

Medication Administration Two Part Webinar


Wednesday June 3, 2015 1-2:30 PM
Wednesday June 10, 2015 1-2:30 PM

PA Chapter American Academy of Pediatrics / ECELS


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Moderator
 Dr. Susan S. Aronson, MD, FAAP
 ECELS Founder and Pediatric Advisor





Costs for the preparation of this webinar have been underwritten by the PA Department of Human Services, Office of Child Development and Early Learning



Medication Administration Curriculum - Module 2

Agenda

<p>Part 1: June 3, 2015</p> <ul style="list-style-type: none"> • Objectives / Present Concerns • Background and Preparation • Laws and Regulations • Responsibility Triangle • Types of Medication • Administration • Policies and Forms • Confidentiality • Receiving, Storing and Disposing of Medication • Assignment 	<p>Part 2: June 10, 2015</p> <ul style="list-style-type: none"> • Review Questions • Medication Administration Procedure • Documentation and Problem Solving • Recording Information Making and Recording Observations • Medication Errors, Side Effects and Incidents • Inappropriate Requests • Summary and Next Steps
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Medication Administration Curriculum - Module 1

Objectives

At the conclusion of Part 1 of this webinar, participants will be able to:


- Meet the caregiver training requirement from *Caring for Our Children: National Health and Safety Performance Standards, 3rd Ed.* -
 - Standard 3.6.3.1: Medication Administration
 - 3.6.3.3: Training of Caregivers/Teachers to Administer Medication
 - 9.2.3.9: Written Policy on Use of Medications
 - 9.4.1.1: Facility Insurance Coverage

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Objectives

- Identify different types of medication
- Explain why and how medication is given
- Improve medication storage, preparation, administration and documentation procedures
- Recognize and respond to adverse reactions to medication
- Develop and implement medication administration policies






Presenter
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 ECELS Child Care Health Consultant



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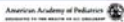




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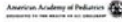


- Curriculum provides education for personnel in child care who give medication to children but are not licensed health care professionals
- Not a substitute for written policy and professional medical guidance
- Not certification of competency
- Actual care must be based on child's clinical presentation, health care professional's orders, parental guidance, personnel experience and training, and facility policy
- Each program must review state laws, regulations, and resources, and adapt accordingly

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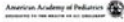


- This Professional Development event is a "first step" to learn more about medication administration
- Next: Skills check with a health professional for lead teachers / directors / assistant directors to confirm correct technique
- Decreased risk of facility liability if only designated staff administer medication

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"Any caregiver who administers medication shall be trained to:


- a) Check that the name of the child on the medication and child receiving the medication are the same;
- b) Read and understand the label/prescription directions in relation to the measured dose, frequency & other circumstances relative to administration (such as relation to meals);
- c) Administer oral medication according to the prescribed methods and prescribed dose;

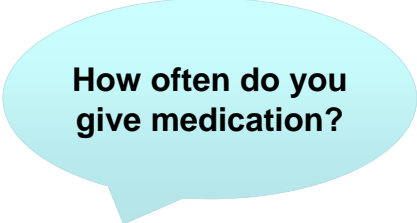
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"Any caregiver who administers medication shall be trained to:

- d) Observe and report any side effects from the medications;
- e) Document administration of oral medication correctly by time and amount given;
- f) Document person giving the medication & any side effects;
- g) Handle and store all medications according to label instructions & regulations

Time for a Polling Question





How often do you give medication?

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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 number of doses given at a child care facility


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What About Liability?

- Liability:
 - something for which one is liable
 - obligation, responsibility, or debt
- Child care providers are more likely to administer medication than to perform CPR in the child care setting
- Review liability insurance for any conditions related to medication administration

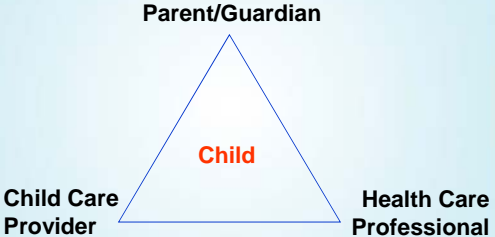



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Responsibility Triangle

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What Does the ADA Law Say?



Programs have to make reasonable modifications to their policies and practices to integrate children, parents, and guardians with disabilities into their programs



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Child Care Provider Responsibilities

- Careful, periodic monitoring of health records (history, physical, immunizations, screenings)
- Practice daily health checks
- Have and communicate clear policies: **medication**, exclusion, and re-admittance
- Maintain good hygiene practices
- Promptly communicate with parents/guardians about their child's symptoms
- Use available resources for health consultation
- Obtain medication administration training



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Types of Medication

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

Review: What is on the Label Handout

1. Pharmacy name address, Rx #
2. Child's name, Instructions, Quantity
3. Medication name, Strength, Manufacturer
4. Clinician's Name, Original date, Refills
5. Expiration Date



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Prescription Medication

- Only prescribed by authorized health care professional
- Dispensed by pharmacist
- Considered “controlled substances” if they can be dangerous or addictive
 - Controlled substances have special rules
- “Sample” medication must be properly labeled




