



*State of Connecticut*

## **Department of Children and Families**

Medication Administration Certification Training

### **Recertification Study Guide**

**(Based on the Basic Medication Administration Curriculum)**

**2010 Edition**

## IMPORANT INFORMATION FOR RECERTIFICATION

DCF Medication Administration Certified staff is required to pass the DCF Medication Administration Recertification written exam every two years in order to maintain their certification. Staff preparing for the Recertification Exam should review the following materials prior to sitting for the written exam and attending the optional Recertification Review. This study guide is based on the 2008 DCF Basic Medication Certification Curriculum and provides a summary of the Learner Objectives determined to be critical to safe medication administration. Questions on the written exam are based entirely on the Learner Objectives. For further details about any of the Learner Objectives, refer to the 2008 Basic Certification Curriculum.

Curriculum available on line at: [www.ct.gov/dcf](http://www.ct.gov/dcf)

### Click on:

- **Programs and Services: *then***
- **Continuous Quality Improvement : *then***
- **Medication Administration**

## Learner Objective Review for Unit 1

### 1. The Five Rights of Medication Administration are the right:

1. CHILD    2. MEDICATION    3. DOSE  
4. ROUTE    5. TIME

### 2. Know the three documents necessary for safe medication administration

1. Licensed Practitioner's Order  
2. Pharmacy Label  
3. MAR

### 3. Identify the Five Rights on a licensed practitioners order, the pharmacy label and on an MAR

LP Order	Pharmacy Label
<p><u>Carson Brown</u></p> <p><u>Prozac Capsules</u> Give <u>Prozac 20 mg p.o. Qday at 8am</u></p> <p>Charles Smith, MD</p> <p style="text-align: right;">April 1, 2010</p>	<p><u>Carson Brown</u></p> <p><u>Prozac Capsules (fluoxetine)</u> Give Prozac <u>20mg</u> (2 capsules) <u>p.o. every day at 8am</u></p> <p><b>Concentration:</b> 10mg per capsule</p> <p style="text-align: right;">April 1, 2010</p>

### Medication Administration Record (MAR)

ORIGINAL DATE ORDERED	RENEWAL DATE EXP. DATE	DRUG ° DOSE ° ROUTE ° TIME °	HR	1	2	3	4
April 1, 2010	July 1, 2010	<u>Prozac Capsules (fluoxetine)</u> Give <u>Prozac 20 mg p.o. Q day at 8:00am</u>	<u>8:00am</u>	GP			

4. **Describe the "Rule of Three"**: Before administering any medication to any child, you must *compare Five Rights on the licensed practitioner's order, the pharmacy label and the MAR*. The Five Rights must match on all three documents before you may administer a medication.

5. **Explain the Roles of LP, Pharmacist, Med Cert Staff and Nurse:**

- *Licensed Practitioners* may diagnose and may prescribe treatment including medications. Licensed practitioners may dispense medication.
- *Pharmacists* dispense medication according to a licensed practitioner's order.
- *Medication certified staff* may administer medications according to a licensed practitioner's order to children who live in any DCF licensed or operated child-caring facility or extended day program
- The program nurse (RN or LPN) provides ongoing supervision of medication administration staff including internships, continuing education and annual on-site observations.

6. **Know the responsibilities of the DCF Medication Certified Staff**

To ensure safe medication administration, certified staff must:

- Always follow the DCF Medication Administration Procedure.
- Always use the Rule of Three to check the Five Rights before administering any medication.
- Know the desired effect of a medication and observe and report any side effects.
- Adhere to any precautions.
- Follow any specific instructions from the licensed practitioner.
- Contact the Chain of Command whenever you have a question or concern.

## 7. Know when to contact the Chain of Command

The Chain of Command must be contacted whenever:

- You have a question about a licensed practitioner's order, a pharmacy label or MAR.
- There is a change in the condition of a child.
- Any incident where a child does not receive his medication as ordered.
- Any incident where medication is not properly safeguarded.
- Any time you have a question or concern.



## **Learner Objective Review for Unit 2**

### **1. Define the terms trade name and generic name for medications**

Trade name: marketing name - for example: Tylenol®

Generic name: chemical name - for example: acetaminophen

### **2. Define active ingredients and inactive ingredients**

Active ingredient: chemical that actually causes the medication's desired effect

Inactive ingredients: dyes, water, added to form a tablet, add flavor or color

### **3. Define controlled medication**

Controlled medications have the potential to be abused or addictive.

### **4. Define unlabeled (off-labeled) use of a medication**

Unlabeled /Off-labeled use of a medication is the use a medication for a purpose that has not been approved of by the FDA.

### **5. Describe the different routes of administration**

Oral medications, eye drops and ointments, ear drops, nasal sprays, inhaled medications, topical medications.

## 6. List the steps of the DCF Medication Administration Procedure

The DCF Medication Administration Procedure is a step by step process that must be followed every time you administer medications to a child.

### **The DCF Medication Administration Procedure**

- Approach the task in a calm manner allowing no distractions
- Wash hands before and after medication administration
- Assemble appropriate equipment
- Perform the Rule of Three:
  - First Check: Compare the Licensed practitioner's order with the pharmacy label to see that the 5 Rights match
  - Second Check: Compare the pharmacy label with the MAR to see that the 5 Rights match
  - Third Check: Compare the MAR with the licensed practitioner's order to see that the 5 Rights match
- Pour the correct dose of medication
- Identify the correct child
- Administer the medication properly utilizing the proper techniques.
- For oral medication: perform a mouth check to ensure that the medication has been swallowed
- Document appropriately on the Medication Administration Record
- Return the medication to the locked area and clean up

## Learner Objective Review for Unit 3

### 1. Identify what you must know about a medication before you administer it

- Medication's name
- Medication's action
- Usual dose
- Precautions & considerations
- Side effects
- Medication's use
- Controlled or non-controlled

### 2. Describe the process that must occur in the body for a medication to have an effect



### 3. List and describe the effects a child may have to a medication

- Individual Effect - each child responds in his own way to medication
- Desired/Therapeutic Effect - medication worked/helped as expected
- No Effect - medication did not work or have any helpful effect
- Side Effect - an undesired response to a medication
- Allergic Effect - a specific response to a medication that causes an allergic response  
such as rash/hives/runny nose/watery eyes.

### 4. Define the term "side effects" and give examples

A response to a medication that is not the desired effect; may be mild to severe.

Includes: nausea, headache, difficulty sleeping, high fever, muscle twitching and tics.

### 5. Identify the correct steps to take if a child experiences a side effect

HOLD THE MEDICATION - CONTACT CHAIN OF COMMAND -  
DOCUMENT

**6. Describe anaphylaxis and the appropriate steps to follow**

Severe, potentially fatal allergic reaction - CALL 911

**7. List factors that affect a child's response to medication**

Age    Size    Weight    Gender    Route of Administration    Genetics    General  
Health Status    Drug and Food Interactions

**8. Define drug to drug interaction**

The effects of one medication are changed by the presence of another medication.  
May occur whenever there is more than one medication in the child's system.

**9. Describe drug to food interaction**

The presence of food in the stomach affects how a medication is absorbed.

**10. List factors that affect a child's compliance with taking medication**

Taste    Smell    Color    Consistency of the Medication    Parental Approval

**11. Define commonly used medical abbreviations**

**Abbreviations that describe the time or how often a medication is to be administered:**

Q Day	Every Day		PRN	As Needed
BID	Twice a day		AC	Before Meals
TID	Three times a day		PC	After Meals
HS	At bedtime (Hour of Sleep)			
Q # H	Every # hours Example: Q 4 H = every four hours			

**Abbreviations that describe the dose or the form of the medication:**

mg	milligrams Example: 325 mg of Tylenol
ml	milliliter - for liquid medications only
cc	cubic centimeter – for liquid medications only
Tab	Tablet
Cap	Capsule
tsp	teaspoon – for liquid medications only
Tbsp	Tablespoon – for liquid medications only
NTE	Not To Exceed – the maximum number of doses to be administered in a certain time period; often seen with PRN medication  Example: Tylenol 650mg p.o. Q4H NTE four doses in twenty four hours.

