Introduction to Medication Administration in Early Education and Child Care Settings

Module 4: Problem Solving

Add name

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Objectives

• Medication errors
• Medication side effects
• Medication incidents
• What to do for problems and how to document them
• Field trips
• Self administration
• Problems with requests
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Communication and Care

Preventing errors begins with good communication on drop-off and pick-up
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Responsibility Triangle

Parent/Guardian

Child

Child Care Provider

Health Care Professional
What is Medication Error?

- Giving medication to the wrong child
- Giving the wrong medication
- Giving the wrong dose
- Giving medication at the wrong time
- Giving medication by the wrong route
Preventing Medication Errors

- Look at the pattern of errors
- Make changes based on the patterns you see to prevent further errors.
Side Effects of Medication

Common side effects include:
- Upset stomach
- Diarrhea or loose stools
- Dry mouth
- Drowsiness
- Change in activity or mood
- Dizziness
- Flushing, sweating
- Rashes
- Rapid heartbeat
- Nausea
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Side Effects of Medication, continued

• Effects of medication can vary from child to child
• Side effects that could be normal for 1 medication might be abnormal for another
Sources of Information about Medication Side Effects

- Package inserts or labels
- Information from pharmacy
- Prescribing health care professional
- Health assessment or care plan
- Reliable reference materials
- Poison Control Center
Adverse Effects or Allergic Reactions to Medication

**Adverse Effects**
- Undesirable experiences associated with the use of a medication

**Allergic Reactions**
- May involve many different types of symptoms
- Are difficult to predict
- Skin disturbances are the most common
- May be mild (redness of skin, itching)
- May be severe (life threatening)
Observation

Young children can’t always verbalize side effects, adverse effects, or allergic reactions, so **careful observation** is essential.
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Medication Incidents (that aren’t errors. . .)

- Child refusal
- Spit out doses
- Vomited doses
- Spilled medication
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What To Do for Medication Errors, Adverse Effects, or Allergic Reaction

- If the child is in distress, call 911
- Notify the center director
- Notify parent or guardian
- Fill out a Medication Incident Report
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What To Do for Medication Incidents?

**Always:**
- Notify the center director
- Notify parent/guardian
- Fill out Medication Incident Report
- Develop and document a follow-up plan

**Many times:**
- Contact the health care professional
- Child Care Health Consultant

**Never:**
- Repeat a dose without specific instructions from a health care professional
When Should You Call 911?

- Signs of distress
- Loss of (or change in) consciousness
- Blue color or difficulty breathing
- Swelling of lips, tongue, or face, or drooling
- Difficulty swallowing
- Seizure activity
- Rapidly spreading rash or hives
- Impaired speech or mobility
- Getting worse quickly
- When in doubt
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When Should You Call Poison Control?

800-222-1222 www.aappc.org

- Wrong child
- Wrong medication
- Wrong dose
- Wrong route
- Wrong time

The AAP no longer recommends that syrup of ipecac be used
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If You Call Poison Control

Have this information ready:

• The medication container
• Child’s Medication Administration Packet
• Child’s Emergency Contact Form
• Child’s current weight
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**Medication Incident Report**

To be completed by the person who administered the medication or his or her supervisor

<table>
<thead>
<tr>
<th>Medication Incident Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of report</td>
</tr>
<tr>
<td>Name of person completing this report</td>
</tr>
<tr>
<td>Name of person completing this report</td>
</tr>
<tr>
<td>Child’s name</td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>Date incident occurred</td>
</tr>
<tr>
<td>Persons administering medication</td>
</tr>
<tr>
<td>Department: (i.e., principal)</td>
</tr>
<tr>
<td>Name of medication</td>
</tr>
<tr>
<td>Dose</td>
</tr>
</tbody>
</table>

Describe the incident and how it occurred (i.e., child, medication, dose, time, or reaction):

<table>
<thead>
<tr>
<th>Action taken/Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator reviewed</td>
</tr>
<tr>
<td>Names of the parent/guardian that were notified</td>
</tr>
<tr>
<td>Follow up and outcome</td>
</tr>
<tr>
<td>Administrator’s signature</td>
</tr>
</tbody>
</table>

Adapted with permission from Healthy Futures/Healthy Futures! America.
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Documentation of an Error or Incident

• Make notation on the Medication Log for that dose
• Complete Medication Incident Report
• Follow up according to child care facility policy
Scenario: Amalia

