



Bryan C. Maki, RN, ColoradoCPRpros.com

Medication Administration Full Training Student Guide (abbreviated)

A Training for Unlicensed Assistive Personnel (UAP) in Public, Charter, Private and Parochial Schools, Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes
2017, Sixth Edition

Student Responsibilities

- Proper storage of medication. Proper administration of oral, inhaled, topical, eye, ear, and epinephrine auto-injectors, and disposal of expired and unused medication.
- Demonstrate the process for receiving medications by using the checklist for accepting medication.
- Demonstrate accurate documentation of all medication administered and medication incidents.
- Accurately and safely administer medication.
- Under your role of a unlicensed assistive personnel and your relationship with the nurse who supervises and delegates to you the give medication.

Delegation

- Only a Registered Nurse (RN) or Physician can delegate the task of administering medication.
- If you are delegated to administer medications, you cannot pass that responsibility onto someone else.
- The CCHC/SN can take away your delegation if they feel you are not able to perform the task responsibly.

What type of medications are included in this training?

- The medications included in this training are routine medications. These are medications considered typical and common medications for short-term use, long-term use, and emergency use, and include oral, topical, ear/eye, and inhaled medications and epinephrine auto-injectors.
- There are 2 main types of medication: prescription and over the counter. No matter which type, all medications must have three things: they must be in the original container, labeled with the child's name, and have dosage instructions.
- There must be signed permission from a Parent and a Physician to give OTC or prescription meds called the Medication Authorization Form.
- This training will not cover medications that require nursing or medical judgment, or which require taking blood pressure, pulse, or breathing rate to determine the correct dose.
- Experimental medications are not considered routine medications and therefore not covered here.
- There are also many products that are not considered medications. These products are not covered in this training and are not allowed. They include home remedies, homeopathic and herbal preparations, and medical marijuana. Licensed child care programs will NOT be administering these products.
- For students in K-12, please check with your CCHC/SN and review your district policy regarding homeopathic or herbals preparations.

Undesired Results of Medication

- Side Effects are the natural, expected, and predictable effects of a medication.
- Adverse Reactions are the unexpected or potentially harmful reaction to a medication.
- Allergic Reactions happen when the body's immune system attacks something in the body that is normally harmless.

Receiving Medications (Checklist for Accepting Medications)

Documentation should begin as soon as you receive medication.

When you receive a medication, double check the Rx and Doctor authorization form using the checklist.

- All medications, whether prescription or over the counter, must arrive in their original packaging with specific, identifying information before you can accept them from the parent/guardian.
- Remember, you must keep all information about a child's health confidential.

Controlled Medications

- Controlled medication - a drug or other substance that is tightly controlled by the government because it may be abused or cause addiction. ADHD meds, Opioids, etc.
- These medications must be kept in a locked storage area.
- When you receive controlled medications, count the medication with the parent/guardian.
- Document the amount of medication in the controlled medications log. Count the medication each time you give it to the child, and when you return it to the parent/guardian.
- Count the medication every two weeks, with a witness, and document the amount of medication.

Caring for and Storing Medications

- All medications that are no longer being used or expired, should be returned to the child's parent.
- Parents must transport all meds. Medications should not be sent home in a child's/student's backpack.
- Medications must be inaccessible to children.
- Emergency medications must be stored in an area IMMEDIATELY available to delegated staff, they are not required to be stored in a locked area.
- Emergency medications must "stay with the child."
- When away from the classroom, staff must carry emergency medications in a bag on their person.
- Children who self-carry must have a self-carry permission form signed by the child, parent, and nurse.

The 6 Rights

- **Right Child:** Make sure you are giving the medication to the right child. Double and triple check the child's identity and date of birth on the medication forms and log.
- **Right Medication:** Compare the pharmacy label on the medication bottle to the health care provider's written instructions on the authorization form and the information on the medication log.
- **Right Dose:** You must give the exact amount specified in the dosing instructions. Use the measuring devices that comes with the medication, including calibrated spoons, cups, droppers, and syringes.
- **Right Time:** Medication must be given within a 60-minute time frame (window): 30 minutes before the scheduled time or 30 minutes after. Any earlier or later and you have a medication incident.
- **Right Route.** Double check the authorization form, medication log and the pharmacy label to determine the route the medication should take (mouth, inhaled, ear, and eye or topical).
- **Right Documentation:** Every time you give a child a medication, you must document that you did so. In the medication log, document in ink, that you gave the child the medication and remember, if you

make a mistake in documentation, draw a line through the mistake, write the word “error,” and initial it.

Medication Incidents

- A variation of any of the 6 Rights, including things like giving a medication to the wrong child, at the wrong time, the wrong dose, or if a child vomits or refuses the medication.
- Contact your supervisor, the parent, or nurse for further advice.
- If a child has an adverse reaction contact Poison Control 1-800-222-1222 or call 911 if needed.

