

Medication Administration in the Child Care Setting



Army Public Health Nursing
Department of Preventive Medicine
Irwin Army Community Hospital

Objectives

Upon completion of this class, you will have an understanding of:

- Army & local policy on medication administration in the childcare setting
- Safe medication administration practices
- Medication storage
- 6 Rights of medication administration

Why Give Medication in Child Care?

- There are 3 main reasons for giving medication in the child care setting:
 - To maintain the health of the child
 - To allow a child who is not acutely ill to attend the program
 - To comply with laws, regulations and best practice



Administering Medication and Performing Caregiving Health Practices

- Per 608-10, on occasion CYSS personnel may be required to perform health related practices(such as medication administration) as a reasonable accommodation for children with disabilities as outlined by the Rehabilitation Act of 1973.
- The Rehabilitation Act of 1973 prohibits discrimination against people with disabilities. The law applies to programs conducted by Federal agencies, programs receiving Federal funds, Federal employment, and in the employment practices of Federal contractors.
- The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in Title I of the Americans with Disabilities Act.

Americans with Disabilities Act (ADA)

- What the law says:
 - Centers have to make reasonable modifications to their policies and practices to integrate children, parents, and guardians with disabilities into their programs.
 - You can not refuse to give medication to a child with disabilities. In some circumstances, it may be necessary to give medication to a child with a disability to make a program accessible to that child.
 - There is no military exemption for ADA.

AR 608-10 regulates that CDC Staff and FCC Providers may:



Administer Medications



Assist with Glucose Monitoring



Administer Nebulized Medications



Administer Medications & Feedings via G-tube



Perform Clean Intermittent
Catheterization

What CDC STAFF and FCC Providers Can't do, per 608-10

- <u>CAN'T</u> perform functions that require extensive medical knowledge, such as:
 - Determining the dosage of a prescribed medication such as a dose of insulin based on the result of a child's blood sugar
 - Determining the frequency of a prescribed medication.
- <u>CAN'T</u> perform a function that if improperly performed could lead to a high medical risk. An example would include:
 - Injection of insulin
- <u>CAN'T</u> perform functions that are considered medical intervention therapy (for example those functions not typically taught to parents by physical, occupational, speech therapists, or special educators as part of a home program)

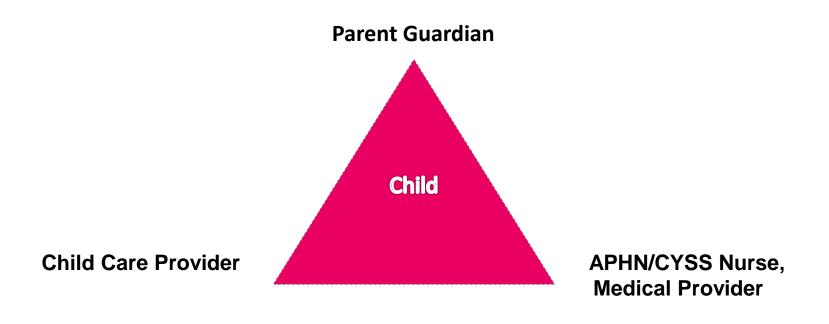
MEDICATION ADMINISTRATION:

WHAT YOU
NEED TO
KNOW TO
SAFELY
ADMINISTER
MEDICATION
IN THE CHILD
CARE SETTING



Medication Administration: Responsibility

- Medication administration is dependent on:
 - The competency of the individual administering the medication
 - Communication and cooperation between the parent/guardian, child care provider, and health care professional
 - A caring environment with the common goal of maintaining the health of the child



Medications are substances used to treat diseases, illnesses, or symptoms of a disease/illness.

Approved Medication List

- CYSS has an Approved Medication List
- IF a medication is not on the Approved Medication List, it
 MAY be administered:
 - Only if it's approved by the health consultant per AR 608-10 guidelines.
 - Only after an Exception to Policy is completed by the health consultant
- The Approved Mediation List contains the following categories of medications:
 - Antibiotics
 - Antihistamines
 - Decongestants







2014 Approved Medication List

2014 Approved Medication List

Child, Youth and School Services

1. ANTIBIOTICS/ANTIFUNGALS

Brand Name:	Generic Name:			
Amoxil®, Trimox®	Amoxicillin			
Augmentin® (ES/XR)	Amoxicillin/Clavulanic Acid			
Zithromax®	Azithromycin			
Celcor®	Cefaclor			
Duricef®	Cefadroxil			
Omnicef®	Cefdinir			
Suprax®	Cefixime			
Cefzil®	Cefprozil			
Ceftin®	Cefuroxime			
Keflex®	Cephalexin			
Biaxin®	Clarithromycin			
Cleocin®	Clindamycin			
E.E.S.®, Ery-Tab®, EryPed®	Erythromycin			
Furadantin®, Macrodantin®	Nitrofurantoin			
Mycostatin®	Nystatin			
Penicillin-VK®	Penicillin			
Bactrim®, Septra®	Sulfamethoxazole/Trimethopris			

2. COUGH and COLD PREPARATIONS

Due to concerns with cough and cold medications in the pediatric population, the FDA has issued warnings about the appropriate use in this population.

