This curriculum has been developed by the American Academy of Pediatrics (AAP). The authors, editors, and contributors are expert authorities in the field of pediatrics, early education, and child care. No commercial involvement of any kind has been solicited or accepted in the development of the content of this publication.

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.

Please note: Listing of resources does not imply an endorsement by the AAP. The AAP is not responsible for the content of the resources mentioned in this curriculum. Phone numbers and Web site addresses are as current as possible, but may change at any time.

Note: Brand names are for your information only. The AAP does not recommend any specific brand of drugs or products.

The development of this curriculum was supported in part by McNeil Consumer Healthcare. Selected components of this curriculum including PowerPoint presentations, videos, and a number of forms have been translated into Spanish.
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Introduction

The Healthy Futures: Improving Health Outcomes for Young Children, Medication Administration Curriculum has been made available by the American Academy of Pediatrics (AAP) Early Education and Child Care Initiatives.

The Medication Administration Curriculum is a collaborative effort of health care and early education and child care professionals from the AAP, Child Care Bureau State Administrators, Early Childhood Comprehensive Systems, Family Voices, National Association of Child Care Resource and Referral Agencies, National Association for the Education of Young Children, National Association of Pediatric Nurse Practitioners, National Child Care Information and Technical Assistance Center, National Resource Center for Health and Safety in Child Care and Early Education, National Training Institute for Child Care Health Consultants, and the Office of Head Start.

Beginning in October 2008, a Project Advisory Group, led by Elaine Donoghue, MD, FAAP, Stephanie Nelson, MS, CHES, and Deborah Mullen, Captus Communications, was developed. This group of more than 15 health care and early education and child care professionals was divided into 3 subgroups: a Content Work Group, a State-specific Issues Work Group, and an Implementation Work Group.

The Content Work Group reviewed the current resources available from state initiatives and, with permission, drew from their content and format for this curriculum. Initiatives from Colorado, New Jersey, North Carolina, and West Virginia were particularly helpful in the development of the Healthy Futures Medication Administration Curriculum.

The State-specific Issues Work Group reviewed state-specific regulations, Head Start Performance Standards, and National Association for the Education of Young Children Accreditation Standards and reported to the Content Work Group their findings and the impact on the Healthy Futures Medication Administration Curriculum.

The Implementation Work Group developed strategies to assist the AAP Chapter Child Care Contacts in how to facilitate the Healthy Futures Medication Administration Curriculum throughout their states. The group also looked at strategies to incorporate state-specific information.

The Healthy Futures Medication Administration Curriculum went through extensive review through the AAP, specifically, the Board of Directors; Committee on Early Childhood, Adoption, and Dependent Care; Committee on Medical Liability and Risk Management; Council on Community Pediatrics; Council on School Health; Medical Home Implementation Project Advisory Committee; Section on Early Education and Child Care; Section on Allergy and Immunology; and the Section on Pediatric Pulmonology.

Optimal instructors for this course include Child Care Health Consultants, pediatricians, or other licensed health care professionals with experience in child care settings.

Instructor Notes:
- Forms have been repeated in this manual to facilitate activities.
- Instructors may add state materials, where appropriate, directly into the manuals.
MODULE 1

Background

• Introduction and reasons to give medication
• ADA, IDEA, state regulations
• Responsibility Triangle
• Types of medication
## Activity Methods Participant Materials Other Materials or Supplies Slide Number

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**Flip Chart Activity: Welcome**
- Prepare flip chart pages with bullets from Welcome Activity in Module 1, Background of the Instructor’s Manual.
- Leave space between bullets.
- Give participants 9 sticky notes when they come in and have them put their initials on the sticky notes.
- Ask participants to place stickies next to activities that they do at their facility.
- Participants can write a question mark on the sticky if they are unsure if their facility does the activity.

**Background:**
- The opening slide for each module includes the module’s objectives.
Sources

- **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
**Background:**

- The full program can be covered in 4-5 hours depending on how many activities are included and how much time is allowed for discussion.
- There are individual objectives for every module listed as well as these overall objectives.
- Outline your schedule for this course including hours, days, and modules covered.
- Review
  - Schedule
  - Location of rest rooms, drinking water
  - Roster: Did everyone sign in?
  - Turn off cell phones and pagers
- Have participants take the Pre-test found in Module 1, Background, in the Participant’s Manual.
**Speaker's Notes:**

- **Child’s clinical presentation** means the specifics for that particular child.
  - For example, some children might need a fever reducing medication even for low grade fevers because they are prone to febrile seizures. Their specific needs would guide the actual care that was given.
- Certain states, such as Connecticut, New York, Colorado, and Virginia, require certification for staff who administer medication. This curriculum does not necessarily fulfill those requirements.

**Background:**

- Your state regulations can be obtained at the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Web site (http://nrckids.org/STATES/states.htm).

  Provide participants with the Web address for the NRC.
Speaker's Notes:

**Typical and routine medications for short-term use:**
- Antibiotics
- Eye or ear drops
- Fever relievers and non-narcotic pain medications
- Ointments and creams used as a treatment for a skin condition
- Over-the-counter medications

**Medications taken on a regular basis for chronic health conditions:**
- Asthma medications, including inhalers and nebulizers will be covered in general, but further training on the specifics of asthma and using asthma medications is strongly encouraged.
- ADD/ADHD medications will be covered in general.
- Antidepressants
- Oral seizure medications
- Routine heart medications
- Medications for muscle spasms

**Emergency medications:**
- Antihistamines
Some medications need special knowledge and skills and are not covered in this program:

- Although training on the EpiPen® is important, it is best to take time to discuss what anaphylaxis is, how to recognize the symptoms, and what to do in addition to administering the EpiPen®. Further training on the specifics of anaphylaxis and using the EpiPen® is strongly encouraged. Resources on the EpiPen® are available in the Participant’s Manual, Additional Resources Section.

- 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.

- A nurse might also be necessary when clinical judgment is needed in giving a medication, such as heart medications based on heart rate.
Objectives

A. **Knowledge**: Each participant will be able to:
   1. Identify 3 reasons why medication is given in child care settings
   2. Identify common types of medication
   3. Describe ADA law and define liability
   4. Identify the members of the Responsibility Triangle
   5. Describe child care provider roles for giving medication in child care

B. **Attitude**: Each participant will be able to:
   1. State reasons that motivate child care providers to give medication
   2. State barriers that prevent child care providers from giving medication
   3. Express a desire to safely incorporate medical administration into their child care setting

C. **Behavior**: Each participant will:
   1. Take pre-test
   2. Participate in a brainstorm activity (Why Give Medication in Child Care?)
**Flip Chart Activity:**

**Why Give Medication in Child Care?**

- Engage participants in setting the stage for the training.
- Ask participants to provide examples of “Why should we give medication in child care”.
- Record suggestions on flip chart.
- Include in the discussion societal public 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 whereas they might not have
  - 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)
Additional examples:

- Prevent illness
  - Some asthma medications prevent an attack rather than treat it

- Relieve symptoms
  - Pain relievers
  - Antihistamines

- Control or cure health problems
  - Short term: Antifungal cream to treat a fungal diaper rash
  - Emergency: Albuterol for wheezing
  - Long term: Anti-seizure medications

- 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)
**Speaker's Notes:**

- These are the 3 main reasons for giving medication in the child care setting.
- All other medication should be given at home!

**CFOC, Standard 3.6.3.1:**

"The administration of medicines at the facility shall be limited to:

a) 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;

b) 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)."

**Background:**

- CFOC is a joint publication of the Maternal Child Health Bureau, the American Academy of Pediatrics, and the American Public Health Association which has been extensively researched and reviewed by multiple parties.
- Copies of CFOC can also be obtained at the NRC Web site (http://nrckids.org/CFOC/index.html) or print copies can be obtained through the AAP, National Association for the Education of Young Children, or Redleaf Press.
- It is recommended that the instructor have a copy of the CFOC on hand.
- It is recommended that the instructor have state-specific regulations available. For further questions on state regulations or to obtain your state regulations, go to the NRC Web site (http://nrckids.org/STATES/states.htm).
**Background:**

- *CFOC*, Standard 3.6.3.1 discusses this issue.

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**When Should Medication Be Given?**

- Medication should be given at home by parents/guardians, if possible
- Prescribers should try to minimize the number of doses given at a child care facility
Speaker's Notes:
- **State licensing regulations** are bottom line, non-negotiable, “do no harm” standards for the industry.
- Child care settings (centers and family child care homes) can *always* have policies and practices which *exceed state licensing regulations*, they just can’t operate below these limits.
- Regulations typically vary for family child care and center-based facilities.
- Regulations vary widely from state to state.

**Background:**
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
Speaker's Notes:

- 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.
- The Department of Justice maintains a toll-free line for technical assistance at 800/514-0301.

**Background:**

- Providers can also refer to the ADA, Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act and the US Department of Justice, Child Care Centers and the Americans with Disabilities Act in Module 1, Background in the Participant’s Manual.
Speaker’s Notes:

- 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. This activity can involve liability, even when carried out properly.
- **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. (CFOC, Standard 9.4.1.1)
• Medication administration depends on competence, caring, communication, and cooperation.
• 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. A health consultant can explain and facilitate the process with parental permission.
• Health consultants are discussed in detail later in this module.
• Programs need written permission from parents to have health consultants access and discuss individual child’s health records and health issues.
Parent or Guardian Responsibilities

- Regular checkups and up-to-date immunizations
- Complete communication about child’s symptoms and health status
- Consulting with their child’s health care professional about diagnosis and care
- Compliance with medication policies and completion of forms
- Communication with health care professionals about the child care setting (environment, capabilities of staff, hours that the child attends)
Parent/Guardian Responsibilities, continued

- Asking the health care professional about whether medication can be given at home and NOT in child care
- Providing properly labeled medication and providing 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 mild illness
**Background:**
- *CFOC, Standard 3.6.3.3 recommends best practice for training in medication administration.*
Health Care Professional Responsibilities

- Complete all child care health forms legibly
- Discuss medication needs with parent or guardian and if needed, with child care providers, if parental permission is obtained
- Adapt 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
- Provide guidance and education as requested
- Promote disease prevention and good health practices
- Be accessible to child care staff for questions and concerns about their patients, with parental permission
Speaker's Notes:

• 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.
• In schools, this is usually a school nurse.
• 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 path 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.

**Background:**

• Discuss state-specific information on health consultants.
• Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).

Types of Medication

- Prescription (Rx), over-the-counter (OTC), and non-traditional
- Brand name and generic
- Oral, topical, and inhaled, etc

**Speaker's Notes:**
- 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 medications are often referred to as Rx.
- Over-the-counter medications are often referred to as OTC.
**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
  - Controlled substances have special rules
- “Sample” medication must be properly labeled

**Speaker’s Notes:**

- **Authorized prescribers** vary by state and include physicians, nurse practitioners, and physician assistants.
- **Controlled substances** are discussed later in this curriculum. They include medications such as Ritalin® and phenobarbital.
- 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.
**Speaker's Notes:**

- 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.
- 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 Medication**

- Active ingredients can be from plants, minerals, or animals.
- FDA regulates, but they are “exempt from manufacturing requirements, expiration dating and finished product testing for identity and strength.”

**Herbal Medication**

- Active ingredients from plants.
- Unregulated: no government standards for manufacturing or labeling.

**Both Homeopathic and Herbal Medications**

- 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.
Speaker's Notes:

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

**Background:**

- **Cough and Cold Medication**
  - In a given week, a cough and cold medication was used by 10% of US children. Children younger than 2 accounted for 5% to 10% of those children. Use of cough and cold medications declined during the study period from 1999-2006 from 12.3% to 8.4% [Source: Vernacchio L, et al. Cough and Cold Medication Use by US Children, 1999-2006: Results from the Slone Survey. Pediatrics. 2008;122(2):e323-e329.]
  - In January 2008, the AAP supported a public health advisory put out by the US FDA concerning cough and cold medications.
  - This advisory recommended that OTC cough and cold medications should not be used for infants and children under age 2 because of the risk of life threatening side effects.
  - For more information
    - www.aap.org/publiced/BR_Infections.htm
    - www.aap.org/publiced/BR_Medicine_OTC.htm
Brand Name and Generic Medications

• Both prescription and OTC medications come as
  – Brand name
  – Generic

• This creates an opportunity for mistakes and confusion
  – Names that are difficult to remember and to say
  – Available under several names
  – Sound alike names
    o Zantac® (reduces stomach acid) and Zyrtec® (antihistamine)
    o Bacitracin® (antibiotic cream) and Bactrim® (oral antibiotic)

Speaker’s Notes:
• Brand name medications are named by pharmaceutical companies.
• The names are often easier to say and remember than the generic names. For example:
  o Tylenol® = Acetaminophen
  o Motrin® = Ibuprofen
  o Benadryl® = Diphenhydramine
  o Zyrtec® = Cetirizine
  o Zithromax® = Azithromycin
  o Pulmicort® = Budesonide
  o Bactrim® or Septra® = Trimethoprim/sulfamethoxazole. (This is an example of 2 brand names
    and 1 generic name for the same medication.)
• Some medications are available as prescription and OTC as their brand name. They may also be
  available as a generic OTC at a lower cost.
  o Claritin® is an antihistamine which previously was only available by prescription.
  o Recently, it became available as OTC medication so now Claritin® can be purchased without a
    prescription.
  o Claritin’s® generic name is loratidine and it can be purchased OTC as well, usually at a lower
    price.
**Background:**

- Double click on the arrow icon to view video.
- The next 7 slides can be skipped if you watch the video or you can quickly review them to reinforce the video message.
- Having in-person equipment to demonstrate with is always helpful.
Speaker's Notes:

**Tablets:**
- Coated and uncoated: Swallow whole
- Chewable: Must be chewed, not swallowed whole
- Scored: May be cut in half

**Capsules:**
- Swallow: Do not crush or chew
- Sprinkle: Do so only with health care professional instruction
Speaker's Notes:

- **Liquids:**
  - **Suspensions** are fluid substances with solid particles. They separate when left standing (e.g., amoxicillin and Ceclor®).
  - **Syrups** or **Elixirs** are sweetened liquids that contain dissolved medication (e.g., Tylenol® elixir or prednisolone syrup).
  - You may refrigerate oral liquid medication to make them taste more pleasant.
Speaker's Notes:

- **Sublingual:**
  - Speed of absorption varies by medication.
  - Some types of sublingual medication should not be swallowed whole.
  - Refer to the manufacturer's instructions.

- **Melting strips and tablets:**
  - Quick Dissolve strips are applied on top of tongue. They dissolve instantly when placed in a child's mouth (eg, Benadryl® Quick Dissolve Strip).
  - Quick Dissolving tablets also dissolve quickly when placed in the mouth (eg, Claritin® Redi-Tab).

- **Gum applications (gels):**
  - Rapid absorption; effects usually noted within 10 minutes.
  - This medication is rubbed directly on the gums inside the mouth.
  - 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.
Forms of Medication: Topical

- **Drops**: Eyes, ears, or nose
- **Sprays**: Nose or throat
- **Patches**

**Speaker's Notes:**

- **Topical**:
  - *Includes 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.*
Some 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 the healthcare professional.
- Check your state regulations.
- CFOC, Standard 3.6.3.1.

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 healthcare professional and written parent permission.

**Background:**
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
Forms of Medication: Inhalation

- **Inhalation**: Breathing or inhaling a drug into the respiratory tract
- **Methods include**:  
  - **Inhaler**: Metered Dose Inhalant (MDI) or HFA (hydrofluoroalkane), “puffer”  
  - **Nebulizer**: Mist created by a machine  
  - **Powders**: Turbohalers, discs  
  - **Spray**: Nasal, throat

**Speaker’s Notes:**
- **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** 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 HFA 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.
• Injectable medications are administered by a registered nurse (RN) or may be delegated to school or child care personnel and supervised by an RN or school registered nurse, depending on state regulation.

• Emergency injectables, such as the EpiPen® and EpiPen® Jr, 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 EpiPen injection is taught and administered. Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).

• 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.
Speaker’s Notes:

- 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.
- The administration of rectal medication is not part of this curriculum.

**Background:**

- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
Welcome Activity

Prepare flip chart pages with the bullets below written on them. Leave space between the bullets. Participants should be handed 9 “stickies” (dots or Post-it® notes) when they come in and be instructed to put their initials on the stickies. Participants should be instructed to place the stickies next to the activity if they do that activity at their site. They can write a question mark on the sticky if they are unsure if they do the activity at their site. (If no stickies are available, the participants can write their initials on the flip chart).

Once the group has assembled, the instructor should note that these topics will all be discussed. This will create a good transition to the objectives slide.

- Give medications to enrolled children
- Have a child care health consultant
- Have a written medication administration policy
- Have a locked place to store medication at the facility
- Apply sunscreen to children before they play outside
- Have a program checklist that uses the “5 Rights” for giving medication correctly
- Use a separate medication administration record sheet for each child receiving medication
- Have a written policy/procedure to respond to medication errors/incidents
- Have a written policy/procedure to handle medication side effects or reactions
Medication Administration Curriculum

**INSTRUCTOR’S MANUAL**

Medication Administration in Child Care Pre-test and Answer Key

*Instructions:* If select modules were presented, participants should only fill out the questions related to those modules. Have participants circle the letter of the choice that best completes the statement or answers the question.

**MODULE 1**

1. **The Americans 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 blanks next to each definition below, enter the number of the word that corresponds to the definition.**

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<thead>
<tr>
<th>Word List</th>
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</tr>
<tr>
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<td>5            Form of medication that is inserted into the rectum</td>
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<td>1            Medication that is put into the mouth such as tablets, capsules, and liquid medication</td>
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<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>
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Module 2

4. Your facility policy should include all of 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. Procedure for medication error or incident
   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 the 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 okay 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 a 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
   d. **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 medications EXCEPT:
   a. Match the label with the instructions
   b. Check if container is labeled child-resistant
   c. Check expiration date
   d. **Ensure that the child receives a dose that same day**
Module 3

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. Tylenol® for fever
    b. Albuterol® for wheezing
    c. Amoxicillin for 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 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**
Module 4

14. Please read the scenario and enter the information into the medication log below.

Scenario: Today, you give Nick one 125 mg capsule of Depakote® sprinkles at 12:00 PM.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Monday</th>
<th>Tuesday</th>
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<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
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Name of child _____________________________________________________ Weight of child ________________

Dosage/amount

Route

Staff signature
Module 5

15. 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

16. 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

17. 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

18. 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

19. 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
Medication Administration in Child Care Pre-test

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

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   Medicine Administration in Child Care Pre-test

   Medication Log
   PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Weight of child</th>
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<tbody>
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<table>
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<tr>
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Name __________________ State ______ Date ______
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Flip Chart Activity: Why Give Medication in Child Care?

• Engage participants in setting the stage for the training.

• Elicit discussion regarding current practices and what they see as issues in their child care settings.

• Include in the discussion societal public 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 whereas they might not have survived previously
  – 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)
AMERICANS WITH DISABILITIES ACT

COMMONLY ASKED QUESTIONS RELATED TO GIVING MEDICINE IN CHILD CARE

The Americans with Disabilities Act (ADA), passed July 26, 1990 as Public Law 101-336 (42 U.S.C. Sec. 12101 et seq.), became effective on January 26, 1992. The ADA requires that child care provider/directors not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parent/guardians with disabilities with an equal opportunity to participate in child care programs and services. Child care facilities must make reasonable modifications to their policies and practices, such as giving medicine, to integrate children with disabilities.

1. Q: Does the Americans with Disabilities Act -- or “ADA” -- apply to child care centers? What about family child care homes?

A: Yes. Almost all child care facilities, even small, home-based centers regardless of size or number of employees, must comply with title III of the ADA. Child care services provided by government agencies must comply with title II. The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

2. Q: Our facility has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?

A: No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. Disabilities include any physical or mental impairment that substantially limits one or more major life activities including asthma, diabetes, seizure disorders, or attention deficit hyperactivity disorder (ADHD).

3. Q: What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?

A: Generally, yes. Children who have severe allergies to bee stings or certain foods cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A child care facility needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called “epinephrine” that will be provided in advance by the child’s parents or guardians.

4. Q: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?

A: Generally, yes. Children with diabetes should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child’s parents or guardians and physician and follow their directions for diabetes-related care. In most instances, they will authorize the provider to monitor the child’s blood sugar – or “blood glucose”. The child’s parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

5. Q: What about children with asthma? Do we have to admit them to our program?

A: Generally, yes. Children with asthma should not be excluded from the program on the basis of their medical condition. Providers should obtain written authorization from the child’s parents or guardians and physician and follow their directions for asthma care.

6. Q: Are there any reference books or video tapes that might help me further understand the obligations of child care providers under title III?

A: Yes, the Arc published All Kids Count: Child Care and the ADA, which addresses the ADA’s obligations of child care providers. Copies are available by calling 1-800-433-5255. For general information child care providers may call the Department of Justice Information Line at 1-800-514-0301.

Source: The ADA Home Page: www.usdoj.gov/crt/ada/adahom1.htm

For a similar resource in Spanish, please visit http://www.childcarelaw.org/documents/ADASpanishTranslation-October2012.pdf
U.S. Department of Justice

Civil Rights Division

Disability Rights Section

Child Care Centers and the Americans with Disabilities Act

Privately-run child care centers - like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks must comply with title III of the Americans with Disabilities Act (ADA). Child care services provided by State and local government agencies, such as Head Start, summer programs, and extended school day programs, must comply with title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

COMMONLY ASKED QUESTIONS ABOUT CHILD CARE CENTERS AND THE AMERICANS WITH DISABILITIES ACT

Coverage

1. Q: Does the Americans with Disabilities Act -- or "ADA" -- apply to child care centers?

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A child care center's employment practices are covered by other parts of the ADA and are not addressed here. For more information about the ADA and employment practices, please call the Equal Employment Opportunity Commission (see question 30).
2. Q: Which child care centers are covered by title III?

A: Almost all child care providers, regardless of size or number of employees, must comply with title III of the ADA. Even small, home-based centers that may not have to follow some State laws are covered by title III.

The exception is child care centers that are actually run by religious entities such as churches, mosques, or synagogues. Activities controlled by religious organizations are not covered by title III.

Private child care centers that are operating on the premises of a religious organization, however, are generally not exempt from title III. Where such areas are leased by a child care program not controlled or operated by the religious organization, title III applies to the child care program but not the religious organization. For example, if a private child care program is operated out of a church, pays rent to the church, and has no other connection to the church, the program has to comply with title III but the church does not.

General Information

3. Q: What are the basic requirements of title III?

A: The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care center's programs and services. Specifically:

- Centers cannot exclude children with disabilities from their programs unless their presence would pose a *direct threat* to the health or safety of others or require a *fundamental alteration* of the program.

- Centers have to make *reasonable modifications* to their policies and practices to integrate children, parents, and guardians with disabilities into their programs unless doing so would constitute a *fundamental alteration*.

- Centers must provide appropriate auxiliary aids and services needed for *effective communication* with children or adults with disabilities, when doing so would not constitute an *undue burden*.

- Centers must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the *readily achievable* standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be *fully accessible*.

4. Q: How do I decide whether a child with a disability belongs in my program?

A: Child care centers cannot just assume that a child's disabilities are too severe for the child to be integrated successfully into the center's child care program. The center must make an *individualized assessment* about whether it can meet the particular needs of the child without fundamentally altering its program. In making this assessment, the caregiver must not react to unfounded preconceptions or stereotypes about what children with disabilities can or cannot do, or how much assistance they may require. Instead, the caregiver should talk to the parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. Providers are often surprised at how simple it is to include children with disabilities in their mainstream programs.
Child care centers that are accepting new children are not required to accept children who would pose a *direct threat* (see question 8) or whose presence or necessary care would *fundamentally alter* the nature of the child care program.

5. Q: My insurance company says it will raise our rates if we accept children with disabilities. Do I still have to admit them into my program?

A: Yes. Higher insurance rates are not a valid reason for excluding children with disabilities from a child care program. The extra cost should be treated as overhead and divided equally among all paying customers.

6. Q: Our center is full and we have a waiting list. Do we have to accept children with disabilities ahead of others?

A: No. Title III does not require providers to take children with disabilities out of turn.

7. Q: Our center specializes in "group child care." Can we reject a child just because she needs individualized attention?

A: No. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care.

For instance, if a child with Down Syndrome and significant mental retardation applies for admission and needs one-to-one care to benefit from a child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or though a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Down Syndrome need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into a mainstream child care program. As in other cases, an *individualized assessment* is required. But the ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

8. Q: What about children whose presence is dangerous to others? Do we have to take them, too?

A: No. Children who pose a *direct threat* -- a substantial risk of serious harm to the health and safety of others -- do not have to be admitted into a program. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an *individualized assessment* that considers the particular activity and the actual abilities and disabilities of the individual.