**Abbreviations related to the route of administration:**

P.O. (p.o.)	By mouth
O.U.	Both eyes

**Abbreviations that describe the child's history of allergies:**

NKA	No Known Allergies  (the child is not allergic to anything as far as is known)
NKDA	No Known Drug Allergies  (The child has no allergies to any medication but may be allergic to other things such as a food or pollen.)

**Abbreviations that describe special qualities about the medication:**

SR – sustained release	All these abbreviations mean that the medication takes an extended period of time to be absorbed and distributed.
CR – controlled release DR - delayed release XL – extra long release	These types of medications may not need to be administered as many times a day.  They should not be crushed or cut in half without permission from a pharmacist.
MDI	Metered Dose Inhaler  Asthma “pumps” that administer a specific amount of medication with each spray.

**Abbreviations that give special instructions:**

NPO	Nothing by mouth (may be ordered before a child has surgery or blood work)
c	with (Give c water: give with water)
s	without (Give s food: give without food)

**Equivalencies:**

One tsp = 5 ml or 5 cc	One Tbsp = 15 ml or 15 cc or 3 tsp
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**NKDA**

**Tbsp**

**BID**

## Learner Objective Review for Unit 4

### Documentation, Section 1:

#### 1. Identify the components of a licensed practitioner's order

Five Rights   Signature of Licensed Practitioner   Dated within the last 90 days  
Any Special Instructions

#### 2. Explain how often licensed practitioner's orders must be renewed according to DCF regulation

Every medication order must be renewed every 90 days.

#### 3. Identify the documentation necessary for OTC medication

State of Connecticut statutes and regulations require a licensed practitioner's order for *any* medication including *over the counter* (OTC) medications to be administered to a child.

Orders for OTC medication must include the Five Rights, be written in the last 90 days and be signed by a licensed practitioner.

#### 4. Define "standing orders"

Definition: *Standing orders are licensed practitioner's orders that include PRN OTC medications used to help treat or manage routine, minor childhood illnesses or symptoms.*

## Learner Objective Review for Unit 4,

### Documentation Section 2:

#### **1. List the general rules of documentation**

1. Use permanent ink pens. Do not document in pencil or erasable pens.
2. Write legibly.
3. Use only approved abbreviations.
4. Do not attempt to obliterate a documentation mistake. Do not use white-out. If you make a mistake in documentation, draw a single line through the mistake, write your initials and date above it.
5. Use full, proper names and titles when documenting about contacts.
6. Do not use one child's full name in another child's record.
7. The time and date should be noted in all documents.

#### **2. Documenting Non-controlled medications**

Every child who is prescribed medication must have his own MAR(s) for each medication he is prescribed.

#### **3. Documenting Controlled Medications**

When you administer a controlled medication you must document how much of that medication remains.

All controlled medications in the facility must be counted and the count documented at the beginning of each shift **or** whenever responsibility for the controlled medication is transferred from one staff member to another.

#### **4. Documenting PRN Medications**

The time, dose and reason for the PRN medication must be documented.

The outcome for the PRN medication must be documented in an objective or descriptive manner.

## Learner Objective Review for Unit 5 - Math

### 1. Compare household measurements used to measure medication with their metric equivalencies

Metric Term	Household Equivalency
5 ml	1 tsp.
5 cc	1 tsp.
15ml	1 Tbsp.
15 cc	1 Tbsp.

Note that 1 ml = 1 cc. The terms "ml" and "cc" are used interchangeably.

### 2. Identify how weight is measured for medication administration

Milligrams (mg) indicate the weight of the medication in a pill, capsule or tablet or in certain amount of liquid.

### 3. Describe the units for measuring liquid medication

Liquid medications must be carefully measured using only standardized or calibrated measuring tools.

Liquid medications are measured in metric or household units.

Metric:        Milliliters (ml)        Cubic Centimeters (cc)

Household:    teaspoons (tsp)        Tablespoons (Tbsp)

#### 4. Demonstrate basic math skills using decimals

- Write a “0” in front of the decimal point for doses less than one:

**Correct: 0.25 mg 0.5 mg**

**Incorrect: .25mg .5 mg**

- Do not write a zero after the last number: **Correct: 0.25 mg 1mg**  
**Incorrect: 0.250mg 1.0 mg**
- Write the decimal point clearly so that it is clearly visible.

#### 5. Calculate accurately how to verify that the dose on the licensed practitioner’s order matches the dose on the pharmacy label and the MAR

In order to verify that the doses all match you will need to ask:

1. What **dose** is prescribed on the licensed practitioner's order– how many milligrams (mg) am I supposed to administer at this time?
2. What is **the concentration** – the number of milligrams per unit of medication that is on the pharmacy label?
3. What **dose does the MAR or pharmacy label** say to give?
4. Is this a liquid medication? Do I need to convert metric measurements into household measurement (milliliters to teaspoons)?

<u>Licensed practitioner's order</u>	<u>Pharmacy Label</u>	<u>MAR Reads:</u>
Carson Brown  Prozac Capsules Give <b>Prozac 20 mg</b> p.o. Qday at 8am  Charles Smith, MD	Carson Brown  Prozac Capsules (fluoxetine) Give <b>Prozac 20mg</b> (2 capsules) p.o. every day at 8am  <b>Concentration:</b> <b>10mg per capsule</b>	Carson Brown  Prozac Capsules Give <b>Prozac 20mg</b> By mouth every day at 8am.

**How do you calculate that the dose is the same on each document?**

What you need to find out:

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	Liquid medication? Convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR or pharmacy label say to give? (tablets, pills, capsules? MI or cc? Tsp or Tbsp?)
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Step 1: How many mg did the practitioner order? Place that number in the first column. Create a fraction by writing it over 1, as shown.

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	Liquid medication? Convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR or pharmacy label say to give? (tablets, pills, capsules? MI or cc? Tsp or Tbsp?)
$\frac{20 \text{ mg}}{1}$			

Step 2: Write the concentration as noted on the pharmacy label in the second column.  
 Create a fraction by writing

      unit on top (numerator)  
**number of mg** on the bottom (denominator)

Dose Ordered (mg on practitioner's order)	<b>Concentration (on pharmacy label)</b>	Liquid medication? Convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR or pharmacy label say to give? (tablets, pills, capsules? MI or cc? Tsp or Tbsp?)
$\frac{20 \text{ mg}}{1}$	$\frac{1 \text{ capsule}}{10 \text{ mg}}$		

Step 3: Check MAR – what does the MAR say to give? Tablets, pills, capsules, ml, cc, tsp or Tbsp? The MAR says capsules.

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	Liquid medication? Convert ml or cc to tsp or Tbsp? (check MAR)	<b>What does the MAR or pharmacy label say to give? (tablets, pills, capsules? MI or cc? Tsp or Tbsp?)</b>
$\frac{20 \text{ mg}}{1}$	$\frac{1 \text{ capsule}}{10 \text{ mg}}$		____ capsule

Step 4: Compare the pharmacy label and MAR. Is this a liquid medication?

