

MODULE 4

Documentation

- Medication Administration Packet
- Recording information
- Making and recording observations



Instructor's Planning Guide • Module 4
Medication Administration in Early Education and Child Care Settings

Activity	Methods	Participant Materials	Other Materials or Supplies	Slide Number
Recording Dose of Medication	Group Activity	Medication Log		7

MODULE 4

Documentation

- Medication Administration Packet
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- Making and recording observations



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Objectives

- A. Knowledge:** Each participant will be able to:
1. Identify the proper forms that must be in place for medication administration
 2. Recognize and record side effects of medication
- B. Attitude:** Each participant will be able to:
1. Express comfort with filling in forms
- C. Behavior:** Each participant will:
1. Fill out a Medication Log

Medication Administration Packet

Previously Completed:

- Authorization to Give Medicine
- Receiving Medication

Need to Fill Out:

- Medication Log



Instructor's Notes:

- Authorization to Give Medicine and Receiving Medication forms were reviewed in Module 2, Preparation of the **Participant's Manual**.
- The Medication Log appears in in Module 2, Preparation, and Module 4, Documentation, of the **Participant's Manual**.

Medication Administration Packet: Medication Log

- Completed by staff who administered the medication
- Includes:
 - Name of child
 - Medication
 - Day, time, dose, route, and staff signature
 - Reported errors or mishaps
 - Return or disposal of medication
- For “as needed” medication, write the reason the medication was given



- It is **best practice** to assign only 1 person per day or shift to administer a child’s medication in order to avoid confusion, errors, double dosing, or missed dosing.
- Other material that may be included in a Medication Log:
 - Allergies
 - Comments and Observations
- Often sun screens, insect repellants and diaper creams have different state regulations about documentation.
 - Check your state regulations.
- Prescriptions and OTC medications should all be logged.

Instructor Note:

- Review form in the Module 4, Documentation in the **Participant’s Manual**.
- Your state regulations can be obtained at the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Web site (<http://nrckids.org/STATES/states.htm>).

Medication Administration Packet: Medication Log, continued

- Each child should have his or her own log
- Every dose of medication must be recorded to prevent dosing errors
- Recording takes place right after the medication is given
- Having a record helps to track and prove your actions
- Record unusual circumstances
- The log is a permanent record: legal document



- **Prompt recording** is a safety issue.
- **Delays** can result in double dosing if someone assumes a previous dose was not given because it was not logged on the record.
- If you don't write the dose down, no one will know that it was given.

Medication Administration Packet: Medication Log, continued

- Always write legibly and in INK
- Do not use white out, etc.
- For recording errors: cross out with single line, make correction and initial
- Fill in ALL blanks (indicate "N/A" if not applicable)
- Sign with a witness if necessary
- Records need to be kept for as long as your state requires them to be kept
- Parents should be able to get a record of medication given



- **Witnesses** may be necessary if specified by the type of medication (ie, controlled substance) or if required by state regulation or facility policy.
- Records of **controlled substances** may need to be kept longer. Seek legal advice if questions arise.
- Sometimes providing parents with records of medication given is required. Sometimes it is done upon request. Some states require this to be done daily. The best practice is to keep parents informed and facilitate communication.

Instructor Note:

- Discuss specific-state regulations.
- Your state regulations can be obtained at the NRC Web site (<http://nrckids.org/STATES/states.htm>).

Observations

- Make notations of possible side effects of the medication in the log
- Record incidents, such as child refusing to take medication
- Note successful techniques that helped the child to cooperate

Side effects and incidents will be discussed in the next module in more detail



Recording the Dose of Medication Activity

Medication Log						
PAGE 3 - TO BE COMPLETED BY CAREGIVER/STAFF						
Name of child			Name of child			
	Monday	Tuesday	Wednesday	Thursday	Friday	
Medicine						
Date	/ /	/ /	/ /	/ /	/ /	/ /
Actual time given	AM PM	AM PM	AM PM	AM PM	AM PM	
Frequency						
Route						
Staff signature						

	Monday	Tuesday	Wednesday	Thursday	Friday	
Medicine						
Date	/ /	/ /	/ /	/ /	/ /	/ /
Actual time given	AM PM	AM PM	AM PM	AM PM	AM PM	
Frequency						
Route						
Staff signature						

Specify any problems in detail on a Medical Incident Form. Observation can be noted here.

Observed by caregiver/teacher	Actual date	Name of person who notified and time/date	Caregiver/teacher signature

WITNESSED BY parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		

DISPOSED BY caregiver	Date	Caregiver/teacher signature	Witness signature
	/ /		



Group Activity: Recording the Dose of Medication

- Instruct each participant to record the medication that she or he administered to Nick and Maria.
- The Medication Log is in the **Participant's Manual**.

Recording the Dose of Medication Activity, continued

Recording the Dose of Medication, Nick

Medication Log					
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER					
Name of child	Nick Sample			Weight of child 25 lbs	
	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine	Amoxicillin				
Date	X / X / 20XX	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM 12:00	PM _____	PM _____	PM _____	PM _____
Dosage/amount	One teaspoon				
Route	By Mouth				
Staff signature	C. Hall				



- Instruct participants to check their results against the correctly filled out logs on this slide.

Recording the Dose of Medication Activity, continued

Recording the Dose of Medication, Maria

Medication Log					
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER					
Name of child <u>Maria Test</u>			Weight of child <u>30 lbs</u>		
	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine	<u>Hydrocortisone Cream 1%</u>				
Date	<u>X / X / 200x</u>	<u>/ /</u>	<u>/ /</u>	<u>/ /</u>	<u>/ /</u>
Actual time given	AM _____ PM <u>1:00</u>	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount	<u>Thin Layer</u>				
Route	<u>on skin</u>				
Staff signature	<u>C. Staff</u>				



- Instruct participants to check their results against the correctly filled out logs on this slide.

Group Activity: Recording the Dose of Medication: Nick

Medication Log
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____ Weight of child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

RETURNED to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
DISPOSED of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		

Group Activity: Recording the Dose of Medication: Maria

Medication Log
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____ Weight of child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM _____	PM _____	PM _____	PM _____	PM _____
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

RETURNED to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
DISPOSED of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		