In order to find out whether a child has a medical condition that poses a significant health threat to others, child care providers may ask all applicants whether a child has any diseases that are communicable through the types of incidental contact expected to occur in child care settings. Providers may also inquire about specific conditions, such as active infectious tuberculosis, that in fact pose a direct threat.
The ADA Home Page, which is updated frequently, contains the Department of Justice's regulations and technical assistance materials, as well as press releases on ADA cases and other issues. Several settlement agreements with child care centers are also available on the Home Page.

www.usdoj.gov/crt/ada/adahom1.htm

The Department of Justice also operates an ADA Electronic Bulletin Board, on which a wide variety of information and documents are available.

202-514-6193 (by computer modem)

There are ten regional Disability and Business Technical Assistance Centers, or DBTAC's, that are funded by the Department of Education to provide technical assistance under the ADA. One toll-free number connects to the center in your region.

800-949-4232 (voice & TDD)

The Access Board offers technical assistance on the ADA Accessibility Guidelines.

800-872-2253 (voice)

800-993-2822 (TDD)

Electronic Bulletin Board

202-272-5448

Source: http://www.usdoj.gov/crt/ada/childq&a.htm

Note: Reproduction of this document is encouraged.

10/97
9. **Q:** One of the children in my center hits and bites other children. His parents are now saying that I can't expel him because his bad behavior is due to a disability. What can I do?

**A:** The first thing the provider should do is try to work with the parents to see if there are reasonable ways of curbing the child's bad behavior. He may need extra naps, "time out," or changes in his diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, he may be expelled from the program even if he has a disability. The ADA does not require providers to take any action that would pose a direct threat -- a substantial risk of serious harm -- to the health or safety of others. Centers should not make assumptions, however, about how a child with a disability is likely to behave based on their past experiences with other children with disabilities. Each situation must be considered individually.

10. **Q:** One of the children in my center has parents who are deaf. I need to have a long discussion with them about their child's behavior and development. Do I have to provide a sign language interpreter for the meeting?

**A:** It depends. Child care centers must provide effective communication to the customers they serve, including parents and guardians with disabilities, unless doing so poses an undue burden. The person with a disability should be consulted about what types of auxiliary aids and services will be necessary in a particular context, given the complexity, duration, and nature of the communication, as well as the person's communication skills and history. Different types of auxiliary aids and services may be required for lengthy parent-teacher conferences than will normally be required for the types of incidental day-to-day communication that take place when children are dropped off or picked up from child care. As with other actions required by the ADA, providers cannot impose the cost of a qualified sign language interpreter or other auxiliary aid or service on the parent or guardian.

A particular auxiliary aid or service is not required by title III if it would pose an undue burden, that is, a significant difficulty or expense, relative to the center or parent company's resources.

11. **Q:** We have a "no pets" policy. Do I have to allow a child with a disability to bring a service animal, such as a seeing eye dog?

**A:** Yes. A service animal is not a pet. The ADA requires you to modify your "no pets" policy to allow the use of a service animal by a person with a disability. This does not mean that you must abandon your "no pets" policy altogether, but simply that you must make an exception to your general rule for service animals.

12. **Q:** If an older child has delayed speech or developmental disabilities, can we place that child in the infant or toddler room?

**A:** Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom, unless the parents or guardians agree otherwise.

13. **Q:** Can I charge the parents for special services provided to a child with a disability, provided that the charges are reasonable?

**A:** It depends. If the service is required by the ADA, you cannot impose a surcharge for it. It is only if you go beyond what is required by law that you can charge for those services. For instance, if a child requires complicated medical procedures that can only be done by licensed medical personnel, and the center does not normally have such personnel on staff, the center would not be required to provide the
medical services under the ADA. If the center chooses to go beyond its legal obligation and provide the services, it may charge the parents or guardians accordingly. On the other hand, if a center is asked to do simple procedures that are required by the ADA -- such as finger-prick blood glucose tests for children with diabetes (see question 20) -- it cannot charge the parents extra for those services. To help offset the costs of actions or services that are required by the ADA, including but not limited to architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available (see question 24).

**Personal Services**

**14. Q:** Our center has a policy that we will not give medication to any child. Can I refuse to give medication to a child with a disability?

**A:** No. In some circumstances, it may be necessary to give medication to a child with a disability in order to make a program accessible to that child. While some state laws may differ, generally speaking, as long as reasonable care is used in following the doctors' and parents' or guardians' written instructions about administering medication, centers should not be held liable for any resulting problems. Providers, parents, and guardians are urged to consult professionals in their state whenever liability questions arise.

**15. Q:** We diaper young children, but we have a policy that we will not accept children more than three years of age who need diapering. Can we reject children older than three who need diapering because of a disability?

**A:** Generally, no. Centers that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, centers that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so.

Centers must also provide diapering services to young children with disabilities who may need it more often than others their age.

Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Centers should not consider this type of assistance to be a "personal service."

**16. Q:** We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance due to a disability?

**A:** It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and a center does not normally provide diapering, the center should consider factors including, but not limited to, (1) whether other non-disabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the center would have to purchase diapering tables or other equipment.

If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that even in these circumstances, the child could not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.
Issues Regarding Specific Disabilities

17. Q: Can we exclude children with HIV or AIDS from our program to protect other children and employees?

A: No. Centers cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of incidental contact that take place in child care centers. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are cleansing and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

18. Q: Must we admit children with mental retardation and include them in all center activities?

A: Centers cannot generally exclude a child just because he or she has mental retardation. The center must take reasonable steps to integrate that child into every activity provided to others. If other children are included in group sings or on playground expeditions, children with disabilities should be included as well. Segregating children with disabilities is not acceptable under the ADA.

19. Q: What about children who have severe, sometimes life-threatening allergies to bee stings or certain foods? Do we have to take them?

A: Generally, yes. Children cannot be excluded on the sole basis that they have been identified as having severe allergies to bee stings or certain foods. A center needs to be prepared to take appropriate steps in the event of an allergic reaction, such as administering a medicine called "epinephrine" that will be provided in advance by the child's parents or guardians.

The Department of Justice's settlement agreement with La Petite Academy addresses this issue and others (see question 26).

20. Q: What about children with diabetes? Do we have to admit them to our program? If we do, do we have to test their blood sugar levels?

A: Generally, yes. Children with diabetes can usually be integrated into a child care program without fundamentally altering it, so they should not be excluded from the program on the basis of their diabetes. Providers should obtain written authorization from the child's parents or guardians and physician and follow their directions for simple diabetes-related care. In most instances, they will authorize the provider to monitor the child's blood sugar -- or "blood glucose" -- levels before lunch and whenever the child appears to be having certain easy-to-recognize symptoms of a low blood sugar incident. While the process may seem uncomfortable or even frightening to those unfamiliar with it, monitoring a child's blood sugar is easy to do with minimal training and takes only a minute or two. Once the caregiver has the blood sugar level, he or she must take whatever simple actions have been recommended by the child's parents or guardians and doctor, such as giving the child some fruit juice if the child's blood sugar level is low. The child's parents or guardians are responsible for providing all appropriate testing equipment, training, and special food necessary for the child.

The Department of Justice's settlement agreements with KinderCare and La Petite Academy address this issue and others (see question 26).
21. Q: Do we have to help children take off and put on their leg braces and provide similar types of assistance to children with mobility impairments?

A: Generally, yes. Some children with mobility impairments may need assistance in taking off and putting on leg or foot braces during the child care day. As long as doing so would not be so time consuming that other children would have to be left unattended, or so complicated that it can only done by licensed health care professionals, it would be a reasonable modification to provide such assistance.

The Department of Justice's settlement agreement with the Sunshine Child Center of Gillett, Wisconsin, addresses this issue and others (see question 26).

**Making the Child Care Facility Accessible**

22. Q: How do I make my child care center's building, playground, and parking lot accessible to people with disabilities?

A: Even if you do not have any disabled people in your program now, you have an ongoing obligation to remove barriers to access for people with disabilities. Existing privately-run child care centers must remove those architectural barriers that limit the participation of children with disabilities (or parents, guardians, or prospective customers with disabilities) if removing the barriers is readily achievable, that is, if the barrier removal can be easily accomplished and can be carried out without much difficulty or expense. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs, and other furniture are all examples of barrier removal that might be undertaken to allow a child in a wheelchair to participate in a child care program. Centers run by government agencies must insure that their programs are accessible unless making changes imposes an undue burden; these changes will sometimes include changes to the facilities.

23. Q: We are going to build a new facility. What architectural standards do we have to follow to make sure that our facility is accessible to people with disabilities?

A: Newly constructed privately-run child care centers -- those designed and constructed for first occupancy after January 26, 1993 -- must be readily accessible to and usable by individuals with disabilities. This means that they must be built in strict compliance with the ADA Standards for Accessible Design. New centers run by government agencies must meet either the ADA Standards or the Uniform Federal Accessibility Standards.

**Tax Provisions**

24. Q: Are there tax credits or deductions available to help offset the costs associated with complying with the ADA?

A: To assist businesses in complying with the ADA, Section 44 of the IRS Code allows a tax credit for small businesses and Section 190 of the IRS Code allows a tax deduction for all businesses.

The tax credit is available to businesses that have total revenues of $1,000,000 or less in the previous tax year or 30 or fewer full-time employees. This credit can cover 50% of the eligible access expenditures in a year up to $10,250 (maximum credit of $5,000). The tax credit can be used to offset the cost of complying with the ADA, including, but not limited to, undertaking barrier removal and alterations to improve accessibility; provide sign language interpreters; and for purchasing certain adaptive equipment.
The tax deduction is available to all businesses with a maximum deduction of $15,000 per year. The tax deduction can be claimed for expenses incurred in barrier removal and alterations.

To order documents about the tax credit and tax deduction provisions, contact the Department of Justice's ADA Information Line (see question 30).

**The Department of Justice's Enforcement Efforts**

25. Q: What is the Department of Justice's enforcement philosophy regarding title III of the ADA?

A: Whenever the Department receives a complaint or is asked to join an on-going lawsuit, it first investigates the allegations and tries to resolve them through informal or formal settlements. The vast majority of complaints are resolved voluntarily through these efforts. If voluntary compliance is not forthcoming, the Department may have to litigate and seek injunctive relief, damages for aggrieved individuals, and civil penalties.

26. Q: Has the United States entered into any settlement agreements involving child care centers?

A: The Department has resolved three matters through formal settlement agreements with the Sunshine Child Center, KinderCare Learning Centers, and La Petite Academy.

- In the first agreement, Sunshine Child Center in Gillett, Wisconsin, agreed to: (1) provide diapering services to children who, because of their disabilities, require diapering more often or at a later age than nondisabled children; (2) put on and remove the complainant's leg braces as necessary; (3) ensure that the complainant is not unnecessarily segregated from her age-appropriate classroom; (4) engage in readily achievable barrier removal to its existing facility; and (5) design and construct its new facility (planned independently of the Department's investigation) in a manner that is accessible to persons with disabilities.

- In 1996, the Department of Justice entered into a settlement agreement with KinderCare Learning Centers -- the largest chain of child care centers in the country -- under which KinderCare agreed to provide appropriate care for children with diabetes, including providing finger-prick blood glucose tests. In 1997, La Petite Academy -- the second-largest chain -- agreed to follow the same procedures.

- In its 1997 settlement agreement with the Department of Justice, La Petite Academy also agreed to keep epinephrine on hand to administer to children who have severe and possibly life-threatening allergy attacks due to exposure to certain foods or bee stings and to make changes to some of its programs so that children with cerebral palsy can participate.

The settlement agreements and their attachments, including a waiver of liability form and parent and physician authorization form, can be obtained by calling the Department's ADA Information Line or through the Internet (see question 30). Child care centers and parents or guardians should consult a lawyer in their home state to determine whether any changes need to be made before the documents are used.
27. Q: Has the Department of Justice ever sued a child care center for ADA violations?

A: Yes. On June 30, 1997, the United States filed lawsuits against three child care providers for refusing to enroll a four-year-old child because he has HIV. See United States v. Happy Time Day Care Center, (W.D. Wisc.); United States v. Kiddie Ranch, (W.D. Wisc.); and United States v. ABC Nursery, Inc. (W.D. Wisc.).

28. Q: Does the United States ever participate in lawsuits brought by private citizens?

A: Yes. The Department sometimes participates in private suits either by intervention or as amicus curiae -- "friend of the court." One suit in which the United States participated was brought by a disability rights group against KinderCare Learning Centers. The United States supported the plaintiff's position that KinderCare had to make its program accessible to a boy with multiple disabilities including mental retardation. The litigation resulted in KinderCare's agreement to develop a model policy to allow the child to attend one of its centers with a state-funded personal assistant.

Additional Resources

29. Q: Are there any reference books or video tapes that might help me further understand the obligations of child care providers under title III?

A: Through a grant from the Department of Justice, The Arc published All Kids Count: Child Care and the ADA, which addresses the ADA's obligations of child care providers. Copies are available for a nominal fee by calling The Arc's National Headquarters in Arlington, Texas:

800-433-5255 (voice)

800-855-1155 (TDD)

Under a grant provided by the Department of Justice, Eastern Washington University (EWU) produced eight 5-7 minute videotapes and eight accompanying booklets on the ADA and child care providers. The videos cover different ADA issues related to child care and can be purchased as a set or individually by contacting the EWU at:

509-623-4246 (voice)

TDD: use relay service

30. Q: I still have some general questions about the ADA. Where can I get more information?

A: The Department of Justice operates an ADA Information Line. Information Specialists are available to answer general and technical questions during business hours on the weekdays. The Information Line also provides 24-hour automated service for ordering ADA materials and an automated fax back system that delivers technical assistance materials to fax machines or modems.

800-514-0301 (voice)

800-514-0383 (TDD)
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MODULE 2
Preparation

• Forms
• Policies
• Confidentiality
• Receiving and storing medication
• Disposing of medication
# Instructor's Planning Guide • Module 2
## Medication Administration in Early Education and Child Care Settings

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<td><strong>Sample Policy</strong></td>
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<td><strong>Receiving Medication, Scenario 1</strong></td>
<td>Group Activity</td>
<td></td>
<td>Labeled “amoxicillin” in container, <em>Completed Medication Packet with completed Authorization to Give Medicine and Receiving Medication, Universal Health Record</em>, storage box, measuring devices, Ziploc® bag with tablet inside and Nick’s name on outside, <em>incomplete Authorization to Give Medicine</em></td>
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<td><strong>Receiving Medication, Scenario 2</strong></td>
<td>Group Activity</td>
<td></td>
<td>Labeled “Aveeno®” in container, <em>Completed Medication Packet with Authorization to Give Medicine and Receiving Medication, Universal Health Record</em>, storage box, cream with instructions blocked by Maria’s name on outside, <em>incomplete Authorization to Give Medicine</em></td>
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Objectives

A. **Knowledge**: Each participant will be able to:
   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

B. **Attitude**: Each participant will be able to:
   1. Feel knowledgeable about receiving and disposing of medication

C. **Behavior**: Each participant will:
   1. Review a Child Health Assessment and Authorization to Give Medicine form
**Background:**

- Walk participants through each of the required forms in the **Participant’s Manual**.
- 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.
- 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.
- Review **state-specific information**.
- Your state regulations can be obtained at the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Web site (http://nrckids.org/STATES/states.htm).

  The following quote from the NRC might be helpful to read:

  “The multiple forms and signatures required [that we are about to discuss] seem quite ‘formal’ and are sometimes confusing to both care providers. It is important to recall that the role of the child care provider is a professional one and is distinct from the role of the parent. The rules and forms exist to protect the child, the parent and the child care provider against harmful mistakes. Once this is clear, the forms will seem more friendly.” National Resource Center for Health and Safety in Child Care, *Medication Administration in Child Care*.

- **CFOC, Standard 9.2.3.9**
  “A medication record maintained on an ongoing basis by designated staff shall include the following:

  a) Specific, signed parental/guardian consent for the caregiver/teacher to administer medication including documentation of receiving controlled substances and verification of the amount received;
  
  b) Specific, signed authorization from the child’s prescribing health professional, prescribing the medication, including medical need, medication, dosage, and length of time to give medication.
  
  c) Information about the medication including warnings and possible side effects;
  
  d) Written documentation of administration of medication and any side effects;
  
  e) A medication error log should be started if there is a side-effect, error or any other problem with giving the medication.
The Child Health Assessment is a general form geared towards healthy children. Other names for this form include Individual Health Plan or “the physical” form. 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. Specific disease action plans are not covered in this training and are included for reference only.

**Background:**
- Review state-specific information.
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
- 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.
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.
- The care plan should:
  - Be completed by a health care professional.
  - Provide information about any ongoing or emergency medication.
  - Outline modifications to:
    - diet
    - environment
    - activities

⇒ Speaker's Notes:
- 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.
- 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.
- Examples of care plans are available in the Additional Resources in the Participant's Manual.
- Specific disease action plans are not covered in this training and are included for reference only.
Speaker's Notes:
- CFOC, Standard 3.6.3.1, states “The administration of medicines at the facility shall be limited to:
  a) 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 as well as any special instructions.
  b) 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).

**Background:**
- Review state-specific information.
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
**Background:**
- This topic will be covered in more detail later in this module.
Medication Administration Packet:
Medication Log

- To be 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

**Background:**
- 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

➔ Speaker’s Notes:
• The Emergency Contact Form:
  o May be include the child’s insurance information
  o May be combined with other forms
• While permission to speak with the health care professional is on the Medication Administration Packet, Authorization to Give Medicine form, the need to do so may also occur for children who are not receiving medication and so it has been included on the Universal Child Health Record and the Emergency Contact Form as well.
**Background:**

- Discuss state-specific regulations concerning health care professional’s orders.
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
- The National Association for the Education of Young Children (NAEYC) regulations state: “The program may have a standing order from a licensed health care provider to guide the use of OTC medications with children in the program when the order details specific circumstances and gives specific instructions for individual dosing of the medication.”
**Speaker’s Notes:**

- **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.

**Background:**

- **CFOC, Standard 3.6.3.1:** “Telephone instructions from a health care provider are acceptable if the caregiver fully documents them and the parent initiates the request.”
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
**Speaker's Notes:**

- 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.

- The reason for the medication is protected health information but may be helpful to know. The parent can share this information at their discretion.

**Background:**

- Refer to Sample Prescription Label and Sample OTC Label in Module 2, Preparation in the Participant’s Manual.
**Speaker's Notes:**
- 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 Child Care Health Consultant* may be available to review the child care policy and make suggestions.

**Optional Activity: Sample Policy**
- Refer to the Sample Policy Activity in the Participant’s Manual, Module 2, for activity instructions and materials.
- This activity is long and in depth.
- Consider doing this activity if the participants include center directors, or if participants have a specific interest in policy development.

**Background:**
- Emphasize that policy should be in writing.
- Check state regulations and add pertinent state requirements.
- Your state regulations can be obtained at the NRC Web site ([http://nrckids.org/STATES/states.htm](http://nrckids.org/STATES/states.htm)).
- Refer participants to the Medication Administration Policy Checklist in the Participant’s Manual, Module 3, How to Administer Medication.
**Speaker's Notes:**

- The policy should state that the director of the child care center designates who will be responsible for administering medication.
- 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.
- **Staff should have the skills** necessary to administer medication. They should be able to read well, measure items, and follow instructions.
- **Best practice** would be to include in the policy that those designated individuals must receive training in medication administration (see CFOC, Standard 3.6.3.3).
- Policy should state the circumstances when parents will be called to administer medication or when a nurse is required.
- Policy should address whether self-administration will be allowed for older children, especially in after-school programs. This issue is addressed further in Module 5, Problem Solving.

**Background:**

- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
**Speaker's Notes:**
- **Homeopathic and herbal medications** do not have the same manufacturing safeguards as other medication.
  - Their use should be safeguarded by having a **prescription from an authorized health care professional** and requiring **proper labeling** about strength of medication, expiration date, side-effects, etc.

**Background:**
- If desired, discuss participants’ experiences of non-appropriate requests for medication administration (non-essential, off-label, or folk remedies) and how they responded.
Speaker's Notes:

- **The 5 rights** will be discussed in Module 3, How to Administer Medication, but they include the right child, the right medication, the right dose, the right time, and the right route.
- **Suggested forms** were discussed in Module 2, Preparation. 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.
**Speaker’s Notes:**

- **Knowing why a medication is being given** is important but may come into conflict with the child’s and family’s right for privacy.
  - Respect a parent’s choice to disclose information.

**Background:**

- Discuss relevant state or local statute, regulation or policy.
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
- Reinforce the responsibility as described in CFOC, Standard 9.2.3.6:
  - “Serving children and families involves significant responsibilities in obtaining, maintaining and sharing confidential information.”
  - “Sharing should be selective, on a “need to know” basis and on the parent’s authorization of disclosure.”
**Federal Law States...**

- All medical records MUST be kept confidential:
  - Secure transfer of medical records
  - Permission required for electronic transfer of medical records
  - Confidential treatment of medical records
- Health Insurance Portability and Accountability Act (HIPAA) covers confidentiality in health care settings
- Family Educational Rights and Privacy Act (FERPA) applies to school settings but not specifically to child care settings

**Speaker's Notes:**

- **HIPAA requires**
  - Secure transfer of medical records
  - Permission required for electronic transfer of medical records
  - Confidential treatment of medical records
- Once HIPAA-protected information is received by a school, it falls under FERPA rules.
- School staff with a “right to know” (i.e., 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.
### Speaker's Notes:

**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 (1 teaspoon) 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.

**Background:**
Refer to Sample Prescription Label and Sample OTC Label in Module 2, Preparation in the Participant’s Manual.
**Background:**

- **CAUTION:** In May, 2011, a move to one standard concentration (160 mg/5 ml) of liquid acetaminophen medicine for infants and children was announced. Up until that time, there were mainly 2 concentrations:
  - 80 mg/0.8 ml (Infant Concentrated Drops) and
  - 160 mg/5 ml (Children's Liquid Suspension or Syrup).
- Old concentrations (80mg/0.8 ml) of infant acetaminophen may still be available in some homes. Therefore, if it is an older product, please confirm the correct concentration.

More information at: [http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm284563.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm284563.htm)

- Refer to Sample Prescription Label and Sample OTC Label in Module 2, Preparation in the Participant’s Manual.
- Discuss specific state requirements on prescriber authorization for OTC medication.
- Prescriber authorization for OTC medication is **best practice** even if it is not state regulation.
- Prescriber authorization can be required by policy even if it is not part of your state regulations.
- Your state regulations can be obtained at the NRC Web site ([http://nrckids.org/STATES/states.htm](http://nrckids.org/STATES/states.htm)).
• In all settings, including after school programs, medication should be transported and transferred from adult to adult, not by children.
• Include information on the last dose given. The last dose that the parent/guardian gave can be jotted in the margin.

**Background:**
• Emphasize that the parent/guardians should be asked the questions regarding the last dose of medication EVERY day and not just on receipt of the medication.
• Parents should also be asked frequently about any new side-effects that they have observed in their children since side-effects don’t always show up in the beginning.
Speaker's Notes:

- The safety checklist is included in the Medication Administration Packet which is in the Participant’s Manual.
- The safety checklist includes:
  - Correct first and last name of child
  - Child resistant container
  - Original prescription or label with name and strength of medication
  - Medication not expired
  - Name and phone number of licensed health care professional
  - Child health record on file
  - Instructions for dose, route, and time
  - Storage instructions
  - Previous trial dose?
  - Controlled substance?
- 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
  - Packaging that shows cuts, tears, slices, or other imperfections
  - Anything that looks suspicious
- Check for special storage instructions
- Be aware of product look-alikes

Speaker’s Notes:
- Some centers may only accept an unopened container of OTC medication as part of their policy.
- Examples of special storage instructions:
  - Avoid exposure to light or sunlight (generally these medications are packaged in dark containers)
  - Refrigerate/do not refrigerate
**Speaker's Notes:**

- **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

**Tips for Parent/Guardians**

- Ask 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

- Field Trips
  - Ask if medication can be taken at an alternate time
**Background:**
- Double click the arrow to view video.
**Optional Group Activity: Floor Plan**

- Refer to Floor Plan: Where to Store Medication in the Participant’s Manual.
- Ask participants to identify where to store the following items:
  - Prescription medication
  - OTC medication
  - Emergency medication
  - Preventive substances (sunscreen, etc)

**Background:**

- **State regulations** may be specific about storage. Check your state’s regulations.
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
- Medication must be kept **out of the reach of children**. The following quote underscores this concept:
  - “As few as 5 adult vitamins with iron in them can cause death in a very young child,” Hawke, M., RN, MA, “Kids and Poison: Preventing a Fatal Attraction” Nursing Spectrum, December 2001.
- **If not used and stored properly**, any medication has the potential to be toxic or harmful to a child.
- **CFOC**, Standard 3.6.3.2 recommends a **locked box in the refrigerator** to assure safety.
- Topical medication should be separated from oral medication so topical medication is not accidently given by mouth.
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
**Background:**

- Check your state regulations.
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).

