Medication Administration

A bee stung Marilyn while she played in the outdoor learning environment. She had a known allergy to bee stings. Luckily the staff saw her symptoms. They knew Marilyn needed her epinephrine (EpiPen Jr®) right away and were well prepared for this exact situation. They followed the directions in Marilyn’s Individual Health Plan and gave Marilyn her medication. Marilyn received the care she needed and made a full recovery.

What if staff had not known what to do and how to use Marilyn’s EpiPen Jr®? Marilyn might have suffered, or even died, from anaphylactic shock. Children like Marilyn who have special health care needs should have an Individual Health Plan (IHP). The child’s health care professional fills out the IHP. The IHP provides the staff with information about the child’s health condition. It gives details about how to manage the child’s condition on a daily basis and in an emergency situation. Child care health consultants (CCHCs) can help get an IHP in place and help staff understand the information.

In emergencies such as Marilyn’s bee sting reaction, it may be necessary to give children medicine. Children with chronic health conditions such as diabetes may only be able to attend child care if they can take their medication on-site. The Americans with Disabilities Act (ADA) requires that early care and education (ECE) programs make reasonable changes to their programs to accommodate children with special health care needs. Giving medication may be one of those changes.

Families often give children all medications at home. This may not be possible for every child. To administer medicine safely during child care hours, the ECE program needs to first decide on their policy about giving medication.

Their written policy should detail when and how staff will give medication to children. NC Child Care Rules 10A NCAC 09.803 and .1720 specify what child care centers and family child care homes must do to administer medication. These rules provide the guidelines for the ECE program’s policy. All staff and families must understand what they need to do to follow the policy.

Giving medicine is a serious responsibility. It requires knowledge and skills. Staff must be trained to give medicine. During training, staff will learn about different types of medications. They will find out what ways they can give medications. Staff will practice reading prescriptions and measuring medicines. They will learn how to document the medication they give and why documentation is so valuable. Through training, staff can gain confidence in their ability to administer medications correctly.

For example, using a nebulizer to give medication to a child with asthma can seem daunting at first. After the early educator has practiced the skill and used the nebulizer a few times, he or she may find it hard to remember why it was so nerve-wracking in the beginning. As early educators give medicines, it may become natural and routine.

This bulletin will provide information about administering medication safely in early care and education settings.
Medicines can be critical to the health and wellness of children. They can also be very dangerous. Imagine the consequences if a person gave a child the wrong type of medicine, in the wrong way, or in the wrong amount. Having a policy on the safe administration of medication protects early care and education (ECE) programs. A policy states how the ECE program will meet regulations and recommendations. The following can guide the development of a policy and the safe administration of medication.

**Medication Administration Policy**

According to *Caring for Our Children* Standard 9.2.3.9, every ECE program should have a **written policy on use of medications**. The policy should include guidelines and procedures for administering any medication and include at a minimum the following:

- Use of written parent/guardian consent (permission) forms for each medication
- Use of authorization forms from the child’s health professional for prescription and over-the-counter (OTC) medication
- Circumstances under which the program will agree to administer medication
- Circumstances under which the program will not administer medication
- Process of accepting medication from parents/guardians
- Proper handling and storage of medications
- Procedures to follow when administering medications
- Procedures to follow when returning medication to families
- Disposal of medication that cannot be returned to the families.

Review the policy with each family when a child enrolls. Give them a copy to take home.

Before accepting any medication, make sure the written **Medication Administration Permission** form is complete. Are all instructions easy to understand? The permission form must include:

- Name of the child
- Name of the medication
- Dosage
- Route or how to give the medication
- Dates and times to be given
- Any special instructions
- Possible reactions
- Parent’s/guardian’s signature

**Caution:** Never give a medication that does not have a signed permission from.

If a child only needs a medicine in certain situations, the prescription will say “give **as needed** or **prn**”. Families need to write the specific symptoms that must be present to give the medication.

Families can give blanket permission to administer prescribed or OTC medication for up to six months for chronic health conditions such as seizures and allergies. For OTC, non-medical ointments such as diaper creams or sunscreen, families can give permission for up to twelve months. Families can also approve a standing authorization to give a single weight-appropriate dose of acetaminophen to a child with a fever when a parent cannot be reached.