Administering Oral Medications

- Start with clean hands and clean equipment.
- Double check the 6 rights.
- Pills/Tablets: make sure child swallows the medication. Use water, avoid juice.
- Crushing or sprinkling medication can only be done with written authorization.
- If ordered and needed, mix the medication in a small amount of food or drink, be sure the child will swallow the entire dose at once.
- **Liquids:**
 - **Note:** Medication may be prescribed in teaspoons, cc’s, or ml’s.
 - 1cc = 1ml
 - 5cc’s or 5ml’s = 1 teaspoon
 - Use a calibrated medicine spoon or cup, syringe, or dropper to measure liquid medications.
 - **For an Infant:** Drop medication into a nipple for them to suck or use oral syringe inside cheek. **NEVER mix medications with an entire bottle.**
- **Refusal or Vomiting of Medication:**
 - If the child does not take all of the medication, spits part of it out, vomits, or refuses to take part of the medication, do not give another dose.
 - Contact the child’s parent or guardian and request further instructions.

Administering Topical Medication

- **Skin Creams/ Ointments:**
 - Check the 6 rights.
 - Wear gloves when applying topical medications.
 - Read instructions, massage cream/ointments into affected area.
- **Eye Drops or Ointments:**
 - Clean child’s eye by wiping each eye once from the inside to the outside.
 - Apply along the inside of the lower eyelid.
- **Ear Drops:**
 - Child younger than three years old: Hold ear lobe and pull down and back.
 - Child older than three years old: Hold upper part of ear lobe and pull up and back.
 - **Note:** If you see blood or pus, do not administer the drops. Notify the child’s parent/guardian.

Asthma

is a chronic lung disease where airways narrow, swell, and produce extra mucus.

- There is no cure for asthma and children do not outgrow it.
- The disease is managed with inhaled steroids, bronchodilators, and allergy medicines.

Avoiding and Reducing Triggers

Colorado Medication Administration Training for Unlicensed Assistive Personnel in Public, Charter, Private and Parochial Schools, Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes, 9/2017, Sixth Edition

- Many children have allergies that can trigger asthma symptoms.
- These should be recorded in the child’s asthma or respiratory health care plan.
- Triggers can include:
 - o exercise o pollen o dust o cockroaches
 - o illnesses o mold o odors o animals with fur/feathers
 - o extreme or sudden changes in weather o dust mites
 - o strong emotions (such as laughing, excitement or anxiety)
- To reduce triggers:
 - o Minimizing dust by reducing clutter
 - o Not allowing animals with fur or feathers
 - o Not using strong smelling cleaning solutions, diffusers or air fresheners
 - o Not having carpet in your facility, avoiding carpeted rooms or having custodians use HEPA-vacuum cleaners
 - o Reducing moisture problems (such as leaks) to prevent mold growth

| Early Warning Signs of Trouble Breathing | | Early Warning Signs for Infants and Toddlers |
|--|----------------------------|--|
| Behavioral changes | Headache | Noisy breathing |
| Coughing ↑ | Fatigue ↓ | Crying that sounds softer or different |
| Anxiety | Sneezing | Difficulty sucking or eating |
| Itchy throat | Low tolerance for exercise | Breathing that seems too fast |
| Trouble sleeping | Dark circles under eyes | Wheezing or panting with normal activities |
| Stuffy or runny nose | Funny feeling in chest ↔ | Lethargy or disinterest in normal or favorite activities |

How to treat an Asthma Attack?

1. Follow Colorado School Asthma Care Plan (no personal clinical judgements).
2. Encourage the child/student to relax with slow, deep breaths.
3. Offer sips of warm water to help student relax.

Allergies

The body’s immune system over-responding to a substance or material that normally would not cause a reaction.

- o Medications, Latex, and Insect stings.
- o The top 8 Foods that cause allergies:
 - Milk, Eggs, Peanuts, Tree nuts, Shellfish, Fish, Wheat, Soy

Mild Reactions: mild nausea, stomach discomfort, congested nose, itchy nose, runny nose, itchy eyes, few hives, mild rash, itchy skin. Easily treated with antihistamines.

Severe Reaction or Anaphylaxis is a rapid, and life-threatening allergic reaction. It can be caused by a variety of allergens, but food allergies are the most common cause of severe reactions.

How to treat Anaphylaxis?

1. Follow Colorado Allergy and Anaphylaxis Health Care Plan (no personal clinical judgements).
2. Remove allergens from skin or mouth if possible. Wash skin, swish mouth with water and spit it out.
3. Monitor reaction closely to see if it is worsening.
4. If severe, give Epinephrine Auto Injector, stay with child, follow health plan, and call 911.