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**Exceptions to Locked Storage**

- Non-prescription diaper creams
- Non-prescription sunscreen
- Emergency medications (EpiPen®, asthma rescue medications, Glucagon®, Diastat®)
  - Emergency medications should stay close to children and can be stored in a pouch that stays with a supervising adult
- All of the medication listed above must be stored out of the reach of children
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
Speaker's Notes:
• Reasonable effort should be made to return the medication to the parent.
• How and when the medication was disposed of should be noted on the Medication Log or the permission form.
• Sometimes parents must sign to verify they received the returned, unused medication.
• 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.
• 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.
• 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.

**Background:**
• Discuss state licensing regulations for disposing of medication.
• Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
**Group Activity: Receiving Medication, Scenario 1**

- Divide the participants into pairs. Have 1 person play the parent and 1 receive the medication.

**Materials**
- Labeled “amoxicillin” in containers
- Medication Packet with completed Authorization to Give Medicine and Receiving Medication with child’s name on top that participants will complete
- Completed Universal Child Health Record
- Storage box to place medication (assume that it is locked)
- Measuring devices

- Conclude the activity with the instructor posing “**What if**” questions like:
  - “What if the amoxicillin came as chewable tablets that were in a Ziploc® bag with Nick’s name handwritten on it?”
  - “What if the permission form was incomplete?”
  - Answer: The medication should not be accepted until the problem is fixed.

**Background:**

- For activity, make 2 demonstration models:
  - Ziploc® bag with tablet inside with Nick’s name written on it
  - Incomplete Authorization to Give Medicine form

---

**Scenario 1: Nick**

- 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.
**Scenario 2: Maria**

- Maria is 3-years-old and has eczema. She needs hydrocortisone cream applied to her arms at noon time. This is an OTC medication with a brand name of Aveeno®. Aveeno® also makes other non-medicated skin moisturizers as well, but the medication that is being requested is an OTC hydrocortisone cream. Maria has had this medication before.

**Group Activity: Receiving Medication, Scenario 2**

- **Materials**
  - Labeled “Aveeno®” in containers
  - Medication Packet with completed Authorization to Give Medicine and Receiving Medication with child’s name on top that participants will complete
  - Completed Universal Child Health Record
  - Storage box to place medication (assume that it is locked)
- Conclude the activity with the instructor posing “What if” questions like:
  - “What if the label with Maria’s name blocked the instructions?”
  - “What if the permission form was incomplete?”
  - Answer: The medication should not be accepted until the problem is fixed.

**Background:**

- For activity, make 2 demonstration models:
  - Cream with instructions blocked by Maria’s name
  - Incomplete Authorization to Give Medicine
Medication Administration Packet

Authorization to Give Medicine

PAGE 1—TO BE COMPLETED BY PARENT

CHILD’S INFORMATION

Name of Facility/School ___________________________ Today’s Date __/__/____

Name of Child (First and Last) ___________________________ Date of Birth __/__/____

Name of Medicine ___________________________

Reason medicine is needed during school hours ___________________________________________________________

Dose __________________________________________ Route _____________________________________________

Time to give medicine __________________________

Additional instructions ___________________________________________________________

Date to start medicine _____/_____/______ Stop date _____/_____/_____

Known side effects of medicine __________________________

Plan of management of side effects __________________________

Child allergies __________________________

PREScriber’S INFORMATION

Prescribing Health Professional’s Name __________________________

Phone Number __________________________

PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine.

I have administered at least one dose of medicine to my child without adverse effects.

Parent or Guardian Name (Print) __________________________

Parent or Guardian Signature __________________________

Address __________________________

Home Phone Number Work Phone Number Cell Phone Number __________________________

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.
Receiving Medication
PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child ____________________________________________________________________________________

Name of medicine _________________________________________________________________________________

Date medicine was received _____/_____/_____

Safety Check


☐ 2. Original prescription or manufacturer’s label with the name and strength of the medicine.

☐ 3. Name of child on container is correct (first and last names).

☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.

☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.

☐ 6. Copy of Child Health Record is on file.

☐ 7. Instructions are clear for dose, route, and time to give medicine.

☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.

☐ 9. Child has had a previous trial dose.

Y ☐ N □ 10. Is this a controlled substance? If yes, special storage and log may be needed.

Caregiver/Teacher Name (Print) ____________________________________________________________________________________

Caregiver/Teacher Signature ____________________________________________________________________________________
### Medication Log

**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

**Name of child ________________________________ Weight of child ________________________________**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<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>
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<tr>
<td></td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
</tr>
<tr>
<td>Dosage/amount</td>
<td></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>

**Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.**

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Error/problem/reaction to medication</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RETURNED to parent/guardian**

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**DISPOSED of medicine**

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## UNIVERSAL CHILD HEALTH RECORD

**Endorsed by:**
- American Academy of Pediatrics, New Jersey Chapter
- New Jersey Academy of Family Physicians
- New Jersey Department of Health and Senior Services

### SECTION I - TO BE COMPLETED BY PARENT(S)

<table>
<thead>
<tr>
<th>Child's Name (Last)</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Does Child Have Health Insurance?</th>
<th>If Yes, Name of Child's Health Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
</table>

**I give my consent for my child’s Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.**

Signature/Date

This form may be released to WIC.

- Yes
- No

### SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

<table>
<thead>
<tr>
<th>Date of Physical Examination:</th>
<th>Results of physical examination normal?</th>
<th>Abnormalities Noted:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Weight (must be taken within 30 days for WIC)**

**Height (must be taken within 30 days for WIC)**

**Head Circumference (if <2 Years)**

**Blood Pressure (if ≥3 Years)**

### IMMUNIZATIONS

- Immunization Record Attached
- Date Next Immunization Due:

### MEDICAL CONDITIONS

- Chronic Medical Conditions/Related Surgeries
  - List medical conditions/ongoing surgical concerns:
  - | None | Special Care Plan Attached | Comments |

- Medications/Treatments
  - List medications/treatments:
  - | None | Special Care Plan Attached | Comments |

- Limitations to Physical Activity
  - List limitations/special considerations:
  - | None | Special Care Plan Attached | Comments |

- Special Equipment Needs
  - List items necessary for daily activities:
  - | None | Special Care Plan Attached | Comments |

- Allergies/Sensitivities
  - List allergies:
  - | None | Special Care Plan Attached | Comments |

- Special Diet/Vitamin & Mineral Supplements
  - List dietary specifications:
  - | None | Special Care Plan Attached | Comments |

- Behavioral Issues/Mental Health Diagnosis
  - List behavioral/mental health issues/concerns:
  - | None | Special Care Plan Attached | Comments |

- Emergency Plans
  - List emergency plan that might be needed and the sign/symptoms to watch for:
  - | None | Special Care Plan Attached | Comments |

### PREVENTIVE HEALTH SCREENINGS

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td></td>
<td></td>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead:</td>
<td></td>
<td></td>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capillary</td>
<td></td>
<td></td>
<td>Dental</td>
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</tr>
<tr>
<td>Venous</td>
<td></td>
<td></td>
<td>Developmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td></td>
<td></td>
<td>Scoliosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.**

Signature/Date

Health Care Provider Stamp:

CH-14 SEP 08 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider
Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breastfeeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   a. **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   b. **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   c. **Head Circumference** - Only enter if the child is less than 2 years.
   d. **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.
   - The Immunization record must be attached for the form to be valid.
   - “Date next immunization is due” is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child’s health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child’s health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be specific about **what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects.** Many child care providers may require separate permissions slips for prescription and OTC medications.

   c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an “N” if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider’s name.
   - Stamp with health care site’s name, address and phone number.
## Emergency Contact Form

<table>
<thead>
<tr>
<th>To Be Completed By Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date form completed</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Birth Date:</th>
<th>Nickname:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number:</th>
<th>Work/Cell Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Names &amp; Relationship:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number:</th>
<th>Work/Cell Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Language:</th>
<th>Phone Number(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physicians:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Care Physician:</th>
<th>Emergency Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Specialty Physician:</th>
<th>Emergency Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specialty:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Specialty Physician:</th>
<th>Emergency Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specialty:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the Child Have Health Insurance?</th>
</tr>
</thead>
</table>

- Yes
- No

If Yes, Name of the Child’s Insurance Carrier: 

I give my consent for my child’s Health Care Provider and Child Care Provider to discuss information on this form. 

**Signature:**

**Date:**

---

The recommendations in this publication 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.

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**Sample Prescription Label**

<table>
<thead>
<tr>
<th>AJ's Pharmacy</th>
<th>Keep your family healthy for less</th>
</tr>
</thead>
<tbody>
<tr>
<td>444 Medicine Way</td>
<td>Dr. E. Donoghue</td>
</tr>
<tr>
<td>Blue Sky, NC 27599</td>
<td>(732) 775-5500</td>
</tr>
<tr>
<td>NO 0123456-78907</td>
<td>DATE 09/20/2009</td>
</tr>
<tr>
<td>Nick Sample</td>
<td></td>
</tr>
<tr>
<td>123 Main Street</td>
<td></td>
</tr>
<tr>
<td>Anywhere, USA</td>
<td></td>
</tr>
</tbody>
</table>

Take one teaspoon by mouth three times daily for 10 days

Shake before using.

Amoxicillin Suspension 250 mg/5 cc

NO REFILLS - DR. AUTHORIZATION REQUIRED

USE BEFORE 06/2020

**Sample OTC Label**

**Aveeno**

1% HYDROCORTISONE

ANTI-ITCH CREAM

**Drug Facts**

<table>
<thead>
<tr>
<th>Active ingredient</th>
<th>Purpose</th>
<th>Warnings (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocortisone 1%</td>
<td>Anti-itch</td>
<td>Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.</td>
</tr>
</tbody>
</table>

**Inactive ingredients**

- Aloe barbadensis leaf juice
- Avena sativa (oat) kernel flour
- Beeswax
- Cetyl alcohol
- Citric acid
- Glyceryl stearate
- Isopropyl myristate
- Methylparaben
- PEG-40 stearate
- Polysorbate 60
- Propylene glycol
- Propylparaben
- Sodium citrate
- Sorbic acid
- Sorbitan stearate
- Stearyl alcohol
- Tocopheryl acetate
- Water

**Directions**

- Adults and children 2 years and older: apply to affected area not more than 3-4 times daily
- Children under 2 years of age: do not use, ask a doctor

**Warnings**

- Do not use *in the eyes
- For the treatment of diaper rash

**Questions? 1-877-298-2525**

**Exp 10/200X**

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
Sample Policy Activity

NCCCHCA Medication Administration Policy

Belief Statement

Best Practice¹:

- Families should check with the child’s physician to see if a dose schedule can be arranged that does not involve the hours the child is in the child care facility.

Intent Statement

This policy is intended to ensure safe administration of medication to children with chronic conditions, mild illnesses or special health needs for whom a plan has been made and the plan has been approved by the Director: Mr. Oscar Meier Weiner.

Background

Almost all children require medication at some point in time. Administration of medication poses a liability and an extra burden for staff, and having medication in the facility is a safety hazard. Administration of medication requires clear, accurate instruction and knowledge of why a child needs the medicine. Child care providers need to be aware of what the child is receiving, when it is to be given, how to read the label directions in relation to the measured doses, frequency, expiration dates, and be aware of any side effects. This policy applies to all medication administration for any child within the facility.

Procedure/Practice

I. Written Authorization:

1. Medication will be administered only if the parent or legal guardian has provided written, signed and dated consent to include:
   - child’s first and last name
   - name of medication
   - time the medication should be given and how often
   - criteria for the administration of the medication
   - how much medication to give
   - manner in which the medication shall be administered (oral, topical, injection, etc.)
   - medical conditions or possible allergic reactions
   - length of time the authorization is valid, if less than six months

2. The length of time the consent is valid:
   a) Up to six months:
      1. A prescription medication shall be valid for the length of time the medication is prescribed to be taken up to six months.
      2. Prescription or over-the-counter medication, when needed, for chronic medical conditions and for allergic reactions.
   b) Up to 30 days:
      1. Other over-the-counter medications except as allowed in Items (c),(d),(e), or (f) below:
   c) Up to 12 months:

Adapted from © NC CHHS Association
1. To apply over-the-counter, topical ointments, gels, lotions, creams, or powders such as sunscreen, diapering creams, baby lotion, baby powder, insect repellent or teething gel to a child, when needed.

   d) Valid for as long as the child is enrolled:
   1. Standing authorization to administer an over-the-counter medication as directed by the North Carolina State Health Director or designee, when there is a public health emergency as identified by the North Carolina State Health Director or designee. This permission will include a statement that the authorization is valid until withdrawn by the parent/guardian in writing.

   e) At any time:
   1. A parent/guardian may withdraw his or her written authorization for the administration of medications at any time in writing.

   f) Standing authorization: (option to omit for best practice)
   1. A written statement signed by the parent/guardian may give standing authorization for a one time weight appropriate dose of acetaminophen if the child has a fever and the parent/guardian cannot be reached.

3. If any question arises concerning whether medication provided by the parent/guardian should be given, a physician’s note must accompany the medication.

4. Exception to Authorization:
   A caregiver may administer medication to a child without parental authorization in the event of an emergency medical condition when the child’s parent/guardian is unavailable. The medication must be administered with the authorization and in accordance with instructions from a bona fide medical care provider.

II. Prescription Medication:
   Prescription medications such as antibiotics, seizure medications or others:
   1. Must be administered only to the child for whom they were prescribed.
   2. Must be in its original child resistant container labeled by a pharmacist to include:
      • child’s first and last name
      • name of medication
      • date prescription was filled
      • name of health professional who wrote the prescription
      • medication expiration date, storage information
      • instructions on administration: dosage amount, frequency, and specific indications for “as needed”. (An accompanying sheet with this written information is acceptable. It must bear the child’s name and be signed and dated by the physician.) See definitions section for more information.

   3. Pharmaceutical samples must be stored in the manufacturer’s original packaging, must be labeled with the child’s name, and shall be accompanied by written instructions as for all prescriptions.

III. Over-the-Counter Medications:
   Over-the-Counter (OTC) medications such as cough syrup, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders:
   1. Must be in the original container labeled by the parent or legal guardian with the child’s first and last names.
   2. Must be accompanied by written instructions signed and dated by the parent or guardian specifying:
      • child’s first and last name
      • name of the medication
      • conditions for use
      • dose of the medication
      • how often the medication may be given
      • manner in which the ointments, repellents, lotions, creams, and powders shall be applied
      • any precautions to follow
      • length of time the authorization is valid
3. Administered as authorized with specific, legible written instructions by the parent or legal guardian not to exceed amounts and frequency of dosage specified by the manufacturer.

4. If manufacturer’s instructions include consultation with a physician for dose or administration instructions, written dosage instructions from a licensed physician or authorized health professional is required.

IV. Medication will not be given if it is: ²

1. not in the original container
2. beyond the date of expiration on the container
3. without written authorization
4. beyond expiration of the parental or guardian consent
5. without the written instructions provided by the physician or other health professional legally authorized to prescribe medication
6. in any manner not authorized by the child’s parent/guardian, physician or other health professional
7. for non-medical reasons, such as to induce sleep

V. Receipt, Storage and Disposal: ¹²⁵

1. All medications brought in to the center will be given to the Director for review and approval.
2. Medications will be stored in a sturdy, child-resistant, locked container that is inaccessible to children and prevents spillage.
3. Medications will be stored at the temperature recommended for that type of medication. It shall not be stored above food. A lock box can be kept in a designated refrigerator not accessible to children to hold medications.
4. Emergency medication may be left unlocked so long as they are stored out of the reach of children at least 5 feet above the floor.
5. Non-prescription diaper creams shall be stored out of reach of children at least 5 feet above the floor, but are not required to be in locked storage.
6. Any medication remaining after the course of treatment is completed or authorization is withdrawn will be returned to the parent/guardian within 72 hours or it will be discarded. Contact your Child Care Health Consultant or Health Department for instructions on how to properly discard. If discarded, another staff will witness and sign to the fact it was discarded and how it was discarded.

VI. Training: ¹

1. Only staff persons who have documentation of medication administration training by a licensed health care professional will administer medication.
2. A staff member trained in medication administration will be on site at all times when children are present.

VII. Documentation: ²

1. A medication log will be maintained in the child’s file by the facility staff to record any time prescription or over-the-counter medication is administered by child care facility personnel.
2. The child’s name, date, time, amount and type of medication given, and the name and signature of the person administering the medication shall be recorded for each administration.
3. The log may be part of the medication permission slip or on a separate form developed by the provider which includes the required information.
4. Only one medication shall be listed on each form.
5. Spills, reactions, and refusal to take medication will be noted on this log.
6. No documentation shall be required when over-the-counter, topical ointments, gels, lotions, creams, and powders — such as sunscreen, diapering creams, baby lotion, baby powder, topical teething products, or insect repellents — are applied to children.

VII. Medication Error: ²

1. In the event of a medication error, the appropriate first aid or emergency action will be taken.
2. Director, parent/guardian, and as needed, the nurse or physician will be notified.
3. A medication error and an incident report will be prepared.

**Applicable:**
This policy applies to all staff, families, volunteers, and visitors who use the child care services at Laughing Lots Child Care.

**Communication:**
1. Staff: will review policy, and sign they have reviewed policy during orientation, yearly and if revisions are made.
2. Parent/Guardian: will be notified by letter and handbook and will sign for receipt.

**References:**
2. NC Child Care Law GS 110-91 and NC Child Care Rule: 10A NCAC 09 .0803
3. NC GS 110-102.1A
4. Model Child Care Health Policies 3rd edition
5. NC Environmental rule: 15A NCAC 18A .2820(d)

**Review/Approval:**
This policy will be reviewed and approved by:

Owner/director

D.C.D. Consultant

Child Care Health Consultant

Other as applicable

**Effective Date:** August 7, 2006

**Annual Review Date:** 08 07 2007

**Definition:**
II.2 As needed medications: A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child’s name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and any precautions to follow. For example:
- A child may have sunscreen applied as needed to prevent sunburn;
- A child who wheezes with vigorous exercise may take one dose of asthma medicine before vigorous active (large muscle) play;
- A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto-injection device prescribed for that child (e.g., Epipen®).
### NC Policy Review: What is missing?

Instructions: Review a NC MA Policy. Put a check to see if the policy elements listed on this page are present in the policy.

<table>
<thead>
<tr>
<th>Title</th>
<th>Belief Statement</th>
<th>Intent Statement</th>
<th>Background</th>
<th>Procedures</th>
<th>Authorization</th>
<th>Prescription</th>
<th>OTC</th>
<th>Receipt</th>
<th>Storage</th>
<th>Disposal</th>
<th>Training</th>
<th>Documentation</th>
<th>Error</th>
<th>Applicable</th>
<th>Communication</th>
<th>References</th>
<th>Reviewed by</th>
<th>Effective Date</th>
<th>Review Date</th>
</tr>
</thead>
</table>

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
Medication Administration Policy Checklist

- **Title:** A couple of words that describe the content of the policy plus a numerical code, if applicable.

- **Belief Statement:** A brief statement about why the center believes the policy is necessary. A facility may include policy options, best practice or NC law. (Example: XYZ Child Care believes all children have the right to safe medication administration practices in child care.)

- **Intent Statement:** An explanation of the purpose of the policy. (Example: This policy is intended to prevent errors in medication administration and provide child care providers with a plan in case of an emergency.)

- **Background:** A description of why the policy was developed. Not every policy will have a background statement.

- **Procedure/Practice:** Action steps necessary to accomplish what the policy recommends.
  - Written Authorization
  - Prescription Medication
  - Receipt
  - Disposal
  - Training/Who will give medication
  - Written/Telephone Instructions
  - Over-the-Counter Medication
  - Storage
  - Documentation
  - Medication Error

- **Applicable:** To whom does the policy apply? (Children, staff, families, etc)

- **Communication:** How are families/staff informed about the policy? (Parent handbook, newsletter, etc)

- **References:** What information was used to develop the policy or procedure? (Books, journal articles, Internet sources, etc)

- **Review:** Who reviews policies at the center? (Director, CCHC, legal advisor, board, policy council, etc.) Each of these people need a professional signature and date.

- **Effective Date:** When will the policy be put into effect?

- **Review Date:** How often will the center review the policy? (Every 6 months, every year, etc)
FLOOR PLAN ACTIVITY
Where to store medication

Identify where to store the following items:

- Prescription medication
- Over-the-counter medication
- Emergency medication
- Preventive substances (sunscreen, etc)

A locked box is available to you.
The cabinets are 6 feet.
The low shelves are 3 feet.
FLOOR PLAN ACTIVITY ANSWER KEY
Where to store medication

Kitchen:
- Locked box
- Locked box in cabinet for prescription or OTC medications
- Refrigerator with locked box for items needing refrigeration
- Cabinet over 5 feet for preventive and emergency medications

Office:
- Locked box or locked closet for all except emergency medications

Classroom:
- This area is less private and has more distractions so is not optimal
- Over 5 feet
- Locked box in high cabinets
- Locked closet
- High shelf over 5 feet for preventive and possibly for emergency medications

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
Group Activity: Receiving Medication, Scenario 1

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.

- Divide the participants into pairs. Have 1 person play the parent and 1 receive the medication.
- Materials
  - Labeled “amoxicillin” in containers
  - Medication Packet with completed Authorization to Give Medicine and Receiving Medication with child’s name on top that participants will complete
  - Completed Universal Child Health Record
  - Storage box to place medication (assume that it is locked)
  - Measuring devices
- Conclude the activity with the instructor posing “What if” questions like:
  - “What if the amoxicillin came as chewable tablets that were in a Ziploc® bag with Nick’s name handwritten on it?”
  - “What if the permission form was incomplete?”
- Answer: The medication should not be accepted until the problem is fixed.

Instructor Note:

For activity, make 2 demonstration models:

- Ziploc® bag with tablet inside with Nick’s name written on it
- Incomplete Authorization to Give Medicine form
Group Activity: Receiving Medication, Scenario 1

AJ's Pharmacy
444 Medicine Way
Blue Sky, NC 27599

NO 0123456-78907
DATE 09/20/2009

Dr. E. Donoghue
(732) 775-5500

PH (800)333-6868

Nick Sample
123 Main Street
Anywhere, USA

Take one teaspoon by mouth three times daily for 10 days

Shake before using.

Amoxicillin Suspension 250 mg/5 cc

NO REFILLS - DR. AUTHORIZATION REQUIRED

USE BEFORE 06/2020

MFG BIGCOMPANY
### Group Activity: Receiving Medication, Scenario 1

#### Medication Administration Packet

**Authorization to Give Medicine**

**PAGE 1—TO BE COMPLETED BY PARENT**

<table>
<thead>
<tr>
<th>CHILD’S INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility/School</td>
<td>ABC Child Care Center</td>
</tr>
<tr>
<td>Name of Child (First and Last)</td>
<td>Nick Sample</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>4/1/20xx</td>
</tr>
<tr>
<td>Reason medicine is needed during school hours</td>
<td>Ear Infection</td>
</tr>
<tr>
<td>Dose</td>
<td>One teaspoon</td>
</tr>
<tr>
<td>Route</td>
<td>By mouth</td>
</tr>
<tr>
<td>Time to give medicine</td>
<td>Noon</td>
</tr>
<tr>
<td>Additional instructions</td>
<td></td>
</tr>
<tr>
<td>Date to start medicine</td>
<td>4/1/20xx Monday</td>
</tr>
<tr>
<td>Stop date</td>
<td>4/1/20xx</td>
</tr>
<tr>
<td>Known side effects of medicine</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Plan of management of side effects</td>
<td>Rice cereal and yogurt to eat</td>
</tr>
<tr>
<td>Child allergies</td>
<td>None</td>
</tr>
</tbody>
</table>

**PRESCRIBER’S INFORMATION**

<table>
<thead>
<tr>
<th>Prescribing Health Professional’s Name</th>
<th>Elaine Donoghue, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>(732) 775-5600</td>
</tr>
</tbody>
</table>

**PERMISSION TO GIVE MEDICINE**

I hereby give permission for the facility/school to administer medicine as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.

