Things to Do Before your Presentation:

Resource review:
It is recommended that you review the resource list before you give your presentation. You also might want to review resources on standards and regulations such as the following:

- **State Regulations:**
  Prior to giving your presentation you may want to review your state’s regulations related to managing infectious diseases and/or have copies of these regulations available when you give your presentation. The link to finding state regulations is given in the slides where state regulations are mentioned. State regulations can be found at [https://childcareta.acf.hhs.gov/licensing](https://childcareta.acf.hhs.gov/licensing)

- **Caring for Our Children (CFOC) National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 4th Edition:**
  This is a collection of national standards that represent the best evidence, expertise, and experience on the quality health and safety practices and policies for early care and education settings. Prior to your presentation you may want to review the managing infectious disease information available in this guide. It is available online at [http://cfoc.nrckids.org/](http://cfoc.nrckids.org/). Slide notes reference CFOC when a specific standard is mentioned in the presentation. Note that many people have hard copies of this publication. The online version has the latest information as the standards are revised when there is new evidence.

General materials:
- You may wish to bring some extra pens for participants to use
- Will you be printing copies of handouts or asking participants to view electronic copies? Often participants like to have printouts of the slides as note pages.

Housekeeping items:
- What housekeeping items do you want to attend to at the start of your presentation?
  Think about the following:
  - Do you know where the restrooms are in the building?
  - When will your breaks be? Add these into the presentation.
  - Remind participants to silence their phones.
  - Will your room have WiFi, is it available participants, and what is the password?

Introductions:
- Determine how much time you have for introductions.
- Decide how you want to introduce yourself and how much time to take. Time your instruction so you do not talk too long. Ideas might including talking about your connection to early education and child care.
- Decide on the guidelines for the participant’s introductions. Do you just have time for people to state their name and role in their program? Do have time for each one to state one strength and/or one challenge they have? Do you just want to ask for a show of hands- regarding where people are from, their experiences, and background?

**Conversation Starters:**
Note that within some of the slide notes and script are conversation starters. These are provided as a starting point to engage in additional conversation with your participants. They are often in the form of questions. You may wish to review these ideas as you prepare for your presentation.
Tips for a Successful Presentation

1. Review the course slide presentation and related materials. Are there areas that you want to add more information or take some details out? Select the speaker notes that best match the interests, challenges, and time available to conduct the course.

2. Think about what you know about your audience and/or contact the head of the program you are presenting to (if possible) and find out about any challenges and/or strengths of program and the individuals you will be instructing. If you have presented to this audience before think about what worked well with the audience in the past and ways to incorporate those things into your next presentation.

3. If state- or regional- resources are available add these to the presentation.

4. Read the note sections of the slide presentations to make sure you have the handouts and other materials you need for each module.

5. Think about your own experiences, are there ways to add your own stories to the presentation to personalize it?

6. Rehearse your presentation out-loud and time it to make sure there is enough time for everything you want to do, including any small or large group activities.

7. If you are using any video clips or the internet for all or part of your presentation, contact the place where you are presenting to verify that internet or wifi is available and/or download the video clips or needed materials to your computer to make sure you have them available.

8. Arrive early so that there is plenty of time to set up your computer, distribute handouts, and make sure the room is set up the way you would like it to be.

9. Remember to leave plenty of time for questions and discussions. Often some of the most valuable time for attendees is being able to hear from other colleagues what their challenges, successes and questions are and possible solutions.

10. Have a few extra pens, markers, sticky notes, and paper on hand.

11. Hand out evaluations and take time to read the feedback so you know what worked well and what you might want to do differently next time.
12. Remember you don’t need to know the answer to every question that might be asked. It is ok to say, “That is a great question, let me think about that and get back to you with a possible resource/answer.”
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? [See the presentation tips handout for guidelines, ideas and timing].

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.]
Script:

The Medical Administration in Early Education and Child Care Settings curriculum has 5 modules. The overall objectives for the entire curriculum are the following:

1. Identify different types of medication, why medication is given, and how it is given.
2. Improve medication storage, preparation, and administration techniques.
4. Recognize and respond to adverse reactions.
5. Develop and implement appropriate policies about medication administration and how to implement them.

Before we start covering the content of the first module. I have a pre-test that I’d like all of you to take. This will help you give a sense of what you know and don’t know. Don’t worry if you don’t have all the right answers, as we are going to be covering these materials 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:
Before we delve in to the content, please note the following disclaimer.
This curriculum provides education for personnel in the child care setting who give medication to children but are not licensed health care professionals. It is not a substitute for written policy and professional guidance. It is not a certification of competency. Actual care must be based on the child’s clinical presentation, the health care professional’s orders, parental guidance, personnel experience and training, and facility policy.

Also, some states may require certification for staff who administer medication. This curriculum does not necessarily fulfill those requirements.
What is Covered

• Typical and routine medications for short-term use
• Medications taken on a regular basis for chronic health conditions
• Emergency medications (in general)

Script:
Here’s what we will be covering:

**Typical and routine medications for short-term use.** This includes medications such as
• Antibiotics for strep throat
• Eye or ear drops for infection
• Fever relievers and over-the-counter pain medications
Try to limit over-the-counter medications that are not necessary in child care such as vitamins

**Medications taken on a regular basis for chronic health conditions like the following:**
• Rash creams to prevent eczema
• Seizure medications
• Antihistamines

**And emergency medications like**
• Seizure medication (rectal)
• Epinephrine autoinjector (anaphylaxis)
• Inhalers and nebulizers will be covered in general.

**Instructor Note:**
Please note that the administration of certain types of medications are not covered in...
these modules, such as some emergency medications. The American Academy of Pediatrics offers an online course: Medication Administration in Early Education and Child Care Settings that covers these medications in more detail. This free course is available online at https://shop.aap.org/medication-administration-in-early-care-and-education-settings/
Some medications need special knowledge and skills and are not covered in this program:

- Special medications like injectable or rectal medications
- Clinical explanation of conditions
- Principles of caring for children with special needs
- Dietary issues such as restrictions or supplements for allergies or other medical conditions
- Other subjects not covered include insulin, glucagon, and diabetes management for a child with diabetes at a facility. Training resources by diabetes educators often exist within diabetes centers and children’s hospitals.
- Some situations require a nurse, for instance, when giving a medication by injection.

These are all important topics that are beyond the scope of today’s program.
Module 1 Objectives

- Introduction and reasons to give medication
- ADA, IDEA, state regulations
- Responsibility Triangle
- Types of medication

Script:
The objectives for module one are the following:
1. Identifying 3 reasons why medication is given in child care settings
2. Identifying common types of medication
3. Describing ADA law and defining liability
4. Identifying the members of the Responsibility Triangle
5. Describing child care provider roles for giving medication in child care
6. Knowing reasons that motivate child care providers to give medication
7. Understanding barriers that prevent child care providers from giving medication
Medication Administration in
Early Education and Child Care Settings

Why Give Medication in Child Care?

Flip Chart Activity:
Why Give Medication in Child Care? (Using a flip chart paper and markers or lead a discussion)

Note: Keep track of the time so the discussion does not go too long.

Script:
How would you answer the question: Why give medication in child care? Think about the amount of time children spend in child care and health issues that affect the health needs of children in child care.

Potential Discussion Issues:
- Children spending more hours in child care
- Young children get sick more often than older children
- Parents/guardians without child care alternatives
- Inclusion and the Americans With Disabilities Act
- Children with prematurity and other health needs who have been able to leave the hospital and are now surviving when they might not have before
- Increased incidence of asthma and food and other allergies
- Some medications that were previously only available by prescription are now over-the-counter
- Doctors’ and other health care professionals’ ability to diagnose and treat many conditions (eg, ADHD)
In general, why are medications given?

- Relieve symptoms
- Prevent illness
- Control or cure health programs

Script:

In general, medications are given to:

- **Prevent illness**, for example:
  - Some asthma medications prevent an attack rather than treat it
  - Barrier creams can help prevent diaper rash

They can also

- **Relieve symptoms**
  - Medications to reduce fevers, relieve pain and medications like antihistamines to relieve allergy symptoms

They can also be used to

- **Control or cure health problems**
  - Short term: Antibiotics for bacterial infections such as ear infections, pneumonia, or strep throat
  - Emergency: Epinephrine or antihistamines for allergic reactions
  - Long term: Insulin for diabetes

Medication can be used for **more than one reason**.

  - For example, diaper cream can be preventative (like zinc oxide or petroleum-based creams) or therapeutic (like antifungal creams)
3 Main Reasons to Give Medication in Child Care

- Maintain health
- Allow a child who is not acutely ill to attend the program
- Comply with laws, regulations, and best practice

Script:

These are the 3 main reasons for giving medication in a child care setting:

- To maintain health
- To allow a child who is not acutely ill to attend the program
- To comply with laws, regulations and best practice.

All other medication should be given at home. (e.g. vitamins)

Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, third edition (CFOC) Standard 3.6.3.1: Medication Administration states the following:

The administration of medicines at the facility should be limited to:
- Prescription or non-prescription medication (over-the-counter [OTC]) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Written orders from the prescribing health professional should specify medical need, medication, dosage, and length of time to give medication;
- Labeled medications brought to the child care facility by the parent/guardian in the original container (with a label that includes the child’s name, date filled, prescribing clinician’s name, pharmacy name and phone number, dosage/instructions, and relevant warnings).
When Should Medication Be Given?

- At home by parents/guardians, if possible
- Minimize the number of doses given at a child care facility

Script:
When possible medication should be given at home by parents/guardians. Prescribers should try to minimize the number of doses given at a child care facility. Pharmacists can split medicine into 2 bottles (one for home and one for child care).

It is important to know the child care standards and regulations for your state regarding when and how medication should be given. Resources for child care standards, best practices and regulations will be provided at the end of this module.
Medication Administration in Early Education and Child Care Settings

Standards and Regulations

State licensure regulations
• Seek to ensure basic health and safety parameters
• Are minimal standards for a licensed program to operate legally in specific state

Head Start Standards & Requirements
• Standard and requirements for Early Head Start and Head Start programs

Best Practice Standards
• Are optimal standards to strive towards
• Publications, such as *Caring for Our Children*, attempt to set best practice standards

Script:
• **State licensing regulations** are bottom line, non-negotiable, “do no harm” standards for the industry. They seek to ensure basic health and safety parameters. They are minimal standards for a licensed program to operate legally. Child care settings (centers and family child care homes) can always have policies and practices that exceed state licensing regulations, they just cannot operate below these limits. Regulations typically vary for family child care and center-based facilities. Regulations can vary widely from state to state.

• **Note that Head Start agencies** that provide services to children and families must meet the Head Start Program Performance Standards and the requirements set forth in the Head Start Act of 2007.

• **Best practice standards** are optimal standards that child care programs should strive toward implementing. Publications like *Caring for Our Children*, attempt to set best practice standards.

Resources for state regulations and standards will be given at the end of this module.
Script:
The American with Disabilities Act (ADA) is a federal law that does not require child care providers to give every medication, but does say that a child with special needs may not be excluded if reasonable accommodations to that child’s special needs can be made.

Resources for information on ADA include:
• A Commonly Asked Questions About Child Care Centers and the ADA Act document available online at https://www.ada.gov/childqanda.htm
• The Department of Justice maintains a toll-free line for technical assistance at 800/514-0301.
Medication Administration in Early Education and Child Care Settings

How About Liability?