**How to Store and Handle Medicine**

According to NC Sanitation of Child Care Centers Rule .2820 Storage (d), medications should be properly stored:

- In a locked container, box, cabinet or closet.
- On a separate shelf; not with other items and not above food.
- In a locked container inside a refrigerator inaccessible to children if the medication requires refrigeration.
- Non-prescription diaper creams and sunscreen shall be kept out of reach of children when not in use, but are not required to be in locked storage.
- Emergency medications at child care centers must not be stored in a locked container or cabinet. Store out of children’s reach — at least 5 feet high. NC Child Care Rule .1720(a) (3) requires that family child care homes keep all medications in locked storage. See page 6 for more information.

Adults who carry medications in their purses or bags should put them in locked storage. Check all bags for medication before families leave. Send home any extra medicine.

Be sure the instructions are clear before **accepting medication**. Know how to give the medicine before administering it. Early educators should never give medication by a route they are not comfortable with, or for which they do not have enough training.

Children should always receive the first dose of a new medicine at home. Discuss with families what makes it easier for the child getting the medicine.

Wash hands before and after medication administration. Read and understand the label/prescription directions or the separate written instructions in relation to the measured dose, frequency, route of administration (ex. by mouth, ear canal, eye, etc.) and the other special instructions relative to the medication.
Six Rights of Safe Medication Administration

Each time early educators give a medication they should check, and re-check for all “6 rights”. This helps clarify the critical elements of the process and prevent errors.

1. **Right Child** Check that the name of the child on the medication and the child receiving the medication are the same. Never give a child a medication prescribed for someone else.

2. **Right Medicine** Check that the name of the medication is the same as the medication on the permission and/or authorization form. Medication must be in the original, labeled container. Never give a medication that has expired.

3. **Right Date and Time** Make sure the dates on the permission form match the dates on the medication label. Give the medication at the time specified, or within 30 minutes of that time. Write down the time before giving medicine.

4. **Right Dose** Make sure the dose on the permission form matches the dose on the label. Use accurate, reliable measuring devices. Never give a dose someone else prepares.

5. **Right Route** Check the label and the permission form to determine the correct way to give the medicine. Give by mouth? Apply to skin?

6. **Right Documentation** Write down on the Medication Administration Log the child’s name, date, time, and dose given, and then sign. Document any side effects noted. If an error is made administering the medication, document what was given and inform the family and director of the error.

Watch for reactions from the medication.

- If an allergic reaction occurs a parent/guardian should be notified immediately.
- If a life threatening reaction occurs, dial 911 immediately and:
  - Follow the instructions on an Individual Health Plan (IHP) and accompanying Action Plan for a child with special health care needs.
  - Complete the required incident report. Keep a copy in the child’s folder. Send a copy to DCDEE. Give the family a copy. Record the incident in the incident log.

Return unused medication to families after the last authorized dose is given. Return expired medications to families or dispose of them. For information on how to dispose of medications, visit: www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm

Resources

**Training on Medication Administration**

Early educators should obtain training before giving medicine. Each ECE program should have at least one person trained in medication administration on site at all times.

The NC Medication Administration in Child Care training covers the roles of early educators, health care providers and parents/guardians when giving medication in early care and education settings. It explores NC regulations and “best practice” recommendations for administering medication safely in child care. Participants will learn how to identify, store, measure, and dispose of medication properly. They will practice the “6 rights” of medication administration and learn about developing a medication administration policy.

Child care health consultants (CCHCs) and other nurses provide this training in North Carolina. For more information contact the NC Child Care Health and Safety Resource Center at 1-800-367-2229.

**Medication Administration Documents**

Visit the following web page on the Division of Child Development and Early Education (DCDEE)’s website, http://ncchildcare.nc.gov/providers/pv_provideforms.asp, to access these documents:

- Medication Authorization and Administration Log
- Permission to Administer Medication for Chronic Medical Conditions
- Permission to Administer Topical Ointment/Lotion/Powder

**My Dolly’s Sick!**

Miss Polly had a dolly that was sick, sick, sick.

So she called for the doctor to come quick, quick, quick.

Early educators can help children express their feelings and become more comfortable about being sick and needing medication. Turn the dramatic play area into a “sick room” or doctor’s office. Add a doctor kit, pads of paper for “prescriptions,” lab coats and children’s books about medicine. Caring for a sick dolly or stuffed animal helps a child interpret and imitate what they see when they are sick. It makes them more comfortable about what happens in their world.

**Children’s Books about Medicine**

- **Doctor Molly’s Medicine Case** by Miriam Moss 2015
- **Don’t You Feel Well, Sam?** by Amy Hest 2007
- **Topsy and Tim: Go to the Doctor** by Jean and Gareth Adamson 2010

**References for pages 2–3:**


Water ~ Drink Up!

