Group Activity: Receiving Medication, Scenario 2

Maria is 3-years-old and has eczema. She needs hydrocortisone cream applied to her arms at noon time. This is an OTC medication with a brand name of Aveeno®. Aveeno also makes other non-medicated skin moisturizers as well, but the medication that is being requested is an OTC hydrocortisone cream. Maria has had this medication before.

Group Activity: Receiving Medication, Scenario 2

Effective Relief of Itching from Inflammation and Rashes due to:
Eczema *Psoriasis *Seborrheic Dermatitis
Poison Ivy *Oak *Sumac *Insect Bites
Detergents *Soaps *Cosmetics *Jewelry

Aveeno

1% HYDROCORTISONE ANTI-ITCH CREAM

Drug Facts

Active ingredient — **Purpose**
Hydrocortisone 1% ……………………………………………..……...Anti-itch

Uses
*provides temporary relief of the itching associated with minor skin irritations, inflammation, and rashes from:
*eczema *psoriasis *insect bites *seborrheic dermatitis *soaps *poison ivy *poison oak *poison sumac *jewelry *cosmetics *detergents
*other uses of this product should be only under the advice and supervision of a doctor

Warnings
For external use only

Do not use *in the eyes *for the treatment of diaper rash

When using this product do not begin the use of any other hydrocortisone product

Stop use and ask a doctor if
*symptoms last for more than 7 days *the condition gets worse *symptoms clear up and come back in a few days

Drug Facts (continued)

Warnings (continued)
Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.

Directions
*adults and children 2 years and older: apply to affected area not more than 3-4 times daily
*children under 2 years of age: do not use, ask a doctor

Inactive ingredients
Aloe barbadensis leaf juice, Avena sativa (oat) kernel flour, beeswax, cetyl alcohol, citric acid, glyceryl stearate, isopropyl myristate, methylparaben, PEG-40 stearate, polysorbate 60, propylene glycol, propylparaben, sodium citrate, sorbic acid, sorbitan stearate, stearyl alcohol, tocopheryl acetate, water

Other information
Store at room temperature. Protect from freezing and excessive heat.

Questions? 1-877-298-2525

Exp 10/200X

Adapted from © 2006 UNC-CH/MCH and NC DHHS/DCD

Group Activity: Receiving Medication, Scenario 2

Medication Administration Packet

Authorization to Give Medicine
PAGE 1—TO BE COMPLETED BY PARENT

CHILD'S INFORMATION

ABC Child Care Center
Name of Facility/School

X /X /200x
Today's Date

Maria Test
Name of Child (First and Last)

Y /Y /200y
Date of Birth

Name of Medicine Hydrocortisone 1% - Aveeno

Reason medicine is needed during school hours Skin rash

Dose Apply to arms Route On Skin

Time to give medicine 1:00 pm

Additional instructions Apply thin layer

Date to start medicine X /X /200x Stop date Z /Z /2002

Known side effects of medicine Skin redness

Plan of management of side effects Stop putting on cream

Child allergies None

PRESCRIBER'S INFORMATION

Elaine Donoghue, MD
Prescribing Health Professional's Name

(732) 775-5600
Phone Number

PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.**

Maria Test
Parent or Guardian Name (Print)

Maria Test
Parent or Guardian Signature

123 City Road, Urbantown USA
Address

987-6543
Home Phone Number

876-5432
Work Phone Number

123-4567
Cell Phone Number

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.

Group Activity: Receiving Medication, Scenario 2

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender	Date of Birth
Test	Maria	☐ Male ☒ Female	Y / Y / 200Y

Does Child Have Health Insurance?	If Yes, Name of Child's Health Insurance Carrier
☒ Yes ☐ No	BC/BS

Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
Maria Test	987-6543	876-5432
Hector Test	987-6543	123-4567

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC.
Maria Test	☒ Yes ☐ No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☒ Yes ☐ No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	35 lbs
	Height *(must be taken within 30 days for WIC)*	36 inches
	Head Circumference *(if <2 Years)*	—
	Blood Pressure *(if ≥3 Years)*	90/50

IMMUNIZATIONS	☒ Immunization Record Attached ☐ Date Next Immunization Due: At 4 years of age

MEDICAL CONDITIONS

Condition		Comments
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments Eczema
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments Hydrocortisone 1% Apply thin layer to affected areas
Limitations to Physical Activity • List limitations/special considerations:	☒ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☒ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments Seasonal Allergies
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☒ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☒ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☒ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct	X/X/200X	11.5/34	Hearing	Birth	Pass
Lead: ☐ Capillary ☐ Venous	X/X/200X	5	Vision		
TB (mm of Induration)	X/X/200X	Neg	Dental		
Other:			Developmental	X/X/200X	Normal
Other:			Scoliosis		

☒ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp
Elaine Donoghue, MD	
Signature/Date	
Elaine Donoghue	

CH-14 SEP 08 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

Group Activity: Receiving Medication, Scenario 2

Receiving Medication

PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child Maria Test

Name of medicine Hydrocortisone 1%

Date medicine was received X / X / 200x

Safety Check

☐ 1. Child-resistant container.

☐ 2. Original prescription or manufacturer's label with the name and strength of the medicine.

☐ 3. Name of child on container is correct (first and last names).

☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.

☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.

☐ 6. Copy of Child Health Record is on file.

☐ 7. Instructions are clear for dose, route, and time to give medicine.

☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.

☐ 9. Child has had a previous trial dose.

Y ☐ N ☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

Caregiver/Teacher Name (Print)

Caregiver/Teacher Signature

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PAGE 1—TO BE COMPLETED BY PARENT

CHILD'S INFORMATION

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Name of Facility/School

X / X /20xx
Today's Date

Maria Test
Name of Child (First and Last)

Y / Y /2009
Date of Birth

Name of Medicine Hydrocortisone 1% - Aveeno

Reason medicine is needed during school hours Skin rash

Dose Apply to arms Route On Skin

Time to give medicine

Additional instructions Apply thin layer

Date to start medicine X /X /200x Stop date 2 / 2 /2002

Known side effects of medicine Skin redness

Plan of management of side effects Stop putting on cream

Child allergies None

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