You gave Amalia her dose of amoxicillin at noon and recorded it. At 12:30, you note that Amalia is scratching her arms and she is developing a rash on her arms. She is happy and playful and is not having any breathing difficulties. You notify her parent who calls her health care professional. Amalia’s picked up at 1:00 and is brought to the health care professional’s office where she receives antihistamine. Her amoxicillin is discontinued and she is given a new antibiotic.
Scenario with Amalia, continued

Medication Incident Report
Date of event: 5/24/200X
Institution: RPC Child Care Center

Name of person completing this report: Staff

Signature of person completing this report: C. Smith

Child’s name: Amalia Sample

Date of report: 5/24/200X
Location: Toddler Room

Date incident occurred: 5/23/200X
Time: 12:30 PM

Pretending health care provider: Dr. Smith

Name of medication: Amefillin

Date: 5/23

Description of event: Amefillin was given to Amalia. She was supposed to be given a follow-up dose of Amefillin. It caused her to have a seizure.

Action taken: called her mother

Pernar/parent notified: Yes

Incident report: Incurred Sample

Follow-up and outcomes: Amalia was brought to the doctor who gave her medications. She was examined. A new medication was prescribed.

Amalia Sample’s signature

Medication Log

<table>
<thead>
<tr>
<th>Date of event</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/24/200X</td>
<td>AM</td>
<td>AM</td>
<td>AM</td>
<td>AM</td>
<td>AM</td>
</tr>
<tr>
<td>5/23/200X</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
</tr>
</tbody>
</table>
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Transportation Provided by Child Care Facility & Field Trips

- A staff person authorized to administer medication
- Secured and labeled medication
- The proper temperature and conditions
- Copies of emergency contact information
- Child’s medical forms
- Medication log
- Side effects, noted
- Hand hygiene
- Emergency communications
Child Care Program Refusal

There may be an occasion when you must refuse to give medication. Having a well-planned and written medication administration policy is important.
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Inappropriate Requests

- Non-essential medication
- Medication not authorized by a health care professional
- Off-label use
- Cough and cold medications for young children
What to do when refusing to administer a medication?

- Have your medication administration policy available
- Problem-solve
- Child-centered approach
- Alternative plans
- Look at timing
- Consider training
Responding to Parents/Guardians

“I do understand, but for the safety of your child and the other children in our setting…”

“I am sorry, but according to our policy…”
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Resources

• **State Specific Policy Information** at [https://childcareta.acf.hhs.gov/licensing](https://childcareta.acf.hhs.gov/licensing)

• **Caring for Our Children** at [http://nrckids.org/CFOC](http://nrckids.org/CFOC)

• **Managing Infectious Diseases in Child Care and Schools, 4th Ed**: A Quick Reference Guide Edited by Susan S. Aronson, MD, FAAP and Timothy R. Shope, MD, MPH, FAAP.
PediaLink: Medication Administration in Early Care and Education Settings

For more information, an online course is available through PediaLink.

To sign up please visit: https://shop.aap.org/medication-administration-in-early-care-and-education-settings/
Summary & Questions
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Disclaimer

- Curriculum provides education for personnel in the child care setting who give medication to children but are not licensed health care professionals
- Curriculum is not a substitute for written policy and professional medical guidance and not a certification of competency
- Each program must review state laws, regulations, and resources, and adapt accordingly
Acknowledgements

• This curriculum has been developed by the American Academy of Pediatrics (AAP). The authors and contributors are expert authorities in the field of pediatrics.

• The recommendations in this curriculum do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

• Listing of resources does not imply an endorsement by the AAP. The AAP is not responsible for the content of resources mentioned in this curriculum.

• Website addresses are as current as possible but may change at any time.

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Acknowledgements

• **Colorado:** Guidelines for Medication Administration: An Instructional Program for Training Unlicensed Personnel to Give Medication in Out-of-Home Child Care, Schools, and Camp Settings, Fifth Edition, 2008, developed by Healthy Child Care Colorado

• **New Jersey:** Medication Administration in Child Care developed by Healthy Child Care New Jersey

• **North Carolina:** Medication Administration in Child Care in North Carolina developed by the Quality Enhancement Project for Infants and Toddlers, with funding from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill

• **West Virginia:** Medication Administration: An Instructional Program for Teaching Non-Medical Personnel to Give Medication in Child Care Centers in West Virginia developed by Healthy Child Care West Virginia and the West Virginia Department of Health and Human Services
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