• Liability:
  o something for which one is liable
  o an obligation, responsibility, or debt
• Review liability insurance

Script:
Because of the increasing numbers of children in out-of-home child care settings today, child care providers are being asked more frequently to administer both prescription and over-the-counter drugs. Medication administration can involve liability, even when carried out properly. Liability is something for which one is liable, or an obligation, responsibility or debt.

Standardized training, taught by licensed medical professionals, for designated staff, and well thought out policies, procedures, and documents all contribute to minimizing liability.

Child care center directors and family child care providers should review their liability insurance policies for any stipulations relating to medication administration. See Caring for Our Children for more information related to liability and medication administration.
Medication administration depends on competence, caring, communication, and cooperation. One way to look at this is to picture it as a responsibility triangle.

With ever increasing numbers of children in out-of-home settings, we need a team effort to reach this goal, and communication is vital to this process.

- The parent or guardian is usually the connection between the child care provider and the health care professional. Note that a child care health consultant may be able to explain and facilitate the process with parental permission. Programs need written permission from parents to have child care health consultants access and discuss individual child’s health records and health issues.
- The role of child care health consultants will be discussed a bit later.

Conversation Starter:
- Each point of the triangle has specific responsibilities.
- What do you think some of the responsibilities are for each role? [Ask for some ideas from the audiences for parent responsibilities, child care provider responsibilities, and health care professional responsibilities. If you need some examples look on the next few slides]
Script:
Here are some of the parent or guardian responsibilities regarding medication administration:
• Making sure their child has regular checkups and up-to-date immunizations
• Communicating with child care staff about their child’s symptoms and health status
• Communicating with health care professionals about their child’s child care setting— the environment, capabilities of the staff and the hours that the child attends
• Consulting with their child’s health care professional about diagnosis and care
• Following medication policies and completing forms

Conversation starter:
Can you think of some more responsibilities that parents and guardians have when it comes to medication administration?  
[See next slide for more]
Parent/Guardian Responsibilities, continued

- Seeing if medication can be given at home
- Providing:
  - properly labeled medication
  - appropriate measuring devices
- Promptly picking up their child
- Arranging for back-up care
- Working with child care providers
- Up-to-date emergency contact information

Script:
Here are a few more responsibilities:
- Asking their health care professional about whether medication can be given at home and not in child care
- Providing properly labeled medication and the appropriate measuring devices
- Providing up-to-date emergency contact phone numbers
- Promptly picking up their child when notified of illness
- Arranging for back-up care
- Working constructively with child care providers to determine when it is appropriate to care for their child during a mild illness

Conversation Starter:
Take a look at this list of these responsibilities. What responsibilities do you feel are the most difficult for the parents in your program? Does anyone want to share any successes/strengths of their program regarding these responsibilities?
Child Care Provider Responsibilities

• Periodic monitoring of health records
• Daily health checks
• Clear policies
• Good hygiene practices
• Promptly communicating
• Using available resources
• Obtaining training

Script:
Let’s look at some of the responsibilities of child care providers now. Some of their responsibilities include:
• Careful, periodic monitoring of health records including history, physical, immunizations, and screenings
• Practicing daily health checks
• Having and communicating clear policies on medication, exclusion, and re-admittance to child care
• Maintaining good hygiene practices
• Promptly communicating with parents or guardians about their child’s symptoms
• Using available resources for health consultation
• Obtaining training about medication administration
Script:
Now let’s look at the responsibilities of health care professionals. Their responsibilities regarding the administration of medicine in child care settings include the following:
• Completing all child care health forms legibly
• Discussing medication needs with parents or guardians and if needed, with child care providers, if parental permission is obtained
• Adapting medication schedules to meet the needs of children in child care and limit the number of doses that need to be given in child care
• Providing guidance and education as requested
• Promoting disease prevention and good health practices
• Being accessible to child care staff for questions and concerns about patients, with parental permission
Script:
Let’s see a raise of hands—
How many of you have child care health consultants that your program works with right now?
Who knows if your program and/or state has child care health consultants available?
Have most of you heard of them before and/or work with schools that have school nurses?

A child care health consultant is a trained health care professional who provides consultation and technical assistance on health issues in child care. In schools it is often the school nurse.
Child care facilities can request consultation from professionals with special expertise.

All child care and school settings should have access to a health care professional who provides consultation and technical assistance on health issues. Child Care Health Consultants are available in **most states**, but sometimes there is a fee associated with their services.
In some states, there are **limited numbers** of Child Care Health Consultants available.
Child care facilities often do not have an on-site health care professional, but, in many states, they can request child care health consultation from professionals.
with special expertise in topics as they relate to child care, such as:
  o infectious diseases
  o nutrition
  o socio-emotional development
  o emergency management
  o injury prevention

The method for locating a health consultant varies from state to state. For more information, contact your local Child Care Resource & Referral Agency (CCR&R). To find your local CCR&R, visit www.naccrra.org.

Now that we have spent some time looking at roles, responsibilities, and regulations. We are going to look at the types of medications that are given in child care settings.

Medication types include the following:

- **Prescription medications**, which some people refer to as Rx- these are those that require a prescription from a licensed health professional.
- **Over-the-counter medications** are those that can be purchased without a prescription from a health care professional. These are often referred to as OTC.
- There are also **non-traditional, brand name and generic medications**.

We will also look at the types of medications in regards to their method of use- oral, topical, inhaled, etc.

Prescription medication, over-the-counter medication, and non-traditional/alternative medication can interact. A health care professional should always supervise when these medications are given together.
Prescription Medication

- Can only be prescribed by an authorized health care professional
- Are dispensed by a pharmacist
- Are considered “controlled substances” if they can be dangerous or addictive

Script:

**Prescription medication** can only be prescribed by an authorized health care professional. Authorized prescribers vary by state and include physicians, nurse practitioners, and physician assistants. These medications are dispensed by a pharmacist.

**Controlled substances** are discussed later in this curriculum. They include medications such as methylphenidate for attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD). Medications are considered to be "controlled substances" if they can be dangerous or addictive. Controlled substances have special rules.

Sometimes families are given **samples** of medication by their health care professional. These samples should be properly labeled with the child’s name, the medication name and strength, and the expiration date, just as if they came from a pharmacy.
OTC Medication

Can be purchased without a prescription
- Vitamins
- Sun screen
- Insect repellant
- Non-medicated diaper cream
- Homeopathic medication
- Herbal medication

Script:
The Food and Drug Administration (FDA) decides whether a medication can be safely used by a consumer without the advice of a health care professional. OTC medications are not harmless: Like prescription medications, OTCs can be very dangerous to a child if given incorrectly. Best practice is that OTC medications administered in child care should have written authorization from the health care professional with prescriptive authority and parent or guardian written permission.

Sun screen, insect repellant, and non-medicated diaper cream often have different regulations. Check your state regulations. Most often they require parent permission (signed) at the beginning of the year.

A prescription from an authorized health care professional is essential for any medication that does not have dosing information available. (This will be discussed further in Module 2).

Homeopathic medications have active ingredients that can be from plants, minerals, or animals. FDA regulates these medications but they are exempt from manufacturing requirements, expiration dating and finished product testing for identity and strength.

Herbal Medication have active ingredients from plants. They are unregulated and have no government standards for manufacturing or labeling.
Both Homeopathic and Herbal Medications are sold over the counter, but dosage guidelines for young children do not exist. There is very little research on side effects/drug interactions. Homeopathic and herbal medications are not all regulated by the FDA and can have quality control issues. Some, especially those from outside of the country, have been found to have lead and other toxins. Your policy should address whether homeopathic and herbal medications will be administered given these concerns.
Common OTC Medication

- Fever reducer or pain reliever
- Antihistamines
- Mild cortisone cream
- Cough syrups and cold remedies
- Nose drops
- Medications used for common gastrointestinal problems
- Many OTC medications do not have dosing information for children under the age of 24 months

Script:
Common over-the-counter medications for children include the following:
• Fever reducers and pain relievers
• Antihistamines
• Mild cortisone cream
• Cough syrups and cold remedies
• Nose drops and medications used for common gastrointestinal problems.
• Medications used for common gastrointestinal problems.

Many OTC medications do not have dosing information for children under the age of 24 months.

The National Reye’s Syndrome Foundation, the US Surgeon General, the United States Food and Drug Administration (US FDA), the Centers for Disease Control and Prevention (CDC), and the American Academy of Pediatrics (AAP) recommend that aspirin and combination products containing aspirin should not be given to children or teenagers who are suffering from influenza-like illnesses, such as chicken pox, and colds. Child care providers should not be seeing aspirin alone or in combination products in child care.

Research has shown that cough and cold medicines have little benefit to young children and can have serious side affects. Many of these over-the-counter products have more than one ingredient which can lead to accidental overdose if combined.
with other products. Caring and comfort is one of the best medicines for colds.

Brand Name and Generic Medications

- Both prescription and OTC medications come as
  - Brand name
  - Generic
- Mistakes and confusion
  - Names that are difficult to remember and to say
  - Available under several names
  - Sound alike names

Script:
Both prescription and OTC medications may come as brand names and generic. Brand name medications are named by pharmaceutical companies. The names are often easier to say and remember than the generic names.

Some medications, such as some antihistamines, are available as prescription and OTC as their brand name. They may also be available as a generic OTC at a lower cost.

The names of medications can create an opportunity for mistakes and confusion because names can be difficult to remember or to say. Also, medications may be available under several different names, and some may sound the same.
Medication Administration in Early Education and Child Care Settings

Forms of Medication: Oral

Tablets
- Coated and uncoated
- Chewable
- Scored

Capsules
- Swallow
- Sprinkle

Script:
Medications for children can come in different forms. Oral medications can be in tablet and capsule form.

Tablets can be:
Coated and uncoated. They should be swallowed whole.
Chewable tablets must be chewed and then swallowed.
Scored tablets may be split in 2 to give the appropriate dose. The tablet should be split in 2 by the pharmacist or parent.
Un-scored tablets should not be split because they cannot always be divided evenly and a child could receive too much or too little medication.

Medications can also come in capsules:
Capsules are taken by mouth and swallowed whole. They should not be crushed.
Sprinkles are contained in capsules. The contents are taken apart and sprinkled on food, as directed. Use sprinkles only with a health care professional's instruction.

Instructor Note:
The following video on tablets and capsules is available for your use:
https://youtu.be/zc9DdOwnoTs
Liquids
• Suspension
• Syrups
• Elixirs

Script:
Another form of oral medication is liquids:
• *Suspensions* are fluid substances with solid particles. They separate when left standing. Undissolved medications in liquid must be shaken prior to pouring and often need refrigeration
• *Syrup* or *Elixir* is a sweetened liquid that contains dissolved medication.
You may refrigerate oral liquid medication to make the taste more pleasant

Instructor Note:
The following video is also available for your use: [https://youtu.be/6PAb8AVDYLM](https://youtu.be/6PAb8AVDYLM)
Forms of Medication: Oral continued

- Sublingual
  - Placed under the tongue
- Melting strips and tablets
  - Absorbed directly in the mouth
- Gums and gels

Script:
**Other forms of oral medications include sublingual. These medications are placed under the tongue.**
- Speed of absorption varies by medication.
- Some types of sublingual medication should not be swallowed whole.
- Refer to the manufacturer’s instructions.

**There are also melting strips and tablets:**
- **Quick Dissolve strips** are applied on top of tongue. They dissolve instantly when placed in a child’s mouth.
- **Quick Dissolving tablets** also dissolve quickly when placed in the mouth.