<table>
<thead>
<tr>
<th>Parent or Guardian Name (Print)</th>
<th>Nick Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent or Guardian Signature</td>
<td>Nick Sample</td>
</tr>
<tr>
<td>Address</td>
<td>123 Main Street, Anywhere, USA</td>
</tr>
<tr>
<td>Home Phone Number</td>
<td>123-4567</td>
</tr>
<tr>
<td>Work Phone Number</td>
<td>234-5678</td>
</tr>
<tr>
<td>Cell Phone Number</td>
<td>987-6543</td>
</tr>
</tbody>
</table>

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.
### Group Activity: Receiving Medication, Scenario 1

**UNIVERSAL CHILD HEALTH RECORD**

**SECTION I - TO BE COMPLETED BY PARENT(S)**

<table>
<thead>
<tr>
<th>Child's Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>Nick</td>
<td>☑ Male</td>
<td>07/01/2007</td>
</tr>
</tbody>
</table>

**Does Child Have Health Insurance?**
- Yes [X] No [-]
- If Yes, Name of Child's Health Insurance Carrier: BCBS

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole Sample</td>
<td>123-4567</td>
<td>234-5678</td>
</tr>
<tr>
<td>Michael Sample</td>
<td>123-4567</td>
<td>987-6543</td>
</tr>
</tbody>
</table>

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

**SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER**

<table>
<thead>
<tr>
<th>Date of Physical Examination:</th>
<th>Results of physical examination normal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/21/2002</td>
<td>☑ Yes [X] No [-]</td>
</tr>
</tbody>
</table>

**Abnormalities Noted:**
- [ ]

**IMMUNIZATIONS**
- ☑ Immunization Record Attached
- Date Next Immunization Due: At two years of age

**MEDICAL CONDITIONS**

- Chronic Medical Conditions/Related Surgeries:
  - None
  - Special Care Plan Attached
  - Comments

- Medications/Treatments:
  - None
  - Special Care Plan Attached
  - Comments

- Limitations to Physical Activity:
  - None
  - Special Care Plan Attached
  - Comments

- Special Equipment Needs:
  - None
  - Special Care Plan Attached
  - Comments

- Allergies/Sensitivities:
  - None
  - Special Care Plan Attached
  - Comments

- Special Diet/Vitamin & Mineral Supplements:
  - None
  - Special Care Plan Attached
  - Comments

- Behavioral Issues/Mental Health Diagnosis:
  - None
  - Special Care Plan Attached
  - Comments

**PREVENTIVE HEALTH SCREENINGS**

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note If Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td>2/1/2002</td>
<td>11.35</td>
<td>Hearing</td>
<td>Birth</td>
<td>Passed</td>
</tr>
<tr>
<td>Lead: ☑ Capillary ☐ Venous</td>
<td>2/1/2002</td>
<td>3</td>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td></td>
<td></td>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ☑ Developmental</td>
<td>2/1/2002</td>
<td>Normal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ☑ Scoliosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

**Name of Health Care Provider (Print):**
Elaine Donoghue, MO

**Signature/Date:**
Elaine Donoghue

**Health Care Provider Stamp:**

CH-14 SEP 08
Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider
Group Activity: Receiving Medication, Scenario 1

Receiving Medication
PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child: Nick Sample
Name of medicine: Amoxicillin Suspension 250/5 cc
Date medicine was received: 1/20XX

Safety Check


☐ 2. Original prescription or manufacturer’s label with the name and strength of the medicine.

☐ 3. Name of child on container is correct (first and last names).

☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.

☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.

☐ 6. Copy of Child Health Record is on file.

☐ 7. Instructions are clear for dose, route, and time to give medicine.

☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.

☐ 9. Child has had a previous trial dose.

Y ☐ N ☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

Caregiver/Teacher Name (Print)

Caregiver/Teacher Signature
# Group Activity: Receiving Medication, Scenario 1

## Medication Administration Packet

### Authorization to Give Medicine

**PAGE 1—TO BE COMPLETED BY PARENT**

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</tr>
<tr>
<td>Nick Sample</td>
</tr>
<tr>
<td><strong>Name of Medicine</strong></td>
</tr>
<tr>
<td>Amoxicillin Suspension 250 mg 815cc</td>
</tr>
<tr>
<td><strong>Reason medicine is needed during school hours</strong></td>
</tr>
<tr>
<td>Ear Infection</td>
</tr>
<tr>
<td><strong>Dose</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Route</strong></td>
</tr>
<tr>
<td>By Mouth</td>
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<tr>
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</tr>
<tr>
<td>Noon</td>
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<tr>
<td><strong>Additional instructions</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Date to start medicine</strong></td>
</tr>
<tr>
<td>01/01/20xx Monday</td>
</tr>
<tr>
<td><strong>Stop date</strong></td>
</tr>
<tr>
<td>01/31/20xx</td>
</tr>
<tr>
<td><strong>Known side effects of medicine</strong></td>
</tr>
<tr>
<td>Diarrhea</td>
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<td><strong>Child allergies</strong></td>
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<tr>
<td>None</td>
</tr>
</tbody>
</table>

### PRESCRIBER’S INFORMATION

| **Prescribing Health Professional’s Name** | 
| Elaine Donovan, MD | 
| **Phone Number** | 
| (732) 775-6550 | 

### PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.

| **Parent or Guardian Name (Print)** | 
| Nicole Sample | 
| **Parent or Guardian Signature** | 
| Nicole Sample | 
| **Address** | 
| 123 Main St., Anywhere USA | 
| **Home Phone Number** | 
| 123-4567 | 
| **Work Phone Number** | 
| 234-5678 | 
| **Cell Phone Number** | 
| 987-6543 | 

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.
Group Activity: Receiving Medication, Scenario 2

Maria is 3-years-old and has eczema. She needs hydrocortisone cream applied to her arms at noon time. This is an OTC medication with a brand name of Aveeno®. Aveeno also makes other non-medicated skin moisturizers as well, but the medication that is being requested is an OTC hydrocortisone cream. Maria has had this medication before.

- Switch roles from Scenario 1: Nick.
- Materials
  - Labeled “Aveeno®” in containers
  - Medication Packet with completed Authorization to Give Medicine and Receiving Medication with child’s name on the top that participants will complete
  - Completed Universal Child Health Record
  - Storage box to place medication (assume that it is locked)
- Conclude the activity with the instructor posing “What if” questions like:
  - “What if the label with Maria’s name blocked the instructions?”
  - “What if the permission form was incomplete?”
- **Answer:** The medication should not be accepted until the problem is fixed.

Instructor Note:

For activity, make 2 demonstration models:

- Cream with instructions blocked by Maria’s name
- Incomplete Authorization to Give Medicine form
### Drug Facts

<table>
<thead>
<tr>
<th>Active Ingredient</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocortisone 1%</td>
<td>Anti-Itch</td>
</tr>
</tbody>
</table>

**Uses**
- Provides temporary relief of the itching associated with minor skin irritations, inflammation, and rashes from:
  - Eczema
  - Psoriasis
  - Seborrheic Dermatitis
  - Soaps
  - Poison Ivy
  - Poison Oak
  - Poison Sumac
  - Jewelry
  - Cosmetics
  - Detergents
- *Other uses of this product should be only under the advice and supervision of a doctor*

**Warnings (continued)**
- Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.
- *Directs*
  - Adults and children 2 years and older: apply to affected area not more than 3-4 times daily
  - Children under 2 years of age: do not use, ask a doctor

**Inactive ingredients**
- Aloe barbadensis leaf juice, Avena sativa (oat) kernel flour, beeswax, cetyl alcohol, citric acid, glyceryl stearate, isopropyl myristate, methylparaben, PEG-40 stearate, polysorbate 60, propylene glycol, propylparaben, sodium citrate, sorbic acid, sorbitan stearate, stearyl alcohol, tocopheryl acetate, water

**Questions? 1-877-298-2525**

**Exp 10/200X**
Group Activity: Receiving Medication, Scenario 2

Medication Administration Packet

Authorization to Give Medicine

PAGE 1—TO BE COMPLETED BY PARENT

<table>
<thead>
<tr>
<th>CHILD’S INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility/School</td>
<td>ABC Child Care Center</td>
</tr>
<tr>
<td>Name of Child (First and Last)</td>
<td>Maria Test</td>
</tr>
<tr>
<td>Name of Medicine</td>
<td>Hydrocortisone 1% - Aveeno</td>
</tr>
<tr>
<td>Reason medicine is needed during school hours</td>
<td>Skin rash</td>
</tr>
<tr>
<td>Dose</td>
<td>Apply to arms</td>
</tr>
<tr>
<td>Route</td>
<td>On Skin</td>
</tr>
<tr>
<td>Time to give medicine</td>
<td>1:00 pm</td>
</tr>
<tr>
<td>Additional instructions</td>
<td>Apply thin layer</td>
</tr>
<tr>
<td>Date to start medicine</td>
<td>X/1/20XX</td>
</tr>
<tr>
<td>Stop date</td>
<td>2/2/20XX</td>
</tr>
<tr>
<td>Known side effects of medicine</td>
<td>Skin redness</td>
</tr>
<tr>
<td>Plan of management of side effects</td>
<td>Stop putting on cream</td>
</tr>
<tr>
<td>Child allergies</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESCRIBER’S INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Health Professional’s Name</td>
<td>Elaine Donohue, MD</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(732) 775-5650</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERMISSION TO GIVE MEDICINE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby give permission for the facility/school to administer medicine as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.</td>
<td></td>
</tr>
</tbody>
</table>

| Parent or Guardian Name (Print) | Maria Test |
| Parent or Guardian Signature   | Maria Test |
| Address                       | 123 City Road, Urbandale USA |
| Home Phone Number             | 987-6543 |
| Work Phone Number             | 876-5432 |
| Cell Phone Number             | 123-4567 |

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.
### Group Activity: Receiving Medication, Scenario 2

#### UNIVERSAL CHILD HEALTH RECORD

<table>
<thead>
<tr>
<th>Child’s Name (Last)</th>
<th>Test</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>7/1/2004</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does Child Have Health Insurance?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, Name of Child’s Health Insurance Carrier</td>
<td>BCBS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Test</td>
<td>987-6543</td>
<td>876-5432</td>
</tr>
<tr>
<td>Hector Test</td>
<td>987-6543</td>
<td>123-4567</td>
</tr>
</tbody>
</table>

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date

---

#### SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

<table>
<thead>
<tr>
<th>Date of Physical Examination</th>
<th>Results of physical examination normal?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abnormalities Noted</th>
<th>Weight (must be taken within 30 days for WIC)</th>
<th>35 lbs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Height (must be taken within 30 days for WIC)</td>
<td>36 inches</td>
</tr>
<tr>
<td></td>
<td>Head Circumference (if &lt;2 Years)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Blood Pressure (if ≥3 Years)</td>
<td>90/50</td>
</tr>
</tbody>
</table>

#### IMMUNIZATIONS

- Immunization Record Attached
- Date Next Immunization Due: At 4 years of age

#### MEDICAL CONDITIONS

- Chronic Medical Conditions/Related Surgeries
  - List medical conditions/ongoing surgical concerns:
    - None
    - Special Care Plan Attached
  - Comments
  - Eczema
    - Apply thin layer of hydrocortisone 1% to affected areas

- Medications/Treatments
  - List medications/treatments:
    - None
    - Special Care Plan Attached
  - Comments

- Limitations to Physical Activity
  - List limitations/special considerations:
    - None
    - Special Care Plan Attached
  - Comments

- Special Equipment Needs
  - List items necessary for daily activities
    - None
    - Special Care Plan Attached
  - Comments

- Allergies/Sensitivities
  - List allergies:
    - None
    - Special Care Plan Attached
  - Comments
  - Seasonal Allergies

- Special Diet/Vitamin & Mineral Supplements
  - List dietary specifications:
    - None
    - Special Care Plan Attached
  - Comments

- Behavioral Issues/Mental Health Diagnosis
  - List behavioral/mental health issues/concerns:
    - None
    - Special Care Plan Attached
  - Comments

- Emergency Plans
  - List emergency plan that might be needed and the signs/symptoms to watch for:
    - None
    - Special Care Plan Attached
  - Comments

#### PREVENTIVE HEALTH SCREENINGS

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td>X X 200×X</td>
<td>11.5/34</td>
<td>Hearing</td>
<td>Birth</td>
<td>Pass</td>
</tr>
<tr>
<td>Lead</td>
<td>Capillary</td>
<td>✔</td>
<td>Vision</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>T. B. (mm Induration)</td>
<td>X X 200×X</td>
<td>Neg</td>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td>Developmental</td>
<td>X X 200×X</td>
<td>Normal</td>
</tr>
</tbody>
</table>

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print): Elaine Doreigne, MD

Signature/Date

---

Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider
Group Activity: Receiving Medication, Scenario 2

Receiving Medication
PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child: Maria Test
Name of medicine: Hydrocortisone 1%
Date medicine was received: 1/1/2020

Safety Check

☐ 2. Original prescription or manufacturer’s label with the name and strength of the medicine.
☐ 3. Name of child on container is correct (first and last names).
☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.
☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.
☐ 6. Copy of Child Health Record is on file.
☐ 7. Instructions are clear for dose, route, and time to give medicine.
☐ 8. Instructions are clear for storage (e.g., temperature) and medicine has been safely stored.
☐ 9. Child has had a previous trial dose.
☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

Caregiver/Teacher Name (Print) ____________________________

Caregiver/Teacher Signature ______________________________
### Medication Administration Packet

**Authorization to Give Medicine**

**PAGE 1—TO BE COMPLETED BY PARENT**

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<tr>
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</tr>
<tr>
<td>Reason medicine is needed during school hours</td>
<td>Skin rash</td>
</tr>
<tr>
<td>Dose</td>
<td>Apply to arms</td>
</tr>
<tr>
<td>Time to give medicine</td>
<td></td>
</tr>
<tr>
<td>Additional instructions</td>
<td>Apply thin layer</td>
</tr>
<tr>
<td>Date to start medicine</td>
<td>1/1/20XX</td>
</tr>
<tr>
<td>Stop date</td>
<td>2/2/20XX</td>
</tr>
<tr>
<td>Known side effects of medicine</td>
<td>Skin rash</td>
</tr>
<tr>
<td>Plan of management of side effects</td>
<td>Stop putting on cream</td>
</tr>
<tr>
<td>Child allergies</td>
<td>None</td>
</tr>
</tbody>
</table>

| **PRESCRIBER’S INFORMATION** |  |
|-----------------------------|  |
| Prescribing Health Professional’s Name | Elaine Donoghue |
| Phone Number                | (732) 775-5500 |

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent or Guardian Signature</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>123 City Road, Urbantown USA</td>
</tr>
<tr>
<td><strong>Home Phone Number</strong></td>
<td>987-6543</td>
</tr>
<tr>
<td><strong>Work Phone Number</strong></td>
<td>876-5432</td>
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<td><strong>Cell Phone Number</strong></td>
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</tbody>
</table>

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.
MODULE 3
How to Administer Medication

• Introduction: top common errors
• 5 Rights
• Identifying “as needed” conditions
• Universal/standard precautions
• Preparing to administer medication
• Medication administration procedure
• Communicating with the child
## Instructor's Planning Guide • Module 3
### Medication Administration in Early Education and Child Care Settings

<table>
<thead>
<tr>
<th>Activity</th>
<th>Methods</th>
<th>Participant Materials</th>
<th>Other Materials or Supplies</th>
<th>Slide Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routes of Administration</td>
<td>Optional Flip Chart</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Prepare to Administer Medication to Nick</td>
<td>Group Activity</td>
<td></td>
<td>This activity is role playing. No materials are needed.</td>
<td>13</td>
</tr>
<tr>
<td>Prepare the Child: Infants</td>
<td>Demonstration</td>
<td>Doll, dosing syringe or dropper</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Measuring Devices</td>
<td>Group Activity</td>
<td></td>
<td>Colored water, plastic teaspoons of various sizes, 1 ounce measuring cups</td>
<td>25</td>
</tr>
<tr>
<td>How to Give Eye Drops</td>
<td>Optional Demonstration</td>
<td>Large ball (soccer ball), ski cap, marker, kitchen baster</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Administering Medication</td>
<td>Group Activity</td>
<td>“Amoxicillin” in container, cup, “Aveeno®,” gloves, doll (optional)</td>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>
 MODULE 3
How to Administer Medication

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

Objectives

A. Knowledge: Each participant will be able to:
   1. Define the “5 rights” of medication administration
   2. Identify “as needed” conditions
   3. Identify universal/standard precautions
   4. Administer various types of medication

B. Attitude: Each participant will be able to:
   1. Feel comfortable giving medication

C. Behavior: Each participant will:
   1. Show how to use different measuring devices
   2. Practice giving different types of medication
• The majority of the 7,000 children were probably in the care of parents or family.

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.
Sinkovits HS, Kelly MW, Ernst ME. Medication Administration in Day Care Centers for Children, *Journal of American Pharmacist Association*. 2003;43:3. Iowa child care center survey documented that missed dose was the most common error.
Most Common Medication Errors

- Errors are most commonly made with analgesics, which is the class of medication which includes Tylenol® (acetaminophen) and Motrin® (ibuprofen)
- Reasons for errors include:
  - These medications are given frequently
  - There are many different concentrations (infant drops, children's liquids, etc)
  - They are often mixed with other medications in cough and cold preparations
  - Dosing charts are unique to the type and form of the medication
**Special Note: Acetaminophen Dosing**

- In May, 2011, a move to one standard concentration (160 mg/5 ml) of liquid acetaminophen medicine for infants and children was announced.
- Up until that time, there were mainly two concentrations:
  - 80 mg/0.8 ml (Infant Concentrated Drops) and
  - 160 mg/5 ml (Children's Liquid Suspension or Syrup).
- Old concentrations (80mg/0.8 ml) of infant acetaminophen may still be available in some homes and child care settings.
  - These will expire and should be discarded at that time.

*Speaker's Notes:*

**Why the change?**

- The change to one concentration for all children is being done to help reduce dosing errors that can lead to accidental overdoses. Too many times parents have mistaken the strength of the infant drops, which are stronger than the liquids, and have accidently given their children too much medicine.

- Refer participants to the FDA handout in their manual for more information. This handout is also available at [http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM284802.pdf](http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM284802.pdf)

**Source:**
FDA [http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm284563.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm284563.htm)
Speaker's Notes:

- **Right time** includes both time and date.
- **Right route** is the way and place that a medication is given (ie, 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 (This will be discussed in Module 4, Documentation)
Speaker's Notes:
- Some providers 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.
• Read the label to make sure you have the correct medication
• Check to see:
  – Medication is in the original labeled container
  – Expiration date is not exceeded
• Especially important for children who are taking more than 1 medication

Speaker’s Notes:
• Name of medication should not be obscured by any label.
• Spilled medication can obscure or dissolve medication labels.
• Place tape with the specific details clearly written if the label becomes unclear over time. Another alternative would be to request a new label.
Speaker's Notes:

- The most recent order should be used to determine the dose of medication.
Speaker's Notes:
- In an emergency situation, the specific time that the medication was given should be noted when the child is stabilized and the documentation is completed.
**Right Route**

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

**Speaker's Notes:**
- *Is the medication to be given by mouth or topically, etc?*
- *Where on the body should the medication be applied?*

^^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.”
Speaker's Notes:
• It is important to get as much detail as possible in an “as needed” order.
• Medication that is frequently ordered “as needed” include:
  o Asthma medication: such as albuterol
  o Antihistamines: such as Benadryl® or newer non-sedating antihistamines such as Claritin® or Zyrtec®
  o Fever reducers: order should list a specific temperature at which to give the medication
• Common reasons for giving acetaminophen or ibuprofen are for teething or immunization reactions.
  o These should be reserved for obvious discomfort and should not be given on a prolonged basis.
Standard Precautions in Child Care Settings

Standard Precautions

• 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 called universal precautions.

**Speaker’s Notes:**

• *Germs* that are spread through blood and body fluids can come at any time from any person.
  o 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.**

**Background:**

• Refer participants to:
  o Washing Hands handouts in Additional Resources in the Participant’s Manual.
  o CFOC, Standard 3.2.2.2-3.2.3.4, for further information on handwashing and prevention of exposure to blood and bodily fluids.
Speaker's Notes:

Handwashing
• The #1 infection control measure to prevent illness in yourself and the children you care for is HANDWASHING with soap and water.
• Always wash your hands thoroughly:
  o Before and after giving any type of medication
  o After handling body fluids of any kind
  o After diapering or toileting children
  o After giving first aid (such as cleaning cuts and scratches or bloody noses)
  o After cleaning up spills or objects contaminated with body fluids
  o After taking off your disposable gloves
• Hand sanitizers (alcohol based rubs) should be limited to times when soap and water are not available.

Disposable gloves
• Be alert for allergies to latex gloves. If allergies are known or suspected, use vinyl gloves.
• Wear 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).
• Wear when individuals have cuts, scratches, or rashes which cause breaks in the skin of their hands.

Proper disposal of materials
• Contact your local health department for information on proper disposal of hazardous materials.

Environmental sanitation
• Washing/cleaning with detergent and water, and use of a bleach or alternative sanitizing solution. See CFOC, Standard 3.3.0.1 for further information.
^\textbf{Group Activity: Prepare to Administer Medication to Nick}

- Divide participants into groups of 4.
- Have each group list the steps to prepare to give medication to Nick before actually calling Nick to give him his 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.

**Background:**
- 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 \textit{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 to Nick, 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
Medication Administration Procedure: Prepare the Medication

- Find appropriate measuring device
- Measure the amount on the label
- Change the form of the medication ONLY if label states for you to do so:
  - Crushed or powdered medication
  - Sprinkles
  - Mix with food

Speaker's Notes:
- 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.
Medication and Food

• It is usually best not to mix medication with food, but it may be necessary
• Ask the prescriber or pharmacist before mixing medication with food or liquid
• 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

Speaker’s Notes:

• 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 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.
• Talk to family about what works for them.
• What is mixed must be ingested.
• Participants may need to educate parents 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. Note: This will be discussed in more detail later.
Medication Administration Procedure: Prepare the Child

- Communicate with the child
- Explain the procedure to the child
  - *Never call medication “candy”*
- Wash the child’s hands, if appropriate
- Position the child
Prepare the Child: Infants

- Support the infant’s head
- Hold the baby semi-upright
  - An infant seat may be used
- Keep the infant’s arms and hands away from her face
- Gently press the chin to open the mouth
- Rock the baby before and after
- Syringe or dropper:
  - Position on one side of the mouth along the gum
  - 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

**Background:**
- Demonstrate administration with a doll.
- Hold the infant in a cradle position and squirt the medication at the side of the tongue.
- Never pour medication to the back of the throat.
- Give a small amount at a time.
- Stroke the side of the neck to stimulate swallowing.
Prepare the Child: Toddlers

- Ask parents what techniques they use
- Give toddlers some control, like sitting or standing, but do not give veto power over taking the medication
- Be honest about bad taste and allow the child to drink afterwards
- Use age-appropriate language to explain what you are doing
- Maintain an attitude that you expect cooperation
- Thank the child for their cooperation and praise them

Speaker's Notes:
- Having children play-practice giving “medication” to their dolls may help them get used to the idea.
- Allow children to hold a toy or doll when taking their medication for comfort.
- Never force a child to take medication.
  - Notify parent/guardian if the child refuses a medication.
Speaker's Notes:
• 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.
• Allowing children to decorate a medication cup might help to engage them in the process.
• Reward systems, such as stickers, may help with reluctant children.
• If possible, have the child pick up the medication and put in his or her mouth. Have a drink ready ahead of time, and have the child drink some water.
• Older children have an increased need for privacy.
**Speaker’s Notes:**

- *If the child vomits or spits out part of it, do not repeat dose unless advised by the health care professional.*
- *This will be discussed in Module 5, Problem Solving.*
Medication Administration Procedure: Finishing Up

- Praise the child
- Check the label again
- Return the medication to storage immediately
  - Never leave medication unattended
- Record the medication, date, time, dose, route, and your signature on the Medication Log
- Clean the measuring device
- Wash your hands
- Observe the child for side effects

Speaker's Notes:
- **Documentation** will be discussed in more detail in Module 4, Documentation.
- **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.
After Giving Medication

• Allow the child the opportunity to express his or her feelings
• Acknowledge that some medication is difficult to take
• Encourage the child that next time will be easier
• Offer to spend time with the child
**Background:**
- Double click on the arrow to view video.
- Administration of oral medication may be demonstrated with a doll and measuring devices instead of using the video.
- Step-by-step instructions with illustrations are available in Module 3, How to Administer Medication of the **Participant’s Manual.**
Speaker's Notes:
• 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:
  o 1cc = 1 ml
  o 1 teaspoon = 5 ml

Group Activity: Measuring Devices
• Fill plastic teaspoon with colored water, and then pour it into a 1 ounce measuring cup.
• Pass around to participants to demonstrate the difference between using common household items and proper measuring devices.
• Demonstrate with a variety of spoons.
• Note that measuring with some teaspoons, the dose can almost be doubled and with others, it would not be sufficient.
Speaker's Notes:

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.

**Background:**
- Double click on arrow to view video.
Speaker's Notes:

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.

