



## Chapter 3: Health Promotion and Protection

### 3.6 Management of Illness

#### 3.6.3 Medications



##### Standard 3.6.3.1: Medication Administration



The administration of medicines at the facility should be limited to:

- Prescription or non-prescription medication (over-the-counter [OTC]) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Written orders from the prescribing health professional should specify medical need, medication, dosage, and length of time to give medication;
- Labeled medications brought to the child care facility by the parent/guardian in the original container (with a label that includes the child's name, date filled, prescribing clinician's name, pharmacy name and phone number, dosage/instructions, and relevant warnings).

Facilities should not administer folk or homemade remedy medications or treatment. Facilities should not administer a medication that is prescribed for one child in the family to another child in the family.

No prescription or non-prescription medication (OTC) should be given to any child without written orders from a prescribing health professional and written permission from a parent/guardian. Exception: Non-prescription sunscreen and insect repellent always require parental consent but do not require instructions from each child's prescribing health professional.

Documentation that the medicine/agent is administered to the child as prescribed is required.

"Standing orders" guidance should include directions for facilities to be equipped, staffed, and monitored by the primary care provider capable of having the special health care plan modified as needed. Standing orders for medication should only be allowed for individual children with a documented medical need if a special care plan is provided by the child's primary care provider in conjunction with the standing order or for OTC medications for which a primary care provider has provided specific instructions that define the children, conditions and methods for administration of the medication. Signatures from the primary care provider and one of the child's parents/guardians must be obtained on the special care plan. Care plans should be updated as needed, but at least yearly.

#### **RATIONALE:**

Medicines can be crucial to the health and wellness of children. They can also be very dangerous if the wrong type or wrong amount is given to the wrong person or at the wrong time. Prevention is the key to prevent poisonings by making sure medications are inaccessible to children.

All medicines require clear, accurate instruction and medical confirmation of the need for the medication to be given while the child is in the facility. Prescription medications can often be timed to be given at home and this should be encouraged. Because of the potential for errors in medication administration in child care facilities, it may be safer for a parent/guardian to administer their child's medicine at home.

Over the counter medications, such as acetaminophen and ibuprofen, can be just as dangerous as prescription medications and can result in illness or even death when these products are misused or



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unintentional poisoning occurs. Many children's over the counter medications contain a combination of ingredients. It is important to make sure the child isn't receiving the same medications in two different products which may result in an overdose. Facilities should not stock OTC medications (1).

Cough and cold medications are widely used for children to treat upper respiratory infections and allergy symptoms. Recently, concern has been raised that there is no proven benefit and some of these products may be dangerous (2,3,5). Leading organizations such as the Consumer Healthcare Products Association (CHPA) and the American Academy of Pediatrics (AAP) have recommended restrictions on these products for children under age six (4-7).

If a medication mistake or unintentional poisoning does occur, call your local poison center immediately at 1-800-222-1222.

Parents/guardians should always be notified in every instance when medication is used. Telephone instructions from a primary care provider are acceptable if the caregiver/teacher fully documents them and if the parent/guardian initiates the request for primary care provider or child care health consultant instruction. In the event medication for a child becomes necessary during the day or in the event of an emergency, administration instructions from a parent/ guardian and the child's prescribing health professional are required before a caregiver/teacher may administer medication.

#### **TYPE OF FACILITY:**

Small Family Child Care Home, Center, Large Family Child Care Home

#### **RELATED STANDARDS:**

[3.4.5.1](#) Sun Safety Including Sunscreen

[3.4.5.2](#) Insect Repellent and Protection from Vector-Borne Diseases

[3.6.2.9](#) Information Required for Children Who Are Ill

[3.6.3.1](#) Medication Administration

[3.6.3.2](#) Labeling, Storage, and Disposal of Medications

#### **REFERENCES:**

1. American Academy of Pediatrics, Committee on Drugs. 2009. Policy statement: Acetaminophen toxicity in children. *Pediatrics* 123:1421-22.
2. Schaefer, M. K., N. Shehab, A. Cohen, D. S. Budnitz. 2008. Adverse events from cough and cold medications in children. *Pediatrics* 121:783-87.
3. Centers for Disease Control and Prevention. 2007. Infant deaths associated with cough and cold medications: Two states. *MMWR* 56:1-4.
4. Consumer Healthcare Products Association. Makers of OTC cough and cold medicines announce voluntary withdrawal of oral infant medicines.  
[http://www.chpa-info.org/10\\_11\\_07\\_OralInfantMedicines.aspx](http://www.chpa-info.org/10_11_07_OralInfantMedicines.aspx).
5. U.S. Department of Health and Human Services, Food and Drug Administration. 2008. Public Health advisory: FDA recommends that over-the-counter (OTC) cough and cold products not be used for infants and children under 2 years of age. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2008/ucm051137.htm>
6. Vernacchio, L., J. Kelly, D. Kaufman, A. Mitchell. 2008. Cough and cold medication use by U.S. children, 1999-2006: Results from the Slone Survey. *Pediatrics* 122: e323-29.
7. American Academy of Pediatrics. 2008. AAP Urges caution in use of over-the-counter cough and cold



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