

# **MEDICATION** **MANAGEMENT**



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Prepared by

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and

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# Medication Management

This self-instructional booklet is designed to give foster parents basic information on how to manage the medication needs of children in their care. It addresses:

- The various types of medication available,
- The ways medications can be administered,
- Guidelines for administering medications,
- Record keeping, and
- Dealing with situations that may arise involving medication management.

Each parent is requested to read the entire booklet and then complete the short quiz at the back of the booklet to demonstrate understanding of the material presented.

This booklet is intended as a resource and an educational tool. It does not answer all questions that might arise regarding the medication needs of a foster child. If situations arise which are not covered in this booklet, or if you do not understand some of the information, you should contact the child's health care professional or pharmacist. The child's health care provider has specific knowledge of their medical needs and the pharmacist has specific knowledge regarding medications.

## When a Child Enters Foster Care

A child who enters foster care may or may not be taking medication. A child who enters your foster home without medication may need medication at some point while in care. Foster parents are responsible for understanding and following directions given by the prescribing health care provider.

If a child on medication enters your foster home, make note of the purpose and type of medication. The purpose of medication can vary depending on the child's medical condition and needs. It can be given to alleviate symptoms or to manage medical or mental health conditions.

Knowing the purpose of the prescribed medication is helpful as you comply with health care provider's instructions. A child who understands the purpose of the medication may also be more cooperative.

In the appendix to the ***Foster Parent's Handbook***, you will find a form, *Foster Child Medication History*, on which you may record information about all the medications a child uses. This form is also available on the Iowa Foster and Adoptive Parents Association web site at: <http://www.ifapa.org>

At the child's initial medical screening after entering foster care, be sure that the health care provider reevaluates the prescriptions the child is on. If the medication is continued, you must understand the following:

- The purpose of the medication
- The dosage
- The schedule
- The route of administration
- The duration of use
- The side effects
- How to respond to potentially dangerous side effects

If possible, fill all prescriptions at one pharmacy so that all medications are listed in one place. Foster parents can get advice from a pharmacist who has access to the child's complete medication record.

## **Types of Medication**

General types of medication include:

- **Over-the-counter medication** means medications or substances that people can purchase without a prescription.
- **Prescription medication** means any medication that requires a written prescription by a physician, dentist, nurse practitioner, optometrist, or physician's assistant. Medications are prescribed for specific individuals and should not be shared with anyone else.
- **PRN** (pro re nata) is a medical term for "as the situation arises or as needed." PRN medication includes any medication that is given only when necessary to relieve symptoms, on an emergency or "as needed" basis (such as to relieve headache or menstrual cramps) rather than on a routine basis.
- **Psychiatric medication** means medication prescribed by a psychiatrist or other medical practitioner for the treatment of mental illness or the symptoms of mental illness.
- **Herbal or homeopathic remedies and diet supplements** include a variety of substances that are used following traditional practices. They have not been reviewed or approved by the FDA for effectiveness and safety and should only be used under the advice of a health care provider.

## **Names of Medication**

A medication may be known by three different names:

- **A chemical name** that identifies the chemicals that comprise the medication. Chemical names are often long and difficult to pronounce.
- **A generic name**, which is often a simplified variation of the chemical name that is not capitalized. Generic drugs are often less expensive than name brand medications.
- **A brand name**, which is the name owned by the manufacturer. The same medication may have different brand names if different companies manufacture it. The first letter of the brand name is capitalized.

Example: Chemical name = N-acetyl-p-aminophenol  
Generic name = acetaminophen  
Brand name = Tylenol

## **Preparation Forms**

Medications are prepared for use in a variety of different forms to treat diseases. They may be used either locally (in a particular area of the body) or generally (throughout the whole body or system). Here is a list of common medicinal preparations:

- **Tablet or caplet:** A solid dosage form containing medicine; it may vary in shape, size, weight, and color.
- **Capsule:** A special coating made for a single dose of a drug. When taken orally, the coating prevents the patient from tasting the drug. Time-release capsules allow the effects of the medication to continue at the same level for a long period.
- **Lozenge:** Small, dry, solid medicine, often flavored, that is held in the mouth until it slowly dissolves to release the medication.
- **Liquid:** Sometimes medicine is dissolved in a fluid. Liquids come in different forms, including:

**Concentrates** are liquid forms of medication in which the volume of the medication is decreased in order to increase the strength of the medication.

