Eye medication

1. Wash your hands.
2. Clean any secretions from the eyes with a moistened cotton ball, wiping from the inner corner of the eye to the outer corner.
3. Have the head tilted back. Small children can lay on their backs with a small pillow under the shoulders. Direct the gaze of the child upwards.
4. Make sure the dropper does not touch the eyes or eyelashes.
5. Form a pouch by gentle pressure of a finger on the lower lid. Drop the solution or squeeze 1.5cm of ointment into the pouch. Have the child close his or her eyes for about one to two minutes.
6. Apply pressure to the inner corner of the eye to block the tear duct and stop the loss of medication through the duct.
7. Wipe away excess medication after two minutes.
8. If giving more than one drop then wait five minutes in between drops to ensure everything gets absorbed.

Note: Eye ointments can temporarily blur vision.

Ear medication

1. If the ear drops are cold then warm them up in your hands to minimise discomfort.
2. Position the child on their side or tilt their head on the side with the affected ear exposed.
3. Gently restrain the child so that the head will not turn during installation.
4. Straighten the ear canal.
   • For infants the ear should be pulled back and down
   • For older children the ear should be pulled back and up.
5. Direct the drops to the side of the ear canal without touching the side of the ear. Drops hitting the eardrum can cause pain.
6. The child should remain in the same position for about two minutes to allow the drops to enter the ear.
7. A cotton wool dipped into Vaseline can be used as a plug to prevent the drops from running out of the ear.

Sprays

1. Used more often in older children and adolescents.
2. Sit or stand in an upright position with head straight or slightly tilted back.
3. Block one nostril and spray into the opposite nostril.
4. Gently inhale the medication into the nostril as the spray is squeezed.

Note: If it is too hard to insert a spray into the child’s nose then an alternative is to place the medication on cotton wool and insert into the nostril briefly.

Inhalers

Metered dose inhalers eg Ventolin
   • Always use a spacer as children find it difficult to use the inhaler on its own.
Accuhalers/turbuhalers eg Bricanyl
   • Dry powder inhalers are used in children seven years and older
   • A deep breath is needed to draw the powder into the lungs.
This pamphlet is designed to make medicine giving and taking a positive experience for everyone!

General tips to remember:
- Be confident and firm
- Have a positive approach
- Be honest and understanding
- Listen
- Allow the child to have some control
- Describe what the child will see, hear, feel, smell and taste
- Use language they will understand
- Allow them to share the responsibility and make decisions about their own treatment
- Involve them in discussions so that they know what is happening
- Make it a habit to double check everything
- Always keep medicines out of reach of children
- Be honest and understanding
- Have a positive approach
- Always read doses and measurements carefully. Make it a habit to double check everything
- Always check the expiry date. Some liquid preparations have a short expiry for stability
- Have the child lie down or sit on their left side with upper leg bent and allow the infant to be swallowed before laying the infant down
- Always check the expiry date. Some liquid preparations have a short expiry for clarity reasons.
- An oral syringe can be used
- Tell the child that he or she are good medicine takers, not that they are good
- Always use a measuring cup or oral syringe, as different teaspoons hold different amounts. Liquid preparations have a short expiry for stability
- Include the child in the decision making
- Allow them to choose from various options eg cup or syringe, sitting in a chair or on carer’s lap. School-age children are more aware of the world around them and have better understanding about illnesses and treatment. Adolescents (12 years and older)
- Involve them in discussions so that they know what is happening
- Make it a habit to double check everything
- Always check the expiry date. Some liquid preparations have a short expiry for clarity reasons.
- Can swallow liquids from a measuring cup
- Oral syringes can be used
- Include the child in the decision making
- Allow them to choose from various options eg cup or syringe, sitting in a chair or on carer’s lap. School-age children are more aware of the world around them and have better understanding about illnesses and treatment. Adolescents (12 years and older)
- Involve them in discussions so that they know what is happening
- Make it a habit to double check everything
- Always check the expiry date. Some liquid preparations have a short expiry for clarity reasons.