**Background:**

• Double click on arrow to view video.
• 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.
**Speaker's Notes:**

*Ear drops*

- 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.

**Background:**

- Double click on black box to view video.
Topical Medication

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

**Background:**
- Application of topical medication may be demonstrated with a doll.
- Step-by-step instructions with illustrations are available in Module 3, How to Administer Medication of the Participant’s Manual.

**Speaker's Notes:**
- Use gloves to administer topical medication.
- First gather needed equipment (medication, applicator, dressing, tissues, etc).
**Speaker's Notes:**

**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.

**Group Activity: Administering Medication to Nick and Maria**
- Divide participants into groups of 2 to 4 people.
- Each participant should prepare the dose of medication for Nick and “administer” it into an empty cup.
- The participant should demonstrate the communication techniques that she or he would use.
- Each participant should administer medication to Maria.
- The participant should put on gloves.
- Maria could be another participant, a doll or her- or himself (apply to other arm).
- **Materials needed:** Measuring device, water in cups or containers to serve as “medication,” empty cups, gloves, hand lotion or something to serve as hydrocortisone cream, trash bins to dispose of gloves.

**Background:**
- Administration of nasal sprays and drops may be demonstrated with a doll.
- Step-by-step instructions with illustrations are available in Module 3, How to Administer Medication of the **Participant’s Manual.**
## 5 Rights of Medication Administration — Rationale and Considerations

<table>
<thead>
<tr>
<th>Right Thing to Do</th>
<th>Rationale and Issues to Consider</th>
</tr>
</thead>
</table>
| **1. Right Child** | • Determine who is authorized to give medication and that this person knows the children who are to receive the medication by sight and name so that mix-ups are less likely to occur.  
• Check the name on the medication label to be sure that the name on the label is the name of the child to receive the medication. Giving the medication to a child who is not supposed to receive it could cause a bad reaction for the child who receives the medication and a missed dose for the child who should receive the medication.  
• If the child can talk, ask the child to say his or her name. Confirm the identity of the child with the child’s picture and with another person if possible. Avoiding a mix-up requires care and diligence. |
| **2. Right Medication** | • A medication intended for someone else or for some other purpose may be the wrong strength and might cause side effects.  
• Parents might deliberately give medication intended for another family member to the child care provider to treat symptoms that the parent thinks the child will benefit from the medication. Parents might inadvertently bring another family member’s medication to the child care provider instead of the right medication.  
• Compare the instructions on the label to the instructions the parent wrote with the written permission to give the medication to be sure they are the same.  
• Read the label when receiving the medication from the parent and check it against the safety precautions list; read it again when taking the medication from the storage place in the child care facility; read it again when measuring out the medication.  
• Check that the instruction is correct each time and that the instruction is still current. Sometimes the child’s health care professional changes a medication before the course ends and parents may forget to tell the child care provider about the change. |
3. Right Dose

- This course gives some detail about oral medications, and mentions other types of medications. To be sure you know how to measure the right dose of any type of medication, you need specific training for the ones you give.

- Parents should provide an accurate measuring device with the medication. Before the device is reused, it should be washed in a dishwasher or by hand using a dishwashing technique to remove any residue of old medication and for sanitation. If a dose-measuring device is supplied by the child care provider, traces of medication that remain in the device could cause an allergic reaction for another child who uses the device at another time.

- Measuring oral medications requires use of measuring devices that accurately hold the right amount of medication. Common eating utensils (teaspoons and tablespoons) do not accurately measure medications. Cooking measures or medication measuring devices must be used.
  - Milliliter (ml) = cubic centimeter (cc)
  - 5 cc or ml = 1 filled cooking measure teaspoon
  - Read the level of medication in a cup or measuring device at eye level, preferably with the bottom of the device on a flat surface. Make the lower edge of the measured liquid (meniscus) reach the correctly labeled line on the measuring device.
  - Other devices to measure liquid medications include oral syringes, marked measuring medication cups, dosing spoons with an attached measuring tube to hold the liquid until the child takes the medication, dropper that comes with the medication intended to be used with that medication that is marked with a line to show where in the dropper to bring up the liquid, medication measuring nipple device for infants.

- Tablets come as a chewable type or a type that must be swallowed.
  - Chewable tablets must be chewed completely. Those that are not chewable should not be chewed or crushed unless the child's health care professional gives that instruction.
  - Tablets that are scored may be cut in half with a pill cutter or a thin, sharp paring knife. The tablet should be split in 2 by the pharmacist or parent.
  - Tablets that are not scored may not be cut because the medication may not be evenly distributed in the tablet.

- Capsules are generally to be swallowed. Those that may be opened and sprinkled into a small amount of food are specifically labeled as such. No others may be opened.
4. Right Time

- Spacing of doses determines the level of the medication that remains in the place where it is needed. Giving the medication at the wrong time can make the level too high or too low at one time or another, producing side effects or inadequate treatment.

- Aim to give medication within a window of 30 minutes before, or 30 minutes after it is due.

- Check with the parent daily to see when the last dose was given to be sure when the next dose is due. (Verify that there has been no change of plan at this time also.) Check the medication record to see that the note about when the dose is due is correct, and record the dose when it has been given. Parents and other staff must be clear about when the next dose after the 1 you are giving is due.

- Check to see if the medication should be given before food or with food. Food slows absorption of medication and may interfere with complete absorption into the body. Medications that must be given without food should be given at least 1 hour before eating to be fully absorbed before food enters the stomach.

- Doses that must be given multiple times each day should be as evenly spaced during the child's waking hours as possible.

- Whenever possible, see if the child's health care professional can choose a schedule for giving the medication that minimizes the giving of medication while the child is in child care. The child can have medications that can be given as 2 doses a day at home in the morning and when the child gets home at the end of the day.
5. Right Route and Procedure

- Medications are designed for the specific opening and surface of the body where they are to be used. Using them in a different place may injure body tissues and may not work.

- Locations where medications are designed to enter the body:
  - Mouth (oral liquids/drops, tablets, capsules)
  - Eye (ophthalmic drops and ointments)
  - Ear (otic drops)
  - Nose (nasal drops and sprays)
  - Airway (inhaled aerosols and powders)
  - Rectum (rectal — usually suppositories)
  - Skin (lotions, creams, ointments)
  - Through the skin (injected, usually with a needle and syringe)

- Always wash your hands before and after giving any medication. If the child will touch the medication, have the child wash too.

- Never mix medication in a baby bottle, in water, or juice unless the instructions to do so come from the child’s health care professional. Even then, keep the volume small (1 teaspoon to 1 tablespoon) to be sure the child will get all of the dose of the medication.

- Pour liquid medication from the side opposite the label so the label stays readable if medication drips down the side of the bottle.

- Be careful not to pour too much; don’t pour any liquid medication back into the bottle.

- Hold infants in a cradle position to administer medication. Allow a toddler to sit up in a chair.

- A syringe adapter device is available that fits on the medication bottle to make removing liquids from a bottle into an oral syringe easier. Using an oral syringe with an infant helps to prevent spilling of the medication.

- If you use an oral syringe, hold the child so the child’s mouth is facing up. Put the tip of the syringe in the space between the cheek and the back of the mouth where the upper and lower gums meet, letting off small amounts of the medication while the child swallows each little squirt.

- If the child doesn’t get all the medication (spits it out, spills it, or vomits some of it), do not give another does unless the child’s health care professional says to do so.
**Oral Medication: Liquid**

1. Wash hands and child’s hands.
2. Position the child.
   - a. Infants — Hold in the cradle position.
   - b. Toddlers — Allow to sit up in a high chair.
3. Choose proper measuring device.

<table>
<thead>
<tr>
<th>Dropper</th>
<th>Syringe</th>
</tr>
</thead>
</table>
| a. Withdraw the correct dosage amount of medicine.  
b. Place the dropper into the side of the mouth.  
c. Squeeze the dropper.  
d. Give a small amount at a time. |
| a. Place the tip of the syringe into the liquid and pull back the plunger.  
b. Read the amount of liquid at the bottom of the semicircle at the top of the liquid.  
c. Avoid air bubbles by keeping the tip below the level of the liquid.  
d. Slowly squirt very small amounts toward the back and sides of the child’s mouth. |

<table>
<thead>
<tr>
<th>Nipple</th>
<th>Medicine Cup</th>
</tr>
</thead>
</table>
| a. Place an empty bottle nipple in the child’s mouth.  
b. Measure the drug in nipple.  
c. Allow the child to suck the nipple.  
d. Give a small amount at a time. |
| a. Pour medication from the side opposite the label so the label stays readable, in case medicine drips down the side of the bottle.  
b. Give a small amount at a time.  
c. If not all is taken from the cup pour a little water to rinse the drug from the sides of the cup. |

4. Stroke the side of the neck to stimulate swallowing.
5. Always follow with a bottle or drink. (This rinses the child’s mouth to remove any of the sweetened drug from the gums and teeth.)
6. Wash hands and document medication administration.

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Oral Medication: Tablets/capsules

1. Wash hands and child’s hands.
2. Pour tablets or capsules into a medicine cup, the lid of the bottle, or a small paper cup or paper towel.
3. For toddlers: Tell child to pick up the medicine themselves and put it in his or her mouth.
4. For infants: Cut, crush, sprinkle, or mix medicine (ONLY if directed to do so). Avoid cutting tablets. Ask parent/guardian to do this. Mix medicine with 1 teaspoon of liquid or soft food like applesauce or pudding, if approved by a health care professional.
5. If you have to put medicine directly into a child’s mouth, you may want to put on disposable gloves so you do not transfer germs. Hand washing before and after is sufficient, however. Dispose of the gloves, if used, after each use.
6. Wash hands and document medication administration.
Topical Medication: Creams

1. Wash your hands.
2. Put on gloves.
3. Expose the area to be treated.
4. Clean the skin of debris including crusts or old medicine.
   a. Wet a washcloth or paper towel with warm water and place this over the area to be cleaned.
   b. Wait about 1 minute.
   c. Gently wipe the area.
   d. If you cannot remove the crusting rewet the cloth. They try to gently remove the crust or old medicine. Continue until all crusts or old medicine is removed.
   e. If using cloths, launder before using again.
5. Discard any soiled items and gloves.
6. Wash hands.
7. Open the container and place the lid or cap upside down to prevent contamination of the inside surface.
8. Use gloved hands or a tongue blade, gauze or cotton tipped applicator to apply the medicine.
9. Cover one end of the applicator with medicine from the tube or jar. (This step is not necessary with lotions.)
10. Apply the cream or ointment to affected area with applicator in smooth strokes.
11. Use a new applicator each time you remove medicine from the container to prevent contamination.
12. Use a small amount to cover the area and rub onto the skin.
13. If instructions state to cover the affected area, then place the medicine on the dressing, then cover the area with the dressing.
14. Wash hands and document medication administration.
Eye Medication

1. Wash your hands.

2. Clean child’s eyes.
   a. Put on gloves.
   b. Use a different area of the washcloth for each eye. Gently wipe the eye from the nose side outward with the washcloth.
   c. If the eye has crusted material around it, wet a washcloth with warm water and place this over the eye.
   d. Wait about 1 minute.
   e. Gently wipe the eye from the nose side outward with the washcloth.
   f. Place it on the eye and wait again.
   g. If you cannot remove the crusting rewet the washcloth. Then try to gently remove the crusted drainage. Continue until all of the crusting is removed.
   h. If both eyes need cleaning, use separate cloths for each eye. Launder the cloths before using again.
   i. Remove and discard gloves.
   j. Wash hands.

3. Position the child.
   a. Lay down child on his/her back on a flat surface.
   b. If the child will not lie still place the child on her back, head between your legs, and arms under your legs.
   c. If needed, gently cross your lower legs over the child’s legs to keep him/her from moving.
   d. Place a pillow under the child’s shoulders or a rolled up towel under his neck so that his head is tilted back.
   e. Ask the child to tilt his/her head back and up.

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
4. Apply eye ointment or eye drops.

<table>
<thead>
<tr>
<th><strong>Eye Drops</strong></th>
<th><strong>Eye Ointment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Bring refrigerated meds to room temperature. Rub the medicine bottle between the palms of your hands to warm the drops.</td>
<td>a. Tell the child to look up and to the other side. The eye ointment should flow away from the child’s nose.</td>
</tr>
<tr>
<td>b. Shake if label instructs you to do so.</td>
<td>b. Place the wrist of the hand you will be using to give ointment on the child’s forehead.</td>
</tr>
<tr>
<td>c. Tell the child to look up and to the other side. The eye drops should flow away from the child’s nose.</td>
<td>c. Pull down slightly and gently on the skin below the eye, just above the cheekbone.</td>
</tr>
<tr>
<td>d. Place the wrist of the hand you will be using to give drops on the child’s forehead.</td>
<td>d. Bring the tube close (within 1 inch) of the eye.</td>
</tr>
<tr>
<td>e. Bring the dropper close (within 1 inch) of the eye.</td>
<td>e. Apply a thin line of ointment along the lower eyelid.</td>
</tr>
<tr>
<td>f. Drop medicine in the lower eyelid away from the tear ducts, which are located in the lower inner corner of the eye.</td>
<td>f. Rotate the tube when you reach the edge of the outer eye, this will help detach the ointment from the tube.</td>
</tr>
</tbody>
</table>

Dropper and hand position for administering eye drops.  
Tube and hand position for administering eye ointment.

5. Ask the child to close or blink his/her eyes for a minute to allow the eye drops or ointment to be dispersed throughout the eye.

6. Wipe excess medication or tearing with a clean tissue.

7. Rinse the dropper with water OR wipe the tip of the ointment tube with a clean tissue.

8. Replace the dropper to the bottle OR the cap on the tube immediately after each use.

9. Wash hands and document medication administration.
Ear Medication: Ear Drops

1. Wash hands and child’s hands.

2. Rub the medicine bottle between the palms of your hands or place in warm water to warm the drops.

3. Feel a drop to make sure drops aren’t too hot or too cold.

4. Ask the child to lie down or sit with the affected ear facing up.

5. Observe for any discharge (thick yellow or green substance), pus (cloudy), or blood. (If there is any, do not give medicine and report to parent/guardian.)

6. If there is drainage (clear liquid) remove it with a clean tissue or cotton tipped applicator. Do NOT clean any more than the outer ear.

7. Place the wrist of the hand you will be using to give medicine on the cheek or head.

8. Place the dropper/nozzle above the child’s ear canal.

<table>
<thead>
<tr>
<th>For children UNDER 3 years of age:</th>
<th>For children OVER 3 years of age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gently pull the outer flap of the affected ear <strong>DOWNWARD</strong> and backward to straighten the ear canal.</td>
<td>a. Gently pull the outer flap of the affected ear <strong>UPWARD</strong> and backward to straighten the ear canal.</td>
</tr>
<tr>
<td>b. Look for ear canal to open.</td>
<td>b. Look for ear canal to open.</td>
</tr>
</tbody>
</table>

Hand and dropper position for children 3 years old and younger with earlobe pulled down and back.

Hand and dropper position for children older than 3 years, with earlobe pulled up and back.
9. Squeeze the dropper slowly and firmly to release the appropriate amount of medicine on the side of the ear canal.

10. Ask the child to remain lying down for about 1-2 minutes so the medicine will be absorbed.

11. Gently rub the skin in front of the ear to help the drug flow to the inside of the ear.

12. Place a cotton ball in the child’s affected ear to avoid leakage of the medicine. Replace the cotton ball each time the medicine is given. Avoid inserting q-tips® into the ear.

13. Rinse the dropper tip in water after each use before capping or returning it to the bottle.

14. Replace the cap immediately after each use.

15. Wash hands and document medication administration.

Rubbing ear to help drug flow to inside of ear.
Nasal Medication

1. Wash hands and child’s hands.
2. Remove any mucous from the nose with a clean tissue.
   a. Put on gloves.
   b. Ask the child to blow his/her nose.
   c. If the nose has crusted material around it, wet a washcloth or paper towel with warm water and place this around the nose.
   d. Wait 1 minute.
   e. Gently wipe the nose with the washcloth or paper towel.
   f. If you cannot remove the crusting, rewet the cloth and again place it around the nose. Continue using the warm, moist washcloth and gently wiping until all of the crusting is removed.
   g. If using cloths, launder before using it again
3. Position the child.

<table>
<thead>
<tr>
<th>Nasal Drops</th>
<th>Nasal Sprays</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Ask the child to lie down on his back.</td>
<td>a. Ask the child to stand up and hold his/her head straight up and close mouth.</td>
</tr>
<tr>
<td>b. Ask the child to tilt his/her head back slightly.</td>
<td>b. Tell child to hold one nostril shut.</td>
</tr>
<tr>
<td>c. Place a pillow or rolled-up towel under the child’s shoulders or let the head hang over the side of a bed or your lap.</td>
<td></td>
</tr>
<tr>
<td>o If the child will not lie still you hold the child by sitting on a flat surface, such as the floor or bed.</td>
<td></td>
</tr>
<tr>
<td>o Place the child on her back with her head between your legs and her arms under your legs.</td>
<td></td>
</tr>
<tr>
<td>o If needed, gently cross your lower legs over the child’s legs to keep her from moving.</td>
<td></td>
</tr>
</tbody>
</table>

Safely holding child while giving nose drops.  
Correct position of child’s head and neck for giving nose drops.

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
4. Give medicine one side at a time.

5. Insert the tip of the nozzle into one of the child’s nostrils.

6. Squeeze slowly and firmly to release the appropriate amount of medicine.

7. Insert the tip of the nozzle into the child’s other nostril.

8. Squeeze slowly and firmly to release the appropriate amount of medicine.

9. Ask the child to remain lying down for about 1-2 minutes so the medicine will be absorbed. (NASAL DROPS ONLY)

10. Rinse the nozzle tip in water or wipe it with a clean tissue after each use before returning it to the bottle.

11. Replace the cap on the bottle immediately after each use.

12. Remove and discard gloves.

13. Wash hands and document medication administration.

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**Note: For nasal drops only**

Before administering medications, use a bulb syringe to remove mucous.

- a. Squeeze the bulb.
- b. Put the tip gently into child’s nostril.
- c. Let go aspirating mucous from the nose.
- d. Be careful because overuse of this tool can be irritating.
- e. Clean the bulb syringe properly.
The Food and Drug Administration (FDA) is urging consumers to carefully read the labels of liquid acetaminophen marketed for infants to avoid giving the wrong dose to their children.

A less concentrated form of the popular medication is arriving on store shelves, and giving the wrong dose of acetaminophen can cause the medication to be ineffective if too little is given or cause serious side effects and, possibly, death if too much is given.

In an attempt to reduce the confusion over different strengths that have been blamed for past overdoses, some manufacturers are voluntarily offering only the less concentrated version for all children.

Until now, liquid acetaminophen marketed for infants has only been available in a stronger concentration that doesn’t require giving the infants as much liquid with each dose.

But right now both concentrations of liquid acetaminophen are in circulation. Before giving the medication, parents and caregivers need to know whether they have the less concentrated version or the older, more concentrated medication. FDA is concerned that infants could be given too much or too little of the medicine if the different concentrations of acetaminophen are confused.

“Be very careful when you’re giving your infant acetaminophen” says Carol Holquist, director of FDA’s Division of Medical Error Prevention and Analysis.

Here’s what the agency wants parents and caregivers to do:

- Read the Drug Facts label on the package very carefully to identify the concentration of the liquid acetaminophen, the correct dosage, and the directions for use.
- Do not depend on a banner proclaiming that the product is “new.” Some medicines with the old concentration also have this headline on their packaging.
- Use only the dosing device provided with the purchased product in order to correctly measure the right amount of liquid acetaminophen.
- Consult your pediatrician before giving this medication and make sure you’re both talking about the same concentration.

Overdosing Has Been a Risk

An April 2011 report from FDA’s Center for Drug Evaluation and Research (CDER) found that confusion caused by the different concentrations of liquid acetaminophen for infants and children was leading to overdoses that made infants seriously ill, with some dying from liver failure.

So to avoid dosing errors, some manufacturers voluntarily changed the liquid acetaminophen marketed for infants from 80 mg per 0.8 mL or 80 mg per 1 mL to be the same concentration as the liquid acetaminophen marketed for children—160 mg per 5 mL. This less concentrated liquid acetaminophen marketed for infants now has new dosing directions and
“Be very careful when you’re giving your infant acetaminophen.”

may have a new dosing device in the box, such as an oral syringe.  
But this is a voluntary change and some of the older, stronger concentrations of acetaminophen marketed for infants are still available and may remain available.  
“There is still some on store shelves; there is still some in homes; and there is still some in distribution,” says Holquist.

Why does this pose a danger?  
If a pediatrician prescribes a 5 mL dose of the less concentrated liquid acetaminophen, but the parents administer a 5 mL dose of the more concentrated liquid acetaminophen, the child can receive a potentially fatal overdose during the course of therapy, Holquist explains.

Conversely, if a physician prescribes a dose based on the more concentrated liquid acetaminophen and the less concentrated medication is used, the child might not receive enough medication to fight a fever, she says.

FDA has issued a Drug Safety Communication (www.fda.gov/Drugs/DrugSafety/ucm284741.htm) with more information for consumers about how to avoid confusion and potential dosing errors with the different concentrations of liquid acetaminophen.

What Should You Do?  
Adding to the confusion is the fact that the box and the bottle may look much the same for both old and new versions of the medication, Holquist says.

Read the Drug Facts label to tell the difference between the two liquid acetaminophen products:
• Look for the “Active ingredient” section of the Drug Facts label usually printed on the back of an over-the-counter medication package.
• If the package says “160 mg per 5 mL” or “160 mg (in each 5 mL)”, then this is the less concentrated liquid acetaminophen. This medication should come with an oral syringe to help you measure the dose.
• If the package says “80 mg per 0.8 mL” or “80 mg per 1 mL”, then this is the more concentrated liquid acetaminophen. This product may come with a dropper.

If the dosing instructions provided by your healthcare provider differ from what is on the label, check with a healthcare professional before administering the medication. Do not rely on dosing information provided from other sources such as the Internet, old dosing charts, or family members.

It is important to understand that there is no dosing amount specified for children younger than 2 years of age. If you have an infant or child younger than 2 years old, always check with your healthcare provider for dosing instructions.

Acetaminophen is marketed for infants under brand names such as Little Fevers Infant Fever/Pain Reliever, Pedia Care Fever Reducer Pain Reliever and Triaminic Infants’ Syrup Fever Reducer Pain Reliever. There are also store brands on the shelves.

“Be very careful when you’re giving your infant acetaminophen.”

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MODULE 4
Documentation

• Medication Administration Packet
• Recording information
• Making and recording observations
### Instructor's Planning Guide • Module 4
**Medication Administration in Early Education and Child Care Settings**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Methods</th>
<th>Participant Materials</th>
<th>Other Materials or Supplies</th>
<th>Slide Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recording Dose of Medication</td>
<td>Group Activity</td>
<td>Medication Log</td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>
Objectives

A. **Knowledge**: Each participant will be able to:
   1. Identify the proper forms that must be in place for medication administration
   2. Recognize and record side effects of medication

B. **Attitude**: Each participant will be able to:
   1. Express comfort with filling in forms

C. **Behavior**: Each participant will:
   1. Fill out a Medication Log
**Background:**
- Authorization to Give Medicine and Receiving Medication forms were reviewed in Module 2, Preparation of the Participant’s Manual.
- The Medication Log appears in Module 2, Preparation, and Module 4, Documentation, of the Participant’s Manual.
**Speaker's Notes:**

- **It is best practice** to assign only 1 person per day or shift to administer a child’s medication in order to avoid confusion, errors, double dosing, or missed dosing.

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

- **Often sunscreens, insect repellants, and diaper creams have different state regulations about documentation:**
  - Check your state regulations.

- **Prescriptions and OTC medications should all be logged.**

**Background:**

- Review form in the Module 4, Documentation in the **Participant’s Manual.**
- Your state regulations can be obtained at the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Website (http://nrckids.org/STATES/states.htm).
Speaker's Notes:
- 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.
- If you don’t write the dose down, no one will know that it was given.
Speaker's Notes:

- **Witnesses** may be necessary if specified by the type of medication (i.e., controlled substance) or if required by state regulation or facility policy.
- Records of **controlled substances** may need to be kept longer. Seek legal advice if questions arise.
- Sometimes providing parents with records of medication given is required. Sometimes it is done upon request. Some states require this to be done daily. The best practice is to keep parents informed and facilitate communication.

