

Medication Administration – Quick Reference

This sheet is designed to provide caregivers with an overview of the following:

1. Administration – step by step (prescription and non-prescription)
2. Restricted / Psychotropic medication
3. Medication Reviews
4. Child refusal to take medication (steps to follow)
5. Adverse reaction or unexpected side effects
6. Transportation of medication (by foster parent, or when the child is going for respite/ visit)
7. Storage of medication
8. First time use of non-prescription medication
9. Disposal of unused medication
10. Specialized medical procedures

DEFINITION: “Medication” refers to any or all the following:

Caregivers can administer approved medications but must consult with the pharmacist prior to administering the first time. Document on Medication Administration Log

- Over the Counter (OTC) medication: i.e., for fever, diarrhea, cough and cold.
- Vitamins, Herbal Supplements: i.e., Echinacea, Yarrow, Chewable vitamins (consult pharmacist prior to administering)
- Prescriptions: prescribed by a doctor

Requires written Caseworker authorization to begin, end, or change these medications:

- Psychotropic or mind-altering medication: (i.e., Sleep aids, ADHD, depression)
- Medical marijuana

- All medications are to be administered by an approved adult. If an exception is being considered (e.g., for a teen babysitter to administer a med), **written Caseworker consent must be on file.**

NOTE: Only approved adults may administer psychotropic medications – no exceptions.

- Names of medications started, ended, or changed must be recorded on the Monthly Progress Report.
- A monthly Medication Administration Log will be kept to track all medications given to each foster child to be submitted to Crossroads with other monthly documentation.
- Youth may self-administer only under the following conditions:
 1. 12 years or older
 2. The medication has no ‘street value’
 3. **Written consent by their Caseworker is on file**
- Caregivers may not administer medication through invasive procedures. This includes such treatments as enemas, douches, etc. If caregivers are required to provide more specialized medication administration (e.g., epi-pens, insulin injections, asthma inhalers) documented training by a health care professional and written consent from the caseworker must be accessed by the caregiver with documentation of the training placed on both the foster family’s and foster child’s file. Alternately, with written caseworker consent, a youth 12 years or older may be instructed in self-administration of the required medication.
- Obtain written instructions from the pharmacist noting how to monitor, possible interactions (food, sun), or possible side effects. Forward a copy to Crossroads with your monthly documentation and keep a copy near the medication.
- Each time medication is given, check that the label of the medication has the name and dosage of drug, foster child’s name, prescribing physician’s name, and drug identification number.
- It may be helpful to request the pharmacist to package the medication in bubble packs.

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1. Administration Step by Step:

- a. Wash your hands
- b. Take one dose out of its storage place at a time.
- c. Read the label to ensure you are delivering the right medication at the right time, to the right child/youth.
- d. Give the medication to the foster child.
- e. Ensure the medication is documented properly and initial to show that you administered the medication.
- f. For oral medication, stay with the child and ensure that it was swallowed.

The person who takes the medication out of its storage place is responsible for its administration unless the medication needs to be transported.

2. Restricted Medication – Psychotropic Medicine, sleep aids, medical marijuana

- Caregivers must have **written consent from a child’s Caseworker** before filling any prescription for psychotropic drugs or sleep aids or medical marijuana. **NOTE: this consent is required** even if a psychiatrist were to give direction to fill the prescription and begin giving it to the child.
- Any changes in dosage must also have written Caseworker consent.

3. Medication Review (by a doctor, psychiatrist, pharmacist, or other qualified health care professional):

DEFINITION: A Medication Review involves a professional reviewing a list of all medications being taken by the child (prescribed, OTC, supplements, vitamins) to ensure there will be no adverse drug interaction.

- Agency Standards require a review of the child’s medications by a doctor or qualified health care professional in the following circumstances:
 - Upon placement: If a child newly- placed in your home arrives with medication and/or a prescription to be filled, take the medication and/or prescription to the child’s initial health appointment for the doctor to review and record.
 - When there has been a change in medication prescription or routine.
 - If there has a potentially medication-related injury (i.e., falling asleep suddenly, aggression)
 - If the child has been hospitalized, medications must be reviewed again upon discharge.
 - If the child is taking medication and has had a noticeable change in behaviour,
 - If the child shows any adverse reaction upon taking a medication, whether new or an ongoing one.
 - Before giving your foster child any natural / homeopathic remedies.

4. When a Child Refuses to Take Medication:

- Consult with your pharmacist or Capital Health Care Link at 811 to confirm that there will be no adverse effects from the refusal. Follow their direction if the child will require medical intervention and contact Crossroads and Caseworker/Crisis Unit immediately.
- Record the refusal on a “Critical Incident Form” and fax/report the refusal to the Caseworker and FCSW within 24 hours.
- Record the refusal on the “Medication Administration Record”.

5. Adverse or Unexpected Side Effects:

- Consult a doctor, pharmacist, or Capital Health Care Link at 811
- Record it on a “Critical Incident” report and report to Caseworker or FCSW within 24 hours.
- If the reaction is severe, take the child to a doctor or medical emergency centre. Contact Caseworker and FCSW immediately.
- If after hours, call CFSA Crisis Unit at (780) 422-2001 and Crossroads On-Call worker (780) 893-9715.

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6. Transportation of Medication:

- Medications must be locked in the glove compartment or trunk.
- When the child/youth is going on a visit, the medication must be transported by the driver and handed over to a responsible adult.
- Children/youth may not carry their own medication **without written consent from the Caseworker.**
- Medication and Vitamins must be transported in original packaging, when possible. Otherwise, alternative approved packaging would include a bubble-pack, dosette, or individual medication envelopes for each dose [can be obtained from a pharmacy]. Alternative packaging **MUST INCLUDE** labeling that indicates the name of the child; name of medication; med admin schedule and dosage; med admin cautions (with food, etc.).

7. Storage of Medication:

- All medications, including refrigerated medications, prescription and non-prescription, vitamins and herbal remedies, must be stored in a locked location.
- Any form of marijuana, including plants, must also be locked up out of reach of children and youth.
- Medications that must be refrigerated can be stored in a small, locked container in the fridge.
- Items that must be accessed quickly, such as inhalers and epi-pens, are not required to be stored in a locked location.

8. First Time Use of Non-prescription Medications:

- First time use of over-the-counter medication will be approved/directed by a doctor or health care professional (i.e., pharmacist).
- **Medication Review** - Inform the doctor/health care professional of all other medications that the child is currently taking, to prevent any adverse effects from mixing medications.
- Document the directions and administration of the non-prescription medication.
- If you are unable to reach your family doctor or paediatrician, speak to your pharmacist or call Capital Health Link at 1-866-408-LINK (5465).

9. Health or adaptive Equipment, Specialized Medical Procedures:

(i.e., Use of an epi-pen, insulin injections, adaptive shoes to address club foot, etc)

- **Consent from the child's guardian is required** for use of adaptive or specialized equipment
- Caregiver must receive training from the appropriate health professional before using the device.
- The health care professional will be instructing the caregiver and child/youth (as appropriate) in maintenance, access, etc. as required, as well as how to document this.
- A plan of supervision (by health care professional and agency) for the caregiver will be set up and on file.

10. Disposal of Medication:

- Return any unused or outdated medications to the pharmacy.

Crossroads recommends that you protect yourself as a caregiver and document use of all medications very carefully.