Giving medications – Some practical hints

Oral Medications

Liquid preparations
- Always use a measuring cup or oral syringe, as different teaspoons hold different amounts
- Always read doses and measurements carefully. Make it a habit to double check everything
- Always check the expiry date. Some liquid preparations have a short expiry for stability
- Have the child lie down or sit on their left side with upper leg bent and allow the infant to be swallowed before laying the infant down
- Always check the expiry date. Some liquid preparations have a short expiry for clarity reasons.

Tablets or capsules
- Give with lots of water or a favourite cold drink
- Always ask your pharmacist if it is ok to crush or break tablets. Many tablets can be crushed and dissolved in water. Some cannot be halved or crushed as they have a protective coating or are designed to slowly release the drug. Crushing the tablet will ruin this effect
- Some capsules can be pulled apart and the contents sprinkled over food or dissolved some water. Check with your pharmacist to see if this is all right to do

Infants (3 – 12 months)
- Hold the infant in the nursing or feeding position
- An oral syringe is very accurate. Ingest small amounts (about 1 – 2 ml) towards the side of the mouth and allow the infant to swallow between each swallow
- Keep the mouth closed by holding the jaw up so the infant cannot spit out the medicine. Gently encourage the infant to keep swallowing
- Always wash it down with a favourite drink. Be sure that the child is ok to be mixed with the drink
- Can swallow liquids from a measuring cup
- Oral syringes can be used
- Include the child in the decision making
- Allow them to choose from various options eg cup or syringe, sitting in a chair or on carer’s lap. School-age children are more aware of the world around them and have a better understanding

Adolescents (12 years and older)
- Involve them in discussions so that they know what is happening
- Make it a habit to double check everything
- Always check the expiry date. Some liquid preparations have a short expiry for clarity reasons.

School-age children (6 years and over)
- Can swallow liquids from a measuring cup
- Oral syringes can be used
- Include the child in the decision making
- Allow them to choose from various options eg cup or syringe, sitting in a chair or on carer’s lap. School-age children are more aware of the world around them and have a better understanding

Other ways to give medications

Giving medications by mouth is not the only way to give drugs. Some medications can be given rectally while others are made into eye drops or nasal sprays for local treatment. Kneading the right way to give the medication will ensure that the full effect of the drug is achieved.

1. Use of gloves is recommended when inserting the suppository
2. Position the child on the left side with upper leg bent and buttocks separated
3. Minimise suppuration by lubricating the suppository
4. Insert gently to about half the length of the finger
5. For bullet shaped suppository insert the smoothest point first
6. For tear shaped suppository insert the larger rounded end first
7. Hold the buttocks together for five minutes to stop the suppository being expelled
8. Have the child to be down or sit down for about 20 minutes
9. Discourage the child from going to the toilet after the suppository has been given

Giving medications – Some practical hints

Liquid preparations
- Always use a measuring cup or oral syringe, as different teaspoons hold different amounts
- Always read doses and measurements carefully. Make it a habit to double check everything
- Always check the expiry date. Some liquid preparations have a short expiry for stability
- Have the child lie down or sit on their left side with upper leg bent and allow the infant to be swallowed before laying the infant down
- Always check the expiry date. Some liquid preparations have a short expiry for clarity reasons.

Tablets or capsules
- Give with lots of water or a favourite cold drink
- Always ask your pharmacist if it is ok to crush or break tablets. Many tablets can be crushed and dissolved in water. Some cannot be halved or crushed as they have a protective coating or are designed to slowly release the drug. Crushing the tablet will ruin this effect
- Some capsules can be pulled apart and the contents sprinkled over food or dissolved some water. Check with your pharmacist to see if this is all right to do

Infants (3 – 12 months)
- Hold the infant in the nursing or feeding position
- An oral syringe is very accurate. Ingest small amounts (about 1 – 2 ml) towards the side of the mouth and allow the infant to swallow between each swallow
- Keep the mouth closed by holding the jaw up so the infant cannot spit out the medicine. Gently encourage the infant to keep swallowing
- Always wash it down with a favourite drink. Be sure that the child is ok to be mixed with the drink
- Can swallow liquids from a measuring cup
- Oral syringes can be used
- Include the child in the decision making
- Allow them to choose from various options eg cup or syringe, sitting in a chair or on carer’s lap. School-age children are more aware of the world around them and have a better understanding
This pamphlet is designed
to make medicine giving
and taking a positive experience
for everyone!

