



Medication Administration Skills Competency 2017

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Acknowledgments

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Preface

It is the expectation of the Iowa Department of Public Health and the Iowa Department of Human Services that each child care business have a written policy on Medication Administration and child care businesses follow their policy. The Iowa Department of Public Health produced the course “Medication Administration Policy Development.” This policy development course is available from Child Care Resource and Referral Agencies.

Child care businesses should use resources to aid in policy and procedure development. Two references recommended include:

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. (3rd ed). Elk Grove Village, IL: American Academy of Pediatrics; Washington DC: American Public Health Association
- Pennsylvania Chapter of the American Academy of Pediatrics. *Model Child Care Health Policies*. Aronson SS, ed. 5th ed. Elk Grove Village, IL: Academy of Pediatrics; 2014.

These reference texts are endorsed by the American Academy of Pediatrics. These texts give child care businesses guidance for policy writing and medication administration practices.

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs (3rd Edition) can be accessed and downloaded from: <http://cfoc.nrckids.org/>

Model Child Care Health Policies (5th Edition) can be accessed and downloaded from: https://healthykidshealthyfuture.org/wp-content/uploads/2015/01/AAP_Model_Child_Care_Health_Policies.pdf

Course Description

This professional development course is designed to address the principles and skills needed to administer medications to children. The course is specifically designed for personnel working in Iowa child care businesses. The course addresses the administration of oral medications, eye drops and ointments, ear drops, nasal drops and sprays, topical creams/ointments, nebulizer treatments and metered-dose inhalers. The course does NOT address the administration of rectal or injectable medications.

The course does NOT address the use of herbal medicine, folk treatments or home remedies. When a child's parent asks the child care provider to give the child these types of treatments, the family should be informed that the child care business policy does not allow the business to administer these medicines or treatments. These types of treatments should be delivered at home by the parents. Administration of herbal medicine, folk treatments or home remedies increases the liability risk for the child care business. Many of these types of treatments are not supported by valid and reliable medical research.

Personnel eligible to complete the Medication Administration Skills Competency course:

Applicants to the course shall be at least 18 years of age, have a high school diploma or equivalent, and have reading and writing English proficiency. Individuals responsible for handling and administering medications must be competent to follow the strict procedures of handling medications and be able to understand the English language pharmacy and commercial product medication labels. Completion of Essentials for Medication in Child Care is required prior to enrolling in this course.

Course Instruction: The instruction for this course consists of two segments. First, there is classroom instruction which includes lecture, power point presentations, participant handouts, large and small group activities, and relevant reading materials provided by the instructor. Participants will practice/demonstrate measuring and giving medication. The duration of this segment is estimated to take two hours for a class of approximately 15 participants.

Competency Skills Evaluation: Individuals responsible for administering medication shall successfully complete the competency skills evaluation.

During the evaluation, the participant will give an individual demonstration of their competency and skills in accurate and safe medication measurement, administration, and documentation, using simulated medications.

The participant will be evaluated using the Competency Skills Evaluation Checklist tools found in Chapter 4. Individuals will be scheduled into this segment of the course. The Competency Skill

Assessment is estimated to require one-hour per participant. If the individual does not successfully complete the Competency Skill Assessment after three attempts, the participant is required to repeat the two hour classroom segment of the course. Medication administration is a serious responsibility and accuracy is the prime focus. Participants are expected to have a minimum of a passing score of 80% to successfully complete the Competency Skill Assessment. Individuals responsible for administering medication shall successfully complete the Competency Skill Assessment on an annual basis.

Participants who have completed the two hour Medication Administration Skills Competency course will have a maximum of 30 days to complete the one hour initial competency skills evaluation. To renew the certificate the competency skills evaluation must be completed no later than 30 days after the expiration date on the certificate. After a period of 30 days, the participant will be required to repeat the two hour course. The provider is responsible for scheduling their reassessment evaluation and must provide a copy of the completion certificates for the two hour course and initial skills assessment.

Standards: Safe medication administration in child care businesses is a critical child health issue strongly correlated to child morbidity and mortality. A medication administration course should be repeated as recommended by state and/or local regulation. “At a minimum, skill and competency should be monitored annually or whenever medication administration error occurs” (American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, 2011, p. 143)

Personnel administering medications who are found to have repeated medication administration errors should repeat the Medication Administration Skills Competency course and the Competency Skills Evaluation. The written policy of the child care business shall be consistent with the course principles and practices for training and competency skills evaluation.

Instructional Objectives

*Learning as Knowledge

The participant will:

1. Discuss the historical background of medication administration in child care settings
2. Explain how the American with Disabilities Act (ADA) guides medication administration by early childhood personnel
3. Determine a child's need for medication while in the child care setting
4. Describe proper handwashing, medication management, and storage procedures
5. Describe the six rights of medication administration

*Learning as Process or Behavior

The participant will:

1. Demonstrate proper handwashing procedure
2. Describe the process for accepting prescription and non-prescription medications
3. Identify appropriate medication storage locations within the child care setting
4. Complete a Competency Skills Evaluation

*Learning as Attitude

The participant will:

1. Discuss the role of community partners in medication administration in the child care setting
2. Adhere to Child Care Licensing Standards and Procedures and ADA guidelines for medication administration
3. Integrate National Health and Safety Performance Standards into medication policy
4. Assume responsibility for providing a safe and supportive environment for children receiving medication and their families.

