Medication Administration Webinar

June 10, 2015  1 – 2:30 pm

Handouts – Part II

1. Healthy Futures (HF): Dear Parent policy letter
2. Labels: prescription and OTC (1 page) from HF
3. Med Log only – 1 page
4. Eye meds
5. Topical meds
6. Handwashing
7. Special Care Plan
8. Special Care Plan Explanation
9. Oral meds
10. Incident report form
11. 5 Rights Flyer
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 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](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
Medication Administration Curriculum

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

Sample Prescription Label

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

Keep your family healthy for less  

Dr. E. Donoghue  
(732) 775-5500  

NO 0123456-78907  
DATE 09/20/2009  

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  

MFG BIGCOMPANY  

NO REFILLS - DR. AUTHORIZATION REQUIRED  
USE BEFORE 06/2020  

Sample OTC Label

Effective Relief of Itching from Inflammation and Rashes due to:  
Eczema *Psoriasis *Seborrheic Dermatitis  
Poison Ivy *Oak *Sumac *Insect Bites  
Detergents *Soaps *Cosmetics *Jewelry  

Aveeno  

1% HYDROCORTISONE ANTI-ITCH CREAM  

Drug Facts  

Active ingredient  Hydrocortisone 1%  Purpose  Anti-itch  

Warnings (continued)  Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.  

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  

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, sorbital stearate, stearyl alcohol, tocopheryl acetate, water  

Questions? 1-877-298-2525  

Exp 10/200X  

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
# Medication Log

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

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Monday</th>
<th>Tuesday</th>
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<td>Date</td>
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<td>Actual time given</td>
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<td>Dosage/amount</td>
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<td>Route</td>
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<td>Staff signature</td>
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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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<tr>
<th>RETURNED to parent/guardian</th>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
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<tr>
<th>DISPOSED of medicine</th>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
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</table>
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.
4. Apply eye ointment or eye drops.

<table>
<thead>
<tr>
<th>Eye Drops</th>
<th>Eye Ointment</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>

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.

**Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD**
**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.

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
Wash Your Hands!
¡Lávese Las Manos!

1. Wet Hands
   Mójese las manos

2. Soap
   Enjabónese

3. Wash for 20 seconds
   Lávese las manos por 20 segundos

4. Rinse
   Enjuáguese

5. Dry
   Séquese las manos

6. Turn Off Water with Paper Towel
   Cierre el grifo usando una toalla de papel

Provided by University of Nebraska-Lincoln Extension in Lancaster County and the Lincoln-Lancaster County Health Department
# Care Plan for a Child With Special Needs in Child Care

<table>
<thead>
<tr>
<th>Full Name of Child</th>
<th>Birth Date</th>
<th>Child’s Present Weight</th>
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<tr>
<th>Parent’s/Guardian’s Name (Please * first person to contact.)</th>
<th>Cell/Home/Work Phone #</th>
<th>Signature for Consent*</th>
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<tr>
<th>Emergency Contact Person (Name/Relationship)</th>
<th>Cell/Home/Work Phone #</th>
<th>* Consent for health care provider to communicate with my child’s child care provider to discuss information relating to this care plan.</th>
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<tr>
<th>Primary Health Care Provider</th>
<th>Emergency Phone #</th>
<th>Authorization for Release of Information Form completed?</th>
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<td>[N/A] [Yes] [No]</td>
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<tr>
<th>Specially Provider</th>
<th>Emergency Phone #</th>
<th>Emergency Information Form for Children With Special Needs completed?</th>
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<td>[N/A] [Yes] [No]</td>
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<th>Specially Provider</th>
<th>Emergency Phone #</th>
<th>Specialty Care Plan(s) completed?</th>
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<td>[N/A] [Yes] [No]</td>
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- **Allergies**: [No] [Yes] If yes, please specify.

### Medical/Behavioral Conditions

#### Needed Accommodations: (Please describe accommodation and why it is necessary.)

<table>
<thead>
<tr>
<th>Diet/Feeding</th>
<th>Classroom Activities</th>
<th>Toileting</th>
<th>Outdoor or Field Trips</th>
<th>Transportation</th>
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</table>

#### Recommended Treatment

<table>
<thead>
<tr>
<th>Medications to be Given at Child Care</th>
<th>Specify medications on Medication Administration Forms.</th>
<th>If yes, Medication Administration Forms completed?</th>
</tr>
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<tbody>
<tr>
<td>[No] [Yes]</td>
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<td>[N/A] [Yes] [No]</td>
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<tr>
<th>Medications Given at Home</th>
<th>[No] [Yes]</th>
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<tr>
<th>Special Equipment/Medical Supplies</th>
<th>[No] [Yes]</th>
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<tr>
<th>Special Staff Training Needs</th>
<th>[No] [Yes]</th>
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<tr>
<th>Special Emergency Procedures</th>
<th>[No] [Yes]</th>
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<tr>
<th>Other specialists working with this child</th>
<th>[No] [Yes]</th>
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</table>