**Suspensions** are solid particles in a liquid that must be shaken well before used.

**Syrups** are thick solutions with a sugar and water base. They are often flavored and are particularly effective for masking the taste of a medication.

**Elixirs** are liquid preparations that have an alcohol, sugar, and flavor base.

- **Inhalant:** A medication or compound that is nebulized (reduced to a fine spray) suitable for inhaling or drawing into the lungs. When properly used, inhalants should take effect immediately. Inhalants are most frequently prescribed for persons with asthma.

- **Injection:** Forcing fluid through a needle into a blood vessel, body cavity, or under the skin.
- **Suppository:** A semi-solid substance for introduction into the rectum or vagina where it dissolves and is absorbed by the body. The medicine is typically mixed with soap, glycerinated gelatin, or cocoa butter to form the suppository.
- **Other** forms of medication preparation may include:
  - Cream:** A solid emulsion used to treat rashes, itching, drying, and fungus infections.
  - Ointment:** A medicated, fatty, soft substance having antiseptic, cosmetic, or healing properties. Usually it has a petroleum jelly, lard, or lanolin base to which medication is added.
  - Spray:** A jet of fine medicated vapor applied to an injured area or discharged into the air. Sprays and aerosols are effective methods of applying topical preparations without having to touch the skin during application. They are also effective for hard-to-reach places such as the throat.
  - Powder:** Fine particles of one or more substances that absorb moisture on the skin. The medicinal purpose of powder is to soothe irritated skin or reduce rubbing of the adjacent irritating skin surfaces.
  - Patch:** A piece of material affixed to the skin for transdermal (absorbed through the skin) applications of medication. Medication is either placed on the patch or the patch is pre-medicated and the medication is absorbed into the skin.
  - Lotion or shampoo:** Commonly used as a soothing application to protect the skin and relieve rashes and itching. Some lotions have a cleansing action, while others have a drying or drawing action. To prevent increased circulation and itching, lotions should be patted onto the skin rather than rubbed on.

## **Routes of Administration**

Medication can be administered to the body in many different routes or ways as defined below:

- **Oral:** By mouth (for example, swallowing an aspirin tablet or liquid pain reliever).
- **Topical:** Applied to the site for local action (such as corticosteroids in lotion or cream form).
- **Sublingual:** Placed under the tongue, where it is rapidly absorbed by the mucous membranes (such as a nitroglycerin tablet prescribed for angina that is placed under the tongue for absorption).
- **Inhalation:** Inhaled through the nose or mouth and absorbed through the lungs (such as over-the-counter nasal sprays, bronchodilators, or inhaled corticosteroids).

- **Rectal or vaginal:** For treating local infections or for medications that can't be taken orally (such as anti-fungal medications for vaginal yeast infections or suppositories to suppress vomiting).
- **Injection:** There are several ways that medications can be injected as listed below:

**Subcutaneous:** Injection into the fat under the skin for rapid general action and for medication that cannot be taken orally (such as insulin).

**Intradermal:** Injection into the skin (for example, screening for tuberculosis).

**Intramuscular:** Injection into the muscle for general action, rapid effects, and for medications that cannot be taken orally (such as antibiotics or hepatitis B vaccine).

**Intravenous:** Injection into the vein to ensure immediate and adequate treatment in critically ill patients (such as antibiotics).

Generally, only nurses give injections. In some instances (such as a child with diabetes), the parent may administer injections after appropriate instruction or the child may self-administer injections with appropriate guidance and supervision.