General tips to remember
- Be calm and firm
- Give a positive approach
- Be honest and understanding
- Listens
- Alleviates the child to have some control
- Describe what the child will see, hear,
feel, smell and taste
- Allow the child to have some control
- Listen
- Always remember to keep medicines
out of reach of toddlers afterwards.

Age specific advice
Infants (0 – 12 months)
Infants are developing basic trust
and need to have their carer close by.
Advice:
- Give gentle cuddles before
and after giving medicines
- Hold the child firmly and
nearby for comfort.

Toddlers (2 – 3 years)
Toddlers are slowly developing language
and are still very attached to mum, dad or carer.
Advice:
- Have a calm and confident approach
- Give simple explanations, using dolls,
and stuffed toys
- Include drawings with the child’s favourite toys

Siblings (3 – 5 years)
Siblings are more aware of the world
around them and how they are
understanding about illnesses and treatment.
Advice:
- Use diagrams, drawings, models and
and stuffed toys to explain what is going on
- Include the child in the decision making

Pre-schoolers (3 – 5 years)
At this stage, children have developed
communication and self-care abilities.
Advice:
- Give simple explanations to let the child
know what is happening so that he or she
does not think this is a punishment.
- Have a positive approach and make positive
statements: eg “That was good, you drank
it all down!”
- Tell the child that he or she are good
medicine takers, not that they are good
for taking the medicine
- Allow the child to choose from various
options eg cup or syringe, sitting in
a chair or on carer’s lap.
- Rewards such as stickers are good.

School-age children (6 – 12 years)
School-age children are more aware of the
world and know what is happening so that he or she
know what is happening so that he or she
will ensure that the full effect of the drug is
achieved.
Advice:
- Use diagrams, drawings, models and
and stuffed toys to explain what is going on
- Include the child in the decision making

Adolescents (12 years and older)
Adolescents like to feel independent, but
at the same time need to know that there
is someone there to depend on.
Advice:
- Involve them in decisions so that they
know what is happening
- Allow them to share the responsibility
and make decisions about their own treatment

Giving medications – Some practical hints

Other ways to give medications
Giving medications by mouth is not the only way
to give drugs. Some medications can be given
rectally while others are made into eye drops or
nasal spray for local treatment.
Knowing the right way to give the medication
will ensure that the full effect of the drug
is achieved.

Medications
- 1. Use of gloves is recommended when inserting
the suppository
- 2. Position the child on the left side with
spit-peg bent and

Rectal medications
- 1. Rectal suppository
- 2. Rectal suppository
- 3. Pessaries
- 4. Insert gently to about half the
length of the finger.
- 5. Hold the buttocks together for five
minutes to stop the suppository
being expelled.
- 6. Have the child to lie down or sit
for about 10 minutes.
- 7. Discourage the child from going
to the toilet after the suppository has
been given.

Oral Medications
Liquid preparations
- Always use a measuring cup or oral syringe,
as different levans hold different
amounts.
- Always read doses and measurements carefully.
Make it a habit to double check everything.
- Shake mixtures before measuring out
the dose.
- It is not recommended to add medications
to infant formula because the child may not
get the full dose.
- If a medication is added to a drink make sure
the child drinks it all. Always check
with your pharmacist to see if the medication
is to be mixed with the drink.
- Check the storage needs of medications as
some may need to be stored in the fridge.
- Always check the expiry date. Some liquid
preparations have a short expiry for quality
reasons.

