

## Monthly Medication Reviews:

Site Managers are responsible to review medications every month. This is then recorded on the Monthly Report. When documenting this in the monthly report It is easiest if you list the child's name & medication in a comment in the box in the OneDrive excel report. This is easier because discrepancies are often found, but can be figured out knowing which children are listed. The total number of medications present and on-site are listed in the field on the monthly report. This is the number of medications, not number of children with medications (e.g. a child can have more than 1 medication, and would be listed as a count for each medication).

This review step is done for multiple reasons:

1. To check that the medications you have at the center are what is recorded in Shine, and that Health has record of, and to point out any discrepancies.
2. To monitor proper documentation of medications given and update staff in classroom to be listed on med paperwork.
3. To monitor amount and expiration dates of medications and notify families with enough time to get a replacement.

## The process to review medications is as follows:

- **Check med bag & tag to be in proper working order, correctly labeled & Expiration date checked.**
  - Ensure bag is in working condition, no rips or broken zippers.
  - Ensure lock works properly and matches the combination on the bag tag (note some medications are to be unlocked, so ensure they are labeled as such and are not locked).
  - It is ok, but not required, to have a child photo on the outside of the med bag. However, it must not cover up the bag label in any way.
  - Notify families when medications are within 60 days from expiration to give them time to replace. We cannot keep or administer expired medications. Expired meds will be returned to the family.
  - Med Bag label looks like this:

Child Name: Jon Doe  
Center: Head Start  
Classroom: AM-01  
Medication: Ventolin Inhaler  
Expiration date: 05/2018  
Lock combo: 000

- **Then review the paperwork inside the medication bag. See red circled items on next page.**
  - Ensure Child Photo is attached to the Medication Administration Form
  - Ensure all signatures are present (Parent, Staff, Site Manager)
  - Ensure staff listed includes all needed staff in the classroom. Update with training for staff as needed. Ensure all staff date their signatures. Additional signatures can be made at the bottom of the page or on the back of the page. Be sure to send Health updated copy if new staff are added (scan and email preferred).



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E-3  
PROGRAM YEAR  
18-19

ASTHMA MEDICATION ADMINISTRATION FORM

i/ Pediatric TLC  
to

Childs Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Center: \_\_\_\_\_  
PA/Specialist: \_\_\_\_\_

Healthcare Provider please complete & sign:	Medication 1	Medication 2
<b>Medication Name:</b>	Ventolin inhaler	
<b>When to use:</b> <small>(Symptoms, time of day)</small>	as needed every 3-4 hours for coughing or wheezing	
<b>Method of delivery:</b> <small>(Nebulizer or Metered Dose Inhaler with spacer)</small>	Metered Dose Inhaler with Spacer	
<b>Dose of medication:</b> <small>(Number of vials or puffs) &amp; how often</small>	2 puffs	
<b>How soon medicine should begin to work:</b>	15 minutes	
<b>Duration of time child needs to be on this medication:</b>	As needed when coughing / wheezing	
<b>Possible side effects:</b>	increased heart rate bronchospasm cough	
<b>Special Instructions/Precautions</b>	If respiratory distress, call 911	

Asthma symptoms for this child are triggered by: Smoke, viral illness

Health Care Provider's Signature: on file: Sarah Jorge Date: 8/23/18

Parent or Guardian: I give permission to Head Start/Early Head Start staff to administer the above prescribed medication, if needed during class, to my child according to the instructions listed above by my child's Health Care Provider. I will inform Head Start/Early Head Start of any changes in the child's condition, treatment, or medication.

Doy permiso al personal de Head Start para que administren la medicación arriba prescrita, si es necesitada durante clase, a mi niño según las instrucciones enumeradas arriba por el Proveedor del Cuidado Médico de mi niño. Comunicaré a Head Start cualquier cambio en la condición, tratamiento, y medicación del niño.

Parent /Guardian/ Padre/Guardian \_\_\_\_\_ Date: 9/5/18

To be completed by the Center staff. Plan has been reviewed by:

Teacher/Specialist: \_\_\_\_\_ Date: 8/27/18  
(Sign & Print)

TA/secondary administer: \_\_\_\_\_ Date: 8-27-18  
(Sign & Print)

Area/Center Manager: \_\_\_\_\_ Date: 8/27/18  
(Sign & Print)

If primary or secondary administrators are unavailable, trained staff are authorized to administer medication.

- **Check the Medication Log to ensure it is being completed correctly.**
  - Ensure it is filled out completely- all columns are completed.
  - Ensure dates have Year (note example does not include year on the dates- this is not ok)
  - Ensure “Date Parent Notified” column is filled out FOR EVERY ENTRY. This column is our legally binding column that the parent was notified. Notification can happen at pick-up or by phone when administered.
  - Ensure parent signature is filled in at least weekly for regularly given medications, and at each instance for “as needed” medications. (for centers with hurdles to obtaining parent signatures such as children who are bussed, please ensure parents are asked to sign when they come to the center such as for parent conferences).
  - This log must be present and labeled with the child information, even if the med has never been given.
  - All paperwork stays with the medication for the year- do not send completed forms into health- keep with the medication unless the child drops, no longer needs the meds, or it’s the end of the year. Then all paperwork and the red bag are sent in together.

MEDICATION LOG

CHILD'S NAME [REDACTED] CENTER/TEACHER/SPECIALIST [REDACTED] PROGRAM YEAR 17/18

DATE	TIME	NAME OF MEDICATION	DOSAGE	STAFF SIGNATURE	***COMMENTS***	Date Parent Notified	Parent Review Signature
9/11	2:30	ventolin	2 puffs	[REDACTED]	Dry cough at closing circle.	9/11	[REDACTED]
9/13	12:54	Ventolin	2 puff	[REDACTED]	Dry cough at nest time	9/13	[REDACTED]

\*\*\*COMMENTS - Note if Medication not given, given late, or any side effects that you notice after medication is administered\*\*\*

S:\Service Area\Forms\Health\Medication log

- Ensure Medication is in good order & accompanying materials are not damaged or missing (such as nebulizers & spacers).
  - Check to make sure there is a label on the medication – either the prescription label or a label provided from Health Services for OTC medications.
  - Ensure the information matches that on the Med Admin paperwork.
- **FOR ANY ISSUES, DISCREPANCIES, OR QUESTIONS CONTACT HEALTH SERVICES.**