



The Redway School

PROCEDURE FOR ADMINISTRATION OF ORAL MEDICINES FOR CHILDREN IN THE COMMUNITY

Purpose: This document states the procedure for giving oral medicines to children in the community to ensure safe and consistent practice.

Date of Policy: September 2017

Date Reviewed: September 2018

Next Review Date: September 2020

PROCEDURE FOR ADMINISTERING ORAL MEDICINES FOR CHILDREN IN THE COMMUNITY

INTRODUCTION & PURPOSE

This document has been prepared for oral administration of medication to children at The Redway School. The oral route is the most common route of administration in children.

DEFINITIONS

A medicine may, for the purposes of this discussion be any substance which has been prescribed for that child other than food or food supplements.

The community setting may be the child's own home, school or somewhere serving as one of these such as a residential short break provision or an outing or activity.

Child- for the purpose of this document a child or young person aged 2-19 years attending The Redway School.

PROCESS/REQUIREMENTS

Considerations

Medication administered orally passes down the digestive tract for absorption usually from the small intestine from where it enters the circulatory system, usually for systemic effect. However, some oral medication can have a local effect, e.g. oral antacids reduce the acidity of stomach contents while stimulant laxatives increase intestinal motility.

The following should be taken into consideration when administering medicines orally:

- Ensure the child's gag reflex is present and has the ability to maintain their airway in the presence of fluid.
- If the child is critically ill, note the gastric absorption of the medication may be slow and erratic.
- Some oral medications such as non-steroidal anti-inflammatories, e.g. ibuprofen, can irritate the gastro-intestinal lining. Take these oral medications during or after food or milk can prevent or partially reduce the irritation.

The therapeutic effect of some oral medications can be inhibited by the presence of food/milk, e.g. flucloxacillin

A child's developmental level and understanding can determine the method of administration, e.g. type of vessel used such as oral syringe or spoon and form of oral medication such as suspension or tablet.

Equipment

The following equipment should be prepared:

Prescription chart /Medicines Administration Record Chart
Manufacturer's drug information (if required)
Medication tray
Medication

Medicine spoon/pot (with measured volumes)

Oral syringe

Cup/beaker or teat (if required)

Tablet divider/mortar and pestle/tablet crusher

Sterile water (for dissolving medication)

Non-sterile gloves (if required)

PROCEDURE

Refer to the manufacturer's information leaflet for the medicine and liaise with the pharmacist if unsure that the medication supplied is suitable for oral administration.

If a choice is available, identify the child's preference for the form of oral medication, e.g. suspension or tablet and the type of vessel to be used for administration.

Prepare the medication without directly touching it with your hands

Do not force the medication vessel into the child's mouth.

The oral syringe/spoon can be inserted into the side of the mouth between the cheek and the gum, or alternatively the syringe/spoon placed onto the tip of the tongue

Ensure the medication is administered slowly.

- Gently stroking the cheek or under the chin may encourage the child's sucking reflex.
- A medicine spoon can be used to retrieve any medicine spat/spit on the chin.

5. ROLES & RESPONSIBILITIES

All managers or supervisors of staff practising children's medication administration practice are accountable for ensuring that staff are aware of this procedure and training requirements and practice accordingly.

6. TRAINING

Managers must ensure that training and induction for the practice of medication administration is made available and that competencies are reviewed on an annual basis.

Non- registered staff must have been deemed competent to practise by a registered nurse with relevant clinical experience, following training and demonstration of practice competency before administering medication.

7. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT

This document applies to all children who require medication via oral routes so in no way impacts negatively on equality or diversity.

8. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

This procedure will be evaluated after the first year and then biannually.

This process will include review of any incidents related to paediatric medications and staff compliance with this procedure.

9. REVIEW

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis.

10. REFERENCES AND LINKS TO OTHER DOCUMENTS

References:

GOSH (2012) Great Ormond Street Manual of Children's Nursing Practices Blackwell. London.

NMC (2007) Standards for medicines management NMC . London