Tablets or capsules
- Give with liquids or a favourite
cool drink.
- Always ask your pharmacist if it is ok to
 crush or break tablets. Many tablets can be
 crushed and dissolved in water. Some
cannot be halved or crushed as they have
a protective coating or are designed to
slowly release the drug. Crushing the tablet
will ruin this effect.
- Some capsules can be pulled apart and the
contents sprinkled over food or dispersed
in some water. Check with your pharmacist
to see if this is all right to do.

Infants (1 – 12 months)
- Hold the infant in the
nursing or feeding
position.
- An oral syringe is very accurate
and small amounts
(amounts of about 1
ml) to the side of the mouth and
allow the infant to swallow between each squirt.
- Keep the mouth closed by holding the
lower lip so that the infant cannot spit out the medicine.
Gently stroke the throat to help with swallowing.
- Use a syringe to be swallowed before laying the infant down.

Children (1 – 12 years)
- Always remember to drink
with extra water
so that the child can
be given for older infants.

Adolescents (12 years and older)
Adolescents like to feel independent, but
at the same time need to know that there
is someone there to depend on.
Advice:
- Involve them in decisions so that they
know what is happening
- Allow them to share the responsibility
and make decisions about their own treatment

Tips for each age group
- 1. Use of gloves is recommended when inserting
the suppository
- 2. Position the child on the left side with
spit-peg bent and

Tablets
- Can swallow liquids from a measuring cup
and allow the infant to
swallow between each squirt.
- For tear shaped suppository, insert
at the upper leg bent and
the larger rounded end first.
- For bullet shaped suppository, insert
at the upper leg bent and
the smaller rounded end first.
- Discourage the child from going
to the toilet after the suppository has
been given.

Medications
- 1. Use of gloves is recommended when inserting
the suppository
- 2. Position the child on the left side with
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Rectal medications
- 1. Rectal suppository
- 2. Rectal suppository
- 3. Pessaries
- 4. Insert gently to about half the
length of the finger.
- 5. Hold the buttocks together for five
minutes to stop the suppository
being expelled.
- 6. Have the child to lie down or sit
for about 10 minutes.
- 7. Discourage the child from going
to the toilet after the suppository has
been given.

Oral Medications
Liquid preparations
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as different levans hold different
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- It is not recommended to add medications
to infant formula because the child may not
get the full dose.
- If a medication is added to a drink make sure
the child drinks it all. Always check
with your pharmacist to see if the medication
is to be mixed with the drink.
- Check the storage needs of medications as
some may need to be stored in the fridge.
- Always check the expiry date. Some liquid
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Tablets or capsules
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- Some capsules can be pulled apart and the
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in some water. Check with your pharmacist
to see if this is all right to do.

Infants (1 – 12 months)
- Hold the infant in the
nursing or feeding
position.
- An oral syringe is very accurate
and small amounts
(amounts of about 1
ml) to the side of the mouth and
allow the infant to swallow between each squirt.
- Keep the mouth closed by holding the
lower lip so that the infant cannot spit out the medicine.
Gently stroke the throat to help with swallowing.
- Use a syringe to be swallowed before laying the infant down.

Children (1 – 12 years)
- Always remember to drink
with extra water
so that the child can
be given for older infants.

Adolescents (12 years and older)
Adolescents like to feel independent, but
at the same time need to know that there
is someone there to depend on.
Advice:
- Involve them in decisions so that they
know what is happening
- Allow them to share the responsibility
and make decisions about their own treatment

Tips for each age group
- 1. Use of gloves is recommended when inserting
the suppository
- 2. Position the child on the left side with
spit-peg bent and

Rectal medications
- 1. Rectal suppository
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- 6. Have the child to lie down or sit
for about 10 minutes.
- 7. Discourage the child from going
to the toilet after the suppository has
been given.
This pamphlet is designed to make medicine giving and taking a positive experience for everyone!

