

**Medication Administration: An
Instructional Program for Training Unlicensed Personnel
to Give Medications in Out-of-Home Child Care in Ohio**

Trainer's Manual

Adapted from Healthy Child Care Colorado's curriculum *Guidelines for Medication Administration: An Instructional Program for Training Unlicensed Personnel to Give Medications in Out-of-Home Child Care, Schools and Camp Settings*, 4th Edition, 2001

Acknowledgements

This curriculum is based upon *Guidelines for Medication Administration: An Instructional Program for Training Unlicensed Personnel to Give Medication in Out-of-Home Child Care, Schools and Camp Settings*, Fourth Edition, 2001, developed by Healthy Child Care Colorado.

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Medication Administration Instructional Program RN Instructor Guide

CONTENT	TYPE OF ACTIVITY	MATERIALS	TIME NEEDED
<p><u>Registration</u> 15 minutes before the class begins</p> <p>Student participants employed in a setting licensed by the Bureau of Child care (private preschool, child care, family child care, before & after school or camp programs) <u>are required</u> to register for the state database. The RN instructor <u>must</u> also register with Healthy Child Care Ohio as an approved Medication Administration RN instructor. A student refresher course is recommended every 2 years.</p>	Participants Register		15 min.
<p>Introduction</p> <p>Goals and Responsibilities Ohio Licensing Regulations State Board of Nursing Bureau of Child Care and Development Programs</p> <ul style="list-style-type: none"> ○ Child Care Centers ○ Family Child Care Homes ○ Before and After School Programs ○ Head Start <p>Instructional Program Requirements: Medications Covered in this Instructional Program Medication <u>Not</u> Covered in this Instructional Program</p> <p>Rights and Responsibilities Ohio Nurse practice Act Americans with Disabilities Act Confidentiality</p>	Lecture and Discussion	<u>Student handbook</u> Pg. 1	15 min.
<p>Purposes of Medications How Medications Work Desired and Undesired Results Side Effects Adverse Reactions Allergic Reactions</p> <p>Classification of Medications Prescription Controlled Over-the-counter Preventive Topical Medications Other Medications or Medicinal Preparations</p>	Lecture <u>Review</u> written materials. Group interaction and discussion	<u>Student handbook</u> Pg. 5	10 min.

Medication Administration Instructional Program RN Instructor Guide

CONTENT	TYPE OF ACTIVITY	MATERIALS	TIME NEEDED
<p>Medication Routes: Common Forms of Medications Oral</p> <p>Tablets/Capsules/Sprinkles Liquids Inhalants Topical Injectable Rectal</p>	<p><u>Review</u> written materials</p> <p>Group interaction and discussion</p>	<p><u>Student handbook</u> Pg. 7</p>	10 min.
<p>Care and Storage of Medications General Guidelines Controlled Substances Refrigeration Expired Medication</p>	<p><u>Review</u> written materials</p> <p>Group interaction and discussion</p>	<p><u>Student handbook</u> Pg. 8</p>	10 min.
<p>Common Medications and Side Effects Over-the-counter Medications Antibiotics</p> <p>Fever ADD/ADHD (Optional)</p>	<p><u>Review</u> written materials.</p>	<p><u>Student handbook</u> Pg. 9</p> <p><u>Sample Forms:</u> ADD/ADHD (Optional)</p>	10 min.
<p>Requirements to Administer Medications Health Care Provider Written Authorization Parent Written Authorization Original Labeled Container Documentation Medication Log Medication Error Medication Policy and Procedures</p>	<p><u>Review</u> written materials</p> <p>Group interaction and discussion</p>	<p><u>Student handbook</u> Pg. 11 <u>Forms:</u> Parent/Guardian Request to Administer Medication Form and Injury/Incident Report</p>	15 min.
<p>5 Rights of Medication Administration</p> <p>How to Administer Medication Hand washing How to Give Medications Oral Containers Changing the form of Medication Refusal of Medication Pills/Tablets/Capsules Liquids Topical Eye Drops/Ointments Ear Drops Skin preparations</p>	<p><u>Review</u> written materials</p> <p><u>Video-Administration of Medication</u> (Colorado Healthy Child Care Production)</p>	<p><u>Student handbook</u> Pg. 15</p>	35 min.

Medication Administration Instructional Program RN Instructor Guide

CONTENT	TYPE OF ACTIVITY	MATERIALS	TIME NEEDED
Severe Allergic Reaction or Anaphylaxis Common Causes Symptoms Emergency Treatment EpiPen® Care and Storage Prevention	<u>Video:</u> EpiPen Training Video Practice EpiPen® trainer	<u>Student handbook</u> Pg. 19 <u>Sample Form:</u> Severe Allergy Health Care Plan	15 min.
Asthma Management What is Asthma? Why Do I Need to Know About Asthma? Training Opportunities		<u>Student handbook</u> Pg. 20	2 min.
Skills Check List	Return Demonstration and Observation		25 min
WRITTEN TEST	Individual activity	<u>Appendix:</u> Medication Administration Test: & Answer Key This is an open book test	5 min.
EVALUATION	Request written feedback from participants	<u>Appendix:</u> Sample Evaluation Tool	2 min
<u>TOTAL TIME</u> This varies based on class size, number or RN instructors and familiarity with the audience			2.5 hours

GUIDELINES FOR MEDICATION ADMINISTRATION: AN INSTRUCTIONAL PROGRAM FOR TRAINING UNLICENSED PERSONNEL TO GIVE MEDICATIONS IN OUT-OF-HOME CHILD CARE SETTINGS

Introduction

An increasing number of children in school, child care, camp programs, and other community settings are receiving medications in these out-of-home settings. Child care providers, family child care providers, before and after school and camp personnel are administering medications. The added responsibility of providing medications in these programs creates a potential health risk for the child and a potential liability risk for the caregiver. Ideally, parents should make every attempt to administer medications to their children. In reality, there will be times when caregivers or unlicensed personnel will be responsible for administering these medications.

This Medication Administration Instructional Program manual is designed to meet the needs of the individual who administers medications to infants, toddlers, preschool, and school-aged children in out-of-home child care settings. This curriculum was adapted from the Healthy Child Care Colorado's *Guidelines for Medication Administration: An Instructional Program for Training Unlicensed Personnel to Give Medications in Out of Home Child Care, Schools and Camp Settings, 4th Edition*, published in 2001. A committee supported by the Healthy Child Care Ohio Program was formed in 2003 to develop a similar instructional program for Ohio. The committee consisted of staff from Ohio Department of Health and Department of Job and Family Services as well as one child care provider.

Ohio's Medication Administration Instruction Program was initiated in February 2004, to provide knowledge and skills needed to safely administer medications in out-of-home child care programs. The training is approximately 2 1/2 hours in length which includes a skills check list and a written test. The trainings conducted by registered nurses are coordinated through the Healthy Child Care Ohio program at the Ohio Department of Health. A refresher course is encouraged for students every 2 years.

The Ohio Administrative Code for child care regulations allows child care personnel to administer medication if certain requirements are met. This course will support child care providers in this role. In some centers there may be a registered nurse (RN) on staff. In this situation, the nurse may use her ability to delegate the administration of medication to trained unlicensed personnel under specific conditions. Registered nurses practicing in an educational setting or child care settings may "delegate" the task of giving medication to trained unlicensed personnel under specific conditions. This "delegatory" clause was added to the Ohio Nurse Practice Act in the early 1990's to help meet the health needs of the community. There are slightly different guidelines for settings without a staff RN compared to those who employ a RN. The differences will be explained in the manual.

There are certain medications that will not be covered in this course. Occasions may occur when it may be determined that it is appropriate to delegate such medications for a child with a stable condition. This will be based on individual situations utilizing a current health plan for the child and specialized one-on-one training for the staff.

Purpose

The purpose of this training is to teach unlicensed personnel basic information about administering medication to infants, toddlers, preschool and school-aged children in out-of-home child care settings. The settings include those regulated by Ohio Department of Job and Family Services, Bureau of Child Care and Development.

