Professional Development Program, Rockefeller College, University at Albany and Office of Children and Family Services

"Medication Administration in Child Care Settings Training Course (MAT)" Module 2: The "Five Rights" of Safe Medication Administration Unit A The "Five Rights" of Safe Medication Administration 4/3/14 FINAL w/ REG CHANGES

Cell	Video	Audio
Cell 1	The Five Rights	
Cell 2		NETTIE: Giving medication is a serious part of your job. Thankfully, the process can be broken down into the five rights to make sure you give the right medication, at the right time, in the right dose, by the right route, to the right child.
Cell 3		Let's take a minute to review each right, one at a time.
Cell 4	Right Medication	
Cell 5		Only accept medication that's in its original container with the original label. If it's in a random plastic container, you have no way of knowing if it's the right medication.
Cell 6		The other important thing to know about the right medication is knowing the strength of the medicine, so you don't give the wrong amount.
Cell 7		The strength is how much of the active ingredient is in one pill or one dose.
Cell 8	Nettie	For example, Tylenol comes in both Infant's and Children's strength. Infant Tylenol is much more concentrated than the Children's brand so there's a potential for great harm if you don't know the strength. That's why knowing the medicine's strength is just as important as knowing it's name.
	FULL SCREEN GFX: Many medications come in both children's and adult strengths, so there's a	New VO: "Many medications come in both children's and adult strengths, so there's a potential for great harm if you don't know the strength. That's why

	potential for great harm if you don't know the strength. That's why knowing the medicine's strength is just as important as knowing its name.	knowing the medicine's strength is just as important as knowing its name."
Cell 9	This is not in the current version of MAT Stock B-Roll: Drop-off shots	CASEY: Mornings are busy times for families. And things can get pretty hectic when they're trying to get everyone and everything out of the door. Many times they forget to bring bed sheets or extra clothes to the program. So, to help them get out of the house in the morning, I've suggested that they keep some medication at home in a separate labeled container. That way, they can leave the medicine in the original container at the program and not have to worry about remembering to transport it back and forth every day.
Cell 10		NETTIE: Another option is to have the families ask the pharmacist to divide the medication into two separate pharmacy containers when you are having the prescription filled.
Cell 11	Right Time	
Cell 12		Medication can be scheduled to be given at a specific hour, or can have instructions that tell you what to look for when the child needs the medication.
Cell 13	NEW B-Roll: Trainee/ Provider1 asking Parent 1 about child getting any meds at home (Child 1 present?)	CASEY: When a child arrives at your program you do your daily health check. A part of this check is being sure to ask parents if the child got any medication before she came to care, even if you're not going to be responsible for giving any doses during the day.
Cell 14		NETTIE: This will help you make sure the child doesn't get two doses of a medication. And it also lets you know when you can give the next dose of an "as needed medication",

Cell 15	Graphic: "As needed medication": Medication given not at a specific time, but when child shows symptoms she needs it	which is medication that is not given at a specific time, but when a child shows symptoms that she needs it, such as an inhaler.
Cell 16		Always refer to the medication instructions and read the consent form to know what you should be looking for so you know the right time to give the medicine.
Cell 17		CASEY: Let's be honest. You have a lot going on during the day and it can be challenging to give medication at the exact time it's due.
Cell 18	Graphic (full screen): You can give medication up to 30 minutes before or up to 30 minutes after the time specified on the consent form.	NETTIE: That's why for scheduled medication it's important to know that you can give it up to 30 minutes before and up to 30 minutes after it's due and still be giving it at the right time.
Cell 19		CASEY: Essentially, you have a one hour time span to give the medication. That means if a medication is due to be given at 1 PM, you could give it as early as 12:30 or as late as 1:30.
Cell 20		NETTIE: Any earlier or later and the medication is not being given at the right time. But even with this window, you'll always want to try to give the medication as close to the scheduled time as possible, especially if the child gets a couple of doses in the day.
Cell 21	Stock B-roll: Sleeping infants	CASEY: Infants nap at different times throughout the day depending on what their body needs, so you may need to wake a sleeping child if a dose is required.
Cell 22	Right Dose	

Cell 23		The dose is how much medication to give. This is important to know because no matter what type of medication you're giving, if you give too much, there could be some adverse effects. If you give too small a dose, the medication won't work as it should.
Cell 24	NEW B-roll: Parent 1 handing Trainee/Provider 1 correct dosing tool	CASEY: That's why it's important when giving liquid medication to make sure the parents give you the right tool, either a dosing spoon, oral syringe or other device.
Cell 25	Right Route	
Cell 26	Graphic (full screen): Body labeled with different routes: Topically=skin Inhaled=inhaler to mouth or nose Eye or ear=eye or ear Oral=mouth Medicated patch=patch on skin Auto injector=EpiPen® on skin	NETTIE: The route is the way the medication gets into the child's body. In this course, we cover giving medication topically, inhaled, into the eye or ear, into the mouth, using a medicated patch and using an auto injector to give epinephrine.
Cell 27		NETTIE: Checking this is important because, believe it or not, there have been cases where children who were supposed to get antibiotics by mouth got the medication in the ear instead. The person giving the medication made this mistake because the tool for giving it was a syringe and they thought it should go into the ear.
Cell 28		CASEY: So always be sure to ask if you're not sure how to give the medication.
Cell 29	Right Child	
Cell 30		You're busy and maybe you're in a rush. You could have more than one child with the same