- **Parent Signature Acknowledging Review of Above Information**

- **Additional Information/Comments on Child, Family, or Medical Issues**

- **Additional Information Attached**: [No] [Yes]

<table>
<thead>
<tr>
<th>Health Care Provider’s Signature</th>
<th>Health Care Provider’s Name Printed</th>
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**ECELS Care Plan for a Child with Special Needs in Child Care**

The Definition of a Child with Special Needs is:
A child who has or is at increased risk for chronic physical, developmental, behavioral or emotional conditions and who requires health and related services of a type or amount beyond that required by children generally.

WHICH Enrolled Children Have A Special Need? One in four children has a special need. Many child care providers enroll children who have a developmental delay. Some receive services from a specialist. Ideally, the specialist shares techniques the adults in the child’s life can use to improve the child’s delay every day. The same should be true for a child with asthma, a seizure disorder or a peanut allergy. An excellent way to learn more about children with special needs is to complete the online self-learning module from ECELS called: “Caring for Children with Special Needs.”

WHO Needs a Care Plan? Child care staff members should have a special care plan for any child who has a chronic medical or developmental condition. Care plans should specify daily care, and care for any situations when the child might require special care, including an emergency. An excellent reference book for providers is *Managing Chronic Health Needs in Child Care and Schools: A Quick Reference Guide*, Ed. Elaine A. Donoghue, MD, FAAP and Colleen A. Kraft, MD, FAAP. This book offers policies and procedures necessary to consider in child care. It has over 35 quick reference sheets for specific conditions.

WHY Do Early Care And Education Providers Need Care Plans? Providers need as much information as possible about the daily and emergency needs of all children. Include a Care Plan for Children with Special Needs in Child Care in your facility’s admission packet. This lets parents know what type of information the program needs. Ask parents to give the completed form to the program before the child’s first day. The care plan guides plans for the care of the child and for education of the staff members. Every program needs general policies and procedures for medication administration. Each child who needs medication should have the details specified in the care plan as well. Some children need special diets, adjustment of their activities or the environment. Some require an individual plan for medical and facility emergencies.

WHO Is Responsible For The Care Plan? Every adult involved in the child’s care must know and be able to implement the plan! The child’s health care provider should complete the care plan. The parent must help the health care provider understand what the child’s program must know, in non-medical terms. For some children, the parent can complete most of the form. Then the health care provider should review and add any needed information. For a child with a complex condition, parents should schedule an office visit with the health care provider to discuss and complete the form. The ECELS Care Plan has sections to make it easy to fill out those that apply to a specific child. Some children will have more than one health care provider or specialists who will contribute additional medical or educational information (i.e. IFSP, IEP).
WHAT Should A Care Plan Include? The care plan may be very simple or complex depending upon the child’s needs. Possible content includes:

- Contact information for families, doctors, including important sub-specialists,
- Medical conditions(s) or behavioral concern(s)
- Allergies,
- Medication(s),
- Medical procedure(s),
- Special diet,
- Special instructions for classroom accommodation, nap, toileting, outdoor activity or transportation,
- Special equipment or supplies,
- Special training or instruction staff may need.

Instructions For Completing The Care Plan For Children With Special Needs

A care plan should be updated to note changes in the child’s medical condition or routinely whenever the child has a routine check-up. In Pennsylvania, many child care programs use the PA CD 51 (Child Health Assessment) form to collect information for the child care program at each checkup... The CD 51 has sections to note medical conditions, behavioral concerns or medications which the child may require while in care. If the completed form indicates that any of these conditions exist, the child’s health care provider should complete a Care Plan too. The following gives the details about each part of the ECELS Care Plan Form.

Child’s present weight: The child’s current weight is important for EMS providers to determine medication dosages in an emergency.

Parent’s/Guardian’s name: Be sure to put a * by the person you want to be contacted first and that person’s phone number.

Signature for consent: Parent(s)/guardian should be sure to sign this box. This gives consent for health care providers to communicate with the child care provider about this care plan.

Authorization for release of information form completed: Federal law requires that parents sign a HIPAA consent form for medical professionals to share information from a child’s medical record with the child care provider. This form specifies exactly what portions of the medical record parents want released.