Goal

The goal of this training is to ensure safe and accurate administration of oral and topical medications to children in out-of-home child care settings. A second goal is to provide an introduction to the EpiPen® used to treat severe allergic reactions.

Student Participant Responsibilities

At the end of the Medication Administration Instructional program training child care personnel will:

- ◆ Recognize the responsibility in giving medications safely and accurately.
- ◆ Understand the general purpose of medication.
- ◆ Demonstrate proper hand washing and universal precautions.
- ◆ Demonstrate competency in the storage, measuring the correct dosage and administration procedures of different types of medications using various medication containers and measuring devices, e.g., oral, topical, eye and ear medications.
- ◆ Demonstrate appropriate and accurate record keeping, including proper documentation of all doses of medication administration.
- ◆ Describe medication errors and how they can be avoided.
- ◆ Describe which situation fits the student's setting: Situation 1 or Situation 2 (See Rights and Responsibilities section).
- ◆ Describe the student's responsibility in the performance of the delegated task of medication administration, under the supervision of the registered nurse. (This only pertains to students in Situation 2.)
- ◆ Use resources appropriately.
- ◆ Pass a written test answering 70 percent of the questions correctly. This is an open book test.
- ◆ Earn a certificate of completion.

RN Instructor Responsibilities

- ◆ Maintain nursing competencies to properly administer medications to infants, preschool and school-aged children in out-of-home child care settings.
- ◆ Demonstrate knowledge of Ohio Nurse Practice Act and Ohio Department of Job and Family Services child care licensing regulations, as appropriate.
- ◆ Maintain a record of personnel who have completed this training.
- ◆ As appropriate, maintain current RN instructor status with the Healthy Child Care Program at Ohio Department of Health.

RN Instructor Familiar with: (see Appendix for reference information)

- ◆ Ohio Nurse Practice Act and Chapter XIII Rules and Regulation Regulating the Delegation of Nursing Tasks
- ◆ Ohio Department of Job and Family Services, Bureau of Child Care and Development, licensing information, as applicable. These regulations pertain to licensing out-of-home child care settings.
- ◆ Administering medications to infants, toddlers and school-aged children.
 - Note: An LPN may not teach the Medication Administration Instructional Program, but may assist the RN instructor.

Time

2 1/2 hour minimum

Recommended Student to Instructor Ratio

- ◆ Maximum of 12-15 participants per instructor.
 - Note: Class may take longer than 2 1/2 hours.

Materials Needed

- Instructor Manual**
- Student Handbook**
- Medication Administration video tape**
"Medication Administration in Child Care" (Copies may be obtained from Ohio Department of Health)
- Recommended video**
"EPIPEN: How to use the EpiPen Auto-Injector for Allergic Emergencies (Anaphylaxis)." Published by Dey L.P. Educational Videotape, 2002.
Obtained for free from Dey Co. at 1-800-755-5560.
- Supplies for Skills Test**
Sample bottle for pills
Sample bottle for liquid medications
Sample container for topical medications (creams and ointments)
Sample container with a dropper for ear medication
Measuring devices (syringes, medicine cups)
Disposable gloves
EpiPen® trainer
- Examples of "Request to Administration of Medication" forms**
- Blank Medication Log Forms for student practice**
- Medication Administration Written Test**
- Evaluation**

**Medications Covered in this Instructional Program
Typical and Routine Medications for Short Term Use**

- ◆ Antibiotics
- ◆ Eye or ear drops
- ◆ Non-narcotic pain medications
- ◆ Ointments and creams used as a *treatment* for a skin condition and
- ◆ Over-the-counter medications

◆ Medications Taken on a Regular Basis for Chronic Health Condition

- ◆ ADD/ADHD medications
- ◆ Antidepressants
- ◆ Seizure medications
- ◆ Routine heart medications
- ◆ Medications for muscle spasms

Note: "As-needed" medications require specific instructions, including time interval for administration, regarding when the medication needs to be administered. Unlicensed persons may not use judgment regarding whether or not to give a medication.

◆ Emergency Medications

- ◆ EpiPen® and antihistamines

Note: Individualized health care plans (JFS 01236) and written parent and health care provider instructions are necessary for children with nebulizer treatments and emergency medications.

Medications *Not Covered* by this Instructional Program

The following medications are NOT covered by this course:

- ◆ Asthma medications including inhalers and nebulizers
- ◆ Medication that requires nursing judgment
- ◆ "As-needed" medications for health conditions e.g., asthma, diabetes

These medications require nursing assessment unless there is a written health care plan or specific instructions including time interval for administration

- ◆ Injectables other than EpiPen® (Glucagon and insulin are injectables that will not be covered)
- ◆ Medications given by feeding tubes (nasogastric or gastrostomy tube)
- ◆ Medications that require taking blood pressure or pulse before or after giving medication
- ◆ Rectal medications
- ◆ Experimental medications
- ◆ Homeopathic and herbal preparation

These medications are to be administered by an RN or the child's parent or guardian.

There are occasions these medications may be requested by the parent or health care provider (**Situation 1**) or delegated by the staff RN (**Situation 2**). This requires that child has a stable health condition. This is determined on an individual basis, and only with a current, detailed health care plan. One-on-one training is required for the child care provider (this includes the EpiPen®)

**Refer to Child
Medical/Physical Health Plan
(JFS 01236)**

Rule 5101:2-12-38

5101:2-13-38

5101:2-14-27

Instructor

Mention here that Diastat is an emergency medication given rectally to some children with severe seizures.

It is not covered in this course because it requires knowledge beyond the scope of this training. Mention that Glucagon is an emergency drug that may be written into the health plan for a diabetic child. It requires knowledge beyond the scope of this training.

RIGHTS AND RESPONSIBILITIES**Topic & Instructional Strategies****Ohio Laws**

The Ohio Administrative Code for child care rules allow child care personnel to administer medication if certain requirements are met. This course will support child care providers in this role. This training is designed to give out-of-home child care personnel basic information on the steps involved in the administration of medication to children. In Ohio there are two types of situations that exist.

Situation 1

Most child care settings in Ohio do not have an RN on staff. In this situation, child care regulations permit child care personnel to give medications as long as certain requirements are met. These requirements will be described in the section "Requirements to Administer Medication."

Situation 2

This situation is very different. These child care settings have a nurse on staff who will supervise child care personnel in the administration of medication. This situation is permitted in the Ohio Nurse Practice Act (Chapter 13: 4723-13-03 and 04). Child care personnel in this situation must understand how they function under the supervision of an RN.

The Ohio Nurse Practice Act is the law that licenses and regulates the practice of nursing and states what an RN and licensed practical nurse (LPN) may do in their practice. Registered nurses practicing in an educational setting or child care settings may "delegate" the task of giving medication to people who are not nurses (OAC 4723-13-03, and 04). This "delegatory" clause was added to the Ohio Nurse Practice Act in the early 1990s to help meet the health needs of the community. A licensed practical nurse (LPN) may administer medications under the supervision of a physician or an RN.

In addition to taking this Medication Administration Instructional Program, **child care personnel in Situation 2 must again demonstrate competency in their ability to administer medication to the RN delegating the task of medication administration.** The delegating RN must review and document staff competencies in medication administration on an ongoing basis.

In **Situation 2**, delegation means an RN may assign to a child care provider the task of medication administration. The RN is responsible for the care that is provided. However, child care personnel may not be delegated tasks that require nursing judgment or be delegated nursing care needs that require an assessment by a registered nurse.

1. 5101:2-12-31
2. 5101:2-13-31
3. 5101:2-14-31
Throughout this manual the numbers above refer to:

1. Rules for center
2. Rules for Type A homes
3. Rule for Type B homes

The RN instructor discusses with the student participant the many rights and responsibilities involved in the administration of medication.