Chapter 1: Historical Background

Historical Background of Medication Administration in Child Care Business Settings

The Need for Medication Administration in Child Care Settings

1. In Iowa, 75% of families with all parents working have children under age six (Iowa Child Care Resource and Referral, 2014).
2. Greater than 50% of U.S. Children are exposed to one of more medications per week (Yin et al., 2014).
3. “Children 18 years of age and younger make over 70,000 emergency visits each year for medication overdoses” (Shone, Yin, and Wolf, 2010, p.218).
4. Over 60,000 children less than six years of age experienced out-of-hospital medication errors annually (Smith et al., 2014).
5. Children in child care may need medications in the short term, such as a topical medication for a diaper rash or an antibiotic for an acute infection, or the child may need medication on an ongoing basis for chronic conditions such as asthma, diabetes or seizure disorder.
6. The Americans with Disabilities Act (ADA) of 1990 protects the needs of children with chronic conditions who are in child care.
 - a. Case law has determined that children may not be excluded from child care programs because of these conditions. (United States Department of Justice, 1997)
 - b. Child care programs must be prepared to administer medications, at the very minimum, as required by the ADA.
 - c. Safe medication administration in child care programs is necessary to ensure high-quality care and enable child care providers to adhere to the Americans with Disabilities Act (1990).
 - d. Safe medication administration assures children an opportunity to continue participation in developmentally appropriate activities with their peers.

Who is Available to Help?

1. Iowa Department of Human Services
2. Iowa Department of Education
3. Iowa Department of Public Health
4. Healthy Child Care Iowa

Regulations that Influence Medication Administration

1. Medication administration is a task that is often specifically designated in nurse practice acts or Boards of Pharmacy as a function of a licensed nurse or health care professional.
2. Iowa pharmacy regulations allow medication to be administered after proper instruction has been received.¹
3. Iowa Department of Human Services regulations for licensed child care centers and registered child development homes address criteria for medication administration in the child care setting.²
4. The Iowa Department of Education has regulations pertaining to schools and medication administration.
5. Personnel training is needed to safely administer medications to children in any child care setting.
6. Registered nurses may teach this course by virtue of their professional license, however there are some concerns that in doing so the registered nurse is delegating a nursing duty and therefore responsible for any errors made by their trainees. Is a nurse who trains a child care provider to administer medications delegating a nursing task? The Iowa Board of Nursing indicates the RN is not held responsible because instruction does not meet the definition of delegation.
7. In the child care setting, providers need training in the principles and skills of medication administration.
8. The registered nurse teaches the set of skills to the child care provider, rather than transferring a specific task for a specific patient with a specific order from a health care provider.
9. The goal of medication administration training is to ensure that child care providers implement the medication administration activities safely and that children receive the medications they need from well-trained providers.

¹ Personal communication with Iowa Board of Pharmacy, T. Witkowski, 12.11.08.

² Iowa Administrative Code 441- 109 for Licensed Child Care Centers and Iowa Administrative Code 441-110 for Registered Child Development Homes.

Medication Policy

1. All child care businesses must have a written medication policy for the administration of prescription and non-prescription medication
2. A Medication policy should include at minimum:
 - a. Parent/Guardian written consent form
 - b. Prescribing health care provider written consent form
 - c. Circumstances under which the facility will agree to administer medication
 - d. Circumstances under which the facility will not administer medication
 - e. Procedures of accepting medication from parents/guardians
 - f. Proper handling and storage of medications
 - g. Procedures to follow when administering medication
 - h. Procedures to follow when returning medication to parent/guardian
 - i. Disposal of medications that cannot be returned
 - j. Maintaining medication administration record
3. Medication policy should be included in both employee and parent handbooks
4. Children should follow policy
 - a. If self-administration is desired, a DHS exception to policy is required
 - b. The child's health care provider must support that the child is knowledgeable and developmentally capable of self-administration

Chapter 2: Coordination with Child's Parents

Required coordination with parents/guardians regarding the need to give medications to a child in the child care setting

Prior to giving a medication the following coordination with parents is required

1. Informing of parents regarding Iowa child care business regulations and the requirement of the child care business to follow the regulations regarding medication administration as described in Iowa Code and Iowa Administrative Code.
2. Informing parents of the child care business policies and procedures.
3. Written permission from the child's health care provider to give the medication at child care and written permission from the parent to administer a medication at child care.

Child Development Home (in-home child care providers) Iowa Administrative Code 441-110.5(1) Health and Safety b. and d. These can be found at: [441—Chapter 110](#), and are stated below.

b. All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.

d. Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children.

Child Care Center, Iowa Administrative Code 441-109.10(3) and 441-109.14(2) these can be found at: [441—Chapter 109](#) and are stated below:

109.10(3) Medications. The center shall have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications, including the following:

- a. All medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public. Nonprescription medications shall be labeled with the child's name.
- b. For every day an authorization for medication is in effect and the child is in attendance, there shall be a notation of administration including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the medication was not given.
- c. In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.

109.14(2) Health policies. Get-Well Centers

a. The center shall have a written health policy, consistent with the National Health and Safety Performance Standards, approved and signed by the owner or the chair of the board and by the medical advisor before the center can begin operations. Changes in the health policy shall be approved by the medical advisor and submitted in writing to the department. A written summary of

the health policy shall be given to the parent when a child is enrolled in the center. The center's health policy at a minimum shall address procedures in the following areas:

(1) Medical consultation, medical emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, and employee health policy.

(2) Reportable disease policies as required by the state department of public health.

b. The child shall be given a brief evaluation by an LPN or RN upon each arrival at the center.

c. The parent shall receive a brief written summary when the child is picked up at the end of the day. The summary must include.

(1) Admitting symptoms.

(2) Medications administered and time they were administered.

(3) Nutritional intake.

(4) Rest periods.

(5) Output.