**Background:**

- Discuss specific-state regulations.
- Your state regulations can be obtained at the NRC Web site (http://nrckids.org/STATES/states.htm).
Observations

• Make notations of possible side effects of the medication in the log
• Record incidents, such as child refusing to take medication
• Note successful techniques that helped the child to cooperate

Side effects and incidents will be discussed in the next module in more detail
^-^ Group Activity: Recording the Dose of Medication
• Instruct each participant to record the medication that she or he administered to Nick and Maria.
• The Medication Log is in the Participant’s Manual.
**Background:**

- Instruct participants to check their results against the correctly filled out log on this slide.
**Background:**

- Instruct participants to check their results against the correctly filled out log on this slide.
### Medication Log

**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Weight of child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
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<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</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>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
</tr>
<tr>
<td>Dosage/amount</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Route</td>
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<td></td>
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</tr>
<tr>
<td>Staff signature</td>
<td></td>
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</tr>
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</table>

**Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.**

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Error/problem/reaction to medication</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
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</thead>
<tbody>
<tr>
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**RETURNED to parent/guardian**

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<tr>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
</tr>
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<tbody>
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<td></td>
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</table>

**DISPOSED of medicine**

<table>
<thead>
<tr>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
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The recommendations in this publication 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.

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# Group Activity: Recording the Dose of Medication: Maria

## Medication Log

**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

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<thead>
<tr>
<th>Name of child</th>
<th>Weight of child</th>
</tr>
</thead>
</table>

<table>
<thead>
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<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
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<th>Dosage/amount</th>
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</table>

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<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
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## RETURNED to parent/guardian

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<tr>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
</tr>
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<tbody>
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## DISPOSED of medicine

<table>
<thead>
<tr>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
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MODULE 5
Problem Solving

- Medication errors
- Medication side effects
- Medication incidents
- What to do for problems and how to document them
- Field trips
- Self administration
- Problems with requests
## Instructor's Planning Guide • Module 5
### Medication Administration in Early Education and Child Care Settings

<table>
<thead>
<tr>
<th>Activity</th>
<th>Methods</th>
<th>Participant Materials</th>
<th>Other Materials or Supplies</th>
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<td>Preventing Medication Errors</td>
<td>Optional: Flip Chart Activity</td>
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<tr>
<td>Problems with Nick</td>
<td>Group Activity</td>
<td>Medication Log and Medication Incident Report</td>
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<tr>
<td>Problems with Maria</td>
<td>Optional Group Activity</td>
<td>Medication Log and Medication Incident Report</td>
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<td>18</td>
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<tr>
<td>Identifying Medication Errors</td>
<td>Optional Flip Chart Activity</td>
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<td>18</td>
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<td>Post-test</td>
<td>Test and Answer Key in Manual</td>
<td>Test in Manual</td>
<td></td>
<td>28</td>
</tr>
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</table>
Objectives

A. **Knowledge**: Each participant will be able to:
   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

B. **Attitude**: Each participant will be able to:
   1. Make a commitment to observing for medication side-effects
   2. Problem-solve when an inappropriate request to administer medication is made

C. **Behavior**: Each participant will demonstrate:
   1. The ability to respond to a medication error or side effect whether serious or minor
   2. Proper documentation of a medication incident or error
   3. The ability to implement procedures to minimize medication errors
Speaker's Notes:
- 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.
- The Responsibility Triangle is the key to good communication (see Module 1, Background in the Participant’s Manual).
**Speaker's Notes:**

- 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 (i.e., 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 the 30 minute window each way.
**Optional Flip Chart Activity: Preventing Medication Errors**

- Engage participants in brainstorming solutions to prevent errors.
- Potential Ideas:
  - Buy measuring devices so that if the parent doesn’t bring one 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.
Speaker's Notes:
- 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 signs to observe for.

Source: MedlinePlus (a service of the US National Library of Medicine and the National Institutes of Health)
Speaker's Notes:

- Some side effects are predictable and happen frequently.
- Other side effects cannot be predicted, like allergic reactions.
Sources of Information About Medication Side Effects

- Package inserts or labels
- Information from pharmacy
- Information from the prescribing health care professional
- The child’s health assessment or care plan completed by the health care professional
- Reliable reference materials like the PDR (Physician’s Desk Reference)
- www.consumermedsafety.org
Speaker's Notes:

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

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

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

Young children can't always verbalize side effects, adverse effects, or allergic reactions, so careful observation is essential.
Speaker's Notes:
• Refusal and spit out doses require a proactive approach.
• The techniques explained in the “Preparing the Child” slides in Module 3, How to Administer Medication, can help.
• Information on the Authorization to Give Medication form is specifically intended to identify any anticipated problems, but occasionally they occur.
Speaker's Notes:

- 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 in a center setting, the director should be notified that there is a problem first, **provided this does not delay calling EMS (911)**.
- 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.
- Side effects, adverse effects, and allergic reactions must be **recorded and reported** to the parent and the health care professional. 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](http://www.fda.gov/Safety/MedWatch/default.htm).

**Background:**

- Discuss state-specific requirements for recording incidents.
- Your state regulations can be obtained at the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Web site ([http://nrckids.org/STATES/states.htm](http://nrckids.org/STATES/states.htm)).
Speaker's Notes:
• The dose is not repeated because it is unclear how much medication was absorbed before the child expelled it.
When Should You Call 911?

- When you see signs of distress
- When there is a loss of (or change in) consciousness
- Blue color or difficulty breathing
- Difficulty swallowing
- Swelling of lips, tongue, or face, or drooling
- Seizure activity
- Rapidly spreading rash or hives
- Impaired speech or mobility
- Getting worse quickly
- When in doubt
Speaker’s Notes:

- 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
- 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
Speaker's Notes:
• 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.
**Background:**
- Review form in Module 5, Problem Solving of the Participant’s Manual.
Speaker's Notes:

- Child care facilities should have policies and procedures for these types of situations, outlining who is notified and how, who signs off, etc.
- Participants should be knowledgeable about and follow their facility’s policies and procedures.
Group Activity: Problems with Nick

• Divide participants into groups of 2 to 4 people.
• Participants should record the incident in the Medication Log and on the Medication Incident Report in the Participant’s Manual.
• If time is short, this activity can be done individually instead of in groups.

Optional Group Activity: Problems with Maria

Maria refuses her medication saying it burns her. What do you do?

• Divide participants into groups of 2 to 4 people.
• Participants should record the incident in the Medication Log and on the Medication Incident Report in Module 5, Problem Solving in the Participant’s Manual.
• If time is short, this activity can be done individually instead of in groups.

Optional Flip Chart Activity: Identifying Medication Errors

• See Module 5, Problem Solving of the Instructor’s Manual for Optional Flip Chart Activity: Identifying Medication Errors
### Scenario: Nick, continued

<table>
<thead>
<tr>
<th>Medication Incident Report</th>
<th>Medication Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Nick Smith</td>
<td></td>
</tr>
<tr>
<td>Date: 01/30/2023</td>
<td></td>
</tr>
<tr>
<td>Time of Incident: 12:00 PM</td>
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</tr>
<tr>
<td>Medication: Tylenol</td>
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</tr>
<tr>
<td>Dose: 500 mg</td>
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</tr>
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<td>Route: Oral</td>
<td></td>
</tr>
<tr>
<td>Time of Administration: 1:00 PM</td>
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<tr>
<td>Adverse Reaction: None</td>
<td></td>
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<tr>
<td>Action Taken: None</td>
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**Medication Log**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Medication</th>
<th>Dose</th>
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<td>Tylenol</td>
<td>500 mg</td>
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*Note: This scenario is part of a medication administration training module.*
**Background:**

- Reinforce the concept of “Team Effort” and encourage participants to use the human and informational resources available to them when they have questions about medications and the children in their care.
Speaker's Notes:

- The children’s emergency contact information and information about the closest hospitals along the route should be available.
**Speaker's Notes:**

- **Examples** of medication that should be considered for self-administration:
  - EpiPen®
  - Asthma inhalers
  - Insulin
  - Ibuprofen or acetaminophen

- If children are allowed to self-administer, the *medication administration policy* should state that and should be specific about what guidelines must be met before self administration is allowed.
- **Written permission** from the parent or guardian for the child to self administer is essential. Written permission from the prescriber may be advisable.
- **Policy** about supervision of the child and documentation of self-administered doses must be decided prior to initiating self administration.
- **The child’s age and individual competence** must be taken into consideration when determining if self administration is appropriate.
- See Module 6, Additional Resources of the *Participant’s Manual* for specific factors that should be considered to determine if self administration is appropriate.

**Background:**

- There is a good checklist about whether children are ready to self administer at www.nhlbi.nih.gov/health/prof/lung/asthma/emr_med.pdf.
- Your state regulations can be obtained at the NRC Web site (http://nrc.uchsc.edu/).
Speaker's Notes:

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

• Providers should get specific training so they feel comfortable with medication administration.
Speaker's Notes:

• **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 medications** are not recommended by the FDA for children under the age of 2, and those medications should not be given in child care.
  - Studies have not documented effectiveness in children under the age of 6.
  - Your policy should reflect your decision about the appropriateness of giving over-the-counter cough and cold medications to children between the ages of 2 to 6.

• **Other examples of inappropriate requests:**
  - Giving a child another family member’s medication
  - Alternating acetaminophen (Tylenol®) and ibuprofen (Motrin®) for teething pain for a week.
    - Complex orders such as this require a compelling reason.
**Speaker's Notes:**
- Child Care Health Consultants can be helpful in these situations.
- Ensure that having a parent come to administer medication is allowed by regulation and policy. Documentation of the medication given by parents should be addressed.

**Background:**
- Ask the participants if they have access to a Child Care Health Consultant and if they know who that person is.
Speaker's Notes:

- It may be helpful for child care providers to develop a repertoire of answers to defuse situations where parents or guardians and child care providers differ in their perspective.
- Train staff to use these answers and always refer to policy for back up.
What to Do?

- Call your supervisor
- Ask the parent to make alternative arrangements
- Record the situation and document the response
**Post-test**
- Use the post-test to assess participant’s learning.

**Speaker’s Notes:**
- Refer participants to Additional Resources in the Participant’s Manual.
  - Glossary
  - Emergency Information Form for Children With Special Needs
  - Asthma Action Plan, for Children 0-5 Years
  - Asthma Action Plan, for Children 6 Years or Older
  - Care Plan for Children With Special Health Needs
  - Instructions for Completing the Care Plan for Children With Special Health Needs
  - Information Exchange on Children with Health Concerns Form
  - Consent for Release of Information Form
  - Daily Log of Controlled Medications Administered
  - Medication Administration Packet
  - Medication Incident Report
  - Washing Your Hands
  - Handwashing
  - Dear Parents/Guardians Letters
  - Questions and Answers: IDEA and Child Care
  - When Should Students With Asthma or Allergies Carry and Self Administer Emergency Medications at School?
  - EpiPen® Resources
  - Candy or Medicine? — Look Alike Drugs
  - Look Alike Products — Don’t Be Fooled
  - Certificate of Attendance
- Insert state-specific information into Additional Resources in the Participant’s Manual.
- Instruct participants to fill out the Certificate of Attendance in the Participant’s Manual and give to you to date and sign.
Background:

- Entertain questions.
- Distribute the certificate of participation.
- Invite participants who would like further information or assistance from a Child Care Health Consultant to leave their contact information and topic of concern.
  - If state resources permit, a Child Care Health Consultant will follow up with them.
  - Your state regulations can be obtained at the NRC Web (http://nrckids.org/STATES/states.htm).
Group Activity: Problems with Nick

You gave Nick his dose of amoxicillin at noon and recorded it. At 12:30, you note that Nick is scratching his arms and he is developing a rash on his arms. He is happy and playful and is not having any breathing difficulties. You notify his parent who calls his health care professional. Nick is picked up at 1:00 and is brought to the health care professional’s office where he receives Benadryl®. His amoxicillin is discontinued and he is given a new antibiotic.

- Divide participants into groups of 2 to 4 people.
- Participants should record the incident in the Medication Log and on the Medication Incident Report in the Participant’s Manual.
- If time is short, this activity can be done individually instead of in groups.
Group Activity: Problems with Nick

Medication Log
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

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<thead>
<tr>
<th>Name of child</th>
<th>Weight of child</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
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<tr>
<td>Actual time given</td>
<td>AM</td>
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<table>
<thead>
<tr>
<th>Dosage/amount</th>
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<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>Route</td>
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</tr>
<tr>
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<td></td>
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<th>Action taken</th>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>RETURNED to parent/guardian</th>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>DISPOSED of medicine</th>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
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<tbody>
<tr>
<td></td>
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Optional Group Activity: Problems with Maria

Maria refuses her medication saying it burns her. What do you do?

• Divide participants into groups of 2 to 4 people.
• Participants should record the incident in the Medication Log and on the Medication Incident Report in the Participant Manual.
• If time is short, this activity can be done individually instead of in groups.
### Optional Group Activity: Problems with Maria

#### Medication Log

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<td>PM</td>
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<td></td>
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</tr>
</tbody>
</table>

**RETURNED to parent/guardian**

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
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<td></td>
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</tbody>
</table>

**DISPOSED of medicine**

<table>
<thead>
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<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>
### Optional Group Activity: Problems with Maria

#### Medication Incident Report

<table>
<thead>
<tr>
<th>Date of report</th>
<th>School/center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person completing this report</td>
<td></td>
</tr>
<tr>
<td>Signature of person completing this report</td>
<td></td>
</tr>
<tr>
<td>Child’s name</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>Classroom/grade</td>
</tr>
<tr>
<td>Date incident occurred</td>
<td>Time noted</td>
</tr>
<tr>
<td>Person administering medication</td>
<td></td>
</tr>
<tr>
<td>Prescribing health care provider</td>
<td></td>
</tr>
<tr>
<td>Name of medication</td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td>Scheduled time</td>
</tr>
</tbody>
</table>

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)

__________________________________________________________

__________________________________________________________

__________________________________________________________

Action taken/intervention

Parent/guardian notified? Yes _______ No _______ Date __________ Time ___________

Name of the parent/guardian that was notified

Follow-up and outcome

Administrator’s signature

Adapted with permission from Healthy Child Care Colorado.
Optional Flip Chart Activity: Identifying Medication Errors

- Read the news story aloud to the participants.
- Ask participants what the errors were.
- Write answers on a flip chart.
- After making a list, talk about each error and ask participants how that particular error can be prevented.

News Story
November 3, 1998

An assistant director gave medicine to a teacher who admitted she did not read the label on the medicine until after she put the drops in the child’s eyes at about 1 pm, the notice states. When she realized she had put eardrops in a child’s eyes, she notified the assistant director about what happened. She said the assistant director dismissed the incident and said it was no big deal, the notice states. Only after the 4-year-old’s mother noticed that his eyes were red and swollen was he taken to the emergency room at UNC hospitals and then treated in the hospital’s eye care center. It is unclear how badly he was injured, though he can still see. The center’s history of problems, along with the eardrops incident in June, led to the revocation, said Talitha Wright, chief of regulatory services with the Division of Child Development. “It’s pretty significant when someone puts eardrops into a child’s eyes, and when the medicine wasn’t even meant for that child,” she said.


<table>
<thead>
<tr>
<th>Errors</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wrong child</td>
<td>1. Know the child</td>
</tr>
<tr>
<td>2. Wrong medication</td>
<td>2. Double check the 5 rights</td>
</tr>
<tr>
<td>3. Wrong route</td>
<td>3. Check the label and the permission form</td>
</tr>
<tr>
<td>4. Wrong documentation</td>
<td>4. Fill out a medication incident report</td>
</tr>
<tr>
<td>5. Did not seek emergency medical care</td>
<td>5. Follow emergency procedures</td>
</tr>
<tr>
<td>6. Did not notify parent/guardian</td>
<td>6a. Notify parent/guardian</td>
</tr>
<tr>
<td></td>
<td>6b. Develop and document a follow-up plan</td>
</tr>
</tbody>
</table>
Medication Administration in Child Care Post-test and Answer Key

Instructions: If select modules were presented, participants should only fill out the questions related to those modules. Have participants circle the letter of the choice that best completes the statement or answers the question.

MODULE 1

1. The Americans 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 blanks 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>1. Oral</td>
<td>3</td>
</tr>
<tr>
<td>2. Topical</td>
<td>2</td>
</tr>
<tr>
<td>3. Inhalation</td>
<td>5</td>
</tr>
<tr>
<td>4. Injectable</td>
<td>1</td>
</tr>
<tr>
<td>5. Suppository</td>
<td>4</td>
</tr>
</tbody>
</table>
Module 2

4. Your facility policy should include all of 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. Procedure for medication error or incident
   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 the 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 okay 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 a 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
   d. 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 medications EXCEPT:
   a. Match the label with the instructions
   b. Check if container is labeled child-resistant
   c. Check expiration date
   d. Ensure that the child receives a dose that same day
Module 3

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. Tylenol® for fever
    b. Albuterol® for wheezing
    c. Amoxicillin for 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 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
Module 4

14. Please read the scenario and enter the information into the medication log below.

Scenario: Today, you give Nick one 125 mg capsule of Depakote® sprinkles at 12:00 PM.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>/ /</td>
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</tr>
<tr>
<td>Actual time given</td>
<td>AM ______</td>
<td>AM ______</td>
<td>AM ______</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Staff signature</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Medication Log**

**Name of child:** ____________________________  **Weight of child:** ____________________________

**Monday**

**Date:** / /  **Actual time given:** AM ______

**Tuesday**

**Date:** / /  **Actual time given:** AM ______

**Wednesday**

**Date:** / /  **Actual time given:** AM ______

**Thursday**

**Date:** / /  **Actual time given:** AM ______

**Friday**

**Date:** / /  **Actual time given:** AM ______
Module 5

15. 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

16. 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

17. 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

18. 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

19. 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
Medication Administration in Child Care Post-test

Instructions: Circle the letter of the choice that best completes the statement or answers the question. If select modules were presented, only fill out the questions related to those modules.

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</tr>
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<td>Medication in lotion, cream, ointment, spray, or other form for external application for skin or other medical problems</td>
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<td>3. Inhalation</td>
<td>Form of medication that is inserted into the rectum</td>
</tr>
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<td>Medication that is put into the mouth such as tablets, capsules, and liquid medication</td>
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<td>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>
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<td>PM _______</td>
<td>PM _______</td>
<td>PM _______</td>
<td>PM _______</td>
</tr>
</tbody>
</table>

Dosage/amount

Route

Staff signature

---

Medication Log

PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child ______________________________________________________Weight of child_________________________.

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

Date/time Error/problem/reaction
to medication

Action taken

Name of parent/guardian noti\fed and time/date

Caregiver/teacher signature

RETURNED to parent/guardian

Date Parent/guardian signature Caregiver/teacher signature

DISPOSED of medicine

Date Caregiver/teacher signature Witness signature
Module 5

15. 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

16. 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

17. 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

18. 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

19. 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
Additional Resources

- Glossary
- Emergency Information Form for Children with Special Needs
- Asthma Action Plan, for Children 0–5 Years
- Asthma Action Plan, for Children 6 Years or Older
- Care Plan for Children with Special Health Needs
- Instructions for Completing the Care Plan for Children with Special Health Needs
- Information Exchange on Children with Health Concerns Form
- Consent for Release of Information Form
- Daily Log of Controlled Medications Administered
- Medication Administration Packet
- Medication Incident Report
- Washing Your Hands
- Handwashing
- Dear Parents/Guardians Letters
- Questions and Answers: IDEA and Child Care
- When Should Students with Asthma or Allergies Carry and Self Administer Emergency Medications at School?
- EpiPen® Resources
- Candy or Medicine? — Look Alike Drugs
- Look Alike Products — Don’t Be Fooled
- Certificate of Attendance
Glossary


**AAP:** Abbreviation for the American Academy of Pediatrics, a national organization of pediatricians founded in 1930 and dedicated to the improvement of child health and welfare.

**Acute:** Adjective describing an illness that has a sudden onset and is of short duration.

**Allergen:** A substance (eg, food, pollen, pets, mold, medication) that causes an allergic reaction.

**Anaphylaxis:** An allergic reaction to a specific allergen (eg, food, pollen, pets, mold, medication) that causes dangerous and potentially fatal complications, including swelling and closure of the airway that can lead to an inability to breathe.

**Antibiotic prophylaxis:** Antibiotics that are prescribed to prevent infections in infants and children in situations associated with an increased risk of serious infection with a specific disease. Usually prescribed in a low dose over a long period.

**APHA:** Abbreviation for the American Public Health Association, a national organization of health professionals that protects and promotes the health of the public through education, research, advocacy, and policy development.

**Bleach solution:** For sanitizing environmental surfaces—use a spray solution of a quarter (¼) cup of household liquid chlorine bleach (sodium hypochlorite) in 1 gallon of water, prepared fresh daily. Where blood contamination is likely, the concentration of bleach solution should be increased to 1 part bleach to 10 parts water because if hepatitis B virus is present in the blood, this higher concentration of bleach is required to kill it. See also Disinfect.

**Body fluids:** Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

**Care Plan:** A document that provides specific health care information, including any medications, procedures, precautions, or adaptations to diet or environment that may be needed to care for a child with chronic medical conditions or special health care needs. Care Plans also describe signs and symptoms of impending illness and outline the response needed to those signs and symptoms. A Care Plan is completed by a health care professional and should be updated on a regular basis.

**Caregiver:** Used in this book to indicate the primary staff who work directly with children in child care centers, small or large family child care homes, or schools (ie, director, teacher, aide, child care provider, or those with other titles or child contact roles).

**Catheterization:** The process of inserting a hollow tube into an organ of the body, for an investigative purpose or to give some form of treatment (eg, remove urine from the bladder of a child with neurologic disease).

**CDC:** Abbreviation for the Centers for Disease Control and Prevention, which is responsible for monitoring communicable diseases, immunization status, injuries, and congenital malformations, and performing other disease and injury surveillance activities in the United States.

**Center:** A facility that provides care and education for any number of children in a nonresidential setting and is open on a regular basis (it is not a drop-in facility).

**Children with special health care needs:** Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

**Chronic:** Adjective describing an infection or illness that lasts a long time (months or years).

**Clean:** To remove dirt and debris (eg, blood, urine, feces) by scrubbing and washing with a detergent solution and rinsing with water.

**CPR:** Abbreviation for cardiopulmonary resuscitation, emergency measures performed by a person on another person whose breathing or heart activity has stopped. Measures include closed-chest cardiac compressions and mouth-to-mouth ventilation in a regular sequence.
**Disinfect**: To eliminate virtually all germs from inanimate surfaces by using chemicals (eg, products registered with the US Environmental Protection Agency as “disinfectants”) or physical agents (eg, heat).

**Educator**: A teacher or caregiver who is professionally responsible for the education of the children who are placed in his or her care.

**Emergency response practices**: Procedures used to call for emergency medical assistance, reach parents or emergency contacts, arrange for transfer to medical assistance, and render first aid to the injured person.

**Exclusion**: Denying admission of an ill child or staff member to a facility or asking the child or staff member to leave if present.

**Facility**: A legal definition of the buildings, grounds, equipment, and people involved in providing child care or education of any type.

**Febrile**: The condition of having an abnormally high body temperature (fever), often as a response to infection.

**Fever**: An elevation of body temperature. Body temperature can be elevated by overheating caused by over-dressing or a hot environment, reactions to medications, inflammatory conditions (eg, arthritis, lupus), cancers, and response to infection. For this purpose, fever is defined as temperature above 101°F (38.3°C) orally, above 102°F (38.9°C) rectally, or of 100°F (37.8°C) or higher taken axillary (armpit) or measured by any equivalent method. Fever is an indication of the body’s response to something, but is neither a disease nor a serious problem by itself.

**Gastric tube feeding**: The administration of nourishment through a tube that has been surgically inserted directly into the stomach.

**Gestational**: Occurring during or related to pregnancy.

**Gross-motor skills**: Large movements involving the arms, legs, feet, or entire body (eg, crawling, running, jumping).

**Group care setting**: A facility where children from more than one family receive care together.

**Health care professional**: Someone who practices medicine with or without supervision, and who is licensed by an established body. The most common types of health care professionals include physicians, nurse practitioners, nurses, and physician assistants.

**Health consultant**: A physician, a certified pediatric or family nurse practitioner, a registered nurse, or an environmental, an oral, a mental health, a nutrition, or another health professional who has pediatric and child care experience and is knowledgeable in pediatric health practice, child care, licensing, and community resources. The health consultant provides guidance and assistance to child care staff on health aspects of the facility.

**HIV**: Abbreviation for human immunodeficiency virus.

**Immunity**: The body’s ability to fight a particular infection. Immunity can come from antibodies (immune globulin), cells, or other factors.

**Immunizations**: Vaccines that are given to children and adults to help them develop protection (antibodies) against specific infections. Vaccines may contain an inactivated or a killed agent, part of the agent, an inactivated toxin made by an agent (toxoid), or a weakened live organism.

**Individualized Education Program (IEP)**: A written document, derived from Part B of the Individuals With Disabilities Education Act, that is designed to meet a child’s individual educational program needs. The main purposes of an IEP are to set reasonable learning goals and state the services that the school district will provide for a child with special educational needs. Every child who is qualified for special educational services provided by the school is required to have an IEP.