*This manual includes various detailed legal references related to the practice of professional nursing. This information is not included in the student handbook. It is the instructor's responsibility to be knowledgeable in this area. In **Situation 2**, the student participant should be encouraged to seek guidance and support from the RN responsible for the delegation and supervision of medication.*

Refer to the Appendix Section for the Delegatory Clause and Chapter XIII of the Rules and Regulations (ONPA)

Special Notes for Situation 2:

- ✓ Child care staff may not further delegate medication administration or another special health procedure to another individual.
- ✓ The task may not be changed without permission of the delegating RN.
- ✓ At any time, the staff RN may withdraw delegation if, in the opinion of delegating RN, the person is unable or fails to perform the task as directed by the RN.
- ✓ The RN may withdraw the delegation of a particular medication, if there is a change in the stability of the child's health condition or there is a change in the nature of the medication.

If you work with a nurse in your setting and you need more clarification about her role as it relates to you, please call the Ohio Board of Nursing

Other Important Laws

American with Disabilities Act (ADA) – The ADA covers private, non-church operated schools, child care facilities and preschools. The ADA requires those programs to make reasonable accommodations for children with mental or physical disabilities and chronic illness. Children in schools, child care, camp programs and other community settings, can not be excluded on the basis of a disability. The program must consider each case individually and comply with the requirements of ADA.

Confidentiality

Each program should have a confidentiality policy. Information about a child's health condition must not be discussed with anyone unless the parents have given their written permission. Medication should be administered as privately as possible and the type of medication should never be mentioned or discussed with anyone else, except on a need to know basis.

A breach of confidentiality, the sharing of information without written permission can result in serious consequences. Such disclosure can cause the child and family great distress and are possible grounds for lawsuit

Refer to the Appendix Section for information on ADA

PURPOSES OF MEDICATION

The Purposes of Medication are to:

- ◆ Prevent illness.
- ◆ Relieve symptoms.
- ◆ Control or cure health problems.

How Medications Work in the Body

Medications enter the blood stream by different routes.

- ◆ Oral medications are digested or broken down in the stomach and enter the bloodstream through the intestines.
- ◆ Inhaled medications are absorbed through the lining of the respiratory tract into the blood.
- ◆ Topical medications are absorbed through the skin and into the blood.

Once medications are in the blood, they are metabolized or converted to a usable form in the liver or the kidneys, and they pass out of the body through the kidneys. Medications can damage the liver or kidneys.

Compared to adults, children, especially from birth to 3 years of age, are immature and process medicines ineffectively. Children are especially susceptible to medication side effects, overdoses, allergies, and paradoxical effects. Children are smaller than adults, and need less medicine to obtain the desired effect.

Medications can work together or against each other. Some drugs increase the effect of other drugs; others can decrease or negate the effects of another drug. Some drugs work faster when taken with food, other drugs work slower. Some drugs should not be taken with certain foods.

Medications can produce both desired and undesired results. The desired result is the reason for which the drug was prescribed.

Three Types of Undesired Results

1. **Side effects** are natural, expected and predictable actions of the drug that may occur at the same time as the desired effect. Most side effects are minor. Examples include dry mouth and/or drowsiness experienced after taking an antihistamine.
2. **Adverse reactions** are unexpected and potentially harmful. Examples include double vision, vomiting and liver damage. If an adverse reaction is observed, the parent (**Situation 1**) and nurse (**Situation 2**) should be notified immediately. The health care provider may want to examine the child, change the dosage or the medication.
3. **Allergic reactions** are difficult to predict. Allergic reactions may involve many different types of symptoms. Skin disturbances, e.g., itching, rashes or swelling, are common. If an allergic reaction is observed, notify the parent immediately, and request follow-up with the health care provider.

A most dangerous type of allergic reaction is anaphylaxis which can be life-threatening. **CALL 911.**

Drug Interactions may result when two or more drugs taken together affect each other's action in some way. One or both drugs may become more or less effective, or undesirable actions may occur. Drug interactions are not necessarily bad; some are brought about intentionally to increase the therapeutic effect of certain drugs.

Purposes of Medications

◆ How Medications Work in the Body

◆ Undesired Results

- Side Effects
- Adverse Reactions
- Allergic Reactions
- ◆ Drug Interactions

Allergic Reaction:

The student manual refers the reader to page 19 for a description of "anaphylaxis."

System of Naming Medication

- ◆ Generic name: related to chemical or official name of the drug
- ◆ Brand name: designated and patented by the manufacturer

Prescription medications including controlled substances require a written order by a person with prescriptive authority. The order is written on a special prescription form. The pharmacist keeps the original prescription form on file.

According to the Ohio Child Care Regulation (5101.2-12-31 A1) persons with prescriptive authority include:

- ◆ Physicians, including doctors of osteopathy (D.O.)
- ◆ Certified Advanced Practice Nurses
- ◆ Dentists

It is very important that parents understand the health care providers and pharmacist’s instructions. For example: How will this medication help the child, how much and when is the medication given, are there any side effects the parent should know about, and how to use the medication?

Common prescription medications for children include antibiotics, ear/eye preparations, skin preparations and analgesics.

Controlled substances are prescription medications that are under the jurisdiction of the Federal Drug Enforcement Agency. These medications present a greater than usual risk of becoming habit forming, or of being sold and used illegally.

Common controlled substances include *Ritalin®, Phenobarbital, and pain medications containing codeine, tranquilizers or muscle relaxant drugs.*

There are five schedules of drug and drug products under the jurisdiction of the Controlled Substances Act. (see Appendix Section)

Medications
 ◆ **Persons with Prescriptive Authority**
 ◆ **Persons who do not have Prescriptive Authority**
 ◆ **Common Prescription Medications**

1. 5101:2-12-31
2. 5101:2-13-31
3. 5101:2-14-31

Controlled Medications
 ◆ **Under the Federal DEA**
 ◆ **Common Controlled Substances**

Over-the-counter (OTC) is medication that may be purchased without a prescription. Any kind of store can sell OTC medicines. The Food and Drug Administration decides whether a medication can be safely used by a consumer without the advice of a health care provider. This does not mean that OTC's are harmless. Like prescription medications, OTC's can be very dangerous to a child if given incorrectly.

Common over-the-counter medications used for children include *fever reducer or pain reliever, antihistamines, mild cortisone cream, cough syrups, cold remedies, nose drops, and medications used for common gastrointestinal problems.*

It is recommended that parents discuss the use of OTC medications with their health care provider before giving any medications to their child. Parents should be especially careful in giving OTC medications to an infant. Giving a child more than one cold or cough medicine to treat different symptoms can be dangerous. Some of the same ingredients may be in each product. Also, many of these medicines contain acetaminophen. Read labels carefully.

Over-the-counter medications administered in the child care program require written authorization from the health care provider with prescriptive authority when the bottle or label does not indicate the correct dose for the child's age or weight. Medications rarely indicate the proper dosage for children under the age of 2 years. Parent written permission is necessary for any medication.

Note: Some drugs are both OTC and prescription. They are considered OTC if the active ingredient is small in each dose. Those that require a prescription contain the active ingredient in a larger dose.

Over-the-counter ointments and creams, such as sunscreen, lip balm, skin creams and diaper ointments, that are used for **preventive** purposes **do not** require a written authorization from the health care provider with prescriptive authority. However, parent written permission is required. If the skin is broken or an allergic reaction is observed, discontinue use and notify the parent or guardian.

Over-the-counter ointments and creams used as a **treatment** for a skin condition such as broken skin, eczema, burn, bleeding, or severe diaper rash require parent permission before administering. Written authorization from the health care provider is not required for up to 14 days. After 14 days the child care facility must ask for further written instructions from the physician.

Note: Include a statement on the permission form that sunscreen or diaper ointment will not be applied to broken skin, or in the presence of a severe or persistent rash without written authorization from the health care provider.