**Gum applications and gels are another type.** For these medications there is rapid absorption with the effects usually noted within 10 minutes.
This medication is often rubbed directly on the gums inside the mouth. Teething gels containing benzocaine or lidocaine are not recommended for children. Caregivers can can give babies a teething ring that has been chilled in the refrigerator. *

Medication that is applied to the lips, such as lip balm, is **not** considered oral medication because it is not applied in the mouth or to the gums.

**Conversation Starter:** What oral medications forms have you had experience with
in your program or setting?
Are there forms of oral medication that give you more challenges than others?

*Source: AAP News, Baby Teething gels not recommended. http://www.aappublications.org/content/35/8/32.1
Forms of Medication: Topical

- Drips: Eyes, ears, or nose
- Sprays: Nose or Throat
- Patches

Script:
Another form of medication is topical. Topical medicines include eye drops, eye ointments, ear drops and ointments, creams and patches that are applied to the skin, and sprays. Medicated patches are devices that are applied to and remain on the skin that allow for the timed release of medication.

Instructor note: A video on topical medications is available at https://youtu.be/mKG8wQALiyQ
Forms of Medication: Topical, continued

- Creams, Ointments, and Sprays for external application of medication for rash or skin problems
  - Prescription versus OTC
  - Preventive versus treatment

Script:
Other topical medication forms include creams, ointments, and sprays for external application of medication for rash and skin problems. These drugs can be both prescription and OTC depending on their strength. They are considered OTC if the active ingredient is small in each dose.

OTC ointments and creams that are used for preventive purposes, such as sunscreen, lip balm, skin creams, and diaper ointments, require parent written permission and all label instructions must be followed.

- If the skin is broken or an allergic reaction is observed, discontinue use and notify the parent or guardian.
- Include a statement on the parent written 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 a health care professional.
- Make sure to check your state regulations as well as best practice standards in Caring for Our Children.

OTC ointments and creams used as a treatment for a skin condition such as broken skin, eczema, burn, or bleeding with severe diaper rash, require a written authorization from the health care professional and written parent permission.
Forms of Medication: Inhalation

- *Inhalation*: Breathing or inhaling a drug into the respiratory tract
- Methods include:
  - Inhaler
  - Nebulizer
  - Powders
  - Spray

**Script:**

**Inhalants** are medication that are in a fine mist or powder which can be breathed into the body through the nose or mouth.

**Metered dose inhalant** or *(MDI)* is propelled into the mouth by pressurized gas and is inhaled into the lungs.
  - The medication is better delivered if a spacer tube is used between the inhaler and the mouth.
  - The inhalant gas has been changed to hydrofluoroalkane (HFA) a "puffer" to be more environmentally friendly.

A **nebulizer** machine turns liquid medication into a fine mist which is inhaled.

**Powders** come in different devices where a set amount of medicated powder is inhaled or sucked in from the device.
  - The device often turns and clicks to drop the dose into place so it can be inhaled.

**Nasal spray** delivers medication into the nose through a spray.
  - Medication is absorbed in the nasal cavity, effects will be noted within 10 to 15 minutes.
  - Children may complain of an unpleasant taste in their mouth after receiving nasal medication.
**Instructor Note**: Several videos are now available:
Inhalants: https://youtu.be/kjlU_ULsyB0
Inhaled meds (asthma): https://youtu.be/e6O9x0WoWgM
Nose drops: https://youtu.be/QCTY8ne9Hrc
Forms of Medication: Injection

- Epinephrine Injection
- Glucagon
- Insulin

These medications need special training and will not be covered in this program.

**Script:**

Injectable medications are administered by a registered nurse (RN) or may be delegated to school or child care personnel and supervised by a RN or school registered nurse, depending on state regulations.

Emergency injectables, such as epinephrine injections, are administered during a severe and life-threatening allergic reaction. A written health care plan is necessary. Consult your state regulations for guidelines about how epinephrine injections are taught and administered as emergency injectables.

Other injectables, such as insulin or glucagon, require an individualized written health care plan, individualized training, 1-to-1 delegation and supervision, as determined appropriate by the RN. The administration of injectable medication is not part of this curriculum.

**Instructor note:** A video on injections is available at [https://youtu.be/I7WIdRDgiOA](https://youtu.be/I7WIdRDgiOA)
Forms of Medication: Suppository

- Suppositories are inserted into the rectum
- Need special training
- States vary, so check your local laws and regulations

Script:
The last form of medication is suppositories. Rectal medications are inserted into the rectum and require special monitoring. Occasionally, suppositories will be designed to be inserted in areas other than the rectum.
Medication Administration in Early Education and Child Care Settings

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/

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:
For information on your state’s child care licensing regulations see the National Database of Child Care Licensing Regulations available at the URL on the screen.

Trainer Note:
If you are not providing copies of the slides with the url on the screen you may want to give attendees a few moments to write down the website address or tell them to search for National Database of Child Care Licensing Regulations
Managing Chronic Health Needs in Child Care and Schools, 2nd ed. is a valuable resource. This resource, updated in 2018 by Elaine A. Donoghue, MD, FAAP and Colleen A. Kraft, MD, FAAP, helps teachers and caregivers address the challenges of caring for children with chronic health conditions and special health care needs in child care and school settings. It is available from the American Academy of Pediatrics.

A resource for standards and best practices for child care programs regarding medication administration is Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 4th edition. This resource is often referred to as the CFOC.

The CFOC provides standards, along with rationales, and resources and references. The most up to date information is available on their Web site. More resources on medication administration will be presented in the curriculum. In addition the resources section of your participant’s guide has a list of resources.

Conversation Starter:
Have any of you used CFOC to help you with issues and policies related to medication administration? How has it been useful?

[One of the pieces of CFOC that is often helpful is the rationale as this gives information about why the standard is in place and often answers the question- How come we need to do this or should do this?]

**Trainer Notes:**

If you are not providing note pages of the slides you may want to give attendees time to write down the URLs for these resources. Managing Chronic Health Needs in Child Care and Schools, 2nd ed. can be found by typing the title in the search box of the AAP’s website at www.aap.org or directly at https://shop.aap.org/managing-chronic-health-needs-in-childcare-and-schools-a-quick-reference-guide-2nd-edition-paper/
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 these state programs that contributed to the first edition of this curriculum.
Acknowledgments

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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?. [See instructor planning guide for guidelines, ideas and timing].

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.]
Objectives

- Forms
- Policies
- Confidentiality Objectives
- Receiving and storing medication
- Disposing of medication
- Documentation, forms, and records

Script:
The objectives for this module are the following:
1. Summarize the forms a child care provider needs before giving medication
2. Identify policies that must be in place before receiving medication
3. Understand why information about medication should be kept confidential as ordered by federal law
4. Describe safe practices of where to store and dispose of medication
5. Feel knowledgeable about receiving and disposing of medication
6. Review a Child Health Assessment and Authorization to Give Medicine form
7. Identifying the proper forms that must be in place for medication administration
8. Recognizing and recording side effects of medication
9. Becoming comfortable with filling in medication administration forms
10. Knowing how to fill out a Medication Log

NOTE: If you have participants complete the pre-test questionnaire prior to each module. Have them answer the pre-test questions for module 2 now.

Conversation Starter:
When you look at the topics listed here, which topic or topics do you feel confident about? Do you feel like you and your staff understand
confidentiality issues well? Are there topics here that you are more sure of your knowledge then others? Any challenges? 
Or
A raise of hands: How many of you have had to dispose of medication in your program in the last month? Have you recently reviewed your policies on confidentiality in the last month?
How often to you receive medication from parents—daily, every week?
How many of you feel out forms regarding medication, including recording of any side effects?
Disclaimer

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- Each program must review state laws, regulations, and resources, and adapt accordingly

Script:
Before we begin the second module. Please note that this 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 the content accordingly.
What forms are needed?

1. Child Health Assessment
2. Medication Administration Packet
   - Authorization to Give Medicine
   - Receiving Medication
   - Medication Log
3. Emergency Contact Form
4. Health Care Professional’s Order

Script:
A number of forms are required to administer medication in a child care setting. The good news is that there are forms that you can use and/or adapt. You do not need to create your own. We will also be looking at some forms as well as part of this module.

Each child should have on file a child health assessment form. These are sometimes called different names such as a care plan or an individual health plan if a child has a chronic or life-threatening condition. They are also sometimes called the physical form.

Your program should have a medication administration packet that includes the following forms:

**Authorization to Give Medicine:**
- To be completed by parent/guardian

**Receiving Medication:**
- To be completed by child care provider

**Medication Log:**
- To be completed by child care provider

**Emergency Contact form:**
This is often combined with other forms.

**Health Care Professional’s Orders:**
The prescription label can serve as this order.

Note that states have different regulations, for example:
- Some states embed a release to talk to the health care professional into the Emergency Contact Form, while in other states, separate forms for each purpose
are required.
• State regulations can be found at https://childcareta.acf.hhs.gov/licensing
• Some states require a **health care professional’s signature** to give medication (prescription and OTC), and some states use the same form for both prescription and OTC, while other states use different forms for each type.

**Trainer note:**
If you are including copies of the sample forms during your session, You may want to briefly walk participants through the forms:
The Child Health Assessment is a general form **geared towards healthy children**. It includes physical examination results, immunization records, information about medical conditions and information about preventive health screenings, if required.

**Every state is different** as to what must be included, the timeframe for completion, and the length of time that the form remains valid.

While licensing regulations in some states allow 30 days for the completion of the child’s health assessment, **best practice** dictates that a child care provider have that information at the time of enrollment in order to have adequate information about the child to properly care for him or her, particularly if special needs are involved.

Best practice states that the Child Health Assessment should be **updated** annually or when there is a change in health status, such as a hospitalization.

Sample child health assessment forms are available from Caring for Our Children as well as in the AAP’s book Managing Chronic Health Needs 2nd Edition.

Specific disease action plans are **not covered** in this training and are included for reference only.
**Conservation starter:**
What do you think are some reasons why it is best practice to have a child health assessment completed within 30 days of enrollment? (Possible answers: health issues can affect how a child learns, early detections of health issues can mean less missed days of learning, programs can have plans in place to support healthy growth and development)

**Trainer Notes:**
• Review state-specific information.
• Your state regulations can be obtained at https://childcareta.acf.hhs.gov/licensing
• Every state is different as to what must be included, the timeframe for completion, and the length of time that the form remains valid.

The Caring for Our Children Child Health Assessment form is at http://nrckids.org/files/appendix/AppendixFF.pdf

This book also has child health assessment information
Medication Administration in Early Education and Child Care Settings

Care Plans or Individualized Health Plans for Children with Special Health Care Needs

- The usual Child Health Assessment might not be detailed enough to allow the best care for the child
- Completed by a health care professional

**Script:**
Children with special health care needs should have a care plan or individualized health plan that **outlines the specifics of their special health care needs**. The care plan should be completed by a health professional. It should provide information about any ongoing or emergency medication and outline modifications to diet, environment and activities.

There are different types of care plans. Some care plans are general, such as the Emergency Information Form for Children with Special Needs, and others are disease-specific, like an Asthma Action Plan.

Action plans need to be updated with changes in the condition or at a minimum yearly together with the primary health care provider.

The resource section has links to some additional resources such as asthma action plans. Specific disease action plans are **not covered** in this training and are included for reference only.
Script:
Programs should have written policy for the administration of any prescription or non-prescription or over-the-counter medication. This includes having parent or guardian consent forms for each prescription and over-the-counter medication.* The authorization to give medication form should be completed by the parent or guardian and include the child’s information, prescriber’s information and permission to give medicine for each prescription and non-prescription medication. It is important to know your state-specific regulations.