(6) Temperature

Permission-Authorization Form

The written authorization form should include:

1. Child's name and DOB
2. Name of medication
3. Reason medication is needed during child care
4. The date(s) and times the medication should be administered
5. The dose or amount of medication to be given
6. How the medication is to be administered
7. Special instructions
8. Possible side effects
9. Parent and health care provider's signature and phone number
10. The extent of time the permission form is valid
 - a. May not exceed the length of time the medication is prescribed for, the expiration date or one year, whichever is less.

Medication Record:

The medication record should include:

1. Child's first and last name
2. Name of medication
3. Amount of medication to be given (Dose)
4. How the medication is to be administered (Route)
5. Date(s) and time the medication should be given
6. Signature of the individual who gave the medication

Standing Orders (As needed medications):

1. **Verify time of last dose given**
2. Document the reason medication was given
3. Standing orders should only be allowed for individual children with a documented special health care need
4. A written health care plan should be provided by the child's primary care provider that describes the specific reasons and methods for administration of the medication.

- a. Care plans must be updated at least annually or sooner if needed.

Prescription medications

All of the following items are required to be listed on prescription medications.

1. The name and address of the pharmacy
2. Child's first and last name
3. Name and strength of medication
4. Date prescription was filled
5. Expiration date
6. Name of prescribing health professional
7. Specific instructions for administration, storage, and disposal.

Prescription Medication Containers

- Prescription medications must be labeled by pharmacist and kept in original container
- The container must be child proof
- The child care business may ask parents to obtain two containers of the medication from the pharmacy. One medicine container is to be used at child care and the other container used at home. In some cases there may be a need for a school container as well. This may not be always possible, but if it is, it can be helpful for ensuring that the child does not miss any medication doses.

Nonprescription medications

The child care business shall require the following for all non-prescription medications:

1. The medication must be in the original container
2. The container must be child proof
 - a. Diaper creams/ointments are generally not provided in child proof containers. Ensure that all medication is completely inaccessible to children.
3. A proper applicator must be with the medication (if needed)
4. Label the container with the child's first and last name
5. Label the container with the current date
6. The name and telephone number of the health care provider who recommended the medication
7. Provide the start date and stop date for the medication or the number of days the medication is needed.
8. Specific instructions for administering and storing of medication should be on the label

Sunscreen and Insect Repellent

Non-prescription sunscreen and insect repellent requires written permission from parent/guardian, but do not require instructions from a health care provider.

Non-prescription Cough and Cold Medications

The Food and Drug Administration does not recommend the use of non-prescription cough and cold medications (CCMs) for infants and children less than two years of age

The American Academy of Pediatrics states that CCMs are not effective for children less than six years of age and can result in serious adverse effects.

Communicate With Parents to Identify Allergies or Chronic Illness

At the time of enrollment and annually thereafter the following information should be gathered by the child care provider.

1. Document all child allergies (food, medication, and environmental) and reactions
2. Document if a child has a chronic illness
 - a. Asthma
 - b. Endocrine Disorders (Diabetes, etc.)
 - c. Seizure Disorders
3. Have a written health care plan addressing procedures to be implemented in the event of a reaction or emergency
4. Determine need for emergency medication
 - a. Asthma-Metered-dose inhaler/nebulizer (i.e. Albuterol)
 - b. Allergies-Oral (i.e. Benadryl)/Injectable (i.e. Epi-pen, Auvi-Q)
 - c. Endocrine Disorders-Injectable (Insulin)
 - d. Seizure Disorders-Rectal (Diastat)

Precautions to prevent medication errors

1. Do not allow parents to add medication to food, containers of formula or human milk brought from home for personnel to administer to child. This practice can lead to possible overdosing of the medication.
2. Personnel should *never* give any medications that the person has not personally prepared.
3. Keep accurate medication records for each child

Chapter 3: Safe Handling and Proper Storage of Medications

Discuss safe handling, proper storage and arranging of prescription and non-prescription medications.

Handwashing

Hands must be as clean as possible to prevent contamination of medication, the medication container and applicator and to prevent the subsequent transfer of germs or medication particles from one child to another or to personnel administering the medication.

Handwashing Procedure

1. Wet hands with warm running water
2. Apply soap, the soap is not required to be antibacterial
3. Vigorously rub soapy hands together for **20 seconds**
4. Completely dry hands with paper towel
5. Use the paper towel to turn off water facet
6. Discard paper towel in a covered foot pedal controlled waste receptacle

Safe Guard Medications

Medications can be vital to the health of children. However, they are also dangerous: 1) If the wrong medication is given to the wrong child 2) Inaccurate dose is given; or 3) If medication is administered at the wrong time.

Medications should always be inaccessible to children to prevent poisoning which may result in illness or death

If a medication error or unintentional poisoning occurs, call your local poison control center immediately at 1-800-222-1222

Due to the potential for errors in medication administration, it may often be safer for a parent/guardian to administer their child's medicine at home

- Prescription medications can often be timed to be given at home and this is encouraged.

Risks of Improper Handling

1. Medication errors
2. Altered effectiveness of medication
3. Child poisoning
4. Child injury, disability, or death
5. Increased risk of liability
6. Loss or theft of medication

Storage

Medications should be stored in the following manner:

1. Kept in the original container provided by the manufacturer/pharmacy
 - a. May ask pharmacy to fill two containers of medication.
 - i. A bottle for child care
 - ii. A bottle for home
2. Labeled appropriately
3. Do not accept medication that has another person's name on the label
4. Have child resistant caps
 - a. Child resistant packing greatly decreases poison exposure incidents
5. Be alert for medications that look similar to food items/household products
6. Be kept in an organized fashion
7. Stored away from food or chemicals
8. Stored at proper temperature
 - a. Should not be stored on top of refrigerators as this may alter medication potency
9. Inaccessible to children and unauthorized staff
 - a. Should not be left in diaper bags/backpacks
10. Prevents spillage
 - a. Consider a storage container that allows liquid medications to remain upright

