

MAT Renewal Course

"Bring to Class"

Handouts

12/31/2015 Revision

What are the Five Rights?

1. *Right medication*

- Only accept medication that is in its original container with the original label. Don't accept medication that a person has to put into another container because you have no way of knowing if it's the right medication.
- The strength of the medication is also part of the right medication. The strength is how much of the active ingredient is in one pill or one dose. For example, Ritalin® comes in 5mg and 10mg tablets. So in addition to checking the name (Ritalin®), make sure you have the right strength of the medication (5mg).
- The medication supplied by the parent must exactly match the Medication Consent Form
- Generic medication cannot be accepted as a substitute for brand name medication. If the child's health care provider wrote both the generic name and the brand name on the written instructions you can accept either the generic or brand name medication from the parent.

2. *Right Time*

- Check the Medication Consent Form for the time the medication is to be given.
- Medication can be scheduled to be given at a specific time or have instructions that tell you what to look for when the child needs the medication (“as needed”).
- Give medication up to 30 minutes before or up to 30 minutes after the dose is due.
- When a child arrives, check with the parent to find out if the child got any medication before arriving.
- Before administering medication, check the child's Log of Medication Administration to see if the medicine has already been given by another caregiver.
- For **“as needed” medication**, the right time to administer the medication is when the child is showing the symptoms specified by the child's health care provider on the Medication Consent Form, *(added 12/31/15)if the dose is not too close to the last dose and will not exceed the total doses the child can receive in a day.*

3. *Right dose*

- The dose is how much of medication to give. For example, the dose could be one tablet, 2 teaspoons or one drop.
- Measure the dose correctly using the tool (medicine cup, dosing spoon, oral syringe) the parent gave you, if one is needed.
- Give the exact amount of the medication specified on the Medication Consent Form and the pharmacy label.

- If the medication is a liquid, make sure the tool the parent supplied, such as a dosing spoon, oral syringe, or medicine cup, has the same measurement on it that is written on the consent form (teaspoons, tablespoons, cc's, etc.).

4. Right Route

- Check the Medication Consent Form and medication label for the route the medication is to be given by.
- The route is the way the medication gets into the child's body, such as into the eye, rubbed on the skin or put into the mouth.
- Always ask if you don't understand how to give the medication correctly by the route written.

5. Right child

- Verify that the name on the Medication Consent Form matches the name on the medication label.
- Make sure that the child you are about to give the medication to is the right child. If you care for siblings or other children in your program with similar names, be extra careful.
- If you need to give medication to a child you don't know well, ask someone you trust to tell you the child's name. You can also ask the child to tell you his/her name and refer to the child's picture, if stapled to the Medication Consent Form.

Be Safe: Follow the Five Rights Every Time You Give Medication

Matching the Five Rights

Giving medication is a very serious part of your job. Knowing the **Five Rights** is not enough. To give medication, you must match the medication, time, dose, route and child's first and last names written on the medication label or over-the-counter package to the information written on the consent form to be sure you're giving the medication correctly. This is called matching the **Five Rights**.

Remember the following when matching the **Five Rights** to give medication:

Right Medication

- Make sure the medication listed on the label of the container exactly matches the **Medication Consent Form**. Be careful, because the names of medication can sound alike and be spelled alike, but be very different medication.
- Some medication, such as inhalers, epinephrine auto-injectors, and creams, are inside a box with a pharmacy label on it. Always take the medication container out of the labeled box and match the medication name on the container with the label, including the strength.

Right Time

- Match the time written on the **Medication Consent Form** with the time written on the pharmacy label and package with the current time.
- If the medication is given when the child needs it instead of at a specific hour, match the information written on the consent form and make sure it matches the child's symptoms. For example, if the instructions say to give Tylenol® when the child has a fever of 101°F or above, you would know it's the right time to give it if the child has a fever of 102°F.

Right Dose

- Match the dose written on the consent form with the dose written on the pharmacy label or package with the dose you have prepared to give.

Right Route

- Match the route written on the consent form with the route written on the pharmacy label or package with the way you are about to give the medication to the child.

Right Child

- Match the child's first and last names written on the consent form with the names written on the pharmacy label or package to the child you are about to give to medication to.

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

19. I, parent/legal guardian, authorize the day care program to administer the medication as specified on this form to _____ (child's name) .	
20. Parent or legal guardian's name (please print):	21. Date authorized:
22. Parent or legal guardian's signature:	

PARENT/GUARDIAN: ONLY COMPLETE THIS SECTION IF YOU REQUEST TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15

23. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____ (date) . Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.
24. Parent or Legal Guardian's Signature:

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED

25. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.
26. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order. DATE: _____ By completing this section the day care program will follow the written instruction on this form and <i>not</i> follow the pharmacy label until the new prescription has been filled.
27. Licensed Authorized Prescriber's Signature:

CHILD DAY PROGRAM TO COMPLETE THIS SECTION

28. Provider/Facility name:	29. Facility Phone Number:
I have verified that #1-#22 and, if applicable, #25-#27 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.	
30. Authorized child care provider's name (please print):	31. Date received from parent:
32. Authorized child care provider's signature:	

- Use this form to document all medication administered in the child day program.
- This form must be kept with the child’s medication consent form.
- Any medication errors (such as incorrect dose given) must be documented on the back of this form **and** on the MAT Medication Error Reporting Form.
- If the child refuses or vomits up a dose, this is not a medication error, but the missed dose should be documented on the back of this form and the parent should be notified.

CHILD’S NAME _____

MEDICATION _____

COMPLETE FOR ALL DOSES GIVEN					COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR ‘AS NEEDED’ MEDICATION ONLY	
Date Given (M/D/Y)	Dose	Route	Time (AM or PM)	Administered by (full signature and print name)	Any Noted Side Effects	Were parents notified?	The symptoms the child had that indicated that the medication was needed	Were parents notified?
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Complete this section for any medication dose that was not given as written on the child's medication consent form.

Date and time of missed dose or error	Details of missed dose or medication error (included reason error occurred)	Parents notified (date and time)	Signature of Provider / Print Name

Notes:

Required Permissions to Give Medications

The permissions and instructions needed to give a specific medication to a specific child are provided on the Medication Consent Form (Handout 2.3). Although it is best practice to use the MAT Medication Consent Form, other forms can be used, as long as all the information required by Licensing regulations is included.