Medication	Age Limitations	Product Strength Diphenhydramine 12.5 mg per 5 ml Loratidine 5 mg per 5 ml		
Benadryl®	Do not use < 6 months			
Claritin®	Do not use < 6 months			
Robitussin®	Do not use < 2 years	Guaifenesin 100 mg per 5 ml		
Robitussin DM®	Do not use < 2 years	Guaifenesin 100 mg/Dextromethorphan 10 mg per 5 ml		
Sudafed®	Do not use < 2 years	Pseudoephedrine 30 mg per 5 ml		
Children's Dimetapp® Cold and Allergy Liquid	Do not use < 2 years	Brompheniramine 1 mg/Phenylephrine 2.5 mg per 5 ml		

3. OTHER MEDICATIONS – Medications not included on this list require an approved Exception to Policy Memorandum prior to administration by CYSS personnel.

LAUREN B. DEFELICE RN, BSN

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(Valid for 1 year)

Nurse Health Consultant to CYSS Army Public Health Nursing

Exception to Policy example for antibiotic eye drops

Training on correct dosage technique, provided by the APHN, to staff members responsible for administering eye drops, prior to staff administering the eye drops.

FORT RILEY CYSS EXCEPTION TO POLICY FOR MEDICATION ADMINISTRATION

Instructions for use:

If a parent brings in a medication that is not on the approved list, CYSS management personnel will contact the APHN or CYSS Nurse to seek approval to administer the medication. A copy of the prescription shall be emailed or given to the CYSS Nurse or APHN for approval. Prior to administering the medication, the Exception to Policy must be completed in full by the CYSS Nurse or APHN and provision of any specialized training completed by the APHN-CYSS Nurse to CDC personnel responsible for administration of the medication. Keep this form in child's record and document on DA Form 5225-R "exception to policy approved".

PART 1

CHILD'S NAME: Snow White

DOB: 07/15/2012

CYSS PROGRAM: First Division CDC

MEDICATION: Polymyxin B/TMP (Polytrim) 10ml ophthalmic solution

DOSE: Instill I drop in each eye

FREQUENCY: Give at 1200 and 1600 daily

START DATE: December 10, 2012 STOP DATE: December 15, 2012

WHY WAS MEDICATION PRESCRIBED: Conjunctivitis (pink eye)

PHYSICIAN: Dr. Sneezy at Farrelly Health Clinic Phone: 785-240-5585

APHN/ CYSS GRANTING APPROVAL: Michelle Johnson RN, BSN

PHONE NUMBER: 785-240-7234

DATE OF APPROVAL: 12/10/2012

PART 2

Complete a DA Form 5225-R and email to CYSS Nurse or APHN for approval

Special Instructions for the administration of prescribed medication:

- •Get prompt medical attention for any vision changes or signs of worsening infection such as redness, swelling, pain, or foul smelling drainage from the eye.
- •Place eye drops in the corner of the eye where the eyelids meet the nose. When Snow White blinks, the medication will flow into her eye.
- ·Give the exact number of drops prescribed
- . Be careful to not touch the eye or eyelashes with the medication bottle
- •To avoid spreading infection, wash your hands well with soap and warm water before and after touching Snow White's eye and dispose of any tissue used.

What to do if side effects are suspected:

- ·Immediately discontinue the medication
- ·Immediately notify CYSS Management Staff, parent, and CYSS Nurse or APHN
- *If a life threatening condition occurs, immediately call 911

All Medication Must:

- Be in its original container.
- Have a child-proof cap.
- Be clearly labeled not altered!
- Have a current date.
- Have the child's name, the medication name, and the dosage.
- Have instructions for use.
- Have the Physician's name



Forms of Medication: Oral

- Tablets
 - Coated and uncoated: Swallow whole
 - Chewable: Must be chewed and not swallowed whole
- Capsules
 - Do not crush or chew
 - Do not open and sprinkle onto food or into a drink, unless specifically ordered to do so by the medical provider.
- **** Medication will not be crushed, diluted, or mixed with food/drink unless specifically instructed by the medical provider in writing and after consultation with CYSS Nurse or APHN

Forms of Medication: Oral, continued

Liquid

- Suspensions: Un dissolved Medications in liquid
 - Must be shaken prior to pouring
 - Usually needs refrigeration.....such as Amoxicillin Suspension
- Syrups: A concentrated solution of sugar in water or other liquid with medication added, such as cough syrup
- Elixir: Sweetened liquid in a dilute alcohol base which contains dissolved medication, such as Tylenol Elixir with Codeine

Forms of Medication: Oral, continued

- Sublingual: Placed under the tongue
- Melting strips and tablets: Absorbed directly in the mouth.
 Examples include:
 - Tylenol Meltaways
 - Triaminic
- Gums and Gels





Forms of Medication: Topical

- Topical medications that may be used in CYSS include:
 - Eye drops
 - Ear drops
 - Creams or ointments such as:
 - Diaper rash preparations (do not require an Exception to Policy if on the Basic Care Item Sheet)
 - Hydrocortisone cream for bug bites







Basic Care Items





- AR 608-10 identifies the following as Basic Care Items:
 - Topical items used for the prevention of sunburn
 - Ointment and lotions used for diaper rash
 - And topical items used for teething. These items can't contain Benzocaine (recent American Academy of Pediatrics guidelines)