Over-the-counter Medications
♦ FDA approval
♦ Can be dangerous if given incorrectly
♦ Common over-the-counter medications
♦ **READ LABELS!**
♦ Preventive OTC and creams

1. 5101:2-12-31
2. 5101:2-13-31
3. 5101:2-14-31

1. 5101:2-12-31
2. 5101:2-13-31
3. 5101:2-14-31

CLASSIFICATIONS OF MEDICATION

Topic & Instructional Strategies

Homeopathic medicines are drug products made by homeopathic pharmacies. They contain a very small amount of an active ingredient. These remedies are made from many sources including plants, minerals or animals. They are most often sold over-the-counter. Only homeopathic products sold for “self limiting” conditions can be sold without a prescription. The FDA regulates homeopathic remedies under provisions of the Food Drug and Cosmetic Act.

Homeopathic Medicines

The active ingredient is believed to be able to cause a symptom of the illness, and then to stimulate the body to build up resistance to the illness. For example, if a person has a fever, the active ingredient in the homeopathic medicine is supposed to cause a fever. Homeopathic products are exempt from manufacturing requirements, from expiration dating, and from finished product testing for identity and strength.

Common homeopathic substances include dandelion, plantain, sodium chloride, arsenic oxide, venom of poisonous snakes, and chemical drugs such as penicillin.

Herbal preparations have one or more active ingredients in them that are taken from plants. They are simply drugs in a dilute form. They are sold over-the-counter.

Herbal preparations are unregulated, and products may be sold until the federal government determines that they are unsafe. The amount contained in the preparation or what the active ingredients included in the preparation is not always known. Information regarding side effects and interactions with other medication is not widely known.

Herbal Preparations

No dosage guidelines exist for the administration of herbal or botanical preparations to young and school-aged children. The National Institute of Health Office of Alternative Medicine is funding research to test the effectiveness of many products in adults. However, the long-term effect of herbal preparations on children is not known.

Common herbal preparations include *Echinacea, ginkgo biloba, valerian, garlic and feverfew.*

CLASSIFICATIONS OF MEDICATIONS

Topic &
Instructional
Strategies

Homeopathic medication and herbal preparations are not included in this Medication Administration Instructional Program. Therefore, these medications and preparations may not be delegated within the routine task of medication administration.

There are occasions when these medications or preparations may be delegated by the physician and parent (Situation 1)) or by the supervising RN (Situation 2) for the child with a stable health condition. This is determined on an individual basis. In Situation 2, this is based on the RN's knowledge and expertise in homeopathic and herbal preparations and with a current, health care plan.

**MEDICATION ROUTES
COMMON FORMS OF MEDICATIONS**

**Topic &
Instructional
Strategies**

Medications come in different forms and dosages. Medication Instructions should always include the route of medication. Instructions must be read and followed very carefully.

Oral medications are given by mouth.

◆ **Tablets**

- Chewable tablets must be chewed and then swallowed, e.g., Tegretol®, amoxicillin.
- Uncoated and coated tablets are swallowed whole and are not chewed, e.g., Advil® tablets.
- Scored tablets may be split in two to give the appropriate dosage. The tablet should be split in two by the pharmacist or parent, e.g., Ritalin®.

◆ **Capsules** are taken by mouth and swallowed whole. Do not crush or chew.

◆ **Sprinkles** are contained in capsules. The contents are taken apart and sprinkled on food, as directed.

◆ **Liquids**

- Suspensions are fluid substances with solid particles. They separate when left standing and must be shaken well before administration. These medications usually need refrigeration, e.g., amoxicillin and Ceclor®. Follow label instructions.
- Syrups or elixirs are a sweetened liquids that contain dissolved medication, e.g., Tylenol® elixir or prednisolone syrup. Refrigerate oral liquid medications to make them taste more pleasant.

Inhalants are medications that release a medicated mist or powder.

◆ **Nasal spray** delivers medication into the nose through a spray.

◆ **Metered dose inhalant** is inhaled through the mouth with the use of various adapters or mouthpieces.

◆ **Respiratory nebulizer machine** delivers liquid medication in a fine mist. An individual health plan is required for a child who uses a nebulizer or inhaler. (This is in addition to the Request to Administer Medication form.)

Topical medications include eye drops, eye ointments, ear drops, and ointments, creams and patches that are applied to the skin.

Injectables-An example of an **emergency injectable** is the EpiPen® which is administered during a severe and life-threatening allergic reaction. **Other injectables** include insulin or glucagon. Injectables require parent permission, physician written authorization, an individualized written health care plan, and one-on-one specialized training from the parent and/or health care provider (**for Situation 1**). In **Situation 2**, the RN will assist the parent, health care provider and staff develop the individual health plan and provide the specialized one-to-one training and supervision as determined appropriate by the staff RN.

Rectal medications such as Diastat® are inserted into the rectum. This type of medication requires parent and physician written permission, an individual health plan and specialized one-on-one training for **Situation 1**. In addition to this, **Situation 2** requires delegation by the staff RN.

Medication Routes: Common Forms of Medications

◆ **Oral**

- Tablets
- Liquids
- ◆ **Inhalants**
- Metered dose inhaler
- Nebulizer treatments

◆ **Topical**

- Eye drops
- Eye ointments
- Ear drops
- Ointments
- Creams
- Patches

◆ **Injectable**

- Emergency
- Other

◆ **Rectal**

Refer to the Asthma Section

Refer to the appendix section for more information about “Severe Allergy Health Care Plan” regarding the EpiPen®

Note
Mention that rectal medications require the steps listed here.

CARE AND STORAGE OF MEDICATIONS

Topic & Instructional Strategies

General Guidelines

- ◆ Prescription medication must **ALWAYS** be kept in the original labeled bottle or container.
- ◆ Over-the-counter medication must also be stored in the original container and clearly labeled with the child's name.
- ◆ Store medications and supplies in a clean, secure area out of the reach of children.
- ◆ Keep medications in a cool, dry, dark place. Excessive heat or cold, light and exposure to air can affect some drugs.
- ◆ Return to the parent any medication containers with labels that cannot be read.
- ◆ The parent or guardian is responsible for directly handing the medication to the program personnel.
- ◆ Notify parents when the medication supply is low.
- ◆ The parent or guardian is responsible for bringing the controlled medication to the school or program. Children should not be permitted to transport medication (except school-aged children with an inhaler).

Note: The school-aged child in a child care program may carry an inhaler, based on the recommendation of the health care provider and parent request with a written health plan (**Situation 1**). In **Situation 2** there must be an RN assessment as well.

- ◆ Children with health conditions or requiring medical procedures must have a completed Child Medical/ Physical Care Plan (referred to as an individual health plan).

Controlled Medications

Two suggestions are listed here related to controlled medications. These are not in the child care regulations so they are recommendations only.

- ◆ Store controlled medications in a locked storage area, if possible.
- ◆ Access to these medications should be limited to specified staff

Refrigeration

- ◆ Refrigerate medication as directed on the bottle.
- ◆ The refrigerator is kept in an area that is secure and is not accessible to children or unauthorized persons.
- ◆ Store medication in a leak-proof container in a designated area of the refrigerator separated from food *OR* in a separate refrigerator used only for medication.
- ◆ Check the temperature inside the refrigerator periodically. The ideal temperature is between 36 – 45°F.

Expired or Discontinued Medications

- ◆ Return to the parent or guardian any expired medications or medications that are no longer being used.
- ◆ Medications should not be sent home in a child's backpack or stored within reach of children.

Medications are to be removed from the center when no longer needed. "Best practice" is to document on the log when the medication was removed.

Refer to the policy on Medication Administration

1. 5101:2-12-31
2. 5101:2-13-31
3. 5101:2-14-31

Refer to Child Medical/ Physical Care Plan. (JFS 01236)

1. 5101:2-12-31
2. 5101:2-13-31
3. 5101:2-14-31

Refer to the Request to Administer Medication form (JFS 01217 or JFS 01644)

People in the United States spend millions of dollars on over-the-counter medications. Many of these medicines are unnecessary, and in the case of young children, particularly under the age of 5 years, the effect of these medications often produce side effects, instead of providing relief to bothersome symptoms.