**Individualized Family Service Plan (IFSP)**: A written document, derived from Part C of the Individuals With Disabilities Education Act, that is formulated in collaboration with the family to meet the needs of a child with a developmental disability or delay; assist the family in its care for a child’s educational, therapeutic, and health needs; and deal with the family’s needs to the extent to which the family wishes assistance.

**Infant**: A child between the time of birth and 12 months of age.

**Infection**: A condition caused by the multiplication of an infectious agent in the body.

**Lead agency**: Refers to an individual state choice for the agency that will receive and allocate federal and state funding for children with special educational needs. Federal funding is allocated to individual states in accordance with the Individuals With Disabilities Education Act.

**Lethargy**: Unusual sleepiness or low activity level.
Mainstreaming: A widely used term that describes the philosophy and activities associated with providing services to persons with disabilities in community settings, especially in school programs, where such children or other persons are integrated with persons without disabilities and are entitled to attend programs and have access to all services available in the community.

Medications: Any substances that are intended to diagnose, cure, treat, or prevent disease, or affect the structure or function of the body of humans or other animals.

Nasogastric tube feeding: The administration of nourishment using a plastic tube that stretches from the nose to the stomach.

Nonprescription medications: Drugs that are generally regarded as safe for use if the label directions and warnings are followed. Nonprescription medications are also called over-the-counter drugs because they can be purchased without a prescription from a health care professional. Foods or cosmetics that are intended to treat or prevent disease or affect the functions of the human body (eg, suntan lotion, fluoride toothpaste, antiperspirant deodorants, antidandruff shampoo) are also considered to be nonprescription medications.

Occupational therapy: Treatment based on the use of occupational activities of a typical child (eg, play, feeding, toileting, dressing). Child-specific exercises are developed to encourage a child with mental or physical disabilities to contribute to his or her own recovery and development.

OSHA: Abbreviation for the Occupational Safety and Health Administration of the US Department of Labor, which regulates health and safety in the workplace.

Parent: The child’s natural or adoptive mother or father, guardian, or other legally responsible person.

Pediatric first aid: Emergency care and treatment of an injured child before definite medical and surgical management can be secured. Pediatric first aid includes rescue breathing and addressing choking.

Physical therapy: The use of physical agents and methods (eg, massage, therapeutic exercises, hydrotherapy, electrotherapy) to assist a child with physical or mental disabilities to optimize his or her individual physical development or restore his or her normal body function after illness or injury.

Prenatal: Existing or occurring before birth (as in prenatal medical care).

Primary care provider (PCP): The physician in the child’s medical home who supervises the team that provides preventive care, routine illness care, and care coordination with the child’s specialists and therapists.

Reflux: An abnormal backward flow of liquids. The term is commonly used to describe gastroesophageal reflux of stomach contents into the esophagus, or urinary reflux of urine from the bladder up toward the kidneys.

Rescue breathing: The process of breathing air into the lungs of a person who has stopped breathing. This process is also called artificial respiration.

Sanitize: To remove filth or soil and small amounts of certain bacteria. For an inanimate surface to be considered sanitary, the surface must be clean (see Clean) and the number of germs must be reduced to such a level that disease transmission by that surface is unlikely. This procedure is less rigorous than disinfection (see Disinfect) and is applicable to a wide variety of routine housekeeping procedures involving, for example, bedding, bathrooms, kitchen countertops, floors, and walls.

Seizure: A sudden attack or convulsion caused by involuntary, uncontrolled bursts of electrical activity in the brain that can result in a wide variety of clinical manifestations, including muscle twitches, staring, tongue biting, loss of consciousness, and total body shaking.

Staff: Used here to indicate all personnel employed at the child care facility or school, including caregivers, teachers, and personnel who do not provide direct care to children (eg, cooks, drivers, housekeeping personnel).
**Standard precautions:** Techniques used to protect a person when there is contact with non-intact skin, mucous membranes, blood, all body fluids, and excretions except sweat. The general methods of infection prevention are indicated for all people in the group care setting and are designed to reduce the risk of transmission of microorganisms from recognized and unrecognized sources of infection. Although standard precautions were designed to apply to hospital settings, except for the use of masks and gowns, they also apply in group care settings. Standard precautions involve use of barriers (eg, gloves) as well as hand washing, and cleaning and sanitizing surfaces. Group care adaptation of standard precautions (exceptions from the use in hospital settings) are as follows:

- Use of nonporous gloves is optional except when blood or blood-containing body fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials, such as disposable diaper table paper and disposable towels and surfaces, that can be sanitized in group care settings.

**Substitute staff:** Caregivers/teachers who are hired for one day or an extended period but are not considered permanent workers in their assigned positions.

**Toddler:** A child between the age of ambulation and toilet learning and training (usually between 13 and 35 months).

**Universal precautions:** A term used by OSHA that applies to protection against blood and other body fluids that contain blood, semen, and vaginal secretions, but not to feces, nasal secretions, sputum, sweat, tears, urine, saliva, and vomitus, unless they contain visible blood or are likely to contain blood. Universal precautions include avoiding injuries that are caused by sharp instruments or devices and the use of protective barriers, such as gloves, gowns, aprons, masks, or protective eyewear, that can reduce the risk of exposure of the worker’s skin or mucous membranes that could come in contact with materials that may contain blood-borne pathogens while the worker is providing first aid or care.
Emergency Information Form for Children With Special Needs

Name:  
Birth date:  
Nickname:  

Home Address:  
Home/Work Phone:  

Parent/Guardian:  
Emergency Contact Names & Relationship:  

Signature/Consent*:  

Primary Language:  
Phone Number(s):  

Physicians:  

Primary care physician:  
Emergency Phone:  
Fax:  

Current Specialty physician: Specialty:  
Emergency Phone:  
Fax:  

Current Specialty physician: Specialty:  
Emergency Phone:  
Fax:  

Anticipated Primary ED:  
Pharmacy:  

Anticipated Tertiary Care Center:  

Diagnoses/Past Procedures/Physical Exam:  

1.  
Baseline physical findings:  
2.  
3.  
Baseline vital signs:  
4.  
Synopsis:  
Baseline neurological status:  

*Consent for release of this form to health care providers
## Management Data:

### Allergies: Medications/Foods to be avoided and why:

1. 
2. 
3. 

### Procedures to be avoided and why:

1. 
2. 
3. 

## Common Presenting Problems/Findings With Specific Suggested Managements

<table>
<thead>
<tr>
<th>Problem</th>
<th>Suggested Diagnostic Studies</th>
<th>Treatment Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Immunizations

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Dates</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td></td>
<td>Hep B</td>
</tr>
<tr>
<td>OPV</td>
<td></td>
<td>Varicella</td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td>TB status</td>
</tr>
<tr>
<td>HIB</td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

Antibiotic prophylaxis: Indication: Medication and dose:

## Diagnoses/Past Procedures/Physical Exam continued:

<table>
<thead>
<tr>
<th>Medications</th>
<th>Significant baseline ancillary findings (lab, x-ray, ECG):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

## Significant baseline ancillary findings (lab, x-ray, ECG):

<table>
<thead>
<tr>
<th>Prostheses/Appliances/Advanced Technology Devices:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

## Comments on child, family, or other specific medical issues:

<table>
<thead>
<tr>
<th>Physician/Provider Signature:</th>
<th>Print Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Asthma Action Plan, for Children 0–5 Years

Health Care Provider’s Name ____________________________________________

Health Care Provider’s Phone Number ________________________ Completed by _____________ Date __________

### Long-Term Control Medicines

<table>
<thead>
<tr>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ times per day</td>
<td>EVERY DAY</td>
<td>spacers/masks, nebulizers</td>
</tr>
<tr>
<td>______ times per day</td>
<td>EVERY DAY</td>
<td></td>
</tr>
<tr>
<td>______ times per day</td>
<td>EVERY DAY</td>
<td></td>
</tr>
</tbody>
</table>

### Quick-Relief Medicines

<table>
<thead>
<tr>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give ONLY as needed</td>
<td></td>
<td>NOTE: If this medicine is needed often ( _____ per week), call physician</td>
</tr>
</tbody>
</table>

---

**GREEN ZONE**

Child is WELL and has no asthma symptoms, even during active play

- Prevent asthma symptoms every day
  - Give the above long-term control medicines every day
  - Avoid things that make the child's asthma worse
- Avoid tobacco smoke, ask people to smoke outside

- Other Instructions
  - ________________
  - ________________

**YELLOW ZONE**

Child is NOT WELL and has asthma symptoms that may include:

- Coughing
- Wheezing
- Runny nose or other cold symptoms
- Breathing harder or faster
- Awakening due to coughing or difficulty breathing
- Playing less than usual
- ________________
- ________________

Other symptoms that could indicate that your child is having trouble breathing may include: difficulty feeding (grunting sounds, poor sucking), changes in sleep patterns, cranky and tired, decreased appetite

- CAUTION: Take action by continuing to give regular asthma medicines every day AND:
  - Give ________________ (include dose and frequency)
  - If the Child is not in the Green Zone and still has symptoms after 1 hour:
    - Give ________________ (include dose and frequency)
  - Give ________________ (include dose and frequency)
  - Call ________________

**RED ZONE**

Child FEELS AWFUL warning signs may incude:

- Child’s wheeze, cough or difficult breathing continues or worsens, even after giving yellow zone medicines
- Child’s breathing is so hard that he/she is having trouble walking/talking/eating/playing
- Child is drowsy or less alert than normal

- MEDICAL ALERT! Get help!
  - Take the child to the hospital or call 9-1-1 immediately!
  - Give more ________________ (include dose and frequency) until you get help
  - Give more ________________ (include dose and frequency) until you get help

---


http://www.rampasthma.org

Asthma Action Plan, for Children 0–5 Years, continued

**PROVIDER INSTRUCTIONS FOR ASTHMA ACTION PLAN** (Children ages 0-5)

- **Determine the Level of Asthma severity** (see Table 1)
- **Fill In Medications**
  Fill in medications appropriate to that level (see Table 1) and include instructions, such as “shake well before using” “use with spacer”, and “rinse mouth after using”.
- **Address Issues Related To Asthma Severity**
  These can include allergens, smoke, rhinitis, sinusitis, gastro-esophageal reflux, sulfite sensitivity, medication interactions, and viral respiratory infections.
- **Fill In and Review Action Steps**
  Complete the recommendations for action in the different zones, and review the whole plan with the family so they are clear on how to adjust the medications, and when to call for help.
- **Distribute copies of the plan**
  Give the top copy of the plan to the family, the next one to school, day care, caretaker, or other involved third party as appropriate, and file the last copy in the chart.
- **Review Action plan Regularly (Step Up/Step Down Therapy)**
  A patient who is always in the green zone for some months may be a candidate to “step down” and be reclassified to a lower level of asthma severity and treatment. A patient frequently in the yellow or red zone should be assessed to make sure inhaler technique is correct, adherence is good, environmental factors are not interfering with treatment, and alternative diagnoses have been considered. If these considerations are met, the patient should “step up” to a higher classification of asthma severity and treatment. Be sure to fill out a new action plan when changes in treatment are made.

**TABLE 1 SEVERITY AND MEDICATION CHART** (Classification is based on meeting at least one criterion)

<table>
<thead>
<tr>
<th>Symptoms/Day</th>
<th>Severe Persistent</th>
<th>Moderate Persistent</th>
<th>Mild Persistent</th>
<th>Mild Intermittent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent symptoms</td>
<td>Daily high-dose inhaled corticosteroid AND Log acting inhaled B2 – agonist</td>
<td>Daily low-dose inhaled corticosteroid and long-acting inhaled B2 – agonist OR Daily medium-dose inhaled corticosteroid</td>
<td>Daily low-dose inhaled corticosteroid with or without face mask or DPI</td>
<td>NO daily medication needed.</td>
</tr>
<tr>
<td>&gt; 1 night/week</td>
<td>Consultation With Asthma Specialist Recommended Alternative treatment: Cromolyn (nebulizer is preferred or MDI with holding chamber with or without face mask or DPI)</td>
<td>Alternative treatment: Leukotriene receptor antagonist</td>
<td>Consultation With Asthma Specialist Recommended</td>
<td></td>
</tr>
<tr>
<td>Symptoms/Night</td>
<td>Preferred treatment:</td>
<td>Preferred treatment:</td>
<td>Preferred treatment:</td>
<td></td>
</tr>
<tr>
<td>&gt; 2 days/week but &lt; 1 time/day</td>
<td>• Daily medium-dose inhaled corticosteroid and other leukotriene receptor antagonist or theophylline</td>
<td>• Daily low-dose inhaled corticosteroid and either leukotriene receptor antagonist or theophylline</td>
<td>• Daily medium-dose inhaled corticosteroid and other leukotriene receptor antagonist or theophylline</td>
<td></td>
</tr>
<tr>
<td>&gt; 2 nights/month</td>
<td>If needed (particularly in patients with recurring severe exacerbations):</td>
<td>If needed (particularly in patients with recurring severe exacerbations):</td>
<td>If needed (particularly in patients with recurring severe exacerbations):</td>
<td></td>
</tr>
<tr>
<td>≤ 2 nights/month</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Long Term Control1</th>
<th>Quick Relief2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred treatment:</td>
<td>Preferred treatment:</td>
</tr>
<tr>
<td>• Daily low-dose inhaled corticosteroid</td>
<td>• Inhaled short-acting B2 – agonist</td>
</tr>
<tr>
<td>AND, if needed:</td>
<td>Alternative treatment:</td>
</tr>
<tr>
<td>• Corticosteroid tablets or syrup long term (2 mg/kg/day, generally do not exceed 60 mg per day). (Make repeated attempts to reduce systemic corticosteroids and maintain control with high-dose inhaled corticosteroids.)</td>
<td>• Inhaled short-acting B2 – agonist</td>
</tr>
<tr>
<td></td>
<td>Alternative treatment:</td>
</tr>
<tr>
<td></td>
<td>• Oral B2 – agonist</td>
</tr>
</tbody>
</table>

1 For infants and children use spacer or spacer AND MASK.
2 Risk factors for the development of asthma are parental history of asthma, physician-diagnosed atop dermatitis or two of the following: physician-diagnosed allergic rhinitis, wheezing apart from colds, peripheral blood eosinophilia. With viral respiratory infection, use bronchodilator every 4-6 hours up to 24 hours (longer with physician consult); in general no more than once every six weeks. If patient has seasonal asthma on a predictable basis, long-term anti-inflammatory therapy (inhaled corticosteroids, cromolyn) should be initiated prior to the anticipated onset of symptoms and continued through the season.

This Asthma Plan was developed by a committee facilitated by the Childhood Asthma Initiative, a program funded by the California Children and Families Commission, and the Regional Asthma Management and Prevention (RAMP) Initiative, a program of the Public Health Institute. This plan is based on the recommendations from the National Heart, Lung, and Blood Institute’s, “Guidelines for the Diagnosis and Management of Asthma.” NIH Publication No. 97-4051 (April 1997) and “Update on Selected Topics 2002.” NIH Publication No. 02-5075 (June 2002). The information contained herein is intended for the use and convenience of physicians and other medical personnel, and may not be appropriate for use in all circumstances. Decisions to adopt any particular recommendation must be made by qualified medical personnel in light of available resources and the circumstances presented by individual patients. No entity or individual involved in the funding or development of this plan makes any warranty guarantee, express or implied, of the quality, fitness, performance or results of use of the information or products described in the plan or the Guidelines. For additional information, please contact RAMP at (510) 622-4438, http://www.rampasthma.org.
Asthma Action Plan, 
for Children 6 Years or Older

Health Care Provider’s Name ____________________________

Health Care Provider’s Phone Number ____________________________ Completed by ______________ Date ______________

Long-Term Control Medicines
(Use every day to stay healthy)

<table>
<thead>
<tr>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Other Instructions
(such as spacers/masks, nebulizers)

<p>| | | |</p>
<table>
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<tr>
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Quick-Relief Medicines

<table>
<thead>
<tr>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Take ONLY as needed

NOTE: If this medicine is needed frequently, call physician to consider increasing long-term-control medications

Special instructions when I feel good (green), not good (yellow), and awful (red).

I feel good. (My peak flow is in the GREEN zone.)

Prevent asthma symptoms everyday
☐ Take my long-term-control medicines (above) every day
☐ Before exercise, take ______ puffs of
☐ Avoid things that make my asthma worse like:____________________

CAUTION: I should continue taking my long-term-control asthma medicines every day AND:
☐ Take __________________________

If I do not feel good, or my peak flow is not in the Green Zone within 1 hour, then I should:
☐ Increase __________________________
☐ Add __________________________
☐ Call __________________________

I do not feel good. (My peak flow is in the YELLOW zone.)

My symptoms may include one or more of the following:
• Wheeze
• Tight chest
• Cough
• Shortness of breath
• Waking up at night with asthma symptoms
• Decreased ability to do usual activities
• __________________________
• __________________________

MEDICAL ALERT! Get help!
☐ Take __________________________ until I get help immediately!
☐ Take __________________________
☐ Call __________________________

I feel awful. (My peak flow is in the RED zone.)

Warning signs may include one or more of the following:
• It’s getting harder and harder to breathe.
• Unable to sleep or do usual activities because of trouble breathing.

DANGER! Get help immediately!
Call 9-1-1 if you have trouble walking or talking due to shortness of breath or lips or fingernails are gray or blue.


**Asthma Action Plan, for Children 6 Years or Older, continued**

**Doctor**

**Doctor’s Phone Number**

**Date**

**Hospital/Emergency Department Phone Number**

---

**Doing Well**
- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

**And, if a peak flow meter is used,**

**Peak flow:** more than ________
(80 percent or more of my best peak flow)

My best peak flow is: ________

Take these long-term-control medicines each day (include an anti-inflammatory).

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

Identify and avoid and control the things that make your asthma worse, like (list here):

<table>
<thead>
<tr>
<th>________</th>
<th>___________</th>
<th>___________</th>
</tr>
</thead>
</table>

Before exercise, if prescribed, take:
- 2 or 4 puffs ________
- 5 to 60 minutes before exercise

---

**GREEN ZONE**

**ASTHMA IS GETTING WORSE.**
- Cough, wheeze, chest tightness or shortness of breath, or
- Waking at night due to asthma or
- Can do some but not all usual activities

**OR**
- Peak Flow: ________ to ________
(50 to 79 percent of my best peak flow)

Add quick-relief medicine — and keep taking your GREEN ZONE medicine.

<table>
<thead>
<tr>
<th>________</th>
<th>___________</th>
<th>___________</th>
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</thead>
</table>

If applicable remove yourself from the thing that made your asthma worse

**YELLOW ZONE**

**MEDICAL ALERT**
- Very short of breath, or
- Quick relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are the same or get worse after 24 hours in Yellow Zone

**OR**
- Peak Flow: less than ________
(50 percent of my best peak flow)

**RED ZONE**

**Danger Signs**
- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

Take this medication:

- 4 or 6 puffs or Nebulizer

Then call your doctor NOW. Go to the hospital or call an ambulance if:
- You are still in the RED ZONE after 15 minutes AND
- You have not reached your doctor

---

# CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

- To be completed by a Health Care Provider -

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>Child’s Full Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Parent’s/Guardian’s Name</td>
<td>Telephone No. ( )</td>
</tr>
<tr>
<td></td>
<td>Primary Health Care Provider</td>
<td>Telephone No. ( )</td>
</tr>
<tr>
<td></td>
<td>Specialty Provider</td>
<td>Telephone No. ( )</td>
</tr>
<tr>
<td></td>
<td>Specialty Provider</td>
<td>Telephone No. ( )</td>
</tr>
</tbody>
</table>

## Diagnosis(es)

Allergies

## ROUTINE CARE

<table>
<thead>
<tr>
<th>Medication To Be Given at Child Care</th>
<th>Schedule/Dose (When and How Much?)</th>
<th>Route (How?)</th>
<th>Reason Prescribed</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

List medications given at home:

## NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

- **Diet or Feeding:**
- **Classroom Activities:**
- **Naptime/Sleeping:**
- **Toileting:**
- **Outdoor or Field Trips:**
- **Transportation:**
- **Other:**

Additional comments:
### SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1.  
2.  
3.  

### EMERGENCY CARE

**CALL PARENTS/GUARDIANS** if the following symptoms are present:

-  
-  
-  

**CALL 911 (EMERGENCY MEDICAL SERVICES)** if the following symptoms are present, as well as contacting the parents/guardians:

-  
-  
-  

**TAKE THESE MEASURES** while waiting for parents or medical help to arrive:

-  
-  
-  

### SUGGESTED SPECIAL TRAINING FOR STAFF

-  
-  
-  

<table>
<thead>
<tr>
<th>Health Care Provider Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PARENT NOTES (OPTIONAL)

-  
-  
-  

I hereby give consent for my child’s health care provider or specialist to communicate with my child’s child care provider or school nurse to discuss any of the information contained in this care plan.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Important:** In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child’s special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child’s special health needs.
Instructions for Completing the
Care Plan for Children with Special Health Needs (CH-15)

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child’s care cannot be fit on to the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child’s care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

Specific Instructions:

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled “Special Care Plan Attached.”
4. Complete the Care Plan for Children with Special Health Needs
   • Complete the demographic information.
   • The Primary Health Care Provider is the medical home where the child’s complete health records are maintained.
   • Specialty providers and their contact information should be included if the specialists play a major role in the child’s health care such as adjusting medication doses.
   • Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
   • Allergies – Include medication allergies and other significant environmental allergies.
   • Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
   • Describe any Needed Accommodations to particular activities.
     o Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
     o Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
     o Outdoor Activities/Field Trips- List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
   • Special Equipment/Medical Supplies
     o List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
   • Emergency Care
     o Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
     o Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
   • Special Staff Training
     o Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.
Information Exchange on Children with Health Concerns Form

Dear Health Care Provider:

We are sending you this Information Exchange Form along with a Consent for Release of Information Form (see back) because we have a concern about the following signs and symptoms that we and/or the parents have noted in this child, who is in our care. We appreciate any information you can share with us on this child in order to help us care for him/her more appropriately, and to assist us to work more effectively with the child and family. Thank you!

<table>
<thead>
<tr>
<th>To be filled out by Child Care Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: ________________________ Telephone: ____________________________</td>
</tr>
<tr>
<td>Address: ______________________________</td>
</tr>
<tr>
<td>We would like you to evaluate and give us information on the following signs and symptoms: ____________________________________________________</td>
</tr>
<tr>
<td>Questions we have regarding these signs and symptoms are: ____________________________________________________</td>
</tr>
<tr>
<td>Date___ /___ /___ Child Care Provider Signature: ____________________________</td>
</tr>
<tr>
<td>Child Care Provider Printed Name: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To be filled out by Health Care Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Provider’s Name: ________________________ Telephone: ____________________________</td>
</tr>
<tr>
<td>Address: ______________________________</td>
</tr>
<tr>
<td>Diagnosis for this child: ____________________________</td>
</tr>
<tr>
<td>Recommended Treatment: ____________________________</td>
</tr>
<tr>
<td>Major side effects of any medication prescribed that we should be aware of: ____________________________</td>
</tr>
<tr>
<td>Should the child be temporarily excluded from care, and if so, for how long? ____________________________</td>
</tr>
<tr>
<td>What should we be aware of in caring for this child at our facility (special diet, treatment, education for parents to reinforce your instructions, signs and symptoms to watch for, etc.)? ____________________________</td>
</tr>
<tr>
<td>Please attach additional pages for any other information, if necessary.</td>
</tr>
<tr>
<td>Date ___ /___ /___ Health Care Provider Signature: ____________________________</td>
</tr>
<tr>
<td>Health Care Provider Printed Name: ____________________________</td>
</tr>
</tbody>
</table>

California Childcare Health Program  www.ucsfchildcarehealth.org  rev. 04/05

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Consent for Release of Information Form

I, ________________________________________________________, give my permission for

(parent/guardian)

____________________________________________________to exchange health information with

(sending professional/agency)

____________________________________________________.

(receiving professional/agency)

This includes access to information from my child’s medical record that is pertinent to my child’s health and
safety. This consent is voluntary and I understand that I can withdraw my consent for my child at any time.

This information will be used to plan and coordinate the care of:

Name of Child: ____________________________________ Date of Birth: _________________

Parent/Guardian Name: ________________________________________________

(print full name)

Parent/Guardian Signature: _____________________________________________

Parents or Guardians signing this document have a legal right
to receive a copy of this authorization.

Note: In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable California laws,
all personal and health information is private and must be protected.

