

# Childcare and children's health

Health care information for childcare staff and families from the Centre for Community Child Health

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## Medication Management in Children's Services

Surprisingly large numbers of children in childcare and family day care are taking medications of one type or another. Sometimes this is a short term course, lasting a matter of days, and sometimes longer. A child may be taking a course of antibiotics or other medications for an infection or some other condition. A small number of children with a chronic medical condition need to take medications every day, and sometimes several times a day. Often the medications are prescription items, ie. they are prescribed by a doctor to treat a particular illness or condition. However, often the medications that the child is taking are "over the counter" medications.

It is very important that everybody in the early childhood setting is clear about the use of medications and follows their service policy for their storage and administration. This includes keeping them in a safe place that is inaccessible to young children, preferably a locked cupboard; storing them in their original containers clearly labelled with the name of the child; making sure that there are very clear written instructions from parents and/or doctors about the

specific times and doses that children need the medications, checking that there are clear instructions on the chemist's sticker (or for over the counter medications a label on the original container), and so on.

### Creating a health profile for each child

It is useful to create a health profile for every child in child care or family day care. Parents can be asked to complete a simple questionnaire about the health of their child. This includes information about any previous health conditions that may be relevant; any current health problems or things they are concerned about; any condition that requires ongoing treatment; medications that their child needs to take on a daily basis; and anything else the early childhood setting needs to know, such as allergies, special diets or the necessity for special treatments or precautions. Included in this health profile should be information about who to call if the child gets sick, or in an emergency.

For children who have a chronic medical condition, this information is especially important. If a child has asthma (remember that Australia has one of the highest child asthma rates in the world) then a written "asthma action plan" should be available; this details the regular medication that the child



takes, and gives exact instructions regarding the steps to take if the child has an acute attack of asthma, including the name of the medication, the means of administration, and the exact dose.

Sometimes a letter from the child's doctor is helpful, both in terms of explaining the nature of the condition and the treatment by carers, along with any specific instructions. It is important that all carers understand the nature and management of the condition and the implications for the setting. It is important also to ask parents about the child's understanding of the condition, the gestures and terminology they use to describe symptoms, the way they best cope with the condition, and the best way to ask them about symptoms.

### **Overuse of medications in young children**

There is increasing concern in many quarters about the unnecessary use of medications in young children, both prescription medications and those that can be bought over the counter from a pharmacy or supermarket. Many children who have viral infections (colds or flu) are prescribed antibiotics inappropriately. Sometimes there is pressure from parents who understandably are concerned about the child's symptoms, or that the child has had several illnesses one after the other, especially in the winter months. It is important to remember that the vast majority of these acute illnesses are viral in origin and are very common in the toddler and preschool age group. Antibiotics do not work in such situations, and sometimes they may have unpleasant side effects such as diarrhoea. In recent years there has been an ongoing national education campaign directed at doctors to try to decrease the prescribing of antibiotics for colds and other viral infections. This has had some success, with surveys showing a reduction in the number of prescriptions for short courses of antibiotics.

There are also concerns about the large number of children who are taking "over the counter" medicines of one kind or another. These include simple analgesics (painkillers) and anti-cold medications, medicines to help the child sleep or to quieten behaviour, vitamins and natural remedies that are suggested for a host of reasons. Most of these medicines are unnecessary. While it is not suggested that early childhood professionals enter into detailed discussions with parents about the pros and cons of a particular medication, they can provide all parents with information on the use of medications.

### **Over the counter (OTC) medications**

Over the Counter (OTC) medications can be purchased at a pharmacy or supermarket without a prescription. It is a common perception that OTC medications are safe

because they are so freely available and there is no need to see a doctor. Some OTC medications can be effective and safe, but unfortunately many are of unproven benefit, some do more harm than good, some are toxic when given in high doses, and sometimes interactions between the OTC preparations and prescription medications can be harmful.

OTC medications are used to treat a variety of common childhood ailments, and in addition there are various combinations of vitamins and minerals that are marketed and freely given to young children.

### **Pain and fever**

Paracetamol is commonly used for pain or fever.

Paracetamol is often given "to bring the fever down".

There is no doubt that fever can make a child (or an adult for that matter) feel miserable, quite apart from the symptoms of the condition causing the fever. Many parents worry as soon as the child gets a fever, and think that they must immediately try to bring it down. This is usually unnecessary as fever in itself is not harmful. Fever is a sign that suggests that there is an infection, and is a sign that the body is fighting the infection. Fever is one of the mechanisms the body uses to get rid of the bugs. There is some evidence that giving medications to reduce the fever can in fact slow the body's immune response to infection. In most instances we should not be worrying about treating fever itself - we should be focusing our attention instead on the way the child looks, behaves, the level of alertness, whether there are any other symptoms such as vomiting or cough. Many paediatricians would argue that we are giving young children too much paracetamol.

Paracetamol is safe when given in recommended doses, but an overdose can cause liver failure. It is very important to read the label carefully as Paracetamol for children comes in different strengths and formulations for babies, younger children and older children. It is essential that the dosage is appropriate for the weight of the child. Follow the instructions on the bottle or packet.

Ibuprofen is another OTC medication that is sometimes used as an alternative to Paracetamol. This is also relatively safe, although it is to be avoided in the vomiting child or when the child has asthma.