“The increase in parents working outside the home puts pressure on families, child care providers and health professionals alike to keep children symptom free and in care. As a result, we may tend to reach quickly for over-the-counter remedies to alleviate symptoms; remedies do little, if anything, to help. Not only is much of this medicine not beneficial, but some of it also could be doing harm”

Dr. James M. Poole, MD, FAAP, member of the American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care.

Non-prescription Medications for Common Symptoms

- ◆ If the child is playing and sleeping normally, non-prescription medications are not needed.
- ◆ Medications should only be given for symptoms that cause significant discomfort such as repeated coughing or difficulty with sleeping. Parents should consult with the child’s health care provider.
- ◆ Viral illnesses are best treated with rest, fluids and comfort measures. They do not respond to antibiotics.
- ◆ Over-the-counter medications are not usually helpful and may be harmful.

Common Over-the Counter Medications

- ◆ **Fever reducer or pain reliever**
- ◆ **Cough syrups** – Humidifying the air best relieves a cough. Some cough medicines (expectorants) may also help loosen mucous. Suppressing any cough with cough suppressants prevents this normal reaction from occurring. Coughing is necessary to clear the lungs and suppressing an asthmatic cough could be fatal. Check with the health care provider before giving a child, especially infants, cough medicines or expectorants.
- ◆ **Cold remedies** – Combinations of antihistamines and decongestants can have side effects such as hyperactivity, sleeplessness and/or irritability. Giving the child more than one cold medicine to treat different symptoms can be dangerous. Many cold preparations contain acetaminophen. If the child is already receiving acetaminophen, this can lead to an overdose.
- ◆ **Mild cortisone cream** is used for mild skin rashes or small patches of eczema. Never use this cream for chicken pox, burns, infections, open wounds or broken skin. The use of this cream requires written instructions from the health care provider in order for caregivers to apply this medicine if used longer than 14 days.

- Common Medications**
- ◆ **Over-the-counter medications**
 - **Fever Reducers**
 - **Cough Syrups**
 - **Saline Nose Drops**
 - **Creams and Ointments**
 - **Lice**

- Treatments ointments**
- ◆ **Antibiotics**

Note: *This is reference information on common over-the-counter medications. It is not a required element of the training. Remind the participants that a written authorization from the prescribing practitioner and the parent or guardian is required in order to administer any of these over-the-counter medications in child care settings.*

◆ Diaper creams and ointments

◆ **Lice shampoo or cream rinses:** These preparations must be used only as directed and only if live bugs or nits (eggs) are seen. Some home remedies, such as the use of kerosene and gasoline, are extremely dangerous. Note: It is recommended that lice treatments be performed in the child's home.

Antibiotics Use

- ◆ More than 90% of infections are due to viruses.
- ◆ Antibiotics have no effect on viruses and may interfere with the child's ability to fight future infections that are caused by bacteria.
- ◆ Antibiotics will kill bacteria. That is why it is essential to complete the full 10-14 days of treatment, even though the child may feel well.
- ◆ Antibiotics should be given at home whenever possible; twice daily dosages are available.

Common Antibiotics

- ◆ Amoxicillin®
- ◆ Augmentin®
- ◆ Biaxin® (clarithromycin)
- ◆ Ceclor® (cefaclor)
- ◆ Erythromycin®
- ◆ Keflex® (cephalexin)
- ◆ Pediazole® (sulfasoxazole and erythromycin)
- ◆ Suprax® (cefixime)
- ◆ Zithromax® (azithromycin)

Common Side Effects

- ◆ Upset stomach, nausea and/or vomiting, diarrhea.
- ◆ Notify the health care provider for severe or prolonged diarrhea.

Adverse Reaction

- ◆ Rash or allergic reaction. Notify parent and health care provider immediately.

A fever is the body’s normal response to an infection. It is important to remember that a fever is only a symptom of an infection, and is not an illness of its own. Fever turns on the body’s immune system, thereby increasing the release and activity of white blood cells and other germ-killing substances.

A fever means the body temperature is above normal. The body’s average temperature can vary greatly during the day, between 97.6°F. to 99.5°F. Mild elevations between 100°F. to 101°F. can be caused by exercise, excessive clothing, hot bath or hot weather. Oral temperature can be elevated by hot food and drink. If it is suspected that the temperature elevation is due to these factors, take the temperature again in 30 minutes, after removing the suspected cause.

An infant less than 4 months of age has a fever if the temperature (axillary) is **100°F. or greater.**

Fever Management Guidelines (temperature taken axillary)

- ◆ Requires parental permission or physicians written instructions (See Requirements to Administer Medications section)
- ◆ For fevers of 100°F - 102°F., cold fluids and removal of outer clothing may be all the child needs to reduce the fever.
- ◆ Use fever-reducing medicine only if the fever is over 102°F. and if the child is uncomfortable, unless otherwise ordered by the health care provider.
 Tylenol® (Acetaminophen) given every 4-6 hours, but not more often
 Motrin®, Advil® (ibuprofen) given every 6-8 hours
- ◆ **DO NOT GIVE ASPIRIN (or products with aspirin) TO CHILDREN**
- ◆ **DO NOT GIVE FEVER REDUCERS TO INFANTS LESS THAN 3 MONTHS OF AGE** without physician’s written permission each episode.

Do not give fever-reducing medications for more than three days without further written instructions from the child’s health care provider.

Note: Alternating Acetaminophen and Ibuprofen is not recommended and can be dangerous.

Remember: For young children you must have written authorization from the health care provider and parent permission in order to give these medications. This is because the label does not give the dose for children under 2 years.

Get immediate medical attention for fever when:

- ◆ Babies less than 3 months of age with a temperature of 100°F (ax) or higher.
- ◆ Any child of any age has a temperature of 104°F or higher

*In the event the parent, emergency contact person or the child’s health care provider are not available, the caregiver should contact the emergency medical services (**Situation 1**)for the staff nurse (**Situation 2**).*

Fever
 - **Fever Reducers**
 - **Fever Management Guidelines**

Note: Check the digital thermometer instructions.

REQUIREMENTS TO ADMINISTER MEDICATIONS

Topic & Instructional Strategies

In order to safely administer prescription or over-the-counter medications, the following requirements must be met:

Training

Persons involved in medication administration are strongly encouraged to complete a Medication Administration Instructional Program in order to give medications in out-of-home child care programs. Students must pass the post-test in order to receive a certificate of completion or continuing education credit. A refresher course is strongly encouraged every two years for every student.

Delegation and Supervision (Reference the Ohio Nurse Practice Act Chapter 13)

◆ **Trained unlicensed persons involved in a delegated nursing task must demonstrate competency in their ability to perform this task to the delegating RN. These skills should be reviewed on an ongoing basis.**
 ◆ **The RN delegating the task is responsible for the documentation of competency and the ongoing supervision of those persons. The RN must assure that all the conditions for delegation (explained in Chapter 13) are met.**

◆ **The delegating RN is responsible for:**

- **The selection or approval of persons involved in the task of medication administration. The delegating RN has the right to withdraw such delegation if, in the sole opinion of the delegating RN, the person (delegate) is unable or fails to perform the task in accordance with the direction provided by the RN.**
- **Establishing a communication and supervision plan between the delegating RN and the persons involved in the task of medication administration, e.g., on-call, phone or pager availability.**

Before any medication is administered, the parent or guardian must complete a Request to Administer Medication form(JFS 01217), including the name of the child, date of birth, name of the medication, dosage, and specific time(s) of dosage (as needed and 3 times daily are not acceptable). In addition, most medications require the physician's written instructions. These can either be on the form JFS 01217 (1st part of Section I) or in the form of a current prescription label.

Health Care Provider with Prescriptive Authority Written Authorization for Prescription Medication:

- ◆ Child's name.
- ◆ Name of medication.
- ◆ Current date.
- ◆ Dosage.
- ◆ Time medication needs to be given while in care ("as needed" or 3 times a day is not acceptable).
- ◆ Special instructions or storage information.

Blanket permission forms are not acceptable for over-the-counter medications or prescription medications for chronic health conditions. These authorization forms must include a start date.