## Who Administers Medication

Who administers medication to a child depends on several factors, including the child's:

- Age,
- Ability to prepare and self-administer medication, and
- Willingness to do so.

Typically, the caregivers of children will be responsible for:

- Knowing the medication schedule,
- Verifying the correct dose,
- Preparing the medication (for example, removing the pill from the bottle or measuring the liquid), and
- Recording the information.

Older children may be responsible for taking medication under the supervision of the caregiver.

Whenever possible, caregivers of the same sex as the child or youth should administer certain types of medications such as vaginal creams, rectal suppositories, or antifungal sprays for the groin area.

## **Guidelines for Administering Medication**

General guidelines for administering medication to children in foster care include following the “Five Rs of Medication”:

- Right person
- Right medication
- Right amount or dosage
- Right route of administration
- Right time

You will find these five “Rs” useful whenever you administer medication. They are a good reminder to administer medication thoughtfully and with attention and that doing so is a serious responsibility.

You should be familiar with the proper procedures for administering medication. First, know how to read the medication label. The usual information you will find on the medication label is as follows:

- The prescription number. You will need this number when calling the pharmacy for a refill.
- The prescribing doctor’s name.
- The date the prescription was filled.
- The child’s name. The medication is only for the child whose name is on the label. Never give medication to another child even if the other child has similar symptoms.
- Name of the medication or the main ingredients. Make sure this matches what your doctor told you. There may also be information about the strength of the medication (for example, 10 mg. tablets).
- Pharmacy name and phone number.
- Refills. The label will show the number of refills permitted. It may also state “No refills—authorization required,” which means you have to talk to the child’s health care provider before the pharmacist can refill the prescription.
- Quantity or how much is in the package.
- Instructions. This is information about how often and when the child needs to take the medication. If the label instructions are confusing, talk to the health care provider or the pharmacist and ask for specific instructions.

Some common label instructions might be:

- “Take full course” which means the child should finish the entire contents of the prescription even if the child is feeling better. This is especially true if the prescription is for antibiotics.
- “Take with food,” which means that the medication should be given to the child after eating a meal. Some medications may cause side effects when taken on an empty stomach or may work better when the stomach is full.
- “Take four times a day” means take the medication four different times throughout the day, such as at breakfast, lunch, and dinner and before bed. This is not the same as “Take every four hours,” which adds up to six times in a 24-hour period. Some medications have to be precisely timed to be effective.

The label might also have brightly colored warning labels including storage instructions, such as “keep refrigerated;” instructions for use, such as “shake well before using;” or possible side effects, such as “may cause drowsiness.”

Other important points to remember are:

- Make sure all conditions are clean (hands washed, counter clean) and well lit.
- Observe the child taking the medication and swallowing it completely.
- Store the medication safely and as directed in a locked container.
- Document the administration of medications in a medication log to avoid another caretaker or older child taking the medication twice and an over dosage that could have a harmful effect on the child’s health. (See [Medication Errors](#).)

As a caregiver for children, you should be informed about the possible side effects of any medications taken by any child in your home. When a child starts a new medication, you should observe the child for any possible side effects during the first few hours and days. Observe the child for physical symptoms, such as allergic reactions, or any behavioral side effects.

There can be a wide range of undesirable reactions to medications, from drowsiness to weight gain to respiratory distress. Some minor side effects might be tolerated if the benefits of medication outweigh the side effects.

If a child exhibits any unusual or dangerous side effects, contact your health care provider immediately. If you find that a child is allergic to a specific medication, be certain to document that in the child’s records and make sure that information is shared with all the health care providers and caregivers of the child.

## **Medication Schedule and Recording**

It is important to adhere to the dose and frequency prescribed for each medication. Many medications are not effective unless a certain level is maintained in the blood; missing a dose could have a harmful effect on the child’s health.

It is important to be consistent when giving medications and to remember that you are responsible for following the orders of the health care providers of any children in your care.