Medication Storage Containers

1. All medications should be completely inaccessible to children
2. Secure medication storage systems are available
 - a. A small lock box can be utilized to store medications requiring refrigeration. Medications should be clearly marked and stored separate from food items
 - b. All medications prescribed for life-threatening allergies and chronic conditions should not be stored in a locked cabinet/container as they must be immediately accessible to trained staff. However, they must be inaccessible to children.
 - i. Trained staff should be able to quickly and properly administer prescribed medications in the event of an emergency
 - c. All non-emergency medications should be stored in a safe, secure, and preferable locked location.
3. All storage devices must be able to be cleaned and sanitized

Arranging Medications in Storage

The child care setting should have designated area and container to store each child's medication individually according to the storage instructions on the container. Because administering medications is a daily event in many child care settings, child care providers should consider purchasing and installing specific medication storage units or carts. When planning for medication storage, consider all of the following issues:

1. Liquid medications should be stored upright to prevent spilling and contamination of other medications or items.
2. Tablets and capsules should be stored where they will not become damp or exposed to temperature variations.
3. Parents shall be personally handed the medications rather than place medications in a child's back pack or diaper bag. Medications are not to be handed to the child or an older sibling to take home.

Refrigerated Medication Storage

1. Medication requiring refrigeration should be clearly labeled.
2. Keep medication separate from food items to prevent contamination
3. Monitor and record refrigerator temperatures
 - a. 32°-40°F is recommended
 - i. Thermometers with markings in no more than 2° increments should be utilized
 - b. Do not freeze medication unless instructions clearly state to do so

4. Children with refrigerated medications should have this noted on the medication record

NOTE: Guidelines for storage of medication applies to all medications whether they are prescribed or over-the-counter. If storage instructions do not accompany the medication container, the child care provider should call a pharmacy to ask about proper storage. The child care provider should ask the pharmacy the specific storage temperature that is appropriate for the medication.

When to Contact Pharmacy

The child's pharmacy should be contacted for the following circumstances:

1. If prescription or non-prescription medication does not have storage instructions,
2. If a medication guide/prescription information sheet was not provided or is not available

Document communication with the pharmacy on the child's medication record

Removing Medications for Storage

When removing medications from storage:

1. Compare the medication label to the medication record
2. Medications returned to the parent should also be compared with the medication record
 - a. You must hand medication to parent/guardian
 - i. Do not return in diaper bag/backpack
 - ii. Do not give medication to an older child to transport
 - b. Parents should be required to sign and date the medication record to verify return of medication

Medication Disposal

In the event that it is necessary for a child care program to dispose of medication, the following steps should be performed:

1. Complete a medication disposal form
 - a. An example form can be found in the Appendix
2. Follow specific manufacturer/pharmacy disposal instructions

3. If disposal instructions are not available, remove medications from the original container and place in a sealable bag
 - a. Mix with an undesirable substance and throw into trash
 - i. Ensure that the trash is inaccessible to children

Medication disposal programs may be available at your local pharmacy or law enforcement agency.

Medication Storage Safety Concerns

- Accidental ingestion of medication is the #1 cause of emergency room visits for adverse drug events for children less than five years of age
- The poison control number, 1-800-222-1222, should be posted near every phone and stored in mobile devices. Identify the different forms of medication most commonly used in child care settings, the different routes of administering medication, and the method of measuring for the correct medication dose.

Chapter 4: Different Forms and Routes of Medication Administration

Six Rights of Medication Administration

1. Right **child**
2. Right **medication**
3. Right **dose**
4. Right **time**
5. Right **route** (method of administration)
6. Right **recording** (documentation)

Right Child

- Verify child's name on medication authorization form (from the health provider or parent), monthly medication record, and medication container. Many child care facilities now take a photo of the child and place a copy of the photo on the monthly medication record.
- Use the child care facility policy for identifying the child who is to receive medication. NOTE: For home providers, it is best that the primary caregiver is the one administering medications because they would be more familiar with the child and the medication administration policy/procedure. Substitutes need to be adequately trained if they will be administering medications (routine medications and/or emergency medications).

Right Medication

- Read the monthly medication record
- Read the medication label on the container for medication name, dose, route, and time to be given
- Select the right medication from the storage area
- Read and compare the medication label three times to the monthly medication record
- Be alert for medication names that sound alike
- Look at the appearance of the medication; note odor and color, note if the appearance has changed

- Be alert for medications that look like other medications
- If the medication looks discolored or damaged, do not give the medication

NOTE: Generic medications may look different the size or color of the medication may be different when the prescription is refilled. Call the dispensing pharmacy if there is any variation in the medication appearance.

Right Dose

- Read the monthly medication record
- Read the medication label on the container for medication name and dosage and compare with medication record and authorization form
- Use appropriate measuring device for each medication
- Measure dose accurately
- Make certain the child takes all of the medication that is prescribed or recommended on the medication label. Child care provider may need to look into the child's mouth to assure all of the medication was swallowed.

NOTE: Child care providers may ask the parents to bring “unit dosed” medications where each dose of medication is packaged individually. Most pharmacies are able to dispense medications in “unit dose” packaging.

Right Time

- Read the monthly medication record
- Read the medication label for the times or frequency interval for giving medication **NOTE:** Some medications are ordered to be given three or four times a day. The child care provider should consult with the parent to determine the times medication will be given at home in order to set the time for medication administration at the child care facility. This will assure even spacing of medication dosage. Child care providers should encourage parents to space the medication time so that most of medication dosages are given at home if possible.
- Know and follow the child care facility policy for accurate intervals for administering medication. Example, what times of day will the child care provider give medications that are ordered to be given three times a day? **NOTE:** Use the Iowa Department of Inspection and Appeals guidance that allow for medications to be administered 15 minutes before or 15 minutes after the prescribed or recommended time for medication administration on the medication label. Example: if a medication is ordered to be given at 9 a.m. the medication could be given as early as 8:45 a.m. or as late as 9:15 a.m. and still are considered to have been given on time at 9 a.m.