- Requirements to Administer Medications**
- **Training**
 - **Delegation and Supervision**
 - **Health Care Provider Written Authorization**
 - **Parent Written Permission**
 - **Original labeled Container**
 - **Documentation**

1. 5101:2-12-31
 2. 5101:2-13-31
 3. 5101:2-14-31
- Refer to Request For Administration of Medication JFS01217 - Licensed Centers and Type A Homes JFS01644 – Type B Homes**

Note: Emphasize to students that they may clarify written orders from the prescribing practitioner, but they may not take verbal orders or change the orders.

All requests to administer medication must include a written authorization that includes the items previously listed above.

For example, if a child has a chronic health condition such as asthma that requires prescription medication, specific written instructions and a health care plan is necessary.

Topical preparations such as sunscreen, diaper creams and ointments do not require written authorization from the health care provider. They may be freely applied with parent written permission as a preventative measure. If the skin is broken, bleeding or a rash is present, discontinue use; inform the child's parent or guardian and request written instructions from the health care provider.

Parent Written Permission Always Required: This gives permission for program staff to administer the medications. Emergency contact numbers should be included on the parent authorization form (Form JFS 01217 or JFS 01644).

Medication in the Original Pharmacy Labeled Container

The pharmacy label must include:

- ◆ Child's full name.
- ◆ Health care provider's name.
- ◆ Issue date of medicine.
- ◆ Name of medication.
- ◆ Dosage.
- ◆ Route of administration.
- ◆ How often to give medicine.
- ◆ Special instructions and storage requirements.
- ◆ Expiration date of the medication.

Note: the pharmacy label is *not* the same as the prescription order. Compare the pharmacy label to the written authorization from the person with prescriptive authority for accuracy before giving the medication.

Non-Prescribed Medicines- Fever reducing medications that do not contain aspirin and non-prescription cough or cold medications do not require physician's instructions as long as the following conditions are met:

- ◆ Complete parent permission instructions on form JFS 01217 or JFS 01644.
- ◆ Medication is in the original container with the original label attached.
- ◆ Label specifies appropriate dosage based on age or weight (if it states "consult a physician for children under (age)", then the physician must provide written instructions).
- ◆ Dosage does not exceed manufacturer's recommended dosage.
- ◆ Medication is administered no longer than three days at a time.
- ◆ Child's full name is written on the container.

Non-prescription topical ointments, creams and lotions require only parent's written instructions on the form JFS 01217 or JFS 01644.:

- ◆ Written instructions are valid for up to 12 months for prevention.
- ◆ Written instructions are valid for no more than 14 consecutive days when used for skin irritations or manifestations of skin irritations.

Requirements to Administer Medications (continued)

1. 5101:2-12-31
2. 5101:2-13-31
3. 5101:2-14-31

See Request to Administer Medication form

Note: Medication samples may be used if the bottle has the name of the medication & the medication strength. The name of the prescribing practitioner & the child's needs to be written on the container.

Requirements to Administer Medications (continued)

Topical over-the-counter preparations such as sunscreen, diaper creams and ointments do not require written authorization from the health care provider. They may be applied with parent written permission as a preventative measure. These medications do not require documentation on the medication log.

If the skin is broken, bleeding or a rash is present, discontinue use, inform the parent or guardian and request further written instructions from the parent or health care provider. If the parent provides written authorization for a topical over-the-counter medication for treatment, remember that it may be used for only 14 days. After 14 days a physician's authorization is required. Documentation in the log is required when ointments are used for treatment purposes.

REMEMBER

- ◆ **Never give medicine without having written instructions and a properly labeled bottle.**
- ◆ **Contact the parent, health care provider or staff RN if you have any questions prior to giving the medication.**

Documentation

- ◆ The medication log (JFS 01217 or JFS 01644) is a legal document. It becomes a permanent record and provides legal protection to those administering medication as well as a safety check to assure that a child does not receive multiple doses of the medication.
- ◆ Complete a medication log for each child receiving medication.
- ◆ Complete a medication log for **each** medication. For example, if a child has 2 different medications, complete 2 individual logs.
- ◆ The only medications that do not require documentation on the log are topical ointments used for preventative purposes.

Note: Complete a new log whenever there is a change in the child's medication or dosage.

Medication Log Directions (Form JFS 01217 or JFS 01644)

Complete the log as soon as the medication is received from the parent. Attach a picture of the child to the medication log, whenever possible.

1. Complete the medication log **in ink**. This is a legal document
2. Have another trained person review the completed log for accuracy.
3. **The medication log includes:**
 - ◆ Child's name.
 - ◆ Child's birth date
 - ◆ Child's weight
 - ◆ Name of medication.
 - ◆ Date.
 - ◆ Dosage.
 - ◆ Time the medication needs to be given while in child care.
 - ◆ Start date and end date.
 - ◆ Special instructions or storage information.
 - ◆ Signature line for the signature of the person documenting each dose of the medication.
4. Compare the information on the log with the medication label before the

1. 5101:2-12-31
2. 5101:2-13-31
3. 5101:2-14-31

Refer to medication log (part of form JFS 01217 or JFS 01644)

Refer to the Request to Administer Medication (JFS 01217 or JFS 01644)

1. 5101:2-12-39
2. 5101:2-13-39
3. 5101:2-14-39

medication is given.

5. Document in ink immediately after the medication is given.

◆ Date, dose and time the medication was given.

◆ Signature of the person giving the medication. Sign for only the medications you administered.

◆ *If an error is made, draw a single line through the error and write the word "error" with your initials. Record the right information, sign and date the corrected information. **Do not use an eraser or use white out.***

6. Write the date a medication has been discontinued on the log.

7. If a child does not receive his medicine, then this is considered a medication error. Circle the time the dose was to be given and write: "medication not given" and include your signature.

8. Medication logs (form JFS 01217 or JFS 01644) must be kept for one year.

9. It is not necessary to document topical preventative over-the-counter medications.

10. Food supplements and fluoride require the same documentation as prescribed medication.

Remember: IF IT IS NOT WRITTEN, IT DID NOT HAPPEN!

Medication Errors

A medication error is a mistake made by a health care provider, pharmacist, caregiver or parent during the process of prescribing, transcribing, dispensing, administering or using a medication. Most medication errors occur prior to the actual administration of medication. Common errors include:

◆ Packaging and labeling: More than 50% of reports through the US Pharmacopoeia relate to similar labeling and packaging for two different products.

◆ Similar Names: There are many look alike and sound alike drug names.

◆ Medication Orders: Prescriber's illegible handwriting has resulted in misinterpretation and incorrect transcription of written medication orders.

◆ Abbreviations: Health care providers often use abbreviations for drug names and/or directions for use. While these abbreviations can save time, they can be misinterpreted.

Omission or forgetting to give a dose of medicine is the most common medication error in child care programs

Medication Errors

- ◆ Definition
- ◆ Violation of "5" rights
- ◆ Medication Error
- ◆ Preventing Medication Errors

Medical Error: “a Violation of the “Five Rights” A medication error is any situation that involves the following:

- ◆ Forgetting to give a dose of medication.
- ◆ Giving more than one dose of the medication.
- ◆ Giving the medication at the wrong time.
- ◆ Giving the wrong dose.
- ◆ Giving the wrong medication.
- ◆ Giving the medication to the wrong child.
- ◆ Giving the medication by the wrong route.
- ◆ Forgetting to document the medication.

Note: Medication may be given 30 minutes before or 30 minutes after the prescribed time, more than that is considered an error. Call the health care provider for any questions about this issue.

Medication Error Report

1. **Report medication errors immediately** to the parent and the program administrator (Situation 1) or to the staff RN (Situation 2), as appropriate.

2. **CALL Poison Control when a medication is given to the wrong child or if an overdose of medication is suspected. 1-800-222-1222**

3. Observe the child, record and report any changes.

4. Complete an injury/incident report (JFS 01299) any time it is necessary to call Poison Control. According to the regulation, an Injury/Incident Report should be completed anytime any unusual or unexpected event jeopardizes the safety of children. (5101:2-12-35)

How to Help Prevent Medication Errors

When a child requires medicine, school and child care and camp personnel become a part of the “drug therapy chain.” We expect and trust that this chain assures the right medication has been prescribed, dispensed and administered by the physicians, pharmacists, nurses and other caregivers.