In this example, we are working with capsules not a liquid medication

Step 5: Perform the math calculation

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	If a liquid medication do you need to convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR or pharmacy label say to give? (tablets, pills, capsules? MI or cc? Tsp or Tbsp?)
$\frac{20 \text{ mg}}{1}$	$\frac{1 \text{ capsule}}{10 \text{ mg}}$	<b>No conversion needed</b>	____ capsule

$$\frac{20 \text{ mg}}{1} \times \frac{1 \text{ capsule}}{10 \text{ mg}}$$

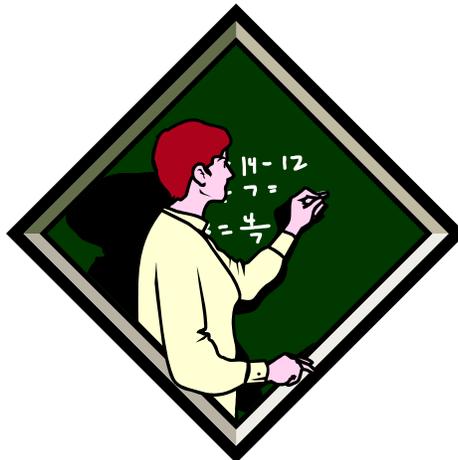
1. multiply the numerators (the numbers above the line)
2. multiply the denominators ( the numbers below the line)

$$\frac{20 \times 1 = 20}{1 \times 10 = 10}$$

3. Divide the bottom number into the top:

$$20 \div 10 = 2$$

4. Your answer is to give **2 capsules.**



## Practice Math for Medication Administration

<u>Licensed practitioner's order</u> Lucy Belt Klonopin 0.5mg p.o. BID Charles Smith, MD 4/1/2008	<u>Pharmacy Label</u> Lucy Belt Klonopin (clonazepam) 0.5 mg Give ½ tablet by mouth twice a day.  <b>Concentration:</b> <b>1 mg per tablet</b>	<u>MAR Reads:</u> Lucy Belt Klonopin tablets Give 0.5mg p.o BID
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<b>Dose Ordered</b> (mg on practitioner's order)	<b>Concentration</b> (on pharmacy label)	If a <b>liquid</b> medication do you need to convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR say to give? (tablets, pills, capsules? ml or cc? Tsp or Tbsp?)
$\frac{\text{mg}}{1}$	$\text{mg}$	<b>Not a liquid medication</b>	Tablets

Answer: \_\_\_\_\_

Liquid Medications

How to determine how many ml/cc or tsp/Tbsp to administer.

<u>Licensed practitioner's order</u>	<u>Pharmacy Label</u>	<u>MAR Reads:</u>
Linus Van liquid ibuprofen 100 mg p.o. every 6 hours PRN for fever over 101°F Smith MD 4/1/2008	Linus Van Liquid ibuprofen 100mg/5ml Give 5 ml or one teaspoon by mouth every 6 hours PRN for fever over 101° F.  <b>Concentration</b>  <b>100 mg per 5 ml</b>	Linus Van Liquid Ibuprofen  Give 100 mg p.o. (1 tsp) every 6 hours PRN for fever over 101°

1. How many mg did the licensed practitioner order? \_\_\_\_\_
2. What is the concentration on the pharmacy label? \_\_\_\_\_
3. Is this a liquid medication and do we need to use teaspoons or tablespoons?  
\_\_\_\_\_

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	If a liquid medication do you need to convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR say to give? (tablets, pills, capsules? ml or cc? Tsp or Tbsp?)
_____ <b>mg</b>  1	_____  _____ <b>mg</b>	Conversion needed	_____ <b>tsp</b>



For this situation, use the ratio  $\frac{1\text{ tsp}}{5\text{ ml}}$

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	If a liquid medication do you need to convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR say to give? (tablets, pills, capsules? ml or cc? Tsp or Tbsp?)
$\frac{100\text{ mg}}{1}$	$\frac{5\text{ ml}}{100\text{ mg}}$	$\frac{1\text{ tsp}}{5\text{ ml}}$	_____?_____ tsp

Complete the math:

$$\frac{100\text{ mg}}{1} \times \frac{5\text{ ml}}{100\text{mg}} \times \frac{1\text{ tsp}}{5\text{ ml}} = \frac{500}{500} = 1\text{ tsp}$$

OR

$$\frac{1}{1} \times \frac{1}{100\text{mg}} \times \frac{5\text{ ml}}{1} \times \frac{1\text{ tsp}}{5\text{ ml}} = 1\text{ tsp}$$

**Practice Math for Medication Administration**

1. Licensed Practitioner's Order: Give 250 mg tetracycline p.o. BID

Pharmacy

Label: Give 250 mg Tetracycline by mouth twice a day.  
Concentration: 1 tablet = 125 mg

MAR: Tetracycline tablets Give 250 mg p.o. BID

How many tablets should you administer? \_\_\_\_\_

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	If a liquid medication do you need to convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR say to give? (tablets, pills, capsules? ml or cc? Tsp or Tbsp?)
_____	_____	_____	_____

2. Licensed Practitioner's Order: Give Haldol (liquid) 10mg p.o. TID.

Pharmacy Label: Give Haldol 10mg p.o. three times a day  
Concentration: 5mg per 5 ml

MAR: Give Haldol 10 mg (10 ml) p.o. TID

How many milliliters (ml) should you give?

How many teaspoons (tsp) should you give?

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	If a liquid medication do you need to convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR say to give? (tablets, pills, capsules? ml or cc? Tsp or Tbsp?)
_____	_____	_____	_____

3. Licensed Practitioner's Order:

Give (liquid) Pen V.K. 500 mg p.o. BID for 10 days

Pharmacy Label: Give liquid Pen V.K. 500 mg by mouth twice a day for 10 days

Concentration: 5ml = 250mg

MAR: Give 500 mg liquid Pen V.K. by mouth twice a day for 10 days

How many milliliters (ml) would you give?

How many teaspoons (tsp) would you give?

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	If a liquid medication do you need to convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR say to give? (tablets, pills, capsules? ml or cc? Tsp or Tbsp?)
_____	_____	_____	_____

4. Licensed Practitioner's Order: Risperidone 1mg p.o. BID

Concentration: 1 tablet = 2 mg

MAR: give tablets

How many tablets should be administered?

Dose Ordered (mg on practitioner's order)	Concentration (on pharmacy label)	If a liquid medication do you need to convert ml or cc to tsp or Tbsp? (check MAR)	What does the MAR say to give? (tablets, pills, capsules? ml or cc? Tsp or Tbsp?)
_____	_____	_____	_____

5. Licensed Practitioner's Order: Desipramine 50 mg p.o. BID

Concentration: 1 tablet = 20 mg

MAR: Give tablets

How many tablets should you administer?

6. Licensed Practitioner's Order: Klonopin 0.5mg p.o. BID

Concentration: 1 tablet = 1 mg

MAR: Give tablet

How many tablets should you administer?

## Learner Objective for Unit 6: Review of Asthma

### 1. Describe the physical Changes in the Lungs in People with Asthma:

1. Bronchial Constriction
2. Inflammation in the airway
3. Increased mucous in the airway

### 2. List the common asthma triggers:

Smoke, dust, pollen, fumes, strong odors, strong emotions, exercise, cold air.

### 3. Identify the common symptoms of an asthma attack:

Shortness of breath	Coughing	Chest tightness
Wheezing	Difficulty Breathing	Chest and neck retractions

### 4. Know the two general types of asthma medications

**Rescue** – Inhaled bronchodilator (albuterol)

Will quickly open constricted airways during an asthma attack.

**Maintenance or Prevention** –

Inhaled steroids, cromolyn sodium, Leukotriene antagonists, oral steroids

Taken daily to keep asthma under control and prevent attacks.