- It is recommended as best practice, but not required by Licensing regulations, that parent(s) and health care providers renew the Medication Consent Form at least once every twelve months
- Faxed Medication Consent Forms are acceptable.
- The parent’s instructions for administration must be consistent with any directions for use noted on the original container, including precautions related to age and special health conditions. **If the instructions are not consistent, *written* instructions from the child’s health care provider are required.**
- **NOTE:** All short-term permissions must be renewed or discontinued after ten working days. Permissions with an expiration date greater than 10 working days in the future (long-term permissions) do NOT need to be renewed after ten working days.

PERMISSION REQUIREMENTS SHORT-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a medication to any child in your care for **ten working days or less**.

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Topical	Written	<i>None needed</i>
	Oral	Written	<i>None needed</i>
	Inhaled/Nasal	Written	<i>None needed</i>
	Patches	Written	<i>None needed</i>
	Eye	Written	<i>None needed</i>
	Ear	Written	<i>None needed</i>
Prescription	Topical	Written	<i>None needed</i>
	Oral	Written	<i>None needed</i>
	Inhaled/Nasal	Written	<i>None needed</i>
	Patches	Written	<i>None needed</i>
	Eye	Written	<i>None needed</i>
	Ear	Written	<i>None needed</i>
	Nebulizer	Written	Written
	Epinephrine auto-injector	Written	Written

PERMISSION REQUIREMENTS LONG-TERM MEDICATION ADMINISTRATION

For over-the-counter topical medication where instructions from the child’s health care provider are not required, the parent’s instructions for administration must be consistent with any directions for use noted on the original container, including precautions related to age and special health conditions. **If the instructions are not consistent, written instructions from the child’s health care provider are required.**

The following table indicates the permissions/instructions needed to administer a long-term medication to any child in your care. Long-term medication is defined as any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for **more than ten working days**.

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Topical	Written	<i>None needed</i>
	Oral	Written	Written
	Inhaled/Nasal	Written	Written
	Patches	Written	Written
	Eye	Written	Written
	Ear	Written	Written
Prescription	Topical	Written	Written
	Oral	Written	Written
	Inhaled/Nasal	Written	Written
	Patches	Written	Written
	Eye	Written	Written
	Ear	Written	Written
	Nebulizer	Written	Written
	Epinephrine auto-injector	Written	Written

Giving Medication Safely

Always have any supplies you may need, such as gloves, tissues, dosing tools, etc., available at the medication administration area *before* starting the medication administration process. Here are the steps to follow to give medication safely:

1. *Getting ready to give the medication:*

- Check the child's Log of Medication Administration** to make sure the child hasn't gotten this dose of medication already.
- Get the correct child** and make sure the child is ready to get the medication. Bring the child to the medication administration area.
- Wash your hands and the child's hands.**
- Bring the child's Medication Consent Form to where you store the medication. **Select the correct medication**, and match the **Five Rights** on the medication label to the child's written Medication Consent Form.
 - medication time dose route child's full name
- Once you take the medication from the storage area, you must never leave it unattended in a place that is accessible to children.
- Check the Consent Form and medication package to see if there are any **special instructions for giving the medication**, such as with food or on an empty stomach.
- Check the **expiration date** on the medication.
- Follow the **instructions to prepare the medication**, such as "shake well". These instructions will be different depending on the route and the medication. Check the Consent Form and the medication package for these instructions.

2. *Giving the medication:*

- Give the medication by following the appropriate **Procedure Guide** (Handouts 11.1 to 11.7) for the correct steps to administer medication by each route, following the instructions on the medication package and the Consent Form. The **Procedure Guide** will direct you to do a second check of the **Five Rights** as part of this process.

3. Writing down that you gave the medication:

- Immediately after giving the dose, check the Five Rights** the third and final time.
 - Medication
 - time
 - dose
 - route
 - child's full name

- Then immediately **write down that you gave the medication in the child's Log of Medication Administration**. Do this **BEFORE** you return the medication to the storage area and **BEFORE** you return the child to the group.

- Return the medication to the storage area** immediately after you write down that you gave the medication and **BEFORE** returning the child to the group.

- Wash your hands and the child's hands** again.

- Help the child **return** to the group.

PATIENT INFORMATION

EPIPEN[®]

(epinephrine) Auto-Injector 0.3 mg

EpiPen[®] = one dose of 0.30 mg epinephrine (USP, 1:1000, 0.3 mL)

EPIPEN JR[®]

(epinephrine) Auto-Injector 0.15 mg

EpiPen Jr[®] = one dose of 0.15 mg epinephrine (USP, 1:2000, 0.3 mL)

Handout 8.3

For allergic emergencies (anaphylaxis)

Read this Patient Information Leaflet carefully before using the EpiPen[®] Auto-Injector or EpiPen Jr[®] Auto-Injector (henceforth referred to as EpiPen or EpiPen Jr Auto-Injector), and each time you get a refill. There may be new information. You should know how to use the EpiPen or EpiPen Jr Auto-Injector before you have an allergic emergency.

This information does not take the place of talking with your healthcare provider about your medical condition or your treatment.

What is the most important information I should know about the EpiPen and EpiPen Jr Auto-Injector?

1. EpiPen and EpiPen Jr Auto-Injectors contain epinephrine, a medicine used to treat allergic emergencies (anaphylaxis).

Anaphylaxis can be life threatening, can happen within minutes, and can be caused by stinging and biting insects, allergy injections, foods, medicines, exercise, or unknown causes. Symptoms of anaphylaxis may include:

- trouble breathing
- wheezing
- hoarseness (changes in the way your voice sounds)
- hives (raised reddened rash that may itch)
- severe itching
- swelling of your face, lips, mouth, or tongue
- skin rash, redness, or swelling
- fast heartbeat
- weak pulse
- feeling very anxious
- confusion
- stomach pain
- losing control of urine or bowel movements (incontinence)
- dizziness, fainting, or "passing out" (unconsciousness)

2. Always carry your EpiPen or EpiPen Jr Auto-Injector with you because you may not know when anaphylaxis may happen.

Talk to your healthcare provider if you need additional units to keep at work, school, or other locations. Tell your family members and others where you keep your EpiPen or EpiPen Jr Auto-Injector and how to use it before you need it. You may be unable to speak in an allergic emergency.

