

EMAT Course Handouts

12/31/2017 Revision

Includes all EMAT handouts

*NOTE- only includes a subset of the MAT modules
and handouts*

Emergency Medication Administration Training (EMAT) Overview

The Emergency Medication Administration Training (EMAT) course is approved by the Board of Nursing and Virginia Department of Social Services (VDSS). It is designed to provide very focused training on giving specific medications to prevent and treat allergy and asthma emergencies.

- In this course, you'll learn to give medication by these **3** routes **ONLY**:
 - By mouth (liquid Benadryl or diphenhydramine only)
 - Inhaled (inhalers only)
 - By using the EpiPen® to give epinephrine
- **Please note:** to be able to administer any other routes/medications than those listed above, you must complete additional MAT training. Information about these courses can be obtained by visiting the MAT Program website at:
<http://www.medhomeplus.org/MAT/>.

To successfully complete this course, you must:

- Pass 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 EMAT 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 EMAT videos you have seen and on the EMAT handouts. You are encouraged to use all of the EMAT handouts when completing written tests and during the skills demonstrations.

Skills Demonstrations

You must demonstrate your ability to:

- Match the ***Five Rights*** of safe medication administration.
- Safely give medication by two of the routes listed here:
 - Liquid Benadryl by mouth, by medicine cup
 - Liquid Benadryl by mouth, by dosing spoon
 - Liquid Benadryl by mouth, by oral medication syringe
 - Inhaled (inhalers only)
 - EpiPen

Today, you will do two skill demonstrations: the EpiPen skill demonstration and one of the first

four routes listed above (Liquid Benadryl by medicine cup, dosing spoon, or oral medication syringe or medication by inhaler). You will not know until the testing time which of these four routes you'll be asked to demonstrate. You will practice all these skills to help you prepare.

Your MAT trainer will watch you do these two skill demonstrations. One each demonstration, if you don't pass on your first try, you can try again. You will get two opportunities to successfully complete each skill demonstration. If you don't pass on your second try, you must take the full EMAT course again if you wish to be EMAT certified

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).**

MAT Curriculum Forms

Your MAT handouts include forms approved by the BON/VDSS. These forms are updated periodically. You can check the MAT website at www.medhomeplus.org/MAT 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.

active medication participation	the act of a child assisting in the taking of his/her medication.
active ingredient	the main component of the medication that is designed to produce the desired effect.
acute illness	sickness that begins quickly and lasts only a short time. Some examples are ear infections and common colds.
administration	the act of giving medication.
adverse effect	unexpected reaction of a medication that can be potentially harmful.
allergic reaction	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.
Americans with Disabilities Act of 1990 (ADA)	a law prohibiting discrimination on the basis of disability. See www.ada.gov
anaphylaxis	a severe and potentially life threatening sudden allergic reaction characterized by hives, swelling, shortness of breath and requiring immediate treatment.
asthma	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.
as needed medication	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.
auto-injector	device for delivering an injection by an automatic system. See epinephrine.

brand name	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.
best practice technique	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.
BON	Board of Nursing
child day program	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.
child care health consultant (CCHC)	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.
children with special health care needs	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.
chronic illness	sickness or disease that is of long duration. It cannot be cured and will not go away. Some examples are asthma and diabetes.
competency based training	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.
controlled substance	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.
contaminated	any substance or material that was exposed, soiled or stained with body fluids, blood or airborne infectious materials.
CPR	Cardio-Pulmonary Resuscitation.
desired effect	the beneficial and sought-after effect of the medication.

epinephrine	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.
expired medication	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.
‘Five Rights’ of medication administration	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.
generic name	the chemical name of the active ingredient in the medication.
health care provider	a licensed physician, physician’s assistant, nurse practitioner or registered nurse with a valid Virginia license.
hives	a skin condition characterized by itching and welts caused by a reaction to internal or external agents, an infection or a nervous condition.
ineffective	the absence of a desired effect, after allowing sufficient time for the medication to work.
inhaler	a device for administering medication using the nose, lungs or other part of the respiratory tract by breathing in the medication.
independent medication administration	when a child carries his/her own medication, decides if and when a dose is needed and administers the dose without supervision.
licensed authorized prescriber	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.
localized	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.

