



GIVING MEDICATIONS TO CHILDREN: DEVELOPMENTAL GUIDELINES AND STRATEGIES

DEVELOPMENTAL BEHAVIORS	NURSING ACTIONS TO GIVE MEDICATION
BIRTH TO THREE MONTHS	
<ul style="list-style-type: none"> ➤ Reaches randomly towards mouth and exhibits strong palmar reflex to grasp objects ➤ Must support head due to poor control ➤ Sucks as a reflex with tactile stimulation ➤ Tongue movement may force food out of mouth ➤ Stops sucking when full ➤ Infant becomes socially responsive and aware of environment 	<ul style="list-style-type: none"> ➤ Infant's hands must be controlled to prevent spilling of medication ➤ Support the infant's head while giving medication ➤ Use the natural sucking behavior and place oral medication into a nipple via syringe or cup ➤ A syringe or dropper should be placed to the side and back of the mouth ➤ Give small volumes and when infant is hungry ➤ Using feeding positions will increase the likelihood that medications will be taken successfully ➤ Do not give medicine mixed with formula/juice in bottle
3 TO 12 MONTHS	
<ul style="list-style-type: none"> ➤ Advances from sitting well with support (3-4 months) to crawling (6-9 months) ➤ Begins to develop fine motor control ➤ Advances from lying as placed (3 months) to standing with support (9-12 months) ➤ Is able to smack and pout lips. Tongue may protrude when swallowing. Begins to drink from cup ➤ Communication advances from random responses to specific gesturing (10-12 months) ➤ Is very responsive to tactile stimulation ➤ Recognizes familiar people. Exhibits early memory 	<ul style="list-style-type: none"> ➤ Medications must be kept out of reach to avoid accidental ingestion ➤ May mix medication with flavored syrups to administer to child ➤ May resist medications with whole body ➤ Medications may need to be retrieved and refed. A small med cup may now be appropriate ➤ Be alert for infant indicating own needs (wants a drink after medicine) ➤ Physical comfort/cuddling after a medication can be very helpful ➤ The infant may recall negative experiences and respond negatively in similar situations

12 -30 MONTHS

- Advances from independent walking (12-15 months) to running without falling (24 months)
- Advances from messy self-feeding to proficiency with minimal spilling (24-30 months)
- Develops voluntary tongue control (12-18 months)
- Second molars erupt (20-30 months) and controls jaw well
- Control of mouth has progressed; can clamp mouth tightly
- Indicates needs by pointing; speaks 4-6 words (12-18 months)
- Responds to sense of time and simple directions (20-30 months)
- Responds to and participates in routines of daily living
- Hospitalization threatens security and developing sense of autonomy
- Exhibits independence and self assertiveness
- Expresses feelings easily

- Promote independence by allowing toddler to choose the position for taking a medication when possible
- Allow child to take medication from a cup or spoon when possible
- Can spit out disagreeable medicines. Many mix medications with syrups/puddings, etc when possible and refeed as necessary
- Chewable tablets may be an alternative
- Ask parents what words the toddler uses at home
- The "bad taste will only last a minute"
- "Open your mouth, drink this, swallow now"
- Involve the parents; include the toddler in medicine taking routines
- Allow as much freedom as possible
- use games to gain cooperation
- Use a consistent, firm approach
- Give immediate tactile/verbal praise for cooperation
- Allow for expression through dramatic play; accept behavior for what it is

30 MONTHS TO 6 YEARS

- Knows full name
- Little understanding of time (30-36 months)
- Advanced understanding of time (4 years +)
- Easily influenced by others in responding to new food experiences
- Advances from little understanding of time (30-36 months) to a good sense of time (4 yrs +)
- Enjoys making decisions
- The young preschooler has many fantasies
- The older preschooler exhibits general fear of mutilation
- Sense of smell and taste become refined (4 yrs +)
- Becomes very coordinated
- Begins to lose temporary teeth (5 yrs +)
- Shows variable response to parents
- One bribe leads to a bigger bribe with next medication, avoid bribery
- Do not refer to medicine as candy

- Ask the child his name before giving the medicine
- Approach the preschooler in a calm and positive fashion when giving new oral medicines
- Use concrete and immediate rewards for the young preschooler and delayed gratification for the older preschooler
- Give choices when possible
- Give simple explanations; stress that the medicine is not being given because he child was bad
- Give simple explanations for cause, illness and treatment
- Child can distinguish medication tastes. Nurses need to be honest in describing them
- Can hold own medicine cup and master pill taking
- Avoid chewable tablets if the preschooler has loose teeth
- The nurse may have more success than the parent in giving medication

<p style="text-align: center;">6-12 YEARS</p> <ul style="list-style-type: none"> ➤ Strives for independence but continues to be dependent on others at times ➤ Able to tolerate some parental separation ➤ Differentiates actions that are dangerous ➤ Concern for body mutilation ➤ Needs to know how things work ➤ Tells time correctly ➤ Advances in ability to understand future events ➤ Honesty is important; begins to seek factual information ➤ Increased need for privacy ➤ Beginning concern for body image ➤ Interaction with peers of great importance 	<ul style="list-style-type: none"> ➤ Give acceptable choices when possible ➤ Respect the need for some regression with hospitalization. Some children may find comfort in your doing more for them ➤ Reassurance that you will give injections safely ➤ Include them in the daily schedule of medicines ➤ Provides stickers for cooperation, use of calendar ➤ Give careful explanations of how medications work and why they are given ➤ Find out from child if he wants the parent present for injections, suppository, etc ➤ Drape carefully when giving injections, etc ➤ Make provision for peer interaction; allow child to share medication experiences with others
<p style="text-align: center;">12 years +</p> <ul style="list-style-type: none"> ➤ Strives for independence ➤ Is able to understand abstract ideas and theories ➤ Is able to consider potential alternatives to situations ➤ Decisions strongly influenced by peers ➤ Questions authority figures ➤ Strong need for privacy ➤ Highly interested and concerned with sex and sexuality ➤ Advances in logical decision making skills ➤ Begins to participate in own health care decisions 	<ul style="list-style-type: none"> ➤ Allow adolescent to make as many decisions as possible concerning his medications ➤ Write a contract with the adolescent spelling out your expectations for self administered medicines ➤ Explain how medications work and why they are given as the adolescent's level; telling him that "your ear will stop hurting" is not enough ➤ Role play with adolescent any possible difficulties with peers as related to medications ➤ Encourage adolescent to talk with peers in a support group ➤ Work with adolescent to plan schedule of medicine ➤ Differentiate "taking pills" and "taking drugs" ➤ Be honest at all times; provide medication information written at the adolescent's level ➤ Respect need for confidentiality regarding medication rationale, side effects, etc ➤ Explain relationship between illness, medications, and sexuality; May need specific information: "This medicine will not affect your sexual interest or activities" or "This medicine will not prevent you from getting pregnant"