General tips to remember:
- Be calm and patient.
- Use a positive approach.
- Be honest and understanding.
- Listen.
- Allow the child to have some control.
- Describe what the child will see, hear, feel, smell and taste.
- Use language they will understand.
- Be confident and firm.
- Be honest and understanding.
- Allow the child to have some control.
- Be confident and firm.

Advice:
- Give simple explanations to let the child know what is happening so that he or she does not think this is a punishment.
- Have a positive approach and make positive statements, e.g. “That was good, you drank it all down.”
- Tell the child that he or she is good, and that he or she is good at taking the medicine.
- Allow the child to choose from various options: cup or syringe, sitting in a chair or on carer’s lap.
- Reward such as stickers are good.

School-aged children (6 – 12 years):
School-aged children are more aware of the world around them and have better understanding about illnesses and treatment.

Advice:
- Use diagrams, drawings, models and playing dolls to explain what is going on.
- Include the child in the decision making.

Infants (3 – 12 months):
Infants are developing basic trust and communication and self-care abilities.

Advice:
- Give lots of cuddles.
- Emphasize the benefits of taking the medication afterwards.
- Give simple explanations using dolls and stuffed toys.

Toddlers (1 – 2 years):
Toddlers are slowly developing language skills and are still very attached to mum, dad or carer.

Advice:
- Have the child lie down or sit with supervision.
- Avoid them from going to sleep or going to the toilet.
- Involve them in discussions so that they feel that there is someone there to depend on.

Adolescents (12 years and older):
Adolescents like to feel independent, but at the same time need to know that there is someone there to depend on.

Advice:
- Involve them in discussions so that they know what is happening.
- Allow them to share the responsibility and make decisions about their own treatment.

Oral Medications

Liquid preparations
- Always use a measuring cup or oral syringe, as different householders hold different amounts.
- Always read doses and measurements carefully. Make it is bold to double check everything.
- Shake mixtures before measuring out the dose.
- It is not recommended to add medications to infant formula because the child may not get the full dose.
- If a medication is added to a drink make sure the child drinks it all. Always check with your pharmacist to see if the medication is ok to be mixed with the drink.
- Check the storage needs of medications as some may need to be stored in the fridge.
- Always check the expiry date. Some liquid preparations have a short expiry for stability reasons.

Tablets or capsules
- Give with lots of water or a favourite cold drink.
- Always ask your pharmacist if it is ok to crush or break tablets. Many tablets can be crushed and dissolved in water. Some cannot be halved or crushed as they have a protective coating or are designed to slowly release the drug. Crushing the tablet will ruin this effect.
- Some capsules can be pulled apart and the contents sprinkled over food or dissolved in some water.
- Check with your pharmacist to see if this is all right to do.

Tips for each age group:
- Infants (3 – 12 months):
  - Hold the infant in the nursing or feeding position.
  - An oral syringe is very accurate. Import small amounts (about 1 – 2ml) towards the side of the mouth and allow the infant to swallow between each squirt.
  - Keep the mouth closed by holding the lip up so that the infant cannot spit out the medicine. Gently stroke the throat downward to help with swallowing.
  - Never give anything to be swallowed before laying the infant down.
  - Always check with your pharmacist to see if this is all right to do.

- Toddlers (1 – 2 years):
  - The child can be given a sippy cup with supervision.
  - An oral syringe can be used.
  - Wash it down with a favourite drink.
  - Check with your pharmacist to see if the medication is ok to be mixed with the drink.

- School-aged children (6 years and over):
  - Can swallow liquids from a measuring cup or oral syringe.
  - Can swallow liquids from a measuring cup.
  - Can swallow capsules.
  - Can swallow tablets.

- Adolescents (12 years and older):
  - The child can be given a sippy cup with supervision.
  - An oral syringe can be used.
  - Wash it down with a favourite drink.
  - Check with your pharmacist to see if the medication is ok to be mixed with the drink.

Rectal medications
- Rectal medications are given in the rectum.
- For tablets, take a sip of water and place the tablet or capsule on the back of the tongue. Then swallow the medication with a drink of water or a favourite compatible drink.

