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

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<th>Methods</th>
<th>Participant Materials</th>
<th>Other Materials or Supplies</th>
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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.
  o Giving the wrong dose of medication includes overdoses, underdoses, and missed doses.
  o Giving the medication incorrectly can also mean not carrying out the accompanying instructions (i.e., with food, etc).
  o 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.

**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).
**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

• 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.
Scenario: Nick, continued

Medication Incident Report

Name: Nick Sample
Date: 03/10/2023
Time: 10:30 AM

Medication Log

<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Medication</th>
<th>Dose</th>
<th>Administration</th>
<th>Route</th>
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<td>Tylenol</td>
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Notes:
- Nick Sample experienced nausea and vomiting after receiving the medication.
- The medication was retrospectively reviewed and deemed to be administered correctly.

End of Scenario.
**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.
Transportation Provided by the Child Care Facility and Field Trips

- A staff person authorized to administer medication should be present when supervising a child outside of the child care facility grounds
- Medication should be properly secured and labeled
- The proper temperature and conditions for the medication should be maintained
- Copies of emergency contact information and the child’s medical forms should be carried
- The dose of medication given outside of the facility must be properly logged, and any side effects should be noted
- Hand hygiene must be maintained
- Emergency contact methods (such as a cell phone) must be available

⇒ 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:**

- Your state regulations can be obtained at the NRC Web site ([http://nrc.uchsc.edu/](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
Follow instructions in the Instructor’s Manual to submit completed Post-tests to AAP.

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

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<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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**RETURNED to parent/guardian**

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**DISPOSED of medicine**

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# Group Activity: Problems with Nick

## Medication Incident Report

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<th>School/center ________________________________</th>
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<tbody>
<tr>
<td>Name of person completing this report __________________</td>
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<tr>
<td>Signature of person completing this report</td>
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</tr>
<tr>
<td>Child’s name ___________________________________________</td>
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</tr>
<tr>
<td>Date of birth ___________________________________________</td>
<td>Classroom/grade ______________________________</td>
</tr>
<tr>
<td>Date incident occurred ___________________________</td>
<td>Time noted _____________________________________</td>
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<td>Person administering medication __________________________</td>
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<td>Prescribing health care provider _________________________</td>
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<tr>
<td>Name of medication ______________________________________</td>
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<tr>
<td>Dose ___________________________________________</td>
<td>Scheduled time _______________________________</td>
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<td>Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)</td>
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<tr>
<td>Action taken/intervention ______________________________</td>
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<td>Parent/guardian notified? Yes ____________ No ____________ Date ______________ Time ______________</td>
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<tr>
<td>Name of the parent/guardian that was notified ____________</td>
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<td>Follow-up and outcome __________________________________</td>
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<td>Administrator’s signature ______________________________</td>
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</table>

Adapted with permission from Healthy Child Care Colorado.
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

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

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**Monday**

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

<table>
<thead>
<tr>
<th>Date/time</th>
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<th>Action taken</th>
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<th>Caregiver/teacher signature</th>
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**RETURNED to parent/guardian**

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
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**DISPOSED of medicine**

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

Medication Incident Report

Date of report ______________________________ School/center ______________________________

Name of person completing this report ______________________________________________________

Signature of person completing this report ______________________________________________________

Child’s name ________________________________________________________________________________

Date of birth ___________________________ Classroom/grade _________________________________

Date incident occurred ___________________________ Time noted _________________________________

Person administering medication _________________________________________________________________

Prescribing health care provider _________________________________________________________________

Name of medication ____________________________________________________________

Dose ___________________________ Scheduled time _________________________________

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>Oral</td>
<td>3</td>
</tr>
<tr>
<td>Topical</td>
<td>2</td>
</tr>
<tr>
<td>Inhalation</td>
<td>5</td>
</tr>
<tr>
<td>Injectable</td>
<td>1</td>
</tr>
<tr>
<td>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>Name of child ________________________________</th>
<th>Weight of child ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td><strong>Tuesday</strong></td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Actual time given</strong></td>
<td></td>
</tr>
<tr>
<td>AM ______</td>
<td>AM ______</td>
</tr>
<tr>
<td>PM ______</td>
<td>PM ______</td>
</tr>
<tr>
<td><strong>Dosage/amount</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Route</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff signature</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Date/time Error/problem/reaction**

**Action taken**

**Name of parent/guardian notified and time/date**

**Caregiver/teacher signature**

**RETURNED to parent/guardian**

**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
Medication Administration in Child Care Post-test

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<td>____</td>
</tr>
<tr>
<td></td>
<td>Medication that is administered by breathing it into the respiratory system (for example, a mist or spray medication)</td>
</tr>
<tr>
<td>2. Topical</td>
<td>____</td>
</tr>
<tr>
<td></td>
<td>Medication in lotion, cream, ointment, spray, or other form for external application for skin or other medical problems</td>
</tr>
<tr>
<td>3. Inhalation</td>
<td>____</td>
</tr>
<tr>
<td></td>
<td>Form of medication that is inserted into the rectum</td>
</tr>
<tr>
<td>4. Injectable</td>
<td>____</td>
</tr>
<tr>
<td></td>
<td>Medication that is put into the mouth such as tablets, capsules, and liquid medication</td>
</tr>
<tr>
<td>5. Suppository</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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Name          State          Date
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Medication Log

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<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actual time given</th>
<th>AM</th>
<th>AM</th>
<th>AM</th>
<th>AM</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
<td>PM</td>
</tr>
</tbody>
</table>

| Dosage/amount | | | | | |
|---------------| | | | | |

| Route | | | | |
|-------| | | | |

| Staff signature | | | | |
|-----------------| | | | |

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<table>
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</table>

| Caregiver/teacher signature | | |
|----------------------------| | |

RETURNED to parent/guardian

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

DISPOSED of medicine

<table>
<thead>
<tr>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
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