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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

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Chapter Five

Medication Administration and Management

Whether used to alleviate the pain of a toothache or to stabilize a serious medical condition like diabetes, medication can be critical to the functioning and well-being of children in foster care. The proper administration of medication is always important; given that children in foster care are placed outside their own homes, it becomes even more crucial to manage and document the activity. Storage and disposal of medication are other issues that must be addressed in a foster care setting. This chapter provides guidelines and instructions regarding medication for children in foster boarding homes and congregate care. The material is directed at casework and health staff who are managing foster care cases as well as health and non-health staff in congregate care facilities.



Sections in this
chapter include:

1. The basics
2. Types of medication
3. Routes of administration
4. Who administers medication
5. Guidelines for administering medication
6. Special situations
7. Storage, inventory, and disposal of medication
8. Psychiatric medication
9. Controlled substances and congregate care
10. Resources

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

1 The Basics

The purpose of medication varies depending on the child's medical condition and needs. It can be given to alleviate symptoms or manage medical or mental health conditions. When caregivers know the purpose of the prescribed medication, they may find it easier to comply fully with the health care provider's instructions. Children may also be more cooperative when they understand its purpose.

When children enter foster care, they may or may not be taking medications. When a child entering foster care is on medication, make note of the purpose and type of medication at the initial screening. At the initial medical examination, be sure that the health care provider reevaluates the prescription(s). If the medication is continued, caregivers must understand how to administer the medication, including the purpose, dosage, schedule, route, duration of use, and side effects and how to respond to potentially dangerous side effects. If a child is on multiple medications, it is crucial to discuss this with the primary care provider to assure that the medications are compatible and that they contribute to the child's overall treatment. The pharmacist is also an excellent resource for information on medication interactions.

Even if children enter foster care without medication, they will most likely need medication at some point while in placement. Caregivers are responsible for understanding and following directions given by the prescribing practitioner; it is important to review compliance with the prescribed medication during casework contacts. Stress, also, that medication cannot be discontinued unless ordered by the practitioner.

Make sure that caregivers know how to prepare for medical appointments in terms of medication:

- If blood work or other tests have been ordered, be sure that these are completed in the time frames directed by the practitioner.
- Bring all medications to the appointment, including over-the-counter items (such as vitamins) that the child has been taking.

Filling Prescriptions

Ideally, all prescriptions should be filled at one pharmacy so that all medications are listed in one place. Caregivers will be able to get advice from a pharmacist who has the child's complete record at hand.

If your agency uses a Medicaid per diem, be aware that certain medications for children in foster care can be billed directly to eMedNY by the pharmacy. A list of these "carveout" prescriptions may be found on the Department of Health website:

http://www.health.state.ny.us/health_care/medicaid/program/carveout.htm

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

2 Types of Medication

General types of medication include:

- **Over-the-Counter (OTC) Medication** – Medications or substances that can be purchased commercially by individuals without a prescription. In congregate care, to minimize errors, OTC medications are best stocked in unit dose containers or packets.
- **Prescription Medication** – Any medication that requires a written prescription by a physician, dentist, nurse practitioner, or physician’s assistant. These medications are prescribed for specific individuals and should never be given to anyone else.
- **PRN Prescription Medication** – Any medication given only when necessary to alleviate symptoms, on an emergency or “as needed” basis, rather than on a routine basis (e.g., to relieve headache or menstrual cramps). PRN is the abbreviation for the Latin term “pro re nata,” which means “as needed.”
- **Psychiatric Medication** – Medication prescribed by a psychiatrist or other medical practitioner for the treatment of mental illness or the symptoms of mental illness (*see section 8, Psychiatric Medication*).
- **Herbal/Homeopathic Remedies and Diet Supplements** – These include a variety of substances that are used following traditional practices. They have not been reviewed or approved by the FDA for efficacy and safety and should not be used without the advice of a health care provider.

Names of Medication

A medication may be known by three different names:

- **Chemical name** – the chemicals that comprise the medication; often long and difficult to pronounce.
- **Generic name** – often a simplified version of the chemical name that is *not* capitalized; generic drugs are often less expensive than brand name medications.
- **Brand name** – name owned by the manufacturer; the same medication may have different brand names if manufactured by different companies; the first letter of this name is capitalized.

