



Healthy People. Healthy Communities.

Department of Public Health & Human Services

GUIDE  
*and* PROCESS  
for

MEDICATION  
ADMINISTRATION  
*in a*  
CHILD CARE  
SETTING



Before assuming responsibility for the administration of medication, child care providers must have clear and accurate information, clear instruction and when necessary, medical confirmation regarding the child's need to know that all medications-including over the counter (OTC) medications-are powerful and must be administered safely.

It is the department's intent to help supply that information through the content of this pamphlet. **Medicine** as defined in MCA 37-7-101 means a remedial agent that has the property of curing, preventing, treating, or mitigating diseases or which is used for this purpose.

Day care providers must have written consent from a parent or legal guardian prior to administering medicine to a child in their care. As a provider you want to do what is best for the child and you may tend to want to give the child something to make them feel better. However, after looking at the definition of medicine, most things a provider would give to a child, such as Tylenol, can no longer be given unless there is written consent.

## **PRESCRIPTION MEDICATIONS**

Must be ordered by a doctor. If the child needs a prescription medication, it is very important that you understand the pediatrician's and pharmacist's instructions.



## **Antibiotics**

Used for bacterial infections like strep throat, some types of ear infections, some sinus infections, urinary tract infections and some skin infections. Antibiotics are very safe but can have some side effects including skin rash, loose stools, stomach upset, staining of urine or even mild to severe allergic reactions. If any of these symptoms occur be sure to tell the parent so they may discuss with their pediatrician.

Antibiotics (such as penicillin, amoxicillin, sulfas and many others) should be used only for the specific bacterial infections for which they are prescribed. Viral infections like colds and flu are not treated with antibiotics. New strains of bacteria have become resistant to some antibiotics because antibiotics have been overused. When a child is sick, antibiotics are not always the answer. The child's pediatrician will let the parent know if an antibiotic would help their child.

### **Ear Drops (otic)**

Commonly used for inflammation and infections of the ear canal. They may cause side effects such as itching, a sense of canal fullness or "popping."

### **Eye Drops or Ointment (ophthalmic)**

Commonly used for eye infections (such as "pink eye"), allergies or vision problems. Some children may get puffy eyes from using these medications and complain of "stinging" when the drops are applied.



### **Skin Preparations**

Often prescribed for skin infections, burns, parasites/mites (such as lice and scabies), rashes and acne. When used as prescribed, these products are generally safe; however, they can cause irritation of the skin. If applied for too long a period, skin preparations that contain steroids may have serious side effects, so it is important to know the length of time these products should be used. Use medications for lice and scabies only as prescribed or recommended by a health care provider to avoid toxic side effects.



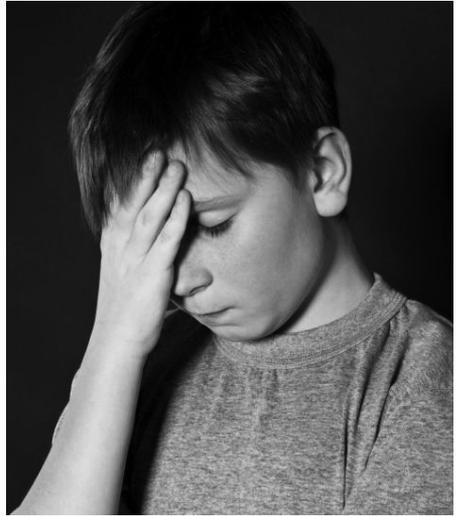
### **Antipyretics/Analgesics**

Antipyretics are used to relieve fever and Analgesics are used to relieve pain. Analgesics can have many side effects, including stomach upset, ringing in the ears, dizziness, irritability, nervousness and allergic reactions. Because young children cannot always tell you if they are feeling these symptoms, tell the parent if their child behaves abnormally after taking these medications.

## **Fever Reducer or Pain Reliever (i.e., acetaminophen, ibuprofen)**

If a child has a mild fever but is playing, drinking fluids and generally acting well, there is no reason to treat the fever.

However, if the child complains of headaches, body aches or seems irritable, there are fever reducers such as acetaminophen and ibuprofen that may help him/her feel better. Acetaminophen and ibuprofen also can help relieve minor pain from bangs and bumps, or tenderness from an immunization. Given in the correct dosage, acetaminophen and ibuprofen have few side effects and are quite safe. They come in drops for infants, liquid ("elixir") for toddlers, and chewable tablets for older children.



Remember, the infant drops are stronger than the liquid elixir for toddlers. Some parents make the mistake of giving higher doses of the infant drops to a toddler thinking the drops are not as strong. ibuprofen tends to be more effective than acetaminophen in treating high fevers (103 degrees Fahrenheit or higher).

However, ibuprofen should only be given to children older than 6 months. Never give it to a child who is dehydrated or vomiting continuously. If the child has a kidney disease, asthma, an ulcer or other chronic illness, the parent should ask their pediatrician if it is safe for their child to take ibuprofen.