Approved Basic Care Item List December 2013



December 1, 2013

FORT RILEY CYSS APPROVED BASIC CARE ITEM LIST

- 1. Per AR 608-10, 4-32, Basic care items are limited to topical items used for the prevention of sunburn, diaper rash, (ointments and lotions), and teething irritation. Basic Care Items may ONLY be used as directed by the manufacturer to include amount/dose, age restriction, frequency of use, and area of application. There is no authorized variation in administration from these directions. Parents of children showing any indication of disease (infected sunburn, diaper rash, or gums) will be notified and referred to a healthcare provider for diagnosis and treatment. The use of basic care items will be discontinued until healthcare provider determines further use will not be harmful.
- 2. Only the items identified below are approved for use without prescription. Products not on the approved list require review by the Health Consultant with an Exception to Policy issued prior to use of product.

a. Prevention of Sunburn:

Sunscreen with a Sun Protection Factor (SPF) of at least 15 that is "broad-spectrum" should be used. For babies younger than 6 months: Use sunscreen on small areas of the body, such as face and the backs of hands, if protective clothing and shade is not available.

- · Banana Boat Kids Sunblock°/Banana Boat Baby Sunblock Lotion®
- · Neutrogena Wet Skin Kids Sunblock Spray®
- · Coppertone Kids Sunscreens/Coppertone Water Babies Sunscreen Lotion®
- · Aveeno Baby Continuous Protection Sunblock Lotion®
- Block Up!® Baby Sunscreen
- · Equate Kids Sunscreen®

b. Prevention of Diaper rash (Ointments and Lotions):

- · Desitin®
- · A and D ointment®
- · Boudreaux's Butt Paste®
- · Petroleum Jelly
- · Balmex®
- · Aveeno Baby: Soothing Relief Diaper Rash Cream®
- · California Baby Diaper Rash Cream®
- Triple Paste Medicated Ointment®
- · Burt's Bees: Baby Bee Diaper Ointment°
- · Earth's Best® Organic Aloe Vera and Vitamin E Diaper Relief Ointment
- · Equate Creamy Diaper Rash Relief®
- · Equate Diaper Rash Ointment Skin Protectant 40% Zinc Oxide®

c. Teething medications (May not contain Benzocaine):

- · Baby Orajel Naturals®
- · Camilla®
- BabyGanics®
- · Hyland's Homeopathic Teething Gel®
- 3. The point of contact for this memorandum is the undersigned.

Catharuna Sundsey
CATHARINA R. LINDSEY
MAJ, AN
Chief, Army Public Health Nursing

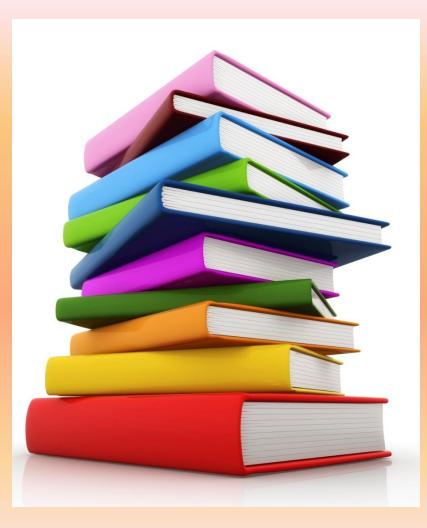








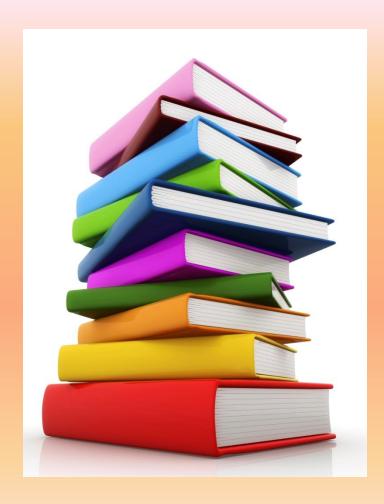
General Policies



- Daily medications will only be administered in full-day care or on an exception basis in other programs (MST, SAS, Hourly Care), when no other reasonable alternative exists.
- Individuals administering meds will receive specialized training.
- Medications must have specified dosages; no PRN (as needed) medications.
- Child must be on medication for 24 hours before the medication may be administered by CYSS staff

General Policies

- Never give a medication if:
 - its appearance has been altered
 - You can't read the label, or the label has been changed.
- Never sign the medication card, agreeing to administer a medication, if you don't know what the medication is, why it's to be given, how it's to be given, and any potential side effects.
- Medications are returned to parents when no longer needed. If unable to return to parents, medication can be given to the CYSS Nurse or APHN nurse for proper disposal per State and Federal Guidelines
- Medications should be given at home by parents/guardians, if possible



Medication Expiration

- Two different dates to check for.
- Date of Prescription
 - Listed on the prescription label
 - Rx is only valid for 365 days
 - 06/20/2011 will EXPIRE on 6/19/2012
- Medication Expiration
 - Listed on the medication label
 - Manufacturer's date of expiration



Once the prescription has expired, the drug (even if it has not expired) may not legally be administered anymore.

