

ECELS
 Early Childhood Education Linkage System
 Healthy Child Care Pennsylvania

Medication Administration Two Part Webinar

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

Presented by:
 PA Chapter American Academy of Pediatrics / ECELS

Hosted by:
 Pennsylvania Child Care Association




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- Over 80 people participated in Part 1.
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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

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Agenda – June 10, 2015

- Feedback from Assignment – 3 Examples
- **Administration**
 - Medication Administration Procedure
- **Documentation and Problem Solving**
 - Recording Information
 - Making and Recording Observations
 - Medication Errors, Side Effects and Incidents
 - Inappropriate Requests
- **Summary and Wrap Up**

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Presenter
 Rosemarie Halt, RPh, MPH, BS
 ECELS Child Care Health Consultant

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Feedback from Assignment – 3 Examples

- Making Memories (Reading, PA)
- Montgomery Early Learning Center (Norristown, PA)
- Cressman Family Day Care (Danville, PA)
- Other examples

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Highlights from Part I

- Communication Triangle
- Importance of Written Policy
- Document, Document, Document

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Recording Dose of Medication Activity

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“5 Rights” for Giving Medication Safely

- 1) Right Child
- 2) Right Medication
- 3) Right Dose
- 4) Right Route & Procedure
 remember good hand washing
- 5) Right Time
- 6) Documentation

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1. Right Child

- Authorized person familiar with child
- Check name on medication label
- If child can talk, ask child to say his/her name.
- Confirm with photo identification if possible.




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2. Right Medication

- Medication intended for someone else or some other purpose may be wrong strength & cause side effects
- Parents intentionally give sibling's medication because of similar symptoms
- Compare parent instructions and medication log
- Read: label, log, and reread when measuring
- Check instructions each time for accuracy and changes
- Check expiration date!




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3. Right Dose

- Receive proper training for type of medicine
- Accurate and clean measuring device: only for that child
- Read at eye level & know ml = cc
- 5cc or 5ml = 1 filled cooking measuring teaspoon; best to use pharmacy supplied dose measuring device
- Lower edge of the measured liquid reaches correctly labeled line on measuring device
- Tablets come as chewable, or those swallowed whole
- Capsules swallowed whole unless marked as sprinkles





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4. Right Route & Procedure

- Medicines are designed for specific opening and surface of the body where they are to be used.
- Locations where medications are designed to enter the body: mouth, eye, ear, nose, rectum, skin, or airway.

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4. Right Route & Procedure (cont.)

- **Handwashing:** Always wash hands before and after giving medication.
- **Caution:** offering food or liquid with medication - follow label instructions only!
- Keep labels readable





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4. Right Route & Procedure (cont.)

- **Use proper technique:** Oral syringe for infants
- **Position:**
 - Infants: cradle in arms
 - Toddler: chair
 - Older children: upright position



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4. Right Route & Procedure (cont.)

Loss of part of a dose:

- Do not give another partial dose
- If child spits out, check with health professional about what to do

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5. Right Time

- Give at proper times spaced evenly during waking hours
- Aim to give medication **30 min.** before or after due & note time on log

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5. Right Time (cont.)

- Check to see when last dose given at home
- Check medication record and record when dose was given
- Check if given with food or without
- **Emergency medication: NOW is the right time**

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“As Needed” Conditions

- Some medication (e.g., emergency medication) only need to be given “as needed”
- Health care professionals should not write “as needed” or “prn” without details
- Example of acceptable, specific instructions: albuterol – 2 puffs as needed for wheezing, increased cough, or breathing difficulty

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“As Needed” Conditions (cont.)

- OTC medication for pain and fever: Keep to a minimum and as specific as possible
- Order should state maximum number of times dose can be repeated before seeking further medical care

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Standard Precautions in Child Care

Standard Precautions

- Infection control measures that all health and child care providers should follow to protect themselves from infectious diseases and reduce the spread of infectious diseases to those in their care
- Sometimes called universal precautions

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Standard Precautions in Child Care Settings

Handwashing

- Use liquid soap and water before and after medication administration
- Individual towel to dry hands
- Hand sanitizers (alcohol based rubs):
 - Limited to times when soap & water not available
 - Always kept out of reach of children
 - Only used by children over 24 months of age
 - Always supervised

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Standard Precautions (cont.)