*CFOC, Standard 9.2.3.9 available at http://cfoc.nrckids.org/StandardView/9.2.3.9

Trainer notes:
Review state-specific information at https://childcareta.acf.hhs.gov/licensing
Programs should also have policy in place regarding the receiving of medication including a checklist of steps to take to receive and safely store medication. The checklist should be complete by child care staff and include steps such as the following:

- Checking labels and containers
- Ensuring that all forms are complete
- Obtaining necessary information from parent/guardian

• This topic will be covered in more detail later in this module.
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Medication Administration Packet:

Medication Log

- Completed by child care staff
- Should include the following:
  - Name of child
  - Medication
  - Day, time, dose, route, and staff signature
  - Comments and observations
  - Return or disposal of medication notation
- Prescription and OTC medication must all be logged

Script:
The medication log should also be completed by child care staff. The medication record or log documents the process taken by the person giving the medication. Your medication log should include the following:
- Name of the child
- Medication
- Day, time dose, route, and staff signature
- Comments and observations
- Return or disposal of medication notation

Both prescription and over-the-counter medication must be logged.

The Medication Log will be covered in more detail in Module 4, Documentation.
Emergency Contact Form

- How to contact the family
- Permission to speak with the health care professional regarding a specific child’s health needs

Script:
Emergency contact information is required. This includes information on how to contact the family in an emergency as well as permission to speak with the child’s health care professional regarding the child’s specific health needs. You should have more than one emergency contact for back-up if the first person can not be reached.

The Emergency Contact Form may:
- include the child’s insurance information
- be combined with other forms

While permission to speak with the health care professional is in the Medication Administration Packet and Authorization to Give Medicine form, the need to do so may also occur for children who are not receiving medication. That is why it has been included on the Universal Child Health Record and the Emergency Contact Form.
Health Care Professional’s Orders

- Prescription medication
- OTC medication
  - State requirements
  - Under 24 months of age
- Know the length of time order is valid.
- Standing orders

Script:
Health care professional orders are needed for prescription medication. The pharmacy label is the order for the prescription medication.
- For over-the-counter medication, parent’s instructions are okay in most states if it matches the dose given on the medication label. It is important to know your state’s specific requirements.
- A written order from a health care professional is required in some states for over-the-counter medications.
- A written order from a health care professional is essential if the child is under 24 months and the dose is not on the label or if the parent’s instructions do not match the dose on the label.
- It is also important to check your state’s regulations regarding the length of time that a health care professional’s order is valid.

CFOC standard 3.6.3.1 states “Standing orders” guidance should include directions for facilities to be equipped, staffed, and monitored by the primary care provider capable of having the special health care plan modified as needed. Standing orders for medication should only be allowed for individual children with a documented medical need if a special care plan is provided by the child’s primary care provider in conjunction with the standing order or for OTC medications for which a primary care provider has provided specific instructions that define the children, conditions and methods for administration of the medication. Signatures from the primary care provider and one of the child’s parents/guardians must be obtained on the special care plan. Care plans should be updated as needed, but at least yearly.
Instructor Notes:
• Discuss **state-specific regulations** concerning health care professional's orders.
Your state regulations can be obtained at https://childcareta.acf.hhs.gov/licensing
Health Care Professional’s Orders continued

• “As needed” or “prn” orders
• State regulations vary for telephone orders

Script:
“As needed” or “prn” orders are frequently written by health care professionals to allow a nurse to give a medication only when nursing judgment deems that the medication is needed.

○ These types of instructions must be much more specific for non-health care professionals. For example: “Give albuterol nebulizer treatment every 4 hours as needed” versus “Give albuterol nebulizer treatment every 4 hours for increasing cough, rapid breathing, chest tightness, or other signs of respiratory difficulty.”

○ Health care professionals are used to writing “prn” orders for school nurses and may not realize that a nurse might not be available at a child care site to make trained decisions about when to administer medication.

• This subject is discussed in more detail later in this module and in Module 3, How to Administer Medication
Medication Administration in
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Health Care Professional’s Orders, continued

Must be clear and specify:
Child’s first and last name
Date of order
Name of medication
Amount (dose)
Time, route, and frequency
Signature of licensed health care professional
Expiration date of medication

Might list:
Reason for medication
Possible side effects or adverse reactions

Script:
The health care professional’s orders must be clear and include the following:
• Child’s first and last name
• Date of order
• Name of medication
• Amount (dose)
• Time, route, and frequency
• Signature of licensed health care professional
• Expiration date of medication

It might include, the reason for the medication, and possible side effects or adverse reactions. The reason for the medication is protected health information but may be helpful to know. The parent can share this information at their discretion.

If the health care professional’s order does not list the possible side-effects or adverse reactions, information can be obtained from the pharmacy or other reliable sources of information about medication.

Take a look at the sample prescription label and sample over the counter label in the participant’s manual. Can you find each of the items listed on this slide on each label?
Trainer Note:
• Refer to Sample Prescription Label and Sample OTC Label in Module 2, Preparation in provided.
Medication Policy: What It Should Include

• A written policy should state:
  • **Who** will give medication
  • **What** medication will be given
  • **Where** will medication be given and stored
  • **When** medication will be given
  • **How** confidentiality will be maintained
  • **What** procedures and forms are to be used for permission and documentation
  • **What** procedures are used when giving medication (5 Rights)
  • **What** procedure should take place in the event of a medication error or incident

Script:
How many of you are familiar with your program’s written medication policy? Do you know if parents in your program receive a copy and sign a copy of the policy? Do parents know they can ask questions about it and ask for things to be explained that they do not understand?

Every parent should **receive and sign** a copy of the policy. It can be attached to the authorization form.

Parents can be requested to share the Authorization to Give Medicine and policy with their health care professional, especially if it is likely that medication will be prescribed.

**All staff should be familiar** with the policy and forms even if they do not give medication.

A written policy should state:
  • **Who** will give medication
  • **What** medication will be given
  • **Where** will medication be given and stored
  • **When** medication will be given
  • **How** confidentiality will be maintained
  • **What** procedures and forms are to be used for permission and documentation
• What procedures are used when giving medication (5 Rights)
• What procedure should take place in the event of a medication error or incident

In the first module I talked a bit about Child Care Health Consultants. If one is available to you, they are a good person to have review your child care policy and make suggestions.

It is important to check your state’s regulations as well to make sure that your policy
• Module 3 also has a how to administer medication checklist that is also a useful resource when reviewing your policy.

Trainer Notes:
• Emphasize that policy should be in writing.
Check state regulations and add pertinent state requirements:
https://childcareta.acf.hhs.gov/licensing.
**Policy: Who Will Give Medication?**

- Who is designated?
- Know qualifications
- Know state requirements

**Script:**
Your policy should state that the director of the child care center designates who will be responsible for administering medication and who will serve as the alternative if the designated person is unavailable.

It is best practice to assign only one person per day or shift to administer medication in order to avoid confusion, errors, double dosing, or missed dosing. It should be someone with experience giving medications to different age groups.

**Staff should have the skills and qualifications** necessary to administer medication. They should also be relieved of other duties when administering medication. They should be able to read well, measure items, and follow instructions. Some states require a formal performance evaluation of the designated medication staff by a health professional. If it’s a new person, consider having this person work with an experienced person a time.

**Best practice** is to include in the policy that those designated as individuals to administer medication must receive training in medication administration (see CFOC, http://cfoc.nrckids.org/StandardView/3.6.3.3)

Policy should also address the following:
- The circumstances when parents will be called to administer medication or
• Whether self-administration will be allowed for older children, especially in after-school programs. This issue is addressed further in Module 5, Problem Solving.

Trainer Note:
Your state regulations can be obtained at https://childcareta.acf.hhs.gov/licensing
Policy: What Medications Will Be Given & Why?

• Why medications are given
• What types of medications?
  o prescription
  o OTC medications
  o Off-label, folk remedies
  o Homeopathic & herbal medications

Script:
Your medication policy should also state why medications are given and what types of medications are appropriate to give in child care. Caring for Our Children is one reference to use when you are examining the "why" portion of your policy.

Your policy should cover prescription and non-prescription medications, off-label and folk remedies as well as homeopathic and herbal medications. Off-label and folk remedies should be limited.

Homeopathic and herbal medications do not have the same manufacturing safeguards as other medication. There use should be safeguarded by having a prescription from an authorized health care professional and by requiring proper labeling about strength of medication, expiration date, side-effects, etc.

Conversation starter:
• Discuss participants' experiences with non-appropriate requests for medication administration (non-essential, off-label, or folk remedies) and how they responded.
Script:
Step by step procedures for medication administration should also be part of your policy.
The 5 rights will be discussed in Module 3, How to Administer Medication. They include the right child, the right medication, the right dose, the right time, and the right route.

The policy should be specific about which forms are used, time frame for completion, and length of time for which they are valid.
Giving the first dose at home allows parents to watch for immediate side-effects to the medication and to see how well the child accepts the medication.
Errors and Incidents will be discussed further in Module 5, Problem Solving.
The policy should be very clear on all these points.
Confidentiality

- Right to privacy
- Establish and follow a written policy on confidentiality
- Know your state or local statutes or regulations

Script:
Knowing why a medication is being given is important but may come into conflict with the child's and family's right for privacy. Families may have information that they do not want to share or information that they are willing to give permission to share on a "need to know" basis only. It is important to respect a parent's choice to disclose or not disclose information.

Written policy should be in place on the confidentiality of the records of children. Permission to share confidential information should be written and not just be in verbal form.
It is important to know your state and local statutes or regulations regarding the confidentiality of medical records.

See Caring for Our Children standard 3.6.2.9 at http://cfoc.nrckids.org/StandardView/3.6.2.9. for more information as well as the policies on medication administration.

Trainer Notes:
• Discuss relevant state or local statute, regulation or policy.
• Your state regulations can be obtained at https://childcareta.acf.hhs.gov/licensing
Federal Law States. . .

- All medical records MUST be kept confidential
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)

**Script:**
Federal law states that all medical records must be kept confidential. The Health Insurance Portability and Accountability Act or **HIPAA** require the secure transfer of medical records, permission required for electronic transfer of medical records and the confidential treatment of medical records. HIPAA covers the confidentiality in health care settings.

Once HIPAA-protected information is received by a school, it falls under FERPA rules. FERPA stands for Family Educational Rights and Privacy Act. FERPA applies to school setting but not specifically to child care settings.

School staff with a "**right to know**" (those that have a direct relationship to the student’s academic performance) may have access to this information.

The school can appoint an **information gatekeeper** as an intermediary with staff.
Receiving Medication: Prescription

- Pharmacy name and number
- Prescriber’s name and number
- Prescription number
- Date prescription was filled
- Child’s first and last name
- Name of medication
- Strength of medication
- Refills
- Quantity (QTY)
- Manufacturer (MFG)
- Expiration date
- Instructions for administration, dose, etc.
- Instructions for storage

Script:
When receiving prescription medication the original medication packaging should have the items listed on this slide. Instructions for administration include the dose of the medication, the route (by mouth, etc), the frequency/time, the duration of treatment, and any specific instructions. Some examples include:
- 5cc by mouth every 12 hours for 10 days.
- Apply a thin layer of cream to affected area 3 times a day for 10 days. Cover area with a bandage after applying.

