**Medication Information Sheet**

**Medication Responsibility Triangle**

**Parent or Guardian**

**Health Care Professional**

**Early Learning Provider**

**Child**

**Parent’s or Guardian’s Responsibilities**

*Parents communicate with Child’s Health Care Professionals about*

- Regular checkups, up-to-date immunizations and supporting documentation
- Child’s symptoms, health status, diagnosis and care
- When medication can be given at home rather than in an early learning facility
- Giving permission for the early learning provider to talk to doctor about the child’s care

*Parents work with Early Learning Provider to*

- Follow medication policies and complete forms
- Provide properly labeled medication and appropriate measuring devices
- Provide training on how to administer medication to their child
- Provide up-to-date emergency contact phone numbers
- Periodically pick up their child when notified of illness, arrange for back-up care and work with early learning providers to determine when it is appropriate to care for their child during mild illness

**Health Care Professional’s Responsibilities**

The primary doctor’s responsibilities include:

- Discuss why the medication is needed with parent or guardian
- Prescribe and recommend medication
- Show the parent how to administer the medication to the child
- Complete all child care health forms legibly
- Schedule medications to limit the doses given in child care
- Promote prevention and educate about good health practices

**Early Learning Professional’s Responsibilities**

- Daily health checks to screen children for illnesses and other issues
- Promptly communicate with parents about their child’s symptoms
- Maintain, follow and communicate department approved documentation procedures and medication policies
- Maintain good hygiene practices and frequent hand washing
- Obtain training about receiving, storing and administering medication
- Periodic monitoring of health records (immunizations, screenings)
## Type of Medication

<table>
<thead>
<tr>
<th>Prescription Medications (Rx)</th>
<th>Over the Counter (OTC) Medications</th>
<th>Non-Traditional, Homeopathic and Herbal Medications</th>
<th>Brand Name versus Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions are written by an authorized health care professional for a specific person. The medication is dispensed by a pharmacist. Samples of medication given by a health care professional must be labeled properly.</td>
<td>OTC are medicines purchased without a prescription and include: • Fever reducer or pain reliever • Antihistamines • Mild cortisone cream • Cough syrups and cold remedies • Nose drops • Medications for common gastrointestinal problems • Diaper ointments, non-aerosol sunscreen, lip balm • Hand sanitizer (only use on children 24 months and older) • Hand wipes with alcohol</td>
<td>• Dosage guidelines for young children do not exist. • Little research on side effects/drug interactions. • Exempt from manufacturing requirements, expiration dating and finished product testing for identity and strength. • Non-traditional medicines, especially those from outside of the country, may contain lead and other toxins.</td>
<td>There are often two names for the same medication. The brand name is name used to advertise the drug. Generic refers to the chemical makeup of the drug.</td>
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</tbody>
</table>
| Prescription labels must include: • Child’s first and last name • Date the prescription was filled • Prescribing health professional name and phone number • Expiration date, medical need, dosage, and how long to give it • How to administer, store and dispose of the medication • Possible side effects | | | Brand name  
Tylenol®  
Motrin®  
Benadryl®  
Zyrtec®  
Zithromax®  
Pulmicort®  
Claritin®  
 | Generic name  
Acetaminophen  
Ibuprofen  
Diphenhydramine  
Cetirizine  
Azithromycin  
Budesonide  
Loratadine.  |
| Store all medications where children cannot access them. Medications that are considered “controlled substances” must be stored in a locked cabinet or container. (examples: narcotics and hyperactivity medications) | OTC medications must be in original packaging, labeled with the child’s name and given only to that child.  
Like prescription medications, OTCs can be dangerous to a child if given incorrectly. Read the label carefully and make sure the medication is safe for the age and weight of the child. | A prescription is required for: • Vitamins • Herbal supplements • Fluoride • Homeopathic or naturopathic medications  
Do not accept or give any child homemade medications, such as diaper creams and sunscreen. | |
| For a child to receive any medication while in your care, you MUST: • Have a current medication authorization form signed by the parent or guardian. • Have the medication labeled with the child’s name, date, dosing and storage instructions. • Have a prescription from the child’s doctor, when required. | | | |
## Forms of Medication

<table>
<thead>
<tr>
<th>Oral Medication</th>
<th>Topical Medications</th>
<th>Inhalation</th>
<th>Injection</th>
<th>Suppository</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take medication by mouth</td>
<td>Apply medication to body</td>
<td>Inhale medication into lungs</td>
<td>Inject medication with a needle</td>
<td>Insert medication into the rectum</td>
</tr>
</tbody>
</table>

### Tablets:
- Chewable tablets are chewed and then swallowed
- Scored tablets may be split in 2 by the pharmacist or parent
- Un-scored tablets cannot be split
- Quick dissolve strips and tablets are applied under and on tongue

### Capsules:
- Are swallowed whole
- Sprinkles are when a capsule is taken apart and sprinkled on food

### Liquids:
- May need shaking or refrigeration
- Use dropper, syringe, dosing spoon or medication cup. Do not use kitchen spoon

### Drops: Eyes, ears, or nose

### Sprays: Nose or throat
Nasal spray delivers medication into the nose and may leave an unpleasant taste in the mouth.

### Ointments/Creams: delivers medication directly onto skin or a part of the body.

### Skin Patches: Medicated patches are devices that are applied to and remain on the skin that allow for the timed release of medication.

### Inhalants are medications that are in a fine mist or powder which can be breathed into the body through the nose or mouth.

**Metered dose inhalant** is propelled into the mouth by pressurized gas and is inhaled into the lungs.

The medication is better delivered if a spacer tube is used between the inhaler and the mouth.

