



Medication Administration in Child Care Programs

If you care for children, especially infants and toddlers, it's more than likely that you will care for a child with an acute or chronic health condition that requires giving medication. If a child has a mild illness or a non-contagious illness that requires medication there is no reason to exclude that child from your program. However, it is important to develop plans to assure that medications are given safely and stored correctly, and to seek advice when needed. All staff who work with children should have training on these practices (American Academy of Pediatrics and the American Public Health Association, 2002).

- Check that the name of the child listed on the medication and the child receiving the medication are the same.
- Read and understand the label/prescription instructions related to measured dose, frequency, and other circumstances related to administration (such as in relation to meals).
- Administer the medication according to the prescribed methods and prescribed dose.
- Observe and report any side effects from medications.
- Document the administration of each dose by recording time and amount given.

Medication should be given at home whenever possible, but there will be times when it must be given while the child is in child care. States have different regulations; be sure you understand the regulations for your state. California Community Care Licensing (CCL) regulations permit child care providers to administer medications under the following conditions:

- All prescription and nonprescription medications must bear the child's name and date.
- All medications must be administered according to the label direction. Permission and instructions

must be provided by the parent for each medication. The instructions should not conflict with the label directions and should be filed in the child's record.

- Nonprescription medications do not require approval of the child's health care provider if administered according to the product label and if parental approval and instructions are provided in writing from the parent. The instructions from the parent cannot conflict with the product label and must be filed with the child's records. (Please note that *Caring for Our Children* recommends that obtaining a written approval or instruction from the child's health care provider is a safe practice.)
- The child care provider has a plan to record administration of medication and to inform the parent of daily medication administration.
- When no longer needed all medications are returned to the parent.

Most Frequently Given Medications in Child Care Programs

Antibiotics (given by mouth) – used to treat bacterial infections of the ear, respiratory tract, urinary tract or skin.

Acetaminophen (e.g. Children's Tylenol or Panadol) – used to treat fever and pain.

Antihistamines (e.g. Benadryl) – used to treat allergic reactions such as runny nose or hives.

Bronchodilators – used to prevent or treat asthma attacks. Special equipment such as inhalers or nebulizers is also needed to give bronchodilators. When a nebulizer is needed, a special form from CCL must be completed by the parent and child care provider.

Decongestants (e.g. Dimetapp) – used to reduce stuffiness in ears, nose, chest.

Eye medication (liquid or ointment administered directly into the eye) – used to treat bacterial eye infections or “pink eye.”

Iron (by mouth) – used to treat anemia.

Cough medicine – suppressant for dry cough or expectorant for wet cough.

Topical medications – used to treat skin conditions such as diaper rash, infections.

Medications for chronic conditions – used to treat seizure disorders, cystic fibrosis, and other chronic illnesses.

Common Routes (Ways) Medication Is Given

Oral medication can be solid such as tablets or capsules or can be liquid such as elixirs or suspensions. All oral medications should be followed by two to four ounces of water unless otherwise indicated.

Eye drops require some preparation. First gather supplies (medications, tissue, gloves) and wash hands. Clean eyelids, if necessary, wearing gloves. Position child on back or if seated, with head tilted back. Gently but firmly pull down lower lid and insert medication drops into pocket formed by lower lid. Be careful not to touch the eye or eyelid with container. Wipe closed eye with tissue. Praise the child for helping and wash your hands after removing the gloves. To apply eye ointment, follow the same procedure but drop a line of ointment along the lower lid, again without touching the container to the eye.

Topical medications are applied to skin. First, clean the skin where you will be applying the medication. Wear gloves if directed. Apply medication using applicator, gauze or gloves. Cover area if directed.

Inhaled medication is delivered by a spray bottle, inhaler or nebulizer. The medication forms a fine mist to be inhaled. A nasal spray is fairly easy to administer in older children who can cooperate. Ask them to hold one nostril closed while you squirt and they inhale the medication into the open nostril. Medication delivered by an inhaler or nebulizer

requires special training from the parent or health care provider and specific written instruction and warnings. The nebulizer is a machine that requires special cleaning after each use and instructions on its use must be provided by the parent and health care provider. There is a form available from CCL that discusses the appropriate training.

Injected medication is delivered through a syringe/needle. At this time, child care providers cannot inject medications such as insulin, with the exception of using an Epi-Pen® after receiving training. However, CCL regulations allow child care providers to do a blood test for children with diabetes that involves a finger prick, although very strict training and guidelines from CCL must be followed.

Tips for Administering Medication by Age

For Infants

Assemble all supplies within reach—medication, tissues, measuring devices—and wash your hands. Measure the correct amount of medication. If you are not able to hold the infant and give the medication at the same time, ask for help. Talk to the infant and gently touch his or her mouth with the dropper or medication syringe. If his or her mouth doesn't open, gently pull down the chin. Make smacking sounds with your mouth to model what you want. When the infant's mouth is open, place the dropper or syringe on the middle of the tongue and slowly drop the medication a little at a time. If the infant does not cooperate, gently slide the dropper or syringe between the inside of cheek and gums and slowly drop in medication. Or, try dropping pre-measured amount of medication into a bottle nipple and let the infant suck it up.

For Toddlers and Preschoolers

Follow the same preparation as for infants, but try to prepare toddlers by letting them know you are going to be giving medication and you will need their help. Pre-measured medication may be placed in a spoon or in a small cup. If they are cooperative they may not need your help and will do it themselves; if not, you may have to firmly hold them while you use a dropper or medication syringe to place medication in the mouth between cheek and gums. Allow time for the medication to be slowly swallowed. Always praise children for their cooperation.

