Script:
My name is [insert your name and tell a little bit about yourself and your interest/connection to child care- limit yourself to two minutes or so]. Go around the room and ask each person to introduce themselves. If you are short on time, ask for a show of hands, asking questions like– how many of you are teachers? How many of you are new to the field of child care?

Before we delve into the content of the day, here are a few housekeeping details: [insert here information about restrooms, turning cellphones off, emergency exits, signing roster etc.]

Instructor’s note: If you are having participant’s fill out the pre-test for each module have them do the pre-test for module 5 at this time.
Medication Administration in Early Education and Child Care Settings

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

Script:
The objectives for this module on problem solving are the following:

1. Explain how errors happen
2. Identify different types of medication side effects and possible responses to those side effects
3. Explain medication incidents and how they happen
4. Recognize an inappropriate request to administer medication
5. Know what to do when an error occurs
6. Make a commitment to observing for medication side-effects
7. Problem-solve when an inappropriate request to administer medication is made
8. Know how to respond to a medication error or side effect whether serious or minor
9. Demonstrate proper documentation of a medication incident or error
10. Know procedures to minimize medication errors
Preventing errors begins with good communication on drop-off and pick-up.

**Script:**
Preventing errors begins with good communication during the drop-off and pick-up of children. To avoid double dosing or giving doses too close together, ALWAYS ask the parent at drop-off when medication was given last and ALWAYS tell the parent at pick-up when medication was last given as well as any observations that may be related to medication administration.

This **direct communication** between child care provider and parent is essential for safety.
As we talked about in module 1, medication administration depends on **competence, caring, communication, and cooperation**. The **Responsibility Triangle** helps illustrate the importance of good communication.
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**

**Script:**
A medication error is any of the “5 rights” gone wrong. Medication errors are things like:
- Giving the 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

The best way to prevent the “5 Rights” from going wrong is to check the “5 Rights” and follow the policy and procedure.

- Potentially the **most serious errors** occur when giving the wrong dose (especially too much) or giving medication to the wrong child.
  - Giving the **wrong dose** of medication includes overdoses, underdoses, and missed doses.
  - Giving the **medication incorrectly** can also mean not carrying out the accompanying instructions (with food, etc).
  - Giving the dose at the **wrong time** means giving the dose of medication at a time when it is not ordered or outside 30 minute window each way.
Medication Administration in Early Education and Child Care Settings

Preventing Medication Errors

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

Script:
One of the ways to prevent medication errors is to look for patterns of errors and make changes based on the patterns seen to prevent further errors. For example: a common error is forgetting to give a dose of medication. A change to make based on that kind of pattern error could be to set an alarm to remind you that it is time to administer a medication.

Can you think of other ways to prevent errors?

Optional Flip Chart Activity: Preventing Medication Errors
- Engage participants in brainstorming solutions to prevent errors. Ask participants for solutions to medication errors.
- Potential Ideas for preventing errors include the following.
  - Buy measuring devices so that if the parent doesn’t bring 1 in, the facility has an accurate measuring tool.
  - If the person administering medication isn’t familiar with all of the children, attach a photo of the child to the Medication Administration Packet or Medication Log to make sure she or he has the right child.
  - Set up a checklist to ask parents when they gave the last dose of medication to make sure that the doses are not too close or too far apart.
  - If errors are a problem, consider having a second person double check the 5 Rights.
  - Post the 5 Rights and the written procedure in the medication administration area.
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

Script:
Side effects of medication are secondary and usually adverse effects from taking a 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

An example of a common side effect is dry mouth or drowsiness after taking an antihistamine. The effects of an antihistamine (drowsiness) can affect a child's balance and coordination on playground equipment.

Observation for side effects is especially important if one staff member gives the medication and returns the child to other staff. The second child care provider needs to know that the child received medication and what side effects to look for in the child.
**Trainer note:**
More information about side effects can be found in the book *Managing Chronic Health Needs in Child Care and Schools: A quick Reference Guide, 2nd Edition* by Elaine A. Donghue, MD, FAAP and Colleen Kraft MD, MBA, FAAP
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

Script:
Effects of medications can vary from child to child. The same antihistamine can make one child sleepy while another becomes jittery and hyperactive. Side effects that could be normal for 1 medication might be abnormal for another. Fast heart rate is expected for albuterol, an asthma medication, but not for a fever reducing medication.

Some side effects are **predictable** and happen frequently. Other side effects **cannot be predicted**, like allergic reactions.