Two Types of Medications

Daily Medications

- Medications that a child gets at a certain time every day
 - Antibiotics
 - Afternoon dose of Ritalin

Rescue Medications

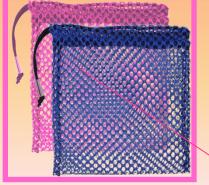
- Medications that are prescribed to treat a medical emergency:
 - Albuterol Inhaler for asthma
 - Benadryl for mild allergic reactions
 - EpiPen for severe allergic reaction

We have different storage regulations for each type.



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Can be used to store rescue medications

Storage of Medications

- Store all medications out of the reach of children, in a cupboard labeled "medications".
 The cupboard must have a child proof lock.
- Store non rescue medications in an additional locked box inside the medication cupboard.
- NEVER store rescue medications in a locked box. Rescue medications should be stored inside the medication cupboard where they can easily be reached in an emergency.
- During fieldtrips, rescue medications should be kept in a backpack secured by a CYSS Staff member at all times.
- During outdoor play, rescue medications can be stored in a backpack that is hung on a hook out of the reach of children.
- Per Army Policy staff medications follow the same storage guidelines. They may not be stored in your purse in the Teacher's Cabinet.

Rescue medications must be with the child at ALL times.

When you combine classrooms. When you go to the playground. During Fire Drills.

On field trips.

Any time you leave the classroom!

Six "Rights" of Med Administration

Right Child

Right Medication

✓ Right Time

Right Dose

Right Route

Right Documentation

Right Child

- Identify the correct child
- Administer medication to a child in a separate area away from other children, to avoid distractions which may lead to a medication error.
- Check all paperwork to ensure correct child



Right Medication

- Compare the medication label to the Medication Card
- If applicable, compare the medication to the Medical Action Plan (i.e. Asthma Care Plan, Allergy Action Plan).
- Check the medication 3 times before administering:
 - Before preparing the medication
 - After preparing the medication
 - Before administering the medication



Right Time



- Check the prescription label and Med Card to verify time medication is to be given.
- Medication will be administered within a 30minute window of the scheduled time.
- For example, if the medication is ordered for 12 noon, it can be given between 1130 and 1230.
- If ordered once or twice daily (without a specific time) the parent will be responsible for administering at home

Right Time

- The actual time the medication is given will be documented on the medication card
- Document the time the medication was given and your initials, on the medication card
- If medication is not given because it was forgotten, child was absent, etc. document the reason the medication was not given on the medication card, and initial.
- Do not administer medication past the specified time.
 Immediately notify the parent, and complete an medication error report.

Right Dose

- Verify correct dose on Rx label, Med Card and Care Plan
- Ensure that medication comes with proper dosing equipment
- Check the dose 3 times before you administer it!!!
 - Before you pour/prepare it
 - After you pour/prepare it
 - Before administering it













Dosing Equipment









Right Route

- Oral
- Inhaled
- Topical
- Eye Drops (optic)
- Ear Drops (otic)
- Nose Drops
- Gastrostomy Tube





Right Documentation

 Medication administration is recorded on DA Form 5225-R ("Medication Card")

 Each medication requires a separate Medication Card.

The Medication card is valid for one calendar month.

 Time of each dosage and initials of provider administering the dose will be entered on the date given

 The parent must sign the med card. The parent signature gives the caregiver permission to administer the medication

CHILD DEVELOPMENT SERVICES (CDS) MEDICAL DISPENSATION RECORD							MONTH			
For use of this form, see AR 608-10; the proponent agency is DCSPER										
(SEE REVERSE FOR PRIVACY ACT STATEMENT)										
NAME OF CHILD		ACTIVITY ROOM	NAME OF SP	NAME OF SPONSOR		HOME PHONE	DUTY PHONE			
MEDICATION	(One per card)	AUTHORIZING PH	AUTHORIZING PHYSICIAN MEDICAL FACI		MEDICAL FACILITY		TELEPHONE			
INCLUSIVE DATI	ΞS	DOSAGE	TIME		INSTRUCTIONS: RE	FRIGERATION	YES NO			
BEGIN										
FINISH										
*CDS PERSONNEL DISPENSING MEDICINE WILL INDICATE TIME OF ADMINISTRATION AND INITIAL SAME WITHIN EACH TIME										
BLOCK ON A GIVEN DATE.										
*1	*2	*3	*4	*5		*6	*7			
			.							
*8	*9	*10	*11	*12		*13	*14			
				.						
*15	*16	*17	*18	*19		*20	*21			
			.							
*22	*23	*24	*25	*26		*27	*28			
*29	*30	*31		<u>'</u>						
			-							