Log of Medication Administration	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.
long-term medication	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.
MAT	M edication A dministration T raining course.
MDI	M etered D ose I nhaler device. A metered-dose inhaler is used to deliver a precise dose of medication from a multi-dose container into the lungs.
medication	any substance used to treat a disease or illness or used to prevent or cure health problems.
MAT Certified provider	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.
medication administration	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.
medication categories	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.
Medication Consent Form	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.
medication effects	how medication affects the child. These effects may be desired or undesired.
medication error	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 medication consent form said not to are all considered

	medication errors.
mucous membrane	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.
nebulizer machine	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.
negative effect	undesired effect. Any effect other than the desired effect. An unwanted response.
nonprescription medication	medication that can be bought without a prescription from a licensed authorized prescriber. Also called over-the-counter medication.
optimal	most desirable.
oral	by mouth.
OTC medication	over-the-counter medication, another term for non-prescription medication.
package insert	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.
peak action	the point at which the body has the maximum effect of the medication after the medication has been administered.
peak flow meter	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.
prescriber	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.
EMAT	acronym for the Emergency Medication Administration Training course for providers who do not ordinarily administer medications but who supervise children who may need an emergency injection of epinephrine using an auto-injector device

(Epi-pen ®) and/or need to administer Benadryl or inhalers.

Prescription medication	medication which can only be obtained with a written order from a licensed authorized prescriber to treat a specific condition. Often referred to as Rx .
PRN	An acronym meaning “as needed.” PRN medication is given when a child shows specific symptoms.
route	the way medication gets into the body. Also referred to as method of administration.
seizure	a sudden attack, spasm, convulsion or an extreme emotional change or a change in consciousness, as in epilepsy or another disorder.
short-term medication	any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for ten days or less.
side effect	the action or effect of a drug other than the desired or sought after effect.
standard precautions	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.
symptoms	physical or behavioral signs that you can see, hear or smell that may tell you the child needs help, which may include giving medication.
therapeutic	possessing health, restorative, preventive, medicinal or healing properties. This term pertains to results obtained from desired effects of medication.
undesired effect	any effect other than the desired effect. Undesired effects are also called side effects, which include adverse effects and allergic reactions.
VDH	Virginia Department of Health
VDSS	Virginia Department of Social Services

**written
permission/instructions**

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 Written Medication Consent Form, not because it is a specific day or a clock tells you it is “time”.

3. *Right dose*

- The dose is how much 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 medication to.

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

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

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

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

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED

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

CHILD DAY PROGRAM TO COMPLETE THIS SECTION

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

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 symptom** (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).

Types of Undesired/Side effects	Action to Take
Severe allergic reaction Severe hives, swelling, especially lips and face, trouble breathing, severe vomiting, diarrhea or stomach cramping, racing heart, “passing out”	Call 911 right away
Adverse effect Seizures, chest pain, highly unusual behavior, severe dizziness	Call 911 Notify parent as soon as possible For a <u>severe</u> reaction: call 911 then notify the parent as soon as possible
Mild allergic reaction 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
Mild side effect 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"/>
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			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Notes:

Required Permissions to Give Medications

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

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

PERMISSION REQUIREMENTS SHORT-TERM MEDICATION ADMINISTRATION

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

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over the counter	Oral (liquid Benadryl only)	Written	<i>None needed</i>
Prescription	Inhaler	Written	<i>None needed</i>
	Epinephrine auto-injector	Written	Written

PERMISSION REQUIREMENTS LONG-TERM MEDICATION ADMINISTRATION

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

The following table indicates the permissions/instructions needed to administer a long-term medication to any child in your care. Long-term medication is defined as any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for more than ten working days .			
Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Oral (Liquid Benadryl only)	Written	Written
Prescription	Inhaler	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 you administer in the program
- 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 log.
- 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, 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 **any doses the child received at home before arriving in your care**.
- 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 can 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.

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.