### Injectable medications are administered by the early learning provider after receiving training by the parent or guardian. More training from a health professional is advised.

Injections can include:
- EpiPen® and EpiPen® Jr
- Glucagon
- Insulin (injected by syringe or by an insulin pump)

**Emergency injectable**, such as the EpiPen® and EpiPen® Jr, are administered during a severe and life-threatening allergic reaction.

**Suppository medications are inserted into the rectum.**

Diazepam® rectal gel is an emergency medication that helps stop a seizure that will not stop on its own. Child care providers are required by the ADA law to administer emergency medications including suppositories.

### “5 Rights” of Medication Management

- **Right child**
- **Right medication**
- **Right dose**
- **Right time**
- **Right route**

ADA requires that all reasonable accommodations be made to give children medication in child care. Ask the parent to show you how to give their child the medication. If reasonable accommodations cannot be made, then discuss alternatives with the parents.
### “5 Rights” of Medication Administration

<table>
<thead>
<tr>
<th>Right Child</th>
<th>Right Medication</th>
<th>Right Dose</th>
<th>Right Time</th>
<th>Right Route</th>
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<tr>
<td>Verify the name of the child on the label matches the name of the child on the authorization form. Be sure you have the right child. If old enough, ask the child his/her name. If in doubt, check a second identifier such as date of birth or a photo. Be alert to similar names and children who look alike.</td>
<td>Verify the medication label matches the medication on the authorization form. Store the medication in the original labeled container. Check the expiration date. Do not give expired medication. Is the reason you are giving the medication appropriate?</td>
<td>Verify the dose on the medication label matches the dose on the authorization form. Check instruction on how the medication is to be given. Measure the dose carefully. Use the proper measuring device: measuring cup, syringe, dropper, dosing spoon. Do not use a kitchen spoon. Wash device before storing.</td>
<td>Verify that the time on the medication label matches the time on the authorization form. Check the log - Is it time to give this medication? Give medication within 30 minutes before or after prescribed time. Give emergency medication when needed. Always write down the exact time you give the dose. Communicate with the parent about when medication was last given.</td>
<td>Verify the authorization form and the label both say to give the medication the same way. How is the medication to be given? By mouth On the skin or body Inhaled Injected Rectum Use the best technique for positioning the child. Administer the medication without contaminating the container. (Example: Don’t touch eye dropper to eye)</td>
</tr>
</tbody>
</table>

**Document it on the medication log!**

For every dose of medication, record on the medication log the name, date, time and dose of medication given to a child and sign it. Also document:

- If and why a medication was not given (example: child was absent)
- If any error was made
- Side effect you observe that may result from the child taking the medication
- If and when expired or unused medication was returned to the parent.
Medication Management

Mouth - Liquid

**Infants**
- Hold infants in a cradle position, semi-upright. If necessary, ask another staff member to keep the infant calm and his hands away from his face.
- Gently, touch the mouth with the medication dropper or syringe. If his mouth doesn’t open, gently pull down on the chin.
- Place the dropper or syringe between the inside of the cheek and gums and slowly drop in small amount at a time. If necessary, gently stroke his cheek and under the chin to trigger the sucking and swallowing reflex.
- Allow time for swallowing before giving more.

**Toddlers**
- Have children play-practice giving “medication” to their dolls. Give toddlers some control, like sitting or standing.
- Be honest about bad taste and allow the child to drink water afterwards.

**Older Children**
- Explain why we take medication and why it helps us to get better.
- Have the child pick up the medication and put in his/her mouth if possible. Have a cup of water ready ahead of time to give the child.
- Give rewards, such as stickers to help encourage children to cooperate with taking their medication.

Eye drops and ointments

- If refrigerated, bring to room temperature. Shake if needed. Use a clean tissue to wipe each eye from the inside of the eye to the outside.
- Have young children lie down on back. If seated, tilt head back. Have the child look up.
- Gently, pull down the child’s lower eyelid to create a pocket between the lower eyelid and eye.
- Bring the dropper no more than 1 inch from the eye and squeeze one drop into the pocket of the lower eyelid. Have the child blink.
- Do not touch the eye or anything else with the bottle or dropper.

Eye ointments are more difficult to apply. Ask the parent to ask the child’s doctor if alternative forms are available. Get training from parent and follow label instructions.

Nose drops and sprays

- Lie the child down on his back, tilt his/her head back slightly, place a pillow or rolled-up towel under the child’s shoulders or let the head hang over the side of a bed or your lap.
- Squeeze slowly to release the dose.
- Repeat on the other nostril.

Ask the child to remain lying down for about 1-2 minutes so the medicine will be absorbed.

**Health and Safety**

Wash your hands before and after giving medication, even if you wear gloves.

Keep the medication out of reach of the child.

Talk to the child in age appropriate language to make them more comfortable.

Maintain an attitude that you expect cooperation, but if a child refuses to take medicine, do not force them and report it to the parent.

**Skin**

Put on gloves and remove bandage carefully. If gloves become soiled, replace gloves. Dispose of all contaminated supplies in a plastic lined container that is inaccessible to children.

Use gloves or an applicator like a Q-tip or tongue depressor to remove medicine from the tube or container and apply to wound.

**Ear drops**

- For young children, have the child lie down with affected ear facing up, pull the lobe down and back for the ear canal to open.
- Older children can sit up and tilt head sideways until ear is parallel to the ground.
- Never let the bottle touch the ear. Drop the medication on the side of the ear canal.
- Have the child stay still for several minutes.