Bryn Mawr: PA: Authors.
# Daily Log of Controlled Medications Administered

Use one Sheet for Each Child

<table>
<thead>
<tr>
<th>School/Childcare Program</th>
<th></th>
</tr>
</thead>
</table>

Child’s Name _________________________ Birth Date _______________ Classroom ____________

Medication __________________________ Dosage _______________ Route __________________

Time of day medication is to be given: __________________

Length of time medication is to be given: _______  Start Date ____________ End Date __________

Special Instructions ___________________________________________________________________

Name of Health Care Provider Prescribing Medication _______________________ Phone ______

*All medication received must be counted and signed by staff member as well as guardian.*

<table>
<thead>
<tr>
<th>Date</th>
<th># of Pills Received &amp; Date &amp; Initial (Staff &amp; Guardian)</th>
<th>Time of administration</th>
<th># of Pills Remaining</th>
<th>Initials</th>
<th>Comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Staff Signature</th>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>


# Authorization to Give Medicine

## PAGE 1—TO BE COMPLETED BY PARENT

### CHILD’S INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility/School</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child (First and Last)</td>
<td>/ /</td>
</tr>
<tr>
<td>Name of Medicine</td>
<td></td>
</tr>
<tr>
<td>Reason medicine is needed during school hours</td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td>Route</td>
</tr>
<tr>
<td>Time to give medicine</td>
<td></td>
</tr>
<tr>
<td>Additional instructions</td>
<td></td>
</tr>
<tr>
<td>Date to start medicine / /</td>
<td>Stop date / /</td>
</tr>
<tr>
<td>Known side effects of medicine</td>
<td></td>
</tr>
<tr>
<td>Plan of management of side effects</td>
<td></td>
</tr>
<tr>
<td>Child allergies</td>
<td></td>
</tr>
</tbody>
</table>

### PRESCRIBER’S INFORMATION

| Prescribing Health Professional’s Name | |
| Phone Number | |

### PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine.**

I have administered at least one dose of medicine to my child without adverse effects.

| Parent or Guardian Name (Print) | |
| Parent or Guardian Signature | |
| Address | |
| Home Phone Number | Work Phone Number | Cell Phone Number |
Receiving Medication
PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child ____________________________________________

Name of medicine ________________________________________

Date medicine was received _____/_____/_____

Safety Check


☐ 2. Original prescription or manufacturer’s label with the name and strength of the medicine.

☐ 3. Name of child on container is correct (first and last names).

☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.

☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.

☐ 6. Copy of Child Health Record is on file.

☐ 7. Instructions are clear for dose, route, and time to give medicine.

☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.

☐ 9. Child has had a previous trial dose.

Y ☐ N ☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

Caregiver/Teacher Name (Print) ____________________________________________

Caregiver/Teacher Signature ____________________________________________
# Medication Log

**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

Name of child ____________________________________________________
Weight of child ____________________________

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<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>Dose/amount</td>
<td>PM _______</td>
<td>PM _______</td>
<td>PM _______</td>
<td>PM _______</td>
<td>PM _______</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>
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<td></td>
</tr>
</tbody>
</table>

---

**Date/time Error/problem/reaction to medication**

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Error/problem/reaction to medication</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
</table>

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**RETURNED to parent/guardian**

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
<tr>
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<td>/ /</td>
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<td></td>
</tr>
</tbody>
</table>

**DISPOSED of medicine**

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Medication Incident Report

<table>
<thead>
<tr>
<th>Date of report</th>
<th>School/center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person completing this report</td>
<td></td>
</tr>
<tr>
<td>Signature of person completing this report</td>
<td></td>
</tr>
<tr>
<td>Child’s name</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>Classroom/grade</td>
</tr>
<tr>
<td>Date incident occurred</td>
<td>Time noted</td>
</tr>
<tr>
<td>Person administering medication</td>
<td></td>
</tr>
<tr>
<td>Prescribing health care provider</td>
<td></td>
</tr>
<tr>
<td>Name of medication</td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td>Scheduled time</td>
</tr>
</tbody>
</table>

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)

[Blank lines]

Action taken/intervention

Parent/guardian notified? Yes ______ No ______ Date ______ Time ______

Name of the parent/guardian that was notified

Follow-up and outcome

Administrator’s signature

Adapted with permission from Healthy Child Care Colorado.
Washing Your Hands

1. Turn water on.
   - Be sure clean, disposable paper towels are available.
   - Turn on warm water.
     (90-110°F in NC)

2. Wet hands.
   - Wet hands with water.

3. Apply soap.
   - Apply liquid soap.

4. Wash hands.
   - Wash hands well for at least 10-15 seconds. Rub top and inside of hands, under nails and between fingers.

5. Rinse hands.
   - Rinse hands under running water for at least 10 seconds.

6. Dry hands.
   - Dry hands with clean, disposable paper towel.

7. Turn water off.
   - Turn off the water using the paper towel.

8. Throw paper towel away.
   - Throw the paper towel into a lined trash container.

Teach children to wash their hands:
- Upon arrival to the center
- Before and after eating
- After using the toilet/diapering
- After coughing or contact with body fluids: runny nose, blood, vomit
- Before and after using water tables
- After outside play
- After handling pets
- Whenever hands are visibly dirty
- Before going home
HANDWASHING

Handwashing is the single most effective practice that prevents the spread of germs in the child care setting.

When should hands be washed?

**Children:**
- Upon arrival to the center
- Before and after eating
- After using the toilet/diapering
- Before using water tables
- After playing on the playground
- After handling pets
- After coughing or contact with runny noses
- Whenever hands are visibly dirty
- Before going home

**Providers**
- Upon arrival to work
- Before handling food or feeding children
- After using toilet/diaper changing
- After coughing, contact with runny noses, vomit, etc
- After handling pets or pet cages
- Whenever hands are visibly dirty
- Before and after administering first aid
- After cleaning up
- After removing gloves
- Before and after giving medication
- Before going home

**How to wash hands**

- Refer to the Handwashing handout
- Use liquid soap
- Wash well under running water for at least 10-15 seconds.
- Be sure to wash areas between fingers, around nail beds, under fingernails and back of hands
- Use hand lotion

Hand sanitizers may be used for staff and children 3 years of age and older, at times and in areas where handwashing facilities are not available

**Infants and Toddlers**

Use soap and water at a sink if you can. If a baby is too heavy to hold for handwashing at the sink then:
- Wipe the child’s hands with a damp paper towel moistened with a drop of liquid soap.
- Wipe the child’s hands with a paper towel wet with clear water
- Dry the child’s hands with a paper towel
- Do not use hand sanitizers for young children under 3 years of age
Dear Parent/Guardian:

With the safety of your child in mind, we would like to make you aware that we have developed a Medication Administration Policy for our child care facility. This detailed policy is comprehensive and involves the ideas of child care providers and directors in accordance with legal regulations.

If you need us to give medicine to your child please remember that we need:

1. Updated emergency contact forms
2. Permission form for EVERY medicine that includes
   a. Name of child
   b. Name of medication
   c. Time the medication should be given and how often
   d. How to give the medicine
   e. How much medicine to give
3. Medicine in the original container and not close to expiration date

We will not give medicine that is:

1. Expired
2. Not in original container
3. Without written permission
4. Beyond the expiration of parent/guardian consent
5. Without written instructions from a physician or other health professional for prescription medicine
6. In a manner that does not match the medicine container or prescription
7. For non-medical reasons (such as giving Benadryl to help a child sleep)
8. Not prescribed for that child

Medicine will be stored in a locked container that is inaccessible to children and stored at the proper temperature. Any medication left 72 hours after authorization or completion of treatment will be returned to you or discarded.

Any medicine we give to your child will be recorded on a Medication Administration log or record which will show the child’s name, date, time, amount and type of medication given, as well as the name of the signature of the person who gave medicine. Spills, reactions and refusals will be noted on this document.

If your child has a reaction to any medication, we will contact you immediately and give your child medical attention as needed. We will also contact you if your child refuses the medication.

Please give the first dose of medicine to your child so that you can tell us the best way to give medicine to your child and to avoid problems or allergic reactions.
Dear Parents/ Guardians:

Many parents and staff members have questions regarding the use of medications. The following is some information from local and national pediatric experts about the use of medication in young children.

People in the United States spend millions of dollars on the use of over-the-counter (OTC) medications, (for fever, pain, colds, and coughs). Many of these medications are unnecessary, and in the case of young children (particularly under the age of 5 years) the effect of these medications often produces side effects, instead of providing relief to bothersome symptoms.

In January 2008, the American Academy of Pediatrics (AAP) supported a public health advisory put out by the US Food And Drug Administration. This advisory recommended that OTC cough and cold medications should not be used for infants and children under age 2 because of the risk of life threatening side effects.

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

Use of Nonprescription Medications for Common Symptoms:

- If your child is playing and sleeping normally, nonprescription medications are not needed.
- Medications should only be given for symptoms that cause significant discomfort, such as repeated coughing or difficulty with sleeping. Consult with your health care provider.
- Viral illnesses respond well to rest, fluids and comfort measures.

Use of Antibiotics:

- More than 90% of infections are due to viruses.
- Antibiotics have no effect on viruses.
- Antibiotics kill bacteria (such as strep throat). It is essential to complete the full treatment, even though your child may feel well.
- When antibiotics are necessary, they should be given at home when possible; this has been made easier now that once and twice daily dosages are available.

If Your Child Requires Medication While at Child Care or School:

- All prescription and nonprescription medication given in child care or school settings require a written authorization from your health care provider, as well as parent written consent. This is a child care licensing requirement. The medication authorization forms are available from the center or school.

- The instructions from your health care provider must include information regarding the medication, reason for the medication, the specific time of administration and the length of time the medication needs to be given. All medication must be brought in the original labeled container.
  
  Note: Medication prepared in a bottle or “cup” may not be left with program staff. Vitamins are considered like any other medication, please do not leave them with your child.

- Program staff involved in medication administration receives special training and is supervised by a nurse or other health care consultant.

- Program staff is not authorized to determine when an “as needed” medication is to be given. Specific instructions are necessary. For children with chronic health conditions, this can be determined in collaboration with the consulting registered nurse.
Medication Administration Curriculum 
INSTRUCTOR’S MANUAL

Page 2

Medication Use in Young Children

Guidelines for Safe Use of Medication:

- Keep medication out of the reach of children. Keep childproof caps on the container.

- Children should understand adults are in charge of medicines. It should not be referred to as "candy".

- Give the correct dose. Measure the dose out exactly. Use a measuring spoon, medicine spoon or syringe. One teaspoon = 5ml (cc). Kitchen teaspoons & tablespoons are not accurate; they hold 2-7ml (cc) and should not be used.

- Give the medicine at the prescribed times. If you forget a dose, give it as soon as possible and give the next dose at the correct time interval following the late dose.

- Give medications that treat symptoms (such as: persistent cough) only if your child needs it and never to children under 2. Continuous use is usually not necessary. Talk with your health care provider.

- Young children pay attention to adults who take medication. Sometimes a 2-year-old will tell you they have a headache or stomachache, this is not a reason to use medication. Watch the symptoms and give your child attention in other ways.

- Fever reducing medication can be given for fever over 102°. Remember that fever can be the body’s way to fight infection. Be careful not to casually use fever-reducing medication.

- Be especially careful with over-the-counter medications. Some adult strength medications are never used with children. Talk with your health care provider or pharmacist.

- Check the medication label and read the expiration dates. Expired medications can lose their strength and can be harmful.

What to do if Your Child Refuses to Take Their Medicine

- Some medications do not taste very good. Your child can suck on a popsicle beforehand to help numb the taste. Or you can offer your child's favorite drink to help wash it down.

- If the medication is not essential (such as most nonprescription medication) then discontinue it. If you are not sure, call your health care provider.

- If the medication is essential, be firm, help them take it and give a reason for the need.

Should your child need to take medication, either at home at school or at child care, be sure to talk with the program director. When your child is well enough to return to school/childcare, the staff may be able to assist you in monitoring your child during this time, be able to share information about your child’s symptoms and how they may be responding to the medication and other comfort measures.

References:
Healthy Child Care America: Controlling the Spread of Infectious Disease in Child Care Programs, 2001
Managing Infectious Diseases in Child Care and Schools, Susan Aronson, Timothy Shope, AAP, 2005
http://www.aap.org/advocacy/releases/jan08coughandcold.htm

Handout developed by The Children’s Hospital School Health Program 2001 revised 2005, 2008 (303) 281-2790
Questions and Answers: IDEA & Child Care

1. What is the IDEA?
The Individuals with Disabilities Education Act (IDEA) guarantees children with disabilities the same access to education as children who do not have disabilities. In 1975, Congress passed the IDEA in response to frequent discrimination against children with disabilities in public school systems. All states must meet the minimum federal IDEA standards regarding the educational rights of children with disabilities. However, state laws can expand these rights.

2. Who is eligible for services under the IDEA?
Children ages 0 to 21 with certain disabilities are eligible.

- **Infants and Toddlers** – are eligible for Early Intervention (EI) services under the IDEA. EI services may be necessary if a child is experiencing developmental delays or has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. Some states have created a third eligibility category of children at-risk of developmental delays.

- **School-age and Children Attending Preschool** – are eligible if found to have mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, which as a result need special education and related services.

3. How do families apply?
If a parent feels her child is eligible for services under the IDEA, she should contact her local school district or EI agency. Local educational agencies (LEA) have an obligation under federal law to “actively and systematically seek out” all persons aged 3 to 21 who would be eligible for special education. The lead agency for EI services has a similar “child find” obligation for infants and toddlers. Child care providers can refer children they think may be eligible, although the family must consent in writing to an assessment.

4. What is an IEP?
- An Individualized Educational Program (IEP) is an agreement that outlines a child’s special education and related services. An IEP is for preschool (ages 3 to 5) and school-age children.

- A team consisting of parents, regular and special education teachers, a representative from the LEA, and anyone else the parent or local school district feel should be present, formulate the IEP at a collaborative meeting.

- The IEP must include the child’s present levels of performance, measurable annual goals, and the child’s special education and related services. If a child does not participate in the regular classroom or in general nonacademic and extracurricular activities, the IEP must explain why and list supports and program modifications to allow participation in the general classroom. A parent must provide written consent to the services to be provided.

- The team reviews the IEP at least annually, or when either a parent or a teacher request a meeting for a new assessment, lack of anticipated progress by the child, or other matters.
5. What is an IFSP?

- An Individualized Family Service Program (IFSP) is very similar to an IEP, but an IFSP is for EI children, ages 0 to 3.
- An IFSP may include the infant/toddler’s present levels of development, the major expected outcomes for the infant/toddler and her family, the specific EI services necessary to meet the needs of the infant/toddler and her family, the natural environments in which the services will be carried out, and steps to help the infant/toddler transition to preschool or other services. A parent must provide written consent to the services to be provided.
- An IFSP is evaluated annually and is reviewed at least every 6 months or more frequently if the infant/toddler or family needs it.

6. What role can child care providers play in the IEP/IFSP process?

At the discretion of the parent or agency, other individuals with “knowledge or special expertise regarding the child,” (IEP) or “as appropriate, persons who will be providing services to the child or family” (IFSP) may participate in the IEP or IFSP meeting and planning. This could include child care providers. Child care providers can give input on services or technology that would enable the child to participate in their program.

7. What placement can families and children obtain under the IDEA?

- The IDEA is designed to guarantee children with disabilities of all ages the opportunity to participate, learn, interact, and succeed in the school setting.
- Children with disabilities in school are assured a Free Appropriate Public Education (FAPE). FAPE is not tied to funding and must be based on the child’s educational need. Placement is based on the child’s individual needs and skills as outlined on her IEP.
- Inclusion is an important goal of the IDEA. Also, for preschool and school-age children with disabilities, the IDEA requires that they be placed in the Least Restrictive Environment (LRE). LRE applies to extracurricular and nonacademic activities as well, which can include child care.
- EI (ages 0 to 3) has a “Natural Environment” requirement similar to the LRE. A “natural environment” includes a child’s home, “community settings in which children without disabilities participate,” and “settings that are natural or normal for the child’s age peers who have no disabilities,” such as child care.

8. What related services can families and children obtain under the IDEA?

Families and children can receive any service that is necessary to help a child benefit from her special education program. All services under the IDEA for children ages 3 to 21 are free and based on each child’s educational need, not the child’s disability. Some examples of these services are transportation, speech pathology, psychological services, physical and occupational therapy, counseling services, and school health services. For children receiving EI services, some states charge fees based on a sliding scale and/or require access to public/private insurance.

9. Can a family get child care or afterschool care through their IEP?

- Children with disabilities, from ages 3 to 5, may receive preschool or child care services as part of their IEP. It is also possible to include consultation services between the therapists working with a child and the child’s preschool or child care programs in an IEP. The IDEA makes grants available to states to extend special education services to eligible preschool aged children. Some school districts may try to limit reimbursement for placement in private preschools, but this is not allowed if the placement results from the IEP.
- If afterschool care or extended day is a related service that is necessary for a school-age child to benefit from her special education, then a family could receive afterschool care through an IEP. The related service must be connected to the child’s education and needs, not family or
other issues, except in the case of EI where a family’s needs and strengths as well as the child’s are expressly considered.33

- A portion of the cost of child care may be paid for as part of an IFSP.35 For example, where a child has socialization with typically developing children as a goal in his/her IFSP, the state agency can pay for the time in child care when the child is receiving this support.

10. What assistive technology is available to child care providers for children with disabilities under the IDEA?

- Assistive technology means any equipment, off-the-shelf or customized, used to increase, maintain, or improve the functional capacities of children with disabilities.36 Some examples of assistive technology are computers, transportation aids, glasses, and hearing aids.

- If assistive technology helps a student benefit from her special education placement, including child care, then the technology is guaranteed by the school district.37 Parents do not have to pay for the equipment.38

- The need for assistive technology must be considered in every child’s IEP,39 and it is an EI40 service that must be considered in the IFSP process. If the IEP team decides that the child needs access to those devices in non-school settings, such as child care, in order to achieve FAPE, the LEA must allow the child to use a school-purchased assistive technology device at home or in other settings.41

11. What rights do parents have if the school district denies a child services or a parent does not like her child’s placement?

Parents or the child’s representative have the right to mediation and/or a due process hearing if they disagree with their child’s IEP or on any matter relating to the child’s evaluation, placement, and services under the IDEA.42 See the resource box for agencies you can contact about more information or assistance.

Useful Resources

- **Call the Child Care Law Center** at (415) 394-7144 if you would like information about child care issues. We are a national and California child care support center for legal services programs. The following are some of our legal services:
  - Answer legal questions regarding child care on Monday and Thursday from 12p.m. to 3p.m.
  - Conduct trainings for parents, teachers, community agencies, and others on the Americans with Disabilities Act and other disability laws.

- **Call the National Disability Rights Network**, a national voluntary membership organization for the federally mandated nationwide network of disability rights agencies, protection and advocacy systems, and client assistance programs, at (202) 408-9514 or visit their website at [www.napas.org](http://www.napas.org) to find out where the office is nearest you.

- **Contact the Parent Training and Information Centers and Community Groups**, which provide training and information to parents of infants, toddlers, school-aged children, and young adults with disabilities, and the professionals who work with their families in your state. To reach the parent center in your state, call the **Technical Assistance Alliance for Parent Centers (the Alliance)** at (888) 248-0822 or visit their website at [www.taalliance.org](http://www.taalliance.org).

- **Call Disability Rights Education & Defense Fund (DREDF)**, a national law and policy center dedicated to protecting and advancing the civil rights of people with disabilities, at (510)644-2555 or visit their website at [www.dredf.org](http://www.dredf.org).

- **Contact Easter Seals Disability Services**, a national non-profit that provides both resources and inclusive child care services. A list of centers and services can be found at their website: [http://www.easterseals.com](http://www.easterseals.com).
This document is intended to provide general information about the topic covered. It is believed to be current and accurate as of June 2009, but the law changes often. This document is made available with the understanding that it does not render legal or other professional advice. If you need legal advice, you should seek the services of a competent attorney.

Endnotes

1 20 U.S.C. § 1400 et. seq.
4 20 U.S.C. § 1401(3); see also 34 C.F.R. § 300.7(a)(1) (further specifying eligibility criteria for special education including multiply handicapped).
8 Agencies must take extra steps to include parents if they cannot attend, such as enabling them to participate via conference call. 34 C.F.R. § 300.345.
18 34 C.F.R. § 303.343(a)(1).
19 20 U.S.C. § 1412(a)(1); 34 C.F.R. § 300.103.
24 Id.
25 34 C.F.R. § 303.18.
27 20 U.S.C. § 1401(9).
28 20 U.S.C. § 1412(a)(1); 34 C.F.R. § 300.103.
29 INSERT CITE
31 Id. § 1412(a)(10)(B); see also 34 C.F.R. § 300, App. B.
37 Id.
38 Id.
40 34 C.F.R. § 303.12(d)(1).
41 34 C.F.R. § 300.105(b).

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June 15, 2009
When Should Students With Asthma or Allergies Carry and Self Administer Emergency Medications at School?

Guidance for Health Care Providers Who Prescribe Emergency Medications

Physicians and others authorized to prescribe medications, working together with parents and school nurses, should consider the list of factors below in determining when to entrust and encourage a student with diagnosed asthma and/or anaphylaxis to carry and self-administer prescribed emergency medications at school.

Most students can better manage their asthma or allergies and can more safely respond to symptoms if they carry and self-administer their life saving medications at school. Each student should have a personal asthma/allergy management plan on file at school that addresses carrying and self-administering emergency medications. If carrying medications is not initially deemed appropriate for a student, then his/her asthma/allergy management plan should include action steps for developing the necessary skills or behaviors that would lead to this goal. All schools need to abide by state laws and policies related to permitting students to carry and self-administer asthma inhalers and epinephrine auto-injectors.

Health care providers should assess student, family, school, and community factors in determining when a student should carry and self-administer life saving medications. Health care providers should communicate their recommendation to the parent/guardian and the school, and maintain communication with the school, especially the school nurse. Assessment of the factors below should help to establish a profile that guides the decision; however, responses will not generate a "score" that clearly differentiates students who would be successful.

**Student factors:**

- Desire to carry and self-administer
- Appropriate age, maturity, or developmental level
- Ability to identify signs and symptoms of asthma and/or anaphylaxis
- Knowledge of proper medication use in response to signs/symptoms
- Ability to use correct technique in administering medication
- Knowledge about medication side effects and what to report
- Willingness to comply with school’s rules about use of medicine at school, for example:
  - Keeping one’s bronchodilator inhaler and/or auto-injectable epinephrine with him/her at all times;
  - Notifying a responsible adult (e.g., teacher, nurse, coach, playground assistant) during the day when a bronchodilator inhaler is used and immediately when auto-injectable epinephrine is used;
  - Not sharing medication with other students or leaving it unattended;
  - Not using bronchodilator inhaler or auto-injectable epinephrine for any other use than what is intended;
  - Responsible carrying and self-administering medicine at school in the past (e.g. while attending a previous school or during an after-school program).

**NOTE:** Although past asthma history is not a sure predictor of future asthma episodes, those children with a history of asthma symptoms and episodes might benefit the most from carrying and self-administering emergency medications at school. It may be useful to consider the following.

- Frequency and location of past sudden onsets
- Presence of triggers at school
- Frequency of past hospitalizations or emergency department visits due to asthma
EpiPen® Resources

Parent Brochures
• Anaphylaxis
  http://www.aap.org/publiced/BR_Anaphylaxis.htm

Reports and Position Statements
• “School Guidelines for Managing Students with Food Allergies” — Several organizations have developed thoughtful summaries of shared responsibilities concerning food allergies for use by schools, children, adolescents, and parents (a list is available online at http://www.foodallergy.org/school/SchoolGuidelines.pdf).
  http://www.aaaai.org/members/academy_statements/position_statements/ps34.asp

Pediatrics
To access the articles below, please visit http://www.healthychildcare.org/medadmin.html:
• Banks, JR. EpiPen Jr Versus EpiPen in Young Children Weighing 15 to 30 kg at Risk for Anaphylaxis. *Pediatrics*. 2003; 112;460-461

Pediatric Care Online
• Epinephrine (see navigation menu on left to get info on usage, dosing, etc)
  http://www.pediatriccareonline.org/pco/ub/view/Pediatric-Drug-Lookup/153609/all/epinephrine
Candy or Medicine? — Look Alike Drugs

Because young children are unable to read they can often mistake medicines for their favorite candy. The reason is pictured above; many medicines and candies look virtually identical. To reduce the risk of accidental poisonings, keep medicines out of reach of children in a high, locked cabinet; and always keep medicines in the original container. In the event of an accidental poisoning:

**CALL POISON CENTER IMMEDIATELY 1-800-222-1222**
Look Alike Products — Don’t Be Fooled
Candy & medicine can look alike!

A child’s view … it all looks like candy!

Carolinas Poison Center/June 2000
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Healthy Futures: Improving Health Outcomes for Young Children
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