Right Route

- Know the routes for giving medications: oral, inhalation, rectal, topical, etc.
- Read label on medication container for prescribed route and compare with medication record and authorization form.
- Read the label on the medication container to determine if there are special instructions, for example is the medication to be given with water or food or is the medication not to be given with water or food
- Keep the medication container and monthly medication record together until you have administered the medication AND documented the medication was given on the monthly medication record

Right Documentation

- Know your child care business policy and the correct procedure for documenting medication administration
- Correctly document the following items for every medication given
 - Name of child
 - Name of medication
 - Route of medication
 - Time medication given
 - Name of person administering the medication
 - Medication reactions
- Document immediately after administering the medication

NOTE: All documentation shall be done *after* giving each child their medication. **Do not** wait until all children have been given their medications and then go back to medication monthly records to document.

Medication Reactions/Adverse Effects

1. Monitor child for medication reactions
2. Report to your supervisor and document on the monthly medication record all unusual reactions to medication, examples: vomiting, diarrhea, skin reactions, dizziness etc.
3. Report adverse effects to the child's parents/guardians
4. Child care providers shall document when medications are omitted and the reason the medication was not given. Omitted doses of medication shall be reported immediately to the child care supervisor and to the parent. The parent shall be notified of any omitted medication dose by having the child care provider call the parent.

Problems in Medication Administration

1. Refusal or spitting-out medication
 - a. You may have a child that refuses to take a medication. Try to find out why he/she doesn't want to take the medication
 - b. Report the refusal to your supervisor
 - c. Report the refusal to the child's parent
 - d. Document the refusal on the monthly medication record following your child care policy
 - e. The child care provider should not force or restrain a child in order to administer medication
2. Nausea or vomiting
 - a. If a child is nauseated, they may be unable to keep the medication in their stomach.
 - b. Report the child's nausea or vomiting of medication to the supervisor
 - c. Report the child's nausea or vomiting of medication to the child's parent
 - d. Document the time from when the medication was given and the time when the child vomited
 - e. Follow your child care policy regarding inclusion or exclusion of ill child
3. Difficulty swallowing
 - a. Ask parent about obtaining medication in a form that the child can swallow
 - b. Give a sip of water before administering the medication
 - c. Do not rush the child when giving medications
 - d. Use a straw versus a glass when giving tablets or capsules
 - e. Give liquid medications slowly
 - f. Watch for choking. Call for help immediately if choking occurs.
 - i. Know how to conduct Heimlich maneuver, rescue breathing and CPR

Medication Errors

1. A medication error is defined as any violation of the six rights of medication administration. Medication errors can result in a medical emergency.
2. If you have followed the six rights, you should never have a medication error.
3. Each facility must have a written policy for reporting and documenting medication errors and a policy for medical emergencies arising from medication error.
4. If an error occurs, it must be reported immediately to your supervisor and to the child's parent.
5. As the medication administrator, you have the responsibility to be absolutely accurate and honest.
6. If a child is given another child's medication, call the poison control center immediately and follow their directions.

Poison Control Center

1-800-222-1222

7. Notify the parents of the child who mistakenly received the wrong medication.
8. Notify the health care provider of the child who received the wrong medication, inform the health care provider of all emergency action and recommendations from the Poison Control Center that have been initiated.
9. Notify the health care provider who prescribed the medication about the medication error. This allows the prescribing physician to understand the decrease in amount of medication available for the child whose medication was used.
10. Complete an injury/incident report form for the medication error give a copy of the report form to the parent of the child (who received the wrong medication).
11. Follow your business policy regarding documentation on the medication record the medication error.

Methods to Prevent Medication Errors

1. Do not record a medication until after the medication is given.
2. Do not leave medications unattended.
3. Do not remove medications from their locked storage until you are ready to prepare the medication for administration.
4. Do not use medications from an unmarked container.
5. Do not give medication prescribed or authorized for one child to another child, this includes children from the same family.
6. Do not prepare liquid medication ahead of time for administration.
7. Do not crush or mix medications together without receiving authorization and guidance from the child's pharmacist or health care provider.
8. Do not use medication which has fallen on the floor.
9. Do not talk or converse with others when preparing medications for administration.
10. Do not give medications that have been measured or prepared by someone else including the parent.
11. Do not document medication was given if you have not personally administered them.
12. Do not forget to wash your hands before administering medication and between giving children their medication.

NOTE: Listen when a child questions a medicine. Reread the order, the label, and the monthly medication record to make sure you have the correct medication.

Establish one area of the classroom, facility, or home where medications and medication administration supplies are stored, prepared, and documented. Keeping the supplies and medication together will prevent the child care provider from interrupting medication preparation to retrieve supplies.

Forms of Medication

Tablet – Solid dosage form containing a medication, also called “pills”

Capsule – Medication inside a gelatin container

Liquid Preparations – Syrup, elixir, emulsion, and suspension

Other – Suppositories, inhalants, drops, and topical creams/ointments and salves.

Medication Administration Guidelines

Oral Medications-Tablets/Capsules

When using medication from a bottle, open lid of container, tilt bottle, and pour correct number of tablets or capsules into lid of the medication container. Do not touch medication or inside of bottle or lid. The medication should be transferred to a small medication cup for administration.

When identifying the correct dose, determine if the tablet needs to be split. If the tablet must be split look for a score mark. If the tablet is not scored, you will need to use a pill cutter.