**Conversation Starter:**
What are sources for information on side effects?

Note: examples are listed on the next slide.
- Package inserts or labels
- Information from the pharmacy
- Information from the prescribing health care professional
- The child’s health assessment or care plan that was completed by their health care professional
- Reliable reference materials
- And websites such as consumermedsafety.org
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

Script:
There are a number of sources for information about medication side effects including the following:
- Package inserts or labels
- Information from the pharmacy
- Information from the prescribing health care professional
- The child’s health assessment or care plan that was completed by their health care professional
- Reliable reference materials
- Poison Control Center may also be a source of information

Conversation starter:
What are some strategies that you can use in your program's classroom if a child has a side effect such as sleepiness, dry mouth, or is hyperactive?
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)

Script:
Adverse reactions or effects are any undesirable experience associated with the use of a medical product by a patient.

Examples of adverse reactions:
- fainting
- double vision
- vomiting
- seizures
- long-term effects such as liver damage

Allergic reactions may involve many different types of symptoms and can be difficult to predict. Skin disturbances are the most common adverse effect. Skin disturbances may be mild such as redness of the skin and itching. They can also be severe or life threatening.

• Examples of allergic reactions:
  - rashes
  - swelling
  - difficulty breathing (anaphylaxis)

Anaphylaxis is a type of severe allergic reaction, in which the immune system responds to substances from the environment that otherwise would be considered harmless. Unlike other allergic reactions, anaphylaxis can kill. Reaction may begin within minutes or even seconds of exposure and rapidly progress to cause airway
constriction, skin and intestinal irritation, and altered heart rhythms. In severe cases, it can result in complete airway obstruction, shock, and death.

Source: FDA MedWatch site (www.fda.gov)
Observation

Young children can’t always verbalize side effects, adverse effects, or allergic reactions, so careful observation is essential.

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

- Child refusal
- Spit out doses
- Vomited doses
- Spilled medication

**Script:**
Have you ever experienced any of the following when you have given or attempted to give a child medicine? Things like a child refusing to take a medication, spitting out doses, vomited doses and spilled medication. Some medical incidents, like these are not errors. Refusal and spitting out doses require a proactive approach.

Think back to module 3 when we talked about preparing a child to receive medication. What are some of things you can do to help prevent these sorts of medical incidents?
Some ideas are the following:
- Ask parents about their techniques
- Give some control or choices
- Be honest (Don’t say something tastes good, if you know it does not)
- Use age-appropriate language
- Be positive
- Thank & praise

- Information on the Authorization to Give Medication form is specifically intended to identify any anticipated problems
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

Script:

It is important to act quickly as soon as the error, effect, or reaction is recognized. Failure to do so may result in harm to a child who may not have been harmed or further harm to a child who is already in jeopardy.

If the child is in distress, call 911. If in a center setting, the director should be notified that there is a problem first, provided this does not delay calling EMS (911).

Medication incidents such as side effects, adverse effects, and allergic reactions must be recorded in a medication incident report. The health care professional may wish to examine the child, or change the medication or the dose.

Medication incidents must be recorded and reported to the parent. Depending on the incident, it may be reported to the health care professional.

Emergency phone numbers should be clearly posted where medication is given in centers and in the family child care home.

The Food and Drug Administration (FDA) maintains MedWatch, a safety information and adverse event reporting program which can be accessed at www.fda.gov/Safety/MedWatch/default.htm. This information is available in the resource section of the participant’s manual.
It is important to know your state’s specific requirements for recording medication errors, adverse effects, or allergic reactions.

If there was an injury requiring treatment or hospitalization, the Bureau of Licensing may need to be notified.

- Check with your state licensing requirements to determine if the Bureau of Licensing will need to be notified.

Sometimes you may also need to call Poison Control. It might also be necessary to check with a child care health consultant, if available.

**Instructor note:**

- Discuss state-specific requirements for recording incidents.

State regulations can be found at [https://childcareta.acf.hhs.gov/licensing](https://childcareta.acf.hhs.gov/licensing)
Medication Administration in Early Education and Child Care Settings

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

Script:
When a medication incident occurs it is important to know what to do.
When a medication incident occurs always do the following:
• Your center director and the parents/guardians should be notified.
• A medication incident report should be filled out.
• A follow up plan should be developed and documented.

Depending on the situation many times the prescribing health care professional and/or child care health consultant are notified.

It is important to never repeat a dose that the child has not kept down without specific instructions from a health care professional. The dose is not repeated because it is unclear how much medication was absorbed before the child expelled it.

Again, it is important to know your state specific regulations.
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

Script:
Knowing when to call 911 is important. 911 should be called:
- When you see signs of distress
- When there is a loss of (or change in) consciousness
- When the child is blue color or is having difficulty breathing
- There is swelling of lips, tongue, or face, or drooling
- There child is experiencing difficulty swallowing
- There is seizure activity
- You see rapidly spreading rash or hives
- The child has Impaired speech or mobility
- Symptoms are getting worse quickly
- When in doubt always call 911
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

Script:
We talked about when to call 911. Now let’s talk about when you should call Poison Control. The number for Poison Control is 1-800-222-1222. How many of you have this number posted in the place where you administer medications? Do you know if you share information about the Poison Control and the number to call with the families in your program? The resources section of the participant’s manual has resources that you can share.