EMAT Handout 4.4

- 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 Medication Consent Form . <input type="checkbox"/> Review written documentation, making sure all instructions are correct and understood. <ul style="list-style-type: none"> • Why the child is taking the medication • What potential side effects you should be looking for • Whether the medication is an over-the-counter medication or a prescription medication • If the medication is to be given for ten or fewer working days, or on a long-term basis 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"> • 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. 	
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"> • 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 & label/packaging instructions. • 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 1:00 PM, in Item 7, make sure the parent writes the specific time to give the medication. 	



6. Fill out the child care or school Program section on the Medication Consent Form 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 Log of Medication Administration for the child's medication.	
9. File the Medication Consent Form , any package inserts or pharmacy printouts and the Log of Medication Administration together in a place where you will be able to review the forms each day.	

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 not to give 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 11.2 to 11.4) 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, check the **Five Rights**.**
 - 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.

Asthma Facts

- Asthma is a chronic disease of the lungs.
- Every child feels differently when having asthma symptoms. Most often a child 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.
- There is no cure for asthma, but with proper care it can be controlled.
- **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 a 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 young 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.
Cockroach 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 are present, vacuum and mop with 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 do 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!

Asthma Severity <input type="checkbox"/> Intermittent <i>or</i> Persistent: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Asthma Triggers (Things that make your asthma worse) <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: _____	Last Flu Shot: / /	Pneumonia Shot: / /
--	---	------------------------------	-------------------------------

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
Inhaled Corticosteroid or Inhaled corticosteroid/long-acting β-agonist

_____ nebulizer treatment (s) _____ times a day
Inhaled Corticosteroid

_____, take _____ by mouth once daily at bedtime
Leukotriene antagonist

For asthma with exercise, ADD:
 _____ puffs with spacer 15 minutes before exercise
Fast acting Inhaled β-agonist

For nasal/environmental allergy, ADD:
 _____, use _____ spray (s) per nostril _____ times a day
Nasal corticosteroid

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
Inhaled β-agonist

_____ nebulizer treatment (s) every _____ hours as needed
Inhaled β-agonist

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
Inhaled β-agonist

_____ nebulizer treatment **every 15 minutes**, for **THREE** treatments
Inhaled β-agonist

Call your doctor while administering the treatments.

Other _____

**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.virginiaasthma.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.
- 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 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®

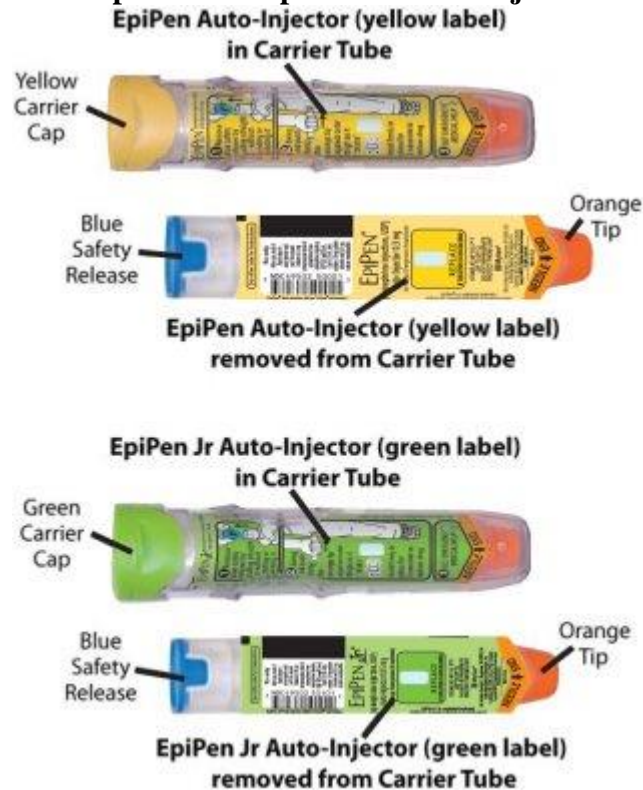
(epinephrine injection, USP) Auto-Injector 0.15 mg

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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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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Evaluation Chart for Auto Injector (EpiPen®) Skills Competency

The participant will correctly demonstrate administering an auto-injector (EpiPen®) to a child using an EpiPen® trainer and the toddler doll. Remember, you cannot give verbal or nonverbal cues to the participant while (s)he is performing the skills demonstration. As the participant completes each step successfully, mark a ✓ in the box. If the participant does not complete the step, leave the box blank. If the participant makes an error while performing a step, write down your observations.