	DATA REQUIRED BY THE PRIVACY ACT O	OF 1974			
AUTHORITY:	Title 10, United States Code, Section 3013.				
PRINCIPAL PURPOSE(S):	To provide sponsor consent for administration of medication, confirm medication dispensation directions,				
	maintain medication records, and identify individuals responsible for disp	pensing medicat	ion.		
ROUTINE USES:	No information is to be disclosed outside DOD.				
DISCLOSURE:	Disclosure of requested information is voluntary, however, if information is not provided, medication will not be				
	administered.				
CDS PERSONNEL AUTHORIZED TO ADMINISTE	R MEDICATION TO				
				(Child's Name)	
				hereby authorize the	
CDS personnel noted above to administer medicati	on in the quantity and manner as requested and release same from all legal	l claims			
issued due to injury or illness which may result from	n such administering. Additional CDS personnel may be designated at the				
discretion of the CDS Program Director.					
(Date)		(S	ignature of Sponsor)		
DATE	SIGNATURE OF PROGRAM DIRECTOR				

USAPPC V2.00

REVERSE OF DA FORM 5225-R, JUL 89



HELPFUL HINTS

Medication will be called "medicine/medication" and not referred to as candy

Never force a child to take medication

- Children have the right to refuse to take medication
- If a child refuses medication, document the occurrence on the medication card along with the time and the provider's initials.
- Notify the parent

If a child spits up a medication:

- Call the parents and inform them
- Document the occurrence on the medication card, along with the time and the provider's initials.



OH NO!!!!

I made an error! Now What?

- Recognize that an error has been made.
- Stay with the child.
- Assess the child's condition and/or reactions to the medication.
- Report the error immediately to the supervisor.
- Call 911 for life threatening reaction.
- Notify the parent and CYSS nurse of the error.
- Complete an incident report.

Common Causes of Errors

Misreading a medication order.

Errors in measuring doses.

Poor labeling.

 Lack of knowledge concerning the medication given.

Use of improper abbreviations.

Not following the 6 rights.

Administering medication without any thought.



Our most common medications in CYSS are RESCUE **MEDICATIONS!**

Bronchodilaters (Rescuer/Relievers)





- Used for immediate relief of an asthma attack which causes narrowing of the air passageways.
- Rescue Inhalers are medications that cause muscles in the airways to relax causing air passageways to open wider
- Quickly opens air passageways allowing easier breathing within 5 minutes or less
- Can help to reduce coughing and wheezing associated with an asthma attack.
- Some common side effects include: shakiness, feeling jittery, racing heart, nervousness, headache, dizziness, sore throat
- Some examples of Relievers include: Albuterol (Ventolin, ProAir), and Xopenex.
- Call 911 immediately if symptoms worsen
- Always notify parent when a child uses his/her inhaler.

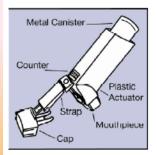


Figure A



Figure B

There are 2 main parts of your VENTOLIN HFA inhaler:

- the blue plastic actuator that sprays the medicine into your mouth. See Figure A.
- the metal canister that holds the medicine. See Figure A.

The actuator has a protective cap that covers the mouthpiece. The strap on the cap will stay attached to the actuator.

Do not use this actuator with a canister of medicine from any other inhaler.

Do not use this canister of medicine with an actuator from any other inhaler.

The canister has a counter that shows you how many sprays of medicine you have left. The number shows through a window in the back of the actuator. The counter starts at either 204 or 64, depending on which size inhaler you have. See Figure B.

Priming your VENTOLIN HFA inhaler:

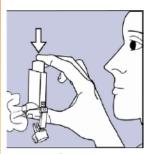


Figure C

Your VENTOLIN HFA inhaler must be primed before you use it for the first time, when it has not been used for more than 14 days in a row, or if it has been dropped. Do not prime your VENTOLIN HFA every day.

- Remove your VENTOLIN HFA inhaler from its packaging.
- Throw away the pouch and the drying packet that comes inside the pouch.
- Remove the protective cap from the mouthpiece.
- Shake the inhaler well, and spray it into the air away from your face. See Figure C.



Shake and spray the inhaler like this 3 more times
to finish priming it. After you prime the actuator
for the first time, the dose counter in the window
on the back of the actuator should show the
number 200 or 60, depending on which size
inhaler you have. See Figure D.

Figure D

Each time you use your VENTOLIN HFA inhaler:

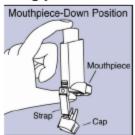
- Make sure the canister fits firmly in the plastic actuator.
- Look into the mouthpiece to make sure there are no foreign objects there, especially if the strap is no longer attached to the actuator or the cap has not been used to cover the mouthpiece.

Reading the dose counter on your VENTOLIN HFA actuator:

- The dose counter will count down by 1 number each time you spray the inhaler.
- The dose counter stops counting when it reaches 000. It will continue to show 000.
- The dose counter cannot be reset, and it is permanently attached to the metal canister. Never try to change the numbers for the dose counter or take the counter off the metal canister.
- Do not remove the canister from the plastic actuator except during cleaning to prevent accidently spraying a dose of VENTOLIN HFA into the air.

actuator.

Using your VENTOLIN HFA inhaler:



Step 2. Hold the inhaler with the mouthpiece down. See Figure E.

Step 1. Shake the inhaler well before each spray.