## 5. Know how to administer an MDI

1. Instruct the child to hold the inhaler upright and shake it.
2. The child should administer the inhaler according to the technique taught by their physician. Either of the techniques listed below is acceptable:
  - a. The child holds the inhaler *one to two inches* from his mouth.
  - b. The child places the mouth piece of the inhaler *in his mouth forming a tight seal*.
3. Instruct the child to *exhale completely*.
4. Depress the canister once while *inhaling for two to five seconds*.
5. Child should *hold his breath for up to ten seconds* or as long as possible.

***Wait one full minute and repeat the entire process if a second puff is ordered.***



## Learner Objective Review for Unit 7: Medications for Medical Conditions

For Recertification, you are expected to know the use and special considerations for each classification of the following medications. Refer to the Basic Curriculum for further details.

Classification	Use	Special Considerations
Antibiotics	Treat bacterial infections	<ul style="list-style-type: none"> <li>○ Watch for allergies</li> <li>○ Antibiotics destroy specific bacteria</li> <li>○ Finish entire prescription</li> <li>○ Some require refrigeration</li> <li>○ Do not give a double dose to make up for a missed dose</li> <li>○ Follow specific instructions about administration with food</li> <li>○ May reduce the effectiveness of birth control medications</li> </ul>
Anti-viral medications	Treat viral infections	<ul style="list-style-type: none"> <li>○ Reduce symptoms – Will not cure viral infection</li> <li>○ Must start at the earliest sign of viral infection</li> </ul>
Scabicides	Treat scabies infestation of the skin	<ul style="list-style-type: none"> <li>○ Follow orders and directions exactly.</li> <li>○ May cause serious adverse effects if over used</li> <li>○ Potentially toxic to CNS</li> <li>○ Licensed Practitioners order is required for administration</li> <li>○ Contact chain of command if child is re-infected</li> </ul>
Pediculocides	Treat lice infestation in hair	<ul style="list-style-type: none"> <li>○ Follow orders and directions exactly.</li> <li>○ May cause serious adverse effects if over used</li> <li>○ Potentially toxic to CNS</li> <li>○ Licensed Practitioners order is required for administration</li> <li>○ Contact chain of command if child is re-infected</li> </ul>

Antifungal medications	Treat fungal infections  May be prescribed orally or topically	<ul style="list-style-type: none"> <li>o Treatment may take a long time.</li> <li>o May be applied liberally to the affected area. Keep infected area clean and dry.</li> <li>o Good hygiene prevents spread of infection</li> <li>o Report any side effects to chain of command</li> </ul>
Analgesics	Relieve pain	<ul style="list-style-type: none"> <li>o Frequent, unusual or pain that interferes with a child's usual activity must be reported to the chain of command.</li> </ul>
Antipyretics	Reduce fever	<ul style="list-style-type: none"> <li>o Monitor child's temperature before and 1 hours after administering antipyretic</li> <li>o Fever is a change of condition that must be reported to the chain of command</li> </ul>
Expectorants	Promote coughing up mucous	<ul style="list-style-type: none"> <li>o Report any persistent cough to the child's physician</li> <li>o Promote coughing out of excess secretions in the lungs</li> <li>o Increasing fluid intake will help to loosen secretions</li> </ul>
Antitussives	Suppress coughing	<ul style="list-style-type: none"> <li>o May mask signs of respiratory infection such a pneumonia or bronchitis</li> <li>o May be ordered at night to quiet a cough that interrupt sleep</li> <li>o Narcotic antitussives should be used cautiously with clients who have a history of drug or alcohol abuse</li> </ul>
Decongestants	Reduce congestion in the sinuses and nasal passages	<ul style="list-style-type: none"> <li>o May cause excitability and insomnia. Avoid administering at bedtime</li> </ul>
Antihistamines	Reduce symptoms of allergic reactions	<ul style="list-style-type: none"> <li>o Many cause drowsiness - use with caution.</li> <li>o May cause decreased ability to urinate</li> </ul>
Cardiovascular medications	Affect the heart and blood circulatory system	<ul style="list-style-type: none"> <li>o BP and pulse must be checked routinely.</li> <li>o Do not stop abruptly.</li> <li>o Doses should not be missed</li> <li>o <b>Unlabeled Use:</b> Anxiety and ADHD.</li> </ul>

Anticonvulsants	Reduce or prevent seizures	<ul style="list-style-type: none"> <li>○ Give consistently on time.</li> <li>○ May require periodic blood work.</li> <li>○ <b>Unlabeled use:</b> mood disorders</li> </ul>
Laxatives	Promote bowel movements; treat constipation	<ul style="list-style-type: none"> <li>○ Increased fluids, fiber and activity may reduce the need for laxative medication.</li> <li>○ Mild stool softeners may be given daily</li> <li>○ Important to administer fiber laxatives immediately upon mixing with water</li> <li>○ Frequent use of chemical laxatives can damage bowel function</li> <li>○ Report any child's complaint about a change in bowel habits</li> </ul>
Antacids	Control or reduce acid in stomach	<ul style="list-style-type: none"> <li>○ Check with pharmacist or practitioner before administering at the same time as another medication: may interfere with absorption of other meds.</li> <li>○ Frequent complaints of heartburn or stomach upset should be evaluated by a physician</li> <li>○ Prescription medication may be ordered for children who are diagnosed with acid reflux or stomach ulcers</li> </ul>
Birth Control/Hormone medications (Contraceptives)	Prevent pregnancy  Also prescribed for other medical reasons	<ul style="list-style-type: none"> <li>○ Do not protect against STDs or AIDS.</li> <li>○ Must be administered as ordered for maximum effectiveness</li> <li>○ Potential side-effects should be clearly explained to the girls</li> <li>○ Transdermal patch should be changed the same day every week</li> <li>○ Follow licensed practitioners order re: missed doses</li> <li>○ May be prescribed to regulate menstrual cycles</li> <li>○ Depo-provera is an injectable medication administered every three months</li> </ul>

## Learner Objective Review for Unit 8: Medications for Psychiatric Conditions

For Recertification, you are expected to know the use and special considerations for each classification of the following medications. Refer to the Basic Curriculum for further details.

Medication	Use	Special Considerations
Antipsychotic	Psychotic conditions/symptoms	<ul style="list-style-type: none"> <li>○ For suspected side-effects: hold the medication, contact the chain of command and document</li> <li>○ Difficulty swallowing, drooling, facial tics, twitches, and changes in how the child walks or moves may be the first sign of a serious side effect</li> <li>○ Fever is also a possible serious side-effect</li> <li>○ 911 if appropriate</li> <li>○ Certified staff must directly consult with a licensed practitioner before administering any PRN psychotropic</li> </ul>
Anticholinergic	Treat muscle movement disorders seen with antipsychotic meds	<ul style="list-style-type: none"> <li>○ Be sure children drink plenty of fluids, especially in hot weather</li> <li>○ If symptoms do not improve or get worse. Contact your chain of command</li> </ul>
Antidepressant	Treat depression	<ul style="list-style-type: none"> <li>○ Watch for signs of worsening depression or thoughts of suicide</li> <li>○ Report any complaint or observation of stiffness, restlessness or fever</li> <li>○ Be aware of drug to drug interactions</li> </ul>