Water, like air, sustains life. An essential nutrient, water is found in every cell, tissue and organ. It makes up more than 50% of the human body. Water provides hydration and aids the body with circulation, digestion, and respiration. In addition, most drinking water contains small amounts of fluoride which strengthens teeth and helps prevent cavities.

According to the NC Child Care Rules 10A NCAC 09.0901 and 1706, child care centers and family child care homes must make water freely available to children. Drinking fountains or individual drinking utensils should be available so that children can drink water whenever they are thirsty.

Early educators can help children develop a taste for water by making it appealing.

- Include fruit or a small amount of juice to add a healthy source of flavoring.
- Offer ice as an option. Have children help make colorful ice cubes. Add food coloring or fruit juice. Red, yellow, orange, and blue……..
- Offer water frequently, as young children are just learning to recognize feeling thirsty.
- Have children provide plants with water. Observe what happens when a plant is thirsty. Ask “How do you feel when you are thirsty?”
- Keep a water pitcher accessible so children can get a drink whenever they are thirsty.
- Bring plenty of water outside, especially during warm weather and active play.
- Have each child and adult decorate his or her own water cup or bottle. What fun to drink from the cup they made special.
- Be a model. Enjoy drinking water with the children!

References:

February is
American Heart Month
National Children’s Dental Health Month

March is
National Nutrition Month®
National Peanut Month

April is
National Child Abuse Prevention Month
1–7: Medication Safety Week
6–12: National Public Health Week

May is
Healthy Vision Month
National High Blood Pressure Education Month
4–10: Screen-Free Week
11–17: Children’s Mental Health Awareness Week
8: Child Care Provider Appreciation Day

April 2015 is National Autism Awareness Month
An estimated 1 in 6 children has some type of developmental disability. Autism spectrum disorder (ASD) is one. Children with ASD may have impaired social interactions and difficulty with verbal and non-verbal communication. Their behavior may be restricted and repetitive. For more information on ASD, visit www.cdc.gov/ncbddd/actearly/index.html.

Children who are identified with ASD before the age of three benefit from early intervention and supports. Early educators can assist. Visit www.cdc.gov/WatchMeTraining to access a 1-hour online training. Learn how to help children with developmental delays get the early help needed to reach their full potential.

April 12-18, 2015 is Week of the Young Child
This year’s theme is “Celebrating our Youngest Learners!” Learning builds strong connections in the brain. These connections help children make decisions, control impulses and bond with others. They help create good habits for a healthy mind and body.

Healthy children are better able to attend child care and concentrate on their play. Children who have plenty of early learning opportunities that focus on their strengths are better prepared to enter kindergarten. For information on activities and events for this week, visit www.naeyc.org/woyc.
Children may need medication for severe or chronic illnesses, such as strep throats or ear infections. Families can discuss with their child’s health care provider when to give the medication. He or she can often set the schedule so that families can give all doses at home. Children with chronic health conditions such as allergies or asthma may need medicine during child care hours.

Families want to make sure their children receive their medicine safely at child care. They should ask to review the program’s Medication Administration Policy. The policy should explain how and when the facility will give medicines. It will help the families understand their responsibilities.

**Bringing Medicines from Home**

A health care provider may write prescriptions for medicines or authorize over-the-counter medications.

**Prescription medication** should be brought to child care in the original container labeled with:

- Child’s name
- Date the prescription was filled
- Health care provider’s name
- Name of medicine and/or prescription number
- Written instructions for dosage
- Date and signature of prescribing health care provider
- Expiration date

Families should bring **over-the-counter (OTC) medicines** to child care in the original container. Early educators cannot give more than the dose recommended on the package instructions. Directions and expiration date should be visible and easy to read. Make sure written instructions from families match this information.

Sometimes health care providers prescribe a higher dose than is specified by the OTC product. They must provide written and signed instructions.

**Written Permissions**

NC Child Care Rules .0803 and .1720(a) require that families provide written permission to give medication. The Medication Authorization and Administration Log gives early care and education facilities the legal right to give medication. Families should complete the portion labeled *information about the child and medicine*. They should sign and date the form.

Families who have children with chronic medical conditions may sign a blanket permission to authorize giving a medication for up to six months. They should complete, sign, and date the Permission to Administer Medication for Chronic Medical Conditions.

Families can give blanket permission for up to twelve months to authorize administration of topical ointments, lotions, or powders. They should complete, sign, and date the Permission to Administer Topical Ointment/Lotion/Powder.