		name in your program, or maybe you care for siblings with the same last name.
Cell 31		NETTIE: Before you give medication, make sure you have the right child.
Cell 32	NEW B-roll: Trainee/ Provider 1 double checking child's identity with Provider 2 (sound up)	In a large program, double check with the child's primary provider even if you think you know the child.
Cell 33	NEW B-Roll: FDC Provider double checking child's name on med label and getting correct child (sound up)	CASEY: In a family based program, be sure to double check the child's name on the medication label to be sure you have the correct sibling.
Cell 34	Matching the Right Medication	
Cell 35		NETTIE: Now that we know what the Five Rights are, let's talk about how to use them.
Cell 36		To make sure you're giving the right medication, you'll match the name and strength of the medication written on the consent form with what is written on the label with the name of the medication in your hand.
Cell 37	NEW B-Roll: Trainee/Provider 1 matching medication label to consent form	Make sure the medication listed on the label of the container exactly matches the Consent Form. Be careful because the names of medication can sound alike and be spelled almost alike, but are very different.
Cell 38		CASEY: Sometimes parents buy generic medication because it's cheaper.
Cell 39		NETTIE: You can only accept the generic version if the health care provider wrote both names on the consent form. If the consent form only has the brand name and the parent brings you the generic, tell the parent she needs to buy the

		brand name or ask the health care provider to add the generic name to the consent form.
Cell 40	NEW B-roll: Trainee/Provider 1 removes medication from box and matches it to packaging	CASEY: When parents drop off the medication, if it comes in a box, remove the tube, bottle or container and match the name written on it with the medication name on the pharmacy label or package.
Cell 41		NETTIE: Repeat this process not only when parents drop off the medication, but each time you give it.
Cell 42	Matching the Right Time	
Cell 43		To be sure you're giving medication at the right time, match the time written on the Consent Form with the time written on the pharmacy label and package with the current time.
Cell 44	Graphic: Scan of pharmacy label with no specific time (general timeevery three hours)	Sometimes the pharmacy label doesn't have the time written on it.
Cell 45	NEW B-roll: Trainee/ Provider 1 matching time on consent form to current time on clock	But as long as you are able to match the time written on the Consent Form with the current time, you can be sure you are giving the medication at the right time.
Cell 46		If the medication is given when the child needs it, instead of at a specific hour, match the information written on the consent form and make sure it matches the child's symptoms.
Cell 47	NEW B-roll: Trainee/ Provider 1 checking symptoms of child against consent form; giving inhaler	CASEY: For example, a child who gets an inhaler for asthma, will need his medication when he is wheezing or short of breath. Make sure when you give the inhaler, the child is experiencing these symptoms.
Cell 48	Matching the Right Dose	

Cell 49	NEW B-roll:	NETTIE:
Cell 49	Trainee/ Provider 1	'
		To make sure you're giving the right dose, match
	matching dose on consent	the dose written on the Consent Form with the
	with label	dose written on the pharmacy label and package
		with how you are giving the medication.
Cell 50	Matching the Right	
	Route	
Cell 51	NEW B-roll:	To make sure you're giving medication by the
	Trainee/ Provider 1	right route, match the route written on the
	matching first and last	Consent Form with the route written on the
	name of child on consent	pharmacy label and package with how you are
	with label	giving the medication.
	with facel	giving the medication.
Cell 52	Matching the Right Child	
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Cell 53	NEW B-roll:	Finally, to make sure you're giving the right
	Trainee/Provider 1	medication to the right child, match the child's
	matching first and last	first and last names written on the consent form
	name of child on consent	with the name written on the label and package
	with label	to the child you are about to give the medication
	with facer	to.
Cell 54	Putting it all Together	
	g	
Cell 55	On camera action:	NETTIE:
	Casey holding up hand and	So every time you give medication, you want to
	labeling 5 rights as talking	make sure you have the right medication, at the
		right time, in the right dose, by the right route,
		for the right child.
Cell 56		You'll want to find the five rights written on the
		consent form and match them to what is written
		on the medication package or label.
		r
Cell 57	NEW B-Roll:	CASEY:
	Casey matching consent	Let me show you all the checks in succession. To
	form to medication	make sure you have the right medication, you'll
		look at the medication name and strength written
		on the consent form and match it with the
		medication name and strength on the package or
		pharmacy label. You will also check to make
		sure that the time, dose, route and child's name
		also exactly match what is written on both the
		consent form and label.
Cell 58		NETTIE:
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	The most important thing for you to remember is how to correctly match these pieces of information to make sure you give the medication correctly.
Cell 59	So be safe. And make it a habit to match the five rights each and every time you give medication.