Mood Stabilizer  <u><b>Lithium:</b></u>	Treat mood disorders	<ul style="list-style-type: none"> <li>○ Encourage adequate fluid intake</li> <li>○ Routine blood tests may be ordered to check the blood level of the medication</li> <li>○ Ibuprofen should not be administered with Lithium</li> </ul>
Mood Stabilizer  <u><b>Anticonvulsant:</b></u>	Treats mood disorders: Used as "off-labeled" use	<ul style="list-style-type: none"> <li>○ Must be given on time as ordered</li> <li>○ Take as prescribed - follow directions about administration with food</li> <li>○ Blood tests ordered to check blood level of medication</li> </ul>
Antianxiety	Treat anxiety, tension, nervousness	<ul style="list-style-type: none"> <li>○ May be controlled medications</li> <li>○ Med certified staff must directly consult with a licensed practitioner before administering a PRN anti-anxiety</li> <li>○ Overdoses can be fatal</li> </ul>
Stimulants (ADHD meds)	Treat attention deficit and hyperactivity disorder	<ul style="list-style-type: none"> <li>○ Usually not administered late in the day</li> <li>○ Monitor weight and food intake</li> <li>○ Those that are controlled medication will require storage in a double locked container and routine counting</li> <li>○ May delay growth</li> <li>○ Daytrana is a transdermal patch that is applied to the skin. Follow facility policy re: technique and disposal of this medication</li> </ul>
Hypnotic (sleep medication)	Promote sleep	<ul style="list-style-type: none"> <li>○ Offer non-medication interventions first</li> <li>○ Report insomnia or poor sleeping to the child's licensed practitioner</li> <li>○ Children can become tolerant to/dependent on these medications</li> <li>○ Dangerous interactions may occur if administered to a child who is also taking an antihistamine or antianxiety</li> </ul>

**Identify the serious side effects (adverse reactions) that must be reported immediately to the chain of command**

These serious side effects are potentially life-threatening or may become permanent. If you notice or the child complains of any of these side effects, hold the medication, contact your chain of command and document.

Immediately contact the chain of command if you notice any of the following:

- Fever or complaint of sore throat
- Drooling or difficulty swallowing
- Changes in how the child walks or moves
- Confusion or increased sedation
- Muscle stiffness especially in the neck or mouth area
- Eyes rolling back involuntarily
- Complaint of stomach pain

**Identify other possible side effects that must be reported, and identify the special considerations and steps you can take to help prevent or relieve these side effects**

The special considerations and what you can do describe steps that you can take to help prevent or reduce side effects.

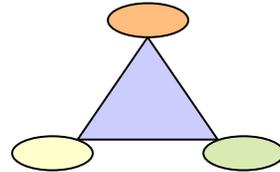
<u>Side effect</u>	<u>Special considerations: what you can do</u>
Sensitivity to the sun (increased chance of sunburn)	Be sure children apply sunscreen before going outdoors.
Sensitivity to heat	Encourage children to drink plenty of water especially during hot weather
Constipation	Encourage fluids and physical activity
Appetite changes Weight Gain	Monitor food intake and encourage healthy food choices. Follow nutritional recommendations.
Sleep disturbances	Allow for relaxing bedtime routines.
Dry mouth	Encourage fluids to relieve dry mouth.

## Learner Objective Review Unit 9:

### Medication Administration Techniques

#### General Information about Techniques of Administration

1. Follow the steps of the Medication Administration Procedure every time you administer any medication to any child. You must perform the Rule of Three - carefully compare the Five Rights three times on the licensed practitioner's order, the pharmacy label and the MAR/Kardex making sure that the five rights match on all three documents.



2. Thoroughly wash your hands before and after you administer medication.



3. Use Standard Precautions whenever necessary.



## 1. Define Standard Precautions

**Definition: Standard Precautions (or Universal Precautions)** a set of practices that prevent the spread of infection including the use of personal protective equipment such as gloves, gowns, masks and goggles.

<ul style="list-style-type: none"><li>• Eye medications</li></ul>	<ul style="list-style-type: none"><li>• Ear medications</li></ul>	<ul style="list-style-type: none"><li>• Nasal medications</li></ul>
<ul style="list-style-type: none"><li>• Topical medications</li></ul>	<ul style="list-style-type: none"><li>• If you must touch a tablet in order to crush or split it before administering.</li></ul>	

Washing your hands is the best way to prevent the spread of infection.

## 2. List the forms of oral medications

**Liquid medications**

**Tablets**

**Capsules**

**Gel Caps**

**Chewable tablets**

**Quick dissolving tablets** - Dissolve rapidly on the tongue

**Enteric coated tablets** - Have a special coating so that the tablet will not be absorbed until the tablet reaches the small intestine

**Sustained Release tablets** - Designed to be absorbed over a long period of time so that the child may not need to take the medication several times a day.

- XR, XL, CR, or SR after the medication name indicate a sustained release medication.

**Scored tablets** - A groove across the center of the tablet indicates that the tablet may be cut exactly in half.



## General guidelines to follow when administering oral medications:

1. Ask the child to remove gum, candy or food from his mouth before you administer medication to him.



2. Always give oral medications with fluids; water is usually the best choice. Drinking water will help the child swallow the medication.
3. A mouth check should be done to make sure that the child swallowed the medications.
4. If you must directly touch a tablet, wear gloves.



## Special techniques for Oral Medications

### 3. Identify forms of oral medications that should not be crushed

<ul style="list-style-type: none"><li>• Enteric Coated tablets</li></ul>	<ul style="list-style-type: none"><li>• Sustained release tablets</li></ul>
<ul style="list-style-type: none"><li>• Gel Caps</li></ul>	<ul style="list-style-type: none"><li>• Other liquid filled capsules</li></ul>

#### How to Crush a Tablet:

- Use a clean, dry mortar and pestle, a pill crusher or place the tablet between the bowls of two spoons.
- Wrap the tablet in waxed paper or in a paper med cup to prevent the crushed medication from spilling.
- Mix the crushed medication with a small amount of applesauce or pudding.  
Use no more than a tablespoon or two to mix with the medication. Remember the child will have to eat all of the food/medication mixture to receive the full dose of medication.
- Offer a glass of water after administering the medication.

### 4. Define Scored Tablets

Definition: A scored tablet has a line or groove dividing the pill in half. Scored tablets contain half of the dose on each side of the dividing line.

## **Liquids**

Liquid medications are often prescribed for young children or for children who cannot swallow pills.

### **Measuring Liquid Medications:**

1. The medication cup must be placed on a flat surface at eye level.
2. While pouring medication from the bottle hold the label facing upward to avoid spilling the medication onto the label.

## **5. Identify how to measure less than 5cc's of medication**

Any dose of medication that is less than 5CC must be measured in an oral syringe or calibrated dropper.

## **6. Know the technique for Administering Oral Medication**

1. Follow the DCF Medication Procedure.
2. Pour the accurate dose: place the prescribed number of pills or pour correct amount of liquid into a medication cup.
3. Administer the medication to the client with juice or water.
4. After administering the medication, perform a mouth check to ensure that the child swallowed the medication.

## **ADMINISTERING EYE MEDICATIONS (Ointments and Drops)**

### General Information for Administering Eye Medication

1. Wash hands and wear gloves when administering eye medications.
2. Prior to administering eye medication, ask the child the following questions:
  - a) does the eye feel or look worse?
  - b) is the eye swollen, red, crusted, or oozing?
  - c) does the eye hurt? Describe the pain.

If the child answers *yes* to any of these questions:

Hold the medication, contact chain of command, document, and follow instructions.

3. After administering an eye medication, have the child remain in a safe environment until the medication is completely absorbed and the client's vision is cleared.
4. Never bandage an eye unless there is a specific order to do so.

**7. Explain how to clean an infected eye**

- 1) Wash your hands and wear gloves or instruct the child to wash her hands if she is to clean her eyes herself.
  
- 2) Moisten a disposable washcloth, gauze, or cotton ball with warm water.
  
- 3) Wipe the infected eye gently from the inner to outer corner.
  