Take the cap off the mouthpiece of the

Figure E

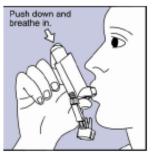


Figure F

- Step 3. Breathe out through your mouth and push as much air from your lungs as you can. Put the mouthpiece in your mouth and close your lips around it. See Figure F.
- Step 4. Push the top of the canister all the way down while you breathe in deeply and slowly through your mouth. See Figure F.
- Step 5. Right after the spray comes out, take your finger off the canister. After you have breathed in all the way, take the inhaler out of your mouth and close your mouth.
- Step 6. Hold your breath as long as you can, up to 10 seconds, then breathe normally.
 - If your healthcare provider has told you to use more sprays, wait 1 minute and shake the inhaler again. Repeat Steps 2 through Step 6.
- Step 7. Put the cap back on the mouthpiece after every time you use the inhaler.
 Make sure the cap snaps firmly into place.

Cleaning your VENTOLIN HFA actuator:

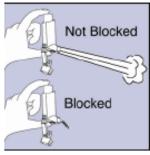


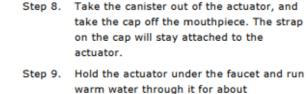
Figure G

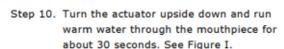
It is very important to keep the plastic actuator clean so the medicine will not build-up and block the spray. See Figure G.

- Do not try to clean the metal canister or let it get wet. The inhaler may stop spraying if it is not cleaned correctly.
- Wash the actuator at least once a week as follows:

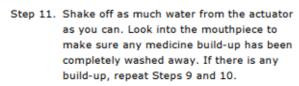


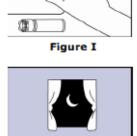
Figure H





30 seconds. See Figure H.





Step 12. Let the actuator air-dry completely, such as overnight. See Figure J.

Step 13. When the actuator is dry, put the canister in the actuator and make sure it fits firmly.

Shake the inhaler well and spray it once into the air away from your face. (The counter will count down by 1 number.) Put the cap back on the mouthpiece.

Figure J

If you need to use your inhaler before the actuator is completely dry:

- Shake as much water off the actuator as you can.
- Put the canister in the actuator and make sure it fits firmly.
- Shake the inhaler well and spray it once into the air away from your face.
- Take your VENTOLIN HFA dose as prescribed.
- Follow cleaning Steps 8 through 13 above.

Replacing your VENTOLIN HFA inhaler:

. When the dose counter on the actuator shows the number 020, you need

to refill your prescription or ask your doctor for another prescription for VENTOLIN HFA.

 Throw the VENTOLIN HFA inhaler away as soon as the dose counter shows 000, after the expiration date on the VENTOLIN HFA packaging, or 12 months after you open the foil pouch, whichever comes first. You should not keep using the inhaler after the dose counter shows 000 even though the canister may not be completely empty. You cannot be sure you will receive the right amount of medicine.

VENTOLIN is a registered trademark of GlaxoSmithKline.

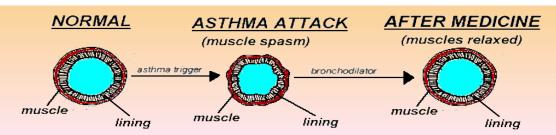
This Patient Information and Instructions for Use has been approved by the U.S. Food and Drug Administration.



GlaxoSmithKline Research Triangle Park, NC 27709

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October 2012 VNT:8PIL



Spacers for Inhalers

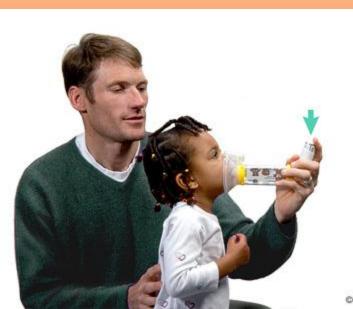




Chamber with small mask for infant or small child



Chamber with medium size mask for child

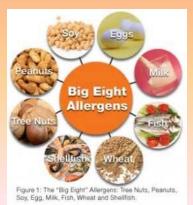


© Healthwise

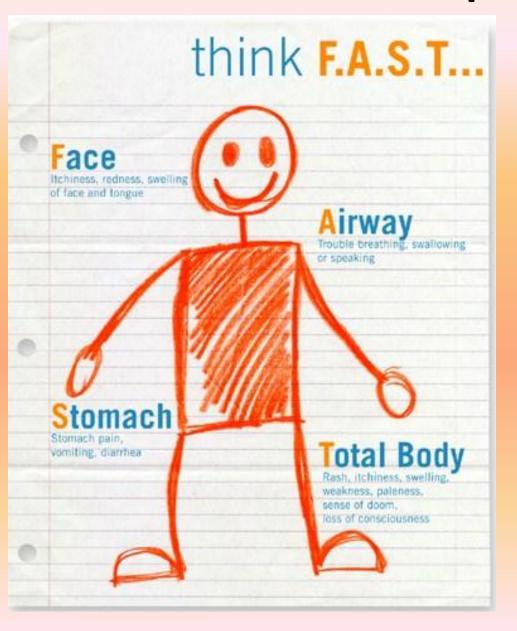
Antihistamines....Such as Benadryl

- When someone with allergies comes into contact with something that causes a negative reaction (such as peanuts), the body's reaction is to put up a defense.
- Histamine is released into the bloodstream. Histamine causes common symptoms of allergies such as swelling, itching, and rash
- An Antihistamine medication such as Benadryl blocks histamine from causing certain physical reactions such as itching, swelling, etc.
- Antihistamines are used for non life threatening reactions.
- Always follow the Allergy Care Plan
- Immediately notify parent to pick up the child if a antihistamine is administered. The child needs to be monitored closely by the parent.