- Disposable gloves
- Proper disposal of materials
- Environment – use of Environmental Protection Agency (EPA) - approved disinfecting solution according to the manufacturer's label instructions

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Prepare to Administer Medication

Steps

- Wash hands
- Prepare work area
- Take out medication
- Check label and items on forms to see that they match
- Get proper measuring device
- Check the time

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Time for a Polling Question

Which medication devices have you used to administer medications?

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Medication Administration Procedure: Prepare the Medication

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

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Medication and Food

- Usually best to avoid mixing medication with food, but may be necessary
- Ask prescriber or pharmacist before mixing medication with food or liquid
- If medication is mixed with food or liquid, mix with small amount & **ALL** of it must be taken
- Give child something to drink immediately afterward to help with the taste

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Medication Administration Procedure: Prepare the Child

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

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Prepare the Child: Infants

- Support infant’s head
- Hold baby semi-upright: infant seat may be used
- Keep infant’s arms & hands away from face
- Gently press chin to open the mouth
- Rock baby before and after

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Prepare the Child: Infants (cont.)

- Syringe or dropper:
 - Position on one side of mouth along gum
 - Squirt slowly to allow time to swallow
- Special dosing nipples work best when baby is hungry
- Give oral medication before feeding unless instructed otherwise

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Prepare the Child: Toddlers

- Ask parents what techniques they use
- Give toddlers some control, like sitting or standing, but do not allow to refuse dose
- Be honest about taste and allow child a drink afterwards

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Prepare the Child: Toddlers (cont.)

- Use age-appropriate language to explain what you are doing
- Maintain an attitude that you expect cooperation
- Thank child for cooperating and offer praise

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Medication Administration Procedure

- Check 5 rights: child, medication, dose, time, and route
 - Note any special instructions
- Take medication from container
 - Prepare medication
- Check label again
- Give medication: *Never give more or less - accuracy is very important*

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Medication Administration Procedure: Finishing Up

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

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After Giving Medication

- Allow child opportunity to express his/her feelings
- Acknowledge: some medication is “tough” to take
- Encourage child - next time will be easier
- Offer to spend time with child

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Measuring Oral Medication

- Oral Measuring Devices
 - Dropper
 - Syringes: ½ tsp. (2.5 ml) or less is most accurately measured with syringe or similar device
 - Dosing spoon
 - Medication cup
- **No kitchen teaspoons!**

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Common Errors

7,000 children per year require emergency department visits for medication problems

- Took medication twice
- Wrong medication
- Incorrect dose
- Missed dose

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Common Causes of Errors

- Not understanding medication label
- Not understanding how to give medication
- Poor communication between parents/guardians and health care professional

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Time for a Polling Question

Select one of the following reasons that a medication error was made at your program

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Most Common Medication Errors

- Errors most common with analgesics - includes Tylenol® (acetaminophen) and Motrin® (ibuprofen)
- Reasons for errors include:
 - Medications are given frequently
 - Many different concentrations (infant drops, children’s liquids, etc.)
 - Often mixed with other medications in cough and cold preparations
 - Dosing charts are unique to type and form of the medication

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Special Note: Acetaminophen Dosing

- In May 2011, one standard concentration (**160 mg/5 ml**) of liquid acetaminophen (Tylenol®) medicine for infants and children announced
- Until that time, two main concentrations:
 - 80 mg/0.8 ml (Infant Concentrated Drops) and
 - 160 mg/5 ml (Children’s Liquid Suspension or Syrup)
- Old concentrations (80mg/0.8 ml) of infant acetaminophen may still be available in some homes and child care settings
 - Will expire and should be discarded at that time

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What is a Medication Error?

- Giving medication to the **wrong child**
- Giving **wrong medication**
- Giving **wrong dose**
- Giving medication at the **wrong time**
- Giving medication by the **wrong route**

...any of the “5 Rights” gone wrong...

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Side Effects of Medication

- A secondary and usually adverse effect of taking a medication
- Common side effects include:

– Upset stomach	– Dizziness
– Flushing, sweating	– Diarrhea or loose stools
– Rashes	– Dry mouth
– Rapid heartbeat	– Drowsiness
– Nausea	
– Change in activity or mood	

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Side Effects of Medication (continued)

- Effects of medication can vary from child to child
 - Same antihistamine (diphenhydramine/Benadryl®) can make one child sleepy while another becomes jittery and hyperactive
- Side effects that could be normal for 1 medication might be abnormal for another
 - Fast heart rate: expected for albuterol, asthma medication, but not for fever reducing medication

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Adverse Effects or Allergic Reactions to Medication

Adverse Effect

- Any undesirable experience associated with use of medical product in a person

Allergic Reactions

- May involve many different types of symptoms
- Difficult to predict
- Skin disturbances most common
- May be mild (redness, itching)
- May be severe (life threatening)

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Observation

Young children can't always verbalize side effects, adverse effects, or allergic reactions, so **careful observation** is essential

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Medication Incidents (that are not errors...)