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OTC Medication

- Can be purchased without a prescription
- Vitamins
- Homeopathic medication
- Herbal medication
- Sun screen, insect repellent, and non-medicated diaper cream often have different regulations: Check your state regulations



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Common OTC Medication

- Fever reducer or pain reliever
- Antihistamines
- Mild cortisone cream
- Cough syrups and cold remedies
- Nose drops
- Medications used for common gastrointestinal problems

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OTC Medication

Many OTC medications do not have dosing information for children under 24 months of age

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Brand Name and Generic Medications

- Both prescription and OTC medications come as:
 - Brand name
 - Generic
- Creates an opportunity for mistakes and confusion
 - Names that are difficult to remember and to say
 - Available under several names
 - Sound alike names
 - Zantac® (reduces stomach acid) and Zyrtec® (antihistamine)
 - Bacitracin® (antibiotic cream) and Bactrim® (oral antibiotic)

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Time for a Polling Question

What types of medication do you give?

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Forms of Medication: Oral

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

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Forms of Medication: Oral, continued

Liquid

- *Suspensions:* Undissolved medications in liquid
 - Must be shaken prior to pouring
 - Usually needs refrigeration
- *Syrups:* Sweetened liquids that contain dissolved medication
- *Elixirs:* Sweetened liquids in a dilute alcohol base which contain dissolved medication

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Forms of Medication: Oral, continued

Other oral medications


- Sublingual
 - Placed under the tongue
- Melting strips and tablets
 - Absorbed directly in the mouth
- Gums and gels

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Forms of Medication: Topical

- *Drops:* Eyes, ears, or nose
- *Sprays:* Nose or throat
- *Patches*
- *Creams, Ointments, and Sprays* for external application of medication: rash/skin problems
 - Prescription versus OTC
 - Preventative versus treatment




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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




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Forms of Medication: Injection

- EpiPen® and EpiPen® Jr
- Glucagon
- Insulin
- Need special training and will **not** be covered in this program



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Forms of Medication: Suppository

- Suppositories are inserted into the rectum
- Need special training and will not be covered in this program
- States vary, so check your local laws and regulations

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Documents

- 1. Child Health Assessment**
 - Many different names
 - Care Plan or Individual Health Plan if child has chronic or life-threatening condition
- 2. Medication Administration Packet**
 - Authorization to Give Medicine
 - Receiving Medication
 - Medication Log
- 3. Emergency Contact Form** (may be combined with other forms)
- 4. Health Care Professional's Order**
 - Rx label can serve as the order

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Confidentiality

- Confidential information:
 - Information someone may not want to share
 - Information someone will give permission to share only on a "need to know" basis
- Establish and follow written policy on confidentiality for records of children
- Permission to share confidential information: written, not just oral
- Policy may be further defined by state or local statute or regulation

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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

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Time for a Polling Question

What is maximum number of children you give medication to each day?

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Receiving Medication: Prescription

Original medication packaging should have:

- Pharmacy name and number
- Prescriber's name and number
- Prescription number
- Date prescription filled
- Child's first and last name
- Name of medication
- Strength
- Refills
- Quantity (QTY)
- Manufacturer (MFG)
- Expiration date
- Instructions: dose, administration, etc.
- Instructions: storage

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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



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Medication Storage

Designated area

- Secured, locked cabinet
- Cool, dark place
- Limited access

Refrigeration

- If needed
- 36° F to 46° F
(DPW Regulation 45° F maximum)
- Separation from food
- Spill-proof container



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Exceptions to Locked Storage

- Non-prescription diaper creams
- Non-prescription sunscreen
- Emergency medications (EpiPen®, asthma rescue medications, Glucagon®, Diastat®)
 - Keep emergency medications close to children and stored in a fanny pack / pouch that stays with a supervising adult
- All of these medications must be stored out of the reach of children

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Create a Safe Medication Administration Area

A safe medication area is:

- Located where the person assigned to administer medication can concentrate on the task
- Stocked with medication and supplies within easy reach
- Clean, well lit, and free of clutter
- Confidential and quiet

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How to Dispose of Medication Preferred Method

- If medication or order is out-of-date or medication is left over, return to parent for disposal and record on permission or intake form

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Medication Disposal of Unclaimed Medications

Locations

- Pennsylvania Drug Take Back Program provides drop boxes throughout counties in state
- The DEA National Prescription Drug Take Back Day in most pharmacies twice a year
- Rx Disposal Bags purchased in pharmacy


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Preparation & Recording

- All Medication in sealed container such as original bottle with label removed or zip lock bag
- Documentation of disposal should be noted on medication administration form
- Should be performed by supervisor



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Medication Administration Packet: Medication Log

- Completed by staff who administered the medication
- Includes:
 - Name of child
 - Medication
 - Day, time, dose, route, and staff signature
 - Reported errors or mishaps
 - Return or disposal of medication
- For “as needed” medication, write reason medication was given

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Questions and Answers



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Assignment

- Review your program’s present medication administration policies, forms used for documentation, parent handbook and procedures
- Contact ECELS with questions or concerns about implementation of changes

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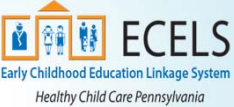
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ECELS Contact Information

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We look forward to your participation in Part 2 on June 10, 2015.
 Thank you!

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