But when humans are involved, mistakes can happen. Anyone in this chain can make an error because of not doing the right thing or not knowing the correct thing to do. It is the nurses’ and caregivers’ responsibility to make sure it is understood what the medication is for, how it looks, and how it should be taken.

Double check information about a medication every time a medication is given.

Field Trips

The following should be available on all field trips for children with special health care needs: The health record for any child who has health conditions which could require special procedures or precautions during the course of the trip. The center shall also take supplies needed to provide treatment including the Request to Administer Medication forms

This is considered best practice.

1. 5101:2-12-35
 2. 5101:2-13-35
 3. 5101:2-14-28
- Refer to Injury/Incident Report form (JFS 01299).**

Note to the RN Instructor: Medicine errors and mistakes do happen. The RN should discuss with the student participants this reality and discourage “hiding” their mistakes.

1. 5101:2-12-18
2. 5101:2-13-18
3. 5101:2-14-21

FIVE RIGHTS OF GIVING MEDICATION

Topic & Instructional Strategies

This is a safety checklist to help reduce the chance of making a mistake in medication administration.

1. RIGHT CHILD – Protect Confidentiality

- ◆ Is this the right child? Double check, even if you think you know the child to whom you're giving the medication.
- ◆ Check the name on the medication label against the permission form.
- ◆ Confirm the child's identity with another person.
- ◆ Ask the child his name.
- ◆ Verify the child's identity with the child's picture, if available.

2. RIGHT MEDICATION

- ◆ Medications must be given from a properly labeled original bottle.
- ◆ Compare the prescribing practitioner's written instructions to the pharmacy label and the medication log.

Read the label three times

- First when it is removed from the secured cabinet.
- Second, when the medicine is poured.
- Third, when returning the medication to the secured cabinet.

3. RIGHT DOSE

- ◆ Give the **exact amount** of medicine specified by the orders from the health care provider with prescriptive authority and the pharmacy label.
- ◆ Use standard measuring devices to assure proper dosage.
DO NOT USE KITCHEN UTENSILS. These do not provide accurate measurements.

Note: 1ml = 1cc
 5 ml or 5 cc = 1 teaspoon
 3.75 ml or 3.75 cc = 3/4 teaspoon
 2.5 ml or 2.5 cc = 1/2 teaspoon

4. RIGHT TIME

- ◆ Check with parent the time when the medication was last given at home.
- ◆ Check the medication log for the time the medicine needs to be given.
- ◆ Check to see if the medicine has already been given for the current day.
- ◆ Plan to give medication up to 30 minutes before or 30 minutes after the scheduled time.

5. RIGHT ROUTE

- ◆ Check the medication order and pharmacy label for the route the medication is to be given (mouth, inhaled, ear drops, eye drops).

TRIPLE CHECK THESE FIVE R's EACH AND EVERY TIME YOU GIVE MEDICATION.

Maintain a record of all medication administered to children

Remember

IF IT IS NOT WRITTEN, IT DID NOT HAPPEN!

Five Rights of Giving Medication
1. Right Child
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route

Documentation

Handwashing

- ◆ **Always** wash your hands before and after giving any medication to a child.
- ◆ If the child will be touching the medication, he should also wash his hands.
- ◆ Refer to the handwashing handout.

Practice Universal Precautions -See “Universal Precautions” in the appendix.

Measuring Medications

- ◆ It is the parent’s responsibility to provide the appropriate calibrated measuring device.
- ◆ A disposable container may be used, e.g., a paper cup.
- ◆ The center may use washable measuring utensils, e.g., medicine spoons or cups. These must be thoroughly washed in hot soapy water, rinsed and disinfected using a solution of 1 tablespoon of chlorine bleach to 1 gallon of cool water. Air dry.
- ◆ **DO NOT use a kitchen spoon for measuring.**

DO NOT UNDER ANY CIRCUMSTANCES GIVE ONE CHILD’S MEDICINE TO ANOTHER CHILD.

How to Administer Oral and Topical Medication

Start with clean hands and clean equipment

Oral Medication

- ◆ Crushing or sprinkling can be done only with written authorization of the health care provider or an individual health care plan.
- ◆ Never mix medication in prepared baby bottles! This practice can affect the stability and effectiveness of the drug can be affected and the baby may not finish the bottle.
- ◆ Mix the dose in a small amount (1 teaspoon) of food or drink, to be sure the child will swallow the entire dose at once.
- ◆ NOT ALL medications, however, should be mixed in water or juice. Contact the pharmacist for more information.
- ◆ Ask the parent or pharmacist to cut scored pills.
- ◆ Unscored tablets should not be cut.

Pills/Tablets/Capsules

- ◆ Pour medication into a medicine cup, the lid of the bottle or a small paper cup. A clean paper towel or other container will also work.
- ◆ Have the child wash his hands, before putting the medicine into his mouth.
- ◆ Give six to eight ounces of water.
- ◆ Some children do not have the developmental skills to take their own pills or tablets. Put on disposable gloves to assist in this procedure.
- ◆ Never refer to the medication as “**candy.**”

Note: Tablets and capsules should be swallowed whole, unless otherwise noted. Chewable tablets must be chewed, not swallowed whole.

Liquids

- ◆ Use a calibrated medicine spoon or cup, syringe, or dropper to measure liquid medications.
- ◆ **Never** use household utensils to measure liquid medications. These provide inaccurate doses.
- ◆ Pour medication from the side opposite the label so the label stays readable, if medication drips down the side of the bottle.

Medicine Spoon or Cup

- ◆ Read cup on a flat surface, at eye level for accuracy.
- ◆ Do not try to measure something for an infant or toddler with a small medicine cup. The amount will not be accurate.
- ◆ When using a calibrated spoon or syringe, pour or draw up medication to the appropriate line.

**DO NOT OVER OR UNDER FILL.
IT IS IMPORTANT TO BE ACCURATE.**

Dropper

- ◆ Droppers are included as part of the medicine bottle.
- ◆ For the correct dosage, only use the dropper that is included with the medicine bottle.
- ◆ Withdraw the correct dosage amount and squeeze the dropper, placing the medicine into the side of the child's mouth.

Syringe

- ◆ Pour a small amount of the medicine into a paper cup, or any small cup.
- ◆ Place the tip of the syringe into the liquid pull back on the plunger.
- ◆ Avoid air bubbles by keeping the tip below the level of the liquid. Draw up enough to equal dosage amount.
- ◆ Pour the remainder of the medicine back into the bottle.
- ◆ Helpful hint: A syringe adapter is a device that fits on the medicine bottle. This is an easy way to draw the amount from the bottle with a syringe without having to pour it into a cup.
- ◆ Slowly squirt small amounts (0.2-0.5cc) toward the back and sides of the child's mouth. If it is too far in front, their tongue can maneuver to spit it out. Do not squirt onto the back of the throat, this will cause gagging.
- ◆ For an infant: drop into a nipple for them to suck. Always follow with a bottle. NEVER mix medications with an entire bottle. Whatever is mixed must be ingested.
- ◆ Hold infants in the cradle position to administer oral medication. Allow toddlers to sit up in a high chair.
- ◆ **Note:** Medication may be prescribed in teaspoons, ccs, and mls.

Check carefully for the appropriate line measurement on the cup, dropper or syringe. Make sure the child takes all of the medicine

Refusal Or Vomiting of Medication

- ◆ If the child does not take all of the medication, spits part of it out, vomits or refuses to take part of the medication, **do not give another dose.**
- ◆ Contact the child's parent or guardian and request further instructions from the health care provider.

**Topical
Medication –
(Continued)**

Topical Medication

- ◆ Wear gloves when applying topical medications. After use dispose of them and any contaminated dressings in a plastic-lined covered container.
- ◆ Keep topical medications separate from oral medications.
- ◆ Read instructions carefully to avoid mixing up eye and ear drops.