For example: **Chemical name** = acetylsalicylic acid
Generic name = aspirin
Brand name = Bayer

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Preparation Forms

Medicines are prepared for use in a variety of different forms to treat disease either locally (in a particular area or site) or generally (throughout the whole body or system). Listed below are common medicinal preparations:

- **Tablet and Caplet** – a solid dosage form containing medicine; it may vary in shape, size, weight, and color.
- **Capsule** – a special coating made for a single dose of a drug. For the oral route, the enclosure prevents the patient from tasting the drug. Time-release capsules allow the medication effects to continue at the same level over a long period of time.
- **Lozenge** – small, dry solid medicine, often pleasantly flavored, that is held in the mouth until it dissolves to slowly release the medication.
- **Liquid** – Sometimes medicine is dissolved in a fluid. It is best to use calibrated cups or medication cups (rather than teaspoons) for pouring and measuring liquids. Liquids come in different forms:
 - **concentrates** – liquid forms of medication in which the volume is decreased to increase the strength of the medication.
 - **suspensions** – solid particles in a liquid that must be shaken well before use.
 - **syrops** – thick, often flavored solutions with a sugar and water base that are particularly effective for masking the taste of the medication.
 - **elixirs** – liquid preparations that have an alcohol, sugar, and flavor base.
- **Suppository** – a semisolid substance for introduction into the rectum or vagina where it dissolves and is absorbed into the body. The medicine is commonly mixed with soap, glycerinated gelatin, or cocoa butter to form the suppository.
- **Inhalant** – a medication or compound that is nebulized (reduced to a fine spray) suitable for inhaling or drawing into the lungs. When used properly, inhalants should take effect immediately. Inhalants are most frequently prescribed for asthma.
- **Injection** – forcing of a fluid through a needle into a vessel or cavity or under the skin.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

■ Miscellaneous

- **cream** – a solid emulsion used to treat rashes, itching, drying, and fungus infections.
- **ointment** – a medicated, fatty, soft substance having antiseptic, cosmetic, or healing properties. Usually its base is petroleum jelly, lard, or lanolin to which the medication is added.
- **spray** – a jet of fine medicated vapor applied to an injured area or discharged into the air. Sprays and aerosols are effective methods for applying topical preparations without having to touch the skin while applying it. They are also effective for hard-to-reach places such as the throat.
- **powder** – fine particles of one or more substances that absorb moisture on the skin. Its medicinal purpose is to soothe irritated skin or reduce rubbing of adjacent irritating skin surfaces.
- **patch** – a piece of material affixed to the skin for transdermal applications. Medication is either placed on the patch, or the patch is pre-medicated and is absorbed into the skin.
- **lotion/shampoo** – commonly used as soothing applications to protect the skin and relieve rashes and itching. Some lotions have a cleansing action, while others have a drying or drawing action. To prevent increased circulation and itching, lotions should be patted on the skin instead of rubbed on. An example is Kwell® for treatment of head lice.

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NYS Office of Children and Family Services

3 Routes of Administration

Medication can be administered to the body in many different ways or routes as defined below:

- **Oral** – by mouth. Examples are Tylenol® and Motrin®.
- **Sublingual** – under the tongue, where it is absorbed rapidly into the mucous membranes (e.g., a nitroglycerin tablet prescribed for angina that is placed under the tongue for absorption).
- **Topical** – applied to the site for local action (e.g., corticosteroids and antivirals in lotion or cream forms).
- **Inhalation** – inhaled through the mouth or nose and absorbed through the lungs (e.g., over-the-counter nasal sprays, bronchodilators, and inhaled corticosteroids). Some of these substances can interact with prescription medication and cause unpleasant reactions.
- **Rectal/Vaginal** – for treating local infections or for medicines that can't be taken orally (e.g., anti-fungal for vaginal yeast infections or suppositories to suppress vomiting).
- **Transdermal** – a medicated adhesive patch is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.
- **Injection:**
 - **Subcutaneous** – injection under the skin for rapid general action and for medication that cannot be taken orally (e.g., insulin).
 - **Intradermal** – injection into the skin (e.g., injection of PPD – purified protein derivative – for Mantoux Screening of Tuberculosis).
 - **Intramuscular** – injection into the muscle for general action, rapid effects and for medications that cannot be taken orally (e.g., antibiotics, hepatitis B vaccine).
 - **Intravenous** – injection into the vein to ensure immediate and adequate treatment in critically ill patients (e.g., antibiotics).