- Child refusal
- Spit out doses
- Vomited doses
- Spilled medication

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What To Do for Medication Errors, Adverse Effects, or Allergic Reactions

Always:

- If child is in distress, call **911**
- Notify center director (if this is a serious error, call **911** first)
- Notify parent or guardian
- Fill out Medication Incident Report

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What To Do: Medication Errors, Adverse Effects, or Allergic Reactions

Many times you will:

- Call Poison Control **800-222-1222**
- Contact child's health care professional
- Check with your Child Care Health Consultant, if available
- Notify the state certification agency

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What To Do for Medication Incidents?

Always:

- Notify center director
- Notify parent/guardian
- Fill out a Medication Incident Report
- Develop and document a follow-up plan

Many times (depending on the situation):

- Contact health care professional & Child Care Health Consultant

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What To Do for Medication Incidents? (cont.)

Never repeat a dose that a child does not keep down without specific instructions from a health care professional.

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When To 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

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When to Call Poison Control? 1-800-222-1222

- When medication is given to the wrong child
- When wrong medication is given to a child
- When wrong dose is given (overdose)
- When medication is given by the wrong route
- When medication is given at the wrong time (and results in an extra dose)

Syrup of ipecac is no longer used to induce vomiting

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If You Call Poison Control

Have this information ready:

- Medication container
- Child's Medication Administration Packet
- Child's Emergency Contact Form
- Child's current weight

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Medication Incident Report

- To be completed by person who administered the medication or his/her supervisor

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Document Error or Incident

- Make note on Medication Log for that dose
- Complete Medication Incident Report
- Follow up according to child care facility policy

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Child Care Provider Refusal

- **May be occasions to refuse to give medication:**
 - Special training is needed before administering medication
 - Required authorizations or other documentation is lacking
 - Parent makes inappropriate request
 - Against facility policy

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Inappropriate Requests

- Non-essential medication
- Medication not authorized by health care professional
- Off-label use
- Cough & cold medications for young children

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Child Care Provider Refusal Options

- Have medication administration policy available
 - Parent should have signed a copy upon enrollment
- Take a problem-solving, child-centered approach
- Seek alternative plans, perhaps have nurse or parent come to administer medication
- See if medication timing can be changed to avoid dose during hours of care
- Consider special staff training, if appropriate

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Legal and Policy Issues

- Refer to State Regulations
- Americans with Disabilities (ADA) Summary Sheet
- Medication Policy
- Medication Log
- Refer to facility's attorney

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Medication Errors

- Medication Error Report (handout)
 - Error in documentation: draw single line through the error, write "error" over it, and your initials.
- Most errors occur before medication is actually taken
 - Examples: Similar packaging for 2 different products, similar names, unreadable handwriting, abbreviations, violating "5 rights"

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Arrangements to Store Medication

- Refrigerated or unrefrigerated
- Medication:
 - Child Resistant Cap
 - Kept Organized
 - Stored away from food and at proper temperature
 - Inaccessible to children
 - Not be expired
 - Kept in locked box if in a refrigerator

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Questions and Answers



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Congratulations!

You have completed
 the Medication Administration
 Webinar.

Remember the 5 Rights! And Documentation!


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Wrap Up



- For University of Pittsburgh CME, PA Key fax or scan and email your completed evaluation form to ECELS at 484-446-3255 by **6/24/2015**. Download the form at www.ecels-healthychildcarepa.org Professional Development > Webinars.
- For PA Key & Act 48 credit, after receiving your evaluation, ECELS will give instructions about next steps
- Contact ECELS by phone or email with any unanswered questions or comments: 800/243-2357 or 484/446-3003 or ecels@paaap.org

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Thank You!

Thank you for attending . . .

- **Remember...** If you did not sign-in at the beginning of the workshop, sign-in now in the question box. Only participants who sign in will get credit for attendance.
- If you are on a tablet or phone and do not see a question box, email your name to membership@pacca.org.