Advice:
- Insert gently to about half the length of the finger.
- For bullet shaped suppository insert the smooth end first.
- For tear shaped suppository insert the larger rounded end first.
- Hold the buttocks together for five minutes to stop the suppository being expelled.
- Have the child to lie down or sit down for about 10 minutes.
- Discourage the child from going to the toilet after the suppository has been given.

Other ways to give medications
Giving medications by mouth is not the only way to give drugs. Some medications can be given rectally while others are made into eye drops or nasal sprays for local treatment.

Kneading the right way to give the medication will ensure that the full effect of the drug is achieved.

Advice:
- For tablets, take a sip of water and place the tablet or capsule on the back of the tongue. Then swallow the medication with a drink of water or a favourite compatible drink.

Advice:
- Can swallow liquids from a measuring cup with supervision.
- An oral syringe can be used.
- Wash it down with a favourite drink.
- Check with your pharmacist to see if the medication is ok to be mixed with the drink.
- School-aged children can swallow tablets.
- Can swallow liquids from a measuring cup with supervision.
- An oral syringe can be used.
- Wash it down with a favourite drink.
- Check with your pharmacist to see if the medication is ok to be mixed with the drink.
- Some medications can be pulled apart.
- Some medications can be sprinkled over food or dissolved in water. Check with your pharmacist to see if this is all right to do.

Advice:
- Can swallow liquids from a measuring cup.
- Can swallow tablets.
- For tablets, take a sip of water and place the tablet or capsule on the back of the tongue. Then swallow the medication with a drink of water or a favourite compatible drink.
Eye medication

1. Wash your hands.
2. Clean any secretions from the eyes with a moistened cotton ball, wiping from the inner corner of the eye to the outer corner.
3. Have the head tilted back. Small children can lay on their backs with a small pillow under the shoulders. Direct the gaze of the child upwards.
4. Make sure the dropper does not touch the eyes or eyelashes.
5. Form a pouch by gentle pressure of a finger on the lower lid. Drop the solution or squeeze 1.5cm of ointment into the pouch. Have the child close his or her eyes for about one to two minutes.
6. Apply pressure to the inner corner of the eye to block the tear duct and stop the loss of medication through the duct.
7. Wipe away excess medication after two minutes.
8. If giving more than one drop then wait five minutes in between drops to ensure everything gets absorbed.

Note: Eye ointments can temporarily blur vision.

Ear medication

1. If the eardrops are cold then warm them up in your hands to minimise discomfort.
2. Position the child on their side or tilt their head on the side with the affected ear exposed.
3. Gently restrain the child so that the head will not turn during installation.
4. Straighten the ear canal.
   • For infants the ear should be pulled back and down
   • For older children the ear should be pulled back and up.
5. Direct the drops to the side of the ear canal without touching the side of the ear. Drops hitting the eardrum can cause pain.
6. The child should remain in the same position for about two minutes to allow the drops to enter.

Nasal medication

1. Have the child blow his or her nose first before giving medication.
2. Direct the drops towards the midline of the nose to prevent them from running down the throat.
3. The child should remain in the same position for about two minutes to allow the drops to penetrate.

Sprays

1. Used more often in older children and adolescents.
2. Sit or stand in an upright position with head straight or slightly tilted back.
3. Block one nostril and spray into the opposite nostril.
4. Gently inhale the medication into the nostril as the spray is squeezed.

Note: If it is too hard to insert a spray into the child’s nose then an alternative is to place the medication on cotton wool and insert into the nostrils briefly.

Inhalers

Metered dose inhalers eg Ventolin
• Always use a spacer as children find it difficult to use the inhaler on its own.

