

## 5 Rights of Medication Administration — Rationale and Considerations

Right Thing to Do	Rationale and Issues to Consider
<b>1. Right Child</b>	<ul style="list-style-type: none"> <li>• Determine who is authorized to give medication and that this person knows the children who are to receive the medication by sight and name so that mix-ups are less likely to occur.</li> <li>• Check the name on the medication label to be sure that the name on the label is the name of the child to receive the medication. Giving the medication to a child who is not supposed to receive it could cause a bad reaction for the child who receives the medication and a missed dose for the child who should receive the medication.</li> <li>• If the child can talk, ask the child to say his or her name. Confirm the identity of the child with the child's picture and with another person if possible. Avoiding a mix-up requires care and diligence.</li> </ul>
<b>2. Right Medication</b>	<ul style="list-style-type: none"> <li>• A medication intended for someone else or for some other purpose may be the wrong strength and might cause side effects.</li> <li>• Parents might deliberately give medication intended for another family member to the child care provider to treat symptoms that the parent thinks the child will benefit from the medication. Parents might inadvertently bring another family member's medication to the child care provider instead of the right medication.</li> <li>• Compare the instructions on the label to the instructions the parent wrote with the written permission to give the medication to be sure they are the same.</li> <li>• Read the label when receiving the medication from the parent and check it against the safety precautions list; read it again when taking the medication from the storage place in the child care facility; read it again when measuring out the medication.</li> <li>• Check that the instruction is correct each time and that the instruction is still current. Sometimes the child's health care professional changes a medication before the course ends and parents may forget to tell the child care provider about the change.</li> </ul>

### 3. Right Dose

- This course gives some detail about oral medications, and mentions other types of medications. To be sure you know how to measure the right dose of any type of medication, you need specific training for the ones you give.
- Parents should provide an accurate measuring device with the medication. Before the device is reused, it should be washed in a dishwasher or by hand using a dishwashing technique to remove any residue of old medication and for sanitation. If a dose-measuring device is supplied by the child care provider, traces of medication that remain in the device could cause an allergic reaction for another child who uses the device at another time.
- Measuring oral medications requires use of measuring devices that accurately hold the right amount of medication. Common eating utensils (teaspoons and tablespoons) do not accurately measure medications. Cooking measures or medication measuring devices must be used.
  - o Milliliter (ml) = cubic centimeter (cc)
  - o 5 cc or ml = 1 filled cooking measure teaspoon
  - o Read the level of medication in a cup or measuring device at eye level, preferably with the bottom of the device on a flat surface. Make the lower edge of the measured liquid (meniscus) reach the correctly labeled line on the measuring device.
  - o Other devices to measure liquid medications include oral syringes, marked measuring medication cups, dosing spoons with an attached measuring tube to hold the liquid until the child takes the medication, dropper that comes with the medication intended to be used with that medication that is marked with a line to show where in the dropper to bring up the liquid, medication measuring nipple device for infants.
- Tablets come as a chewable type or a type that must be swallowed.
  - o Chewable tablets must be chewed completely. Those that are not chewable should not be chewed or crushed unless the child's health care professional gives that instruction.
  - o Tablets that are scored may be cut in half with a pill cutter or a thin, sharp paring knife. The tablet should be split in 2 by the pharmacist or parent.
  - o Tablets that are not scored may not be cut because the medication may not be evenly distributed in the tablet.
- Capsules are generally to be swallowed. Those that may be opened and sprinkled into a small amount of food are specifically labeled as such. No others may be opened.

**4. Right Time**

- Spacing of doses determines the level of the medication that remains in the place where it is needed. Giving the medication at the wrong time can make the level too high or too low at one time or another, producing side effects or inadequate treatment.
- Aim to give medication within a window of 30 minutes before, or 30 minutes after it is due.
- Check with the parent daily to see when the last dose was given to be sure when the next dose is due. (Verify that there has been no change of plan at this time also.) Check the medication record to see that the note about when the dose is due is correct, and record the dose when it has been given. Parents and other staff must be clear about when the next dose after the 1 you are giving is due.
- Check to see if the medication should be given before food or with food. Food slows absorption of medication and may interfere with complete absorption into the body. Medications that must be given without food should be given at least 1 hour before eating to be fully absorbed before food enters the stomach.
- Doses that must be given multiple times each day should be as evenly spaced during the child's waking hours as possible.
- Whenever possible, see if the child's health care professional can choose a schedule for giving the medication that minimizes the giving of medication while the child is in child care. The child can have medications that can be given as 2 doses a day at home in the morning and when the child gets home at the end of the day.

**5. Right Route and Procedure**

- Medications are designed for the specific opening and surface of the body where they are to be used. Using them in a different place may injure body tissues and may not work.
- Locations where medications are designed to enter the body:
  - o Mouth (oral liquids/drops, tablets, capsules)
  - o Eye (ophthalmic drops and ointments)
  - o Ear (otic drops)
  - o Nose (nasal drops and sprays)
  - o Airway (inhaled aerosols and powders)
  - o Rectum (rectal — usually suppositories)
  - o Skin (lotions, creams, ointments)
  - o Through the skin (injected, usually with a needle and syringe)
- Always wash your hands before and after giving any medication. If the child will touch the medication, have the child wash too.
- Never mix medication in a baby bottle, in water, or juice unless the instructions to do so come from the child's health care professional. Even then, keep the volume small (1 teaspoon to 1 tablespoon) to be sure the child will get all of the dose of the medication.
- Pour liquid medication from the side opposite the label so the label stays readable if medication drips down the side of the bottle.
- Be careful not to pour too much; don't pour any liquid medication back into the bottle.
- Hold infants in a cradle position to administer medication. Allow a toddler to sit up in a chair.
- A syringe adapter device is available that fits on the medication bottle to make removing liquids from a bottle into an oral syringe easier. Using an oral syringe with an infant helps to prevent spilling of the medication.
- If you use an oral syringe, hold the child so the child's mouth is facing up. Put the tip of the syringe in the space between the cheek and the back of the mouth where the upper and lower gums meet, letting off small amounts of the medication while the child swallows each little squirt.
- If the child doesn't get all the medication (spits it out, spills it, or vomits some of it), do not give another dose unless the child's health care professional says to do so.