Families may authorize a one-time, weight appropriate dose of acetaminophen. Early educators administer this when the child has a fever and the parent/guardian cannot be reached. Early educators would only give this medication in extreme emergencies.

**Play it Safe: Medication Tips for Families**

- Take unused or expired medication home.
- Ask the health care provider for medicine the family can give while the child is at home.
- If the child must also get the medication at child care, ask the pharmacist to divide the medication into separate, labeled containers. Leave one container at child care.
- Give clear instructions about giving medication “as needed”. The person giving the medication should understand symptoms or circumstances that indicate when to give medication.
- Never leave medication in diaper bags or cubbies.
- Always give medication directly to a responsible adult.
- Discuss what works at home when giving medication. Children feel more secure when things are predictable.

Daily communication between families and early educators will build trust and help ensure that children receive their medicine safely at child care.

Reference:
Just before lunch, Marco, a preschooler with type 1 diabetes, looked pale. He was shaking, sweating, and confused. Marco had the symptoms of a low blood glucose level. His early educator knew that, untreated, this serious medical condition could lead to convulsions and unconsciousness. She checked his Diabetes Action Plan to see what to do. Marco’s Action Plan had information on managing his diabetes, including what emergency medication he needed to relieve his symptoms.

Some children have chronic health conditions such as allergies, asthma, diabetes, or seizures. Children with these conditions can, at times, have life-threatening symptoms. They may need medications that could save their lives. Early educators must give medications quickly when a child has these symptoms.

Early educators will want emergency medications nearby. They can store these medications in a container on a high shelf in the classroom. They can take the container outdoors and on field trips. When a medication needs refrigeration, they must decide how to keep it cold and near the child.

The NC Children’s Environmental Health Branch has a policy memo on Emergency Medications: http://ehs.ncpublichealth.com/hhcehb/cenu/ccs/policymemos.htm. This memo is for child care centers. It lists approved medications and clarifies how to store them.

• Emergency medications must not be stored in a locked container or cabinet.

• Emergency medications must be stored out of children’s reach — at least 5 feet high.

NC Child Care Rule .1720(a)(3) requires that family child care homes keep all medications in locked storage. For quick access, they should store emergency medications within easy reach.

Early educators who care for children with chronic health conditions must know how to meet the children’s health needs. They should

☐ be familiar with each child’s Individual Health Plan (IHP) and Action Plan
☐ be trained in medication administration
☐ receive additional training for emergency medications.

What’s So Important about Emergency Medications?

Common Emergency Medications for Young Children

Epinephrine is the medication commonly given when a child has a life-threatening allergic reaction. Anaphylaxis, the name for this type of systemic allergic reaction, can lead to death within minutes. Epinephrine relieves symptoms very quickly. EpiPen® and EpiPen Jr® are easy-to-use, automatic, injector devices filled with epinephrine. Early educators should be trained on how to use an EpiPen®.

Albuterol (Proventil®, Ventolin®) is one of the rescue medications given to a child who is having an asthma episode and is having difficulty breathing. Early educators administer Albuterol through a nebulizer or inhaler. During an asthma episode, airways constrict, mucus forms, and bronchial tubes spasm or become inflamed. Early educators must immediately check the child’s Asthma Action Plan and give the medication prescribed for the child.

Glucagon is a medication that is used when a child with diabetes is experiencing dangerously low blood sugar. When a child’s blood sugar is low, it will not take long before the child has life threatening symptoms. The early educator should follow the child’s IHP. It may suggest giving foods rich in sugar. If the child becomes unresponsive, an Action Plan may suggest giving Glucagon, a hormone that raises blood glucose levels.

Diazepam (Diastat™) is an emergency medication that stops or controls seizure activity. Abnormal electrical activity in the brain causes seizures. Prolonged seizures can result in brain damage and even death. Diazepam works by sedating the child. Diazepam comes in the form of a rectal gel. The early educator carefully inserts it into the child’s rectum during a seizure.

Early educators are often frightened when a child has life threatening symptoms. Their fear lessens when they can follow the directions in the child’s Action Plan. Early educators may save lives by giving emergency medications.

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Child Care Nurse Consultant
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Reference:
Rah, Rah, Radishes!

Radishes are edible root vegetables like carrots. They offer children plenty of exploration opportunities. They are beautiful to look at, easy to grow, fun to harvest, and good for sorting and counting. Warm young children to radishes by reading *Rah, Rah, Radishes! A Vegetable Chant* by April Pulley Sayre. They will enjoy the catchy, rhyming verse and infectious beat.