A medication log is a helpful tool, especially for children with complicated medication schedules. A sample form for this purpose, *Medication Record*, is included in the appendix to the ***Foster Parent's Handbook*** and can also be found on the web site of the Iowa Foster and Adoptive Parents Association at [www.ifapa.org](http://www.ifapa.org).

Keeping a log helps you be consistent, accurate, and complete when administering medications. Record the date, time, dosage, and any relevant comments or observations in the child's medication log. These comments can be particularly helpful in revealing how medication affects the child and their tolerance of the medication.

It is wise to keep a list of all medications a child takes, including dosage and times administered, and to have it available for review at all medical and mental health appointments. It is also a good idea to keep the list in a child's diaper bag or in the car in case of emergencies. As this is confidential information, keep the list in a safe place.

The ***Foster Parent Handbook***, Comm. 33, also includes a sample form, *Foster Child Medication History*, that may be used to record details of a child's medical treatment.

## **Dispensing Oral Medications**

**Liquid medications:** There are several types of dispensers available for giving liquid medications to children, including the measuring spoon, dropper, syringe, calibrated spoon, nipple, and medicine cup. Very young children are not able to take medicine from a spoon or cup. When dispensing liquid medications to young children, choose a dropper, a syringe, or a baby bottle nipple.

- **Syringes:** Medication syringes allow for very accurate measurement of medications. Medication syringes look much like hypodermic syringes, but there are important differences.

A hypodermic syringe has a small plastic cap on the end, which protects the end of the syringe barrel. If a hypodermic syringe is used for medication purposes and the cap is not removed, the child could accidentally swallow it. It's also possible that the cap could fall into the bottle of medication unnoticed, and accidentally given to the child along with a future dose of the medication. Medication syringes have no cap, so this danger is eliminated.

- **Droppers:** Droppers are easy to use and are a good choice for administering small amounts of medications to infants. The appropriate amount of medication is sucked into the end of the dropper and delivered directly into the infant's mouth.

When using either a dropper or syringe, hold the child in your lap. Place the dropper or syringe gently in the child's mouth along the side of the cheek. Let the child suck the liquid from the dropper or syringe. If the child does not suck, squeeze the drug into the child's mouth a small amount at a time.

- **Baby bottle nipples:** For a baby who is still taking a bottle, it is also possible to measure the appropriate amount of medication and place the drug in a clean baby bottle nipple. Allow the baby to suck the medication directly from the nipple.
- **Spoons or cups:** For older children, you may want to choose a spoon or a medicine cup to administer liquid medication. **Never** use a household teaspoon or tablespoon. They are not standard sizes and may not measure the correct amount of medication. Instead, use a measuring spoon, or even better, a calibrated dosing spoon. If you are using a measuring spoon, the metric equivalents would be:

½ teaspoon	1 ¼ cc	1 teaspoon	5 cc
½ teaspoon	2 ½ cc	1 tablespoon	15 cc
¾ teaspoon	3 ¾ cc	1 ounce	30 cc

A calibrated dosing spoon combines the accuracy of a syringe with the convenience of a spoon. You can pour the appropriate amount of medication into the measured handle of the spoon, where it remains, without fear of spilling, until it is dispensed. Tilting the spoon forward allows the medication to flow into the special cupped bowl of the spoon. The child sips the medication from the spoon.

**Tablets and capsules:** Many tablets are flavored and the child can either swallow the tablet whole or chew and swallow it. If the tablet has an unpleasant taste or the child is unable to swallow it, you can crush the tablet between two spoons or between a spoon and a piece of waxed paper. After the tablet is crushed, you can mix it with a small amount of applesauce, jam, ice cream, or fruit juice.

**Note:** Before crushing any tablet, check with your health professional to determine if that is appropriate with this medication.

If the medication is in a capsule, do not open it unless you have been directed to do so by the health care provider or pharmacist. If the capsule can be opened, you can add it to food as described above.

