# GIVING MEDICATIONS TO CHILDREN: DEVELOPMENTAL GUIDELINES AND STRATEGIES

## DEVELOPMENTAL BEHAVIORS

### BIRTH TO THREE MONTHS
- 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

### 3 TO 12 MONTHS
- 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

### 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

## NURSING ACTIONS TO GIVE MEDICATION

### BIRTH TO THREE MONTHS
- 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
- 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
- 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+)
- 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

### 6-12 YEARS
- 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
- 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

### 12 years +
- 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
- 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”