Oral Medications-Liquids

When preparing a liquid medication, read the label to determine if the medication should be shaken before opening the container. When pouring liquid medication, tilt the bottle with medication label pointing up, towards palm of hand, to avoid spilling on the label. Utilize a paper towel to wipe off any excess medication from the lip of the medication container, prior to replacing cap.

When measuring liquid medication perform the following steps:

1. Place the medication cup on a level surface and read dosage at eye level
2. Read the volume of the medication at the low level
 - a. Some medications may form a dome or saucer appearance when they are poured into a medication measuring cup
3. Look at medication measuring device to determine if accurate dosing has been measured

A variety of measuring devices are used to administer liquid medications. Measuring devices include: 1) Oral syringe; 2) Dropper; and 3) Dosing cup. The correct medication measuring device must be provided with the medication.

In a study performed by Yin et al. (2014) it was found that of 287 parents, 41.1% made a medication dosing error. Accurate measurement requires utilizing the correct measuring device and the ability to interpret measurement units.

Liquid medication should not be mixed together with other liquid medications. Liquid medication should also not be mixed in infant bottles, child beverages, or food unless the medication label directions give specific instructions to do so.

Topical Medications

Utilize clean (or sterile) water and gauze to clean skin lesions/wounds. Do not reuse gauze to wipe skin. Gauze should be used for one wipe and discarded.

Medication should be applied with a sterile gauze pad. If more medication is needed, utilize a clean pad for each application.

Eye Drops/Ointments

It is beneficial to have an assistant available when administering eye medications to young children. When preparing the medication you should hold the medication container in your hands until the container is at body temperature. When eye medication is at body temperature, it is less likely the child will blink eyes when giving the ointment or drops.

If an eye dressing is present, remove dressing by gently pulling the dressing away from the forehead, and then pull it down and away from the eye area. Use sterile water and gauze to clean any eye drainage or discharge from the eye. Discard each piece of gauze after one wipe of the eye. Wipe eye from inner corner of eye to outer corner. If eyes are very matted with dry crusting, soak gauze in sterile water and place water soaked gauze on the closed eyes of child, to soften dry crusting.

When preparing to administer medication, remove lid/cap on container and place on a piece of sterile gauze to prevent the inside of the lid/cap from becoming contaminated. Be careful not to touch the inside of the lid/cap.

When preparing eye ointment, squeeze a small amount of ointment onto a piece of sterile gauze to remove any crust that may have formed in the tip of the medication tube. Discard this gauze

During administration of eye ointment, apply ointment in a thin ribbon from the inner aspect to the outer aspect of the lower lid. Do not instill medication directly onto the eye.

When preparing eye drops from an eye dropper, draw the prescribed amount of the medication into the dropper by squeezing the rubber tip or plastic reservoir on the dropper. Do not turn the dropper upside down after drawing the medication into the dropper.

When preparing to administer eye drops directly from container, turn the vial upside down to allow the medication to drop from the tip of the vial.

During administration, steady the hand holding the medication dispensing device against the center of the child's forehead. Place a finger on the skin below the lower eyelid and gently move the lower eyelid downward to open. Instill the correct number of drops into the inner corner of the lower lid.

Once the eye medication has been administered, instruct the child to gently close their eyes. Instruct the child to not tightly squeeze the eyes shut.

Ear Drops

It is beneficial to have an assistant available when administering ear drops to young children. When preparing the medication you should hold the medication container in your hands until the container is at body temperature. When ear medication is at body temperature, it is less likely the child will jerk or flinch when the medication is given.

The entry to the ear canal should be cleaned with sterile water and gauze/cotton ball. Do not insert anything into the ear canal.

During administration, if there is drainage or discharge visible in the ear canal document the color, thickness, and odor of the discharge. If blood is present in the ear canal, report this to supervisor and parents prior to giving the medication.

The child's ear should be gently pulled down and back to administer medication. Do not touch the dropper to any part of the ear. Children with an active ear infection may resist having the ear pulled down and back due to pain. Ensure that you are very gentle and discuss all actions that you are going to take before touching the child's ear.

Once the medication has been administered, the child should lay in the side lying position for 2-3 minutes to allow the medication to move into the ear canal. If drops are ordered for both ears, wait at least five minutes before putting drops in the second ear.

Nasal Drops/Sprays

It is beneficial to have an assistant available when administering nasal drops or spray to young children. When removing the medication from storage, look at the color of the nasal drops. Change in the color of nasal drops can occur rapidly, indicating contamination.

When preparing the medication you should hold the medication container in your hands until the container is at body temperature. When nasal medication is at body temperature, it is less likely the child will jump or move when the medication is given.

The nose should be cleaned with clean water and gauze prior to administering medication. Discard each piece of gauze after one wipe of drainage from the nose. Do not reuse the gauze to wipe the nose again. If the nose is full of drainage, contact parent about whether to administer the medication.

When preparing nasal drops, measure correct dosage on marked dropper. Nasal drops should be administered by holding the dropper just above nostril, in upright position. Once the dropper is in position, squeeze the bulb to deliver medication into one nostril. Do not touch the dropper to any part of the nose. If ordered, repeat procedure for other nostril. After administration, any medication that remains in the dropper should be discarded. Do not return unused medication back into the medication container.

When administering nasal spray, gently insert tip of container into one nostril while holding opposite nostril closed. Spray medication into nostril as child sniffs. Repeat procedure for other nostril. If the child is developmentally capable, let the child hold a tissue to blot away any excess medication that may drain from the nose. Do not let the child blow nose for several minutes as medication is absorbed. After administration, wipe the piece inserted into the nostril with a clean tissue prior to replacing cap.