Trainer Note:
- Refer to Sample Prescription Label and Sample OTC label if you are providing this for your session participants
Receiving Medication: Over-the-Counter

- Verify that the strength of the medication is appropriate for the child’s age
- Make sure nothing blocks the label
- Know what information should be on the medication packaging

Script:
When receiving non-prescription or over-the-counter medication it should be in the original medication packaging. Make sure that nothing is blocking the label. What information should the packaging contain? (Pause a few moments and ask for responses).

Original medication packaging should have:
- Product name
- Active ingredients
- Purpose
- Uses
- Warnings
- Directions
- Expiration date
- Inactive ingredients
- Other information
- Specific instructions for child- doses etc.

Careful attention to doses and strength is crucial. Verify that the strength of the medication is appropriate for the child’s age.
Best practice is to use milliliter-based dosing exclusively when administering liquid medications*
There may also be specific state requirements for prescriber authorization for over-the-counter medication. Prescriber authorization for over-the-counter medication is best practice even if it is not a state regulation. Prescriber authorization can be required by policy even if it is not part of your state regulations.

**Trainer Notes:**

- You may want to use flip chart paper to write down the information that should be on OTC medication packages.
- Refer to Sample Prescription Label and Sample OTC Label if you are providing this for your session participants.
- Your state regulations can be obtained at [https://childcareta.acf.hhs.gov/licensing](https://childcareta.acf.hhs.gov/licensing)

*See [http://pediatrics.aappublications.org/content/135/4/784](http://pediatrics.aappublications.org/content/135/4/784)*
Medication Administration in Early Education and Child Care Settings

Process to Receive Medication

• Receive medication
• Match label
• Log medication with Receiving Medication form
• Ask parent/guardian questions
• Store medication

Script:
In all settings, including after school programs, medication should be transported and transferred from adult to adult and not by children. The process for receiving all medications should involve the following steps:
• Receive the medication from an adult
• Match the label with the permission form and instructions
• Log medication using your receiving medication form
• Ask the parent/guardian the following questions:
  • When was the last time the medication was taken?
    • Include information on the last dose given. The last dose that the parent/guardian gave can be jotted in the margin.
  • Parents/guardians should be asked the question regarding the last dose of medication EVERY DAY not just on receipt of the medication.
• How do you give your child medication?
• What kinds of side effects may be caused by the medication?
  • Parents should be asked frequently about any new side-effects they have observed since side-effects do not always show up in the beginning.
• What successful techniques do the parent’s use to administer the medicine?
• Store the medication
A safety checklist is included in the Medication Administration Packet.  

• The **safety checklist** includes:  
  o Correct first and last name of child  
  o Child resistant container  
  o Original prescription or label with name and strength of medication  
  o Medication not expired  
  o Name and phone number of licensed health care professional  
  o Child health record on file  
  o Instructions for dose, route, and time  
  o Storage instructions  
  o Previous trial dose?  
  o Controlled substance?  

If necessary information is not present or does not match DO NOT accept or give the medication until the issue is resolved.

Ask:  
What do you think are some of the reasons why an intake form should be used?  
• [Provide the following answers to this question if they are not given]  
• Using an **intake form** can eliminate problems particularly in programs where the person greeting the child is not the designated medication administration person, such as in an early morning situation.
• All items are checked to see that there is consistency before accepting and administering the medication.
• Sometimes parents and child care providers will both need to sign the form to document that the medication was received.
Safe Storage and Handling

- Child resistant caps
- Store in out-of-reach places
- Observe for signs of tampering
- Check for special storage instructions
- Be aware of product look-alikes

**Script:**
Safe storage and handling of medication is important. Some centers may only accept an *unopened container* of OTC medication as part of their policy.

Safe storage and handling includes:
- Child resistant caps
- Medication stored in a place that is completely out of reach of children
- Observed for signs of tampering such as packaging that shows cuts, tears, slices or other imperfections as well as anything that looks suspicious
- Check for special storage instructions such as avoiding exposure to light or sunlight (generally these medications are packaged in dark containers), and refrigerate or do not refrigerate
- Be aware of look-like products
- Keep medicine stored away from food
Medication Administration in Early Education and Child Care Settings

Tips for Parents/Guardians

- Ask pharmacist to divide medication into 2 bottles, each with its own label
- Have a discussion between parents, physicians, and child care providers ahead of time to discuss how to handle medication needs during field trips

Script:
Here are some tips that you can share with parents/guardians about medication that is to be given in a child care setting:
- Ask the pharmacist to divide medication into 2 bottles each with its own label
  - 1 to be kept at home and 1 to be kept at the child care facility
  - Pharmacists may split the prescription upon request

Have a discussion between parents, physicians, and child care providers ahead of time to discuss how to handle medication needs during field trips. For field trips, ask if the medication can be taken at an alternative time. Also providers need to make sure emergency medications are brought on field trips as well (as more likely to have anaphylaxis et.)

Having medication at the child care site:
- Helps to prevent missing a dose because medication was left at home
- Keeps medication secure and out of the hands of children
- Keeps medication climate controlled
Medication Storage

Medication needs to be stored in a designated area.

Over 90% of emergency room visits for unintentional medication overdoses among children under the age of 5 involve children who get into medicine on their own without caregiver oversight.


Script:
The storage of medication is important. If not used or stored properly, any medication has the potential to be harmful and toxic to children. Over 90% of emergency room visits for unintentional medication overdoses among children under the age of 5 involve children who get into medicine on their own without caregiver oversight.

Medication should be stored in a designated areas that is secured, in a locked cabinet, that is cool and dark with limited access. If refrigeration is need it should be stored between 36 and 46 degrees F, separate from food in a spill-proof container. Topical medication should be stored separately from oral medication so that it is not accidently given by mouth.

It is important to know your state regulations as your state may have specific requirements regarding the storage of medication.

Optional Group Activity:
Ask participants to identify where to store the following items:
- Prescription medication
- OTC medication
- Emergency medication
- Preventive substances (sunscreen, etc)

Note that if you have internet access a resource for floor plans and talking about
medication storage is the Virtual Early Education Center or the VEEC at http://veec.aap.org/index.html.

**Trainer note:**
- **State regulations** may be specific about storage. Your state regulations can be obtained at [https://childcareta.acf.hhs.gov/licensing](https://childcareta.acf.hhs.gov/licensing)
Staff Medication

• Staff medication should be stored safely and should not be accessible to children
• Staff medication should not be kept in unsecure purses or bags

Script:
Staff medication should also be stored safely and should not be accessible to children. Staff medication should not be kept in unsecure places such as purse, bags or unlocked desk drawers. Know what your program’s policies are regarding the storage of purses and bags. Think about where your staff, volunteers and visitors are asked to place and store their belongings. Also think about what might be in the pockets of coats and other clothing—things like cough drops, etc. It is easy to forget that we might have medications in our purses and other belongings.
Visitor and Volunteer Medication

- Visitor belongings should be stored safely
- It is easy to forget what might be in our purses or pockets.

**Script:**
Also think about where your staff, volunteers and visitors are asked to place and store their belongings. What might be in the pockets of coats and other clothing—things like cough drops, etc. It is easy to forget that we might have medications in our purses and other belongings.
There can be some exceptions to locked storage of medications. These may include: non-prescription diaper creams, non-prescription sunscreen, and emergency medication such as asthma rescue medications.

Emergency medications should stay close to the child that may need them and can be stored in a pouch that stays with a supervising adult. All medications listed above must be stored out of the reach of children.

It is important to know your state regulations at https://childcareta.acf.hhs.gov/licensing.
Create a Safe Medication Administration Area

A safe medication area is:

• Situated where the designated medication administration person is able to concentrate on administering medication
• Stocked with medication and supplies within easy reach
• Clean, well lit, and free of clutter
• Confidential and quiet

Script:
Take a moment to think about the place in your program where medication is administered. Does the place where you administer medications match the following description of a safe area? Is it situated in a place where the designated medication administration person is able to concentrate on administering medication? Are the medications and supplies within easy reach? Is it clean, well lit, and free of clutter? Is it in a place that is quiet? Is the location in an area that insures that medication can be given in a confidential manner?

Conversation Starter:
If an additional dose of medication is unexpectedly needed, other medication should not be left unsupervised while the new dose is obtained. Is your medication administration area structured in a way that this is possible? How does your program make sure that medications and children are not left unsupervised if a new dose needs to be obtained?
Disposing of Medication

• Return to parent for disposal
• If medication cannot be returned to parents, dispose of the medication in a secure trash container that children cannot access
• Controlled medication needs special disposal procedures
• Contaminated medication should be disposed of and replaced promptly

Script:
Now that we have talked about administering medication, we are going to end this module by talking about the proper disposal of medication. If medication is left over, or a medication or order is out-of-date, reasonable effort should be made to return the medication to the parent. This is the preferred method. When medication is returned to a parent for disposal, it should be recorded on the medication permission or intake form. Sometimes parents must sign to verify that they received the returned, unused medication.

If the medication cannot be returned to parents, the medication should be disposed of in a secure trash container that children cannot access.
• It is no longer considered advisable to dispose of medication in the sink or toilet because of water contamination. Some communities have hazardous waste disposal plans. Find out if your community has one in place.
• If disposing of medication in trash, consider mixing it with coffee grounds, pet litter, or other undesirable substance.
• Remove all identifying information from the container before disposing of medication.
• How and when the medication was disposed of should be noted on the Medication Log or the permission form.
• Empty inhalers should go in a secured trash container.
• All **controlled substances** must be accounted for. Special efforts should be made to return these to the parent or guardian and both parties should sign to account for the medication. Witnesses should sign for the disposition of controlled medication whether they are returned to parents or destroyed.

• Contaminated medication should also be disposed of and replaced promptly.

**Trainer Note:**
• Discuss state licensing regulations for disposing of medication. State regulations can be found at [https://childcareta.acf.hhs.gov/licensing](https://childcareta.acf.hhs.gov/licensing)
Scenario 1: Nick

Nick needs a noon time dose of amoxicillin suspension for this week and part of next week. The medication requires refrigeration and it must be shaken before being given. Nick has already received several doses of amoxicillin at home.

Script:
Read the scenario on the screen.
Have the participants pretend to receive the medication and fill out the receiving medication form/checklist in their packet and select the correct measuring device to use.

Take out your copy of the medication checklist and sample label document.

Conclude the activity by asking the following questions:
What if the permission form was not completely filled out by the parent?

Instructor Notes:

Have participants get into pairs and have one person be the parent and one person be the person receiving the medication. The person receiving the medication should fill out Receiving Medication form/checklist.

You could also do this activity as a large group by writing on flip chart paper.
Scenario 2: Maria

Maria is 3-years-old and has eczema. She needs hydrocortisone cream applied to her arms at noon time. There are moisturizer creams that look similar to the hydrocortisone cream. Maria has used the hydrocortisone medication before.

Script:
Now let’s read another scenario.
Have participants get into pairs and have one person be the parent and one person be the person receiving the medication. The person receiving the medication should fill out Receiving Medication form/checklist.

Conclude the activity by asking questions like the following:
What if the label with Maria’s name blocked the instructions?
What if the permission form does not have the parent’s signature?
What if the label shows that the medication expired two days ago?
We have covered how to receive and safely store and handle medication. Now we are going to look at the form in the medication administration packet called the medication log.

[Flip chart activity or just have people answer out loud without a flip chart]
Without looking at the medication log in front of you how many of the items can you list that are the medication log?
Answer:
• The name of the child
• Medication
• Day, time, dose, rout and staff signature
• Reported errors or mishaps
• Return or disposal of medication
• If the medication is “as needed” the reason the medication was given should be included as well

Other material that may be included in a Medication Log:
• Allergies
• Comments and Observations

• Often sun screens, insect repellants and diaper creams have different state regulations about documentation. It is important to check your state regulations.

