

MEDICATION ADMINISTRATION

Safe and appropriate medication administration, storage and dispensing are essential for the safe delivery of health care to the child with asthma. There are many ways in which medications can be dispensed at asthma camp. The following are suggested guidelines for medication administration. It is strongly recommended that a person knowledgeable with all aspects of asthma and allergy medication (e.g. MD well-trained in pediatric asthma, pharmacist) be on the campgrounds at all times

PRE-CAMP PREPARATION - Campers' medications

1. Within one to two weeks, prior to the beginning of camp, the parent and physician involved in the child's asthma care must provide an up-to-date listing of medications. The name, strength, and medication directions must be clear and concise.
2. The designated camp health care professional (MD, RN, NP, PharmD, RPh) must carefully review the final listing of medications and be certain that s/he understands the directions being given for medication administration. If there is any confusion or questions, the parent (or if necessary, the child's primary care provider) must be contacted prior to the start of camp.
3. Encourage the parent and child's primary care provider to work together to simplify the medication schedule to one that is as convenient as possible for the child to follow at camp, while not compromising the clinical status of the child.
4. Strongly discourage and modify, if possible, middle of the night dosing, where the child has to be awakened.
5. Encourage taking medications with meals.
6. Tablet and capsule medications must be provided in appropriately labeled containers. Check the expiration date of the medication.
7. Identify metered dose inhalers with the camper's name, by labeling the actual inhaler (the plastic holder and the actual canister).
8. Encourage parents to send enough medication to last the entire time at asthma camp, plus a little extra.
9. As needed (PRN) medication can be sent with the child, clearly labeled with the camper's name, medication, strength and dosage schedule.
10. To avoid breakage and spillage, avoid liquid medication.
11. Information to be contained in the camper's chart relating to medications includes:
 - Camper's medical history.
 - Schedule of both regular and PRN medications as stated both by parent and primary care provider
 - Latest theophylline concentration and related dosage schedule.
 - Height and weight.
 - Drug and food allergies.
 - Date of last tetanus booster and MMR

- Previous history of chicken pox; previous chicken pox vaccine.
 - Date of most recent TB skin test and result.
 - Usual or best peak flow reading.
 - Photo of camper (if not available, take a Polaroid at check-in.)
12. Note on the outside of the camper's chart, the Kardex, and if possible, the medication box, any medication allergy.

METHOD FOR DISPENSING MEDICATIONS

1. Medical personnel who will be responsible for dispensing medication (RPh, RN, RRT,MD) must be knowledgeable about asthma and allergy medications.
2. Standard times must be established to facilitate orderly medication administration. (e.g. 0800 breakfast, 1200 lunch, 1430 after rest hour, 1800 supper, and 2100 bedtime).
3. Delegate responsibility for the administration of all regularly scheduled medications to the appropriate medical personnel (RN, RPh,RRT,MD), whether or not s/he is in camp.
4. The medical personnel (RN, RPh,RRT,MD) must try to witness each time the child takes his/her medication. This includes oral medications, as well as use of metered dose inhalers.
5. If campers are off the campsite, specific arrangements must be made to have medications passed by another appropriate medical team member.
6. The personnel designated to administer medication should go to each camper with his or her medication box.
7. The person administering medications should get to know each camper by name before administering any medication. Ask the camper to give you their name before administering medications, until you know each camper's name.
8. The person administering medications should ask the camper how s/he is doing and listen for wheezing. Children at especially high risk should receive additional attention.
9. Observe the child's technique when using their MDI. Take this opportunity to ensure that the method is correct. An attempt should be made to teach or review with the child, inhaler technique, drug name, strength, frequency, and action. If age permits, camper should know potential side effects.
10. Order in which to administer inhaled medications:
 - a) Use inhaled bronchodilators first.
 - b) Inhaled steroids or cromolyn after bronchodilator, preferably 2 to 5 minutes after inhaled bronchodilator.
 - c) Rinse mouth after inhaled steroids.
11. Crackers or other snack can be given when medications are dispensed, at rest hour and bedtime to decrease problems with adverse gastrointestinal effects from medications.
12. Any problem with a child taking their medication (e.g. refusal of medication, leaving medication behind, not present at dosing time) must be appropriately addressed. If a child feels that they are given an incorrect medication or dose, clarify correct medication or dose using the camper's individual medical file.

13. Nebulizer treatments for campers on regular nebulization therapy can occur in a timely fashion with as little impact on camp time and activities as possible. The respiratory therapist, nurse, or physician can administer and supervise the routine nebulization therapy. Education about proper nebulizer use/technique should be given.