

Medication Administration Class

OBJECTIVES

- Teach general principles of medication administration of topical, oral (liquids and tablets, and inhalant medications to staff members.
- Describe methods of administration including principles and techniques, application, and installation of oral, topical and inhalant medication, including the use of nebulization machines, with respect to age group.
- Administering medication to an uncooperative child
- Demonstration of techniques by trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly.
- Have the staff members verbalize how to avoid errors in medication administration and appropriate follow-up action.
- Have the staff members become familiar with common abbreviations.
- Describe the necessary documentation including parent permission, written orders from physicians, and the record of administration.
- Teach the safe handling of medications including receiving medication from the parent, safe disposal and universal precautions.
- Proper storage of medications including controlled substances, which must be in a “double lock”.

GENERAL PRINCIPLES

Preparation and Administration

- Always practice standard precautions.
- Wash hands
- Retrieve medication from locked cupboard or in a locked container in the refrigerator in accordance with the label directions. In both instances, medication should be away from food and inaccessible to children. Keys to the locked area shall only be accessible only to personnel authorized to administer medications.
- If the medication is a controlled substance, you must provide a double locked area. The medication must be co-signed by another staff member, with the correct count of the medication. Controlled substances should be stored according with section 21a-262-10 Regulations of Connecticut State Agencies.
- Administer at directed time
- Prepare a clean, dry well lighted surface, near a sink and away from other kids, if possible
- Review authorization and administration form
- Check the container and the order for **5 RIGHTS** ✕ 3
 - RIGHT CHILD
 - RIGHT MEDICATION
 - RIGHT TIME
 - RIGHT DOSE
 - RIGHT ROUTE
- Check each of these rights 3 times
 1. Check the 5 rights when you review the order with the medication
 2. Check the 5 rights when you pour the medication/put pills in cup
 3. Check the 5 rights when you are administering the medication

Medication Administration Responsibilities

- A. Know the medications that you are giving
 - Know the desired effect (what should happen)
 - Know any side effects
 - Know if there are any precautions, and possible interactions with food or other medication
 - Know how to look up the information
- B. Allow no distractions when preparing medication
 - Prepare one person's medication at a time to prevent errors
 - Do not allow interruptions: answering the phone, talking with others
- C. Do not give medications if labels can not be read
 - Notify the correct persons when label can not be read, follow your agency policy
- D. Don't use one person's medication for another person
 - The medication belongs to the person whose name is on the label
- E. Identify the correct person.
 - Say the person's name
 - If not familiar with the person, use photo ID or ask staff person who is familiar with them
- F. Disposal techniques
 - Dispose of unused, unlabeled, or out-of-date medications by flushing into septic system
 - Have a witness
 - Use agency approved documentation. Know agency policy for destruction of controlled drugs
 - Document (per agency policy)

Administering medications to the uncooperative child

- Expect success- kids are smart and will sense anxiety. Use a firm approach with a positive attitude.
- Provide an explanation: “Your parents and your doctor want me to give you this medicine to make your ear feel better. You have an infection in your ear.”
- Never call medicine candy.
- Be honest – medicine may not taste good.
- Never “put down” a child if he/she shows resistance
- **Never force a child to take a medicine. Children have rights. If there is a problem the nurse and the parent should be notified.**
- Sometimes distraction is helpful.
- Always sign out the medication record date, time and who administered the medication. If it wasn't signed out, according to the law, it wasn't given.

ANTIBIOTICS

Bactericidal means that it kills bacteria (germs). Bacteria have to be sensitive to that antibiotic, otherwise it is resistant and the antibiotic doesn't work.

Germs breed where it is dark, warm and moist. This is why ear infections are so prevalent. But infections can occur anywhere...Sinuses, urinary tract and mouth/throat.

Side effects of antibiotics are: nausea, diarrhea, stomachache and headache.

It is very important to read the label of the medicine (**which must be an original pharmacy label**). Some antibiotics work best with food in the stomach and others can't be taken with meals. Some can't be taken with milk others can...

Rash means allergy to the medication. That is why the first dose of an antibiotic must be administered at home. Always check the authorization form, order and ask the child if he/she has any allergies before you give the medication.

Allergies can be fatal – anaphylactic shock – extreme trouble breathing.

The most important thing is to finish all the medication.

Take at directed time – a certain amount of drug has to be in the body for 24-hour period for it to work effectively.

Methods of administration

ABBREVIATIONS

P.O. = by mouth

Can be liquids or tablets

Examples are: Antibiotics like Amoxicillin or Decongestants like Dimetapp

Milliliter = cubic centiliter or ML = CC

Most orders are written as “cc”, it is more precise than our old English way of measuring

5cc=1 teaspoon

15cc=1 tablespoon

30cc=1 oz.