Anaphylaxis



- Anaphylaxis is a severe, life threatening reaction to an allergen such as food, medications, bee stings, etc
- Anaphylaxis may affect several areas of the body and may threaten breathing and circulation of blood
- •The foods most likely to cause a severe reaction are peanuts, tree nuts, fish, and shellfish
- •Epinephrine (adrenaline) is a medication that can reverse the severe symptoms of anaphylaxis.

Epinephrine

- Epinephrine is also known as adrenaline. It's a hormone and a neurotransmitter that has many functions in the body
- Epinephrine is used to treat anaphylaxis, by causing vasoconstriction which is a narrowing of the blood vessels.
- Epinephrine is available in an autoinjector delivery system such as EpiPen and Twinject.
- Side effects of Epinephrine may include:
 fast heart rate, headache, anxiety, irregular heartbeat







Epinephrine

- Always follow the Allergy Care Plan
- Immediately call 911 if Epinephrine is administered...NO EXCEPTIONS!!!!!!
- The effects of Epinephrine are short lived. You may need to administer a 2nd dose if EMS has not arrived within 10 minutes.
- Always save the EpiPen Autoinjector for EMS, to show what dosage was given.

Emergency

- There are 2 dosages of EpiPen:
 - 0.15mg (EpiPen Jr in the green packaging)
 - 0.3 mg (EpiPen in the yellow packaging)

Tylenol (Acetaminophen) Ibuprofen (Motrin, Advil)





- May be administered to prevent a febrile seizure
- Must be accompanied by a Seizure Care Plan
- Seizure Care Plan MUST indicate at what temperature the Tylenol or Motrin should be given. For example, for a temperature greater than 100.5
- If Tylenol or Motrin is administered to prevent a febrile seizure, parent
 MUST be immediately called, and the child sent home
- DO NOT administer if the child is having a seizure. Immediately call 911

NOW YOU'RE READY FOR THE QUIZ

 Go to http://quizstar.4teachers.org/indexs.jsp

 Follow the next slides to Register, Enroll and Take the Quiz

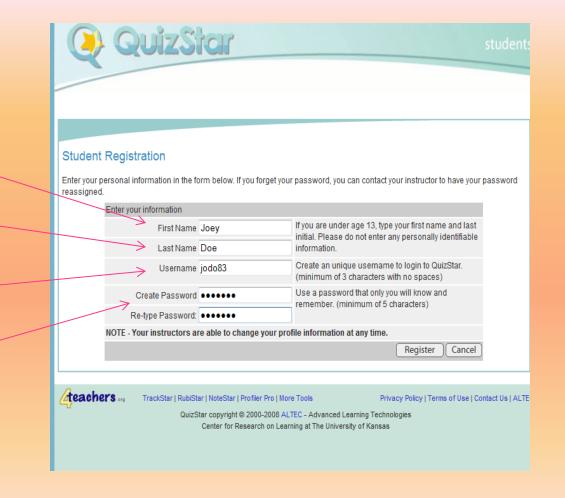
ON THE WEBSITE

Click"Sign Up"



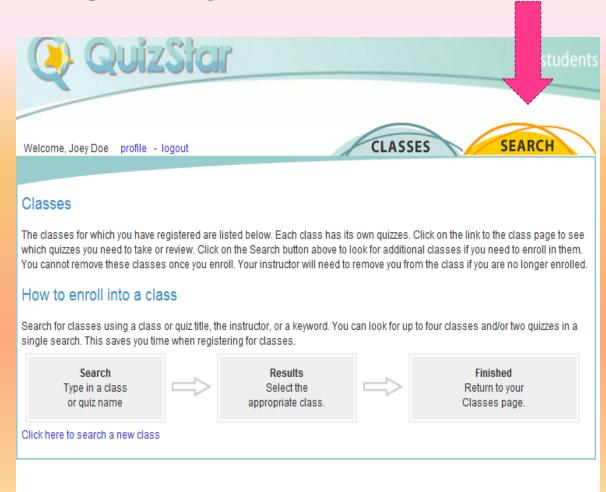
REGISTER

- Registering
- Enter
 - First Name
 - Last Name
 - Username
 - Password
 - Then click"Register"



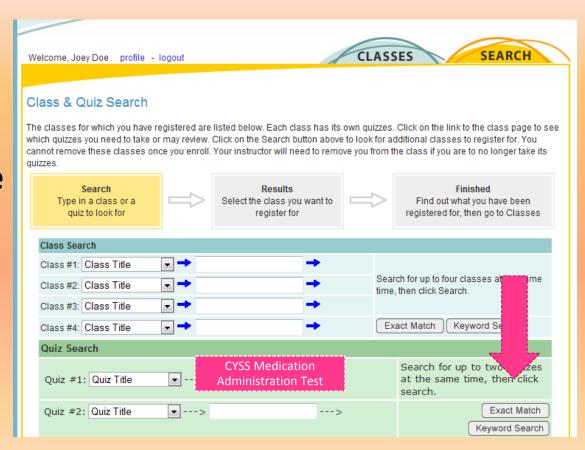
SEARCH

Click"Search"