Do not use ibuprofen or acetaminophen with any other pain reliever or fever reducer, unless directed by a doctor. Remember, some cold remedies contain these in combination with other medications.

## **Inhalers.**

These are used to treat asthma and other lung conditions. Inhalers should be used with a “spacer,” so that more of the medicine gets into the lungs. Make sure the parent tells you how to use inhalers the right way and that this information is included on their Special Needs Health Care form.



## **Nasal Sprays or Nasal inhalers**

Typically used to treat allergies. It is important to use these and all medications only as directed.

## **OVER-THE-COUNTER MEDICATIONS (OTC)**

Over-the-counter (OTC) medications can be bought at your local drug store or grocery store without a doctor's order, although it is recommended parents should check with their doctor before giving any OTC to their child. This does not mean that OTCs are harmless. OTC's are medicines used to treat or lessen the symptom of an illness, not to cure, prevent or treat the cause of illness. Like prescription medications, OTCs can be very dangerous to a child if taken incorrectly. The provider needs to read and understand the instructions before giving OTCs to a child.



## **Common OTCs for Children**

The following list describes some common OTCs for children. The parent needs to talk to their pediatrician before giving any medications to their child. Like any other medication, the parent needs to give the provider written authorization before giving the OTC.

## **Antihistamines**

Antihistamines (such as Claritin, Benedryl, Chlortrimeton) can relieve runny noses, itchy eyes and sneezing due to allergies (but not colds). They also relieve itching from chickenpox or insect bites and may even control hives or other allergic reactions. Some types can make children sleepy. In other children they may cause irritability and nervousness, making it difficult for them to rest. For that reason, antihistamines should not be given before a child sleeps.

## Decongestants

Decongestants (such as Pseudophedrine) can relieve stuffiness due to allergies or colds. However, decongestants taken by mouth can have a number of side effects. Children taking these medications may act "hyper," feel anxious, have a racing heart or find it difficult to sleep. These medications should be used very sparingly.

### Nose Drops (decongestant)

Decongestant nose drops can temporarily shrink the membranes in the nose and make breathing easier. However, they should never be given to an infant because too much of the medication can be absorbed through the membranes of the nose. Also, the more they are used, the less effective they become and symptoms can return or even get worse. Do not give a child decongestant nose drops for more than two to three days unless the pediatrician advises to continue this treatment.



### Nose Drops (saltwater/saline)

Infants and toddlers cannot blow their nose. If a child is sleeping well and eating happily, there is no need to treat the stuffy nose. But if the child is unable to sleep or eat because of thick mucus, saltwater nose drops can help clear the nose. Put a drop or two into a nostril at a time. Using a bulb syringe, squeeze the bulb first, put the tip gently into the child's nostril, then let go. This will suction out the drops, along with the mucus. Be careful, overuse of a bulb syringe can be irritating to a child's nose.

## Cough Syrups

Coughing helps the lungs clear out germs. A cough is "productive" if it sounds like mucus is being brought up.

You can best relieve it by humidifying the air in the room to loosen mucus. Be sure to clean the humidifier frequently to prevent mold and bacteria buildup. Some cough medicines, called expectorants, also may help loosen mucus.



## **Cold Remedies**

Combinations of antihistamines and decongestants can have side effects such as hyperactivity, sleeplessness and irritability. Giving a child more than one cold medicine to treat different symptoms can be dangerous. Many cold medicines contain acetaminophen or ibuprofen. If the child is already receiving acetaminophen or ibuprofen in addition to the cold medicine, this can lead to overdose. Read labels carefully. Have the parent check with their pediatrician before giving their child any cold medicines.

## **Mild Cortisone Cream**

Insect bites, mild skin rashes, poison ivy or small patches of eczema usually respond to cortisone cream. Never use it for chickenpox, burns, infections, open wounds or broken skin. If a product is requested for extended use, the parent should get a medical statement.

## **Medications Used for Common Gastrointestinal Problems**

There are many OTCs for heartburn, gas, constipation and diarrhea. Most of these conditions usually go away by themselves or are relieved by a temporary change in diet. Before administering any medicine for constipation or diarrhea, parents need to talk with their pediatrician and a recommendation from the pediatrician should be made.

Repeated bouts of diarrhea or chronic constipation can be caused by serious underlying problems.



## **Common over the counter medications used in day care facilities:**

- Diaper Rash Cream Ointments
- Insect Repellent
- Sunscreen
- Cortisone/Anti-Itch
- Creams/Ointments
- Medicated Lip Treatments
- OTC Antibiotic Creams/Ointments
- Teething Tablets/Ointments
- Burn Creams/Sprays

These medications must be brought to the facility by the parent in the original container with a legible label, expiration date of the medication and the child's name on the container.

## **Liquid Medicines**

Many children's medicines come in liquid form because they are easier to swallow than pills. But they must be used correctly. Too often the directions are misread, giving children several times the recommended dosage. This can be very dangerous, especially if given over a period of several days. Read the instructions carefully. When giving a child a liquid medication, do not use standard tableware tablespoons and teaspoons because they usually are not accurate. Instead, use one of the measuring devices listed below (many children's medications come with one and it is best to use the device which accompanies the product). These can help you give the right amount of medicine to the child.