BID= TWICE PER DAY

TID= THREE TIMES PER DAY

QID= FOUR TIMES PER DAY

PRN= AS NEEDED

**IF YOU ARE EVER UNSURE WHAT AN ABBREVIATION MEANS, ASK!!!!
NOTIFY YOUR DIRECTOR, NURSE AND/OR THE ORDERING PHYSICIAN.**

Liquids

- Wash hands
- Put on gloves
- Review authorization form
- Check 5 rights
- Use correct measuring device (i.e. medicine spoon, dropper, or syringe).
 - Each child should have its own in a labeled Ziploc bag.
 - NEVER USE ANOTHER MEASURING DEVICE OTHER THAN WHAT THE MEDICATION COMES WITH.**
- Check instructions.
- Measure the prescribed dose at eye level – pour slowly, don’t repour into bottle.
- Recap bottle.
- Let the medication settle and hold to light source to check for accuracy.
- Check the 5 rights.
- With the child sitting down, check the 5 rights again.
- Hand the child the utensil.
- Give a small glass of water after the medicine.
- Rinse out spoon and replace in bag.
- Praise child.
- Place medication with the utensil in Ziploc bag.
- Chart time and sign form, note any actions. i.e. child vomited or child spit it out.
- Return medication to locked cabinet.

Tablets

- Wash hands and put on gloves.
- Check Authorization form
- Check 5 rights.
- Check container for instructions
- Hold medicine and shake at a side angle while directing them to put tablet in their mouth.
- Check 5 rights.
- With the child sitting in chair, check the 5 rights again.
- Hand the child the cup while directing them to chew it up.
- Check the child's mouth – did they swallow it?
- If the tablet is to be crushed, place the tablet between 2 cups, crush with thumb pressure. Mix with applesauce, if directed.
- Give a glass of water.
- Put medicine back in Ziploc bag.
- Chart times, sign your full name, and note any actions.
- Return medication to locked cabinet.

Inhalents

Inhalers are metered dose systems and are used to treat asthma. They contain broncho dilators, which open up bronchi by relaxing muscles in the lining and ease breathing. Steroids are used when a person doesn't respond to bronchodilators.

- Usually p.r.n. – which means as needed, not routinely given around the clock.
- Usually cannot be given more frequently than every 4 hours or q 4 H.
- If a child needs the inhaler more frequently within a 4-hour period, something is wrong!! Perhaps, the child has a pneumonia process or is being constantly exposed to an environmental allergy. Be sure to tell the nurse who can call the child's parent who can then call the doctor.
- Inhalers are for children who are cooperative – usually 5-6year and older.
- Inhalers should be used as soon as an attack or distress develops – coughing, difficulty breathing and have the child sit down as soon as possible to preserve energy.

Preparation and Administration of Inhalers

1. Assemble equipment
2. Review authorization form
3. Wash hands.
4. Check 5 rights.
5. With the child sitting down and inhaler in hand, check the 5 rights again.
6. Breath out, clears lungs.
7. Spray into child's mouth, while the child inhales slowly.
8. Count to 5 before the child exhales.
9. Usually 2 puffs are prescribed.
10. Always stay with the child until breathing appears normal.
11. Child may cough.
12. The child's mouth may be dry so give a glass of water.
13. Observe and record treatment.
14. Record on medication sheet.
15. If a P.R.N. medication was used, notify the parent right away that the med was used, not at the end of the day when the child is picked up.
16. Put medicine away in a locked cabinet.

Nebulizers

Aerosol therapy used for infants and children who can't use inhalers. Ventolin, Proventil, albuterol

Preparation and Administration

- Assemble equipment – near an outlet
- Wash hands
- Review authorization form
- Check 5 rights.
- Medicine is measured and poured into container of machine (ampules or droppers).
- Check 5 rights.
- Hook up tubing.
- Child should be sitting.
- Check 5 rights.
- Turn on machine.
- Hold mask in front of nose and mouth, or strap it on
- Advise child to breath normally and deeply so that the medicine is deposited deep into lungs. Crying helps. Coughing also helps.
- Mouth can become dry, so offer a glass of water when finished.
- Stay with child until difficulty of breathing subsides.
- Observe and record reaction to treatment.
- Record on medication sheet
- Put away machine in a safe spot
- Put away medicine in locked cabinet.

Side effects of antiasthmatics stimulation

- Hyperactivity
- Palpitations
- Headache
- Heart rate increases
- Insomnia
- Tremors
- Anorexia
- Nausea

Side effects of decongestants

- Drowsiness
- Headache
- Hyperactivity

PARENTS AND HEALTH COORDINATOR SHOULD BE NOTIFIED RIGHT AWAY IF AN ADVERSE REACTION OCCURS, OR IF AN EXTREME EMERGENCY CALL 911.