Note: Generally, only nurses give injections. In some instances (e.g., a child with diabetes), it may be appropriate for the child to self-administer injections with appropriate guidance and supervision.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

4 Who Administers Medication

Who administers medication depends on several factors, such as the child's age, ability to prepare and self-administer the medication, and willingness to do so. Generally, caregivers of young children will be responsible for knowing the medication schedule, verifying the correct dose, preparing the medication (e.g., removing a pill from a bottle, measuring liquid), and recording the information. Older children may be responsible for taking medication under the supervision of the caregiver.

When health staff are present in congregate care facilities, they should administer all medications. When health staff coverage is not available, childcare staff can supervise the self-administration of prescription and over-the-counter medications by children. However, all staff administering or supervising the self-administration of medication should be trained.

It is recommended that training include the following:

- An overview of medications commonly prescribed to children and the conditions they treat.
- Observation for medication effect.
- Agency procedures for observing and recording the self-administration of medication.
- Error prevention and remediation.
- Agency procedures for handling, storage, and disposal of medication.

There is no formal medication administration “certification” requirement for foster care childcare staff. There is a certification program for voluntary agencies licensed by the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD), so these agencies may actually have all staff certified in medication administration.

Note: Caregivers/staff of the same sex as the child or youth should administer certain types of medications such as vaginal creams, rectal suppositories, and antifungal sprays.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

5 Guidelines for Administering Medication

General guidelines for administering medication to children in foster care follow the “Five R’s of Medication”:

- Right Person
- Right Medication
- Right Amount/Dosage
- Right Route of Administration
- Right Time

Foster parents, as well as congregate care staff, will find these “rights” useful whenever they administer medication. The five R’s are reminders to administer medication thoughtfully and with attention (not in a hurry) and that doing so is a serious responsibility.

Be familiar with your agency’s policies and procedures for administering medication. Critical points in administering medication include:

- Knowing how to read the label, which should specify the child’s name, name of the drug, date, route of administration, dosage, frequency, time, directions for use, precautions, refills, and stop date.
- Verifying the information with the child, as appropriate.
- Making sure conditions are clean (e.g., hands washed, clean counter) and well lit.
- Using a medicine cup, dropper, or medication syringe when measuring liquids, not household utensils.
- Observing the child take the medication and swallow it completely.
- Storing the medication safely and as directed.
- Documenting the administration of medication per your agency’s policy.

Side Effects

Caregivers need to be informed of the possible side effects of all medications. Review the drug information sheet from the pharmacy, and ask questions. A child may experience side effects from medication even if the desired effect occurs. Observe the child for any physical (e.g., allergies) or behavioral side effects during the first few hours and days following use of a new medication. If a child develops an unexpected or dangerous side effect, medical advice should be sought immediately (*see section 8, Psychiatric Medication*).

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Medication Schedule/Recording

- Give caregivers the message that it is important to adhere to the dose and frequency prescribed for each medication. Many medications are not effective unless a certain level is maintained in the blood; missing a dose could have a harmful effect on the child's health. It is important to be consistent when giving medication.
- A medication log is a helpful tool, especially for children with complicated medication schedules (*see Appendix A for a sample medication log*). The log helps caregivers be consistent, complete, and accurate in the administration of medications. Record the date, time, dosage, and any relevant comments or observations in the child's medication log. These comments can be particularly useful in revealing patterns around the effect of the medication and the child's tolerance. Caseworkers should review the log and discuss medications during routine visits to the home. Agencies are encouraged to develop procedures and protocols around medication documentation.
- Encourage caregivers to keep a list of the child's medications to present to any medical or mental health provider. Urge caregivers to keep the list with them or in their car in case of emergencies.
- The Medication Administration Record (MAR) is used in institutional settings to record information about a child's medication.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

6 Special Situations

Situations may occasionally arise that require action, such as medication errors, refusal to take medication, and taking medication outside the foster home or facility.

