Guidance on prescribing

General guidance

Medicines should be given to children only when they are necessary, and in all cases the potential benefit of administering the medicine should be considered in relation to the risk involved. This is particularly important during pregnancy, when the risk to both mother and fetus must be considered.

It is important to discuss treatment options carefully with the child and the child's carer. In particular, the child and the child's carer should be helped to distinguish the adverse effects of prescribed drugs from the effects of the medical disorder. When the beneficial effects of the medicine are likely to be delayed, this should be highlighted.

For guidance on medicines optimisation, see Medicines optimisation p. 25.

Never Events Never events are serious and avoidable medical errors for which there should be preventative measures in place to stop their occurrence.

The NHS Never Events policy and framework can be viewed at: improvement.nhs.uk/documents/2265/Revised_Never_Events_policy_and_framework_FINAL.pdf.

For never events related to single drugs or drug classes, BNF Publications contain information within the monographs, in the important safety information section.

Prescribing competency framework The Royal Pharmaceutical Society has published a Prescribing Competency Framework that includes a common set of competencies that form the basis for prescribing, regardless of professional background. The competencies have been developed to help healthcare professionals be safe and effective prescribers with the aim of supporting patients to get the best outcomes from their medicines. It is available at www.rpharms.com/resources/frameworks/prescribers-competency-framework.

Transitional services for chronic conditions

The process of moving from paediatric to adult services can lead to a loss of continuity in care and provoke anxiety in children and their carers. EvGr Practitioners should start planning for adult care when the child reaches the age of 13 or 14 at the latest and a child-centred approach should be taken. Consider designating a named practitioner among those providing care to the child to take a coordinating role and to act as an advocate for the child, maintaining a link between the various practitioners involved in care (including a named GP). A

Drug treatment in children

Children, and particularly neonates, differ from adults in their response to drugs. Special care is needed in the neonatal period (first 28 days of life) and doses should always be calculated with care; the risk of toxicity is increased by a reduced rate of drug clearance and differing target organ sensitivity. The terms infant, child and adolescent are used inconsistently in the literature. However, **for reference purposes only**, the terms generally used to describe the paediatric stages of development are:

Preterm neonate	Born at < 37 weeks gestation
Term neonate	Born at 37 to 42 weeks gestation
Post-term neonate	Born at ≥42 weeks gestation
Neonate	From 0 up to 28 days of age (or first 4 weeks of life)
Infant	From 28 days up to 24 months of age
Child	From 2 years up to 12 years of age
Adolescent	From 12 years up to 18 years of age

In *BNF for Children*, the term neonate is used to describe a newborn infant aged 0–28 days. The terms child or children are used generically to describe the entire range from infant to adolescent (1 month–17 years). An age range is specified when the dose information applies to a narrower age range than a child from 1 month–17 years.

Administration of medicines to children

Children should be involved in decisions about taking medicines and encouraged to take responsibility for using them correctly. The degree of such involvement will depend on the child's age, understanding, and personal circumstances.

Occasionally a medicine or its taste has to be disguised or masked with small quantities of food. However, unless specifically permitted (e.g. some formulations of pancreatin p. 77), a medicine should **not** be mixed with large quantities of food because the full dose might not be taken and the child might develop an aversion to food if the medicine imparts an unpleasant taste. Medicines should not be mixed or administered in a baby's feeding bottle.

Children under 5 years (and some older children) find a liquid formulation more acceptable than tablets or capsules. However, for long-term treatment it may be possible for a child to be taught to take tablets or capsules.

An oral syringe should be used for accurate measurement and controlled administration of an oral liquid medicine. The unpleasant taste of an oral liquid can be disguised by flavouring it or by giving a favourite food or drink immediately afterwards, but the potential for food-drug interactions should be considered.

Advice should be given on dental hygiene to those receiving medicines containing cariogenic sugars for long-term treatment; sugar-free medicines should be provided whenever possible.

Children with nasal feeding tubes in place for prolonged periods should be encouraged to take medicines by mouth if possible; enteric feeding should generally be interrupted before the medicine is given (particularly if enteral feeds reduce the absorption of a particular drug). Oral liquids can be given through the tube provided that precautions are taken to guard against blockage; the dose should be washed down with warm water. When a medicine is given through a nasogastric tube to a neonate, **sterile water** must be used to accompany the medicine or to wash it down.

The intravenous route is generally chosen when a medicine cannot be given by mouth; reliable access, often a central vein, should be used for children whose treatment involves irritant or inotropic drugs or who need to receive the medicine over a long period or for home therapy. The subcutaneous route is used most commonly for insulin administration. Intramuscular injections should preferably be **avoided** in children, particularly neonates, infants, and young children. However, the intramuscular route may be advantageous for administration of single doses of medicines when intravenous cannulation would be more problematic or painful to the child. Certain drugs, e.g. some vaccines, are only administered intramuscularly.

The intrathecal, epidural and intraosseous routes should be used **only** by staff specially trained to administer medicines by these routes. Local protocols for the management of intrathecal injections must be in place.

Managing medicines in school

Administration of a medicine during schooltime should be avoided if possible; medicines should be prescribed for once