3. When you have an allergic emergency (anaphylaxis) use the EpiPen

or EpiPen Jr Auto-Injector right away. Get emergency medical help right away.

You may need further medical attention. You may need a second EpiPen or EpiPen Jr Auto-Injector should symptoms persist or recur. More than two sequential doses of epinephrine for a single episode should only be administered by a healthcare provider.

What are the EpiPen and EpiPen Jr Auto-Injectors?

- EpiPen and EpiPen Jr Auto-Injector are disposable, prefilled automatic injection devices used to treat life-threatening, allergic emergencies including anaphylaxis in people who are at risk for or have a history of serious allergic emergencies. They contain a single dose of epinephrine.
- EpiPen and EpiPen Jr Auto-Injector are for immediate self (or caregiver) administration and do not take the place of emergency medical care. You should get emergency help right away after using the EpiPen and EpiPen Jr Auto-Injector.
- EpiPen and EpiPen Jr Auto-Injector are for people who have been prescribed this medication by their healthcare provider.
- The EpiPen Auto-Injector (0.3 mg) is for patients who weigh 66 pounds or more (30 kilograms or more).
- The EpiPen Jr Auto-Injector (0.15 mg) is for patients who weigh about 33 to 66 pounds (15 to 30 kilograms).
- It is not known if EpiPen and EpiPen Jr Auto-Injectors are safe and effective in children who weigh less than 33 pounds (15 kilograms).

What should I tell my healthcare provider before using the EpiPen or EpiPen Jr Auto-Injector?

Before you use EpiPen or EpiPen Jr Auto-Injector, tell your healthcare provider about all your medical conditions, but especially if you:

- have heart problems or high blood pressure
- have diabetes
- have thyroid conditions
- have asthma
- have a history of depression
- have Parkinson's disease
- have any other medical conditions
- are pregnant or plan to become pregnant. It is not known if epinephrine will harm your unborn baby.

- are breastfeeding or plan to breastfeed. It is not known if epinephrine passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Inform your healthcare provider of all known allergies.

Especially tell your healthcare provider if you take certain asthma medications.

EpiPen or EpiPen Jr Auto-Injector and other medicines may affect each other, causing side effects. EpiPen or EpiPen Jr Auto-Injector may affect the way other medicines work, and other medicines may affect how the EpiPen or EpiPen Jr Auto-Injector works.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

Use your EpiPen or EpiPen Jr Auto-Injector for treatment of anaphylaxis as prescribed by your healthcare provider, regardless of medical conditions or medication.

How should I use the EpiPen and EpiPen Jr Auto-Injector?

- Each EpiPen or EpiPen Jr Auto-Injector contains only 1 dose of medicine.
- The EpiPen or EpiPen Jr Auto-Injector should be injected into the muscle of your outer thigh. It can be injected through your clothing if needed.
- Read the Instructions for Use at the end of this Patient Information Leaflet about the right way to use EpiPen and EpiPen Jr Auto-Injector.
- Use your EpiPen or EpiPen Jr Auto-Injector exactly as your healthcare provider tells you to use it.
- **Caution: Never put your thumb, fingers, or hand over the orange tip. Never press or push the orange tip with your thumb, fingers, or hand.** The needle comes out of the orange tip. Accidental injection into finger, hands or feet may cause a loss of blood flow to these areas. **If this occurs, go immediately to the nearest emergency room.** Tell the healthcare provider where on your body you received the accidental injection.

- Your EpiPen and EpiPen Jr Auto-Injector may come packaged with an EpiPen Auto-Injector Trainer and separate Trainer Instructions for Use. **The EpiPen Auto-Injector Trainer has a grey color. The grey EpiPen Auto-Injector Trainer contains no medicine and no needle.** Practice with your EpiPen Auto-Injector Trainer before an allergic emergency happens to make sure you are able to safely use the real EpiPen and EpiPen Jr Auto-Injector in an emergency. Always carry your real EpiPen or EpiPen Jr Auto-Injector with you in case of an allergic emergency. Additional training resources are available at www.epipen.com.
- Do not drop the carrier tube or auto-injector. If the carrier tube or auto-injector is dropped, check for damage and leakage. Discard the auto-injector and carrier tube, and replace if damage or leakage is noticed or suspected.

What are the possible side effects of the EpiPen and EpiPen Jr Auto-Injector?

EpiPen and EpiPen Jr Auto-Injector may cause serious side effects.

The EpiPen or EpiPen Jr Auto-Injector should only be injected into the middle of your outer thigh (upper leg). Do not inject the EpiPen or EpiPen Jr Auto-Injector into your:

- vein
- buttock
- fingers, toes, hands, or feet

If you accidentally inject EpiPen or EpiPen Jr Auto-Injector into any other part of your body, go immediately to the nearest emergency room. Tell the healthcare provider where on your body you received the accidental injection.

If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have longer lasting side effects when you take the EpiPen or EpiPen Jr Auto-Injector. Talk to your healthcare provider about all your medical conditions.

Common side effects of the EpiPen and EpiPen Jr Auto-Injector include:

- fast, irregular or "pounding" heartbeat
- sweating
- headache
- weakness or shakiness
- paleness
- feelings of over excitement, nervousness or anxiety
- dizziness
- nausea and/or vomiting
- breathing problems

These side effects may go away with rest.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of the EpiPen or EpiPen Jr Auto-Injector. For more information, ask your healthcare provider or pharmacist.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store the EpiPen and EpiPen Jr Auto-Injector?

- Store at 68° to 77° F (20° to 25° C).
- Protect from light.
- **Do not** expose to extreme cold or heat. For example, do **not** store in your vehicle's glove box and do **not** store in the refrigerator or freezer.
- Examine contents in the clear window of your auto-injector periodically. The solution should be clear. If the solution is discolored (pinkish or brown color) or contains solid particles, replace the unit.
- Always keep your EpiPen or EpiPen Jr Auto-Injector in the carrier tube to protect it from damage; however, the carrier tube is not waterproof.
- The blue safety release helps to prevent accidental injection of the device. Keep the blue safety release on until you need to use it.
- Your EpiPen or EpiPen Jr Auto-Injector has an expiration date. Replace it before the expiration date.