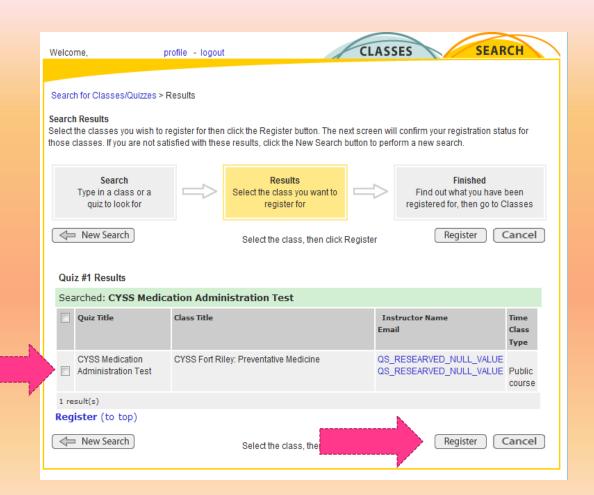
FINDING THE QUIZ

- Look under"Quiz Search"
- Enter "CYSSCommunicableDisease Test"
- Then Click
 Exact Match

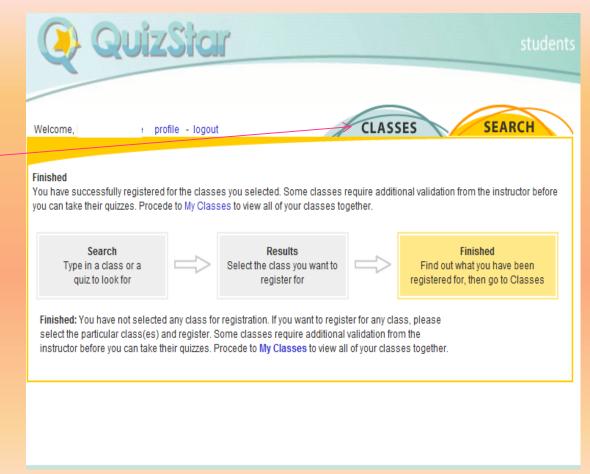


REGISTERING FOR THE QUIZ

- Check Box beside
 "CYSS Medication
 Administration
 Test"
- Click "Register"



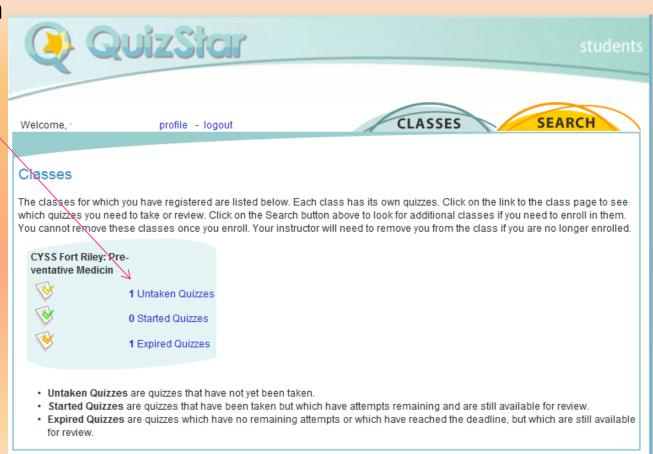
NOW YOU'RE REGISTERED



ClickClasses

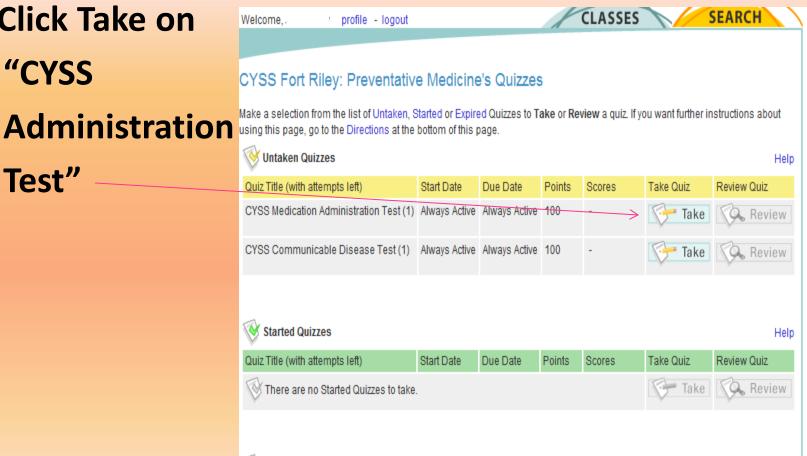
ALMOST THERE

Click "Untaken Quizzes"



CLICK TAKE

Click Take on "CYSS Test"



START THE QUIZ

- You may now start the Quiz
- If you receive a score of 80% or higher, print your results page (see next slide) and bring it with you to your Preventative Medicine class you are enrolled in with CYSS.
- If you receive less than an 80% please contact the CYSS Administrator and/or the CYSS Nurse for further guidance.

RESULTS PAGE EXAMPLE

