**Medication Administration The Five Rights**

The material in this power point presentation is a summary of requirements for medication training and administration found in the EEC regulations governing family child care, small and large group and school age child care programs.

Today’s medicines cure infectious diseases, prevent problems from chronic diseases, and alleviate pain and suffering for millions of Americans every day.

But medicines can also cause harm, and adverse drug events cause over 700,000 emergency department visits each year.

Centers for Disease Control and Prevention (CDC)

Children less than 5 years old are **twice** as likely as older children to be taken to emergency departments for adverse drug events (nearly 98,000 emergency visits each year).

Most of these emergency visits are due to young children finding and eating or drinking medicines on their own, without adult supervision.

There’s a fine line between a *correct dose* of a medication and a *lethal or toxic dose*

* The environment where you give medication should be as quiet and private a space as possible
* Don’t rush – haste makes waste and causes errors!
* Take care as you move through the steps described below
* Plan your schedule so you won’t be interrupted. Hold phone calls, visits and questions until you are finished.

Wash your hands before and after administering medication to an individual child

Both current and new EEC regulations require that programs have a policy regarding administration of medication. If your program will administer medication, you must have a plan that ensures that medication will be administered to the proper child in accordance with physician’s orders\* and parental consent; that all medication given will be properly documented, that all medications will be stored properly and returned to the parent or disposed of when finished..

***Note: A physician’s order is not required for non-prescription (over-the-counter) medications in family child care, or for topical, non-prescription medications in large or small group and school age child care.***

EEC regulations prohibit administration of any medication contrary to the directions on the original container, unless a change has been authorized in writing by the child’s licensed health care practitioner. If a parent asks that a child’s prescription or non-prescription medication be given in a dose or on a schedule different from what the doctor has ordered (for a prescription medication), of different from what the original container label advises (for an over the counter medication), educators must inform parents that they cannot comply with the parent’s wishes unless the child’s doctor approves the change in writing.

Before giving any medication in your program, get a written order from the prescribing health care practitioner\*, and a written consent from the parent. (The health care practitioner’s order may be the **prescription label on the medication.)** When possible, the health care practitioner should take the child care schedule into consideration.

Note: A written order is not required for non-prescription (over the counter) medications in family child care, nor is it required for topical, non-prescription medications in large or small group and school age child care.

**If the child has never taken this medication, the initial dose should not be given at the child care program.**

If you are administering any medication other than topical meds (such as sun screen, insect repellent, diaper cream) you must be trained in the five rights of medication administration, and you must demonstrate that you can follow the 5 rights procedure for giving and documenting medication. In addition, all educators in early education programs must be trained in common side effects of medication.

**Note: This presentation is the required training in the 5 rights of medication administration.**

To be sure that the health care practitioner’s directions are being followed and that staff implement appropriate emergency and preventive measures, EEC regulations require that staff be trained! Training must include the 5 “Rights” of medication administration for any staff that may give medication. In addition, *all educators* must be trained to recognize common side effects of medications.

Before you give medication to a child, check the medication log for the name of the medication and the amount to be given, and to make sure the medication has not already been given. When you take the medication from the secure storage area, read the label and make sure you have the right medication (as written in the log), and read how much is to be given. Then make sure you have the correct child to give the medication to. Make sure it is the right time for the medication\*, and you have the right amount, and that you are giving it by the right route (usually by mouth).

After you give the medication, check the label again as you put the container away. Write in the medication log what medication you gave, how much, at what time, and to whom it was given.

\*Establish a set time for meds that are prescribed by frequency, such as “3 times per day” or “4 times per day”.

Check to be sure that the name on the medication label is the same as the name on the permission form.

When possible, check the child’s identity with another staff person who knows the child.

Verify the child’s identity by comparing the child to his/her picture, stapled to the medication log.

If the child is old enough to know his/her name, ask him/her to tell you his name.

***Never, ever, give one child’s medicine to another child, under ANY circumstances.***

Any medication to be given must be in a properly labeled, original bottle. The pharmacy will give parents a separate bottle, properly labeled, with the medication to be given at child care.

Have the name of the medication in both the brand and generic names (if the brand name is given).

The label should include:

The child’s name and address

The name of pharmacy with tel. #

The dose, time and frequency to be given and purpose of medication (e.g. pain, cough ) The name of the prescribing health care practitioner

The expiration date

The label may also include warnings about potential side effects…so look for these.

Check the label on the medication when you take it from the secure storage cabinet.

Check the label again when you pour out the dose.

Check the label again when returning the medication to the secured cabinet.

Do not guess at the measurement, and do not use kitchen spoons to measure.

Kitchen “teaspoons” are not exact and may vary in measurement. The difference between your kitchen spoon and a real teaspoon can result in the child being overdosed or under dosed.

Small, standardized measuring devices are available at your local pharmacy, and should be used for measuring an exact dose. You should use the same measuring device for each dose given, and make sure the child has received the entire dose. For that reason, you should not crush medication unless the prescribing clinician has given a written order to do so. Although it may be easier to crush and mix a medication with applesauce, if a child takes some of the mixture but doesn’t finish, you will be unable to determine how much of the medication the child has received. Was it the whole dose, half a dose, 1/4 of a dose? You really can’t tell.

Make sure that you have a separate measuring device for each child, and that you wash it after each use.

If possible, check with parent/guardian at drop off about the time when the medication was last given at home.

Check the medication log for the correct time and frequency the medicine should be given.

Check the medication log to see if the medicine has already been given for the current day.

***Note: Medication may be given up to 30 minutes before or after the scheduled time without being considered a medication error****.* Medication given more than 30 minutes before or after it is scheduled is considered a medication error, and should be reported to EEC if the error results in hospitalization or emergency medical treatment.