Name of person completing demonstration: _____

Attempt: 1st 2nd

Name of person completing evaluation: _____

Task	Observed Skill?
The participant grasps the auto-injector (EpiPen) in his/her dominant hand with the orange tip pointed down and forms a fist around the unit.	
The participant uses the other hand to pull off the blue safety release cap.	
The participant has the child lie down and holds the orange tip near the child's outer thigh.	
The participant swings and firmly pushes the EpiPen into the outer thigh so that the EpiPen is perpendicular (at a 90° angle) to the thigh.	
The participant holds the EpiPen firmly in place against the thigh for approximately 3 seconds (counts slowly "one – two – three").	
The participant removes the EpiPen from the thigh and massages the injection area for another 10 seconds.	
The participant states that (s)he will call 9-1-1 or the first responder immediately.	
The participant states that the EpiPen will be sent to the hospital emergency room with the child.	

PARTICIPANT SCORE:

Pass

Fail (Explain: _____)

Incomplete (Explain: _____)

Rater's Signature:

**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

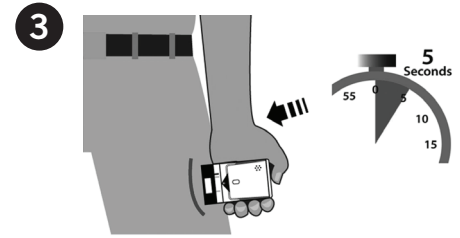
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

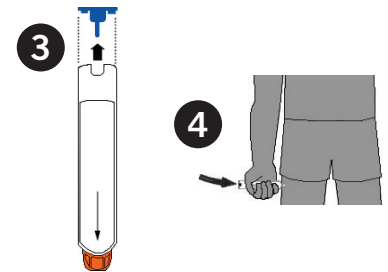
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



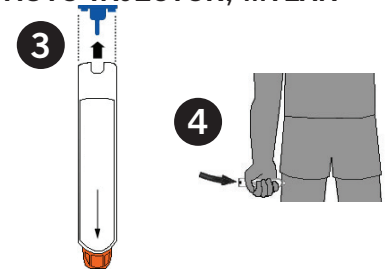
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

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.



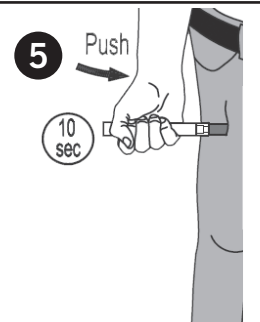
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

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 ADRENALICK®), 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: _____

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:

Child’s name:	Child’s date of birth:
Name of the child’s health care provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

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:
--	-------



Next Steps

EMAT Certificate

Once you successfully complete the EMAT course, two original EMAT certificates will be mailed to you by the MAT Program central office. Be sure to keep a copy for your records.

Your EMAT certificate:

- is valid for three years
- **only** allows you to give liquid Benadryl (or its generic equivalent), inhaler or EpiPen medication in a child care or a VCPE accredited 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 EMAT 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 EMAT handouts are available on the MAT Program website: www.medhomeplus.org/MAT. Each handout is dated so you can check to see if you have the most current version.

Additional Resources

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

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

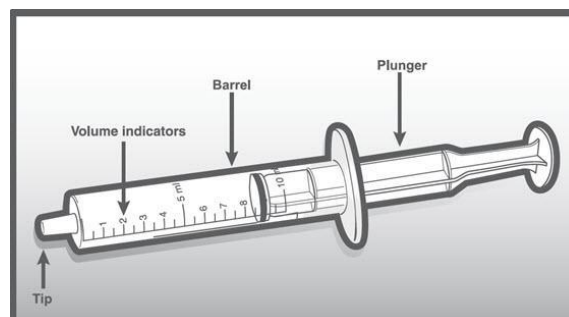
The child's full name must be written on the measuring tool. The tool must also have the exact measurement that matches the amount of medication the instructions tell you to give. Do not substitute household items, such as household baking spoons, teaspoons, measuring cups, for dosing devices. The parent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