Medication Errors

If an error in the administration of medication occurs, it is important to determine the type of error that occurred. Was the error procedural, such as giving the medication at the wrong time? Or was the error likely to be dangerous to the child, such as giving a medication to the wrong child? Look at the procedures that are currently in place and consider what could be done to prevent future errors. If the error is dangerous, contact the health care provider or Poison Control Center immediately. The phone number for the Poison Control Center (1-800-222-1222) should be prominently displayed in foster homes and congregate care facilities. *(See section 10, Resources, for a complete listing of Poison Control Centers and TTY/TDD phone numbers in New York State.)*

Examples of medication errors:

- Missed medication
- Wrong medication
- Wrong dose of medication
- Medication given at wrong time
- Medication given to wrong child
- Medication given via wrong route or method
- Discontinued medication given
- Outdated medication given
- Medication contaminated (e.g., dropped on the floor)

Concerning errors, advise foster parents to:

- Contact the Poison Control Center if an excess dose is suspected.
- Contact the health care provider or pharmacist immediately for advice.
- Observe the child for any possible effects.
- Contact the caseworker.
- Document any error (e.g., missed dose) in the medication log.
- When buying prescription medication, ask the pharmacist what to do when a child misses taking the scheduled dose.

In a congregate care facility, follow established procedures. Document the error in the MAR and report the missed dose to the designated staff person. Information about spilled or contaminated medication must be documented for inventory purposes. When a medication needs to be discarded, notify the designated staff person.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

The first action for a caregiver of a child who may have ingested a toxic substance is to consult with the local poison control center. The American Academy of Pediatrics has released a policy statement recommending that syrup of ipecac *not* be administered to induce vomiting. More information can be found at: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/5/1182>. Ask your agency medical director or consulting pediatrician for guidance on this matter.

Child Refusal to Take Medication

Sometimes children express concern about taking a medication because they don't see the benefit, or they're tired of taking it, or they feel "different" from their friends by having to be on medication. Side effects that change the child's energy level or appearance can also make a child reluctant to comply with their medication regimen. Encourage caregivers to take these concerns seriously and address them before they reach the stage of refusing to take the medication.

Guidance to caregivers when a child refuses to take medication includes:

- Try to talk the child through it. Find out why he/she is refusing the medication. Stress the purpose and importance of taking the medication.
- Explain that the child can talk to the health care provider on the next visit.
- If the child still refuses, ask the mental health professional or health staff for help.
- If the child has a condition that requires medication (e.g., seizures, asthma), talk to a health professional to determine the appropriate course of action

See your agency's policies and procedures on children in congregate care refusing to take their medication.

➔ Tips on taking medicine:¹

- Mix medicine with a small amount of food or drink, if appropriate. Crush tablets or open capsules in order to mix them. Let the child choose the food or drink. Always check with the health care provider, nurse, or pharmacist first to be sure this is OK.
- See if the pharmacist can change the form or flavor of the medicine to make it more palatable.
- Have the child take medicine at the same time the foster parent takes medicine or a vitamin. Have a contest to see who can take their medicine faster.

¹ Adapted from *Caring for Children with Special Needs: For Parents, Foster Parents, and Other Caregivers Caring for Children with HIV* (NYS Department of Health and Office of Children & Family Services, September 2003), pp. 4-1–4-22.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

- A health care practitioner should demonstrate to caregivers the proper procedure for administering medication to babies.
- Don't ask the child whether he/she wants or will take the medicine. Be firm and say he/she needs to take it.
- Some children do best when they take a deep breath and drink the medicine down fast. Others take their medicine a sip at a time with a drink of juice in between. Sometimes it helps for the caregiver to count for the child while he/she takes the medicine.
- Offer a reward such as a sticker or star when the child takes the medicine.

Administering/Taking Medication Outside the Foster Home

Whenever possible, dosing schedules should be planned to minimize the administration of medication outside the foster care setting. The use of long-acting formulations may eliminate the need to take medicine during the school day. However, there will still be times when children in foster care need to take medication while in school, on trips, or on home visits.

Medication in School

Foster parents must communicate with the school if children are routinely expected to take medications (e.g., Ritalin, Ventolin inhaler); schools will have their own procedures regarding medications.

It is recommended that you assist foster parents in making the initial contact with school health staff (often a nurse) to make the necessary arrangements for administering medication. Advise foster parents to bring the medication to the school in its original packaging as dispensed from the pharmacist. It may be necessary for the pharmacist to order an additional prescription to bring to school, or the pharmacy may provide an extra vial with a label.

Medication on Trips, Home Visits, and While Transporting

When foster parents take children on short trips, they should try to give the medication before or after the trip, if possible.

