

# Administering Medications to Children

## ■ GENERAL GUIDELINES

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Medication administration to a pediatric patient can be challenging. Prescribers should order dosage forms that are age appropriate for their patients, but they do not always specify beyond the route desired. If a child is unable to take a particular dosage form, ask the pharmacist whether another form is available. If no other form is available, you may need to crush a tablet and mix it with a small amount of food. Always verify that the ordered medication can be crushed.

## ■ ORAL LIQUIDS

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Pediatric liquid medicines may be given with plastic medicine cups, oral syringes, oral droppers, or cylindrical dosing spoons. Parents should be taught to use these calibrated devices, rather than household utensils, because household teaspoons, tablespoons, and cups have a variety of sizes. For young children, it is best to use an oral syringe to squirt a small amount of the dose at a time into the side of the cheek, away from the bitter taste buds at the back of the tongue. This approach also prevents choking and aspiration because you are not squirting the liquid directly toward the back of the throat.

## ■ EYE DROPS AND OINTMENTS

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Tilt the child's head back, gently press the skin under the lower eyelid, and pull the lower lid away slightly until a small pouch is visible. Insert the ointment or drop (one drop at a time), and close the eye for a few minutes to keep the medicine in place.

## ■ EAR DROPS

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Shake the otic suspensions well before administration. For children younger than 3 years of age, pull the outer ear outward and downward before you instill the drops. For children 3 years of age and older, pull the outer ear outward and upward. Keep the child on his or her side (affected side up) for 2 minutes, and place a cotton plug in the ear.

## ■ NOSE DROPS

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First, clear the child's nose of secretions with a nasal aspirator (bulb syringe), or a cotton swab may be used in infants and young children. Ask older children to blow their nose. Then tilt the child's head back over a pillow, and squeeze the dropper without touching the nostril. Keep the child's head back for 2 minutes.