Aspirin should never be given to infants because of its side effects. It can cause stomach upset, gastric bleeding and is associated with a rare but potentially fatal condition called Reye Syndrome.

## Coughs, colds and blocked noses

A toddler or preschooler has on average six or eight colds or upper respiratory viral infections per year. Sometimes, especially in winter, a child barely seems to recover from one episode when they are sick again, and sometimes they appear to be unwell for weeks or even months at a time. Decongestants and other cold remedies are widely promoted for the relief of symptoms of colds and flu, and especially during the winter months there is heavy advertising in the print media as well as television. However, there is little evidence that any of these help, and in fact there is some evidence that they can be harmful – they can cause unpleasant side effects such as irritability, confusion and sleepiness. Sometimes these medications are used for a sedative effect – to quieten down ‘hyperactive’ children or to aid sleep when the child is unwell. Oral decongestants are not recommended for children under the age of 2 years. Nasal decongestants can provide relief in adults but may not be helpful in children.

Cough is a very common symptom in viral upper respiratory infections. It is distressing to hear a young child coughing, especially at night time and if it interferes with sleep. It is understandable that parents look for ways of easing the cough. Cough medicines are also heavily marketed for relief of cough, and often early childhood workers will be asked to give them to the child during the day. The trouble is that cough medicines are not effective in reducing the frequency, intensity or duration of cough. Like fever, the cough is there for a reason – it serves a useful function in clearing mucus from the child’s airways and preventing secondary infection.

## Difficult behaviour, sleep problems

Sometimes OTC medications are used to “quieten a child down”, or help him sleep. There is a real concern about the ongoing use of these medications to manage what is often developmentally normal behaviour in young children, or else is behaviour that has developed as a result of the use of inappropriate behaviour management strategies. The use of these OTC medications to control behaviour is almost always unnecessary and inappropriate; far more effective are simple behaviour guidance strategies that emphasise clear limit setting, consistency, and shaping and reinforcing wanted behaviours. While the medications may make the child a little quieter and easier to manage, often it is at the expense of learning and exploration, as a common side effect of these medications is drowsiness. A small number of children taking these medications will have a paradoxical effect – that is instead of quietening them down, they have the opposite effect.



## Vitamins and minerals

Many parents give their children various combinations of vitamins, minerals, or other “natural” substances in the mistaken belief that it will boost their immune system, help their growth and development, make them stronger and so on. For example during the winter months when many children have a run of colds, parents may think the reason is that the child is ‘run down’, and want to give them some vitamins as a pick me up or to boost their immune system. However there is no evidence that they make any appreciable difference to children, and no evidence that they help growth, reduce the chance of infections, or indeed make any difference to the child’s health. True deficiencies of vitamins or minerals are very uncommon except in particular situations such as children on unusual diets or in certain cultural groups.

*QIAS Principles: 3.1, 7.1, 9.2.*

*FDCQA Principles: 1.2, 1.3, 4.1, 4.3.*

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*Some of the material in this article was adapted from sections of the book ‘Health in Early Childhood Settings’ by Professor Frank Oberklaid, published by Pademelon Press, 2004.*

## Survey

Enclosed with this edition is a survey.

Please take the time to give the Editorial Board some feedback on the publication.

Your contribution is important to us and helps us plan for future editions.

# UTS Child Care Policy For Administering Medication

The University of Technology in Sydney has three child care centres which offer care up to 9.30 at night when needed. More than sixty percent of the families are students or staff of the University or staff of the Australian Broadcasting Corporation. The policy has been developed and reviewed in consultation with staff and families and applies "to all staff and families enrolled at any and all child care services operated by UTSCC".

The policy recognises that the child care centre environment is not an appropriate environment for sick children, however at times children may be well enough to attend but still require some medication during the day. Other children may have an ongoing medical condition such as asthma which is managed by medication. The policy stresses the importance of ensuring that all medications are given "strictly according to appropriate and well documented medical instructions". It explains that it is not appropriate for staff to use their discretion but that they must adhere to the documented instruction regardless of any requests from parents. Documentation may include the chemist sticker on prescription medication or recommended doses on other medication or a signed letter from a medical practitioner. Parents are aware of the limitations on UTSCC staff and the need for all staff to adhere strictly to authorised written instructions. All medications to be administered must be in the original bottle, box or blister pack so staff can be sure of the manufacturers or doctors recommendations regarding the medication.

All staff are given a copy of the policy and are trained in the procedures before being asked to administer medication to children. Each UTS Centre has procedures developed by the director at that location. These include where medications will be stored either in a fridge or locked medicine cabinet, taking into account the physical layout of the service. These procedures are displayed as well as being provided to families and staff.

A medication form must be completed and signed by the parent prior to any medication being given to a child. Staff check with over the counter medication that the dosage requested by the parent corresponds with the dosage appropriate to the child's age on the bottle or as prescribed by a doctor in writing and that for prescribed medication that the label states the child's name, dosage, how often it is to be given and the expiry date of the instructions.

Staff recheck the instructions each time medication is administered, then sign the medication form with a second staff member signing to indicate all the details have been checked. Staff are aware that the medication forms are important legal documents which are kept for periods set down by law including the Regulations.

*With thanks to*

*Debra Clarke*

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