Depending on the home situation, caseworkers and/or foster parents should discuss the child's need for medication with birth parents when children are on home visits. The birth parents should be given the same amount of information and education regarding their child's medication as the foster parents. This supports the goal of involving parents in their child's overall health and well-being and will ease the eventual move from foster care back to the home.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Agency policies must address information sharing procedures for birth parents. When children go on home visits, the parents should at least be advised about:

- The medication used, its purpose, and possible side effects.
- Importance of giving medication at its prescribed time and amount.
- Importance of safe storage of the medication.
- Family's role in administering medications to their child.
- Return of medications to the foster home or facility after each visit home.

For children in congregate care, staff supervising the home visit should consult the agency's policy on transporting the medication, administering it while on the home visit, storing any unused medication when returning to the facility, and documenting that the medication was given. Agency policy should address how the medication is transported (e.g., in its original pharmacy container, with a supply of cups and water jugs or juice bottles). Further, if extended home visits are part of the child's treatment, the agency's policy should address the activities listed above with the birth parents.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

7 Storage, Inventory, and Disposal of Medication

Storage and Inventory

Regarding storage of medications, foster parents should follow these guidelines:

- Certain medications require refrigeration; if this is the case there will be a Keep Refrigerated label on the container.
- A cool, dry, dark cupboard is the best storage for most medications; remember that a bathroom medicine cupboard often becomes hot and steamy and is not the best place to store medications.
- Keep medications in a safe place and away from the reach or sight of small children.
- Always keep medication in the container in which it was received from the pharmacist. Do *not* remove the label until all the medication is finished. The information on the label is necessary to properly identify the patient, provider, medication, instructions for use, and date the prescription was dispensed.²

For children in congregate care, review your agency's procedures on medication storage and inventory. Ideally, a defined area should be designated for storage, preparation, and inventory of medication. These areas should be clean, well lit, and located so that staff are not interrupted when handling medication. Procedures should address the following points:

- Storing medication in a safe, locked, sanitary storage area, with controlled substances kept under double-locked storage.
- Controls on temperature and sanitation.
- Proper labeling.
- Access by authorized staff (i.e., keys or combinations).
- Location and access to First Aid Kits.
- Inventory control.
- Remember, nurses cannot dispense prescription medication from stock. Except for emergency and starter doses, all prescription medication must be administered from a package that was dispensed by a pharmacy for each specific child.

² *New York State Foster Parent Manual* (Office of Children & Family Services, January, 2007), p. 33.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Disposal

It is important that old, outdated, and potentially dangerous medications *not* be kept available for use. Caregivers should flush down the toilet any remaining portion of a child's medication if the health care provider has discontinued the prescription.

In congregate care facilities, it is recommended that staff supervising medication administration should *not* discard medication. They should notify the health staff or the facility director/designee when a medication needs to be discarded.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

8 Psychiatric Medication

Medication can be an integral part of a comprehensive mental health treatment plan. The plan may involve various therapies and behavioral interventions as well as medication. Medication should not be the only treatment; in some instances, a child may need to be stabilized on medication before he/she is able to participate in therapy, but the child should begin therapy as soon as clinically able.

Many different kinds of mental health symptoms respond to psychiatric medications. Psychiatric medications, also called psychotropic, psychoactive, or behavioral medications, are chemical substances that act primarily upon the central nervous system where they alter brain function, resulting in temporary changes in perception, mood, consciousness, and/or behavior. Note that some medications may be used either as psychiatric medication or for another purpose; for example, Depakote (devalproex sodium) may be used as a psychiatric medication or as an anti-seizure medication; Catapres (clonidine) may be used to treat attention deficit hyperactivity disorder (ADHD) and tic disorders or to treat high blood pressure.

Children in foster care may be treated with psychiatric medication for conditions such as ADHD, attention deficit disorder (ADD), anxiety disorder, depression and other mood disorders, post-traumatic stress disorder, psychosis, tic disorders, and Tourette's syndrome, among others, as defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR).³

Because of the serious nature of psychiatric medication, agencies need to make sure that all children taking these medications are carefully monitored; receive initial and ongoing psychological or developmental assessments; and participate in all behavioral and mental health therapies identified in the treatment plan.