Always tell the child if you have added medication to food. Do not add medication to essential foods or liquids such as milk, formula, or cereal. If you add medication to food or liquids, add it only to a small amount and make sure the child consumes all the food or liquid to which the medication was added. Allowing the child to choose the food to which the drug will be added may help the child be more cooperative.

## **Medication Errors**

If an error in the administration of medication has occurred, it is important to determine what type of error occurred. Examples of medication errors that might occur are:

- Missed medication
- Wrong medication
- Medication given to wrong child
- Wrong amount of medication
- Medication given at wrong time
- Medication given in the wrong manner
- Discontinued medication given
- Outdated medication given
- Medication contaminated (such as from dropping on floor)

If you believe the error is likely to be dangerous to the child, such as giving an excess amount of medication or giving medication to the wrong child, contact your health care provider or the Poison Control Center immediately. You should prominently display the phone number for the National Poison Control Center, 1-800-222-1222, by your telephone.

Anytime a medication error occurs, you should also observe the child for any possible side effects. Document all medication errors should be documented and notify the caseworker of significant errors. When a child is prescribed a new medication, it is a good idea to ask the health care provider or pharmacist what to do if the child misses taking a scheduled dose.

## **Refusal to Take Medication**

Children may express concern about taking medications for a variety of reasons. Perhaps they don't see the benefits, they are tired of taking it, or taking medication makes them feel different from their peers. Significant side effects, such as changes in energy level or appearance, can also make a child reluctant to cooperate.

Take concerns expressed by a child seriously and attempt to address them before it reaches the point where a child refuses to take the medication.

If a child in your care refuses to take prescribed medication, try to talk the child through it. Find out the reasons why the child is refusing. Stress the purpose and importance of taking the medication. Explain that the child can talk to the health care provider about the medication and the reasons the child doesn't want to take it at the next appointment.

If the child still refuses, contact the caseworker. If the child has a condition that requires medication, such as seizures or asthma, contact the child's health care provider to determine the appropriate course of action.

## **Administering Medication Away from the Foster Home**

If possible, dosing schedules should be arranged to minimize the need to administer medication outside of the foster home. However, it is likely that times will still arise when a child needs to take medication while at school, on a trip, or on a home visit.

If a child in your care must take medication during the school day, consult with the child's caseworker about making the initial contact with the school in order to arrange for medication to be administered at school.

Typically, schools require that the medication be brought to the school in the original packaging as dispensed by the pharmacist. This may mean that the pharmacist must order an additional prescription to bring to the school, or the pharmacy may provide an extra vial with a label for use at school.

If you are taking a child on a short trip, it is usually best to give the child medication before or after the trip whenever possible. If that isn't possible, take the appropriate amount of medication with you, safely and properly stored, and administer the medication at the appropriate time in a safe, non-public location.

If a child on medication goes for a home visit, send the appropriate amount of medication with the child in its original packaging, whenever possible. Check with the child's caseworker to ensure that the birth parents have the information they need to administer the medication properly.

This would include the name of the medication; its use, purpose, and possible side effects; the importance of giving the medication at the right time and in the right amount; the importance of safe storage of the medication; plans for documentation of medications given; and return of excess medication or empty vials after the visit. This is a good opportunity for you and the birth parents to work together to support the child's health and well-being.

## **Storage and Disposal of Medication**

Ensure that medications are stored safely and appropriately. Here are some guidelines:

- Certain medications require refrigeration. When this is the case, the label will state "Keep Refrigerated."
- A cool, dry area is the best location to store most medications. A bathroom cabinet often becomes hot and steamy and is not a good location to store medications.
- All medications should be kept in a safe place, out of the reach or sight of children.
- Always store medication in the container in which it was dispensed by the pharmacist. Do not remove the label until the medication is finished. This information is crucial to properly identify the patient, the health care provider, the name of the medication, instructions for its use, and the date the prescription was filled.