Medication Storage

Medications should always be stored in their original container in a secure place out of the reach of children. Refrigerated medication should be stored in a plastic or zip-lock bag in the food section of the fridge. Storing medication in clear plastic containers where it can be seen will help providers remember to give it. Do not freeze medication. If the medication is left unrefrigerated for a long period of time, check with a pharmacist to see if it is still effective.

Reactions

Children may react to the medications you administer. Typical reactions include rashes, tiredness and irritability. It's also very common for children to have diarrhea during antibiotic treatment, although as long as it can be contained in the pants or diaper there is no reason to exclude a child for this kind of diarrhea. If you have any concerns about a reaction, notify the parent and seek advice from the health care provider or pharmacist.

Special Situations

A number of situations may arise related to administering medication in child care:

- Parents may ask you to give their child herbal remedies. Because many remedies are not standardized, it's best not to give them unless they are properly labeled and prescribed by a licensed health care provider. Suggest that parents administer these at home instead.
- Parents may not want to reveal what condition their child has. You must respect their desire for confidentiality, but you still need to know if there are any medication reactions to watch for. Remember that a child's medication or health condition cannot be discussed with anyone without the parent's permission.
- You may unexpectedly need to give children a fever-reducing medication or something for pain if they become sick during the day. In these cases, it's acceptable to get telephone permission from a parent to follow the manufacturers' instructions for over-the-counter medication. You must then get written permission when the parent picks up the child.

Antibiotic Resistance

The overuse of antibiotics for the treatment of

childhood illnesses has created a serious public health problem. Some antibiotics no longer work with certain illnesses because the bacteria are now resistant to the effects of the drug. You can help address this problem by educating parents on proper antibiotic use.

- Two main types of germs—bacteria and viruses—cause illness. Most illnesses in child care are caused by viruses. Antibiotics are not useful for illnesses caused by viruses such as colds, coughs or the flu. (FDA, 2002). Encourage parents not to demand antibiotics when their health care provider determines it isn't necessary. Suggest that they ask about ways to help relieve symptoms instead.
- Administer medication exactly as prescribed. This means taking it for as long as it's prescribed until it is gone, even if the child feels better.
- Don't take leftover antibiotics, expired antibiotics, or antibiotics prescribed for someone else.
- Parents may forget to give prescribed medications to their child. This is especially common for children with ear infections who must take antibiotics for 10 days even though they may feel and act healthy sooner. When you administer medication to the child each day, you may notice from the level of medication in the bottle that it's not being given at home. You can stress the importance of the 10-day period needed for the antibiotic to completely eliminate the bacteria which have caused the infection. Remind parents that giving an incomplete cycle of antibiotics can make the germs resistant to antibiotics in the future.

Working with a Pharmacist or Health Care Provider

Patient information sheets on medications provide a wealth of information. They may be obtained free from pharmacies with each prescription and for non-prescription drugs upon request, or downloaded from www.nlm.nih.gov/medlineplus/druginformation.html. The sheets describe how the drug works, what to do if a dose is forgotten, and which side effects might occur. Request that parents bring the information sheet with the medication so the child care staff will be more informed, but don't hesitate to ask questions of the prescribing health care provider or pharmacist if you need more information.

Safeguards To Prevent Errors

- Assign a staff member to administer medications at the right time.
- Consult with the parent, pharmacist or health care provider if uncertain about the next dose.
- If a medication is crucial and has been left at home, ask the parent to return home and get medication before the child is admitted for the day. Establish a system for ensuring that medications are returned each day to the family for use at home.
- Develop systems to alert all staff members that a child has medication—something as simple as a red dot next to a child’s name on the sign-in sheet can be a good reminder.
- Set an alarm clock for the times of administration.
- Use measuring devices such as medicine caps or oral syringes for liquid medications, rather than household utensils, which are not accurate. Read the measured amount at eye level.
- Do not accept medication without written, understandable instructions. Check with a pharmacist or the child’s health care provider if the instructions conflict with the label.
- Require that prescribed medication must have the child’s name and current date.

- Make certain that medication is always administered by trained staff who know the children.
- Always provide written notification of medication administered so that the parent or other caregivers will know when to give the next dose.
- If a medication error is made, notify the parent immediately and consider seeking advice from the child’s pharmacist or health care provider.

References

American Academy of Pediatrics and the American Public Health Association. (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Second Edition.

U.S. Food and Drug Administration, *Battle of the Bugs: Fighting Antibiotic Resistance*. (2016) <https://www.fda.gov/drugs/information-consumers-and-patients-drugs/battle-bugs-fighting-antibiotic-resistance>.

Resources

California Childcare Health Program. *Medication Administration Form*. Available at <https://cchp.ucsf.edu/content/forms>.

California Childcare Health Program. *Medication Administration Poster*. Available at <https://cchp.ucsf.edu/content/posters>.

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Medication Safeguards

Remember the Five R’s

Right Medication is given to the **Right Child** using the **Right Amount** at the **Right Time** given by the **Right Route**

Always check

Parental Permission – must be in writing and filed in the child’s record

Medication Label - the child’s name, dosing instructions, special instructions

Parent Notification – use standard form to notify parents of medication given

Allergies and Reactions - check before giving medication if the child has allergies and watch for reactions afterward