Health Care Coordination Activities

Assist caregivers in receiving appropriate training so that they will know how to give these medications safely and effectively. Monitor the recommended time intervals for physical and mental health examinations and make sure appointments are made and kept according to those time frames.

Review with the caregiver the possible side effects of psychiatric medications. They should know that each medication has its own specific side effects. Some medication causes drowsiness (driving a car or riding a bicycle can be dangerous); some medication has the opposite of the intended effect (e.g., anti-anxiety medication may cause excitement, sleeplessness, or irritability in some children). Especially if the child is on multiple medications, the caregiver should be alert to alarming changes in behavior, mood, or physical condition. As with any adverse side effects, caregivers should call the prescribing physician and contact the agency staff coordinating the child's health care. Recommended steps to take before starting a foster child on psychiatric medication include:

³ American Psychiatric Association, Arlington, VA, 2000.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

- If the child is already taking psychiatric medication upon entry into foster care, contact the prescriber to verify the medication and obtain history.
- Obtain comprehensive physical and mental health assessments, including necessary lab work (*see Chapter One, section 3, Comprehensive Health Evaluation, for contents of assessments*). Diagnostic tests and symptom inventories and scales are recommended to provide a baseline of the child's health, mood, and functional status.
- The psychiatrist or physician formulates a diagnosis and/or identifies symptoms that would benefit from treatment with psychiatric medications. In some agencies, policy specifies that only a qualified psychiatrist can prescribe psychiatric medication.
- Child's treatment team meets to discuss the assessment findings and clinician's recommendations regarding psychiatric medications. Address the benefits and risks of medication, alternatives, and how medication is incorporated into the overall treatment plan.
- Provide parent/guardian with information on the proposed medication regimen and rationale; obtain informed consent (*see Chapter Six, Medical Consents*).
- Provide information to the child in a developmentally appropriate manner on the proposed medication regimen and how the child will be affected; obtain child's assent.
- Discuss with caregivers the reasons for prescribing medication; type, dosage, and date of medication prescribed; expected results and potential side effects of the medication; and instructions on administering the medication.

Medication Monitoring

All children on psychiatric medication require careful and conscientious monitoring by the prescribing clinician. The monitoring schedule will vary, depending on factors such as the manufacturer's recommendations, how long the child has been on the medication, whether the dosage has stabilized, side effects, and the interplay between the effects of the medication and the rest of the mental health treatment plan. If your agency has specific requirements for the frequency of psychiatric medication monitoring, these must be communicated to the prescriber, the caregivers, the treatment team, and the child to support compliance.

Regular visits to the prescribing physician or psychiatrist include the following activities:

- Laboratory monitoring to assess the physical effects of the medication on the body. Testing may be quite frequent while dosages are being adjusted. Typical tests include:
 - Checking the level of drug in the system
 - White and red blood cell counts
 - Biochemical monitoring (e.g., liver function, cholesterol, and triglyceride levels)
 - EKG to assess cardiac conduction

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

- Clinical monitoring to assess side effects or excess drug effects, which may include:
 - Weight gain or loss
 - Nausea
 - Hyperactivity
 - Confusion
 - Inability to focus attention
 - Drowsiness
 - Dizziness upon standing
 - Sleep problems
 - Blurred vision
 - Abnormal lactation
 - Abnormal movements (e.g., peculiar walk). The clinician may use an AIMS (Abnormal Involuntary Movement Scale) instrument to measure involuntary movements in the face, extremities, and trunk that are unique side effects of these medications (*see section 10, Resources, for a sample AIMS form*).

- Effectiveness of medication therapy. Agency protocols should address information sharing between the child’s psychiatrist and the therapist, teachers, caregivers, parent/guardian, and staff. An information gathering process is especially critical in congregate settings.
 - Repeat diagnostic tests and symptom inventories and scales to measure the impact of medication on the targeted symptoms.
 - Reports from the child’s therapist.
 - Information from the child’s caregiver, teacher, caseworker, and other people who are familiar with the child’s functioning.
 - Caregivers may participate in part of the child’s appointment to provide information.

- Periodic re-evaluations of the child’s mental health treatment plan, including the use of psychiatric medication, at the child’s periodic health visits and in Service Plan Reviews, with the prescribing physician present, if possible.

Note: More frequent contact will be required if the child is experiencing acute symptoms, receives high dosages of psychiatric medication, is on multiple medications, or requires emergency medication. It is recommended that children receiving long-term medication for a psychiatric reason have a comprehensive mental health reassessment at least once a year.