- 4) To prevent spreading the infection, never use the same area of the washcloth for more than one wipe AND use a separate washcloth for each eye.
  
- 5) Remove your gloves and wash your hands (or instruct child to wash her hands) when the eye is clean.
  
- 6) Put on clean gloves before handling the medication.

## **8. Know the technique for administering eye ointment**

1. Follow the DCF Medication Administration Procedure.
2. Prepare the medication correctly: Place the cover of the medication on its side to avoid contamination. Warm the medication to room temperature.
3. Clean the child's eye if necessary. (See page 183.)
4. Wear gloves. Squeeze a small amount of medication out of the tube onto a tissue before administering.
5. Have the child tilt his head slightly backward, resting it against a hard surface if possible. Ask the child to look up and away.
6. Do not touch the eye with the medication container.
7. *Gently pull down the lower eyelid using the side of a finger. Beginning at the inner corner of the eye, place a thin ribbon of medication into the lower lid.*
8. Instruct the child to close his eyes for 1-2 minutes so the medication may be absorbed.
9. Gently wipe away any excess medication that may have dripped out of the eye.



***Wear gloves:*** apply thin ribbon on lower lid from inner corner to outer corner of the eye.

## 9. Know the technique for administering eye drops

1. Follow the DCF Medication Administration Procedure.
2. Have tissues available; place the cover of the medication on its side to avoid contamination. Warm the medication to room temperature.
3. Clean the child's eye if necessary. See page 183.
4. Wear gloves. Have the child tilt her head slightly backward, resting against a hard surface if possible. Ask the child to look up and away.
5. Do not touch the medication dropper to the eye or eyelashes.
6. *Gently pull down the lower eyelid using the side of your finger. Form a small pocket and place the prescribed number of drops into pocket.*



***Wear gloves.*** *Gently pull down the lower eyelid using the side of your finger.*

*Form a small pocket and place the prescribed number of drops into pocket*

**10. Know & practice the technique for administering ear drops**

1. Follow the DCF Medication Administration Procedure.
2. Wash your hands and wear gloves for this procedure.
3. Remove the cover and place it on its side to avoid contamination; warm the medication to room temperature.
4. Position the child with the ear to be treated upward.
5. Straighten the ear canal by the following methods:

- |   |
|---|
| <ol style="list-style-type: none"><li>a. <b>3 years old and younger: gently pull ear LOBE down and back.</b></li><li>b. <b>Over 3 years old: gently pull UPPER part of the ear up and back.</b></li></ol> |
|---|

*See illustration on next page.*

6. Place the prescribed number of drops against the sides of the ear near the ear canal opening to allow the medication to roll in.
7. Have the child remain with affected ear upward for 3-5 minutes

**11. Explain the difference in administering an ear drop to a child over 3 years old or to a child 3 years old or younger**

**CHILD OVER THE AGE OF 3**

Gently pull the upper part of the ear UP and BACK



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**CHILD 3 YEARS OLD AND YOUNGER**



Gently pull the ear lobe DOWN and BACK

## 12. Know and practice the technique for administering nasal sprays

### Technique for administering nasal sprays:

1. Follow the DCF Medication Administration Procedure.
2. Have the child gently blow his nose. Have tissues available.
3. Wear gloves. While plugging one nostril, place the tip of the sprayer (1cm or 3/8 inch) into the other nostril.
4. Ask the client to breathe in through his nose as the spray is administered.
5. Have the child exhale through his mouth after the spray is administered, repeat the procedure if prescribed.
6. Discourage him from blowing his nose for 5 minutes.



*Place tip of spray 1cm or 3/8 inch into nostril...*

### **13. Verbalize the different types of delivery systems for inhaled medications**

#### **Types of Inhaler Devices**

- **Metered Dose Inhalers (MDI)**

Use chemical propellants to push out the medication from the inhaler. A spacer or aero chamber may be prescribed to use with the MDI to make proper use easier and the medication more effective.

- **Dry Powder or Rotary Inhalers (Turbuhaler, Diskus)**

Dry powder inhalers are activated through breathing. They release the medication through rapid inhalation instead of using propellants.

- **Nebulizers**

Nebulizers convert liquid medication into a fine mist and deliver the mist through a face mask or mouth piece that connected to the nebulizer machine with plastic tubing. Your program nurse should teach you the correct way to use a particular child's nebulizer before you use it.

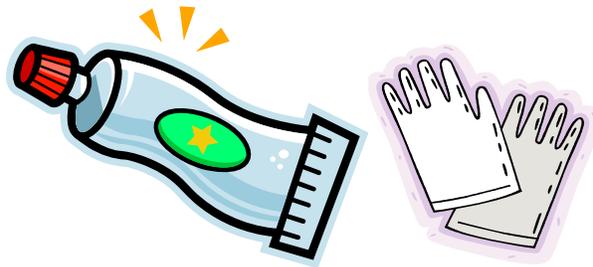
\*Information from: <http://www.ymghealthinfo.org>

## ADMINISTERING TOPICAL MEDICATIONS

### 14. Know and practice technique for administering topical medications

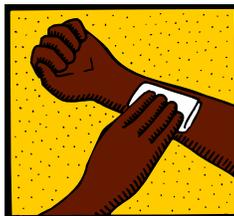
#### General Considerations when administering topical medications

1. Allow for client privacy.
2. Clean the skin if necessary per licensed practitioner's directions.
3. Wear disposable gloves.
4. The skin should be dry prior to applying topical medication.
5. Apply enough medication to cover the area to be treated, unless otherwise directed.
6. Except for powders, never apply a topical medication directly from the container onto the skin. Place a small amount of medication onto clean gauze then apply to the skin. This prevents contamination of the medication container.
7. Observe the client for any rashes that are new or that get worse.



**15. Verbalize the correct method for applying and removing transdermal medication patches**

- Gloves should be worn to apply or remove transdermal patches.
- The adhesive patch should be applied to clean, intact, dry skin that is not infected, scarred, callused or tattooed.
- Wash the skin with soap and water both where the new patch will be placed and where the old patch was removed.
- Remove the old patch before applying the new one. Check the skin under the patch for redness or rash.
- Change application sites to avoid skin irritation.
- Peel backing off the patch, press onto the skin and apply pressure to assure that it sticks to the skin.
- Document in the child's record the site where you applied the patch.  
(for example: *6/1/2008: upper right arm*)
- Read package instruction for any further information.



**16. Know the role of DCF Medication Certified Staff in administering rectal and vaginal medications**

A. General Considerations:

1. Do not directly administer to any child. D.C.F. Medication Administration

Certified personnel are not trained nor certified to administer any rectal or vaginal medications. The children who have these types of medication ordered must be able to self administer these medication or have a nurse available to administer the medication.

2. Providing the child with instructions for self administration

a. Medication certified staff may provide the child with instructions on self administration. Information about administration may be found on the package information.

b. Review of instructions may be done by a staff member of the same sex as the child and in the presence of another staff member as a witness. This review should be documented.

## **Learner Objective Review for Unit 10**

### **1. Summarize the regulations about safeguarding the medications and the medication storage keys**

The medication storage keys must be carried by the medication certified staff person or licensed medical person on duty.

### **2. Describe the storage requirements for non-controlled medications**

Non-controlled medications must be stored in a locked, immobile container that is accessible only to medication certified or licensed medical staff.

### **3. Describe the storage requirements for controlled medications**

Controlled medications must be stored in locked, immobile container that is inside another locked, immobile container accessible only to medication certified staff or licensed medical staff.

### **4. Describe when the controlled medication count must be performed**

The controlled medication count must be performed at the change of shift or whenever the responsibility for the medications changes.