Some of the reasons to call Poison Control are the following:
- When medication is given to the wrong child
- When the wrong medication is given to a child
- When the wrong dose is given (overdose)
- When a medication is given by the wrong route
- When a medication is given at the wrong time (and it results in an extra dose)

Poison Control can usually access 911/EMS services.

It may not be necessary to call Poison Control for
- a missed dose
- a dose at the wrong time
- if it has been longer than the time should have been between doses; it is probably more appropriate to call the child’s health care professional
More information about Poison Control is available at www.aapcc.org.

The AAP previously advised that parents keep a 1-ounce bottle of syrup of ipecac in the home to induce vomiting if it was believed a child had swallowed a poisonous substance. The AAP now recommends that syrup of ipecac no longer be used routinely at home by parents or caregivers. For more information, please visit www.aap.org/advocacy/archives/novpoisonqanda.htm
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

Script:
If you call Poison Control have the following information ready:
- The medication container
- The child’s medication administration packet
- The child’s emergency contact form

Note that it is helpful to have the child’s weight recorded on the Medication Log. Small children change weight rapidly, but a previous weight will help you to make a more accurate estimate of the child’s current weight. The child’s weight with the date that it was obtained should be on the Child Health Assessment/Universal Child Health Record/physical form.

Conversation Starter:
Do you have all of these forms and information easily available when you are administering medication? Does your medication administration policy address the procedures you should have in place should a medication error occur and 911 or Poison Control needs to be called?
Script:
A sample medication incident report is on the screen. Take a few moments to look over this form. Is this form similar to the one your program uses? If it is different, how is it different?

Instructor’s Note:
•Provide copies of the medication incident report form that is available for this module.
**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

**Script:**
Documentation of an error or incident must be completed. Your facility should have **policies and procedures** for these types of situations, outlining who is notified and how, who signs off, etc. A notation should be recorded in the medication log for the dose that resulted in an error or incident.
A medication incident report should be completed.
Follow up should be completed according to your program’s policy on the documentation of an error incident. It is important to be knowledgeable about and follow your program’s policies and procedures.
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.

Script:

Group Activity: Problems with Amalia
• Divide participants into groups of 2 to 4 people.
• Participants should record the incident in the Medication Log and on the Medication Incident Report sheet that you provide them as a handout.
• If time is short, this activity can be done individually instead of in groups or you can go to the next slide and walk through what is written in the log and incident report.

Optional question:
Ask the group how they would record in the medication log that a child said that the medication burns her.
Script:
Review the forms on the screen to see if you have filled them out correctly.
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

Script:
When field trips are planned and a child or children may need to have medication administered while not at the program site, a staff person authorized to administer medication should be present.
- Medication should be properly secured and labeled
- The proper temperature and conditions for the medication should be maintained
- Copies of emergency contact information and the child’s medical forms should be carried
- The dose of medication given outside of the facility must be properly logged, and any side effects should be noted
- Hand hygiene must be maintained
- Emergency contact methods (such as a cell phone) must be available
- The children’s emergency contact information and information about the closest hospitals along the route should be available.
There may be an occasion when you must refuse to give medication such as the following:

- Special training is needed before administering medication
- Required authorizations or other documentation is lacking
- Parent makes inappropriate request
- It is against facility policy

Having a well-planned and written medication administration policy is important when these issues arise.
Inappropriate Requests

- Non-essential medication
- Medication not authorized by a health care professional
- Off-label use
- Cough and cold medications for young children

**Script:**
There may be times when you receive inappropriate request for medication administration. Inappropriate requests include the following:
- Non-essential medication
- Medication that is not authorized by a health care professional
- Off-label use. Off-label use is use of a medication in a manner that is not approved by the Food and Drug Administration (FDA).
- Cough and cold medication for young children

Physician note is needed for cough and cold medications for children 4 to 6.

**Trainer notes:**
Cold and cough medicine is not recommended for children under 4 years of age. Resources for information this are available here:
https://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/Coughs-and-Colds-Medicines-or-Home-Remedies.aspx

https://www.healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/Can-I-give-my-5-year-old-cough-medicine.aspx

**Conversation Starter:** Can you think of some other examples of inappropriate requests? Are these covered in your medication administration policy?

- **Other examples of inappropriate requests:**
  - Giving a child another family member’s medication
  - Alternating acetaminophen and ibuprofen for teething pain for a week. Complex orders such as this require a compelling reason.
Medication Administration in Early Education and Child Care Settings

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

Script:
There may be times when you need to tell a parent or guardian that you cannot administer a medication in your program. This can be because of some of the reasons we talked about on the last slide, such as the medication was not authorized by a health care professional or it is cough or cold medicine.

