MODULE 5
Problem Solving

• Medication errors
• Medication side effects
• Medication incidents
• What to do for problems and how to document them
• Field trips
• Self administration
• Problems with requests
Module 5

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- Medication errors
- Medication side effects
- Medication incidents
- What to do for problems and how to document them
- Field trips
- Self administration
- Problems with requests

Communication and Care

- Preventing errors begins with good communication at drop-off and pick-up

What is a Medication Error?

- Giving the medication to the wrong child
- Giving the wrong medication
- Giving the wrong dose
- Giving the medication at the wrong time
- Giving the medication by the wrong route

...any of the “5 Rights” gone wrong...
Preventing Medication Errors

• Look at the pattern of errors
• Make changes based on the patterns seen to prevent further errors of that type
  – A common error is forgetting to give a dose of medication
  – Set an alarm to remind you that it is time to administer a medication
• Can you think of other ways to prevent errors?

Side Effects of Medication

• A secondary and usually adverse effect of taking a medication
• Common side effects include:
  – Upset stomach
  – Diarrhea or loose stools
  – Dry mouth
  – Drowsiness
  – Change in activity or mood
  – Dizziness
  – Flushing, sweating
  – Rashes
  – Rapid heartbeat
  – Nausea

Side Effects of Medication, continued

• Effects of medication can vary from child to child
  – The same antihistamine (diphenhydramine/Benadryl®) can make one child sleepy while another becomes jittery and hyperactive
• Side effects that could be normal for 1 medication might be abnormal for another
  – Fast heart rate is expected for albuterol, an asthma medication, but not for a fever reducing medication
Sources of Information About Medication Side Effects

- Package inserts or labels
- Information from pharmacy
- Information from the prescribing health care professional
- The child’s health assessment or care plan completed by the health care professional
- Reliable reference materials like the PDR (Physician’s Desk Reference)
- www.consumermedsafety.org

Adverse Effects or Allergic Reactions to Medication

Adverse Effect
- Any undesirable experience associated with the use of a medical product in a patient

Allergic Reactions
- May involve many different types of symptoms
- Are difficult to predict
- Skin disturbances are the most common
- May be mild (redness of skin, itching)
- May be severe (life threatening)

Observation

Young children can’t always verbalize side effects, adverse effects, or allergic reactions, so careful observation is essential
Medication Incidents (that aren't errors…)
• Child refusal
• Spit out doses
• Vomited doses
• Spilled medication

What To Do for Medication Errors, Adverse Effects, or Allergic Reactions
Always:
• If the child is in distress, call 911
• Notify the center director (if this is a serious error, do not delay the 911 call)
• Notify parent or guardian
• Fill out a Medication Incident Report
Many times you will:
• Call Poison Control
• Contact the health care professional
• Check with the Child Care Health Consultant, if available
• Notify state Bureau of Licensing

What To Do for Medication Incidents?
Always:
• Notify the center director
• Notify parent/guardian
• Fill out a Medication Incident Report
• Develop and document a follow-up plan
Many times (depending on the situation):
• Contact the health care professional and Child Care Health Consultant
Never:
• Repeat a dose that the child does not keep down without specific instructions from a health care professional
When Should You Call 911?
- When you see signs of distress
- When there is a loss of (or change in) consciousness
- Blue color or difficulty breathing
- Difficulty swallowing
- Swelling of lips, tongue, or face, or drooling
- Seizure activity
- Rapidly spreading rash or hives
- Impaired speech or mobility
- Getting worse quickly
- When in doubt

When Should You Call Poison Control?
- 1-800-222-1222
- When medication is given to the wrong child
- When the wrong medication is given to a child
- When the wrong dose is given (overdose)
- When a medication is given by the wrong route
- When a medication is given at the wrong time (and it results in an extra dose)

The AAP no longer recommends that syrup of ipecac be used

If You Call Poison Control
Have this information ready:
- The medication container
- Child’s Medication Administration Packet
- Child’s Emergency Contact Form
- Child’s current weight
Medication Incident Report

To be completed by the person who administered the medication or his or her supervisor.