Be sure to document the exact time the medication was given. Let parents know if medication was given late, so they can adjust the time of the next dose, if necessary.

Check the pharmacy label for the correct route the medication is to be given.

chewed or swallowed (mouth) (PO)

inhaled (nose or mouth)

dropped (ears or eyes)

Applied/topical (skin)

(Note: Medications like rectal suppositories for seizure disorders require additional training, and should only be given as part of an individual health care plan.)

You must maintain the parent’s signed consent for medication administration in the child’s record.

You should create a separate medication log for each medication that each child takes. Include on the log the name of the child, and the name of the medication, the dose, the route given and the times the medication is to be given, as well as any side effects to watch for or special instructions. If the medication is discontinued, make a note on the log and stop using it. Create a new log if there is a new medication to be given.

You must immediately document each time the medication is given. Include the date and time the medication was given and the dose given. Add the Initials of the person giving the medication. If the child refuses the medication or if it gets spilled, make a note about what happened on the medication log. Record in the log if a partial dose is given. If the medication is not given because the child is absent, mark the absence on the medication log. Reactions and side effects should also be listed, for example, if the child vomits after taking the medication.

Every entry in the medication log should be completed in ink.

If a child does not receive his/her medication, this is considered a medication error. On the log:

Circle the time the medication was to be given

Write in the comment section: why the medication was not givenand include your signature.

Complete an incident report, and contact EEC if the missed dose results in hospitalization or emergency treatment

If a child receives the wrong medication or the wrong dose, this is also an error.

Highlight the error in the medication log. Contact the child’s physician immediately and follow his/her instructions, then complete an incident report. If a child receives the wrong medication, or if any medication error requires hospitalization or emergency medical treatment, you must notify EEC.

discontinuing the medication and calling the health care professional for further direction.)

Please note: This is not an exhaustive list. Symptoms of possible adverse reactions may also be included on the medication labels. If you observe any unusual behaviors or if the child complains of unusual symptoms or symptoms described on the medication label, check with the child’s health care professional.

**If you observe any serious adverse reactions, (extreme difficulty breathing, seizures, unconsciousness) CALL 911!**

If a child takes more than one medication, we recommend that those medications be kept together (in their original containers) inside a “ziploc” bag or other storage container with the child’s name clearly visible.

We recommend that topical medications be stored separately from other medications.

You must have good lighting in the area where you store and administer medications so that you can easily read the medication labels and medication logs.

Rescue medications for potentially life threatening conditions such as asthma inhalers or epi-pens must be stored so that they are immediately accessible.

Note: Drugs on DEA Schedules II-V (“controlled substances”) will be identified on the prescription label.

Read the medication label for instructions to refrigerate.

Refrigerate medications when necessary.

If a separate *medication only* refrigerator is not available then keep a (locked) container in a unique space within refrigerator where it will not be accessible to children.

Be sure to check the temperature of your refrigerator to ensure safe maintenance.

If a medication is changed or discontinued before it is finished, the remaining medication must be given to the parent or guardian.

When a child leaves the program, the remaining medication shall be taken home by the parent or guardian.

If a child leaves and the medication cannot be given to the parents, it should be discarded and the destruction recorded by a manager or supervisor in accordance with policies of the licensee and the Department of Public Health, Drug Control Program.    Call 617-753-8100 for detailed information.

**Thank you for your attention to this training. To check your understanding of the information presented, please answer the questions that follow.**

**1. According to EEC regulations, who must be trained to give medication to children?**

1. Parents
2. Program Administrator
3. All educators
4. Any educator who will give medication.

**2. What are the “Five Rights” of medication administration?**

1. Right hand, right child, right staff, right medication, right route
2. Right child, right staff, right medication, right color, right time
3. Right staff, right medication, right route, right time, right dose
4. Right child, right medication, right dose, right time, right route

**3 When should you check the label on the medication?**

1. When you take the medication out of the cabinet
2. When you pour the medication out of the bottle
3. When you put the medication back in the cabinet
4. All of the above

**4 Who needs to know about possible side effects /adverse reactions of medication?**

1. Parents
2. Educators who give medications
3. The Licensee
4. The children
5. All educators in a child care program

**5. Which of the following are signs of adverse reaction to medication?**

1. **Difficulty Breathing**
2. **Rash**
3. **Drowsiness**
4. **Nausea or vomiting**
5. **Headache**
6. **All of the above**

**6. When must medication administration be documented?**

1. **Immediately after each dose is given**
2. **Once a day**
3. **When the medication is finished**
4. **All of the above**

**7. Which of the following circumstances must be documented?**

1. **Whenever a medication is given**
2. **Whenever a medication is forgotten**
3. **Whenever the wrong dose is given**
4. **Whenever a medication is spilled**
5. **Whenever a child refuses to take his/her medication**
6. **All of the above**

**8. What should you do with unused medication?**

1. **Flush it down the toilet**
2. **Return it to the parent**
3. **Throw it in the trash**
4. **Save it for another child who might need it**

**9. How do you know you are giving the right amount of medication?**

1. **Check the label and use a standard measuring device**
2. **Check the label and use a kitchen spoon to measure**
3. **Determine the child’s height and weight and estimate**
4. **Mix it up in applesauce and hope the child eats it all**

**10. What should you do if you make a medication error?**

1. **Document the error in the child’s medication log.**
2. **Monitor and observe the child. Do not leave the child alone.**
3. **Complete an incident report.**
4. **Notify the parent.**
5. **Notify EEC, if hospitalization results or the wrong medication is given.**
6. **All of the above.**