

Pediatric Medication Administration

I. Guidelines

- Based on formula involving child's body weight and/or body surface area
- Need child's weight in kilograms (kg)
- Use common sense- The pediatric dose should never exceed the minimum adult dose
- At Beebe we always have a co-sign for pediatric meds.

II. Oral Medication

A). Preferred Method (PO)

- Need accurate measuring cups/spoons/syringes
- If a pill or tablet, can and will the child swallow this?

B). Safe Administration Guidelines

- Body positioning
- Correct equipment for age and developmental stage
- Parent and Nurse work together to accomplish task
- Taking medication isn't an arguable option with the patient

C). Guidelines and Techniques for Infants aged 1-3 months and 3-12 months

- Watch developmental behaviors
 - Age 1-3 months: Can reach randomly, lack full head control, tongue may project med out and usually stop taking fluids when full
 - Age 3-12 months: Will resist with whole body, may spit meds out
- Techniques-

D). Guidelines and Techniques for Children aged 1 year-2.5 years

- Watch developmental behaviors
 - Age 1-2.5 years: Are more independent, are interested in equipment and may have a certain way to take medications.
- Techniques-

E). Guidelines and Techniques for Children aged 2.5-6 years old

- Watch developmental behaviors
 - Can make their own decisions, show pride in accomplishments
- Techniques-

III. Injections

- A) IM- needle sizes 22-25 gauge, 5/8-1inch needle depending on size/muscle mass

- *Vastus lateralis* preferred site for infants (birth-1yr old)
- *Vastus lateralis or deltoid* (toddler age 1-3 and 3-11 yrs old) depends on muscle mass/size of child for the deltoid area. 18 months and older preferably for deltoid site
- *Deltoid* preferred for Adolescents/Adults aged 11 yrs old and older
- *Ventrogluteal* can be used for large amounts of solutions

Choose appropriate size needle length that is sufficient to penetrate the subcutaneous tissue and deliver medication into the muscle.

B) Subcutaneous- used for small volumes of med delivery

C) Guidelines for Injections

IV. Intravenous Medications/Intravenous Fluids

A). IV meds

- Assess IV Site frequently- q 1 hour policy at Beebe for pediatrics
- Check order and compatibility with solutions/other meds running
- Decrease anxiety of child by prepping med before entering room

B). IVF

- Buretrol set for administration

V. Other Med Routes

- Rectal
 - Not desired route for pediatrics
 - Has unpredictable absorption
- Ophthalmic
 - Keep tip of dropper sterile
 - Wipe away present discharge or drainage before
- Otic
 - Parental assistance to lay with child
 - Child younger than 3- pull pinna down and back
 - Child older than 3- pull pinna up and back
- Nasal
 - Blow the nose before if able prior to med
 - Positioning depending on spray or drops
 - Slowly inhale
- Inhaled- Nebulizers, Inhalers, Spacers with Inhalers

- Topical- same as adult but keep child from scratching area

VI. Commonly used pediatric medications:

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| A) Acetaminophen (Tylenol) | F) Phenobarbitol |
| B) Albuterol (ProAir) | G) Prednisolone (Orapred /Prelone) |
| C) Codeine | H) Amoxicillin(Amoxil) |
| D) Diphenhydramine (Benadryl) | I) Ampicillin |
| E) Ibuprofen (Advil/Motrin) | J) Ceftriaxone (Rocephin) |
| | K) Gentamicin |
| | L) Vancomycin (Vancocin) |