• Prescriptions and OTC medications should all be logged.
Instructor Note:
• Review the medication log included in the medication administration packet handout. Your state regulations can be obtained at https://childcareta.acf.hhs.gov/licensing
Medication Log, continued

If you don’t write the dose down, no one will know that it was given.

• Prompt recording is a safety issue.
• Delays can result in double dosing

Script:
If you don’t write the dose down, no one will know that it was given. Prompt recording is a safety issue. Delays can result in double dosing if someone assumes a previous dose was not given because it was not logged on the record.
• Each child should have his or her own log.
• Every dose of medication must be recorded to prevent dosing errors
• Recording takes place right after the medication is given
• Having a record helps to track and prove your actions.
• Record unusual circumstances.
• The log is a permanent record-- a legal document
Medication Log continued

- Always write legibly and in ink
- Fill in all blanks
- Sign with a witness if necessary
- Keep records
- Parents should be able to get a record of medication given

Script:

When filling out the medication log always write legibly and ink. Do not use office supplies designed to cover up errors or mistakes. When recording errors, cross out with single line, make correction and initial.

It is important to do the following:
- Fill in ALL blanks (indicate “N/A” if not applicable)
- Sign with a witness if necessary. Witnesses may be necessary if specified by the type of medication, (such as a controlled substance) or if required by state regulations or a facility policy.

Records need to be kept for as long as your state requires them to be kept. Records of controlled substances may need to kept longer. Seek legal advice if questions arise.

Sometimes providing parents with records of medication given is required or it is done upon request. Some states require this to be medication logs be shared daily. The best practice is to keep parents informed and facilitate communication.

Instructor Note:
- Discuss specific-state regulations.
Your state regulations can be obtained at
https://childcareta.acf.hhs.gov/licensing
Observations

- Make notations of possible side effects
- Record incidents
- Note successful techniques that helped the child to cooperate

Script:
Within the medication log make notations of possible side effects of the medication. Incidents such as a child refusing to take medication should also be recorded. Notes regarding successful techniques that helped the child to cooperate with taking medication should also be noted.

Information on side effects and incidents will be discuss in the next module in more detail.
Script:

**Group Activity: Recording the Dose of Medication**

- Instruct each participant to record the medication that she or he administered to Nick and Maria.

- **Instructor’s Note:** Remind them of the following scenarios
  - Nick is 15-months-old and has an ear infection. Nick needs a noon time dose of amoxicillin suspension for this week and part of next week. The medication requires refrigeration and it must be shaken before being given. Nick has already received several doses of amoxicillin at home.

  - Maria is 3-years-old and has eczema. She needs hydrocortisone cream applied to her arms at noon time. There are moisturizer creams that look similar to the hydrocortisone cream. Maria has used the hydrocortisone medication before.
**Script:**

Check your results with those correctly filled out log on this slide.
### Recording the Dose of Medication Activity

#### Medication Log

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual time given</td>
<td>AM</td>
<td>AM</td>
<td>AM</td>
<td>AM</td>
<td>AM</td>
</tr>
<tr>
<td>Dosage/amount</td>
<td>Liquid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Route</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff signature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Script:
Check your results with those corrected filled out on the log on this slide.
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.
Resources

• State Specific Policy Information at https://childcareta.acf.hhs.gov/licensing

• Caring for Our Children at http://nrckids.org/CFOC

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.
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.
This module provided information on the forms that child care providers need, policies that must be in place before receiving and giving medication. We also look at safe practices for storing and disposing of medication as well as medication information that should be kept confidential as ordered by federal law.

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.

**Trainer note:**
If you are using the pre- and post-test for the modules you may wish to have participants take the post test for module 2 at this time.
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
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 these state programs that contributed to the first edition of this curriculum.
Acknowledgments

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distribution to child care providers for educational, noncommercial
purposes.
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.]
Objectives:

• Most common errors
• 5 Rights
• Identifying “as needed” conditions
• Universal/standard precautions
• Preparing to administer medication
• Medication administration procedure
• Communicating with the child

Script:
In this module the following objectives will be covered:
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

Instructor Note:
If you have not given the pre-test for this module you may wish to do so at this time.
Medication Administration in Early Education and Child Care Settings

Introduction: Common Errors in Medication Administration

Approximately 5% of emergency room visits for unintentional medication overdoses among children under the age of 5 are due to medication errors. A common error is when caregivers measure and give too much medicine by mistake.

Common errors include:
• Took medication twice
• Wrong medication
• Incorrect dose
• Missed dose

Common causes include:
• Not understanding medication label
• Not understanding how to give medication
• Poor communication between parents/guardians or caregivers and health care professionals

Sources:
American Association of Poison Control Centers, Annual Report for 2007, *Clinical Toxicology*. 2008; 46:10:927-1057. This study was not specific to child care centers.

care center survey documented that missed dose was the most common error.
Medication errors are most commonly made with analgesics or pain relievers. Analgesics are the class of medication that include acetaminophen and ibuprofen. Why do you think errors are common with these medications?

[See if anyone can guess any of the reasons.]

Some of the reasons are the following:

- These medications are given frequently
- There are many different concentrations (infant drops, children’s liquid etc.). Think about all the different types of medicine options you see in the aisle of your local drug store. It can be overwhelming.
- They are often mixed with other medications in cough and cold preparations.
- Dosing charts are unique to the type and form of the medication.
The “5 Rights”

- Right child
- Right medication
- Right dose
- Right time
- Right route

**Script:**
The “5 Rights” are used to help reduce medication error. The five rights are the following:
- Right child
- Right medication
- Right dose
- Right time includes both time and date.
- Right route is the way and place that a medication is given (i.e., orally, topically, inhaled, etc). Eye drops should go into eyes and not into ears. Creams should be applied to the correct body parts.

- Some states call these the 7 Rights, which include:
  - 5 Rights PLUS
  - Right reason to give the medication
  - Right documentation that the medication was given
Right Child

- Check the name on the medication label and the child’s name
- If any question arises, check a second identifier such as date of birth

Script:
Right Child. Making sure medication is giving to the right child involves checking the name on the medication label and the child’s name. If any question arises, check a second identifier such as date of birth. Some places include a photo of the child on the Medication Administration Packet or the Medication Log. A photo could be especially important if the person administering the medication does not know the children well.
Script:

For right medication, read the label to make sure you have the correct medication. This means checking to see if the medication is in the original labeled container and the expiration date is not exceeded. The Name of medication should not be obscured by any label. Making sure you have the right medicine is especially important for children who are taking more than one medication.

Spilled medication can obscure or dissolve medication labels.

You may need to request a new label or put clear tape over the label so that the label is less likely to become obscured if medicine spills on it.
Right Dose

- Check dose on label and authorization form
- Use proper measuring device
- Check measuring device carefully

**Script:**
To ensure the right dose, check the dose on the label and the authorization form, use the proper measuring device and check the measuring device carefully before dispensing the medicine. The most recent order should be used to determine the dose of medication.
Script:
To make sure that medicine is given at the right time check the permission form to match the time that is on the label. Check that the medication is being given within 30 minutes before or after the prescribed time. Look at your clock and note the time that the medication was given on the medication log. The right time includes both the time and the date. In an emergency situation, “now” is the right time to give medication. The specific time that the medication was given should be noted when the child is stabilized and the documentation is completed.
Right Route

- How is the medication to be given?
- Check the label and Authorization to Give Medicine form

Script:
How is the medication to be given? Check the label and authorization to give medicine form to determine the right route? Is the medication to be given by mouth or topically, etc? Where should medication be applied? An example of a route-related error is when ear drops are given orally.

Optional Flipchart Activity: Routes of Administration
- Ask the audience to think of as many routes of administration as possible and list them.
- This will reinforce the concept of “routes.”
As Needed Conditions

- Some medication only need to be given “as needed”
- Specific instructions
- OTC medications should be kept to a minimum
- Orders should state the maximum number of times the dose can be repeated

Script:
Some medications, only need to be given “as needed” or “prn”. These may be emergency medications.

 Medication that is frequently ordered “as needed” include:
  - Asthma medication, such as albuterol
  - Antihistamines
  - It is important to get as much detail as possible in an “as needed” order.

Health care professionals and other prescribers should not write “as needed” or “prn” without specific instructions.
  Example of acceptable, specific instructions: albuterol – 2 puffs as needed for wheezing, increased cough, or breathing difficulty

Over-the-counter medication for pain and fever should be kept at a minimum. Common reasons for giving acetaminophen or ibuprofen are for teething or immunization reactions. These should be reserved for obvious discomfort and should not be given on a prolonged basis. Fever reducer orders should list a specific temperature at which to give the medication.

All as needed orders should state the maximum number of times the dose can be repeated before seeking further medical care.
**Standard Precautions in Child Care Settings**

- What are standard precautions (sometimes called universal precautions)?

**Script:**
What are standard precautions for child care settings? [take a few moments to see if participants can answer this question]

Standard precautions is the term for the infection control measures that all health and child care providers should follow in order to protect themselves from infectious diseases and to prevent the spread of infectious diseases to those in their care. Sometimes they are called universal precautions.

Standard precautions for child care settings includes handwashing, use of disposable gloves, proper disposal of materials, and environmental sanitation.

These are important because:

- **Germs** that are spread through blood and body fluids can come at any time from any person.
  - You may not know if someone is infected with a bacteria or virus such as hepatitis or HIV; the infected person himself may not even know. This is why you must behave as if every individual might be infected with any germ in all situations that place you in contact with blood or body fluids.

Occupational Safety and Health Administration (OSHA) requires that all child care programs with staff have an *Exposure Control Plan for Blood Borne Pathogens.*
Standard Precautions in Child Care Settings

The #1 infection control measure to prevent illness is handwashing

Script:
Handwashing with soap and water is the #1 infection control measure to prevent illness in yourself and the children in your care. Individual towels should be available each time hands are washed.
Always wash your hands thoroughly:
- Before and after giving any type of medication
- After handling body fluids of any kind
- After diapering or toileting children
- After giving first aid (such as cleaning cuts and scratches or bloody noses)
- After cleaning up spills or objects contaminated with body fluids
- After taking off your disposable gloves

Hand sanitizers (alcohol based rubs) should be limited to times when soap and water are not available. Hand sanitizers should be kept out of reach of children and their use should always be supervised.

There are many resources available on proper handwashing methods. See the resource section of the Participant’s Manual for some of these resources, including posters for use in child care settings.

Conversation Starter:
Think about your program and where you administer medication. Are there any barriers to handwashing? Is a sink and towels available? Do you have handwashing
posters displayed to remind people of the importance of handwashing? Can you easily wash your hands while keeping an eye on the child who will be receiving medication?

**Trainer note:**
You may want to share some sample handwashing posters and handouts that are available online. See the resource list for websites with handwashing handouts.

A video showing proper handwashing is available at https://www.youtube.com/watch?v=_kadppUT4MY&feature=youtu.be
Script:
The use of disposal gloves is another standard precaution. Be alert for allergies to latex gloves. If allergies are known or suspected, use vinyl gloves. Disposal gloves should be used when you could come in contact with blood or body fluids which contain blood (such as vomit or feces which contain blood that you can see).
• They should also be worn when individuals have cuts, scratches, or rashes which cause breaks in the skin of their hands.
• Hands should be washed after using gloves.

The proper disposal of materials associated with medication administration is a universal precaution. Contact your local health department for information on proper disposal of hazardous materials.