ALWAYS WATCH A CHILD FOR 30 MIN AFTER GIVING MEDICINE.

EMERGENCY PHONE NUMBERS SHOULD BE ACCURATE IN CASE THERE IS A PROBLEM WITH A MEDICINE.

Drops

Eye drops – usually an antibiotic for conjunctivitis “pink eye”

Preparation and Administration

- Retrieve medicine from locked cabinet
- Check 5 rights.
- Wash hands and put on gloves
- Keep tissues handy
- Check authorization form
- Check the 5 rights
- Is eye clean? If not cleanse with moist cotton balls
- Have child sit down, with head resting back on table – may need some help.
- Check the 5 rights again.
- Pull lower lid out to form a cup.
- Drop in prescribed number of drops
- Never let dropper touch eye mucosa – if it does then the dropper becomes contaminated. Rinse with warm water.
- Give child tissues to blot, with eye closed.
- Repeat for other eye.
- Take tissues with gloved hands.
- Wash hands.
- Record time of administration and any action.
- Return medicine to locked cupboard.

Side effects of eye drops

- Eye irritation
- Burning
- Red does not go away
- Area around eye looks red and sore

Ear Drops – usually antifungal medicine for swimmers ear – Cortisporin

Preparation and Administration

- Assemble equipment including tissues and cotton balls
- Retrieve medicine
- Check authorization form
- Check the 5 Rights
- Have child sit down, arms folded on table, head resting sideways
- Sit next to child, you may need assistance
- Pull earlobe up and back to straighten ear canal
- Drop in prescribed number of drops, not letting the dropper touch ear – rinse with warm water if it does.
- Child should hold head in side position for 3 to 5 minutes
- Put cotton ball in outer canal
- Repeat for other ear, if necessary

- Record administration of medicine
- Throw away gloves and wash hands
- Put medicine in locked cupboard

Side effects for ear drops

- Irritation in outer canal (red)
- Complaint of itching, soreness and/or pain

Topical ointment creams and lotions

Antifungals for ringworm; lotrimin

Anti-inflammatories/anti-itch cortisone, caladryl

Side effects of topicals: local reaction – red, looks like it is getting worse

Itching

Open area

Preparation and Administration of ointment and creams

- Retrieve medicine and equipment – clean applicators, gauze pads or tongue blades.
- Check authorization form.
- Check the 5 rights.
- Wash hands and put on gloves.
- Take the child to a private area, depending on where the rash is.
- Check the 5 rights.
- Squeeze a small amount onto gauze. Use sparingly, more is not better.
- Check the 5 rights again.
- Throw away gloves and applicators. Wash hands
- Record administration
- Return med to locked cabinet.

Preparation and administration of lotions

Be sure to apply to a clean area and use sparingly.

- Retrieve medicine
- Assemble equipment – cotton balls, tissues.
- Review authorization form
- Check 5 rights.
- Wash hands put on gloves.
- Check directions.
- Check 5 rights.
- Before applying the lotion, check the 5 rights again.
- Remove gloves and wash hands
- Record administration
- Put medicine back in locked cabinet.

PAPERWORK
ABSOLUTELY NECESSARY FOR MEDICATION ADMINISTRATION

- People have medicated twice when forms have not been properly recorded.
- Always check the 5 rights 3 times!!
- If you are unsure about anything, ask.
- If the order, authorization form or medication record is not legible bring it to the health director's attention. Who then should notify the parent who then should notify the doctor.
- Once the medication has been finished, e.g. 10 days take recording and administration sheet from the book and put into child's health folder.

Over the counter medications (O.T.C.)

The thought is that if they are nonprescription, they are not harmful. This is false!!!
 Children can overdose.

Mistakes are common

For example, Tylenol liquid has many different concentrations

Infant's 80mg/.8cc

Children 160mg/5cc

Adult 325mg tablets

**NEVER USE THE DROPPER OR MEASURING DEVICE OF ANOTHER
 MEDICINE, ONLY USE WHAT IT IS PACKAGED WITH.**

We Don't give the first dose of any medication in case of a reaction.

Drug errors

Should be reported immediately to the Health coordinator and the director.
 He/she will notify the parent and doctor.

Conclusion

Always ask if you are unsure before administering the medication.

If you notice that a child has an allergy to Penicillin and you think you have an order to administer it, ask the health coordinator, parent and physician before administering it.

Don't assume that the doctor, parent, pharmacist would have picked up on the mistake!!

If the doctor's order is confusing, ask him/her to clarify it. The health coordinator should inform the parent that the med couldn't be given due to unclear orders.