Med/Rx _____ How much to give (dose) _____
How to give _____

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 (CONTINUED)

- 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
- Pharmacists are also a great source of information
- With medication errors or side effects, act quickly

****If the child is in distress, call 9-1-1****

WHO DO YOU CALL?

- Call 9-1-1
- Call poison control
- Call parent/guardian
- No call needed

Take out your phones – add a new contact
Poison Control # 1-800-222-1222

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

SCENARIO #4

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?

1. A parent asks you to give the morning dose of a medication that is ordered three times a day
2. A parent asks you to give a medication, but the medication is incorrectly labeled
3. 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?

4. A parent asks you to provide their child with cough medicine. The manufacturer's label including dosage for child's age is clear.
5. 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.
6. A parent drops off medication and tells you the only way the child will take the medication is if you mix it with milk/formula. There is no written indication from the doctor or pharmacist that states the medication should be mixed with milk/formula.

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



- Review the 5 rights! Read the medication instructions carefully and make sure you understand them.
- Discuss the medication administration plan thoroughly with parents and make sure you are on the same page.

QUESTIONS?



THANK YOU!