Environmental sanitation is done by:
Washing/cleaning with detergent and water, and use of a bleach or alternative sanitizing solution.
Caring for Our Children has information on the cleaning, sanitizing and disinfecting including selecting appropriate sanitizers. Standard 3.3.0.1 covers cleaning, sanitizing and disinfecting. It is available at http://cfoc.nrckids.org/StandardView/3.3.

In addition to Caring for Our Children another valuable resource is 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.
**Group Activity: Prepare to Administer Medication**

List the steps to prepare to give medication to Martina before actually going to get her.

**Group Activity: Prepare to Administer Medication to Martina**
- Divide participants into groups of 4.
- Have each group list the steps to prepare to give medication to Martina before actually calling Martina to give her the medication or measuring the dose.
- The participants should demonstrate the action (washing hands, looking at the label, etc).
- Have 1 person in each group record the steps.

**Trainer Notes:**
- The proper steps (below) are presented for discussion on the next slide. Allow participants to review the slide and compare their responses.
  - Wash hands
  - Prepare work area
  - Take out the medication
  - Check the label and forms to see that they match
  - Get proper measuring devices
  - Check the time
- There may be variations in the individual setting and its resources on minor items like whether or not hands are washed prior to or after doing paperwork, but never for issues such as leaving medication unattended or not comparing permission form with labels, etc. For instance, whether the child is identified before or after the medication is poured may depend on the setting, and where medication is kept and administered.
Group Activity: Prepare to Administer Medication continued

Steps

• Wash hands
• Prepare work area
• Take out the medication
• Check the label and the items on the forms to see that they match
• Get proper measuring device
• Check the time

Script:
Here are the steps:
• The proper steps (below) are presented for discussion on the next slide. Allow participants to review the slide and compare their responses.
  o Wash hands
  o Prepare work area
  o Take out the medication
  o Check the label and forms to see that they match
  o Get proper measuring devices
  o Check the time

  How does your list compare to the list here? Did you have the order correct?

• There may be variations in the individual settings and the resources available that may mean slight differences in the steps on minor items like whether or not hands are washed prior to or after doing paperwork, but never for issues such as leaving medication unattended or not comparing permission form with labels, etc. For instance, whether the child is identified before or after the medication is poured may depend on the setting, and where medication is kept and administered.
**Medication Administration Procedure:**

**Prepare the Medication**

- Use the appropriate measuring device
- Measure the amount on the label
- Change the form of the medication only if label states for you to do so

**Script:**

There are a number of things you need to do to prepare the medication. First, use the appropriate measuring device. Use the measuring device that comes with the medicine. If the medicine does not come with a dosing device, ask the prescriber what one should be used. Never use teaspoons, tablespoons, or other household spoons to measure medicine.

Changing the form of the medication can only be done with written permission of the health care professional. Cutting, crushing, or sprinkling are examples of changing the form of a tablet or capsule.

**Scored tablets** that need to be divided should be halved by the pharmacist or parent. Do not attempt to divide the scored tablet.

Do not take capsules apart unless they are labeled as sprinkles or specifically instructed to do so on the prescription.

**Conversation Starter:**

If you have samples of different dosing or measuring devices show them. Ask questions such as the following: What measuring devices do you find challenging to use? What types of devices are used most often in your program.
Trainer Note:

Medication and Food

- It is usually best not to mix medication with food
- Ask the prescriber or pharmacist
- If medication is mixed with food or liquid, all of it must be taken
- Give the child something to drink immediately afterward to help with the taste

Script:
It is usually best not to mix medication with food, but sometimes it is necessary. Ask the prescriber or pharmacist before mixing medication with food or liquid. If authorized by a health care professional, medication may be mixed with a small amount (1 tablespoon of applesauce, jello, jelly, pudding, baby cereal, etc.

If authorized by a health care professional, medication can also be mixed with a small amount of formula, water, or juice. The child should take the entire amount of fluid. Do not mix medication in a whole baby bottle.

Give the child something to drink immediately afterward to help with the taste. Talk to the child’s parent or caregiver about what works for them when giving medication.

Also, note the following:
• What is mixed must be ingested.
• Parents may not know when and how they can mix medication with food. You may need to provide guidance on this.
• For an older child, have the child pick up the medication and put in his/her mouth if possible.
• Have a drink ready ahead of time, and have the child drink some water.
• If child spits (vomits, spits out part of it), do not repeat dose unless advised by the health care professional. This will be discussed later.
Medication Administration in
Early Education and Child Care Settings

Medication Administration Procedure:
Prepare the Child

• Communicate
• Explain the procedure
  – Never call medication “candy”
• Wash the child’s hands, if appropriate
• Position the child

Script:
It is important to prepare a child to receive medication. How you do this will depend on the age of the child. Steps for preparing a child include:
• Communicating to the child what you are going to do
• Explaining the steps you are going to take.
• Remember it is never ok to call medication candy.
• Wash the child’s hands if appropriate and position the child to receive the medicine.

In the next slides I'll go over these things in greater detail.
Prepare the Child: Infants

- Support the infant’s head
- Hold the baby semi-upright
- Keep the infant’s arms and hands away from the face
- Gently press the chin to open the mouth
- Rock the baby before and after

Script:
- For infants, support the infant’s head and hold the baby in a semi-upright position. An infant seat may be used.
- Keep the infant’s arms and hands away from their face.
- Gently press the chin to open the mouth.
- Rock the baby before and after.
Prepare the Child: Infants

• Syringe or dropper:
  o Position on one side of the mouth along the gum
  o Squirt slowly to allow time to swallow
• Special dosing nipples work best when the baby is hungry
• Give oral medication before feeding unless instructed otherwise

Script:
When using a syringe or dropper, position on one side of the mouth along the gum and squirt slowly to allow time for the infant to swallow. Never pour medication to the back of the throat. Give a small amount at a time and stroke the neck to stimulate swallowing.

Special dosing nipples work best when a baby is hungry. Give oral medication before feeding unless the prescriber instructs otherwise.

Trainer Notes:
• Administration can be demonstrated with a doll.
Prepare the Child: Toddlers

- Ask parents about their techniques
- Give some control or choices
- Be honest
- Use age-appropriate language
- Be positive
- Thank & praise

**Script:**
When giving medicine to toddlers it can be helpful to ask parents what techniques work for them. You can also have children play-practice giving medication to dolls to get used to the idea of getting medicine.

Other ways to prepare toddlers include the following:
- Giving toddlers some control or choices: what do you think some choices could be?

- Do not give veto power over taking the medication.
- Allow the child to hold a toy or doll for comfort when taking their medication
- Be honest about the fact that some medicine may not taste good and allow the child to drink water afterwards
- Use age-appropriate language to explain what you are doing
- Talk in a manner that you expect cooperation. For example, don’t say things like “don’t wiggle” don’t hold your mouth closed”
- Talk positively. Say things like, you open your mouth so well” or “you are good at sitting”.
- Thank the child for their cooperation and praise them.
- Using positive reinforcement
  - **Never force** a child to take medication.
    - Notify parent/guardian if the child refuses a medication.
Prepare the Child: Older Children

- Explain why we take medication
- Teach
- Involve the child in the process
- Books that talk about medication

Script:
Older children can understand explanations better than younger children. They may have misconceptions about why they are getting a medication, such as punishment for bad behavior. Explain why we take medication and why they can help us get better. This can also be used as an opportunity to teach about time, body parts, health and illness.

Involving the child in the process of taking medicine can be helpful.

What are some ways that children can be involved in the process?

Possible answers:
- allow child to decorate a medication cup
- if possible have the child pick up the medication and put it in their mouth
- have the child fill a cup of water to take after the medicine
- if the child is old enough to tell time have the child tell you what time it is
- have the child spell their name or look at the label and see if it is spelt correctly

Involving children in the process helps them prepare for taking their own medication when they get older.

- If children are reluctant, a reward such as a sticker may help.
- Books that talk about medication or are about children taking medicine may be
useful.
• Older children have an increased need for **privacy**.

**Conversation starter:**
Do any of you have or use children books about taking medicine as a tool for working with children? If so what are some of your favorites? Have you used a story before or after administering medication as a way to prepare children?
Medication Administration Procedure

• Check 5 rights
  o Note any special instructions
• Take the medication from the container
  o Prepare the medication
• Check the label again
• Give the medication

Script:
Here is the procedure or process for giving medication.
• Check the 5 rights: [Ask for someone to name the 5 rights--child, medication, dose, time and route]
• Note any special instructions
• Take the medication from the container
• Prepare the medication
• Check the label again
Give the medication. Never give more or less. Accuracy is very important.
If the child vomits or spits out part of it, do not repeat dose unless advised by the health care professional.
Medication Administration Procedure: Finishing Up

• Praise the child
• Check the label again
• Return the medication
• Record the medication
• Clean the measuring device
• Wash your hands
• Observe the child for side effects

Script:
When finishing up, complete the following steps:
• Praise the child for taking the medication
• Check the label again
• Return the medication to its storage place immediately. Never leave medication unattended.
• Record the medication, date, time, dose, route, and your signature on the medication log. Documentation will be discussed in more detail in Module 4, Documentation.
• Clean the measuring device
• Wash your hands

Observe the child for side effects. Side effects will be discussed in Module 5, Problem Solving. Observation for side-effects is especially important if one staff member gives the medication and returns the child to other staff. The second caregiver needs to know that the child received medication and what signs to observe for.
Script:

This is a video on how to give oral medication. Step-by-step instruction with illustrations are also available in the participant's manual.

Instructor Notes:
The following video at https://youtu.be/DypTuJBQ13c demonstrates how to give oral medication.
• Administration of oral medication may be demonstrated with a doll and measuring devices instead of using the video.
Medication Administration in Early Education and Child Care Settings

Measuring Oral Medication

- Oral Measuring Devices
- Dropper
- Syringes
- Dosing spoon
- Medication cup
- No kitchen spoons

Script:

Oral measuring devices include droppers, dosing spoons, medication cups, and syringes. Kitchen spoons should never be used.

Measuring liquids is always done at EYE LEVEL for accuracy.
- Pour on a flat, even surface and read measurements at eye level. Do not over fill or under fill.
- If using a syringe, avoid air bubbles by keeping the tip below the level of the liquid. Turn upside down and tap syringe to allow air bubbles to rise to the top. Gently push the plunger to expel air bubbles.
- Practice measuring liquid using a syringe.
- Remember that liquids need to be measured by a calibrated device and not a kitchen spoon, plastic ware, or kitchen measuring spoons. They are not accurate and can cause an underdose or overdose.
- Use the dispenser provided by the parent. If no dispenser is provided, locate proper device from facility.
- Wash and disinfect dispenser after use unless disposable.
- Equivalents:
  - 1cc = 1 ml
Topical Medication

- Skin creams, ointments, patches
- Eye drops, ointments
- Ear drops

Script:
The following are considered topical medications:
- Skin creams, ointments, patches, eye drops, eye ointments, and ear drops.
- Gloves should be used when administering topical medications.
- All of the supplies needed, such as medication, applicators, dressings, tissues etc) should be gathered a head of time.

Instructor Notes:
- Application of topical medication may be demonstrated with a doll.
- See resource that provides step-by-step instructions on how to administer medication for more information
Script:
I am now going to show a short video on giving topical medications such as skin creams, ointments, and patches.