Specialty Provider: Children with chronic medical problems may have one or more specialists. For example, a child with severe asthma may have an allergist or pulmonary specialist who is primarily responsible for medication adjustments, or determining when a visit to the emergency room is necessary. A pediatrician, nurse practitioner or family doctor might make these decisions without involving a specialist too.
**Emergency Information Form for Children with Special Needs Completed:** The American College of Emergency Physicians and the American Academy of Pediatrics developed a separate form to collect the information needed by EMS and emergency health care providers to take care of a child who is new to them. It summarizes the child’s medical history. The child’s health care professional should decide whether a child needs this form and then complete it.

**Specialty Care Plan completed:** For some children a medical specialist or support groups for their medical condition may have developed a specific care plan specific for their health problem (for example, asthma, food allergies, seizures). Note whether the parent and health care professional prefer that the child care staff members use these care plans. For a child with more than one chronic condition, a specialty care plan might best explain one condition and the ECELS Care Plan might best explain another.

**Needed Accommodations:** Children with some conditions might need special arrangements that other children in the program do not require. For example, Anthony, age 3 has milk, nut and hay allergies and asthma. Accommodations Anthony needs include: have his food brought from home and only served to him for all his meals, and special snacks for celebrations set aside for him. With parent consent, the program should post a written list of his allergies everywhere in the facility Anthony might go. Everyone must be vigilant about hand washing on arrival at the program each morning to avoid exposing Anthony inadvertently to milk or nuts from someone else’s breakfast. A nut free classroom would be best. His teacher should wear a fanny pack with an Epi-pen® at all times. Everyone who is with Anthony during the day needs to recognize the symptoms of a severe allergic reaction, and how to use an Epi-pen® if necessary. In addition, the program might plan a field trip to somewhere other than to a farm while Anthony is in the class.

**Recommended Treatment:** Daily or emergency treatments may be necessary. In our example, Anthony may need to use a nebulizer or an inhaler with a spacer to receive asthma medications. His child care provider will need to know how to properly assist Anthony with these treatments.

**Medications to be Given at Child Care:** The national American Academy of Pediatrics (AAP) developed a packet of three medication administration forms for child care providers to use: 1. An Authorization to Give Medication, to be completed by the parent, 2. A Form for Receiving Medication, to be completed by the child care provider accepting the medication, and 3. A Medication Log, to be completed by the child care provider giving the medication. This packet is available on the websites of ECELS and from the AAP Healthy Futures Medication Administration curriculum.

**Medications Given at Home:** Some children receive medication only at home for chronic conditions. In the event of an emergency, child care providers must be able to tell health care providers about all the medications a child receives.
**Special Equipment or Medical Supplies:** Child care providers must understand how to use, clean and store equipment as well as how to obtain and dispose of supplies.

**Special Staff Training Needs/Special Emergency Procedures:** Child care providers must understand and be able to demonstrate whatever is needed for the child’s medical condition. This includes any procedures, treatments, medication administration, and use of equipment and medical supplies. Staff members can acquire much of the needed information and some skills by reading materials and participating in workshops (see ECELS materials @ [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)). Some chronic conditions may require hands-on training with health care providers.

**Other Specialists Working with this Child:** Some children have a combination of physical, emotional and developmental chronic conditions. Child care providers need to know about all recommended therapies from psychologists, physical, occupational and speech therapists.

**Parent Signature Acknowledging Review of above Form/Health Care Provider’s Signature:** The child’s health care provider and the parents must review and acknowledge by their signatures that they understand the information that they are giving to the child care provider.
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><strong>Dropper –</strong></th>
<th><strong>Syringe –</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Withdraw the correct dosage amount of medicine.</td>
<td>a. Place the tip of the syringe into the liquid and pull back the plunger.</td>
</tr>
<tr>
<td>b. Place the dropper into the side of the mouth.</td>
<td>b. Read the amount of liquid at the bottom of the semicircle at the top of the liquid.</td>
</tr>
<tr>
<td>c. Squeeze the dropper.</td>
<td>c. Avoid air bubbles by keeping the tip below the level of the liquid.</td>
</tr>
<tr>
<td>d. Give a small amount at a time.</td>
<td>d. Slowly squirt very small amounts toward the back and sides of the child’s mouth.</td>
</tr>
</tbody>
</table>

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

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.

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD
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.
“5 Rights” for Giving Medication Safely

1) Right Child
2) Right Medication
3) Right Dose
4) Right Route & Procedure
   remember correct handwashing
5) Right Time
6) Documentation