### **5. Describe what to do if the controlled medication count is incorrect**

If the controlled medication count is wrong (there is discrepancy):

- a. Contact your chain of command
- b. Complete an incident report
- c. Forward the incident report to Drug Control Division and to DCF

**6. Describe the correct storage practices for refrigerated medications**

The medication refrigerator must be kept at 36° - 46°F. Medications stored in the refrigerator must be accessible only to medication certified or licensed medical staff.

**7. Tell how external (topical) medications should be stored versus internal medications.**

Internal medications and External (topical) medications must be stored separately from each other.

**8. Describe how emergency medications should be stored.**

Emergency medications (Epi-pens® and rescue asthma inhalers) must be stored where all trained staff may have easy access to them. They should not be locked with the other medications.

**9. Describe the guidelines about destroying non-controlled medications and controlled medications.**

Destruction of medications:

- 2 DCF medications certified staff may destroy non-controlled medications.
- Contact Drug Control Division of Consumer Protection if controlled medications need to be destroyed.
- Follow your facility's policy and procedure for destroying medications.
- Refer to the State of Connecticut Department of Environmental Protection for current recommendations for environmentally responsible methods for the disposal of medications.

## **Learner Objective Review for Unit 11: Medication Errors**

### **1. Identify types of medication errors**

- Errors in communication
- Errors in Documentation
- Errors in Storage and Control
- Errors in ordering or dispensing medication
- Errors in Administration

### **2. List the steps to be taken if an error occurs**

1. Check on the child and follow your facility's policy and procedures

2. Inform your supervisor and chain of command and follow any directions

3. Document the error. Use objective description

### **3. Describe how and when to document a medication error**

1. Note the child's name, medications, the date and time, staff involved
2. Write an objective description of the error: what happened, the immediate actions taken, the status of the child
3. Documentation must be completed before the end of the shift by the person who made or discovered the error.
4. Some errors or incidents must be reported to DCF Risk Management; follow facility policy and procedure for submitting required documentation.

**4. Describe how to report a medication error that leads to the child needing medical attention**

**In addition to the documentation described in Objective 3:**

1. Notify the child's guardian, social worker
2. Call DCF Hotline if after hours
3. Send copy of incident report the DCF Medical Director within one business day

**5. Identify when to contact the Dept of Consumer Protection, Drug Control Division**

1. When controlled medications appear to be missing
2. If controlled medications need to be destroyed.

## **Review of Learner Objectives for Unit 12: Unusual Situations**

### **1. A licensed practitioner's order should be questioned when:**

You do not understand the order

Unusual quantities or doses are prescribed

The medication is ordered to be given at unusual times

### **2. Medication should not be administered when:**

You have a question about the order, the medication or the child

A child has a sudden change in physical or mental state.

The pharmacy label is illegible

The child refuses to take the medication

Any of the 5 rights is violated

If there is no licensed practitioner's order or you cannot perform the Rule of Three

If storage practices are questionable

Medication looks unfamiliar to you or to the child

### **3. Steps to take when questioning an order or a medication:**

Do not administer the medication (hold the medication)

Contact the chain of command and follow directions

Document contacts and directions

Follow up on directions

4. **State why borrowing medication is not permitted**

Medication certification permits you to administer medications *only when the Five Rights match on the order, pharmacy label and MAR*. If you are using or borrowing one child's medication for another child, the Five Rights will not match when you compare the first child's medication pharmacy label to the second child's MAR and order. **Borrowing medication is not permitted.**

5. **Describe the criteria for administering medication at the right time**

Medications may be administered one hour before until one hour after the scheduled administration time unless the licensed practitioner has ordered the medication to be given at a specific time.

6. **Define Dispensing and who may legally dispense medication**

The act of placing a medication into a container, labeling the container and giving the container for someone else to administer.

Medication certified staff MAY NOT DISPENSE.

Only licensed practitioners and pharmacists may dispense.

## GLOSSARY OF TERMS

TERM	DEFINITION
<b>Absorption</b>	The movement of medication from the stomach or intestines into the blood stream.
<b>Active Ingredient</b>	The actual medication that brings about the desired effect or benefit the medication is prescribed for.
<b>Administer</b>	To give a properly dispensed medication to a child according to a licensed practitioner's order.
<b>Adverse Reaction</b>	Unexpected and possibly serious or life-threatening effects of a medication.
<b>Airway</b>	The "tubes" air flows through for breathing including the trachea (windpipe) and bronchial (airways in the lungs)
<b>Albuterol</b>	Generic name of most commonly prescribed asthma rescue medication. Trade names: Proventil, Ventolin
<b>Allergic Reaction</b>	A specific adverse reaction that may cause skin rashes or hives, watery eyes or runny nose and may lead to difficulty breathing. The chain of command and emergency medical help if appropriate must be contacted immediately.
<b>Analgesics</b>	Medications that relieve pain
<b>Anaphylaxis</b>	A severe, potentially life threatening allergic reaction that requires immediate emergency medical care.
<b>Antacids</b>	Medications that reduce the acid in the stomach
<b>Antianxiety medications</b>	Treat anxiety, tension and nervousness
<b>Antibiotics</b>	Medications used to treat infections caused by bacteria
<b>Anticholinergic medications</b>	Treat the muscle movement disorders seen with antipsychotic medication
<b>Anticonvulsant</b>	Medications that are used to control seizures

<b>Antidepressant</b>	Medication used to treat depression. See p. 132 for types
<b>Antifungal</b>	Medications used to treat fungal infections.
<b>Antihistamines</b>	Medications that reduce symptoms of allergies
<b>Antipsychotic medication</b>	Treat psychotic conditions (also known as neuroleptics)
<b>Antipyretic</b>	Medications that reduce a fever
<b>Antitussives</b>	Medications that suppress the cough reflex: stop a cough
<b>Antiviral medications</b>	Treat viral infections; do not cure illness, but control symptoms.
<b>Asthma Management Plan</b>	A child's specific plan for treating his asthma including avoiding triggers, monitoring breathing, medications to prevent asthma attacks and rescue medications to treat an asthma attack.
<b>Asthma Prevention (maintenance) medications</b>	Medications prescribed to keep asthma under control and prevent attacks from happening.
<b>Asthma Rescue medications</b>	Medications used to stop an asthma attack quickly. Albuterol is most often the asthma rescue medication. Inhaled through MDI or nebulizer
<b>Borrowing</b>	Using one child's medication to give to a second child because the second child's medication supply has run out.
<b>Bronchial constriction</b>	Tightening of the airway. One of the physical components of asthma.
<b>Bronchodilator</b>	Medication that opens constricted airways.
<b>Calibrated measuring cup</b>	A measuring cup with standard, accurate measurements for liquid medications
<b>Cardiovascular medications</b>	Treat heart (cardiac) and blood pressure problems; unlabeled use - anxiety and ADHD

<b>Chain of Command</b>	The program personnel who have the authority and responsibility to direct staff.
<b>Chest and neck retractions</b>	Visible “sinking in” of skin on the chest and neck when a child is having great difficulty taking a breath such during a severe asthma attack.
<b>Combination medications (asthma)</b>	Medications that contain more than one asthma prevention medication that are taken daily to manage asthma.
<b>Compliance</b>	Following direction or a plan of care.
<b>Concentration</b>	The number of mgs per unit of medication. Example: 325mg per tablet Tylenol
<b>Controlled Medication</b>	Medication determined by the Drug Enforcement Agency (DEA) to have a potential for abuse or addiction.
<b>Controlled medication count</b>	Required process during which the oncoming medication certified person counts all the controlled medication with the off going medication certified person to ensure that the correct amount of controlled medication that is in supply is documented.
<b>Decongestants</b>	Medications that relieve congestion in the sinuses and nasal passages.
<b>Desired or Therapeutic effect</b>	The medication works as it was intended and provided a benefit.
<b>Discrepancy</b>	In the controlled drug count, the number of pills actually in supply does not match the number of pills documented to be in supply.
<b>Dispense</b>	To place a medication into a container and label that container for someone else to administer.
<b>Distribution</b>	Medication carried throughout the body in the blood stream.