It is important that old, outdated medications not be kept available for use. If a health care provider has discontinued a prescription and a portion of the medication remains, it should be mixed with a “yucky” substance such as kitty litter and put in the trash to prevent anyone from taking it out of the trash and using the medication. Do not flush it down the toilet, as this contaminates the water.

## **Psychiatric Medications**

Medication may be a part of a comprehensive mental health treatment plan. Typically, medication will not be the only treatment, but it may be used in conjunction with therapy and behavior interventions. Children in foster care may be treated with psychiatric medications for conditions such as ADHD (attention deficit hyperactivity disorder), anxiety disorder, depression and other mood disorders, posttraumatic stress disorder, psychosis, and others.

Because of the serious nature of psychiatric medication, all children taking such medications should be closely monitored. They should receive initial and ongoing psychological and developmental assessments and should participate in all mental health and behavioral therapies identified in the treatment plan. Make sure that appointments for physical and mental health examinations are scheduled at the recommended intervals.

Be sure that you have the information you need to give psychiatric medications safely and effectively. Know the possible side effects of each medication taken by a child in your care. Be alert for any changes in a child’s behavior, mood, or physical condition. If any unusual side effects are observed, call the physician who prescribed the medication and also notify the child’s caseworker.

As the child’s caregiver, you will be expected to monitor the impact the medication is having on the child’s symptoms and report your observations to the physician and the child’s caseworker. This will help them determine if the medication is effective in treating the child’s symptoms.

If at any time you have questions or concerns about giving medication to a child in your care, contact the child’s health care provider.

## **Acknowledgments**

The information in this booklet was compiled by staff of the Iowa Foster and Adoptive Parents Association using resources from the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the New York State Office of Children and Family Services, and the U.S. Food and Drug Administration.

## **Medication Management Review Questions**

1. The five Rs of administering medication are:

Right\_\_\_\_\_

Right\_\_\_\_\_

Right\_\_\_\_\_

Right\_\_\_\_\_

Right\_\_\_\_\_

2. Which of the following is NOT an appropriate method of administering an oral medication to an infant:

a. Dropper

b. Syringe

c. Nipple

d. Spoon

3. A child in your foster home is on a medication that you don't feel is effective. You want to discontinue giving it to the child. Can you make the decision to do so?

Circle: Yes or No      If not, who can make that decision?

4. You need to administer a teaspoon of medication to a child. Is a household teaspoon an appropriate choice for measuring the correct dose?

Circle: Yes or No      Why or why not?

5. You have obtained permission from a child's doctor to crush the child's medication tablet and mix it with a food or liquid. Would milk be an appropriate liquid to choose?

Circle: Yes or No      Why or why not?

6. What is the best choice for storing medications that don't need refrigeration?

a. In the bathroom medicine cabinet  
b. In a kitchen cabinet  
c. In your bedroom  
d. Locked in a cool, dry area

7. A child in your home starts a new medication. The first time they take it, they break out in a rash. Which of the following would not be an appropriate response?
  - a. Contact the child's health care provider
  - b. Document the child's reaction to the medication
  - c. Continue giving the medication for a few days and see what happens
  - d. Inform the child's caseworker
8. How should you dispose of old, outdated medications?
  
9. A child in your care has a sore throat. You take the child to the doctor and obtain a prescription. The next day another child in your home has the same symptoms. Should you share the first child's medication with the second child?  
Circle: Yes or No
10. If a child in your home is on medication, what you should understand about the medication?
  - a. Its purpose
  - b. The dosage
  - c. How it is administered
  - d. Possible side effects
  - e. All of the above

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After reading the booklet, each parent must individually complete the review questions. Return the questionnaire to your recruitment and retention licensing worker.

Each questionnaire will be reviewed for accuracy of answers. After successful completion of the questionnaire, you should document the date you completed the test and the date you gave the questionnaire to your recruitment and retention licensing worker on your *Foster Parent Training History*, form 470-2080.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_