Accuhalers/turbuhalers eg Bricanyl
• Dry powder inhalers are used in children seven years and older.
• A deep breath is needed to draw the powder into the lungs.
Eye medication

1. Wash your hands.
2. Clean any secretions from the eyes with a moistened cotton ball, wiping from the inner corner of the eye to the outer corner.
3. Have the head tilted back. Small children can lay on their backs with a small pillow under the shoulders. Direct the gaze of the child upwards.
4. Make sure the dropper does not touch the eyes or eyelashes.
5. Form a pouch by gentle pressure of a finger on the lower lid. Drop the solution or squeeze 1.5cm of ointment into the pouch. Have the child close his or her eyes for about one to two minutes.
6. Apply pressure to the inner corner of the eye to block the tear duct and stop the loss of medication through the duct.
7. Wipe away excess medication after two minutes.
8. If giving more than one drop then wait five minutes in between drops to ensure everything gets absorbed.

Note: Eye ointments can temporarily blur vision.

Ear medication

1. If the eardrops are cold then warm them up in your hands to minimise discomfort.
2. Position the child on their side or tilt their head on the side with the affected ear exposed.
3. Gently restrain the child so that the head will not turn during installation.
4. Straighten the ear canal.
   • For infants the ear should be pulled back and down
   • For older children the ear should be pulled back and up.
5. Direct the drops to the side of the ear canal without touching the side of the ear. Drops hitting the eardrum can cause pain.
6. The child should remain in the same position for about two minutes to allow the drops to enter.

Nasal medication

1. Have the child blow his or her nose first before giving medication.

Drops

1. Have the child lie down with a small pillow under the shoulders to lower the head backwards which will help the flow of drops into the nose.
2. Direct the drops towards the midline of the nose to prevent them from running down the throat.
3. The child should remain in the same position for about two minutes to allow the drops to penetrate.

Sprays

1. Used more often in older children and adolescents.
2. Sit or stand in an upright position with head straight or slightly tilted back.
3. Block one nostril and spray into the opposite nostril.
4. Gently inhale the medication into the nostril as the spray is squeezed. Note: If it is too hard to insert a spray into the child’s nose then an alternative is to place the medication on cotton wool and insert into the nostril briefly.

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• Always use a spacer as children find it difficult to use the inhaler on its own.
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Visit our website for all of the latest information at www.rch.unimelb.edu.au/pharmacy/
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1. Wash your hands.
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6. Apply pressure to the inner corner of the eye to block the tear duct and stop the loss of medication through the duct.
7. Wipe away excess medication after two minutes.
8. If giving more than one drop then wait five minutes in between drops to ensure everything gets absorbed.

Note: Eye ointments can temporarily blur vision.

Ear medication
1. If the ear drops are cold then warm them up in your hands to minimise discomfort.
2. Position the child on their side or tilt their head on the side with the affected ear exposed.
3. Gently restrain the child so that the head will not turn during installation.
4. Straighten the ear canal.
   • For infants the ear should be pulled back and down
   • For older children the ear should be pulled back and up.
5. Direct the drops to the side of the ear canal without touching the side of the ear. Drops hitting the eardrum can cause pain.
6. The child should remain in the same position for about two minutes to allow the drops to penetrate.

Nasal medication
1. Have the child blow his or her nose first before giving medication.

Drops
1. Have the child lie down with a small pillow under the shoulders to lower the head backwards which will help the flow of drops into the nose.
2. Direct the drops towards the midline of the nose to prevent them from running down the throat.
3. The child should remain in the same position for about two minutes to allow the drops to penetrate.

Sprays
1. Used more often in older children and adolescents.
2. Sit or stand in an upright position with head straight or slightly tilted back.
3. Block one nostril and spray into the opposite nostril.
4. Gently inhale the medication into the nostril as the spray is squeezed.

Note: If it is too hard to insert a spray into the child’s nose then an alternative is to place the medication on cotton wool and insert into the nostrils briefly.

Inhalers
Metered dose inhalers eg Ventolin
• Always use a spacer as children find it difficult to use the inhaler on its own.
Accuhalers/ turbuhalers eg Bricanyl
• Dry powder inhalers are used in children seven years and older
• A deep breath is needed to draw the powder into the lungs.