[If you are not showing the video provide the following information]

Topical medications include skin creams, ointments, patches.
• Gloves and/or applicators should be used when administering topical skin cream medication.
• Standard precautions are to be used when possible exposure to body fluids may occur.
• The dressing, gloves, and applicator must be disposed of in a plastic-lined container used specifically for this task that children cannot access.
• Apply the cream or ointment with applicator and cover if instructed.
• Gloves are not required for sunscreen.

Instructor Note:
The following video at https://youtu.be/RCQtSyevEWU can be shown to demonstrate how to give topical medication
How to Give Ear Drops Video

**Script:**
Here is a video on giving ear drops. [https://youtu.be/0EXALo4ndyQ](https://youtu.be/0EXALo4ndyQ)

[If you are not using the video go over the following points:]

When dispensing ear drips have the child lie down with affected ear facing up.

- For children younger than 3, pull the lobe down and back. Look for ear canal to open.
- Observe for any discharge, blood, or pus. Report to the parent.
- Older children can sit up and tilt head sideways until ear is parallel to the ground.
- Never let the bottle touch the ear.
- Drop the medication on the side of the ear canal.
- Have the child stay still for several minutes.

**Instructor Note:**
To play the video use the following link:
[https://www.youtube.com/watch?v=0qu7W_1_LQ4&feature=youtu.be](https://www.youtube.com/watch?v=0qu7W_1_LQ4&feature=youtu.be)
Script:

This video goes over the procedures for giving eye drops and ointments: 
https://youtu.be/SgA9FX_mf-Q

[if the video is not shown go over the following procedures and information for dispensing eye drops and ointments]

• When giving eye drops you may need an assistant.
• If eye drops are refrigerated, bring to room temperature. Shake if needed.
• Clean the child’s eyes first, using a clean tissue for each eye, wiping each eye from the inside of the eye to the outside.
• If younger than 5, have the child lie down on his back. If seated, tilt head back.
• Have the child look up, then open the eye by gently pulling back on the lower lid.
• Bring the dropper close to the eye and drop the medication in the inside corner outside the child’s field of vision, then have the child blink.
• Do not touch the eye or anything else with the bottle or dropper.
• The bottle should be no more than 1 inch from the eye.
• Gently close the eye and have child, if able, put pressure on the inside corner of the eye for about 20 seconds.

Eye Ointments
• Eye ointments are difficult to apply. Ask the parent to ask the child’s health care professional if alternative forms are available.
• Ointments are applied along the lower lid.
• Hold the eyelid open for a few seconds and then have the child hold the eye closed for 20 to 30 seconds.
• Clean off the nozzle of the tube with a clean tissue.

Instructor Notes:
Giving **eye drops** can also be demonstrated using a large ball (like a soccer ball) and a ski cap as an eyelid.
  o Draw a pupil onto the ball with a marker.
  o Use a large kitchen baster as a “dropper” to demonstrate placing the drops.
Inhaled Medications

- Nasal sprays and drops
- Metered dose inhalers and nebulizers

Script:
Inhaled medication includes nasal sprays, nasal drips, and metered dose inhalers and nebulizers.

For **Nose sprays**
- Hold 1 nostril shut or have the child if they are able.
- Insert nasal spray in the other nostril and squeeze the bottle as the child breathes in.
- The child should be upright and mouth should be closed.

**Nose drops**
- Administer 1 side at a time.

**Metered dose inhalers and nebulizers**
- These devices are not included in this training.
- For training, participants should call their county or local child care health consultant, if available.

Instructor Notes:
Videos for the following are available:
Nose Drops: https://youtu.be/QCTY8ne9Hrc
Inhalants: https://youtu.be/kjIU_ULsyB0
• Administration of nasal sprays and drops may be demonstrated with a doll.
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.
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.
Medication Administration in Early Education and Child Care Settings

Summary & Questions

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:
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 these state programs that contributed to the first edition of this curriculum.
Acknowledgments

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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.
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
Medication Administration in Early Education and Child Care Settings

Communication and Care

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.
Script:
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.
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 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:
  o fainting
  o double vision
  o vomiting
  o seizures
  o 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:
  o rashes
  o swelling
  o 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)
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.
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
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
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?
# Medication Incident Report

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

<table>
<thead>
<tr>
<th>Date of Report:</th>
<th>Medication Incident Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Report:</td>
<td></td>
</tr>
<tr>
<td>Name of Child:</td>
<td></td>
</tr>
<tr>
<td>Name of Child's Parent:</td>
<td></td>
</tr>
<tr>
<td>Medication Name:</td>
<td>Medication Type:</td>
</tr>
<tr>
<td>Date Administered:</td>
<td>Time Administered:</td>
</tr>
<tr>
<td>Date Last Administered:</td>
<td>Time Last Administered:</td>
</tr>
<tr>
<td>Name of Administered:</td>
<td>Medication Amount:</td>
</tr>
<tr>
<td>Date of Incident:</td>
<td>Time of Incident:</td>
</tr>
<tr>
<td>Date of Follow-up:</td>
<td>Time of Follow-up:</td>
</tr>
<tr>
<td>Date of Resolution:</td>
<td>Time of Resolution:</td>
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<tr>
<td>Date of Reporting:</td>
<td>Time of Reporting:</td>
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<tr>
<td>Date of Notification:</td>
<td>Time of Notification:</td>
</tr>
<tr>
<td>Date of Follow-up:</td>
<td>Time of Follow-up:</td>
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<tr>
<td>Date of Resolution:</td>
<td>Time of Resolution:</td>
</tr>
<tr>
<td>Date of Reporting:</td>
<td>Time of Reporting:</td>
</tr>
<tr>
<td>Date of Notification:</td>
<td>Time of Notification:</td>
</tr>
</tbody>
</table>

**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.
Medication Administration in Early Education and Child Care Settings

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.

Script:
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.
Medication Administration in Early Education and Child Care Settings

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**:
  o Giving a child another family member's medication
  o Alternating acetaminophen and ibuprofen for teething pain for a week.
    Complex orders such as this require a compelling reason.
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 giving 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.
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…”

Script:
It is important to plan and practice how you will respond to parents when you need to tell them that you can not 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 back up.

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](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.

**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.
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/

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
Medication Administration in Early Education and Child Care Settings

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 Heathy 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

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

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University of Michigan Injury Center

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Medication Administration in Child Care Answer Key

Instructions: Circle the letter of the choice that best completes the statement or answers the question.

MODULE 1

1. The American with Disabilities Act states that a reasonable accommodation includes:
   a. Giving medication ONLY if the child care facility receives federal funding
   b. Giving medication to children with ongoing special health needs
   c. Admitting a child with special health care needs but not giving medication
   d. None of the above

2. Medication available without a health care professional’s note or pharmacy label is called:
   a. Prescription medication
   b. Over-the-counter (OTC) medication
   c. Non-toxic medication
   d. None of the above

3. Matching: In the blank next to each definition below, enter the number of the word that corresponds to the definition.

<table>
<thead>
<tr>
<th>Word List</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>3. Medication that is administered by breathing it into the respiratory system (for example, a mist or spray medication)</td>
</tr>
<tr>
<td>Topical</td>
<td>2. Medication in lotion, cream, ointment, spray, or other form for external application for skin or other medical problems</td>
</tr>
<tr>
<td>Inhalation</td>
<td>5. Form of medication that is inserted into the rectum</td>
</tr>
<tr>
<td>Injectable</td>
<td>1. Medication that is put into the mouth such as tablets, capsules, and liquid medication</td>
</tr>
<tr>
<td>Suppository</td>
<td>4. Medication that is put into the body with a needle or other device that rapidly puts the medication through the skin surface, such as the EpiPen®, Glucagon®, and insulin.</td>
</tr>
</tbody>
</table>
4. Your facility policy should include the following:
   a. Who will administer medication and who the alternate person will be
   b. What medication will be given
   c. Where and how medication will be stored
   d. Procedures for medication errors or incidents
   e. All of the above

5. A mother brings in some chewable tablets that she took from a bottle of medication that she says her daughter’s health care professional prescribed the day before. The mother is keeping the main supply of the medication at home. She fills out the program forms to give permission to the staff to give medication at noon to her child. What is the most appropriate thing for the child care provider to do?
   a. Call the health care professional immediately to see if it is ok to give the medication
   b. Give the medication to the child if it looks/smells okay
   c. Refuse to give the medication
   d. Don’t know

6. When receiving medication you should:
   a. Match the label with permissions and instructions
   b. Ask the parent/guardian about successful techniques that he has used to administer the medication
   c. Ask the parent/guardian about when the medication was last administered
   e. All of the above

7. A guardian brings you medication for her child. After receiving the medication, your next step should be to:
   a. Sort the medication for ease of delivery
   b. Log in medication and store it
   c. Administer the medication within the next 3 hours
   d. Don’t know

8. All of the following are steps in the process of receiving medication EXCEPT:
   a. Match the label with the instructions
   b. Check if the container is labeled child-resistant
   c. Check the expiration date
   d. Ensure that the child receives a dose that same day
9. Ways to tell if you have the right child include all of the following EXCEPT:
   a. Knowing the child from your experience
   b. **Asking the child if she is the name that appears on the label**
   c. Having a photo of the child attached to the medication administration paperwork
   d. Having another staff member who is familiar with the child verify her identity

10. Administering the right dose of medication involves all of the following EXCEPT:
    a. Checking the label and the permission form to see if they match
    b. Using a measuring device
    c. **Verifying the dose with the child**
    d. Checking the measuring device at eye level

11. Which of the following is an example of an “as needed” medication?
    a. Acetaminophen for a fever
    b. Albuterol sulfate for wheezing
    c. Amoxicillin for an ear infection
    d. **A and B**
    e. All of the above

12. A child refuses to take her medication. In order to get the child to comply, you consider mixing the medication with her favorite beverage. Before doing so you should:
    a. Split the medication into 2 doses to ensure that the child takes her full dosage
    b. **Check with the health care professional or pharmacist before mixing medications with food or beverages**
    c. Give the child a small portion of the beverage prior to mixing the medication into it
    d. None of the above

13. A young toddler in your care is refusing to take a dose of an antibiotic. You should:
    a. Mix it in the child’s bottle
    b. Hold his nose until he opens his mouth
    c. Refuse to give the child the medication
    d. **Give the child the choice of what drink he wants after taking the medication**
14. Upset stomach, diarrhea, dry mouth, changes in mood, and drowsiness after taking a medication are all examples of:
   a. Effective medication
   b. Medication errors
   c. **Side effects**
   d. Overdose of medication

15. When calling Poison Control, you should have which of the following information available?
   a. The medication container
   b. The child’s current weight
   c. The child’s Emergency Contact Form
   d. **All of the above**
   e. None of the above

16. In which of the following situations should Poison Control be called:
   a. The child refuses to take his medication
   b. You give the wrong medication to a child
   c. You give a medication to the wrong child
   d. **B and C**

17. A child takes his medication in his mouth and then spits it out. What actions should be performed?
   a. Notify the parent/guardian
   b. Repeat the dose
   c. Fill out a medication incident report
   d. **A and C**
   e. All of the above

18. It is 2:00 pm and you realize that you forgot to give a dose of medication that was due at 12:00 pm. The first thing you should do is:
   a. Give the dose right away
   b. **Document the missed dose and notify the parent**
   c. Contact the child’s doctor
   d. Contact the pharmacy to get the pharmacist’s advice
Certificate of Participation

Participant Name

________________________________________________________________________

participated in:

Medication Administration in Early Care and Education Settings Webinar

For a total of: ___ # of Hours ___ contact hours on ____________

Date

Presented By: ___ Instructor Print Name

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Instructor Signature ___________________________ Date ____________