The Informational Letter, 08-OCFS-INF-02 The Use of Psychiatric Medications for Children and Youth in Placement; Authority to Consent to Medical Care (*see Appendix B*), provides extensive, additional guidance on the safe use of psychiatric medications for children in foster care. Review this Letter for further information on the appropriate use of these medications and monitoring and oversight activities. This INF is available at <http://www.ocfs.state.ny.us/main/policies/external/>.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Consent for Psychiatric Medication

The prescription of each psychiatric medication requires informed consent (*see Chapter 6, Medical Consents*). Informed consent means that the person giving consent has been informed of:

- Diagnosis and symptoms being treated.
- Nature of the medication: benefits, risks, and side effects.
- Projected course and duration of therapy.
- Alternative approaches to treatment.
- Assurance of monitoring.
- How to contact the prescribing psychiatrist/physician.
- How the medication fits with the treatment plan.

Prior written consent should be requested from a parent/guardian. The assent of the youth should also be sought as best practice, in accordance with his or her developmental level. See Chapter 6, Medical Consents, for detailed information on routine and informed consent for children under 18 in foster care.

Because of the impact of psychiatric medication, the important role of the parent or guardian must be recognized. Best practice is that staff make reasonable efforts to reach birth parents or guardians to obtain their consent, including telephoning, making a home visit, and sending a mailgram. Make sure that the parent/guardian understands the diagnosis and treatment, as well as the benefits and possible risks of the proposed medication. If parent/guardian refuses to give consent, give them the opportunity to meet the prescribing psychiatrist and get a second opinion, if they wish. Pursue any reasonable treatment options that the parent or guardian suggests.

A child 16 years of age or older residing in a hospital may consent to medically necessary psychiatric medication if the child has capacity to consent and the parent/guardian refuses to consent, or requiring their consent could have a detrimental effect on the child.⁴

To coordinate information on psychiatric medications, make sure that the consent form is completed, signed, and sent to the mental health provider (e.g., prescribing psychiatrist), with a copy included in the child's medical record (*see Appendix A for sample Informed Consent forms*).

⁴ MHL Title E, Article 33, 33.21.

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Documentation

The medical record must contain the following:

- The maintenance dose of prescribed medication.
- The child's reaction to the medication.
- Information on medications that were discontinued and the reasons for discontinuance.
- Routine medication monitoring appointments with the prescribing psychiatrist.
- Ongoing appropriate lab work specific for the prescribed medication.
- A signed consent form.

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NYS Office of Children and Family Services

9 Controlled Substances and Congregate Care

Controlled substances are medications that have a high potential for abuse and addiction and are therefore subject to special laws and regulations governing prescription, storage, disposal, and record keeping. Some controlled substances are used as psychiatric medications (e.g., Ritalin), but many are used for other purposes (e.g., acetaminophen and codeine are used together to alleviate pain).

Controlled substances are classified into five groups or "schedules" (ranging from Schedule 1 with the highest potential for abuse to Schedule 5 with the lowest potential for abuse) based on:

- Their relative potential for abuse.
- Whether they have an accepted medical use.
- The degree of dependence that may be caused by abuse of the drug.

Substances within each schedule are also divided into narcotic and non-narcotic categories. The number and identity of substances that are controlled change periodically (*see section 10, Resources*). Article 33 of New York State Public Health law provides for standards related to the prescribing, dispensing, administration, storage, and inventory of controlled substances. Congregate care facilities must be licensed (class 3a) as "institutional dispensers, limited" by the New York State Department of Health to administer controlled substances to patients in accordance with a written prescription issued by an authorized physician or other authorized practitioner and filled by a registered pharmacy. To obtain an application for a license, contact the regional office of the NYS DOH's Bureau of Controlled Substances for your facility's region.

A prescription for a controlled substance is limited to a 30-day supply and may only be refilled with a new prescription. A practitioner may, however, issue a prescription for up to a three-month supply of a controlled substance if the prescription has been issued for the treatment of certain conditions (e.g., attention deficit disorder).⁵

Note: Controlled substances cannot be mailed. When foster parents go on vacation with a child taking a controlled substance, they should know that a pharmacy cannot mail the medication if needed. Foster parents will need to renew the prescription every 30 days.