Documentation of an Error or Incident

- Make notation on the Medication Log for that dose
- Complete Medication Incident Report
- Follow up according to child care facility policy

Scenario: Nick

- You gave Nick his dose of amoxicillin at noon and recorded it. At 12:30, you note that Nick is scratching his arms and he is developing a rash on his arms. He is happy and playful and is not having any breathing difficulties. You notify his parent who calls his health care professional. Nick is picked up at 1:00 and is brought to the health care professional’s office where he receives Benadryl®. His amoxicillin is discontinued and he is given a new antibiotic.
Scenario: Nick, continued

Other Resources
• Child Care Health Consultants
• National Resource Center for Health and Safety in Child Care
  – Caring for Our Children Standards
  – 1-800-598-kids
  – http://nrckids.org
• Local pharmacist
• Child’s health care professional
• Local children’s hospitals
• Other health educators

Transportation Provided by the Child Care Facility and Field Trips
• A staff person authorized to administer medication should be present when supervising a child outside of the child care facility grounds
• Medication should be properly secured and labeled
• The proper temperature and conditions for the medication should be maintained
• Copies of emergency contact information and the child’s medical forms should be carried
• The dose of medication given outside of the facility must be properly logged, and any side effects should be noted
• Hand hygiene must be maintained
• Emergency contact methods (such as a cell phone) must be available
**Self Administration**

- For older children, it may be appropriate for them to carry and take their medication themselves.
- Decisions about self administration should be based on:
  - Prescriber recommendation
  - Student factors
  - Parent or guardian factors
  - School or community factors
  - Local and state laws and regulations

**Provider Refusal**

- There may be an occasion when you must refuse to give medication because:
  - Special training is needed before administering medication
  - Required authorizations or other documentation is lacking
  - Parent makes inappropriate request
  - It is against facility policy

**Inappropriate Requests**

- Non-essential medication
- Medication not authorized by a health care professional
- Off-label use
- Cough and cold medications for young children
Child Care Provider Refusal Options

- Have your medication administration policy available
  - The parent should have signed a copy of it upon enrollment
- Take a problem-solving, child-centered approach
- Seek alternative plans like having a nurse or parent come to administer the medication
- See if medication timing can be changed to avoid a dose during hours of care
- Consider obtaining special staff training, if appropriate

Responding to Parents/Guardians

"I do understand, but for the safety of your child and the other children in our setting…”

"I am sorry, but according to our policy…”

What to Do?

- Call your supervisor
- Ask the parent to make alternative arrangements
- Record the situation and document the response
Wrap Up

- Post-test
- Additional Resources
- Certificate of Attendance

Congratulations!

“The level of civilization attained by any society will be determined by the attention it has paid to the welfare of its children.”

B. Andrews, 1968,
The Children’s Bill of Rights
Group Activity: Problems with Nick

You gave Nick his dose of amoxicillin at noon and recorded it. At 12:30, you note that Nick is scratching his arms and he is developing a rash on his arms. He is happy and playful and is not having any breathing difficulties. You notify his parent who calls his health care professional. Nick is picked up at 1:00 and is brought to the health care professional’s office where he receives Benadryl®. His amoxicillin is discontinued and he is given a new antibiotic.
### Group Activity: Problems with Nick

#### Medication Log

**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Weight of child</th>
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<tr>
<td><strong>Actual time given</strong></td>
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<td><strong>Dosage/amount</strong></td>
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<td><strong>Route</strong></td>
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<tr>
<td><strong>Staff signature</strong></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Error/problem/reaction to medication</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
<tbody>
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**RETURNED to parent/guardian**

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
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</table>

**DISPOSED of medicine**

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<thead>
<tr>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
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</table>
# Medication Incident Report

Date of report ____________________________ School/center ____________________

Name of person completing this report ____________________________________________

Signature of person completing this report __________________________________________

Child’s name _____________________________________________________________________

Date of birth _____________________________ Classroom/grade _____________________

