

## Over-the-Counter Medication Information

- People in the United States spend millions of dollars on the use of over-the-counter (OTC) medications. Many of these medications are unnecessary, and in the case of young children (particularly under the age of 5 years), the effect of these medications often produces side effects, instead of providing relief to bothersome symptoms.

*“The increase in parents working outside the home puts pressure on families, child care providers, and health professionals alike to keep children symptom-free and in care. As a result, we may tend to reach quickly for over-the-counter remedies to alleviate symptoms; remedies do little, if anything, to help. Not only is much of this medicine not beneficial, but some of it also could be doing harm.”*

*Dr. James M. Poole, MD, FAAP, member of the American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care.”*

- The Food and Drug Administration decides whether a medication can be safely used by a consumer, without the advice of a Health Care Provider. This does not mean that OTC's are harmless.
- Like prescription medications, OTC's can be very dangerous to a child, if given incorrectly.
- Over-the-counter medications administered in the school or child care program require written authorization from the Health Care Provider with prescriptive authority, and parent/guardian written permission. It is recommended that parents/guardians discuss the use of OTC medications with their Health Care Provider before giving any medications to their child. Also, many of these medicines contain acetaminophen. Read labels carefully.
- Common Over-the-Counter Medications Used for Children Include:
  - Fever-reducers
  - Pain-relievers
  - Antihistamines
  - Mild cortisone cream/ointment
  - Cough syrups
  - Cold remedies
  - Nose drops
  - Medications used for common gastrointestinal problems
- Other over-the-counter items administered in the school or child care program also require written authorization from the Health Care Provider with prescriptive authority, and parent/guardian written permission. Such items include the following:
  - **Oral electrolyte maintenance solutions** (e.g., Pedialyte™). These preparations balance electrolytes lost through diarrhea or vomiting. Children recovering from an intestinal illness may need these preparations as they attempt to return to their regular diet. Typically, children should not be in group care settings while needing this replacement. Orders from a person with prescriptive authority are required, and should indicate the need for this solution, how often it should be given, the concentration, and how long before a child can return to their regular diet.
  - **Lice Shampoo or Cream Rinses**: These preparations must be used only as directed, and only if live bugs or nits (eggs) are seen. Some home remedies, such as the use of kerosene

and gasoline, are extremely dangerous. **Note:** It is recommended that lice treatments be performed in the child's home.

- **Cough Drops:** Since cough drops are generally a treatment, and may contain medications such as benzocaine and phenol, the administration of cough drops requires both parent/guardian and Health Care Provider authorization as any OTC medication. **Note:** Cough drops may pose a choking hazard for children.
- **Saline Nose Drops:** Infants and toddlers cannot sniffle or blow their nose. If the child is unable to sleep or eat because of thick mucus, saline drops can help clear the nose. Put a drop or two into each nostril. To use a bulb syringe: 1) Squeeze the bulb; 2) Put the tip gently into the child's nostril; and, 3) Let go, aspirating mucous from the nose. Be careful. Overuse of the bulb syringe can be irritating. Be sure the bulb syringe is cleaned properly, and never shared among children.
- **Non-prescription Medications for Common Symptoms:**
  - If the child is playing and sleeping normally, non-prescription medications are not needed.
  - Medications should only be given for symptoms that cause significant discomfort, such as repeated coughing or difficulty with sleeping. Parents should consult with the Health Care Provider.
  - Viral illnesses are best treated with rest, fluids, and comfort measures.
  - Over-the-counter medications are not usually helpful, and may be harmful.
- **Some Drugs are Both OTC and Prescription:**
  - They are considered OTC if the active ingredient is small in each dose. Those that require a prescription contain the active ingredient in a larger dose. All medications require written authorization from a Health Care Provider with prescriptive authority, along with parent/guardian written permission.
  - Over-the-counter ointments and creams (sunscreen, lip balm, skin creams and diaper ointments) that are used for preventive purposes, do not require a written authorization from a Health Care Provider with prescriptive authority. However, parent/guardian written permission is required, and all label instructions must be followed. If the skin is broken, or an allergic reaction is observed, discontinue use and notify the parent or guardian.
  - Over-the-Counter ointments and creams used as a treatment for skin condition (e.g., broken skin, eczema, burn or bleeding with severe diaper rash) require a written authorization from the Health Care Provider, and written parent/guardian permission.

**Note:** Include a statement on the permission form that sunscreen or diaper ointment will not be applied to broken skin, or in the presence of a severe or persistent rash, without written authorization from the Health Care Provider.
  - Standing Orders are not acceptable for Over-the-Counter Medications or Prescription Medications for chronic health conditions. All requests to administer medication must include a written authorization that includes the items previously listed above.

American Academy of Pediatrics. Policy Statement - Guidance for the Administration of Medication in School. (2009). Pediatrics, 124(4). 1244-1251. Retrieved from <http://pediatrics.aappublications.org/content/124/4/1244>  
This Policy Statement was Reaffirmed February 2013 accessed at <http://pediatrics.aappublications.org/content/132/1/e281>