Inhalation Medication

Inhalant medication is administered by breathing into the respiratory system. This type of medication is administered through an inhaler or nebulizer. A metered dose inhaler is a pressurized canister that releases a fixed dose of medication in the form of an aerosol. A nebulizer is a device that delivers medication in the form of a mist to the airways.

When preparing medication, pay close attention to special instructions. Some inhalers must be shaken before use. A spacer is often required for inhaler medication. A spacer is a hollow tube that attaches to the inhaler. The spacer holds the medicine from the inhaler until the child is able to breathe it into their lungs.

When administering medication by an inhaler, position the child sitting comfortably and attach the spacer to inhaler. For young children, place the spacer into child's mouth, instruct the child to take a slow, deep breath as you depress the inhaler. For an older child, have child place spacer into mouth and instruct child to depress inhaler as they inhale slowly and deeply. Child should hold their breath for 10 seconds. Repeat steps if a second dose is prescribed. Replace cap on inhaler.

It is beneficial to have an assistant available when administering a nebulizer treatment as the procedure takes several minutes to complete. You should perform the procedure in a comfortable environment and provide the child with an age appropriate, quiet activity. Nebulizer treatments may trigger coughing or vomiting. Tissues and a small waste container should be available.

Perform the following steps when setting up a nebulizer:

1. Place medication in reservoir and attach reservoir top
2. Attach reservoir to tubing
3. Attach mouthpiece or mask
4. Ensure tubing is secured to nebulizer device
5. Turn on machine when child has mouthpiece or mask in position.

Children will require different positions, equipment, and technique depending on their developmental age:

1. Infants
 - a. Held by caregiver or positioned upright
 - b. Place mask over child's nose and mouth
2. Young Child
 - a. Sitting comfortably
 - b. Place mouthpiece or mask over child's nose and mouth
 - c. Ask child to take slow, deep breaths
3. Older Child
 - a. Sitting comfortably
 - b. Have child place mouthpiece or mask
 - c. Ask child to inhale slowly and deeply

Inhaler, spacer, and nebulizer equipment should be cleaned per manufacturer guidelines.

Competency Skills Evaluation Checklist

- Oral Medications (Tablets/Capsules)
- Oral Medications (Liquids)
- Topical Medications
- Eye Drops/Ointments
- Ear Drops
- Nasal Drops/Sprays
- Inhalation Medications: Metered Dose Inhaler (MDI)
- Inhalation Medications: Nebulizer

Oral Medications (Tablets/Capsules)

Performance Action		Yes	No
1	Wash Hands		
2	Identify and gather supplies: Medication cup, pill cutter, appropriate measuring device, etc.		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
13	Open medication container and dispense correct number of tablets/capsules into lid of container Note: Do not touch medication or inside of bottle or lid		
14	Pour the medication dose into a small medication cup		
15	Replace the lid on the medication container		
16	Take medication and supplies to the child and discuss the procedure		
17	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
18	Put on gloves		
19	Have child place tablet/capsule in mouth directly from the medication cup or assist the child with placing tablet/capsule in mouth		
20	Allow child time to swallow medication		
21	Give child a drink of water (if allowed)		
22	Ensure the medication is swallowed and observe for choking or spitting out medication		
23	Remove Gloves		
24	Wash Hands		
25	Document medication given on the child's medication record		
26	Return medication container to proper storage area		

Performance Action		Yes	No
27	Clean medication preparation area and supplies		
28	Return unused equipment/supplies to storage area		
29	Observe child for adverse reactions to medication		

Competency Skill Assessment Attempt #:

Score: /29

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Oral Medications (Liquids)

Performance Action		Yes	No
1	Wash Hands		
2	Identify and gather supplies: Medication cup, appropriate measuring device, etc.		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation Note: Do not mix liquid medications together. Do not mix with food/drink unless directions clearly state to do so.		
11	Check the expiration date on the bottle		
12	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
13	Open medication container and pour into appropriate measuring device Note: When pouring medication , tilt the bottle with medication label pointing up towards palm of hand to prevent spilling on label		
14	Ensure the medication does not drip/spill onto label		
15	Look at measuring device to determine if accurate dose has been measured Note: some medications may form a dome or saucer appearance when they are poured into a medication measuring cup		
16	Replace the lid on the medication container		
17	Take medication and supplies to the child and discuss the procedure		
18	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
19	Put on gloves		
20	Have child place medication cup to mouth or assist the child with placing medication cup to mouth		
21	Allow child time to swallow medication		
22	Give child a drink of water (if allowed)		
23	Ensure the medication is swallowed and observe for choking or spitting out medication		
24	Remove Gloves		
25	Wash Hands		

Performance Action		Yes	No
26	Document medication given on the child's medication record		
27	Return medication container to proper storage area		
28	Clean medication preparation area and supplies		
29	Return unused equipment/supplies to storage area		
30	Observe child for adverse reactions to medication		

Competency Skill Assessment Attempt #:

Score: /30

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Topical Medications

Performance Action		Yes	No
1	Wash Hands		
2	Identify and gather supplies: Gauze pads, clean/sterile water, clean bandage, etc.		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure (if available)		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Position child		
16	Put on gloves		
17	Remove bandage: Notice the color, thickness, and smell of any drainage		
18	Discard soiled bandage		
19	Remove gloves		
20	Wash hands		
21	Reposition child		
22	Put on gloves		
23	Use clean (or sterile) water and gauze to clean skin wound Note: Do not reuse gauze. Use a sterile gauze pad for each wipe		
24	Discard soiled gauze and gloves		
25	Wash hands		
26	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
27	Reposition child		