Eye Drops

- ◆ Rub the medicine bottle between the palms of your hand to help warm the drops. Check the label to see if drops need to be shaken.
- ◆ Clean child's eye by wiping each eye once from the inside to the outside. Use a clean tissue for each eye.
- ◆ If younger than five, place child on her back, you may need assistance.
- ◆ If older than five the child may be seated.
- ◆ Ask child to look up. Gently open eye; pull down the lower lid to make a pocket.
- ◆ Bring the medicine toward the eye outside the child's field of vision.
- ◆ Do not touch the eye or anything else with the bottle or dropper.
- ◆ With bottle no more than an inch above the eye, drop one drop into the lower lid.
- ◆ Close the eye, apply pressure on the inside corner of eye for 10-20 seconds.
- ◆ Wipe away any excess medication or tearing with clean tissue.

Eye Ointments (Follow instructions for Eye Drops)

- ◆ Apply along the inside of lower eyelid. Do not touch tip of tube to the eyes
- ◆ Rotate the tube when you reach the edge of the outer eye, this will help detach the ointment from the tube.
- ◆ After applying, hold the eye open for a few seconds, then have the child keep it closed for about 1 minute.
- ◆ Wipe away any excess medication or tearing with clean tissue.

Ear Drops

- ◆ Rub medication bottle between the palms of your hand to warm drops.
- ◆ Have child lie down with affected ear facing up.
- ◆ Child **younger than three years old**, hold ear lobe and pull down and back.
- ◆ Child **older than three years old**, hold upper part of ear lobe and pull up and back.
- ◆ A child older than five may sit in a chair and tilt head with affected ear facing up.
- ◆ Clean external ear with cotton and discard.

Note: If you see blood or pus, do not administer the drops. Notify the staff RN (Situation 2) or parent (Situation 1).

- ◆ Drop medication on the side of ear canal. Do not touch the dropper to the ear.
- ◆ Have child stay on his side for several minutes.
- ◆ Place a dampened cotton ball loosely in the external ear canal, if indicated.
- ◆ **NEVER INSERT Q-TIPS SWABS OR COTTON BALLS INTO THE EAR CANAL!**

Skin Creams/Ointments/Patches

- ◆ Always use universal precautions when giving topical medications.
- ◆ Wear gloves and dispose of them after use in a plastic-lined container.
- ◆ Apply cream or ointment with an applicator to affected area. Use a small amount to cover the area and rub onto the skin.
- ◆ If instructions state to cover the affected area, then place the medicine on the dressing, then cover the area with the dressing.
- ◆ Skin patches are applied at home. If the patch falls off while the child is in child care, contact the parent (**Situation 1**) or the staff RN (**Situation 2**).

SEVERE ALLERGIC REACTION OR ANAPHYLAXIS

Topic & Instructional Strategies

Anaphylaxis is a rapid severe allergic reaction. Anaphylaxis occurs when the body overreacts to an allergen to which the person has been previously exposed. The body responds by developing antibodies to fight the foreign substance in the body. The antibodies cause cells to release chemicals that cause the severe allergic symptoms.

Common Causes

- ◆ Insect stings (bees, wasps, hornets, yellow jackets and fire ants).
- ◆ Foods including nuts, milk, egg, shellfish, fruits, etc.
- ◆ Medications including antibiotics, aspirin, etc.
- ◆ Latex.
- ◆ In some situations the cause of anaphylaxis is unknown.

Mild Symptoms include runny nose, a few hives and itching.

Initial symptoms may appear within seconds or up to two to four hours after exposure.

Symptoms of a Severe Allergic Reaction or Anaphylaxis

- ◆ Hives spreading over the body.
- ◆ Wheezing, difficulty swallowing or breathing.
- ◆ Flushing/swelling of the lips, face/neck/tongue, throat, hands & feet.
- ◆ Tingling and swelling of the tongue.
- ◆ Nausea, vomiting and abdominal cramps.
- ◆ Signs of shock (extreme paleness/gray color, clammy skin).
- ◆ Loss of consciousness.

Emergency Treatment:

Anaphylaxis is life threatening that requires **immediate** medical attention.

- ◆ EpiPen® or EpiPen Jr.® is used for emergency treatment of anaphylaxis.
- ◆ The EpiPen® is prescribed for the child with a history of severe allergic reaction (anaphylaxis) and is to be used only for the indicated child. The child's parent/guardian provides the EpiPen®.
- ◆ A written health plan is written immediately with the parent and health care provider (**Situation 1**). In **Situation 2** the parent, health care provider and the staff RN develop an individualized health plan. This emergency plan is updated annually.
- ◆ **Specialized one-to-one training regarding the use of the EpiPen® should take place as soon as the child care program receives the medication. An individual health care plan should be developed immediately. In Situation 1 the training should be done by the parent and/or the health care provider. The staff RN would provide the training in Situation 2.**

Note: Immediately call the emergency response team (911), when the EpiPen® is administered. Symptoms usually improve quickly after epinephrine is given. However, the effects are short lived and may require additional doses.

Anaphylaxis
◆ **Common causes**
◆ **Symptoms**
◆ **Emergency treatment**
◆ **Health care plan**
◆ **Care and storage**
◆ **Prevention**

Refer to the appendix for information about the "Severe Allergy or Anaphylaxis Health Care Plan."

Prevention – The best treatment for anaphylaxis is prevention, by avoiding substances and situations that are known to trigger extreme allergic reactions. Contact the Food & Allergy Network 1-800-929-4040 or www.foodallergy.org.

Accompany the child to the hospital, if the parent/guardian is unavailable.

Bring a copy of

The child's health care plan, emergency contact information and EpiPen®.

Give the EpiPen® that was administered to the Emergency Response Team, for proper disposal.

Care and Storage:

- ◆ Keep the EpiPen® at room temperature. Do not refrigerate.
- ◆ Transport in an insulated fanny pack or secured cooler for a field trip/outing.
- ◆ Do not expose to extreme heat or direct sunlight, e.g., bus or car glove compartment.
- ◆ A new EpiPen® should be good for 12-15 months. Check the expiration date.
- ◆ Contact your local pharmacy regarding disposal of an expired EpiPen®.

What is Asthma

- ◆ An inflammatory lung disease
- ◆ A disease that causes the airways in the lungs become swollen and to cause coughing, wheezing, chest tightness and/or trouble breathing.
- ◆ The most common chronic illness among children.

Why Do I Need to Know About Asthma?

- ◆ You are a partner, along with parents and health care providers, who can help manage a child's asthma so that he/she has fewer attacks.
- ◆ Asthma affects each child differently.
- ◆ Most children's asthma attacks are triggered by ordinary things around them.
- ◆ If you are equipped with some knowledge, it will make your job easier when caring for children with asthma.
- ◆ The school-aged child in child care settings may carry his/her inhaler based on recommendation of the health care provider and parent request (**Situation 1**). In addition to this, children in **Situation 2** must also have an assessment by the RN.

Note -Some children with asthma may rapidly progress to a life-threatening condition. EpiPens may be used for those special children. The instructions should be written in the child's individual health plan.

Training Opportunity for Child Care Professionals

Registered nurses from the Healthy Child Care Ohio Program can provide free on-site consultation to assist providers in developing policies and procedures related to asthma, managing the environment to create a more asthma friendly child care center and acquiring general information about medication administration to children with asthma.

For more information about the nurse in your area, call the Healthy Child Care Ohio Program at 1-614-644-8

1. 5101:2-12-38
2. 5101:2-13-38
3. 5101:2-14-27

REFERENCES

Healthy Child Care Colorado (2001). *Medication Administration: An Instructional Program for Training Unlicensed Personnel to Give Medications in Out-of-Home Child Care, Schools and Camp Settings*. Denver, Co: Healthy Child Care Colorado.

Managing Asthma in Connecticut Child Care Facilities: A Resource Guide. Connecticut Department of Health, 2000.