Date incident occurred ____________________ Time noted ___________________________

Person administering medication ___________________________________________________

Prescribing health care provider ___________________________________________________

Name of medication ____________________________

Dose ___________________________ Scheduled time ____________________________

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Action taken/intervention __________________________________________________________

Parent/guardian notified? Yes ______ No _____ Date ______ Time ____________

Name of the parent/guardian that was notified ______________________________________

Follow-up and outcome ___________________________________________________________

Administrator’s signature _________________________________________________________

Adapted with permission from Healthy Child Care Colorado.
Optional Group Activity: Problems with Maria

Maria refuses her medication saying it burns her. What do you do?
## Optional Group Activity: Problems with Maria

### Medication Log

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| Monday | Tuesday | Wednesday | Thursday | Friday | Medicine |
|--------|---------|-----------|----------|--------|
| Date   | /       | /         | /        | /      |          |

**Actual time given**

<table>
<thead>
<tr>
<th>Monday</th>
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**Optional Group Activity: Problems with Maria**

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<tr>
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<tr>
<td>Prescribing health care provider ____________________________________</td>
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<tr>
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</tr>
<tr>
<td>Dose __________________________ Scheduled time ______________________</td>
</tr>
<tr>
<td>Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)</td>
</tr>
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Adapted with permission from Healthy Child Care Colorado.
Optional Flip Chart Activity: Identifying Medication Errors

News Story  
November 3, 1998

An assistant director gave medicine to a teacher who admitted she did not read the label on the medicine until after she put the drops in the child's eyes at about 1 pm, the notice states. When she realized she had put eardrops in a child's eyes, she notified the assistant director about what happened. She said the assistant director dismissed the incident and said it was no big deal, the notice states. Only after the 4-year-old's mother noticed that his eyes were red and swollen was he taken to the emergency room at UNC hospitals and then treated in the hospital's eye care center. It is unclear how badly he was injured, though he can still see. The center's history of problems, along with the eardrops incident in June, led to the revocation, said Talitha Wright, chief of regulatory services with the Division of Child Development. “It's pretty significant when someone puts eardrops into a child's eyes, and when the medicine wasn’t even meant for that child,” she said.

Medication Administration in Child Care Post-test

Instructions: Circle the letter of the choice that best completes the statement or answers the question. If select modules were presented, only fill out the questions related to those modules.

MODULE 1

1. The Americans with Disabilities Act states that a reasonable accommodation includes:
   a. Giving medication ONLY if the child care facility receives federal funding
   b. Giving medication to children with ongoing special health needs
   c. Admitting a child with special health care needs but not giving medication
   d. None of the above

2. Medication available without a health care professional’s note or pharmacy label is called:
   a. Prescription medication
   b. Over-the-counter (OTC) medication
   c. Non-toxic medication
   d. None of the above

3. Matching: In the blanks next to each definition below, enter the number of the word that corresponds to the definition.

<table>
<thead>
<tr>
<th>Word List</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Oral</td>
<td>Medication that is administered by breathing it into the respiratory system (for example, a mist or spray medication)</td>
</tr>
<tr>
<td>2. Topical</td>
<td>Medication in lotion, cream, ointment, spray, or other form for external application for skin or other medical problems</td>
</tr>
<tr>
<td>3. Inhalation</td>
<td>Form of medication that is inserted into the rectum</td>
</tr>
<tr>
<td>4. Injectable</td>
<td>Medication that is put into the mouth such as tablets, capsules, and liquid medication</td>
</tr>
<tr>
<td>5. Suppository</td>
<td>Medication that is put into the body with a needle or other device that rapidly puts the medication through the skin surface, such as the EpiPen®, Glucagon®, and insulin.</td>
</tr>
</tbody>
</table>
Module 2

4. Your facility policy should include all of the following:
   a. Who will administer medication and who the alternate person will be
   b. What medication will be given
   c. Where and how medication will be stored
   d. Procedure for medication error or incident
   e. All of the above