Every facility must keep a continuous record ("perpetual inventory") for each controlled substance kept on the premises. All controlled substances must be stored in a double-locked cabinet, and the amount of each drug documented at the beginning and end of each shift. Staff certified to administer medications must perform and document the count of the remaining drugs at each shift change. To facilitate the count and reduce handling of prescriptions for controlled substances, ask your pharmacist to dispense unit dose blister packs (a package holding pills in a clear plastic case sealed to a sheet of cardboard, which allows for the dispensing of one pill at a time). In addition, the administration of the medication must be documented in the child-specific Medication Administration Record.

⁵ 10 NYCRR 80.67 (d)(1)(2)(3).

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

10 Resources

Medication Information

Medline Plus is a service of the U.S. National Library of Medicine and the National Institutes of Health: <http://medlineplus.gov/>. Information is provided for drugs, herbs, and supplements listed by brand and generic names.

The National Alliance on Mental Illness (NAMI) provides information on psychiatric medications on their website:

http://www.nami.org/Template.cfm?Section=About_Medications&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=51&ContentID=34819

Treatment of Children with Mental Disorders is a June, 2008 publication of the Office of Mental Health. This is an excellent resource for birth parents and foster parents.

<http://www.omh.state.ny.us/omhweb/booklets/ChildrensBook.htm>

Controlled Substances

DEA Controlled Substances – Schedules and Drug Codes

<http://bfa.sdsu.edu/ehs/deasched.htm>

For information on the classification of specific drugs, go to:

<http://www.deadiversion.usdoj.gov/schedules/schedules.htm>

Poison Control Centers

Central New York Poison Center

750 East Adams Street
Syracuse, NY 13210
Emergency Phone: 800-222-1222

Finger Lakes Regional Poison & Drug Information Center

University of Rochester Medical Center
601 Elmwood Avenue, Box 321
Rochester, NY 14642
Emergency Phone: 800-222-1222
TDD/TTY: 585-273-3854 (TTY)

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HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Long Island Regional Poison and Drug Information Center

Winthrop University Hospital
259 First Street
Mineola, NY 11501
Emergency Phone: 800-222-1222
TDD/TTY: 516-924-8811 (Suffolk); 516-747-3323 (Nassau)

New York City Poison Control Center

NYC Bureau of Labs, 455 First Avenue, Room 123, Box 81
New York, NY 10016
Emergency Phone: 800-222-1222
TDD/TTY: 212-689-9014 (TDD)

Western New York Poison Center

Children's Hospital of Buffalo
219 Bryant Street
Buffalo, NY 14222
Emergency Phone: 800-222-1222

Abnormal Involuntary Movement Scale (AIMS)

The AIMS (Abnormal Involuntary Movement Scale) measures involuntary movements in the face, extremities, and trunk that are unique side effects of psychiatric medications. This instrument is used by clinicians for children who are taking these medicines.

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NYS Office of Children and Family Services

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
National Institute of Mental Health

NAME: _____
DATE: _____
Prescribing Practitioner: _____

CODE: 0 = None
1 = Minimal, may be extreme normal
2 = Mild
3 = Moderate
4 = Severe

INSTRUCTIONS:
Complete Examination Procedure (attachment d.)
before making ratings

MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one <u>less</u> than those observed spontaneously. Circle movement as well as code number that applies.		RATER	RATER	RATER	RATER
		Date	Date	Date	Date
Facial and Oral Movements	1. Muscles of Facial Expression e.g. movements of forehead, eyebrows periorbital area, cheeks, including frowning blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	2. Lips and Perioral Area e.g., puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	3. Jaw e.g. biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	4. Tongue Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Extremity Movements	5. Upper (arms, wrists,, hands, fingers) Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (i.e., repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Trunk Movements	7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Global Judgments	8. Severity of abnormal movements overall	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	9. Incapacitation due to abnormal movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	10. Patient's awareness of abnormal movements. Rate only patient's report No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Dental Status	11. Current problems with teeth and/or dentures	No Yes	No Yes	No Yes	No Yes
	12. Are dentures usually worn?	No Yes	No Yes	No Yes	No Yes
	13. Edentia?	No Yes	No Yes	No Yes	No Yes
	14. Do movements disappear in sleep?	No Yes	No Yes	No Yes	No Yes

Final: 9/2000