<b>Doctor's Order</b>	See Licensed Practitioner's Order
<b>Dose</b>	The amount of medication to be administered. Dose is usually expressed in milligrams (mg).
<b>Drug to Drug interaction</b>	One or more drug affects another drug in the body.
<b>Drug to food interaction</b>	The presence of food in the stomach affects the absorption and the effect of the medication.
<b>Emergency medication</b>	Asthma rescue inhalers (albuterol) and Epi-pens
<b>Enteric coated medications</b>	Tablets that have a special outside layer to prevent the medication from dissolving in the stomach.
<b>Expectorants</b>	Medications that promote coughing by loosening mucous in the lungs
<b>External(topical) medications</b>	Medications that are applied to the skin. (e.g. creams, lotions, powder)
<b>Generic name</b>	The short chemical name of a drug. Usually a lower case letter is used. For example: acetaminophen    fluoxetine.
<b>Holding a medication</b>	Temporarily waiting to administer a medication until questions or concerns about the medication or child's condition are answered by an appropriate member of the chain of command.
<b>Hormone/Birth Control medications</b>	Used to prevent pregnancy or regulate menstrual cycles
<b>Hypnotics</b>	Medications that promote sleep
<b>Inactive Ingredient</b>	Dyes, flavors and other binders that give a medication a desirable taste or color and that make the administration of the medication easier.
<b>Incident report</b>	Documentation of any unusual event
<b>Individual Effect</b>	Each child's unique response to medication.
<b>Inflammation (in the airway)</b>	Swelling of the lining of the airway. One the physical components of asthma.

<b>Inhaled steroids</b>	Asthma prevention medications that reduce inflammation and mucous in the airways. Inhaled through MDI or nebulizer.
<b>Intal (cromolyn sodium)</b>	Asthma prevention medication that reduces inflammation in the airways. Inhaled through MDI or nebulizer.
<b>Internal medications</b>	Medications that are swallowed (i.e. p.o. meds)
<b>Labeled use</b>	Medication prescribed for its FDA approved use.
<b>Laxatives</b>	Medications that promote bowel movements or prevent constipation
<b>Leukotriene antagonists</b>	Asthma prevention medication tablets that reduce inflammation.
<b>Licensed Practitioner</b>	A professional with a medical license to assess and diagnose illness and prescribe treatment include medications.
<b>Licensed Practitioner's Order</b>	A written direction for a medication. An order must include the five rights. It may be called as prescription or a doctor's order.
<b>Medical attention</b>	Physician or other professional assessment of a child following a medication error or to evaluate an injury or illness.
<b>Medication Administration Procedure</b>	The steps taken to safely administer a medication to a child.
<b>Medication Administration Record (MAR)</b>	The form on which you will document that you have administered a medication. It must include the five rights.
<b>Medication error report</b>	Documentation of any error in medication administration
<b>Metabolism</b>	Process of breaking down medication so that it can be eliminated from the body. Metabolism often occurs in the liver.
<b>Metered Dose Inhaler (MDI)</b>	Inhaled aerosol that gives a one measured "puff" of medications at a time.

<b>Mood stabilizers</b>	Medications used to treat mood disorders such as bipolar disorder
<b>Muscle movement disorders</b>	Serious and possibly permanent adverse reaction to antipsychotic medication. See page 129 for examples
<b>Nebulizer</b>	A machine which turns liquid medication into a fine mist that is breathed in through a mask or mouth piece.
<b>No Effect</b>	A medication does not produce any desired effect.
<b>Objective description</b>	Noting what was seen, heard, physically felt, smelled or tasted.
<b>Oral syringe</b>	Used to measure and administer very small doses of liquid medications.
<b>Outcome</b>	The observed effect of a medication.
<b>Over the Counter Medication</b>	Medications that may be purchased without a prescription.
<b>Pediculocides</b>	Medications used to treat lice.
<b>Pharmacist</b>	Medical professionals licensed to dispense medication.
<b>Pharmacy Label</b>	The label placed on the medication when it is dispensed by the pharmacist. It will include the five rights and the concentration of the medication.
<b>Prescription</b>	See Licensed Practitioner's Order
<b>Prescription medication</b>	Medications that require a licensed practitioner's order to be dispensed and purchased from a pharmacy.
<b>Psychotropic medications</b>	Medications used to treat psychiatric disorders. They affect the central nervous system, how the brain thinks and affect emotions and behaviors.
<b>Rapid release (quick dissolve) tablet</b>	Tablet that melts quickly in the mouth so it does not have to be swallowed
<b>Registered Nurse (RN)</b>	Medical professional who may oversee and assess the care of children, supervise medication administration. RNs may NOT dispense medication.

<b>Route</b>	The way a medication enters or is applied to the body
<b>Rule of Three</b>	Comparing the licensed practitioner's order, the MAR and the pharmacy label to ensure that the five rights match on all three documents.
<b>Scabicides</b>	Medications used to treat scabies.
<b>Scored</b>	Tablets that may be split in half to obtain exactly half a dose. The score is a groove in the center of the tablet.
<b>Self-administration</b>	Child administers medications to herself with little to no involvement of medication certified or licensed staff.
<b>Serotonin Syndrome</b>	An adverse affect from drug to drug interaction. Medical emergency! See. P. 134
<b>Side Effect</b>	Predictable, expected unintended effects. Many are mild and will go away once the body adjusts to the medication. Side effects must be reported to the chain of command.
<b>Special Consideration/Precautions</b>	Steps to take that may prevent unintended effects, improve desired effect and/or make using the medication safer.
<b>Standard Precautions</b>	Practices that prevent contact with blood or body fluids. Also known as Universal precautions
<b>Standing Orders</b>	Routine set of instructions that includes OTC medications used to treat minor illnesses.
<b>Stimulants</b>	Increase attention span and decrease hyperactivity.
<b>Sustained release</b>	Allow for slow absorption of the medication over a longer period of time
<b>Time frame for medication administration</b>	One hour before to one hour after the identified time for medication administration.
<b>Trade name</b>	The marketing name the pharmaceutical company gives a drug. Usually indicated with an upper-case first letter in the name. For example: Tylenol® Prozac®
<b>Transcribe</b>	To copy a licensed practitioner's order onto a MAR.

<b>Transdermal (patch) medication</b>	Medication in a patch that is worn on the skin. The medication is absorbed from the patch through the skin.
<b>Triggers (in asthma)</b>	Conditions and/or substances that may start an asthma attack. Common examples: dust, pollen, cold air, strong emotions.
<b>Unintended effect</b>	Any response to a medication that is not desired. <i>See also side effect and adverse reaction.</i>
<b>Unlabeled use</b>	Medication prescribed a use that has not been approved by the FDA.
<b>Unusual quantity</b>	Direction to administer medication in a number or dose that is greater than normal.
<b>Unusual time</b>	Administering medication more frequently or at hours that are outside the normal parameters.
<b>Volume (measuring in medication administration)</b>	Used to measure the correct dose for liquid medications. Usually milliliters (ml), cubic centimeters (cc), teaspoons (tsp).
<b>Weight (measuring in medication administration)</b>	Used to measure and express the dose for medications. <i>Usually in milligrams (mg)</i>
<b>Wheezing</b>	High pitched whistling sound heard during an asthma attack. A symptom of an asthma attack