5. A mother brings in some chewable tablets that she took from a bottle of medication that she says her daughter’s health care professional prescribed the day before. The mother is keeping the main supply of the medication at home. She fills out the program forms to give permission to the staff to give the medication at noon to her child. What is the most appropriate thing for the child care provider to do?
   a. Call the health care professional immediately to see if it is okay to give the medication
   b. Give the medication to the child if it looks/smells okay
   c. Refuse to give the medication
   d. Don’t know

6. When receiving a medication you should:
   a. Match the label with permissions and instructions
   b. Ask the parent/guardian about successful techniques that he has used to administer the medication
   c. Ask the parent/guardian about when the medication was last administered
   d. All of the above

7. A guardian brings you medication for her child. After receiving the medication, your next step should be to:
   a. Sort the medication for ease of delivery
   b. Log in medication and store it
   c. Administer the medication within the next 3 hours
   d. Don’t know

8. All of the following are steps in the process of receiving medications EXCEPT:
   a. Match the label with the instructions
   b. Check if container is labeled child-resistant
   c. Check expiration date
   d. Ensure that the child receives a dose that same day
Module 3

9. **Ways to tell if you have the Right child include all of the following EXCEPT:**
   a. Knowing the child from your experience
   b. Asking the child if she is the name that appears on the label
   c. Having a photo of the child attached to the medication administration paperwork
   d. Having another staff member who is familiar with the child verify her identity

10. **Administering the Right dose of medication involves all of the following EXCEPT:**
   a. Checking the label and the permission form to see if they match.
   b. Using a measuring device
   c. Verifying the dose with the child
   d. Checking the measuring device at eye level

11. **Which of the following is an example of an “as needed medication”?”**
   a. Tylenol® for fever
   b. Albuterol® for wheezing
   c. Amoxicillin for ear infection
   d. A and B
   e. All of the above

12. **A child refuses to take her medication. In order to get the child to comply, you consider mixing the medication with her favorite beverage. Before doing so you should:**
   a. Split the medication into 2 doses to ensure that the child takes her full dosage
   b. Check with the health care professional or pharmacist before mixing medications with food or beverages
   c. Give the child a small portion of the beverage prior to mixing the medication into it
   d. None of the above

13. **A young toddler in your care is refusing to take a dose of antibiotic. You should:**
   a. Mix it in the child’s bottle
   b. Hold his nose until he opens his mouth
   c. Refuse to give the child the medication
   d. Give the child the choice of what drink he wants after taking the medication
Module 4

14. Please read the scenario and enter the information into the medication log below.
   Scenario: Today, you give Nick one 125 mg capsule of Depakote® sprinkles at 12:00 PM.

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Weight of child</th>
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</table>

**Medication Log**

**PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<th>Friday</th>
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<tbody>
<tr>
<td>Medicine</td>
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<tr>
<td>Date</td>
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<tr>
<td>Actual time given</td>
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</tbody>
</table>
Module 5

15. Upset stomach, diarrhea, dry mouth, changes in mood, and drowsiness after taking a medication are all examples of:
   a. Effective medication
   b. Medication errors
   c. Side effects
   d. Overdose of medication

16. When calling Poison Control, you should have which of the following information available?
   a. The medication container
   b. The child’s current weight
   c. The child’s Emergency Contact Form
   d. All of the above
   e. None of the above

17. In which of the following situations should Poison Control be called:
   a. The child refuses to take his medication
   b. You give the wrong medication to a child
   c. You give a medication to the wrong child
   d. B and C

18. A child takes his medication in his mouth and then spits it out. What actions should be performed?
   a. Notify the parent/guardian
   b. Repeat the dose
   c. Fill out a medication incident report
   d. A and C
   e. All of the above

19. It is 2:00 PM and you realize that you forgot to give a dose of medication that was due at 12:00 PM. The first thing you should do is:
   a. Give the dose right away
   b. Document the missed dose and notify the parent
   c. Contact the child’s doctor
   d. Contact the pharmacy to get the pharmacist’s advice