General information about the safe and effective use of the EpiPen and EpiPen Jr Auto-Injector:

Do not use the EpiPen or EpiPen Jr Auto-Injector for a condition for which it was not prescribed. Do not give your EpiPen or EpiPen Jr Auto-Injector to other people.

This Patient Information Leaflet summarizes the most important information about the EpiPen and EpiPen Jr Auto-Injectors. If you would like more information, talk to your healthcare provider. You can ask your pharmacist or healthcare provider for information about the EpiPen and EpiPen Jr Auto-Injector that is written for health professionals.

For more information and video instructions on the use of the EpiPen and EpiPen Jr Auto-Injector, go to www.epipen.com or call 1-800-395-3376.

What are the ingredients in EpiPen and EpiPen Jr Auto-Injector?

Active Ingredients: Epinephrine

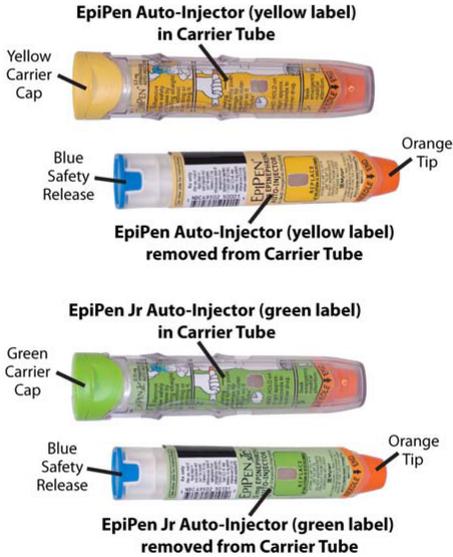
Inactive Ingredients: sodium chloride, sodium metabisulfite, hydrochloric acid, and water. The EpiPen and EpiPen Jr Auto-Injector contain **no latex**.

- **The EpiPen Auto-Injector has a yellow colored label.**
- **The EpiPen Jr Auto-Injector has a green colored label.**
- **The EpiPen Trainer has a grey color, and contains no medicine and no needle.**
- **Your auto-injector is designed to work through clothing.**
- **The blue safety release on the EpiPen and EpiPen Jr Auto-Injector helps to prevent accidental injection of the device. Keep the blue safety release on until you need to use it.**
- **Only inject into outer thigh. Never inject into any other part of the body.**
- **Never put your thumb, fingers, or your hand over the orange tip. The needle comes out of the orange tip.**
- **If an accidental injection happens, get medical help right away.**
- **Do not place patient information or any other foreign objects in carrier with Auto-Injector, as this may prevent you from removing the Auto-Injector for use.**

Instructions for Use

Carefully read these Instructions for Use before you need to use your EpiPen or EpiPen Jr Auto-Injector. Before you use your EpiPen or EpiPen Jr Auto-Injector, make sure your healthcare provider shows you the right way to use it. If you have any questions, ask your healthcare provider.

Your EpiPen and EpiPen Jr Auto-Injector



3-Step Easy To Follow Instructions:

1. **Prepare** the EpiPen or EpiPen Jr Auto-Injector For Injection
2. **Administer** the EpiPen or EpiPen Jr Auto-Injector
3. **Finalize** the Injection Process
(See detailed instructions below)

1. **Prepare** the EpiPen or EpiPen Jr Auto-Injector For Injection

Remove the auto-injector from the clear carrier tube.



Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr Auto-Injector carrier tube.



Tip and slide the auto-injector out of the carrier tube.



Grasp the auto-injector in your fist with the orange tip pointing downward. With your other hand, **remove the blue safety release by pulling straight up without bending or twisting it.**

Note:

- The needle comes out of the orange tip.
 - Never put your thumb, fingers or hand over the orange tip.
2. **Administer** the EpiPen or EpiPen Jr Auto-Injector

Hold the auto-injector with orange tip near the outer thigh.



Swing and firmly push the orange tip against the outer thigh until it 'clicks'. Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh.



Hold firmly against the thigh for approximately 10 seconds to deliver the drug. The injection is now complete.

3. **Finalize** the Injection Process



Remove the auto-injector from the thigh. The orange tip will extend to cover the needle.



Massage the injection area for 10 seconds.

Get emergency medical help right away. You may need further medical attention. You may need a second EpiPen or EpiPen Jr Auto-Injector should symptoms persist or recur.

Note:

- Take your used auto-injector with you when you go to see the healthcare provider.
- Tell the healthcare provider that you have received an injection of epinephrine. Show the healthcare provider where you received the injection.
- Give your used EpiPen or EpiPen Jr Auto-Injector to a healthcare provider for inspection and proper disposal.
- Ask for a refill, if needed.
- The used auto-injector with extended needle cover will not fit in the carrier tube.
- Most of the liquid medicine stays in the auto-injector and cannot be reused. You have received the correct dose of the medicine if the orange needle tip is extended and the window is blocked.
- Your EpiPen and EpiPen Jr Auto-Injector may come packaged with an EpiPen Auto-Injector Trainer and separate Trainer Instructions for Use. **The EpiPen Trainer**

Handout 8.3

has a grey color. The grey EpiPen Trainer contains no medicine and no needle. Practice with your EpiPen Trainer, but always carry your real EpiPen or EpiPen Jr Auto-Injector in case of an allergic emergency.

- Do not attempt to take the EpiPen or EpiPen Jr Auto-Injector apart.

This Patient Information and Instructions for Use has been approved by the U.S. Food and Drug Administration.

Manufactured for:
Mylan Specialty L.P., Basking Ridge, NJ 07920, USA
by Meridian Medical Technologies, Inc.,
Columbia, MD 21046, USA, a Pfizer company

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8/2012

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Register your EpiPen or EpiPen Jr Auto-Injector at **MyEpiPen.com** and find out more about:

- Free EpiPen Auto-Injector **Refill Reminder Program**. It is important to keep your auto-injector up-to-date. Register up to 6 EpiPen or EpiPen Jr Auto-Injectors and receive automatic **Refill Reminder Alerts**.
- Receive periodic information related to allergies and allergens.
- Instructional Video

For more information about EpiPen or EpiPen Jr Auto-Injectors and proper use of the product, visit www.epipen.com.

Auto Injector (EpiPen®) Procedure Guide

- ❑ **Prepare the EpiPen auto-injector**
 - **Flip open the yellow cap** of the EpiPen or the green cap of the EpiPen Jr. carrier tube.
 - **Slide the auto-injector out** of the carrier tube.
 - **Grasp** the auto-injector in your fist with the **orange tip pointing downward**.
 - With your other hand, **remove the blue safety release** by pulling straight up without bending or twisting it.
 - **NEVER put your thumb, fingers or hand over the orange tip**.
- ❑ **Administer** the medication
 - Have the child **lie down**.
 - **Hold the auto-injector** with the **orange tip near the patient's outer thigh**.
 - **Swing and firmly push the orange tip** against the outer thigh **until you hear a click**. Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (straight into) to the thigh.
 - **Hold the EpiPen firmly in place against the thigh for approximately 10 seconds** to deliver the drug. The injection is now complete.
- ❑ **Complete** the injection process
 - **Remove** the auto-injector from the thigh. The orange tip will extend to cover the needle.
 - **Massage** the injection area for 10 seconds.
- ❑ **Call 911 to get emergency medical help** for the child right away.
 - Send the used auto-injector with the child to the emergency room.



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Evaluation Chart for Auto Injector (EpiPen®) Skills Competency

The participant will correctly demonstrate administering an auto-injector (EpiPen®) to a child using an EpiPen® trainer and the toddler doll. The participant can use Handout 8.4 when completing this skills demonstration. Remember, you cannot give verbal or nonverbal cues to the participant while (s)he is performing the skills demonstration. As the participant completes each step successfully, mark a ✓ in the box. If the participant does not complete the step, leave the box blank. If the participant makes an error while performing a step, write down your observations. The participant must complete all steps below to pass this skills demonstration. The first six steps must be completed in *order*; the remaining steps can be completed in any order after the first six steps are complete.

Name of person completing demonstration: _____

Attempt: 1st 2nd

Name of person completing evaluation: _____

Task	Observed Skill?
The participant grasps the auto-injector (EpiPen) in his/her dominant hand with the orange tip pointed down and forms a fist around the unit.	
The participant uses the other hand to pull off the blue safety release cap.	
The participant has the child lie down.	
The participant holds the orange tip near the child's outer thigh.	
The participant swings and firmly pushes the EpiPen into the outer thigh so that the EpiPen is perpendicular (at a 90° angle) to the thigh.	
The participant holds the EpiPen firmly in place against the thigh for approximately 10 seconds.	
The participant removes the EpiPen from the thigh and massages the injection area for another 10 seconds.	
The participant states that (s)he will call 9-1-1 or the first responder immediately.	
The participant states that the EpiPen will be sent to the hospital emergency room with the child.	

PARTICIPANT SCORE:

Pass

Fail (Explain: _____)

Incomplete (Explain: _____)

Rater's Signature: _____

Procedure Guide: Applying Medication Topically

Topical medication comes in many forms such as:

- gels
- creams
- ointments
- aerosols
- medicated patch

In addition to any medication-specific instructions, follow these steps when applying medication topically (except for medicated patches):

- If indicated, **shake** the medication
- For aerosols, read the container's label for the recommended **distance to hold the spray** from the child's skin
- For topical medications, you **make the decision on wearing gloves**. You should wear gloves if:
 - The skin on your hands is cut, scabbed or broken
 - The medication should not touch your skin
 - You feel more comfortable wearing gloves to give the medication
- For non-aerosol topical medication, **squeeze the correct amount of medication into your hand**
- Compare the child's medication consent form against the medication label to check the **Five Rights** just before administering the medication to the child.
 - medication time dose route child's name
- Apply or spray the medication** evenly on the skin
- If you need to apply more medication**, change gloves (if wearing gloves) and squeeze the medication into your hand
- (**emphasis added 12/31/15**) **VERY IMPORTANT:** When spraying any topical medication, **shield the child's face or have the child turn away** from the spray and close his/her eyes **to avoid injury to the child** that could result from getting spray in the child's face or eyes
- If wearing gloves, **remove gloves and discard using the appropriate technique**.

Second
Check

If applying a medicated patch:

Medicated patches are applied to the child's skin so the medication can be slowly absorbed by the child's body. Medicated patches are left on the child for different lengths of time, so be sure you know if you or the parent is responsible for removing it. You should also know what to do if the child removes the patch or if it falls off before the scheduled time to remove it.

In addition to any medication-specific instructions, follow these steps when applying a medicated patch:

- For medicated patches, you **make the decision on wearing gloves**. You should wear gloves if:
 - The skin on your hands is cut, scabbed or broken
 - The medication should not touch your skin
 - You feel more comfortable wearing gloves to give the medication
- If there is a used patch on the child:**
 - **Remove** the used patch.
 - **Clean any medication** left on the child's skin using soap and water, unless otherwise instructed.
 - **Throw away the used patch**, rolled up inside your dirty gloves, if wearing gloves.
 - If wearing gloves, put on new gloves.
- Choose the area** as directed where you will put the new patch. The area you choose should be free from any cuts or broken skin. Alternate sites unless otherwise instructed. Unless otherwise indicated, the **upper arm or upper back** areas are good places to put a patch.
- Clean the area** where you are putting the patch with soap and water.
- Be sure the area is dry** before you put the patch on.
- Remove a patch** from the box and compare it to the medication label to make sure it is the correct medication.
- Before you put the new patch on the child, **write the date and time on it** with a waterproof pen or marker.
- Compare the child's medication consent form against the medication label to check the **Five Rights** before administering the medication to the child.
 - medication time dose route child's name
- Apply the patch** by peeling off any backing on the patch and hold the patch by the edges. Smooth the patch onto the skin. Check to make sure it is adhering well.
- If wearing gloves, **remove gloves and discard using the appropriate technique**.

Second
Check

Procedure Guide: Giving Medication by Mouth

Oral medication comes in many forms, such as tablets, liquids and melts, gels or creams, capsules, and sprinkles.

In addition to any medication-specific instructions, follow these steps to give medication by mouth:

- For oral medications, you **make the decision on wearing gloves**, unless you are applying medication to the gums.
- If you are applying medication to the gums, you must wear gloves.***
- For oral medications other than those applied to the gums, you should wear gloves if:
 - ♦ The skin on your hands is cut, scabbed, or broken
 - ♦ The medication should not touch *your* skin
 - ♦ You feel more comfortable wearing gloves to apply the medication.
- If indicated, **shake** the medication.
- When removing pills or capsules from a container, **avoid touching them with your hands.**
 - **Pour the number of tablets or capsules you need into the container cap and then into a small cup.** If you pour too much, return the excess to the bottle without touching it.
- If you need to put medication in food, **use only a small amount of food** to be sure the child can finish it all.
 - Check the medicine bottle, label and package insert for any possible **food interactions** so you do not mix the medication with a wrong food.
- For tablets or capsules, never crush or split medication or open capsules*** unless instructed to do so on the medication consent form or the medication label.
- For crushed medications***, crush the medication into a fine powder. Never use household utensils such as spoons or a rolling pin as substitutes for a pill crusher.
- For sprinkle medication***, open the medication capsule(s) and empty the contents into a small amount of food. Be sure to empty all of the medication from the capsule. Mix the contents of the capsule with the food.
- For melts***, follow the instructions on the medication label and package insert.

Second
Check

- Compare the child's medication consent form against the medication label to check the **Five Rights** just before administering the medication to the child.
 - medication time dose route child's name
- Give the medication or the medication with food** to the child.
 - Give **liquid medications slowly** so the child does not choke or spit up.
 - If you are giving medication by oral syringe or by dropper*, carefully place the syringe in the child's mouth between the rear gum and cheek. Do not squirt more medication than the child can swallow at one time. Never aim the syringe directly down the child's throat.
 - If you are giving the child a tablet or capsule*, give her a cup of water to help her swallow the medication.
 - If you are giving a tablet or capsule*, look in the child's mouth and under the **tongue** to make sure the child swallowed it.
- If you have given medication by medication cup or dosing spoon*, add some water to the cup or dosing spoon, swish it around, and have the child drink it, to catch any medication not already swallowed.
- If you have given medication by dropper*, wipe the dropper dry with a clean lint free tissue or paper towel and return it to the medication bottle.
- If you wore gloves, **remove gloves and discard using the appropriate technique**.

If you are applying MEDICATION TO GUMS:



- Compare the medication tube to the packaging** to make sure you're giving the right medication.
- If indicated, **shake** the medication.
- Put on gloves**.
- Squeeze the correct amount of medication** onto the tip of your clean gloved finger.
- Compare the child's medication consent form against the medication label to check the **Five Rights** just before administering the medication to the child.

Second
Check

- medication time dose route child's name

- Apply the medication** evenly to the affected surface of the infant's gums.
- If you need more medication**, use a different clean finger or put on a clean pair of gloves to apply.



- Remove gloves and discard using the appropriate technique**.

Procedure Guide: Measuring Liquid Medication

The child's full name must be written on the measuring tool. The tool must also have the exact measurement that matches the amount of medication the instructions tell you to give. Do not substitute household items, such as household baking spoons, teaspoons, measuring cups, for dosing devices. The parent must supply a dosing device with the correct measurement (teaspoons, tablespoons, milliliters, cc's or ounces) identified in the health care provider's instructions. Due to the potential for error, you should never convert a dose from one measurement to another.

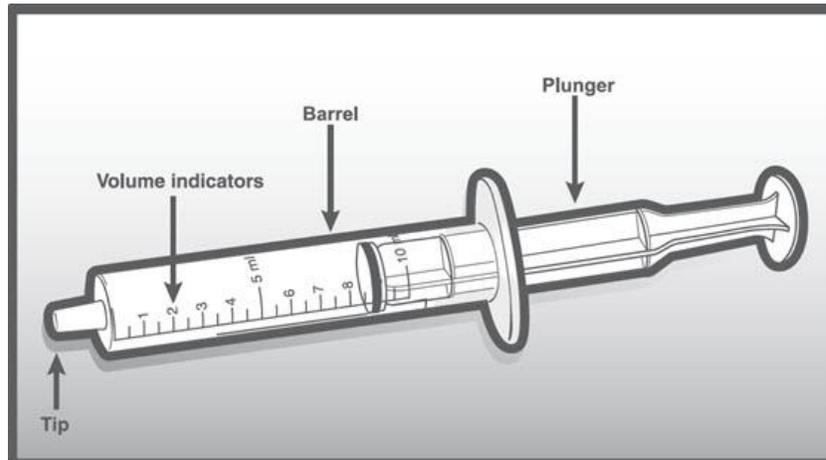
In addition to any medication-specific instructions, follow these principles when measuring any liquid medication:

- Identify the desired measurement** on the medicine cup, spoon, syringe or dropper.
 - If you want to mark the correct dose on the tool, be sure to mark next to the measurement line, not over it
- If indicated, **shake** the medication.
- Pour or draw up the liquid medication** into the cup, spoon, dropper or syringe to the desired level.
 - To avoid getting medication on the label, pour medication out of the bottle away from the label
- If you are giving medication by dropper:***
 - **Place the dropper tip into the medication** as you squeeze the rubber end and slowly release the rubber end to get medication to flow into the dropper.
- If you are giving medication by oral syringe:***
 - Make sure the **plunger is pushed all the way down** into the syringe and draw up the medication.
 - *If the bottle has an adapter*, put the syringe in the adapter and pull the syringe plunger until you get the correct dose.
 - Follow any other directions provided.

—OR—

 - *If the bottle does **not** have an adapter*, pour a *small* amount of medication into a clean disposable cup.
 - Place the tip of the syringe into the liquid in the disposable cup.
 - Pull the plunger to draw up the right dose of medication.

- **Bring the top of the plunger to the line on the syringe that is the right dose.**
- **The tip of the syringe must be filled** with medicine in order for the dose to be correct.



- **Remove all air bubbles.** To do this:
 - Turn the syringe so the tip is pointed toward the ceiling.
 - Pull plunger down past the air bubble making a big pocket of air.
 - Slowly push the plunger up, making sure all air bubbles are gone.
- **Check the accuracy of your measurement** by putting the cup with medication on a flat surface and checking it at eye level. Hold other dosing devices at eye level to check the accuracy of your measurement.
 - **If you pour too much into the measuring tool**, unless otherwise instructed, you can return this leftover medication to the original container if it has not been contaminated.

Cleaning Medication Tools

Always keep medication tools clean. This will help avoid giving a wrong dose and prevent possible infections. You can wash medicine cups, dosing spoons, oral syringes and pill crushers with dishwashing soap and water. Never put an oral medication syringe in the dishwasher.

Procedure Guide: Giving Medication Inhaled by Mouth

Medication can be inhaled by mouth using an inhaler, inhaler with a spacer, nebulizer or other device.

In addition to any medication-specific instructions, follow these steps to given medication inhaled by mouth:

When using an inhaler

- For inhaler medications, you **make the decision on wearing gloves**.
- You should wear gloves if:
 - the skin on your hands is cut, scabbed or broken
 - **your hands might come in contact with the child's mucous**
 - the medication to be given should not touch *your* skin
 - you feel comfortable wearing gloves to apply the medication.
- Remove the inhaler cap and check the mouthpiece** for foreign objects before using
- If indicated, **shake** the medication
- If using a spacer*, attach the spacer** to the inhaler.
- Hold the inhaler **between your index finger and thumb**.
- Compare the child's medication consent form against the medication label to check the **Five Rights** before administering the medication to the child.
 - medication time dose route child's name
- Have the child put the inhaler mouthpiece into her mouth** and close her lips loosely around it. *(To be consistent, use the same technique that the child's parents use at home)*
 - ***If using a spacer*, have the child put the spacer mouthpiece into her mouth** and close her lips loosely around it. If a mask is attached to the spacer, place the mask on the child's face, covering both the nose and mouth.
- With the child's **head tilted slightly back**, ask her to take a **slow deep breath**.
 - As she does this, **press down on the inhaler canister to release the spray**.
- Have her **hold her breath** for a few seconds, then exhale with lips pursed.
 - ***If using a spacer***, have her inhale deeply and slowly over **3-5 seconds**.
 - Keeping the spacer mouthpiece in the child's mouth, have her **hold her breath** for a few seconds, then breathe out into the spacer.
 - With the spacer mouthpiece still in the child's mouth, have her continue breathing in and out into the spacer for at least **three more cycles** to be sure all

Second
Check

the medication in the spacer chamber is used.

- Always **watch the child use the inhaler**.
- If the child needs more than one puff**, follow the instructions for how long to wait before giving another puff.
- Have the child **rinse her mouth with water and then spit it out**. Do not have the child swallow the water.
- Since some inhalers will continue to spray after the medication is gone from the container, discuss with the parent if you need to **count the number of puffs** you give.
- Wipe off the inhaler mouthpiece** with a clean tissue and replace the cap.
- If wearing gloves, **remove gloves and discard using the appropriate technique**.

(added 12/31/15) Care of Inhaler

The inhaler mouthpiece and spacer (if any) should be washed in warm soapy water as specified in the package instructions at least once a week. However, if the child has a cough, the mouthpiece and spacer should be washed daily.

When using a nebulizer

There are many different kinds of nebulizers available, each with different parts and steps to follow. Be sure you know how to assemble and use the nebulizer for this child.

Check to make sure you have all of the necessary nebulizer parts.

- Turn on the machine** to make sure it is working.
- Attach the tubing and nebulizer parts to the compressor** per the manufacturer's instructions.
- Some medication used in a nebulizer must be mixed with a liquid, such as normal saline, before it is used. Others will come in a single-dose vial. Be sure **to read the healthcare provider instructions included on the Medication Consent Form carefully to see if you need to mix the medication before it is used**.
- Put on gloves**.
- Remove the medication/vial from its container and compare it** to the medication container.
- Pour the prescribed amount of medication into the nebulizer medication cup**. If the medicine needs to be diluted, carefully follow the health care provider instructions on how to dilute the medication.
- Compare the consent form against the medication label to check the **Five Rights** just before administering the medication to the child.



Second Check

- medication time dose route child's name

Give the medication

- **Turn on** the nebulizer machine.
- **Make sure you see a mist coming out of the mouthpiece** before placing it into the child's mouth or placing the mask over the child's nose and mouth.
- **Place the mouthpiece** in the child's mouth or **place the mask** over the child's nose and mouth.
- Have the child **breathe normally**.
- The treatment is done when **no more liquid is** in the medication cup.
- **Take off gloves and discard in an appropriate manner.**



- Watch the child during the entire treatment** to make sure (s)he gets all of the medication.

Sharing Nebulizer Machines

Unless a nebulizer machine is labeled “for single patient use,” your program can have a nebulizer machine that is shared by two or more children. Make sure the parent agrees if you are sharing a nebulizer.

Each child must have his or her own tubing, medication cup and mouthpiece or facemask. These should be kept in a separate labeled bag. In addition, the manufacturer's instructions regarding use and care of the machine must be followed.

Care of a Nebulizer Machine

Nebulizer machines and parts require special care and cleaning to reduce the risk of harmful bacterial growth.

These are general principles for caring for a nebulizer machine. The steps may vary based on the type of nebulizer machine being used. Always follow the manufacturer's instructions when cleaning a nebulizer machine.

After each use:

- **Disconnect** the mask or mouthpiece and the medicine cup from the tubing.
- **If you see moisture inside the tubing**, run the machine for 10-20 seconds to dry the inside of the tubing.
- Disconnect the tubing from the nebulizer and place it in a **sealable plastic bag**.

- The tubing should **never be rinsed or put in water**.
- **Wash the remaining nebulizer parts** with a mild dishwashing soap and warm water.
- **Rinse** the nebulizer parts under a strong stream of warm running water for at least thirty seconds. If possible, use distilled or sterile water as a final rinse.
- **Shake off** excess any water.
- Allow the nebulizer parts to air dry on a clean cloth or paper towel. The parts may be dried with a lint free towel.
- **Once dry, place the remaining nebulizer parts into the sealable plastic along with the tubing.**

Procedure Guide: Giving Medication Inhaled Through the Nose

Medication can be inhaled into the body through the nose using a spray or drops.

In addition to any medication-specific instructions, follow these steps to give inhaled nasal medication:



- Put on gloves.
- It's a good idea to have the child **blow his/her nose or wipe away** any visible mucous.
- If indicated, **shake** the medication.
- Position the child's head **tilted slightly back**.
- Compare the child's medication consent form against the medication label to check the **Five Rights** just before administering the medication to the child.
 - medication
 - time
 - dose
 - route
 - child's name

Second Check

When using a dropper:

- Gently push on the tip of the child's nose so you can see the nostrils and **put the dropper tip just a little into the nose**.
- Ask the child to **breathe through his nose**.
- Draw the medication into the dropper**.
- Give the prescribed number of drops**. Be sure to aim the dropper along the back wall of the nostril not straight up the nostril.
- If the drop completely misses the child's nose**, administer the drop again. *If any part of the drop gets into the nose, do not administer the drop again.*
- If drops are needed in the other nostril**, wipe the dropper with a tissue, then administer the drops into the other nostril as instructed.
- Wipe the dropper tip off** after giving the dose.
- Remove gloves and discard** using the appropriate technique

When using a nasal spray:

- Close the other nostril** as you give the dose so the child can breathe the medication in correctly
- Place the tip of the sprayer** about ½ inch into the nostril.
- Aim the sprayer straight up the nose and towards the inner corner of the child's eye.

- Ask the child to **hold her breath while you quickly squeeze the sprayer** to release the spray.
- Remove** the sprayer.
- Ask the child to **breathe out through her mouth.**
- If the other nostril needs medication,** wipe the sprayer tip and follow the same process for the other nostril.
- Ask the child to **keep her head back and to avoid blowing her nose** for a minute or two if able. This will give the medicine time to work
- Wipe the sprayer tip off** after giving the dose.
- Remove gloves and discard** using the appropriate technique.



Procedure Guide: Giving Medication in the Eye

Medication can be given in the eye using drops or ointment.

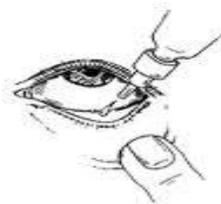
In addition to any medication-specific instructions, follow these steps when giving medication in the eye:



- When giving medication in only one eye, **be careful to put the medication into the correct eye.** Remember that if the child is facing you, the child's eye on your left side is actually the child's right eye, so be sure you know which eye is the correct eye.
- Put on gloves.**
- Clean the child's eye** with a clean tissue, wiping from the inner corner to the outside edge.
- If they are soiled, remove gloves** and put on a new pair.
- Have the child sit or lie down.** Older children can usually sit for eye drop medication. You may find it easier to have a young child lie down.
- Compare the consent form against the medication label to check the **Five Rights** just before administering the medication to the child.

Second Check

- medication time dose route child's name
- If needed, warm the drops** between the palms of your hands.
- If the child can follow directions, **ask the child to look up and keep his eye open.** With one hand, **make a pocket** in the child's lower eyelid
- Using your other hand, rest your palm on the child's forehead to keep your hand steady. **Bring the medicine to the child's eye** coming from the outside of where he can see.
- Put the medication in the pocket** of the child's lower eyelid. **Do not drop directly into the eye.**
- If giving an ointment,*** start from the inner part of the eye that is closest to the child's nose and go outward toward the child's ear. **Do not touch the child's eye with the ointment tip.**



- Very often children blink when getting eye drops. **If the medicine completely misses his eye, give the dose again.** If any amount gets in the eye, don't give another dose.

- The child will naturally close his eye. **Ask him to keep his eye closed for a minute or two.** Wipe off any liquid that spills out of the eye with a clean tissue. If this occurs, you do not need to give the dose again.
- If the second eye needs medication,** put on clean gloves and repeat the procedure.
- Replace the cap** on the medication
- Correctly remove and discard gloves.**

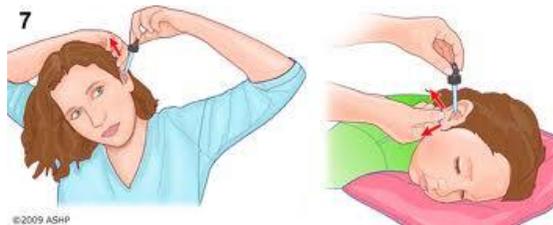


Procedure Guide: Giving Medication in the Ear

In addition to any medication-specific instructions, follow these steps to give medication in the ear:

- For medications given in the ear, you **make the decision on wearing gloves**. You should wear gloves if:
 - The skin on your hands is cut, scabbed or broken
 - The medication should not touch your skin
 - You feel more comfortable wearing gloves to give the medication
- If the outer part of the child's ear has some crusting or earwax**, you should gently remove this with a single-use towel. Do not put anything into the child's ear canal.
- Many ear drops are kept in the refrigerator, so **be sure to warm any cold medicine** by rolling the bottle between the palms of your hands.
- Have the child sit down, tilting her ear up or have the child lie down on her side** so the ear is pointed up. Be sure that you are giving the medication **in the correct ear**.
- Compare the consent form against the medication label to check the **Five Rights** just before administering the medication to the child.
 - medication time dose route child's name
- Draw the medication into the dropper**
- When you are ready to give the drop, **straighten the child's ear canal**.

Second
Check



- **For children under 3:** Hold earlobe and gently pull down and back.
- **For children over 3:** Hold upper part of ear and gently pull up and back.
- Place the drops** so they will roll into the ear along the side of the ear canal. Be careful to not drop directly into the ear. This can be painful and cause the child to experience nausea or dizziness.

- Wipe off any excess drops on the outside of the ear. **If the dose completely misses her ear**, administer the dose again. *If any portion of the drop gets into the ear, do not administer the dose again.*
- Have the child stay on her side for a few minutes** if possible. You should hold the infant so that the ear drops will not flow out of the child's ear.
- Replace** the dropper.
- If gloves were worn, remove the gloves and discard using the correct technique.**