Performance Action		Yes	No
28	Put on gloves		
29	Place medication on clean gauze pad		
30	Administer medication		
31	Reapply clean bandage		
32	Remove gloves		
33	Wash hands		
34	Replace cap/lid on medication		
35	Document medication given on the child's medication record		
36	Return medication container to proper storage area		
37	Clean medication preparation area and supplies		
38	Return unused equipment/supplies to storage area		
39	Observe child for adverse reactions to medication		

Competency Skill Assessment Attempt #:

Score: /39

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Eye Drops/Ointments

Performance Action		Yes	No
1	Wash Hands		
2	Identify and gather supplies:		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure (if available)		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Position child		
16	Put on gloves		
17	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
18	Administer the medication into the lower eyelid without touching dropper or tube to any part of eye		
19	Have child close eyes		
20	May allow child to hold a tissue to blot excess medication		
21	Remove gloves		
22	Wash hands		
23	Replace cap/lid on medication		
24	Document medication given on the child's medication record		
25	Return medication container to proper storage area		
26	Clean medication preparation area and supplies		
27	Return unused equipment/supplies to storage area		

Performance Action		Yes	No
28	Observe child for adverse reactions to medication		

Competency Skill Assessment Attempt #:

Score: /28

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Ear Drops

Performance Action		Yes	No
1	Wash Hands		
2	Identify and gather supplies:		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Position the child lying down on their side		
16	Put on gloves		
17	If ear canal is full of drainage, contact parent to determine if medication should be administered Note: Do not attempt to remove thick or dried drainage from ear canal		
18	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
19	Position the ear by gently pulling outer ear back and downward		
20	Administer the medication into the ear using dropper without touching dropper to any part of the ear		
21	May allow child to hold a tissue to blot excess medication		
22	Child must remain in side-lying position for several minutes		
23	If child is to receive medication in both ears, wait a minimum of 5 minutes before repositioning		
24	Remove gloves		
25	Wash hands		
26	Replace cap/lid on medication		

Performance Action		Yes	No
27	Document medication given on the child's medication record		
28	Return medication container to proper storage area		
29	Clean medication preparation area and supplies		
30	Return unused equipment/supplies to storage area		
31	Observe child for adverse reactions to medication		

Competency Skill Assessment Attempt #:

Score: /31

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Nasal Drops/Sprays

Performance Action		Yes	No
1	Wash Hands		
2	Identify and gather supplies:		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Put on gloves		
16	Position child lying down or sitting with head tilted back		
17	If nose is full of drainage, contact parent to determine if medication should be administered Note: Do not attempt to remove thick or dried drainage from deep in the nose		
18	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
19	Drops: Administer the medication into the nose using dropper without touching the dropper to any part of the nose		
20	Spray: Gently close one nostril while administering medication into the other nostril. Spray medication into nostril as child sniffs. Repeat with the other nostril		
21	May allow child to hold a tissue to blot excess medication		
22	Remove Gloves		
23	Wash hands		
24	Replace cap/lid on medication		
25	Document medication given on the child's medication record		
26	Return medication container to proper storage area		

Performance Action		Yes	No
27	Clean medication preparation area and supplies		
28	Return unused equipment/supplies to storage area		
29	Observe child for adverse reactions to medication		

Competency Skill Assessment Attempt #:

Score: /29

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Inhalation Medications: Metered Dose Inhaler (MDI)

Performance Action		Yes	No
1	Wash Hands		
2	Identify and gather supplies: spacer		
3	Review medication record and written health care or action plan		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time: Verify time of last dose given		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation: Inhalers may need to be shaken before use		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
16	Put on gloves		
17	Position child sitting comfortably		
18	Attach spacer to inhaler		
19	Very young child: Place spacer into child's mouth, instruct child to take a slow deep breath as you depress inhaler		
20	Older Child: Have child place spacer in mouth. Instruct child to depress inhaler as they inhale slowly and deeply (Child should hold breath for at least 10 seconds)		
21	Repeat steps if a second dose is prescribed		
22	Replace cap on inhaler		
23	Remove Gloves		
24	Wash Hands		
25	Document medication given on the child's medication record		

Performance Action		Yes	No
26	Return medication container to proper storage area		
27	Clean medication preparation area and supplies		
28	Return unused equipment/supplies to storage area		
29	Observe child for adverse reactions to medication		

Competency Skill Assessment Attempt #:

Score: /29

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Inhalation Medications: Nebulizer

Performance Action		Yes	No
1	Wash Hands		
2	Identify and gather supplies: Quiet activity, nebulizer equipment and small waste receptacle		
3	Review medication record and written health care or action plan		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time: Verify time of last dose given		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
16	Put on gloves, put the medication in reservoir and prepare the nebulizer equipment		
17	Position child		
18	Infants: Place mask over child's nose and mouth.		
19	Young child: Place mouthpiece or mask over child's nose and mouth. Ask child to take slow, deep breaths		
20	Older Child: Have child place mouth piece or mask. Ask child to inhale slowly and deeply		
21	Nebulizer may trigger coughing or vomiting. Have tissues and a small waste receptacle available		
22	Have the assistant remain with the child for a few minutes after medication administration		
23	Remove Gloves		
24	Wash Hands		
25	Document medication given on the child's medication record		
26	Return medication container to proper storage area		

Performance Action		Yes	No
27	Clean medication preparation area and supplies		
28	Return unused equipment/supplies to storage area		
29	Observe child for adverse reactions to medication		

Competency Skill Assessment Attempt #:

Score: /29

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____



Appendix

- Monthly Medicine Record
- Medication Administration Packet
- Asthma Action Plan
- Diabetes Medical Management Plan
- Food Allergy Action Plan
- Seizure Action Plan
- Special Health Care Plan
- Medication Administration Competency Skills Evaluation Handout
- Healthy Child Care Iowa Handwashing Poster
- FDA Article: *Do Teething Babies Need Medicine on Their Gums? No*