## **Syringes and oral droppers**

These can be very helpful when giving medicine to an infant. Simply squirt the medicine between the child's tongue and the side of his/her mouth. This makes it easier for him/her to swallow. Avoid squirting the medicine into the back of the child's throat, he/she is more likely to gag and spit the medicine out. If you have a syringe that has a plastic cap, throw the cap into the trash so that it does not fall off in the child's mouth causing a choking hazard. The syringe does not need to be recapped.

## Dosing spoons

These can be useful for older children who will open their mouths and “drink” from the spoon.

## Medication cups

These often come as caps on liquid cold and flu medicines.

## Three Types of Undesired Results of Medication

Medications are powerful. They can work together or against each other. Some drugs increase the effect of other drugs; others can decrease or negate the effect of another drug. Some drugs work faster when taken with food, other drugs work slower. Some drugs should not be taken with certain foods.

**Side effects** are natural, expected and predictable actions of the drug that may occur at the same time as the desired effect. Most side effects are minor.

The following are common side effects of medication: dry mouth, diarrhea, drowsiness, dizziness, sweating, rashes, nausea, and rapid heartbeat.

**Adverse reactions** are unexpected and potentially harmful. Examples include: double vision, vomiting, and liver damage. If an adverse reaction is observed, the parent and the child's health care provider (person who prescribed or recommended the medication) should be notified immediately. They may want to examine the child, change the dosage, or stop the medication.

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**Allergic reactions** are difficult to predict. Allergic reactions may involve many different types of symptoms. Skin disturbances such as itching, rashes or swelling, are the most common. If an allergic reaction is observed, notify the parent immediately and request follow-up with the health care provider. The most dangerous type of allergic reaction is anaphylaxis. **CALL 911.**

## Administering Medicines Safely

You can help prevent overdose or poisoning by following these tips:

- Always use good light. Giving medicine in the dark increases the risk that you will give the wrong medicine or the wrong dose.
- Read the parent or doctor's instructions before you open the bottle, after you remove a dose and again before you give it. This routine can ensure the child's safety.
- Always use child-resistant caps and lock all medications away from the children.
- Give the correct dose. Children are not just small adults. Never guess on how much to give a child based on their size.
- Never play doctor. Do not increase the dose just because the child seems sicker than last time.
- **Always follow the weight and age recommendations on the label. If it says not to give it to children younger than age 2, don't.**
- Do not confuse the abbreviations for tablespoon (TBSP or T) and teaspoon (tsp or t).
- Avoid making conversions. If the label calls for 2 teaspoons and you have a dosing cup labeled only with ounces, do not use it.
- Supervise the children if they are old enough to take medicine by themselves. Never let young children take medicine by themselves.
- Before using any medication, always check for signs of tampering. Do not use any medicine from a package that shows cuts, tears, or other imperfections.



It is not always easy to give medicine to a child. You may find the infant or toddler hates the taste and spits out the medicine or refuses to swallow it. Do not mix medications into a bottle or any food. The child may only eat part of it or it may settle to the bottom and never get into his/her mouth. Older children may be more willing to take a chewable tablet over liquid medicines.

Although most children's medicines are flavored to make them taste better, avoid calling them candy. It might make the toddler decide to take them on his/her own.

### **Check the Five Rights before administering medication :**

**Right Child**

**Right Medication**

**Right Dosage**

**Right Time**

**Right Route Medication Routes**

- Oral: tablets, capsules, sprinkles, liquids, syrups/elixirs
- Inhalants: nasal/oral sprays or medicated steam
- Topical: eye drops/ointments, ear drops, skin ointments/patches
- Injectable: specific instruction and demonstration for a specific child **must** be provided by the child's parent and/or health care provider **AND must** be accompanied by a Special Health Care Plan.

### **Storing Medication**

Make sure to store medication properly. Store only in a locked box or cabinet to be accessed only by the person/ persons designated to give medicine. If the medication needs to be refrigerated keep it away from food. The refrigerator should be at 36 to 46 degrees F.

### **Disposing of Medication**

Unused medications should be returned to the parent/guardian for disposal. In the event medication cannot be returned to the parent or guardian, it should be disposed of according to recommendations of the U.S. Food and Drug Administration (FDA). It is not recommended to flush or put medication down the sink. Documentation of all disposed medications should be kept in the child's file.

**For more information in regards to Medications:**

American Academy of Pediatrics  
1-800-434-4000 or visit the web at [www.aap.org](http://www.aap.org)

Your local County Health Department

Department of Health and Human Services Public Health & Safety  
406-444-4540 or visit the web at [www.dphhs.mt.gov](http://www.dphhs.mt.gov)

**For licensing questions contact:**

406-444-2012 or visit the web at  
<http://www.dphhs.mt.gov/qad/Licensure/childcarelicensing>

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