When this occurs it is important to have your medication administration policy available. Parents should have signed a copy of it when they enrolled in your program. When you talk to a parent or guardian about refusing to administer medication, it is helpful to do the following:

- Take a problem-solving, child-centered approach. Acknowledge the parent's concern and/or reason why the parent has requested that medicine be given while the child is in your program. Sometimes parents may not remember the policy in place or they might need your help to problem solve the issue.

- Seek alternative plans like having a nurse or parent come to administer the medication. If you suggest having a parent come to administer the medication, make sure this is allowed by your program policy and also follows your state and local regulations. If the parent does give medication to the child while in the program, documentation of the medication by the parent should be addressed.

- See if medication timing can be changed to avoid a dose during hours of care. Sometimes this may mean just changing the schedule slightly.
• If the medication involves complex orders, consider obtaining special staff training, if appropriate. Child Care Health Consultants can be helpful in these situations.
Script:
It is important to plan and practice how you will respond to parents when you need to tell them that you cannot administer the medicine they have requested be given. It is helpful to develop a repertoire of answers to defuse situations where parents or guardians and child care providers differ in their perspective. It is also important to refer to and have your medication administration policy available as backup.

Some possible responses are the following:
"I do understand, but for the safety of your child and other children in our setting…"

"I am sorry, but according to our policy…"

Conversation starter:
What are some other phrases that you can use? Do you have any examples of what has worked well for you?

Some ideas:
"I can tell you are concerned about your child feeling comfortable and it is hard when she has a cold. . . "

Give information if they request it. For example, sometimes parents do not know about the current findings on the use of cold medicine and children.
They might need someone to work with them on changing the timing of the medicine so that it can be given before and after child care.

They just might not have remembered to look at the policy about cold medicine for example. Reminding parents of the medication policy before cold and flu season starts might lessen the number of parents requesting medication be given for their child's cold.

Train staff to use these answers and always refer to policy for back up.
Medication Administration in Early Education and Child Care Settings

Resources

- **State Specific Policy Information** at https://childcareta.acf.hhs.gov/licensing
- **Caring for Our Children** at 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.

**Script:**
This slide provides a list of some of the resources that can provide you with information, policies, and sample forms related to the administration of medication in early education and child care settings. The last resource listed here provides valuable information on making sure your environment is clean and disinfected to prevent the spread of infectious diseases.

Caring for Our Children is a collection national standards that represent the best practices, based on evidence, expertise, and experience, for quality health and safety policies and practices for early care and education settings including information on medication administration and sample forms.

**Trainer note:**
You may wish to provide copies of the resource list available for this module.
Script:
The main goals of the course are to provide knowledge and skills to child care providers regarding administering medications. Medication is usually given at home by parents/guardian. When a child attends a child care facility, the medication can be administered by child care providers to maintain the health of the child, prevent illness, or relieve symptoms. Doing this allows a child who is not acutely ill to attend a child care program outside of home. To administer medication, child care providers have to comply with laws, regulations, and best practice.

After completing this course, you will be able to:
Identify different types of medication
Explain why and how medication is given
Improve procedures for receiving, storing, preparing, and administering medication
Document medication administration
Recognize and respond to adverse reactions to medication
Follow medication administration policies

Child care providers: This course is approved for 1.0 contact hours of training credit.
Script:
In this module we covered the following.
1. Knowing the “5 rights” of medication administration
2. Identifying “as needed” conditions
3. Understanding universal/standard precautions
4. Administering various types of medication
5. Identifying common errors and reasons for these errors
6. Feeling comfortable giving medication
7. Communicating with children for whom you are administering medication
8. Showing how to use different measuring devices
9. Practicing giving different types of medication

Trainer Notes:
If you are giving a post-test you may wish to give the post test for this module at this time.

Do you have any questions on this part of the modules?
The resource list provides additional information including links to some of the forms we talked about today.
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

Script:
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.

• Support for the Healthy Futures curricula has been provided through funding from Johnson & Johnson Consumer Inc.

Script:
This curriculum was developed by the American Academy of Pediatrics. The authors and contributors are expert authorities in the field of pediatrics, early education, and child care.
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

**Script:**
The sources for this curriculum include contributions from from these state programs that contributed to the first edition of this curriculum.
Acknowledgments

**Content Reviewer Advisor**
Andrew N. Hashikawa, MD, MS, FAAP  
*AAP Early Childhood Champion (Michigan)*  
University of Michigan Injury Center

**Curriculum Content Consultant**
Kelly Towey, M.Ed.