Gardening provides an opportunity for young children to learn where radishes come from and experience the joy of growing food. Radishes grow quickly, ready to harvest in three to four weeks. Radishes planted in cool weather reap a mild radish. Those planted in hot weather have a spicier taste. Young children usually prefer mild-tasting varieties, such as the French breakfast radish “D’Avignon.”

**Gardening Tips**

- Be sun safe! Garden at the beginning or end of the day. Apply sunscreen. Wear protective clothing and brimmed hats.
- Practice “dig, plant, and pat” to help children know when they have finished settling the seed into its “bed.”
- Given the responsibility of tending plants, children learn to be caretakers.

**Planting Radishes** Choose a garden area outdoors in the sun. If ground is not available, use a container such as a window box to make an instant, mobile garden that can be placed in a sunny spot. Have holes in the bottom of the container for drainage. Show children how to dig and prepare the soil for seeds or have them fill a container with soil. Read the planting directions on the seed packet. Help children plant radish seeds in the outdoor garden or the container garden.

**Tending to Radishes** Teach the children how to check soil for moistness. Have them feel examples of dry, wet and “just right” soil with their fingertips. When the soil is dry, children can water the garden. Fill small plastic pitchers or one-cup measuring containers part way with water for children to use as watering cans. Spray bottles work well with younger children who may have the tendency to over-water the seedlings.

Children should tend their radishes for 3–4 weeks.

**Harvesting Radishes** For a milder tasting, crisper radish, harvest radishes when they are young. When the root is about 1 inch long, it is time to harvest. Show children how to hold tight to the radish leaves to pull the radishes straight out of the ground or container.

**Eating Radishes** Young children often find that radishes have a sharp, almost peppery taste. Children may enjoy cutting radishes into smaller pieces and adding them to a lettuce or spinach salad. Encourage them to admire their beautiful salad. Adding creamy dressing will create a cooler taste.

References:


**Radish Facts**

- Radishes were first cultivated in China thousands of years ago.
- The scientific name for the genus that includes radishes is *Raphanus*. It is Greek for “quickly appearing.”
- Radishes are members of the Brassicaceae (mustard or cabbage) family. The root is related to kale, broccoli, cauliflower, and horseradish, among others.
- Eating one cup of sliced radishes is a low-calorie snack. 1 cup = 19 calories.
- Radishes are a good source of antioxidants, electrolytes, minerals, vitamins and dietary fiber.
- Peter Rabbit famously ate a Long Scarlet in an illustration from *The Tale of Peter Rabbit* by Beatrix Potter.
- Some varieties of radish grow up to 3 feet long and weigh 100 pounds.

**Children’s Books on Radishes**

*How a Seed Grows* by Helene J. Jordan 2000

*My Food / Mi Comida* by Rebecca Emberley 2002

*Peter Rabbit: Ten Juicy Radishes* by Beatrix Potter 2008

*Plant Stems & Roots* by David M. Schwartz 1998

*Vegetables* by Sara Anderson 2014

Infant/Toddler Preschool–School-age
Q. I’m taking the children at my child care center outside as much as possible. I bring tissues out and it seems like I’m wiping runny noses all the time! It is not practical for me to go inside and wash my hands each time I wipe a nose. How can I handle this hygiene issue?

A. By giving the children plenty of outdoor play time, you are helping them develop and stay healthy. Runny noses can certainly be an issue, particularly during allergy season and when it is cold outside. Although bothersome, runny noses rarely signal a serious health issue.

The common cold or allergies are usually the cause of a runny nose. A cold is generally a mild illness which lasts about a week. Other than a runny nose, the child feels and looks well. Allergies often occur during a specific season or after exposure to a particular substance, such as grass or dust.

A child with a runny nose and no fever should not be excluded from child care, unless he or she cannot participate in routine group activities.

Since colds are contagious, handwashing after wiping noses reduces the spread of cold germs. When access to running water is limited, plan how to clean your hands and children’s hands until they can be washed. Here are some tips:

1. Prepare a fanny pack or portable box with a small trash bag, tissues, gloves, baby wipes, and hand sanitizer to take with you outside.
2. Before wiping the child’s nose, put a glove on.
3. Wipe the child’s nose with a tissue, then dispose of tissue in the trash bag along with the glove. Use one tissue each time you wipe a nose.
4. Use a baby wipe to clean adult hands. Use another wipe for children’s hands.
5. Use sanitizer on adult hands.
6. Wash both adult and children’s hands with soap and running water when returning indoors.

So, with a little preparation, you and the children can enjoy being outdoors year round, while keeping little noses clean and minimizing the spread of germs.

References: