

# **MAT IS Course Handouts**

***12/31/2017 Revision***



# Medication Administration Training (MAT)

## Overview

The Medication Administration Training (MAT) course is approved by the Board of Nursing and Virginia Department of Social Services (VDSS). It is designed to teach you best practice techniques for giving medication to children in your care.

- In this course, you'll learn to give medication by these routes:
  - On the skin (topically)
  - By mouth (orally)
  - Inhaled (the child breathes it in through his nose or mouth)
  - By putting it in the ear
  - By putting it in the eye
  - By using an epinephrine auto-injector, like EpiPen®, to give the epinephrine
- **Please note:** to be able to administer insulin and glucagon or emergency rectal medications, individuals must successfully complete the MAT course and one or both of the following courses specific to the child's needs: 1) *MAT Diabetes Care in Child Care Settings*, and/or 2) *MAT Administration of Emergency Rectal Medications in Child Care Programs*. Information about these courses can be obtained by visiting the MAT website at: <http://www.medhomeplus.org/MAT/>. Be aware that the child's individual health care plan may also include additional child-specific training requirements.

***To successfully complete this course, you must:***

- Pass a written test and skills demonstrations
- Be able to read and write in English well enough to understand the health care providers' written instructions and the parents/caregivers' written permissions
- Be able to write down that you have given the medication
- Be able to read, understand and follow step-by-step instructions for the safe administration of medication
- Have current certification in first aid and cardiopulmonary resuscitation (CPR)

### ***Competency Based Training***

The MAT course is a competency based training. You will be tested to make sure you understand and can put into practice the information presented. All of the information you are tested on in this course is included in the MAT videos you will see today and on the MAT handouts. You are encouraged to use all of the MAT handouts when completing written tests and during the skills demonstrations.

***Written Test:***

- You can use all of the MAT handouts when you take the test.
- The test is 20 multiple-choice questions.
- You must get an 80% or above to pass the test.

- If you don't pass the written test on your first try, you can take another version of the test with different questions. If you don't pass the test on your second try, you will need to complete the full MAT course again.

### ***Skills Demonstrations***

You must demonstrate your ability to:

- Match the ***Five Rights*** of safe medication administration.
- Safely give medication by one of the routes listed here:
  - By mouth (orally; includes topically applied in the mouth)
  - Inhaled into mouth or nose
  - In the ear
  - In the eye

You will be tested on only one route, but you must be prepared to give medication by any route listed above, since you will not know until the testing time which route you'll be tested on. There is an example of this skills demonstration on the video to help you get ready.

- Correctly measure liquid medication using:
  - a medicine cup
  - a dosing spoon, or
  - an oral medication syringe.
- Correctly administer epinephrine using an auto-injector.

Your MAT trainer will watch you complete each of these skills. If you don't pass on your first try, you can try again. You will demonstrate a different route for your second attempt. If you don't pass on your second try, you must take the full MAT course again.

### ***Regulations***

Regulations create the basic structure for the way child day care programs operate. They establish minimum standards for the quality of each program. As a child day care provider, you should know what is required by law and regulation. The "Child Day Programs in the Commonwealth of Virginia" Handout 1.2 gives the links to the appropriate regulations or regulatory guidance documents for each type of child day program.

### ***Handouts***

(updated 12/31/17) There is a lot of information covered in the MAT course, both on video and in your handouts. You do not need to memorize the information in the training. The information provided on the video is also in your handouts. **You can download and/or print the complete MAT Handout set or any individual Handout any time you wish from the front page of the MAT Online Learning Center ([mat-elearning.medhomeplus.org](http://mat-elearning.medhomeplus.org)).**

### ***MAT Curriculum Forms***

Your MAT handouts include forms approved by the BON/VDSS. These forms are updated periodically. You can check the MAT Online Learning Center anytime for the most current version.



# Child Day Programs in the Commonwealth of Virginia

A **child day program** in Virginia is a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period. The Virginia Department of Social Services (VDSS), Division of Licensing Programs monitors the activities of licensed and regulated child day programs in Virginia.

## *Child Care Modalities*

Child day programs can occur in many different settings. For the purposes of MAT, we refer to these different types of child day program settings as child care modalities.

To find the applicable regulations and code references **for each type of child care modality**, as well as other useful information, including technical assistance, visit the VDSS Web site at: <http://www.dss.virginia.gov/family/cc/index.cgi> and click on the specific child care modality.

Summary information for each type of child care modality:

## *Licensed Child Day Programs*

**Child Day Center (CDC):** A child day program offered to (i) two or more children under the age of 13 in a facility that is not the residence of the provider or of any of the children in care or (ii) 13 or more children at any location. There are currently 14 exemptions to licensure.

**Short-Term Child Day Center (CCS):** Short-term child day centers are licensed child day centers that operate for less than 4 months in the year.

**Family Day Home (FDH):** A child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. Family day homes serving six through 12 children, exclusive of the provider's own children and any children who reside in the home, shall be licensed. However, no family day home shall care for more than four children under the age of two, including the provider's own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered.

**Family Day System (FDS):** Any person who approved family day homes as members of its system; who refers children to available family day homes in that system; and who, through contractual arrangement, may provide central administrative functions including but not limited

to, training of operators of member homes; technical assistance and consultation to operators of member homes; inspection, supervision, monitoring , and evaluation of member homes; and referral of children to available health and social services.

### **Regulated/Unlicensed Child Day Programs**

***Religiously Exempt Child Day Center (CCE):*** A child day center operated under the auspices of a religious institution. If a child day center operated by or conducted under the auspices of a religious institution chooses not be licensed, certain documentation must be filed annually with the Virginia Department of Social Services. In addition, the Code of Virginia (Code) outlines the other requirements that exempt child day centers must meet.

***Registered Family Day Home (VR):*** Any family day home that has met the standards for ***voluntary registration*** for such homes pursuant to regulations adopted by the Board of Social Services and that has obtained a certificate of registration from the Commissioner.

***Certified Preschool (CNS):*** A preschool program operated by a private school that is accredited by a statewide accrediting organization (or another accrediting organization recognized by the Board of Education) to be exempt from licensure. In order for preschool and nursery school programs operated by accredited private schools to be certified, certain information must be filed with VDSS before the beginning of the school year or calendar year. That information must be filed annually thereafter.

### ***Approved Child Day Programs***

***Local Ordinance Approved (LOA):*** There are currently three localities (Alexandria, Arlington and Fairfax) that regulate child care facilities as allowed by the Code.

***Department of Education Approved:*** Education and care programs provided by public schools and regulated by the Board of Education using regulations that incorporate or exceed the regulations for child day centers licensed by VDSS.

## Glossary

This is a list of selected terms and phrases used in the MAT course. The purpose of the glossary is to help you understand the meaning of these terms and phrases.

<b>active medication participation</b>	the act of a child assisting in the taking of his/her medication.
<b>active ingredient</b>	the main component of the medication that is designed to produce the desired effect.
<b>acute illness</b>	sickness that begins quickly and lasts only a short time. Some examples are ear infections and common colds.
<b>administration</b>	the act of giving medication.
<b>adverse effect</b>	unexpected reaction of a medication that can be potentially harmful.
<b>allergic reaction</b>	a potentially harmful immune response to a foreign substance, including medication. Allergic reactions occur when the immune system overreacts to a substance called an allergen. These reactions do not always occur the first time the child comes in contact with the allergen and may get worse with each exposure.
<b>Americans with Disabilities Act of 1990 (ADA)</b>	a law prohibiting discrimination on the basis of disability. See <a href="http://www.ada.gov">www.ada.gov</a>
<b>anaphylaxis</b>	a severe and potentially life threatening sudden allergic reaction characterized by hives, swelling, shortness of breath and requiring immediate treatment.
<b>asthma</b>	a chronic condition characterized by severe difficulty breathing caused by a spasm of the bronchial tubes or by swelling of mucous membranes caused by a response to a trigger and/or an allergen.
<b>as needed medication</b>	medication given to treat specific symptoms at non-specific times often to relieve or control symptoms that may recur from a known condition. See PRN medication.

<b>auto-injector</b>	device for delivering an injection by an automatic system. See epinephrine.
<b>brand name</b>	a name given to the medicine by the pharmaceutical company that created it. The name is followed by the symbol ®, which indicates that the name is a registered trademark.
<b>best practice technique</b>	a best practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark.
<b>BON</b>	Board of Nursing.
<b>child day program</b>	a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period.
<b>child care health consultant (CCHC)</b>	a physician, physician assistant, nurse practitioner or registered nurse with a valid Virginia license. Such consultant shall be an individual primarily responsible for working closely with the child care program to develop and implement a safe and realistic health care plan for administering medication in the program.
<b>children with special health care needs</b>	children with a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more that requires health and related services to a type or amount beyond that generally required by children.
<b>chronic illness</b>	sickness or disease that is of long duration. It cannot be cured and will not go away. Some examples are asthma and diabetes.
<b>competency based training</b>	training in which each participant must show his/her ability and understanding of the principles covered in the training by completing written tests and demonstrations.

<b>controlled substance</b>	any substance the federal government has classified as having a high risk for misuse. Rules for prescribing and storing these substances are made by the federal government. A list of controlled substances can be obtained from the Drug Enforcement Administration. Some examples are Ritalin® (methylphenidate Hcl) and codeine.
<b>contaminated –</b>	any substance or material that was exposed, soiled or stained with body fluids, blood or airborne infectious materials.
<b>CPR</b>	<b>C</b> ardio- <b>P</b> ulmonary <b>R</b> esuscitation.
<b>desired effect</b>	the beneficial and sought-after effect of the medication.
<b>epinephrine</b>	a medication used to quickly relieve or block certain severe allergic reactions (see anaphylaxis) until more medical care is available. This must be given by injection.
<b>expired medication</b>	medication that can no longer be guaranteed as safe and effective, since either chemical breakdown or contamination may have occurred by the expiration date. A medication label may indicate “discard after” a specific date on the label. If the medication package gives an expiration date with a month and year only, the medication is good until the last day of the month.
<b>‘Five Rights’ of medication administration</b>	the five pieces of information necessary to administer medication correctly. The Five Rights include: medication, time, dose, route, and child. Matching the Five Rights on the medication label of the container to the written Medication Consent Form each time medication is given will help prevent medication errors.
<b>generic name</b>	the chemical name of the active ingredient in the medication.
<b>health care provider</b>	a licensed physician, physician’s assistant, nurse practitioner or registered nurse with a valid Virginia license.
<b>hives</b>	a skin condition characterized by itching and welts caused by a reaction to internal or external agents, an infection or a nervous condition.

<b>ineffective</b>	the absence of a desired effect, after allowing sufficient time for the medication to work.
<b>inhaler</b>	a device for administering medication using the nose, lungs or other part of the respiratory tract by breathing in the medication.
<b>independent medication administration</b>	when a child carries his/her own medication, decides if and when a dose is needed and administers the dose without supervision.
<b>licensed authorized prescriber</b>	a person licensed, currently registered and authorized under Virginia law to issue prescriptions for medication or medical treatment. For the purposes of MAT – must have a valid Virginia license. Sometimes referred to as prescriber.
<b>localized</b>	confined or restricted to a particular location. The use of this term in this curriculum refers to how a mild allergic reaction might appear on a child's body part. For example, a localized red skin rash on the stomach or a localized region of hives on the neck.
<b>Log of Medication Administration</b>	the VDSS approved form which provides a written record for each medication given to a specific child. The child care provider writes the date(s) and time(s) the medication was administered to a child while in care.
<b>long-term medication</b>	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.
<b>MAT</b>	<b>M</b> edication <b>A</b> dministration <b>T</b> raining course.
<b>MDI</b>	<b>M</b> etered <b>D</b> ose <b>I</b> nhaler device. A metered-dose inhaler is used to deliver a precise dose of medication from a multi-dose container into the lungs.
<b>medication</b>	any substance used to treat a disease or illness or used to prevent or cure health problems.
<b>MAT Certified provider</b>	A staff person who is authorized to give medication in the program. This person must be at least 18 years old, have current CPR and first aid certifications covering the ages of the children in care and have a current MAT certification.

<b>medication administration</b>	the complete process of giving medication, observing and reporting desired and undesired effects and reviewing each step to maximize benefit and reduce risk as described by the medication administration phases.
<b>medication categories</b>	a type or common grouping of medicines based on their purposes or general functions. In this training prescription medication is considered a different category than over-the-counter medication.
<b>Medication Consent Form</b>	the VDSS/VDH form which provides written health care provider instructions and parental permission for each medication given to a specific child. There should be one form for each medication the child receives while in care.
<b>medication effects</b>	how medication affects the child. These effects may be desired or undesired.
<b>medication error</b>	a mistake made in giving the medication. For example, gave the incorrect medication, gave the medication at the incorrect time (gave more than 30 minutes before or 30 minutes after time authorized), gave the incorrect dose, gave using the incorrect route, gave the medication to the incorrect child, gave an expired medication, forgot to give medication or gave the medication when the child's written medication consent form are all considered medication errors.
<b>mucous membrane</b>	a membrane that lines body passages and cavities that are connected to the outside of the body. One example is the lining of the nose and mouth.
<b>nebulizer machine</b>	a compressor device that finely disperses a liquid drug for inhalation in a mist to be breathed into the body. This machine is used frequently for the treatment of asthma in children.

<b>negative effect</b>	undesired effect. Any effect other than the desired effect. An unwanted response.
<b>nonprescription medication</b>	medication that can be bought without a prescription from a licensed authorized prescriber. Also called over-the-counter medication.
<b>optimal</b>	most desirable.
<b>oral</b>	by mouth.
<b>OTC medication</b>	<b>over-the-counter</b> medication, another term for non-prescription medication..
<b>package insert</b>	the information provided on a separate sheet accompanying the medication package or container. It includes common side effects, warnings and administration information. This information may be printed directly on the medication package or container.
<b>peak action</b>	the point at which the body has the maximum effect of the medication after the medication has been administered.
<b>peak flow meter</b>	A portable, handheld device used to measure how hard and fast the child can push air out of the lungs. Measurements with a peak flow meter help the child's parent and physician monitor asthma, these measurements can be important in helping the child's health care provider prescribe medicines to control asthma.
<b>prescriber</b>	a licensed establishment where prescription medications are filled and dispensed by a pharmacist licensed under the laws of the state where he or she practices.
<b>Prescription medication</b>	medication which can only be obtained with a written order from a licensed authorized prescriber to treat a specific condition. Often referred to as <b>Rx</b> .



<b>PRN</b>	An acronym meaning “as needed.” PRN medication is given when a child shows specific symptoms.
<b>route</b>	the way medication gets into the body. Also referred to as method of administration.
<b>seizure</b>	a sudden attack, spasm, convulsion or an extreme emotional change or a change in consciousness, as in epilepsy or another disorder.
<b>short-term medication</b>	any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for ten days or less.
<b>side effect</b>	the action or effect of a drug other than the desired or sought after effect.
<b>standard precautions</b>	the recommended work practice for protection against transmission of bloodborne pathogens and other infectious diseases in the workplace. This is the practice of treating all human material in any form (except sweat, which is not considered to be potentially infectious) as if it is infectious with a bloodborne or other pathogen and avoiding all direct contact with this material.
<b>symptoms</b>	physical or behavioral signs that you can see, hear or smell that may tell you the child needs help, which may include giving medication.
<b>therapeutic</b>	possessing health, restorative, preventive, medicinal or healing properties. This term pertains to results obtained from desired effects of medication.
<b>undesired effect</b>	any effect other than the desired effect. Undesired effects are also called side effects, which include adverse effects and allergic reactions.
<b>VDH</b>	Virginia Department of Health.
<b>VDSS</b>	Virginia Department of Social Services.
<b>written permission/instructions</b>	permission and instructions for administering medication written on the VDSS/VDH Written Medication Consent Form or approved equivalent completed by the child’s parent/guardian and/or health care provider.



# 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.



- This form must be completed in English.
- One form must be completed for each medication. **Multiple medications cannot be listed on one consent form.**
- **Parent MUST complete #1-#17 and #19-#22 for medication to be administered 10 working days or less.** Parent may omit #16 and #17 for over-the-counter medications, sunscreen & topically applied insect repellent.
- **Health care provider MUST complete #1-#18 for medication to be administered more than 10 working days, nebulizer or epinephrine auto-injector medication, and when dosage directions state “consult a physician”. Parent must also complete #19-#22 in these cases. Health care providers do not need to complete this form for over-the-counter medications/products applied to the skin.**

1. <b><u>CHILD’s first and last name:</u></b>	2. Date of birth:	3. Child’s known allergies:
4. <b><u>Name of MEDICATION</u></b> (including strength):	5. <b><u>Amount/DOSAGE to be given:</u></b>	6. <b><u>ROUTE of administration:</u></b>
7A. <b><u>FREQUENCY:</u></b> _____ or <b><u>Specific TIME(s)</u></b> (e.g. 1p.m.): _____ <b><u>to administer</u></b> <div style="text-align: center;"><i>Parent’s signature approving Specific Time(s)</i> _____</div> <div style="text-align: center;"><b>OR</b></div> 7B. Identify the <b><u>symptoms that will necessitate administration</u></b> of medication: (signs and symptoms must be observable and, when possible, measurable parameters).		
8. <b>Possible side effects:</b> <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> additional side effects:		
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent <span style="margin-left: 100px;"><input type="checkbox"/> Contact prescriber at phone number provided below</span> <input type="checkbox"/> Other (describe):		
10. <b>Special instructions:</b> <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____		
11. <b>Reason the child is taking the medication</b> (unless confidential by law): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #25 and #27 on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #26 and #27 on the back of this form.		
14. <b><u>Date consent form completed:</u></b>	15. <b><u>Date to be discontinued or length of time in days to be given</u></b> (this date cannot exceed 12 months from the date authorized or this order will not be valid):	
16. <b>Prescriber’s name</b> (please print):	17. <b>Prescriber’s telephone number:</b>	
18. <b>Licensed authorized prescriber’s signature:</b>  Required for long-term medications, nebulizer or epinephrine auto-injector medications and when dosage directions state “consult a physician”. Not required for over-the-counter medications/products applied to the skin.		

**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 _____ . Once the medication has been discontinued, I understand that if my child _____ (date) 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:	



## Exercise: Finding the Five Rights

### Case study 1: Over-the-Counter Medication

Directions: Circle each of the **Five Rights** on the medication package below. Write each Right on the line provided. Then, circle the **Five Rights** on the **Medication Consent Form** on the next page and match each one with the **Five Rights** on the medication package.



Drug Facts		LOTB0273 EXP11/XX
Active ingredient	Purpose	
Benzocaine 7.5%	Oral pain reliever	
Use for the temporary relief of sore gums due to teething in children 2 years of age and older. For use in children under the age of 2, consult a physician or healthcare provider.		
Warnings		
<b>Allergy alert:</b> do not use this product if your child has a history of allergy to local anesthetics such as procaine, butacaine, benzocaine or other "caine" anesthetics		
<b>Do not use</b> ■ more than directed ■ for more than 7 days unless directed by a physician or healthcare provider		
<b>When using this product</b> ■ fever and nasal congestion are not symptoms of teething and may indicate the presence of infection. If these symptoms persist, consult your physician.		
<b>Stop use and ask a physician if</b> ■ sore mouth symptoms do not improve in 7 days ■ irritation, pain or redness does not go away ■ swelling, rash or fever develops		
<b>Keep out of reach of children.</b> In case of overdose or allergic reaction, get medical help or contact a Poison Control Center right away.		
<b>Directions</b> ■ wash hands ■ cut open tip of tube on score mark ■ use your fingertip or cotton applicator to apply a small pea-size amount of Orajel and spread over the gums ■ apply to the affected area up to 4 times daily or as directed by a physician or healthcare provider ■ for children under 2 years of age, consult a physician or healthcare provider		
<b>Other information</b> do not use if tube tip is cut prior to opening		
<b>Inactive ingredients</b> cellulose gum, flavor, gelatin, mineral oil, pectin, petrolatum, polyethylene glycol, red 40, sodium saccharin		
<b>Questions or comments?</b> call us at 1-800-952-5080 M-F 9am-5pm ET or visit our website at <a href="http://www.oraljel.com">www.oraljel.com</a>		

1. Right Medication: \_\_\_\_\_
2. Right Time: \_\_\_\_\_
3. Right Dose: \_\_\_\_\_
4. Right Route: \_\_\_\_\_
5. Right Child: \_\_\_\_\_



- |   |  |  |   |
|---|--|--|---|
| 1. <b><u>CHILD's first and last name:</u></b><br>Missy Franklin               |  | 2. Date of birth:<br>4-3-XX (6 months old)                           | 3. Child's known allergies:<br>None known                 |
| 4. <b><u>Name of MEDICATION</u></b> (including strength):<br>Baby Orajel 7.5% |  | 5. <b><u>Amount/DOSAGE to be given:</u></b><br>Small pea-size amount | 6. <b><u>ROUTE of administration:</u></b><br>Oral on gums |

8. Possible side effects: X See package insert (parent must supply) *AND/OR* additional side effects:

**10. Special instructions:** X See package insert (parent must supply) *AND/OR* Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) N/A


<p><b>11. Reason the child is taking the medication</b> (unless confidential by law): <b>discomfort due to teething</b></p>
---

12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally?

☐ No ☐ Yes If you checked yes, complete #25-#27 on the back of this form.

13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?  
X No   ☐ Yes   If you checked yes, complete #26-#27 on the back of this form.

14. <u>Date consent form completed:</u> 9/29/XX	15. <u>Date to be discontinued or length of time in days to be given</u> (this date cannot exceed 12 months from the date authorized or this order will not be valid):
--	--

<b>16. Prescriber's name</b> (please print): Dr. Margaret Valens	<b>17. Prescriber's telephone number:</b> (718) 555-2345
---	---

18. **Licensed authorized prescriber's signature:** x *Margaret Valens, M.D.*  
Required for long-term medications, nebulizer or epinephrine auto-injector medications and when dosage directions state "consult a physician". Not required for over-the-counter medications/products applied to the skin.

**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 **Missy Franklin** (child's name) .

20. Parent or legal guardian's name (please print):  
**Anne Franklin**

21. Date authorized:  
**10/1/XXXX**

22. Parent or legal guardian's signature: **X *Anne Franklin***

**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 \_\_\_\_\_ . Once the medication has been discontinued, I understand that if my child (date) 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. **See individual health care plan**

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 *not* 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: **ABC Child Care**

29. Facility Phone Number:  
**(914) 555-2784**

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):  
**Carla Carson**

31. Date received from parent:  
**10/2/XXXX**

32. Authorized child care provider's signature: **X. *Carla Carson***

- This form must be completed in English.
- One form must be completed for each medication. **Multiple medications cannot be listed on one consent form.**
- **Parent MUST complete #1-#17 and #19-#22 for medication to be administered 10 working days or less.** Parent may omit #16 and #17 for over-the-counter medications, sunscreen & topically applied insect repellent.
- **Health care provider MUST complete #1-#18 for medication to be administered more than 10 working days, nebulizer or epinephrine auto-injector medication, and when dosage directions state “consult a physician”.** Parent must also complete #19-#22 in these cases. **Health care providers do not need to complete this form for over-the-counter medications/products applied to the skin.**

<b>1. CHILD's first and last name:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Missy Franklin</div>	<b>2. Date of birth:</b> 4-3-XX (6 months old)	<b>3. Child's known allergies:</b> none known
<b>4. Name of MEDICATION</b> (including strength): <div style="border: 1px solid black; padding: 2px; display: inline-block;">Baby Orajel 7.5%</div>	<b>5. Amount/DOSAGE to be given:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Small pea-size amount</div>	<b>6. ROUTE of administration:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Oral on gums</div>
<b>7A. FREQUENCY:</b> _____ <b>Specific TIME(s)</b> (e.g. 1p.m.): _____ <b>to administer</b> <div style="text-align: center;"> <b>OR</b>  <i>Parent's signature approving Specific Time(s)</i> _____         </div>		
<b>7B. Identify the symptoms that will necessitate administration</b> of medication: (signs and symptoms must be observable and, when possible, measurable parameters). <div style="border: 1px solid black; padding: 2px; display: inline-block;">increased irritability, fussiness and/or red, swollen and painful gums; apply no more than 2 times a day while in care</div>		
<b>8. Possible side effects:</b> <input checked="" type="checkbox"/> See package insert (parent must supply) <b>AND/OR</b> additional side effects:		
<b>9. What action should the child care provider take if side effects are noted:</b> <input checked="" type="checkbox"/> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided below <input type="checkbox"/> Other (describe):		
<b>10. Special instructions:</b> <input checked="" type="checkbox"/> See package insert (parent must supply) <b>AND/OR</b> Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) <u>N/A</u>		
<b>11. Reason the child is taking the medication</b> (unless confidential by law): <u>discomfort due to teething</u>		
<b>12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #25-#27 on the back of this form.		
<b>13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #26-#27 on the back of this form.		
<b>14. Date consent form completed:</b> 9/29/XX	<b>15. Date to be discontinued or length of time in days to be given</b> (this date cannot exceed 12 months from the date authorized or this order will not be valid):	
<b>16. Prescriber's name</b> (please print): Dr. Margaret Valens	<b>17. Prescriber's telephone number:</b> (718) 555-2345	
<b>18. Licensed authorized prescriber's signature:</b> X <i>Margaret Valens, M.D.</i> Required for long-term medications, nebulizer or epinephrine auto-injector medications and when dosage directions state “consult a physician”. Not required for over-the-counter medications/products applied to the skin.		

**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 Missy Frankin (child's name) .

20. Parent or legal guardian's name (please print):  
Anne Franklin

21. Date authorized:  
10/1/XXXX

22. Parent or legal guardian's signature: X *Anne Franklin*

**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 \_\_\_\_\_ . Once the medication has been discontinued, I understand that if my child  
(date)  
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. See individual health care plan

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 *not* 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: ABC Child Care

29. Facility Phone Number:  
(914) 555-2784

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):  
Carla Carson

31. Date received from parent:  
10/2/XXXX

32. Authorized child care provider's signature: X. *Carla Carson*

## Case Study 2: Prescription Medication

Directions: Circle each of the **Five Rights** on the prescription label below. Write each Right on the line provided. Then, circle the **Five Rights** on the **Medication Consent Form** on the next page and match each one with the **Five Rights** on the label.

**Pharmacy Inc. #0012      Ph: 914-555-0102**

100 Main Street, Richmond, VA 23000

Rx#: 8145973-02      Tx: 8063264

**Jose Martinez**

**DOB: 11/30/XX**

(914) 554-1984

461 Park Place, Richmond , VA 23000

**albuterol (90mcg/inh)**

(generic form of Ventolin®)

**Give two puffs by oral inhaler as needed for shortness of breath. May give every four hours up to three doses per day.**

Prescriber: **Nancy Wallace MD (914) 564-9832**

221 Stream Place, Richmond, NY23000

Refillable: 0 times      QTY:1      R.Ph. Init: RSL

Date filled: 7/15/XX      Orig. Date: 7/15/XX      Exp. Date: 7/15/XX

1. Right Medication: \_\_\_\_\_
2. Right Time: \_\_\_\_\_
3. Right Dose: \_\_\_\_\_
4. Right Route: \_\_\_\_\_
5. Right Child: \_\_\_\_\_





- |   |  |   |   |
|---|--|---|---|
| 1. <b>CHILD's first and last name:</b><br><b>Jose Martinez</b>  |  | 2. Date of birth:<br><b>11/30/xxxx (6 years old)</b>  | 3. Child's known allergies:<br><b>Dust, pollen and bee stings</b> |
| 4. <b>Name of MEDICATION</b> (including strength):<br><b>albuterol 90 mcg/ inhalation inhaler</b>   |  | 5. <b>Amount/DOSAGE to be given:</b><br><b>2 puffs – at least 4 hrs between doses, max of 3 doses/day</b>   | 6. <b>ROUTE of administration:</b><br><b>Inhaled by mouth</b>     |
| 7A. <b>FREQUENCY:</b> _____ or <b>Specific TIME(s)</b> (e.g. 1p.m.): _____<br><b>to administer</b><br><i>Parent's signature approving Specific Time(s)</i> _____<br><b>OR</b>   |  |   |   |
| 7B. Identify the <b>symptoms that will necessitate administration</b> of medication: (signs and symptoms must be observable and, when possible, measurable parameters). <b>Give when Jose has shortness of breath</b>   |  |   |   |
| 8. <b>Possible side effects:</b> <input checked="" type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> additional side effects:   |  |   |   |
| 9. What action should the child care provider take if side effects are noted:<br><input checked="" type="checkbox"/> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided below<br><input type="checkbox"/> Other (describe):  |  |   |   |
| 10. <b>Special instructions:</b> <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____<br><b>Give every 4 hours as needed. Do not give more than 3 times a day.</b> |  |   |   |
| 11. <b>Reason the child is taking the medication</b> (unless confidential by law): <u>Asthma</u>  |  |   |   |
| 12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If you checked yes, complete #25 and #27 on the back of this form.   |  |   |   |
| 13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #26 and #27 on the back of this form.  |  |   |   |
| 14. <b>Date consent form completed:</b><br><b>7/15/CY</b>   |  | 15. <b>Date to be discontinued or length of time in days to be given</b> (this date cannot exceed 12 months from the date authorized or this order will not be valid): <b>7/15/NY</b> |   |
| 16. <b>Prescriber's name</b> (please print):<br>Nancy Wallace, M.D.   |  | 17. <b>Prescriber's telephone number:</b> (804) 564-9832  |   |
| 18. <b>Licensed authorized prescriber's signature:</b> <i>Nancy Wallace, M.D.</i><br>Required for long-term medications, nebulizer or epinephrine auto-injector medications and when dosage directions state "consult a physician". Not required for over-the-counter medications/products applied to the skin.   |  |   |   |

**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 **Jose Martinez** (child's name) .

20. Parent or legal guardian's name (please print):  
**Anne Martinez**

21. Date authorized:  
**7/15/CY**

22. Parent or legal guardian's signature: *Anne Martinez*

**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 \_\_\_\_\_ . Once the medication has been discontinued, I understand that if my child  
(date)  
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. **See individual health care plan**

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 *not* follow the pharmacy label until the new prescription has been filled.

27. Licensed Authorized Prescriber's Signature: *Nancy Wallace, M.D.*

**CHILD DAY PROGRAM TO COMPLETE THIS SECTION**

28. Provider/Facility name: **ABC Child Care**

29. Facility Phone Number:  
**(804) 555-2784**

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):  
**Carla Carson**

31. Date received from parent:  
**7/15/CY**

32. Authorized child care provider's signature: *Carla Carson*

## Case Study 2: Prescription Medication

Directions: Circle each of the **Five Rights** on the prescription label below. Write each Right on the line provided. Then, circle the **Five Rights** on the **Medication Consent Form** on the next page and match each one with the **Five Rights** on the label.

**Pharmacy Inc. #0012      Ph: 914-555-0102**

100 Main Street, Richmond, VA 23000

Rx#: 8145973-02      Tx: 8063264

Child

**Jose Martinez**

**DOB: 11/30/XX**

(914) 554-1984

461 Park Place, Richmond, VA 23000

Medication

**albuterol (90mcg/inh)**  
(generic form of Ventolin®)

Route

Time

Dose

Give **two puffs** by **oral inhaler** **as needed for shortness of breath.** May give every four hours up to three doses per day.

Prescriber: **Nancy Wallace MD (914) 564-9832**

221 Stream Place, Richmond, NY 23000

Refillable: 0 times      QTY: 1      R.Ph. Init: RSL

Date filled: 7/15/XX      Orig. Date: 7/15/XX      Exp. Date: 7/15/X

1. Right Medication: albuterol 90 mcg/inh
2. Right Time: When Jose has shortness of breath (adding "every four hours" is also acceptable, but the participant must state "when the child has shortness of breath")
3. Right Dose: 2 puffs
4. Right Route: Oral inhaled
5. Right Child: Jose Martinez



## Medication Effects

Medication is given for many reasons. If it works right, it has the “desired effect.”

Medication can be given to:

- **Prevent illness** (such as getting the polio vaccine so you don’t get polio)
- **Control health problems** (such as taking medication every day to help prevent seizures)
- **Cure an illness** (such as taking an antibiotic to get rid of an ear infection)
- **Reduce symptoms** (such as taking Tylenol® to lower a fever)

Taking medication has effects on the child’s body. These effects can be wanted (desired effects), unwanted or even dangerous. Whenever a child in your care is taking medication, watch the child and pay attention if the child acts or feels different than usual. If you notice any changes, contact the child’s parent. These changes could be unwanted effects from the medication. If the child is having a severe reaction and an adverse effect to a medication, call 911 right away and then call the child’s parent (guardian).

<b>Types of Undesired/Side effects</b>	<b>Action to Take</b>
<b>Severe allergic reaction</b> Severe hives, swelling, especially lips and face, trouble breathing, severe vomiting, diarrhea or stomach cramping, racing heart, “passing out”	<b>Call 911 right away</b>
<b>Adverse effect</b> Seizures, chest pain, highly unusual behavior, severe dizziness	<b>Call 911</b> Notify parent as soon as possible  For a <u>severe</u> reaction: call 911 then notify the parent as soon as possible
<b>Mild allergic reaction</b> Itchy red skin, slight localized rash, itchy/watery eyes, sneezing, runny, stuffy or itchy nose, an itchy feeling in the mouth or throat	Notify parent immediately Encourage parent to contact the child’s health care provider for instructions If the reaction becomes severe, contact 9-1-1 immediately
<b>Mild side effect</b> Upset stomach, sleepiness (drowsiness), diarrhea, constipation, trouble sleeping, irritability, nervousness, dry mouth, headache, nausea/vomiting, changes in appetite	Notify parent



- 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 (and strength)\_\_\_\_\_

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"/>

**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:



## Medication Routes

Medication can get into a child's body in many ways. The most common ways for medication to be absorbed into a child's body are through the lining of the stomach and intestines, through the skin or through the lining of the lungs. The way medication is taken, so it can be absorbed into the body, is called the medication **route**.

In this course you will learn the following ways (routes) to give medication:

- On the skin (topically)
- By mouth (orally)
- Inhaled through the mouth or nose
- By putting it in the ear
- By putting it in the eye
- By using an auto-injector, like an EpiPen®, to give a shot of epinephrine to prevent anaphylaxis.

Routes **not** covered in this course include:

- Rectal
- Vaginal
- Injection (except epinephrine using an auto-injector device when prescribed for a specific child as treatment for anaphylaxis)

If a child in your program needs medication given rectally, vaginally or by injection, you will need to get additional training.

**Please note:** To be able to administer insulin and glucagon or emergency rectal medications, individuals must successfully complete the MAT course and either *MAT Diabetes Care in Child Care Settings* (for insulin and glucagon administration), or *MAT Administration of Emergency Rectal Medications in Child Care Programs* (for rectal medication administration). Information about these courses can be obtained by visiting the MAT Program website at <http://www.medhomeplus.org/MAT/>. Be aware that the child's individual health care plan may also include additional child-specific training requirements.



## Medication Routes Covered in the MAT Course

Route	Forms of the medication	How fast does the medication start working?	Special Information
<p><b>#1) Topical</b> medication is put on the skin</p> <p><b>Medicated patches</b> are patches with medication in them that are put on the skin and kept on the skin for a period of time.</p>	<p>Medication put on the skin can be a:</p> <ul style="list-style-type: none"> <li>• cream</li> <li>• lotion</li> <li>• ointment</li> <li>• gel</li> <li>• aerosol</li> </ul> <p>Medication comes in the form of a patch.</p>	<p>Depends on the medication</p> <p>Topical medication should be applied to dry, intact skin unless otherwise instructed.</p> <p>Small amounts of medication are absorbed slowly, in a controlled manner, over a period of time.</p>	<p>Patches remain on the skin and allow small amounts of medication to be absorbed slowly, in a controlled manner, over a period of time. Medicated patches for children are currently not common but advances in technology may allow for many medications to be administered to children using this route. May be referred to as transdermal patches.</p> <p>Band-Aids® are <u>not</u> considered medicated patches because they do not allow for slow controlled medication absorption over a period of time.</p>



## Handout 3.4

Route	Forms of the medication	How fast does the medication start working?	Special Information
<b>#2) Oral</b> medication is given by mouth.	Medication taken by mouth can come in many forms, including: <ul style="list-style-type: none"><li>• tablets</li><li>• capsules</li><li>• liquids</li><li>• sprinkles (small granules that can be sprinkled onto food or onto the tongue)</li><li>• strips/melts (medication that is placed on the tongue or in the mouth, where it dissolves)</li><li>• gels that are rubbed into the gums or inside the mouth</li></ul>	This time can vary due to many factors. Some things that can affect how fast the medication starts working: <ul style="list-style-type: none"><li>• Amount of food in stomach</li><li>• Most tablets should be swallowed whole</li><li>• Activity level</li></ul> A pill cutter should be used if it becomes necessary to split a pill in half. Never use household utensils or items to cut	Usually starts working in about 30-60 minutes.  Do not crush, chew or cut apart capsules unless directed by a health care provider. Capsules must be swallowed whole unless otherwise instructed by the health care provider.  Liquids are most commonly given to children under five who cannot safely swallow a pill Rapid absorption; effects usually noted within 10 minutes.  Sprinkles are the contents of a capsule. Sprinkles can come in small packets or in capsules that can be opened and poured out.



## Handout 3.4

Route	Forms of the medication	How fast does the medication start working?	Special Information
#3) <b>Inhaled</b> medication is breathed in through the nose or mouth	Medication breathed in through the nose can be given by: <ul style="list-style-type: none"><li>• spray</li><li>• drop</li></ul>	Usually starts working in about 10 to 15 minutes	Children may complain of an unpleasant taste in their mouth after receiving nasal medication
	Medication breathed in through the mouth can be given by: <ul style="list-style-type: none"><li>• inhaler, such as metered-dose inhaler or dry powder inhaler</li><li>• nebulizer, a machine that changes liquid medication into a mist that can be breathed in</li></ul>	Usually starts working in about 5 to 15 minutes	* Many children need to use a spacer device to help them use a metered dose inhaler correctly. *Children under five usually use a nebulizer instead of an inhaler because the child does not need to use any special breathing techniques in order to get the medicine into the respiratory tract. *Dry powder inhalers come in a pre-measured dose. Each click of the inhaler administers one dose of the medication.
#4) <b>Eye</b> medication is placed into the eye.	Medication put into the eye can be: <ul style="list-style-type: none"><li>• drops</li><li>• ointment</li></ul>	Usually right away	
#5) <b>Ear</b> medication is placed into the ear	Medication comes in a liquid to be dropped into the ear.	Depends on the medication	Most ear medication is given to prevent or treat infections of the ear
#6) <b>Auto-injector</b> for giving the medication epinephrine to a child having a serious allergic reaction.	This medication, epinephrine, comes in an auto-injector device that allows you to put a pre-measured amount of the medication into the body through the skin using a needle.	Usually right away	Child care providers may only administer epinephrine using an auto- injector device to a child that has been prescribed the medication by a health care provider for the treatment of a serious allergic reaction, such as anaphylaxis. Children may appear better quickly, but still require emergency treatment and care once epinephrine is administered.



## TYPES OF MEDICATION

Medication Types	What Will the Medication Look Like?	Common Examples
<b>Over-the-counter</b> (nonprescription): Medication that you can get without an order (prescription) from a licensed authorized prescriber. It can be a generic or brand name medication.	Over-the-counter medications all look different. They do not have a pharmacy label with instructions for use that are specific to the child.  Food/ nutrition products, lotion, lip balm, medicated bandages, topical ointments, sunscreen, insect repellent and Vaseline® are not considered medication unless they are administered by prescription.	Tylenol®, Dimetapp®, Motrin®, ibuprofen, Benadryl®, homeopathic treatments, sunscreen, insect repellent
<b>Prescription:</b> Medication that needs an order (prescription) from a licensed authorized prescriber to be obtained from the pharmacy. Prescription medication treats a specific condition and can be a generic or brand name.	All prescription medication comes in a container/bottle with a pharmacy label. The pharmacy label will be for a specific child and includes instructions for how to give the medication.	amoxicillin, albuterol, EpiPen®, Ritalin®, Cortisporin Otic®, Augmentin® etc.
<b>Controlled Substances:</b> Medication designated as having a high potential for misuse, which are regulated by the federal government.	Controlled substances may have a label on the medication container that tells you it is a controlled substance. Or they may have the letter C at the beginning of the prescription number.	Ritalin® and Focalin®
<b>Brand name:</b> The name given to the medication by the pharmaceutical company that created it.	The medication name on the label will have the symbol ® after it to identify it as a registered trademark.	Tylenol®, Motrin®, Cipro®, Benadryl®, Ventolin®
<b>Generic name:</b> The chemical name of the active ingredient in the medication	The medication name on the label will be listed as the “active ingredient.”	amoxicillin, acetaminophen, ibuprofen, diphenhydramine, albuterol

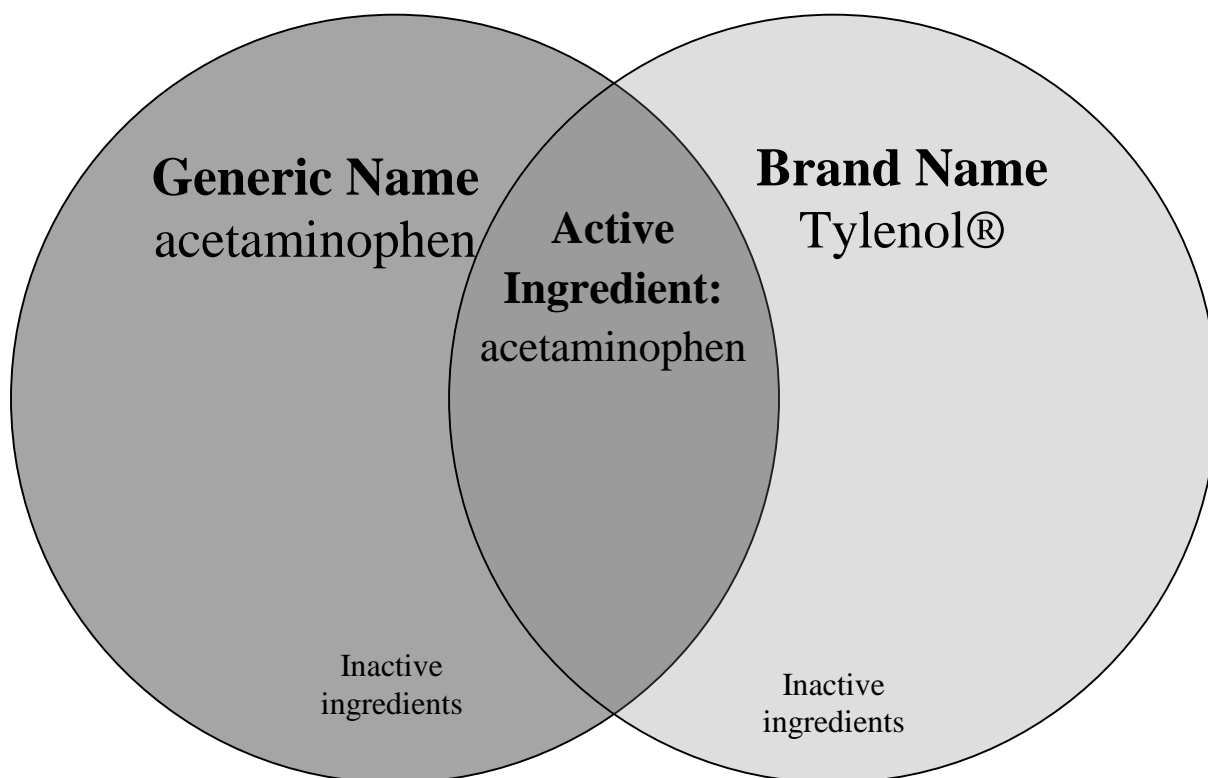




## Generic and Brand Name Medications

***Example of the Difference Between a Medication's Brand Name and Its Generic Name:***

Tylenol® is a brand name medication. The active ingredient in Tylenol® is acetaminophen. If you buy a medication named “acetaminophen” in the store, you are buying a generic medication. Both the generic and brand name medications have the same active ingredients (acetaminophen), but may be slightly different from one another because of the inactive ingredients. **See diagram.**





## Exercise: Handling Effects from Medication

**Case Study 1:** Carmen is a three-year-old child in your program. She is being treated for an ear infection. Her doctor wrote a prescription for her to take a liquid antibiotic called amoxicillin, given by mouth for ten days. Since she needs the medication three times a day, you are giving her a dose every day at 2PM.

The instructions on Carmen's **Medication Consent Form** tell you to look at the package insert for possible side effects. Carmen's mother gave you the following drug information sheet, which she received from the pharmacy:

DRUG INFORMATION SHEET
<b>DRUG NAME: AMOXCILLIN SUS 250/5ML</b>
<b>GENERIC NAME: AMOXICILLIN (a-mox-i-SILL-in)</b>
<b>HOW TO USE THIS MEDICINE:</b> Follow the directions for using this medicine provided by your doctor. <b>THIS MEDICINE MAY BE TAKEN</b> on an empty stomach or with food. <b>TO CLEAR UP YOUR INFECTION COMPLETELY</b> , continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. <b>IF YOU MISS A DOSE OF THIS MEDICINE</b> , take it as soon as possible.
<b>CAUTIONS:</b> <b>DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION</b> to penicillin antibiotic or a cephalosporin antibiotic. <b>IF YOU EXPERIENCE</b> difficulty breathing or tightness of chest; swelling of eyelids, face, or lips; or develop a rash of hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so.
<b>POSSIBLE SIDE EFFECTS:</b> <b>SIDE EFFECTS</b> that may go away during treatment include nausea, vomiting, mild diarrhea, or irritation of mouth or throat. If they continue or are bothersome, check with your doctor. <b>AN ALLERGIC REACTION</b> to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse or pharmacist.

Using Handout 3.1 and the drug information sheet above, answer these questions:

1. On the Drug Information Sheet, circle the side effects that Carmen may get from the amoxicillin.
2. Carmen tells you she doesn't feel good and her tummy hurts about an hour after you gave her the amoxicillin. What should you do?

---

---

**Case Study 2:** Kristopher is a four-year-old in your program. He is allergic to pollen, grass and trees. His parents gave you instructions from his doctor to give him Diphenhydramine® (diphenhydramine) to help treat the itchy eyes and runny nose he gets.

The instructions on Kristopher's **Medication Consent Form** tell you to look at the package insert for possible side effects. Below is the medication package Kristopher's mother gave you: (the package text says *when using this product, excitability may occur, especially in children*)

FOR YOUR PROTECTION

**Drug Facts**

Active ingredient (in each 5 mL teaspoonful)	Purpose
Diphenhydramine HCl 12.5 mg	Antihistamine

**Uses**

- temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
  - sneezing
  - itching of the nose or throat
- runny nose
- itchy, watery eyes
- temporarily relieves these symptoms due to the common cold:
  - sneezing
  - runny nose

**Warnings**

Do not use with any other product containing diphenhydramine, even one used on skin.

Ask a doctor before use if you have

- a breathing problem such as emphysema or chronic bronchitis
- glaucoma
- trouble urinating due to an enlarged prostate gland
- a sodium-restricted diet

Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers.

**When using this product**

- avoid alcoholic drinks
- marked drowsiness may occur
- excitability may occur, especially in children
- alcohol, sedatives and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

**Directions**

- if needed, take every 4-6 hours
- do not take more than 6 doses in 24 hours

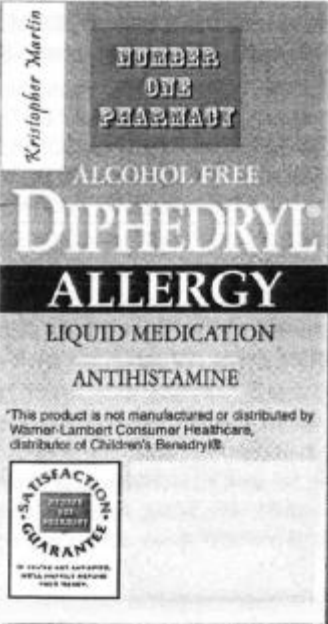
children under 6 years of age	ask a doctor
children 6 to under 12 years of age	1 to 2 teaspoonfuls (12.5 mg to 25 mg)
adults and children 12 years of age and over	2 to 4 teaspoonfuls (25 mg to 50 mg)

**Drug Facts (continued)**

**Other information**

- each teaspoonful contains: sodium 15 mg
- store at 20°-25°C (68°-77°F)

**Inactive ingredients** citric acid, D&C red no. 33, FD&C red no. 40, flavor, glycerin, high fructose corn syrup, polyoxamer 407, purified water, sodium benzoate, sodium chloride, sodium citrate, sorbitol



Using Handout 3.1 and the medication package above, answer these questions:

1. On the medication package, circle the undesired effects that Kristopher may get from the **Diphenhydramine** ®.
2. About 30 minutes after giving Kristopher the medication, he is running around acting hyper and is having trouble calming down. What do you think is happening?

What should you do? \_\_\_\_\_

## Exercise: Handling Effects from Medication

### Answer Key

**Case Study 1:** Carmen is a three-year-old child in your program. She is being treated for an ear infection. Her doctor wrote a prescription for her to take a liquid antibiotic called amoxicillin, given by mouth for ten days. Since she needs the medication three times a day, you are giving her a dose every day at 2PM.

The instructions on Carmen's **Medication Consent Form** tell you to look at the package insert for possible side effects. Carmen's mother gave you the following drug information sheet, which she received from the pharmacy:

DRUG INFORMATION SHEET
DRUG NAME: AMOXICILLIN SUS 250/5ML
GENERIC NAME: AMOXICILLIN (a-mox-i-SILL-in)
HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN on an empty stomach or with food. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible.
CAUTIONS: DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to a penicillin antibiotic or a cephalosporin antibiotic. IF YOU EXPERIENCE difficulty breathing or tightness of chest; swelling of eyelids, face, or lips; or develop a rash of hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so.
POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may go away during treatment include nausea, vomiting, mild diarrhea, or irritation of mouth or throat. If they continue or are bothersome, check with your doctor. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse or pharmacist.

Using Handout 3.1 and the drug information sheet above, answer these questions:

1. On the Drug Information Sheet, circle the side effects that Carmen may get from the amoxicillin.
2. Carmen tells you she doesn't feel good and her tummy hurts about an hour after you gave her the amoxicillin. What should you do?

*Check Carmen's Medication Consent Form for instructions from the health care provider (box 9 on the form). Also, contact Carmen's parent and write down on her Log of Medication Administration (in the Side Effects column) that Carmen got an upset stomach. Make a note on Carmen's Log of Medication that you contacted the parent.*

**Case Study 2:** Kristopher is a four-year-old in your program. He is allergic to pollen, grass and trees. His parents gave you instructions from his doctor to give him Diphedryl® (diphenhydramine) to help treat the itchy eyes and runny nose he gets.

The instructions on Kristopher's **Medication Consent Form** tell you to look at the package insert for possible side effects. Below is the medication package Kristopher's mother gave you: (the package text says *when using this product, excitability may occur, especially in children*)



**FOR YOUR PROTECTION,**

**Drug Facts**

**Active ingredient** (in each 5 mL teaspoonful) Purpose  
Diphenhydramine HCl 12.5 mg ..... Antihistamine

**Uses**

- temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
  - sneezing
  - itching of the nose or throat
  - runny nose
  - itchy, watery eyes
- temporarily relieves these symptoms due to the common cold:
  - sneezing
  - runny nose

**Warnings**

Do not use with any other product containing diphenhydramine, even one used on skin.

**Ask a doctor before use if you have**

- a breathing problem such as emphysema or chronic bronchitis
- glaucoma
- trouble urinating due to an enlarged prostate gland
- a sodium-restricted diet

**Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers.**

**When using this product**

- marked drowsiness may occur
- excitability may occur, especially in children
- alcohol, sedatives and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery

**If pregnant or breast-feeding, ask a health professional before use.**

**Keep out of reach of children.** In case of overdose, get medical help or contact a Poison Control Center right away.

**Directions**

- if needed, take every 4-6 hours
- do not take more than 6 doses in 24 hours

	ask a doctor
children under 6 years of age	
children 6 to under 12 years of age	1 to 2 teaspoonfuls (12.5 mg to 25 mg)
adults and children 12 years of age and over	2 to 4 teaspoonfuls (25 mg to 50 mg)

**Drug Facts (continued)**

**Other information**

- each teaspoonful contains: sodium 15 mg
- store at 20°-25°C (68°-77°F)

**Inactive ingredients** citric acid, D&C red no. 33, FD&C red no. 40, flavor, glycerin, high fructose corn syrup, poloxamer 407, purified water, sodium benzoate, sodium chloride, sodium citrate, sorbitol

**NUMBER ONE PHARMACY**

**ALCOHOL FREE**

**DIPHEDRYL ALLERGY**

**LIQUID MEDICATION**

**ANTIHISTAMINE**

This product is not manufactured or distributed by Warner-Lambert Consumer Healthcare, distributor of Children's Benadryl®.

**SAISFACTION GUARANTEE**

IF YOU ARE NOT SATISFIED, WE'LL REFUND YOUR MONEY.

Using Handout 3.1 and the medication package above, answer these questions:

- On the medication package, circle the undesired effects that Kristopher may get from the **Diphedryl®**.
- About 30 minutes after giving Kristopher the medication, he is running around acting hyper and is having trouble calming down. What do you think is happening?  
He may be having a side effect of the medication.

What should you do? Check Kristopher's Medication Consent Form for action the child care provider should take if side effects are noted (box 9 on the form). Contact his parent/guardian and encourage his parent/guardian to contact the doctor. You also need to write down on his Log of Medication Administration (in the Side Effects column) the side effect you saw and check off that you contacted his parent/guardian.



## Exercise: Identifying Types of Medication

**Directions:** Answer the questions using the package or medication label.

### Example 1

**Drug Facts**

**Active ingredient** (in each 5 mL = 1 teaspoonful)  
Acetaminophen 160 mg. Pain reliever/fever reducer

**Purpose**  
temporarily:  
■ reduces fever  
■ relieves minor aches and pains due to:  
■ flu ■ headache ■ sore throat ■ toothache

**Warnings**  
**Liver warning:** This product contains acetaminophen. Severe liver damage may occur if your child takes more than 5 doses in 24 hours, which is the maximum daily amount.  
■ with other drugs containing acetaminophen  
**Sore throat warning:** if sore throat is severe, persists for more than 2 days, is accompanied or followed by fever, headache, rash, nausea, or vomiting, consult a doctor promptly.

**Do not use**  
■ with any other drug containing acetaminophen (prescription or nonprescription). If you are not sure whether a drug contains acetaminophen, ask a doctor or pharmacist.  
■ if your child is allergic to acetaminophen or any of the inactive ingredients in this product

**Ask a doctor before use if your child has liver disease**

**Ask a doctor or pharmacist before use if your child is taking the blood thinning drug warfarin**

**When using this product do not exceed recommended dose (see overdose warning)**

**Stop use and ask a doctor if**  
■ pain gets worse or lasts more than 5 days  
■ fever gets worse or lasts more than 3 days  
■ new symptoms occur  
■ redness or swelling is present  
These could be signs of a serious condition.

**Keep out of reach of children.**  
**Overdose warning:** Taking more than the recommended dose (overdose) may cause liver damage. In case of overdose, get medical help or contact a Poison Control Center right away. (1-800-222-1222) Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

**Drug Facts (continued)**

**Directions**  
■ this product does not contain directions or complete warnings for adult use.  
■ do not give more than directed (see overdose warning)  
■ shake well before using  
■ mL = milliliter; tsp = teaspoonful  
■ find right dose on chart below. If possible, use weight to dose; otherwise, use age.  
■ if needed, repeat dose every 4 hours while symptoms last  
■ do not give more than 5 times in 24 hours

Weight (lb)	Age (yr)	Dose (mL or tsp) *
under 24	under 2 years	ask a doctor
24-35	2-3 years	5 mL (1 tsp)
36-47	4-5 years	7.5 mL (1½ tsp)
48-59	6-8 years	10 mL (2 tsp)
60-71	9-10 years	12.5 mL (2½ tsp)
72-95	11 years	15 mL (3 tsp)

\* or as directed by a doctor  
**Attention:** use only enclosed dosing cup specifically designed for use with this product. Do not use any other dosing device.

**Other information**  
■ each 5 mL (1 tsp) contains: sodium 2 mg  
■ store between 20-25 °C (68-77 °F)  
■ do not use if neck wrap or foil inner seal imprinted with "SAFETY SEAL®" is broken or missing  
■ see top panel for lot number and expiration date

**Inactive ingredients** anhydrous citric acid, butylparaben, D&C red #33, FD&C blue #1, flavor, glycerin, high fructose corn syrup, microcrystalline cellulose and carboxymethylcellulose sodium, propylene glycol, purified water, sodium benzoate, sorbitol solution, xanthan gum

**Questions or comments?** call 1-877-895-3665

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Visit us at [www.tylenol.com](http://www.tylenol.com) U.S. Patent No. 5,272,137

**See New Warnings Information**  
NDC 50580-318-10

**Children's  
TYLENOL®**

**Acetaminophen  
Oral Suspension**  
Pain Reliever, Fever Reducer

**AGES 2-11**

**Pediatricians' 1st Choice**

Alcohol Free  
Aspirin Free  
Ibuprofen Free

**grape**  
FLAVOR

3.38 fl oz (100ml)  
80 mg per ½ teaspoon  
(160 mg per 5 mL)

**Children's  
TYLENOL®**

**DID YOU KNOW?**

✓ Moms have relied on Children's TYLENOL® for over 50 years

✓ Pediatricians recommend Children's TYLENOL® for pain and fever relief.

Other questions or comments?  
Call toll-free 1-877-895-3665  
Please visit our website at [www.tylenol.com](http://www.tylenol.com)

1. Is this medication over-the-counter or prescription? How can you tell?
2. Is this medication a brand name or generic name medication? How can you tell?
3. What is the active ingredient?

## Example 2

<b>Pharmacy Inc.</b>	<b>#0012</b>	<b>Ph: 212-555-0102</b>
100 Main Street, New York, NY 10068 Rx#: 8145973-02 Tx: 8063264		
<b>Michael Brown</b> <b>DOB: 06/04/XX</b>		
(718) 554-1984 461 Park Place, Brooklyn, NY 11202		
<b>EpiPen® Jr. (0.15 mg)</b>		
administer one dose (0.15mg) via autoinjection as needed for signs of anaphylaxis including: difficulty breathing; difficulty swallowing; hives; loss of consciousness; severe vomiting, diarrhea or abdominal cramps.		
Prescriber: <b>Nancy Wallace MD</b> (718) 564-9832		
221 Stream Place, Brooklyn, NY 11202		
Refillable: 0 times	QTY: 1 injector	R.Ph. Init: RSL
Date filled: 7/15/XX	Orig. Date: 7/15/XX	Exp. date: 7/15/XX

1. Is this medication over-the-counter or prescription? How can you tell?
2. Is this medication a brand name or generic name medication? How can you tell?



## Exercise: Identifying Types of Medication

**Directions:** Answer the questions using the package or medication label.

### Example 1

**Drug Facts**

**Active ingredient** (in each 5 mL = 1 teaspoonful)  
Acetaminophen 160 mg..... Pain reliever/fever reducer

**Uses** temporarily:  
 ■ reduces fever  
 ■ relieves minor aches and pains due to: ■ the common cold  
 ■ flu ■ headache ■ sore throat ■ toothache

**Warnings**  
**Liver warning:** This product contains acetaminophen. Severe liver damage may occur if your child takes more than 5 doses in 24 hours, which is the maximum daily amount.  
 ■ with other drugs containing acetaminophen  
**Sore throat warning:** If sore throat is severe, persists for more than 2 days, is accompanied or followed by fever, headache, rash, nausea, or vomiting, consult a doctor promptly.

**Do not use**  
 ■ with any other drug containing acetaminophen (prescription or nonprescription). If you are not sure whether a drug contains acetaminophen, ask a doctor or pharmacist.  
 ■ if your child is allergic to acetaminophen or any of the inactive ingredients in this product

**Ask a doctor before use if your child has liver disease**

**Ask a doctor or pharmacist before use if your child is taking the blood thinning drug warfarin**

**When using this product do not exceed recommended dose (see overdose warning)**

**Stop use and ask a doctor if**  
 ■ pain gets worse or lasts more than 5 days  
 ■ fever gets worse or lasts more than 3 days  
 ■ new symptoms occur  
 ■ redness or swelling is present  
 These could be signs of a serious condition.

**Keep out of reach of children.**  
**Overdose warning:** Taking more than the recommended dose (overdose) may cause liver damage. In case of overdose, get medical help or contact a Poison Control Center right away. (1-800-222-1222) Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

**Drug Facts (continued)**

**Directions**  
 ■ this product does not contain directions or complete warnings for adult use.  
 ■ do not give more than directed (see overdose warning)  
 ■ shake well before using  
 ■ mL = milliliter; tsp = teaspoonful  
 ■ find right dose on chart below. If possible, use weight to dose; otherwise, use age.  
 ■ if needed, repeat dose every 4 hours while symptoms last  
 ■ do not give more than 5 times in 24 hours

Weight (lb)	Age (yr)	Dose (mL or tsp) *
under 24	under 2 years	ask a doctor
24-35	2-3 years	5 mL (1 tsp)
36-47	4-5 years	7.5 mL (1½ tsp)
48-59	6-8 years	10 mL (2 tsp)
60-71	9-10 years	12.5 mL (2½ tsp)
72-95	11 years	15 mL (3 tsp)

\* or as directed by a doctor  
**Attention:** use only enclosed dosing cup specifically designed for use with this product. Do not use any other dosing device.

**Other information**  
 ■ each 5 mL (1 tsp) contains: sodium 2 mg  
 ■ store between 20-25 °C (68-77 °F)  
 ■ do not use if neck wrap or foil inner seal imprinted with "SAFETY SEAL®" is broken or missing  
 ■ see top panel for lot number and expiration date

**Inactive ingredients** anhydrous citric acid, butylparaben, D&C red #33, FD&C blue #1, flavor, glycerin, high fructose corn syrup, microcrystalline cellulose and carboxymethylcellulose sodium, propylene glycol, purified water, sodium benzoate, sorbitol solution, xanthan gum

**Questions or comments?** call 1-877-895-3665

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 Visit us at [www.tylenol.com](http://www.tylenol.com) U.S. Patent No. 5,272,137

**See New Warnings Information**  
 NDC 50580-318-10

**Children's  
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**Acetaminophen  
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 Pain Reliever, Fever Reducer

**AGES 2-11**

**Pediatricians'  
1st Choice**

Alcohol Free  
 Aspirin Free  
 Ibuprofen Free

**grape**  
 FLAVOR

3.38 fl oz (100ml)  
 80 mg per ½ teaspoon  
 (160 mg per 5 mL)

**Children's  
TYLENOL®**

**DID YOU KNOW?**

☒ Moms have relied on Children's TYLENOL® for over 50 years

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Other questions or comments?  
 Call toll-free 1-877-895-3665  
 Please visit our website at [www.tylenol.com](http://www.tylenol.com)

- Is this medication over-the-counter or prescription? How can you tell?  
*Over-the-counter medication. There is no pharmacy label on it. The directions are not child-specific. You can buy it at the pharmacy without an order from a licensed authorized prescriber.*
- Is this medication a brand name or generic name medication? How can you tell?  
*Brand name. The package says Children's Tylenol with a ® symbol after the name.*
- What is the active ingredient? *Acetaminophen*

## Example 2

Pharmacy Inc. #0012 Ph: 212-555-0102  
100 Main Street, New York, NY 10068  
Rx#: 8145973-02 Tx: 8063264

**Michael Brown DOB: 06/04/XX**  
(718) 554-1984  
461 Park Place, Brooklyn, NY 11202

**EpiPen® Jr. (0.15 mg)**  
administer one dose (0.15mg) via autoinjection as needed for signs of anaphylaxis  
including: difficulty breathing; difficulty swallowing; hives; loss of consciousness;  
severe vomiting, diarrhea or abdominal cramps.

Prescriber: Nancy Wallace MD (718) 564-9832  
221 Stream Place, Brooklyn, NY 11202  
Refillable: 0 times QTY: 1 injector R.Ph. Init: RSL  
Date filled: 7/15/XX Orig. Date: 7/15/XX Exp. date: 7/15/XX

1. Is this medication over-the-counter or prescription? How can you tell?  
*Prescription. The medication package has a pharmacy label, which is for a specific child, Michael Brown.*
2. Is this medication a brand name or generic name medication? How can you tell? *Brand name. The medication name, EpiPen, has the ® symbol after it.*

## 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 (10 working days or less) permissions must be renewed or discontinued after ten working days. \*\*\***
- **\*\*\* NOTE: ALL Nebulizer and Epi-Pen permissions, even short-term ones, must be signed by the health care provider.\*\*\***

### PERMISSION REQUIREMENTS

#### SHORT-TERM MEDICATION ADMINISTRATION

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

- **\*\*\* NOTE – ALL** long-term (more than 10 working day) permissions **MUST** be signed by the parent **AND** healthcare provider, **EXCEPT** for over-the-counter topicals

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 <b><u>more</u> than ten working days</b> .			
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

## COMMON MEDICAL ABBREVIATIONS

Abbreviation	Meaning
ā	before
ac	before meals
bid, BID	twice a day
c	with
cc	cubic centimeter
dc'd	discontinued, stopped
gtt	drop
Gm, gm, g	gram
hr, H	hour
hs, HS	bedtime (hour of sleep)
kg	kilogram
mcg	microgram
mg	milligram
ml	milliliter
NKA	no known allergies
NKDA	no known documented allergies
OD	right eye
OS	left eye
OU	each eye
oz	ounce
p	after, past
pc	after meals
per	by
po	by mouth
prn	as needed
Q	every
qd	every day
qid, QID	four times a day
qod, QOD	every other day
s	without
i	one
ii	Two
iii	Three
tbsp., T	Tablespoon
tid, TID	three times a day
tsp, t	Teaspoon



## Good Documentation

You must keep a record of all the medication given at your program. A Log of Medication Administration is a useful tool in documenting the administration of medication and communicating to other providers in the program that the medication was given. When you write down all of the medication you give in your program, you help prevent medication errors, including a child missing a dose of medication or a child mistakenly receiving two doses.

### Here are some tips for good documentation:

- **Write down all medication doses administered** in the program, including over-the-counter topical ointments, sunscreen and topically applied insect repellent (per regulations).
- When writing down the medication you have given, be in a well-lit area and write legibly.
- Use **one Log of Medication Administration for each medication** the child is taking.
- Write in **ink**.
- Write down all medication you give **immediately after the child takes it**.
- Always document the **date and dose** you gave, what **time you gave it** (include **a.m. or p.m.**) and **sign** the entry.
- If you gave an **“as needed”** medication, be sure to write down the **specific symptoms** that caused you to give the medication and **whether or not you notified** the child’s parent/guardian, and the **time** the parent/guardian was notified, including a.m. or p.m.
- Write down in the child’s log **any side effects you observe** and that you notified the child’s parent/guardian, and the time the parent/guardian was notified, including a.m. or p.m.
- If a medication was **not given**, write down the reason why.
- To prevent doses from being given too close together, **have the parent write down and sign in the Log of Medication any doses the child received at home** before arriving at your program.
- If a **family member came to your program to give the medication**, you must write down who gave the medication and the dose and the time it was given by the family member.

- **If you make an error** when writing down the medication you gave the child, cross out the incorrect information with a single line and write “error” with your initials next to it, then write the correct information.

e.g., Dose: ~~Two drops~~ *Error MW*

Dose: One Drop

- DO NOT use correction fluid.



# Medication Storage and Disposal

## *Medication Storage*

When deciding where to keep medication, follow these guidelines:

### *For general medication*

- Lock in a clean and secure place that children cannot get to (inaccessible).
- Keep in a cool, dry and dark place, unless the directions state something else.
- Keep in the original labeled bottle or container
- Keep in a child resistant container whenever possible
- Label with the child's first and last name if it is an over-the-counter medication
- Keep refrigerated if instructed
- Check periodically for expiration
- Notify parents when a medication supply is low. For long-term medication you may want to keep at least a one week supply available to avoid running out.

### *Emergency medication*

- Keep in an area near the child where you get it quickly, such as
  - ♦ in your emergency bag; or
  - ♦ in a pack that you wear.

Your medication administration policy/procedure should include the place(s) where you will keep medication in your program. You may have a couple of places. If you change the area where you keep medication, you must update your medication administration policy/procedure.

### *Refrigerated medication*

- Store in a refrigerator that is inaccessible to children.
- Store separately from food and keep in a leak proof container. A leak proof container is a container that when turned over and shaken does not allow any liquid to escape.
- If you have a separate refrigerator you use for medication only, make sure the refrigerator is locked or inaccessible to children.
- Keep the refrigerator at the temperature between 36 - 40° F.

If your program has a power outage or your refrigerator stops working, call your local pharmacy and follow their recommendations regarding the use of the medication kept in the refrigerator.

### *Controlled substances*

- Store in a locked area with limited access.
- Always count the number of pills or note the amount of liquid in the bottle when receiving from a parent.
- Keep a running count each day if more than one staff member is giving the medication or has access to the storage area.
- Count the number of pills or note the amount of liquid left in the bottle when giving the medication back to the parent

### ***Medication Disposal***

Always return medication to the parent when medication has expired, has been discontinued or if the consent has expired.

If you are unable to return the medication to the parent within 14 days, follow these guidelines:

- Take the medication out of its original container.
- Mix the medication with an undesirable substance, such as coffee grounds or kitty litter. The American Pharmaceutical Association recommends first crushing or dissolving the medication in water.
- Place the material in a leak proof container, such as an empty can or a sealed plastic bag.
- Throw the container in the trash.
- NOTE: Medication administration items, such as expired epinephrine auto-injectors, empty nebulizer vials, and used insulin syringes, must be disposed of in a closed impenetrable container.

## Accepting Medication

Follow the steps below whenever you receive medication from a parent. If you are not able to complete the step, tell the parent you cannot accept the medication and discuss what you need the parent to do so that you can accept the medication.

Checklist for Accepting Medication	✓ Check
1. Signed written permission and/or instructions received from the parent/guardian.	
2. Instructions written on the medication label and package match the instructions on the <b>Medication Consent Form</b> .  <input type="checkbox"/> Review written documentation, making sure all instructions are correct and understood. <ul style="list-style-type: none"> <li>• Why the child is taking the medication</li> <li>• What potential side effects you should be looking for</li> <li>• Whether the medication is an over-the-counter medication or a prescription medication</li> <li>• If the medication is to be given for ten or fewer working days, or on a long-term basis</li> </ul> Any special storage requirements are indicated on the medication label or in the health care provider instructions	
3. Medication is in the original container (child resistant whenever possible) and labeled with the child's full name. <ul style="list-style-type: none"> <li>• Prescription medication has a readable pharmacy label attached to the container. If needed, the parent also provides any special tools, such as a dosing spoon or oral syringe, with the child's first and last names written on it.</li> </ul>	
4. Expiration date is on medication package and the medication has not expired.	
5. You have written instructions from the health care provider, if required per Handout 4.1. <ul style="list-style-type: none"> <li>• The instructions are complete, understandable and signed by the health care provider, if the medication is to be given longer than 10 working days, if the package states "consult physician", or if there is a discrepancy between parents' instructions &amp; label/packaging instructions.</li> <li>• If the medication is to be given a certain number of times per day, and the health care provider did not write a specific time, such as 1:00PM, in Item 7, make sure the parent writes the specific time to give the medication.</li> </ul>	

6. Fill out the child care or school Program section on the <b>Medication Consent Form</b> and tell the parent you are agreeing to give the medication.	
7. Put the medication in the medication storage area or refrigerator. Ensure that this is the same storage area included in your medication administration policy/procedure.	
8. Create a <b>Log of Medication Administration</b> for the child's medication.	
9. File the <b>Medication Consent Form</b> , any package inserts or pharmacy printouts and the <b>Log of Medication Administration</b> together in a place where you will be able to review the forms each day.	

# Administration Tools and Medication Label Information

## *Over-the-Counter Medication Label Requirements*

Over-the-counter medication must be in its original container and labeled with the child's first and last names.

## *Prescription Medication Label Information*

Prescription medication should be in a child-resistant container. It must have the original pharmacy label and should include the following information:

1. Child's first and last names
2. Medication name
3. How often to give the medication
4. Medication dose
5. Route of administration
6. Date to stop giving the medication (discontinue date) or number of days to give the medication
7. Health care provider's name who prescribed the medication
8. Pharmacy name and telephone number
9. Date prescription was filled

<b>8</b>	<b>Pharmacy Inc. #0012      Ph: 212-555-0102</b> 100 Main Street, New York, NY 10068 Rx#: 8145974-02      Tx: 8063264		
<b>1</b>	<b>Jose Martinez      DOB: 11/30/XX</b> (718) 554-1984 461 Park Place, Brooklyn, NY 11202		
<b>2</b>	<b>Ritalin 10mg Tabs</b>		
<b>4</b>	<b>5</b>	<b>3</b>	<b>6</b>
<b>Give one tablet by mouth at 10AM and 2PM. Discontinue after 14 days.</b>			
<b>7</b>	Prescriber: <b>Nancy Wallace MD (718) 564-9832</b> 221 Stream Place, Brooklyn, NY 11202 Refillable: 0 times      QTY: 30      R.Ph. Init: RSL Date filled: 7/15/XX <b>9</b> Orig. Date: 7/15/XX      Exp. Date: 7/15/XX		

## *Sample Medication*

Medication samples are not dispensed by a pharmacy and will not have a pharmacy label. Medication samples supplied by the child's health care provider must be appropriately labeled with the same information that is required on a pharmacy label. Parents should be aware of this requirement so the child's health care provider can label the samples with the required information.

## **Administration Tools**

Administration tools, such as dosing spoons, oral medication syringes, pill crushers and medicine cups should be provided by the parent. All medication administration tools including pill crushers are child specific and cannot be shared with a different child. All tools must be labeled with the child's first and last names. The child care provider may keep an emergency supply of disposable, single use measuring devices on hand.

## Planning your day

Each day, before children arrive in your program, you'll need to plan for the medication needs of children in your program. Follow these tips to plan your day.

- Review each current Medication Consent Form for the following:
  - ♦ The time the medication is due
  - ♦ The symptoms to look for if the medication is “as needed” medication
  - ♦ The Consent Form’s expiration date to make sure the consent is not expired
- Check each medication’s expiration date.
- Check how much medication is left so you can let parents know when your supply is getting low.

You'll also need to be flexible once the children arrive at your program, since you may need to change your plan.

You may find out information when children arrive at your program:

- Medication may have been taken before coming to your program.
- New medication may be needed.
- Medication doses may change or be discontinued.

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## Exercise: Accepting Medication

### Directions:

Pair up with another participant. Using your handouts, read each case study and answer the questions.

**Case Study 1:** Carly McMahon is a ten-month old child in your program. When her mother drops her off, she tells you Carly is teething and is uncomfortable and irritable. She also says she spoke with Carly's doctor last night and the doctor recommended she give her Tylenol® for the pain. Her mother gives you a bottle of Infants' Acetaminophen Pain Relief Drops with Carly's name on it and asks you to give her a dose at 1PM today.

She provides a completed **Medication Consent Form** that she has signed but that has not been signed by Carly's health care provider.



**Infants' Acetaminophen Pain Relief**  
Concentrated Suspension Drops  
Fever Reducer Pain Reliever  
1 FL OZ (30mL)  
80 mg per 0.8 mL

**KEEP BOX FOR COMPLETE WARNINGS**

**Active Ingredient (in each 0.8 mL):**  
Acetaminophen 80 mg

**Purposes:**  
Fever reducer/pain reliever

**Uses temporarily:**  
■ reduces fever  
■ relieves minor aches and pains

**Warnings:**  
Do not use with any other product containing acetaminophen.  
Stop use and ask a doctor if sore throat is severe, lasts for more than 2 days, is accompanied or followed by fever, headache, rash, nausea or vomiting.  
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away. Quick medical attention is critical even if you do not notice any signs or symptoms.

**Directions:**  
■ shake well before using  
■ if possible, use weight to dose; otherwise use age  
■ fill to dose level. Do not use any other dosing device.  
■ dispense liquid slowly into child's mouth, toward inner cheek  
■ if needed, repeat dose every 4 hours  
■ do not use more than 5 times in 24 hours  
**Attention:** Use only enclosed dropper to dose this product. Do not use any other dosing device.

Weight (lb)	Age (yr)	Dose (mL)
under 24	under 2	ask a doctor
24 - 35	2 - 3	1.8 mL (0.8 + 0.8 mL)

Store at 20°-25°C (68°-77°F).  
Sealed with printed bottle wrap

Carly McMahon

00810 83 F4

1. Do you have the permissions and instructions from Carly's health care provider that are required for you to administer the medication? How do you determine this?
2. Let's assume that Carly's mother had not given you a Medication Consent form for this medication. In that case, is there anything you could do so you could accept the medication from Carly's mother?

**Case Study 2:** Joshua Liebowitz is a four-year-old child in your program. You have been giving him a medication called carbamazepine every day at 12PM for the last nine months to prevent seizures. He has been doing very well and has not had a seizure since taking the medication. Today, Joshua's father drops him off and tells you Joshua's doctor wants to lower the amount of the carbamazepine Joshua takes. Joshua's father gives you new written instructions from the doctor but does not have a new bottle of medicine, since there is still plenty of medicine left and the pharmacy won't fill a new prescription yet.

1. **Do you have the required instructions from Joshua's doctor to accept the medication?**
2. You see the Item 13 is checked on Joshua's consent form. The label on the carbamazepine bottle you have stored at the program does not match the dose written on the consent form. **Do you need a new medication label that matches the new written health care provider instructions before you agree to give the medication?**



## Handout 4.8 Consent Form

- This form must be completed in English.
- One form must be completed for each medication. **Multiple medications cannot be listed on one consent form.**
- **Parent MUST complete #1-#17 and #19-#22 for medication to be administered 10 working days or less.** Parent may omit #16 and #17 for over-the-counter medications, sunscreen & topically applied insect repellent.
- **Health care provider MUST complete #1-#18 for medication to be administered more than 10 working days, nebulizer or epinephrine auto-injector medication, and when dosage directions state “consult a physician”. Parent must also complete #19-#22 in these cases. Health care providers do not need to complete this form for over-the-counter medications/products applied to the skin.**

1. <b><u>CHILD's first and last name:</u></b> <i>Josh Liebowitz</i>		2. Date of birth: <i>2/6/XXXX (4 years old)</i>		3. Child's known allergies: <i>None</i>	
4. <b><u>Name of MEDICATION</u></b> (including strength): <i>Carbamazepine suspension (100mg/5ml)</i>		5. <b><u>Amount/DOSAGE to be given:</u></b> <i>1 tsp</i>		6. <b><u>ROUTE of administration:</u></b> <i>oral</i>	
7A. <b><u>FREQUENCY:</u></b> <b><u>to administer</u></b> _____		Specific <b><u>TIME(s)</u></b> (e.g. 1p.m.): <u>12 noon</u> Parent's signature approving Specific Time(s) _____ <b>OR</b>			
7B. Identify the <b><u>symptoms that will necessitate administration</u></b> of medication: (signs and symptoms must be observable and, when possible, measurable parameters) <b>increased irritability, fussiness and/or red, swollen and painful gums; apply no more than 2 times a day while in care</b>					
8. <b>Possible side effects:</b> <u>X</u> See package insert (parent must supply) AND/OR additional side effects:					
9. What action should the child care provider take if side effects are noted: <u>X</u> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided below <input type="checkbox"/> Other (describe):					
10. <b>Special instructions:</b> <u>X</u> See package insert (parent must supply) AND/OR Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____					
11. <b>Reason the child is taking the medication</b> (unless confidential by law): <i>seizure disorder</i>					
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <u>X</u> Yes If you checked yes, complete #25-#27 on the back of this form.					
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <u>X</u> Yes If you checked yes, complete #26-#27 on the back of this form.					
14. <b><u>Date consent form completed:</u></b> <i>10/13/XXXX</i>		15. <b><u>Date to be discontinued or length of time in days to be given</u></b> (this date cannot exceed 12 months from the date authorized or this order will not be valid):			
16. <b>Prescriber's name</b> (please print): <i>Dr. Gary Marchione</i>			17. <b>Prescriber's telephone number:</b> <i>(914) 555-1998</i>		
18. <b>Licensed authorized prescriber's signature:</b> <u>X</u> <i>Gary Marchione</i> Required for Long-Term medications, PRN "as needed" medications and when dosage directions state "consult a physician".					

**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 <i>Josh Liebowitz</i> child's name) .	
20. Parent or legal guardian's name (please print): <i>Gabriel Liebowitz</i>	21. Date authorized: <i>10/14/XXXX</i>
22. Parent or legal guardian's signature: <input checked="" type="checkbox"/> <i>Gabriel Liebowitz</i>	

**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 _____ . Once the medication has been discontinued, I understand that if my child (date) 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.
<i>See Individual Health Care Plan</i>
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: <i>11/13/xxxx</i> 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: <input checked="" type="checkbox"/> <i>Gary Marchione</i>

**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:	

## Exercise: Accepting Medication

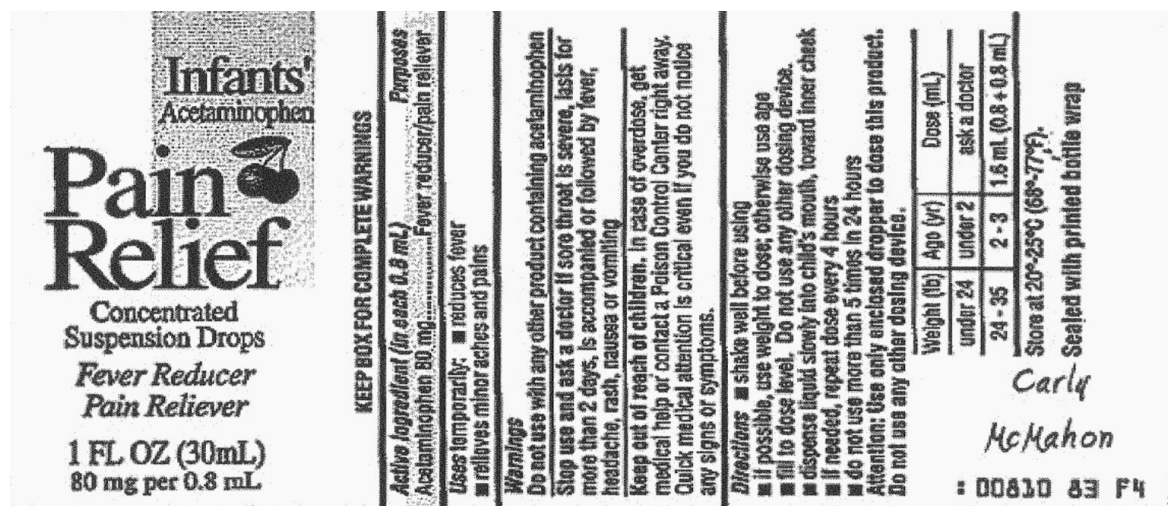
### Answer Key

#### Directions:

Pair up with another participant. Using your handouts, read each case study and answer the questions.

**Case Study 1:** Carly McMahon is a ten-month old child in your program. When her mother drops her off, she tells you Carly is teething and is uncomfortable and irritable. She also says she spoke with Carly's doctor last night and the doctor recommended she give her Tylenol® for the pain. Her mother gives you a bottle of Infants' Acetaminophen Pain Relief Drops with Carly's name on it and asks you to give her a dose at 1PM today.

She provides a completed **Medication Consent Form** that she has signed but that has not been signed by Carly's health care provider.



1. Do you have the permissions and instructions from Carly's health care provider that are required for you to administer the medication? How do you determine this?

*To determine the whether you have the required permissions, you check Handout 4.1 – Required Permissions to Give Medications.*

*However, even though this is a short-term medication and the parent has signed the Medication Consent Form, you don't have the required permissions, because the package instructions say to consult physician if the child is under 2 years old. So in a case like this, the physician's signature is required on the Consent Form. So you don't have the required permissions.*

2. Let's assume that Carly's mother had not given you a Medication Consent form for this medication. In that case, is there anything you could do so you could administer the medication today?

*Yes. Have the parent fill out and sign the Medication Consent Form, and either obtain the healthcare provider's signature on the form, or fax it to him or her and have them sign it and fax it back, before leaving.*

**Case Study 2:** Joshua Liebowitz is a four-year-old child in your program. You have been giving him a medication called carbamazepine every day at 12PM for the last nine months to prevent seizures. He has been doing very well and has not had a seizure since taking the medication. Today, Joshua's father drops him off and tells you Joshua's doctor wants to lower the amount of the carbamazepine Joshua takes. Joshua's father gives you new written instructions from the doctor (see next page) but does not have a new bottle of medicine, since there is still plenty of medicine left and the pharmacy won't fill a new prescription yet.

1. Do you have the required instructions from Joshua's doctor to accept the medication?

*Yes .*

*The label on Joshua's carbamazepine bottle does not match the dose written on the consent form.*

*However, Item 13 has been checked yes by the health care provider, telling you that this is a change in medication instructions.*

*And Items 26 (indicating when the pharmacy is expected to refill this prescription under these new instructions) and 27 (physician's signature to Item 26) have also been completed.*

*This tells you that the health care provider has changed the medication instructions. In this case, the dosage of the medication has been lowered.*

*Since there is still medication remaining in the bottle, the pharmacy won't refill the medication until medication from the previous prescription is completely used.*

*Therefore, you must follow the instructions on the NEW Medication Consent Form (which won't match the pharmacy label) until the new prescription has been filled. Then the pharmacy label and the Medication Consent Form will match.*

2. You see the Item 13 is checked on Joshua's consent form. The label on the carbamazepine bottle you have stored at the program does not match the dose written on the consent form. Do you need a new medication label that matches the new written health care provider instructions before you agree to give the medication?



## Handout 4.8 KEY

*No, as explained above, the physician has provided revised dosage instructions on this new written consent form and has provided a date by which the pharmacy will refill the prescription. So you can continue to administer the current bottle of medication until the date given by the physician in Item 26 even though the medication label does not match the new written health care provider instructions.*





# Guidelines for Giving Medication to Children

You know the personalities of the children in your program. Use this knowledge when you give medication to help keep the process safe.

## *General Principles of Medication Administration*

When giving medication:

- Always act confidently and let the child know you expect cooperation.
- After giving the medication, thank the child.
- Remember, what works for one child may not always work with another, so be flexible.
- Talk to parents about how they get their child to take medication and try to follow the same routine when possible.



Sometimes you cannot safely get a child to take medication.

- **Never yell at, threaten or restrain a child in any way in order to get her to cooperate.**
- Never force a crying child to take medication
- If you cannot give the medication safely to the child, call the child's parent.
- Remember to write down why you didn't give the medication in the child's log.

Here are some tips for safely giving medication to the children in your program:

### **Infants**

- ☺ Talk in a calm, soothing voice.
- ☺ Listen to relaxing music
- ☺ Properly position the child.
- ☺ Rock the baby before and after giving any medication.
- ☺ Give medicine prior to a feeding, unless the healthcare provider's instructions specifically state to not given before a feeding.
- ☺ Allow child to rest between "pulses" of medicine when using an oral syringe.

### **DON'T:**

- ⊗ Add medication to a bottle of formula or breast milk
- ⊗ Pinch a baby's nose to get him to open his mouth
- ⊗ Shake an uncooperative child

### **Toddlers**

- ☺ Approach the child expecting cooperation.
- ☺ Use age-appropriate language.
- ☺ Never call medicine "candy" or "candy-flavored" (e.g., pink amoxicillin "bubble gum" flavored medicine).

- ☺ Let the child cuddle a toy.
- ☺ Give the toddler some control, such as, “what color cup do you want to use?”
- ☺ Practice with the child giving medicine to a doll or stuffed animal.
- ☺ Plan for time before and after giving the medication to soothe the child.
- ☺ Thank the child for cooperation.
- ☺ Ask parents what techniques they use successfully.

**DON'T:**

- ⊗ Ask the child if he wants to take his medicine
- ⊗ Mix medicine in a large amount of food

**Preschoolers**

- ☺ Approach the child expecting cooperation.
- ☺ Prepare the child to take medication. Use age appropriate language to explain to the child that what you are doing will help him feel better and gently tell him what you need him to do.
- ☺ Have the child think about a favorite place or thing to do while taking the medication.
- ☺ Give a choice, such as, “What do you want to play with after you take your medication?”
- ☺ Thank the child for cooperation.

**DON'T:**

- ⊗ Mix medicine in a large amount of food
- ⊗ Refer to the medication as “candy”
- ⊗ Threaten to give medication as punishment

**School Age Children**

- ☺ Prepare the child to take the medication.
- ☺ If taking the medication is stressful for the child, help her relax by having her imagine a favorite place or take deep breaths.
- ☺ Have the child take an active role in the medication-taking process.
- ☺ Give as much control as possible.
- ☺ Allow the child to express feelings about having to take the medication.
- ☺ Approach the child expecting cooperation.
- ☺ Thank the child for cooperation

**DON'T:**

- ⊗ Crush pills or open capsules without instructions from the health care provider
- ⊗ Threaten to give medication as punishment
- ⊗ Call medication “candy”

## Special Situations

Once you have accepted responsibility to give medication to a child in your program, you must give it as instructed. However, there may be times when you are not able to give the medication safely. There is a section on the back of the **Log of Medication Administration** for you to write down when you do not give the dose as instructed.

- ▶ **If the child refuses or you cannot safely give the medication:**
  - ♦ Do not force the child to take the medication.
  - ♦ Notify the child's parent immediately.
  - ♦ Write in the child's log that the dose was not given and the reason why.
  - ♦ Consult your program's policies and procedures and, if applicable, the child's health care plan for any additional actions.
  
- ▶ **If the child spits up (or vomits) immediately or soon after getting oral medication:**
  - ♦ Do not administer the dose again.
  - ♦ Notify the child's parent as soon as possible.
  - ♦ Write in the child's log that the child spit up (or vomited) some of the medication.
  
- ▶ **If the child is absent or is not scheduled to be in your program:**
  - ♦ You do not need to write this in the child's *Log of Medication Administration*, since this is not a missed dose.
  
- ▶ **If you run out of medication and the parent has not given you a new supply:**
  - ♦ Write in the child's log that you were not able to give the medication and the reason why.
  
- ▶ **If the parent tells you to stop giving the medication before the date written on the consent form:**
  - ♦ Have the parent fill out the back of the Medication Consent Form with the new discontinue date.
  - ♦ Give the medication back to the parent.



## 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.

### 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.

**3. Writing down that you gave the medication:**

- ☐ **Immediately after giving the dose, match 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.

## DECIDING WHERE YOU WILL ADMINISTER MEDICATION

Choosing where you will administer medication in your program is an important decision.

### A safe medication administration area should:

- **Be well lit.** You will need to read healthcare provider instructions and medicine bottles easily.
- **Be in an area where the child can be supervised while you get the medication and return it to storage.** So that the medication is never left unattended, you will need to leave the child in order to get the medication and to return it to storage. Make sure there will be adequate supervision in the medication administration area so that you can leave the child there while you do these tasks.
- **Have medication-related supplies easily accessible.** Even with careful planning, you may sometimes forget a needed supply or may need additional items to administer the medication safely. It is helpful to always have additional supplies within reach when giving medication.
- **Be clean and safe.** The medication administration area should be clean and free of unnecessary clutter. Pick a spot with few distractions so you can keep your attention focused on the medication administration process. If possible, have a sink with running water and soap in close proximity for hand washing.





## Using Gloves

Gloves are worn for your protection. When you give some types of medication to children, you may come in contact with the child's body fluids. Since body fluids may be infected with transmittable illnesses, it is important to protect yourself by wearing gloves. Wear gloves whenever there is a possibility that you may come in contact with:

- ☐ body fluids, such as:
  - ♦ nasal secretions
  - ♦ saliva
  - ♦ tears
  - ♦ vomit
  - ♦ urine
  - ♦ stool
  - ♦ blood
- ☐ non-intact (broken) skin
- ☐ mucous membranes, like gums and nasal passages

## How to Use Gloves<sup>1</sup>

1. Wash hands.
2. Put on a clean pair of gloves. Do not reuse medical gloves.
3. Administer the treatment or medication or clean the medication prep site.
4. Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.
5. Ball up the first glove in the palm of your other gloved hand.
6. Use your ungloved hand to strip off the other glove without touching the outside of the glove with your ungloved hand. Insert a finger underneath the glove at the wrist and push the glove up and over the balled-up other glove in your palm. The inside surface of your glove and your ungloved hand are considered clean. Be careful to touch clean surfaces to clean surfaces only. Do not touch the outside of the glove with your ungloved hand.
7. Drop the dirty gloves into a plastic-lined trash receptacle.
8. Wash hands.

**Glove use does not replace hand washing. You must always wash your hands after removing and disposing of medical gloves.**

<sup>1</sup>Adapted from the SUNY Office of Children and Family Services Health Care Plan, Appendix F.



## Asthma Facts

Asthma is a chronic disease of the lungs. There is no cure for asthma, but with proper care it can be controlled.

Every child feels differently when having asthma symptoms. Most often will have repeated coughing, wheezing, breathlessness and chest tightness. These symptoms are from swelling (inflammation) of the airways. This makes the airways very sensitive and they usually react strongly to certain things (called triggers) in the environment.

**Triggers** are the things that start an asthma episode. These can be viruses or other things in the environment that stimulate the child's immune system and cause airways to become inflamed. Except for colds, which trigger asthma episodes in most young children, triggers that start asthma episodes are different for each child. Things that trigger one child will not bother another. Also, triggers can change as child grows older. You can help by knowing what triggers the child's asthma and avoiding them to reduce the child's risk of having an episode. Triggers may include:

Triggers	Prevention
Respiratory illness, such as a cold or the flu. <i>A cold is the most common trigger of asthma in your children.</i>	Follow proper hand washing procedures, clean and sanitize toys and surfaces, get a flu vaccination
Tobacco smoke	Do not allow smoking in child care areas. Do not wear clothing that smells like cigarette smoke.
Cockroaches and rodent droppings	Keep kitchen area clean, seal cracks in and around pipes, seal mouse holes.
Mold	Prevent water leakage; inspect bathrooms often for mold.
Dust, dust mites	Control dust, vacuum after children leave, mop with wet/damp cloths.
Pet dander	Keep pets out of child care areas at all times. If pets enter the area, vacuum after children leave, mop with wet/damp cloths.
Perfume	Don't use perfumes or other strongly scented products.
Emotions, such as excitement or anxiety	Avoid emotional extremes.
Exercise	Give medication before exercise, if instructed to so by the child's healthcare provider.
Grass and tree pollens	Talk to parents about the best ways to limit triggers while their child is outside and pollen levels are high. Control pollen in child care areas, vacuum after children leave, mop with damp/wet cloths. Limit outdoor activities when pollen or air pollution levels are high.
Cold air, humidity and changes in weather	Proper clothing, avoid temperature extremes.

**Early warning signs** are mild symptoms that happen *before* an asthma episode. Being able to spot early warning signs is helpful because you can take quick action. Early action may decrease the seriousness of the attack or even prevent an asthma episode from happening at all. Early warning signs are different for every child, so knowing each child's specific early warning signs is important.

***Some common early warning signs are:***

- behavior changes, such as nervousness
- coughing, wheezing or rapid breathing
- stuffy or runny nose
- headache
- fatigue
- water eyes, itchy throat or chin

***Signs and symptoms of an asthma episode:***

- acting agitated or scared
- breathing rapidly, differently, or with lips pursed
- wheezing
- can't stop coughing
- having trouble breathing when lying down
- sitting with shoulders hunched over
- unusually pale skin

***Management of an asthma episode:***

- Remove the child from asthma triggers.
- Calm the child to reduce anxiety.
- Give medication as instructed by the child's health care provider.  
(See the child's **Medication Consent Form** and **Asthma Care Plan**.)
- Call the child's parent or guardian.
- Follow the child's asthma care plan.
- Call 911, depending upon child's condition.

# Asthma Treatment

## ***Medication Used to Treat Asthma***

Many children with asthma need to take medication at some point. Some children take a combination of medication to help manage their asthma. There are two types of asthma medication.

### **Controller Medication:**

These medications *control* asthma and can prevent asthma attacks. These medications are taken on a regular basis, usually daily. For children with persistent asthma, daily use of inhaled corticosteroids is often the most effective treatment.

### **Quick Relief/Rescue Medication:**

Some children may only need medication when they are having an asthma episode or to prevent exercise-related asthma attacks. These medications work quickly to relieve asthma symptoms, but do not control airway inflammation or airway sensitivity.

## ***Ways to Give Asthma Medication***

Asthma medications most commonly come in an inhaled form. How the child takes the medication depends on the type of medication and the age of the child.

### **Nebulizer Machine:**

A nebulizer machine converts liquid medicine into a mist that can be breathed into the lungs. The child breathes normally when using a nebulizer.

### **Metered-Dose Inhaler:**

A metered dose inhaler (MDI) is used to get the medication directly to the child's lungs.

### **Metered-Dose Inhaler with a Spacer Device:**

A spacer can be attached to a metered dose inhaler (MDI). When the MDI is pushed, the medication goes into the tube of the spacer. The child then easily breathes in the medication from the spacer tube over several breaths.

### **Dry Powder Inhaler:**

A dry powder inhaler is used to deliver dry powder medication directly to the lungs. Dry powder inhalers work differently than metered-dose inhalers, since the inhaler is activated when the child takes a breath.

### **Oral Medication:**

Oral medication may be prescribed for children either alone or in combination with inhaled medication.

***Peak Flow Meter***

School-age children with persistent asthma can keep track of how well their asthma is controlled by using a peak flow meter. A peak flow meter is a portable handheld device used to measure how hard and fast the child can push air out of his lungs. Peak flow meter measurements can provide important information to help manage the child's asthma.

## Example of a Care Plan for a Child with Asthma

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

This plan is to help you know the child's triggers, early warning signs and symptoms of an asthma episode. It includes what you should do if the child has an asthma episode while in care.

If the child takes medication, follow the instructions on the child's **Medication Consent Form**.

**Known triggers** for this child's asthma (*circle all that apply*):

colds	excitement
mold	weather changes
exercise	animals
tree pollens	smoke
dust	foods: _____
strong odors	_____
grass	other: _____
flowers	_____

**Activities** when this child has needed special attention in the past (*circle all that apply*):

<i>Outdoors</i>	<i>Indoors</i>
outdoors on cold or windy days	kerosene/wood stove
jumping in leaves	heated rooms
animals	painting or renovations
running hard	art projects with chalk, glues
gardening	pet care
playing in freshly cut grass	sitting on carpets
recent lawn treatment	other: _____
other: _____	_____
_____	

**Early Warning Signs** for this child's asthma (*circle all that apply*):

behavior changers, such as nervousness	headache
rapid breathing	fatigue
wheezing, coughing	changes in peak flow meter readings
stuffy or runny nose	watery eyes, itchy throat or chin
other: _____	_____
_____	_____

**Typical signs and symptoms** of this child's asthma episodes (circle all that apply):

- |                           |   |
|---------------------------|---|
| fatigue                   | agitation                                     |
| red, pale or swollen face | flaring nostrils                              |
| grunting                  | mouth open (panting)                          |
| breathing faster          | persistent coughing                           |
| wheezing                  | complaints of chest pain/tightness            |
| restlessness              | gray or blue lips or fingernails              |
| dark circles under eyes   | difficulty playing, eating, drinking, talking |
| sucking in chest/neck     | other: _____                                  |

### **Peak Flow Meter**

Does this child use a **peak flow meter** to monitor the need for medication in care? ☐ Yes ☐ No

- Personal best reading .....\_\_\_\_\_
- Reading to give extra dose of medicine .....\_\_\_\_\_
- (See the child's **Medication Consent Form** for instructions.)
- Reading to get medical help .....\_\_\_\_\_

How often has this child needed urgent care from a doctor for an episode of asthma:

- In the past 3 months? \_\_\_\_\_
- In the past 12 months? \_\_\_\_\_

### **Staff**

Identify the staff who will provide care to this child:

Name	Credentials or Professional License Information*

Describe any additional training, procedures or competencies that staff listed will need to care for this child. Also describe how this additional training and competency will be achieved, including who will provide this training. This includes training for using a peak flow meter, if the child uses one to help manage asthma.




### **Plan of Action if child is having an asthma episode:**

1. Remove child from any known triggers.
2. Follow any health care provider instructions for administration of asthma medication.
3. Notify parents immediately if medication is administered.
4. Get emergency medical help if:
  - the child does not improve 15 minutes after treatment and family cannot be reached;
  - OR**
  - after receiving a treatment, the child:
    - ♦ is grunting or working hard to breathe
    - ♦ won't play
    - ♦ is breathing fast at rest (>50/min)
    - ♦ has gray or blue lips or fingernails
    - ♦ has trouble walking or talking
    - ♦ cries more softly and briefly
    - ♦ has nostrils open wider than usual
    - ♦ is hunched over to breathe
    - ♦ has sucking in of skin (chest or neck) with breathing
    - ♦ is extremely agitated or sleepy
    - ♦ passes out or stops breathing

### ***Signature of Authorized Program Representative:***

I understand that it is my responsibility to follow the above plan and all health and infection control day care regulations related to the modality of care I provide. This plan was developed in close collaboration with the child's parent and the child's health care provider. I understand that it is my responsibility to see that the staff identified to provide all treatments and administer medication to the child listed in this health care plan have a valid MAT certificate, CPR and first aid certifications or have a license that exempts them from training, have received any additional training needed, and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Provider/Facility Name:	Facility ID number:	Facility Telephone Number:
Authorized child care provider's name (please print):		Date:
Authorized child care provider's signature:		

### **Signature of Parent or Guardian**

	Date:
--	-------



# Virginia Asthma Action Plan

School Division: \_\_\_\_\_

Name	Date of Birth	Effective Dates / / to / /
Health Care Provider	Provider's Phone	
Parent/Guardian	Parent/Guardian Phone	Parent/Guardian Email:
Additional Emergency Contact	Contact Phone	Contact Email:



**GREEN means Go!**  
Use CONTROL medicine daily

**YELLOW means Caution!**  
Add RESCUE medicine

**RED means DANGER!**  
Get help from a doctor now!

<b>Asthma Severity</b> <input type="checkbox"/> Intermittent <i>or</i> <b>Persistent:</b> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<b>Asthma Triggers (Things that make your asthma worse)</b> <input type="checkbox"/> Colds <input type="checkbox"/> Smoke (tobacco, incense) <input type="checkbox"/> Pollen <input type="checkbox"/> Dust <input type="checkbox"/> Animals: _____ <input type="checkbox"/> Strong odors <input type="checkbox"/> Mold/moisture <input type="checkbox"/> Pests (rodents, cockroaches) <input type="checkbox"/> Stress/Emotions <input type="checkbox"/> Exercise <input type="checkbox"/> Gastroesophageal reflux <input type="checkbox"/> Season (circle): Fall, Winter, Spring, Summer <input type="checkbox"/> Other: _____	<b>Last Flu Shot:</b> / /	<b>Pneumonia Shot:</b> / /
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## Green Zone: Go! — Take these CONTROL (PREVENTION) Medicines EVERY Day

You have **ALL** of these:

- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

**Peak flow in this area:**  
\_\_\_\_\_ to \_\_\_\_\_  
(More than 80% of Personal Best)  
**Personal best peak flow:** \_\_\_\_\_

☐ No control medicines required. **Always rinse mouth after using your daily inhaled medicine.**

☐ \_\_\_\_\_ puff (s) MDI with Spacer \_\_\_\_\_ times a day

☐ \_\_\_\_\_ nebulizer treatment (s) \_\_\_\_\_ times a day

☐ \_\_\_\_\_ take \_\_\_\_\_ by mouth once daily at bedtime

**For asthma with exercise, ADD:**  
☐ \_\_\_\_\_ puffs with spacer 15 minutes before exercise

**For nasal/environmental allergy, ADD:**  
☐ \_\_\_\_\_ use \_\_\_\_\_ spray (s) per nostril \_\_\_\_\_ times a day

## Yellow Zone: Caution! — Continue CONTROL Medicines and ADD RESCUE Medicines

You have **ANY** of these:

- First sign of a cold
- Cough or mild wheeze
- Tight chest
- Problems sleeping, working, or playing

**Peak flow in this area:**  
\_\_\_\_\_ to \_\_\_\_\_  
(60%-80% of Personal Best)

☐ \_\_\_\_\_ puffs with spacer every \_\_\_\_\_ hours as needed

☐ \_\_\_\_\_ nebulizer treatment (s) every \_\_\_\_\_ hours as needed

☐ Other \_\_\_\_\_

**Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week, or if your rescue medicine doesn't work**

## Red Zone: DANGER! — Continue CONTROL & RESCUE Medicines and GET HELP!

You have **ANY** of these:

- Can't talk, eat, or walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Ribs show

**Peak flow in this area:**  
\_\_\_\_\_ to \_\_\_\_\_  
(Less than 60% of Personal Best)

☐ \_\_\_\_\_ puffs with spacer **every 15 minutes**, for **THREE** treatments

☐ \_\_\_\_\_ nebulizer treatment **every 15 minutes**, for **THREE** treatments

**Call your doctor while administering the treatments.**

**IF YOU CANNOT CONTACT YOUR DOCTOR:**  
**Call 911 for an ambulance,**  
**or go directly to the Emergency Department!**

### SCHOOL MEDICATION CONSENT AND HEALTH CARE PROVIDER ORDER FOR CHILDREN/YOUTH

#### CHECK ALL THAT APPLY:

- \_\_\_\_ Student has been instructed in the proper use of all of his/her asthma medications, and in my opinion, **CAN CARRY AND SELF-ADMINISTER HIS or HER INHALER AT SCHOOL.**
- \_\_\_\_ Student is to notify his/her designated school health officials after using inhaler at school.
- \_\_\_\_ Student needs supervision or assistance to use his/her inhaler.
- \_\_\_\_ Student should **NOT** carry his/her inhaler while at school.

MD/NP/PA SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### REQUIRED SIGNATURES:

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Management Plan for my child.

PARENT/GUARDIAN \_\_\_\_\_ Date: \_\_\_\_\_  
 SCHOOL NURSE/DESIGNEE \_\_\_\_\_ Date: \_\_\_\_\_  
 OTHER \_\_\_\_\_ Date: \_\_\_\_\_

Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 4/11  
 Based on NAEPP Guidelines and modified with permission from the D.C. Asthma Action Plan via  
 District of Columbia Department of Health, DC Control Asthma Now, and District of Columbia  
 Asthma Partnership

Blank copies of this form may be reproduced or downloaded from [www.vacasthma.org](http://www.vacasthma.org)



## Prevention of Unintentional Medication Poisoning

Many childhood poisonings, especially in children under five, are due to children ingesting medication that is not intended for them. Many medications taken by adults are dangerous to children. Children's bodies are smaller and their body systems often cannot process the levels of medication found in adult strength medication. Unintentional medication ingestion can cause a child to become extremely ill or even die.

### ***Tips for Keeping Children Safe:***

- Store all medication safely
- Medication needs to be kept in an area that is locked and inaccessible, unless designated otherwise by physician's order.
- Keep all medication in its original labeled container
- Use childproof containers whenever possible
- Never leave medication unattended
- Always return medication to the storage area immediately after use
- Never call medicine "candy"
- Keep important phone numbers, such as Poison Control Hotline, on or near your telephone
- Always follow the **Five Rights** when giving medication to children

**If you suspect a child has accidentally taken medication or other poison, call the Poison Control number *immediately*.**

**Do not wait for the child to look or feel sick.**

**The Poison Control Center number is:**

**1-800-222-1222**



# Anaphylaxis

Anaphylaxis is a severe allergic reaction that affects the whole body. The child will get worse quickly and the symptoms could become life-threatening. Here are some common things that can cause a severe allergic reaction in children:

- Insect or bee venom from bites or stings
- Nuts
- Some medications, especially antibiotics
- Berries
- Eggs
- Wheat
- Milk
- Soy

Look for the following symptoms of anaphylaxis so you can act fast:

- Difficulty breathing
- Difficulty swallowing
- Wheezing
- Swelling in mouth, tongue and throat
- Severe swelling in the hands, face, lips, tongue and mouth
- Red, itchy, raised patches of skin (hives) across large portion of body
- Massive itching
- Severe vomiting
- Severe diarrhea
- Severe abdominal cramps
- A metallic taste or itching in the mouth
- Rapid heartbeat or racing heart
- A sudden feeling of weakness or dizziness (feeling faint)
- Pale, cool and damp skin
- Passing out

**If a child in your care shows *any* symptoms of anaphylaxis,**

***Call 911 immediately!***





**EPIPEN- epinephrine injection**  
**EPIPEN JR- epinephrine injection**  
**Mylan Specialty L.P.**

**PATIENT INFORMATION and INSTRUCTIONS FOR USE**

**EPIPEN®**

(epinephrine injection, USP) Auto-Injector 0.3 mg

EpiPen® = one dose of 0.3 mg epinephrine, USP 0.3 mg/0.3 mL

**EPIPEN JR®**

(epinephrine injection, USP) Auto-Injector 0.15 mg

EpiPen Jr® = one dose of 0.15 mg epinephrine, USP 0.15 mg/0.3 mL

For allergic emergencies (anaphylaxis)

**Patient Information**

Read this Patient Information Leaflet carefully before using the EpiPen® or EpiPen Jr® Auto-Injector and each time you get a refill. There may be new information. You, your parent, caregiver, or others who may be in a position to administer EpiPen or EpiPen Jr Auto-Injector, should know how to use it 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?**

1. EpiPen and EpiPen Jr 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)
- diarrhea or stomach cramps
- dizziness, fainting, or “passing out” (unconsciousness)

**2. Always carry your EpiPen or EpiPen Jr 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, caregivers, and others where you keep your EpiPen or EpiPen Jr 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 right away.**
- **Get emergency medical help right away.** You may need further medical attention. You may need to use a second EpiPen or EpiPen Jr if symptoms continue or recur. Only a healthcare provider should give additional doses of epinephrine if you need more than 2 injections for a single anaphylaxis episode.

**What are EpiPen and EpiPen Jr?**

- EpiPen and EpiPen Jr are disposable, prefilled automatic injection devices (auto-injectors) used to treat life-threatening, allergic emergencies including anaphylaxis in people who are at risk for or have a history of serious allergic emergencies. Each device contains a single dose of epinephrine.
- EpiPen and EpiPen Jr 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 EpiPen and EpiPen Jr.
- EpiPen and EpiPen Jr are for people who have been prescribed this medicine 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 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?**

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

- have heart problems or high blood pressure
- have diabetes
- have thyroid problems
- 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 over-the-counter medicines, vitamins, and herbal supplements. Tell your healthcare provider of all known allergies.

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

EpiPen or EpiPen Jr and other medicines may affect each other, causing side effects. EpiPen or EpiPen Jr may affect the way other medicines work, and other medicines may affect how EpiPen or EpiPen Jr 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 for treatment of anaphylaxis as prescribed by your healthcare provider, regardless of your medical conditions or the medicines you take.

### **How should I use EpiPen and EpiPen Jr?**

- Each EpiPen or EpiPen Jr Auto-Injector contains only 1 dose of medicine.
- EpiPen or EpiPen Jr should be injected into the middle of your outer thigh (upper leg). 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.
- Your healthcare provider will show you how to safely use the EpiPen or EpiPen Jr Auto-Injector.
- Use your EpiPen or EpiPen Jr exactly as your healthcare provider tells you to use it. You may need to use a second EpiPen or EpiPen Jr if symptoms continue or recur. Only a healthcare provider should give additional doses of epinephrine if you need more than 2 injections for a single anaphylaxis episode.
- 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 happens, 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 Trainer and separate Trainer Instructions for Use. **The EpiPen Trainer has a grey color. The grey EpiPen Trainer contains no medicine and no needle.** Periodically practice with your EpiPen 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](http://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. Dispose of 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?**

**EpiPen and EpiPen Jr may cause serious side effects.**

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

- buttocks
- fingers, toes, hands, or feet

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

•Rarely, patients who have used EpiPen or EpiPen Jr may develop infections at the injection site within a few days of an injection. Some of these infections can be serious. Call your healthcare provider right away if you have any of the following at an injection site:

- redness that does not go away
- swelling
- tenderness
- the area feels warm to the touch
- Cuts on the skin, bent needles, and needles that remain in the skin after the injection, have happened in young children who do not cooperate and kick or move during an injection. If you inject a young child with EpiPen or EpiPen Jr, hold their leg firmly in place before and during the injection to prevent injuries. Ask your healthcare provider to show you how to properly hold the leg of a young child during 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 use your EpiPen or EpiPen Jr.** Talk to your healthcare provider about all your medical conditions.

Common side effects of EpiPen and EpiPen Jr include:

- fast, irregular or “pounding” heartbeat
- sweating
- headache
- weakness
- shakiness
- paleness
- feelings of over excitement, nervousness or anxiety
- dizziness
- nausea 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. 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 EpiPen and EpiPen Jr?**

- Store EpiPen and EpiPen Jr at room temperature between 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 the 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. Keep the blue safety release on until you need to use EpiPen or EpiPen Jr.
- Your EpiPen or EpiPen Jr has an expiration date. Replace it before the expiration date.

**Keep EpiPen and EpiPen Jr and all medicines out of the reach of children.**

**General information about the safe and effective use of EpiPen and EpiPen Jr**

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. Do not use the EpiPen or EpiPen Jr for a condition for which it was not prescribed. Do not give your EpiPen or EpiPen Jr to other people.

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

For more information and video instructions on the use of EpiPen and EpiPen Jr, go to [www.epipen.com](http://www.epipen.com) or call 1-800-395-3376.

**What are the ingredients in EpiPen and EpiPen Jr?**

**Active Ingredients:** Epinephrine

**Inactive Ingredients:** sodium chloride, sodium metabisulfite, hydrochloric acid, and water.

**Important Information**

- 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. Do not remove the blue safety release until you are ready to use it.
- Only inject into the middle of the outer thigh (upper leg). 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 the carrier tube with the Auto-Injector, as this may prevent you from removing the Auto-Injector for use.

**Instructions for Use**

EPIPEN®

(epinephrine injection, USP) Auto-Injector 0.3 mg

EpiPen® = one dose of 0.3 mg epinephrine, USP 0.3 mg/0.3 mL

## EPIPEN JR®

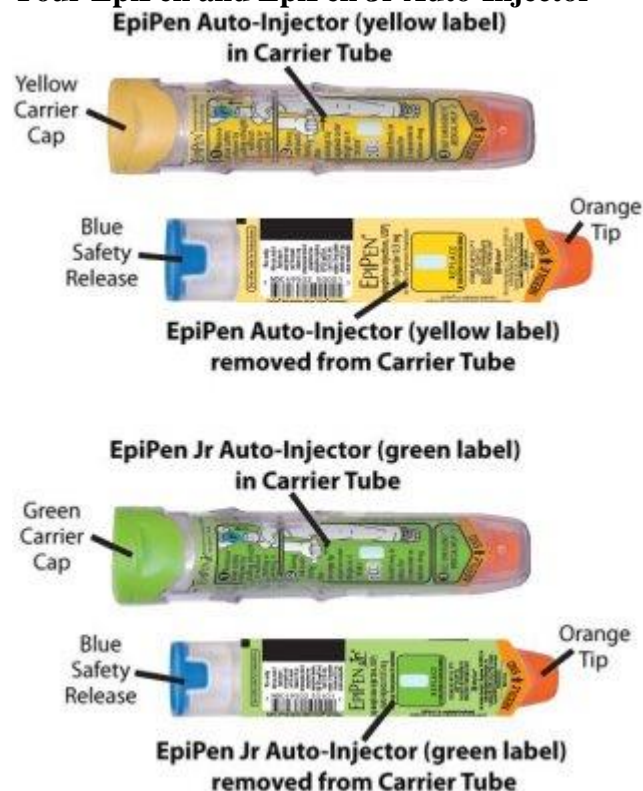
(epinephrine injection, USP) Auto-Injector 0.15 mg

EpiPen Jr® = one dose of 0.15 mg epinephrine, USP 0.15 mg/0.3 mL

For allergic emergencies (anaphylaxis)

Read these Instructions for Use carefully before you use EpiPen or EpiPen Jr. Before you need to use your EpiPen or EpiPen Jr, make sure your healthcare provider shows you the right way to use it. Parents, caregivers, and others who may be in a position to administer EpiPen or EpiPen Jr Auto-Injector should also understand how to use it as well. If you have any questions, ask your healthcare provider.

### Your EpiPen and EpiPen Jr Auto-Injector



**A dose of EpiPen or EpiPen Jr® requires 3 simple steps: Prepare, Administer and Get emergency medical help**

#### **Step 1. Prepare EpiPen or EpiPen Jr for injection**

**Remove the EpiPen or EpiPen Jr from the clear carrier tube.**



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



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



**Grasp the auto-injector in your fist with the orange tip (needle end) 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.
  - To avoid an accidental injection, never put your thumb, fingers or hand over the orange tip.
- If an accidental injection happens, get medical help right away.

**Step 2. Administer EpiPen or EpiPen Jr**

**If you are administering EpiPen or EpiPen Jr to a young child, hold the leg firmly in place while administering an injection.**



Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.

**Swing and push the auto-injector firmly** until it 'clicks'. The click signals that the injection has started.



**Hold firmly in place for 3 seconds (count slowly 1,2,3).** The injection is now complete.



**Remove the auto-injector from the thigh.** The orange tip will extend to cover the needle. If the needle is still visible, do not attempt to reuse it.





Massage the injection area for 10 seconds.

---

**Step 3. Get emergency medical help now. You may need further medical attention. You may need to use a second EpiPen or EpiPen Jr Auto-Injector if symptoms continue or recur.**

- Take your used auto-injector with you when you go to see a 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 the healthcare provider for inspection and proper disposal.
- Ask for a refill, if needed.

**Note:**

- The used auto-injector with extended needle cover will not fit in the carrier tube.
- EpiPen and EpiPen Jr are single-use injectable devices that deliver a fixed dose of epinephrine. The auto-injector cannot be reused. Do not attempt to reuse EpiPen after the device has been activated. It is normal for most of the medicine to remain in the auto-injector after the dose is injected. The correct dose has been administered 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 Trainer and separate Trainer Instructions for Use. The EpiPen Trainer 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.
- If you are administering EpiPen or EpiPen Jr to a young child, ask your healthcare provider to show you how to properly hold the leg in place while administering a dose.
- Do not try 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., Morgantown, WV 26505, U.S.A. by Meridian Medical Technologies, Inc., Columbia, MD 21046, U.S.A., a Pfizer company

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MS:PIL:EPI:R3  
0001984



## 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 3 seconds** to deliver the drug (count slowly "one – two – three"). 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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**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

 Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

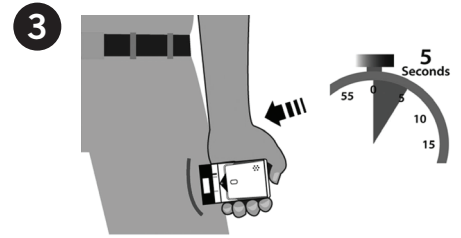
Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

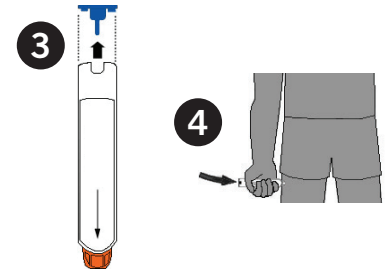
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



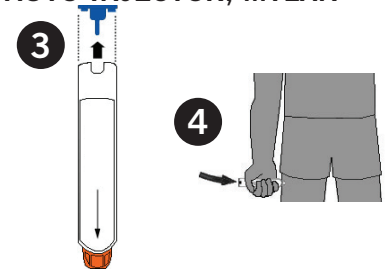
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



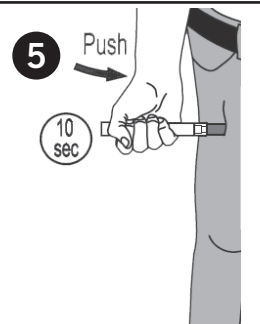
## HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_  
DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
NAME/RELATIONSHIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

# Medication Errors

A medication error is a mistake that is made anytime during the process of giving medication.

## ***Medication errors include:***

- Forgetting to give medication
- Giving the wrong medication
- Giving the medication at the wrong time  
*(This includes giving medication more than 30 minutes before or more than 30 minutes after the scheduled time OR giving medication for symptoms that are not specified by the health care provider.)*
- Giving the wrong dose of medication
- Giving medication by the wrong route
- Giving medication to the wrong child
- Giving an expired medication
- Giving medication without parental permission
- Giving medication without valid healthcare provider instruction, including expired consents *(it is best practice that health care provider instructions be updated at least once every 12 months).*

## ***Reporting a Medication Error***

- As soon as you discover an error, immediately contact the child's parent. Encourage the parent to contact the child's health care provider to decide what to do.
- Provide for the immediate needs of the child as directed by the child's parent and health care provider.
- Complete the Medication Error Report Form.

If an error occurs in your program, look for any circumstances or current medication administration policies that may have contributed to the error. A child health care consultant (CCHC) is a good resource for helping you determine what went wrong. With this knowledge, you can make changes to prevent any future mistakes.

## Medication Error Report Form

- You can use this form or you can create your own master form using this as a guide.
- All areas of this form must be completed.
- The child's parent must be notified immediately of all medication errors.
- Provider should encourage parents to notify the child's health care provider of any medication administration errors.
- If more than one child is involved in the error, an error form must be completed for each child.

Provider/Facility name:	Facility address:	Facility telephone number:
Child's name:		Child's date of birth:
Date of medication error:		

What type of medication error occurred:

- ☐ Incorrect child
- ☐ Incorrect medication
- ☐ Incorrect time (*gave more than 30 minutes before or 30 minutes after time authorized*)
- ☐ Incorrect dose
- ☐ Incorrect route
- ☐ Gave an expired medication
- ☐ Forgot to give medication
- ☐ Consent expired
- ☐ Other \_\_\_\_\_

Complete this section for all errors using the information provided on the child's approved consent form (*except for incorrect child*)

Name of medication authorized:	Amount/dosage authorized:	Route of administration authorized:
Frequency to be administered or signs and symptoms that necessitate the need for the medication as authorized on the consent: _____		

**Describe the Incident** *(include all individuals involved in the error):*


**Action Taken:**

Parent/Guardian notified ( required immediately) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date notified (month/day/year):	Person notified:
Encouraged parent to notify health care provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Date advised (month/day/year):	Person advised:
Other persons notified (ex: child care health consultant): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date notified (month/day/year):	Person(s) notified:

**Describe Corrective Action Taken** *(indicate that an investigation will be done):*


Name of person completing this form: <i>(please print)</i>	Date form completed:
Signature of person completing this form:	



## Independent Medication Administration

If a child carries his own medication, decides when a dose is needed and takes the dose without supervision, this is considered Independent Medication Administration.

- In some cases, it is appropriate for children with **diabetes** to provide independent medication administration for this condition. The MAT Diabetes course provides complete information on this and other MAT best practices for caring for children with diabetes.
- In many cases, children can independently self-administer an **emergency medication** such as an inhaler if the following criteria are met:
  - Child is nine years of age or older
  - A letter from a doctor or a prescription label states that the medication must be immediately accessible in case of emergency and that the medication would not be harmful if obtained and taken by another child
  - Written permission from his or her parent and a statement that the child is responsible enough to keep up with and administer the medication
  - The center Director must determine that the medication can be retained and administered by the child without interference from other children; otherwise, a staff person must provide continuous supervision of the group when the child has the medication.
- **All questions about whether a child can be permitted to independently self-administer medication should be referred to your Licensing inspector or representative.**

Your program should also have an individual health care plan (IHCP) for each child who will independently administer his medication. The child's plan will:

- state that staff approved to administer medication must be available when the child is in the program
- explain how the child will carry the medication and make sure it is not accessible to other children in the program
- explain how the child will tell program staff of any doses he administers
- explain how staff will document each dose the child takes independently
- explain how staff will recognize and respond to possible side effects
- list any additional training or competencies staff approved to give medication may need to care for the child and who will provide this training



## Children with Special Health Care Needs

A child with special health care needs is **defined as a child who has a “chronic physical, developmental, behavioral or emotional condition that is expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally”**.

To care for a child with special health care needs, you must work with the child’s parent and health care provider to write an *Individual Health Care Plan for a Child with Special Health Care Needs* (see Handout 9.5). The plan must:

- Describe the special health care needs of the child.
- Identify how the program will care for the child. The plan of care must be developed by working with the parent and the child’s health care provider.
- List the program staff who will provide care for this child. All staff who will administer medication or treatment to the child must be MAT certified.
- Describe any additional training or skills the staff identified will need to safely care for the child, what the training will include and who will provide this training.
- Have an authorized program representative, the health care provider, and the parent sign the child’s *Individual Health Care Plan for a Child with Special Health Care Needs*.  
Keep the plan on file.

Because administration techniques and the needs of children differ, any training that staff members receive to prepare them to care for a child with special health care needs is child-specific and is not transferable from one child to another.

\*U.S. Department of Health and Human Services  
Health Resources and Services Administration, Maternal and Child Health Bureau



### Individual Health Care Plan for a Child with Special Health Care Needs

Working in collaboration with the child's parent/guardian and child's health care provider, the following health care plan was developed to meet the individual needs of:

<b>Child's name:</b>	<b>Child's date of birth:</b>
<b>Name of the child's health care provider:</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> <b>Physician</b>  <input type="checkbox"/> <b>Physician Assistant</b>  <input type="checkbox"/> <b>Nurse Practitioner</b> </div>	

**Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the Medical Statement at the time of enrollment or information shared post enrollment.**


**Identify the program staff who will provide care to this child with special health care needs:**

Name	Credentials or Professional License Information*

**Describe any additional training, procedures or competencies the staff identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the Medical Statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.**



**Signature of Authorized Program Representative:**

I understand that it is my responsibility to follow the above plan and all health and infection control day care regulations related to the modality of care I provide. This plan was developed in close collaboration with the child's parent and the child's health care provider. I understand that it is my responsibility to see that those staff identified to provide all treatments and administer medication to the child listed in the specialized health care plan have a valid MAT certificate, CPR and first aid certifications or have a license that exempts them from training; and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Provider/Facility Name:	Facility address:	Facility Telephone Number:
Authorized child care provider's name (please print)		Date:
Authorized child care provider's signature:		

**Signature of Parent or Guardian:**

	Date:
--	-------

**Signature of Health Care Provider:**

	Date:
--	-------

## Giving Medication When Away from the Program

If any children will need medication while off the program site, you will need:

- A MAT certified provider on the field trip if any of the children on the trip need medication
- The medication in the original pharmacy container
- The medication kept in a locked place
- The medication packed separately from food and other supplies.
- If the medication requires refrigeration, a way to keep it at a temperature between 36-40°F
- Any administration tools or special equipment needed to give the medication
- The child's original **Medication Consent Form** and **Log of Medication Administration**
- Waterless hand washing gels in case there is no running water to wash hands
- Emergency numbers for the area where you will be visiting
- To provide confidentiality while administering medication off the program site

### *For children not going off-site:*

If any children will need medication while others are off the program site, you need:

- A MAT certified provider available to administer the medication; and
- The **Medication Consent Form** and **Log of Medication Administration** available for any child left at the program.





## Next Steps

### ***MAT Certificate***

Once you successfully complete the MAT course, you will be sent two original MAT certificates by the MAT central office. It is **essential** that you provide your correct mailing address to your MAT trainer today, so that your MAT certificates will reach you.

Your trainer will issue you a receipt today which is good for 60 days.

Be sure to keep one of your MAT certificates for your records.

Your MAT certificate:

- is valid for three years
- only allows you to give medication in a child care or a VCPE member private school setting.
- specifies that English is the language in which you can accept permissions and instructions from the child's parent and health care provider. You cannot accept medication permissions and instructions in any other language. This includes package inserts or related materials.

### ***Authorization to Administer Medication in a Day Care Program***

In addition to a valid MAT certificate, you must meet the following requirements before you will be authorized to administer medication in a day care program:

- be 18 years old
- have a current first aid certification that covers the ages of the children in your care
- have a current CPR certification that covers the ages of the children in your care

### ***Updates to the Handouts***

There may be times when handouts are updated or new handouts are added. All of the MAT handouts are available on the MAT Online Learning Center website: [mat-elearning.medhomeplus.org](http://mat-elearning.medhomeplus.org). Each handout is dated so you can check to see if you have the most current version.

### ***Certificate Renewal***

Starting on Feb. 1, 2015, if you hold a current MAT Certificate, you are eligible to take the new, shortened MAT Renewal Course for your first renewal of that certificate. ***The MAT Renewal Course is designed for providers who regularly administer medications using the MAT method, so are familiar with the process and need little or no review.***

If you prefer more review, ***you may choose to take the MAT Independent Study course or the full-day MAT classroom course to renew your certification.***

The MAT Renewal Course option is only available to providers renewing their MAT certification for the first time after being certified through the full-day MAT classroom course or the MAT Independent Study course. Providers who successfully complete the MAT Renewal Course will receive a MAT Renewal Certificate. Providers holding a MAT Renewal Certificate will be required to take the MAT Independent Study course or the full-day MAT classroom course when it's time for their next renewal.

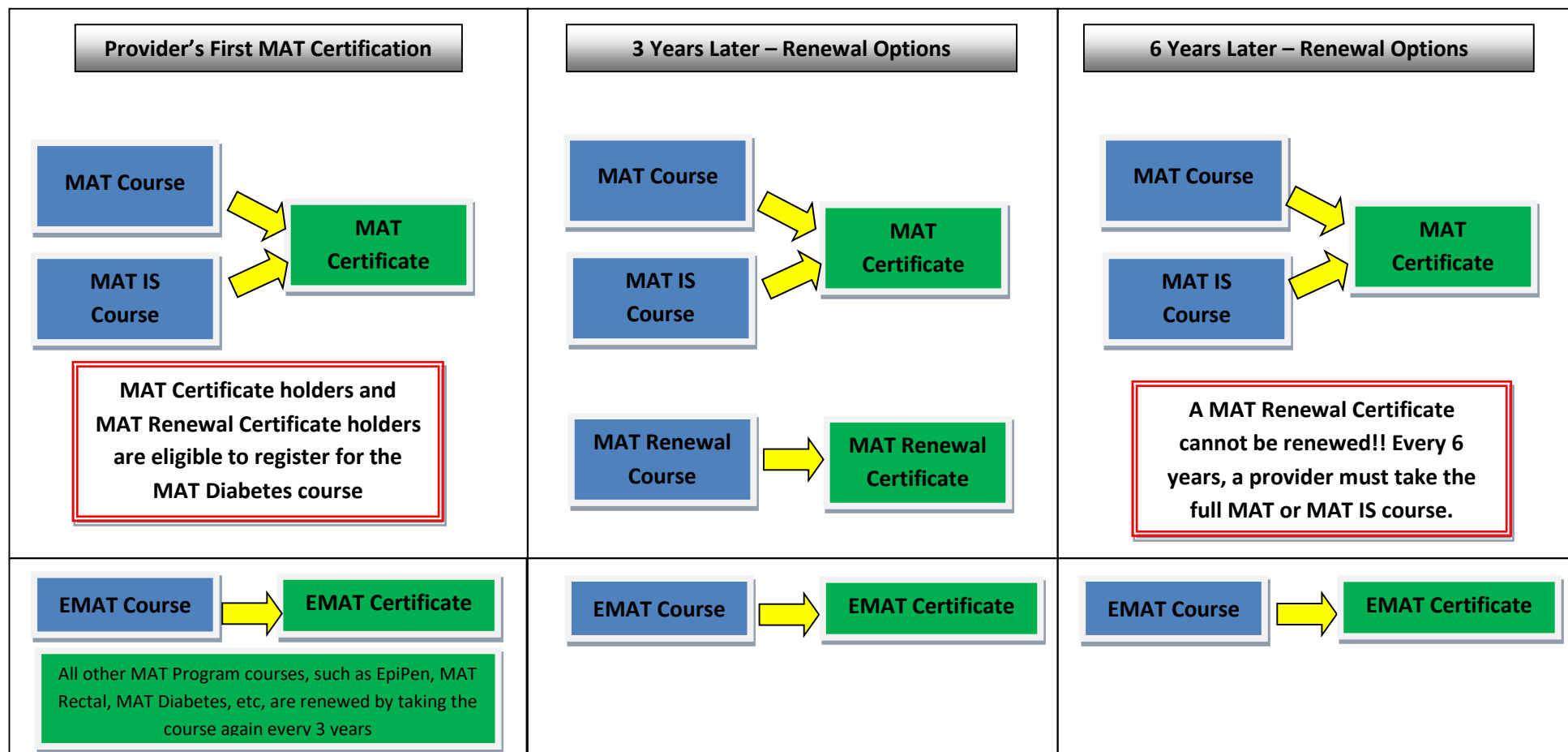
For those who choose the MAT Renewal course, this course has two parts, like the current MAT Independent Study course.

- MAT Renewal Part 1 is taken online and is free. It includes registration in the MAT IS course so that providers wishing to do so can review this content to prepare for recertification. However, this is optional. Part 1 also includes a mandatory online test. Providers who pass this online test are issued a MAT Renewal Part 1 Completion Certificate. As with the MAT IS course, this certificate does not authorize them to give medications, but serves as their admission ticket to the MAT Renewal Part 2 live skills demonstration session.
- MAT Renewal Part 2 is taken in a classroom setting. There is no classroom practice time provided in this session. During the MAT Renewal Part 2 session, participants perform the MAT liquid measurement, EpiPen and randomized skills demonstrations. Successful completion of this class will renew your MAT certificate for three years.

### ***Additional Resources***

- MAT Trainer: \_\_\_\_\_
- Contact number: \_\_\_\_\_
- Medication Administration Training (MAT) Program:
  - Email: [support@mat.freshdesk.com](mailto:support@mat.freshdesk.com)
  - Phone: 804-330-5030.
- Other: \_\_\_\_\_

## MAT Curriculum





## 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 match 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**.

**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 match 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**.

## Procedure Guide: Giving Tablets or Capsules

**In addition to any medication-specific instructions, follow these steps to give medication by tablet or capsule:**

- ☐ For oral medications, you **make the decision on wearing gloves**, unless you are applying medication to the gums.
- ☐ 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.
- ☐ 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.
- ☐ **Never crush or split medication or open capsules** unless instructed to do so on the medication consent form or the medication label.
- ☐ Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
  - ☐ medication ☐ time ☐ dose ☐ route ☐ child's name
- ☐ **Give the medication** to the child.
- ☐ **Give a cup of water** to the child to help her swallow the medication.
- ☐ **Watch the child take the medication and look in the child's mouth and under the tongue** to make sure the child swallowed it.
- ☐ If you wore gloves, **remove gloves and discard using the appropriate technique**.





## Procedure Guide: Giving Sprinkle Medication

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

- ☐ For oral medications, you **make the decision on wearing gloves**, unless you are applying medication to the gums.
- ☐ 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.
- ☐ When removing capsules from a container, **avoid touching them with your hands**.
  - **Pour the number of 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.
- ☐ Place a small amount of food into a cup or bowl.
- ☐ Open the medication capsule(s) and empty the contents onto the small amount of food. Be sure to empty all of the medication from the capsule.
- ☐ **Mix** the contents of the capsule with the food.
- ☐ Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
  - ☐ medication ☐ time ☐ dose ☐ route ☐ child's name
- ☐ **Give the medication with food** to the child.
- ☐ **Watch the child take the medication and look in the child's mouth and under the tongue** to make sure the child swallowed it.
- ☐ If you wore gloves, **remove gloves and discard using the appropriate technique**.



## Procedure Guide:

# Measuring and Giving Liquid Medication By Cup

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.

### Measuring the medication:

- ☐ **Identify the desired measurement** on the medicine cup.
  - 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 the liquid medication** into the cup to the desired level.
  - To avoid getting medication on the label, pour the medication out of the bottle away from the label
- ☐ **Check the accuracy of your measurement** by putting the cup with medication on a flat surface and checking it at eye level.
  - **If you pour too much into the cup**, unless otherwise instructed, you can return this leftover medication to the original container if it has not been contaminated.

### Giving the medication:

Second  
Check

- ☐ Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
  - ☐ medication ☐ time ☐ dose ☐ route ☐ child's name
- ☐ **Hand the medicine cup to the child** and assist or watch him/her drink the medicine.
- ☐ **Pour a small amount of water into the cup** after you give the medication and swish it around to get any medication that may have stuck to the sides and have the child drink the water.

### *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:

# Measuring and Giving Liquid Medication by Spoon

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.

### Measuring the medication:

- ☐ **Identify the desired measurement** on the medicine spoon.
  - 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 the liquid medication** into the spoon to the desired level.
  - To avoid getting medication on the label, pour the medication out of the bottle away from the label
- ☐ **Check the accuracy of your measurement** by holding the spoon with medication at eye level and checking it.
  - **If you pour too much into the spoon**, unless otherwise instructed, you can return this leftover medication to the original container if it has not been contaminated.

### Giving the medication:

- ☐ Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
  - ☐ medication ☐ time ☐ dose ☐ route ☐ child's name
- ☐ Put the dosing spoon in the child's mouth and **slowly give the medicine**, to help avoid the child spitting out the entire dose.
- ☐ **Pour a small amount of water into the spoon** after you give the medication and swish it around to get any medication that may have stuck to the sides and have the child drink the water.

### *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: Measuring and Giving Medication by Oral Syringe

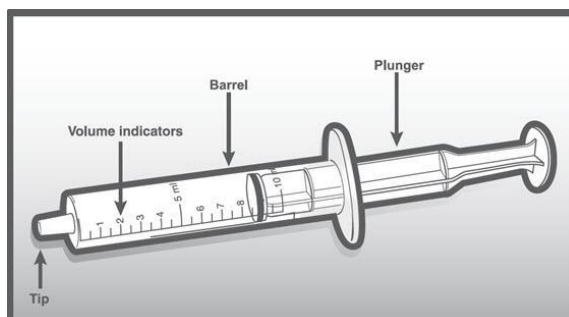
The child's full name must be written on the measuring tool. The tool must also have the exact measurement that matches the amount of medication the instructions tell you to give. Do not substitute household items, such as household baking spoons, teaspoons, measuring cups, for dosing devices. The parent 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.

### Measuring the medication:

- ☐ **Identify the desired measurement** on the oral syringe.
  - 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.
- ☐ 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. You may return any unused medication to the medication bottle.
- ☐ **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 syringe at eye level** to make sure the dose is correct.

### **Giving the medication:**

- ☐ Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
  - ☐ medication   ☐ time   ☐ dose   ☐ route   ☐ child's name
- ☐ **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 as this can cause choking.

### ***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 by Inhaler

Medication can be inhaled by mouth using an inhaler, inhaler with a spacer, nebulizer or other device. A spacer is used to help the child get the full dose of medication by holding the medication in the chamber long enough so the child can breathe the medication in with multiple breaths.

**In addition to any medication-specific instructions, follow these steps to given medication by 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 mucus**
  - 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
- ☐ Hold the inhaler **between your index finger and thumb**.
- ☐ Compare the child's medication consent form against the medication label to match 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)*
- ☐ 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.
- ☐ 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.*

## Procedure Guide:

# Giving Medication by Inhaler with Spacer

Medication can be inhaled by mouth using an inhaler, inhaler with a spacer, nebulizer or other device. A spacer is used to help the child get the full dose of medication by holding the medication in the chamber long enough so the child can breathe the medication in with multiple breaths.

**In addition to any medication-specific instructions, follow these steps to given medication by 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 mucus**
  - 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
- ☐ **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 match the **Five Rights** before administering the medication to the child.
  - ☐ medication ☐ time ☐ dose ☐ route ☐ child's name
- ☐ **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 inhale deeply and slowly over 3-5 seconds
  - Keeping the spacer mask over the child's nose and mouth, or the spacer mouthpiece still in the child's mouth, have her **hold her breath** for a few seconds, then breathe out into the spacer.
  - With the spacer mask still over the child's nose and mouth, or 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 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 mask or 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.*

## Procedure Guide: Giving Medication by 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, then turn it off.
- ☐ **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 child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
  - ☐ 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 Nasal Spray

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 nasal spray:**



- ☐ **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 match the **Five Rights** just before administering the medication to the child.
  - ☐ medication ☐ time ☐ dose ☐ route ☐ child's name
- ☐ **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 Eye Drops

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



- ☐ 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 of gloves that are clean.
- ☐ **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 match the **Five Rights** just before administering the medication to the child.
  - ☐ 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.**



- ☐ 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.



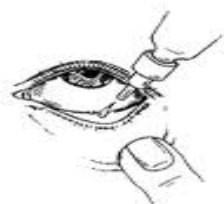
- ☐ **If the second eye needs medication**, put on clean gloves and repeat the procedure.
- ☐ **Replace the cap** on the medication
- ☐ **Correctly remove and discard gloves.**

## Procedure Guide: Giving Eye Ointment

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



- ☐ 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 of clean gloves.
- ☐ **Have the child sit or lie down.** Older children can usually sit for eye medication. You may find it easier to have a young child lie down.
- ☐ Compare the consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
  - ☐ medication ☐ time ☐ dose ☐ route ☐ child's name
- ☐ **If needed, warm the medication** 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 place directly into the eye.**
- ☐ Start applying the ointment from the inner part of the lower eyelid 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.**



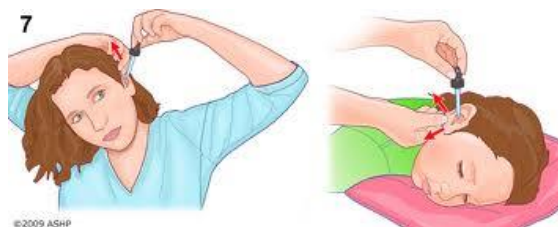
- ☐ Very often children blink when getting eye medication. **If the medicine completely misses his eye, give the dose again.** If any amount gets in the eye, don't give another dose.
- ☐ The child will naturally close his eye. **Ask him to keep his eye closed for a minute or two.** Wipe off any ointment 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 Ear Drops

**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 match 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**.



- ***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.**