
**PROCEDURE FOR ADMINISTRATION OF ORAL MEDICINES
FOR CHILDREN IN THE COMMUNITY**

This has been adopted in full by The Solent Academies Trust

Purpose of Agreement	This document states the procedure for giving oral medicines to children in the community to ensure safe and consistent practice
Document Type	<input checked="" type="checkbox"/> SOP <input type="checkbox"/> Guideline
Reference Number	Solent NHST/SOP/GUIDANCE/ Insert unique document number
Version	1
Name of Approving Committees/Groups	Childrens Service Line Governance Group
Operational Date	1 st September 2016
Document Review Date	31 st July 2019
Document Sponsor (Name & Job Title)	Mandy Rayani, Chief Nurse
Document Manager (Name & Job Title)	Jo Petch, Head of School in conjunction with Lois Pendlebury, Long Term Care Programme Lead, Children and Family Services
Document developed in consultation with	Special School Nursing, Children's Community Nurses, Interim Chief Pharmacist, Mary Rose Academy senior staff

Amendments Summary:

Amend No	Issued	Page	Subject	Action Date

Table of Contents

Item	Contents	Page
1	Introduction and Purpose	4
2	Scope and Definitions	4
3	Process and Requirements	4
4	Procedure	5
5	Roles and Responsibilities	6
6	Training	6
7	Equality and Diversity and mental capacity Act	6
8	Monitoring Effectiveness of the Procedure	6
9	Review	6
10	References/ Links to other documents	6

PROCEDURE FOR ADMINISTERING ORAL MEDICINES FOR CHILDREN IN THE COMMUNITY

1. INTRODUCTION & PURPOSE

- 1.1 This document has been prepared for oral administration of medication to children in community settings and at Mary Rose Academy (Solent Academies Trust). The oral route is the most common route of administration in children.

2. SCOPE & DEFINITIONS

2.1 SCOPE

This document applies to all directly and indirectly employed staff within Solent NHS Trust. This procedure is also recommended to independent contractors as good practice.

2.2 DEFINITIONS

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

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 0-19 years.

3. PROCESS/REQUIREMENTS

3.1 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.
- Unless contra-indicated, administer oral medication to a baby prior to a feed, in case of post-feeding vomiting.
- 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
- 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.
- Crushing tablets or opening capsules generally makes the medication unlicensed for use, this should be undertaken on the advice of a prescriber or pharmacist.

3.2. **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)

4 PROCEDURE

- 4.1 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.
- 4.2 Negotiate with the parent/carer and child regarding any decision to mix medications with food, e.g. remove the cream filling of a biscuit and mix the medication in the cream and place back between the biscuits.

NB The potential benefits and risks of covert administration of medication in fluid or food should be considered carefully by the nurse and parent/carer to be sure what they are doing is in the best interests of the child (NMC 2007)

- 4 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.
- 4.4 Prepare the medication without directly touching it with your hands 4.5 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
- 4.6 Ensure the medication is administered slowly.
- Gently stroking the cheek or under the chin may encourage the baby's sucking reflex.
 - A medicine spoon can be used to retrieve any medicine spat/spit on the chin.

5. ROLES & RESPONSIBILITIES

- 5.1 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.

Each member of staff practising medication administration will need to ensure that they have read and understood Solent Academies Trusts policy and procedures relating to medication administration for children who are pupils within the Trust.

6. TRAINING

- 6.1 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.
- 6.2 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

- 7.1 This document applies to all children who require medication via oral routes so in no way impacts negatively on equality or diversity (see Appendix 1).

8. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

- 8.1 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

- 9.1 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

10.1 References:

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

NMC (2007) Standards for medicines management

NMC . London

10.2 Links to other related documents:

Solent NHS Trust Hand Hygiene Policy

Solent NHS Trust Policy for Infection Prevention and Control Standard Precautions

Solent NHS Trust Privacy, Dignity and Respect Policy.

Solent NHS Trust Medicines Policy

Appendix 1 - Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the policy?	This document states the procedure for giving oral to children in the community
2. Who will be affected by it?	Solent Academies Trust staff and teams
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	To ensure consistency of practice in administration of medicines via the oral route
4. What information do you already have on the equality impact of this policy?	The elements of this procedure cannot be applied differently to different groups or individuals
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the policy be used unlawfully against any group?		X	
2. Can any group benefit or be excluded?		X	Applies equally to all
3. Can any group be denied fair & equal access to or treatment as a result of this policy?		X	
4. Can this actively promote good relations with and between different groups?		X	
5. Have you carried out any consultation internally/externally with relevant individual groups?		X	
6. Have you used a variety of different methods of consultation/involvement		X	Not necessary
Mental Capacity Act implications			
7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information)		X	

If there is no negative impact – end the Impact Assessment here.