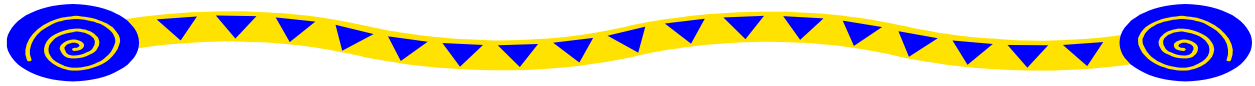


# Chapter 8

## Caring for Sick Children

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## CARING FOR SICK CHILDREN

### Exclusion of Sick Children

Should children be excluded from a child care facility when they are sick? Yes, by all means.

- Illnesses can multiply in a child care facility that is lax about enforcing an exclusion policy. Children contract many illnesses during the first five years of life. If no effort is made to protect them from exposure to illnesses of other children in the group, they may be sick even more often.
- The exclusion policy is beneficial to all working parents of child care children.
- Ill children should be excluded even if they have exposed others before the illness was discovered.
- Germs do not always attack on the first exposure. Repeated exposures increase children's chances of catching a contagious disease.
- It is best for sick children to stay home where they can receive individual attention or attend a facility licensed for the care of sick children.
- It is best for the child care facility to be able to use personnel to the best advantage in supervising and caring for well children. The exclusion policy may also reduce the number of working days lost by the employees due to illness.

**All children get sick. It is a fact that must be planned into the life of working parents.**

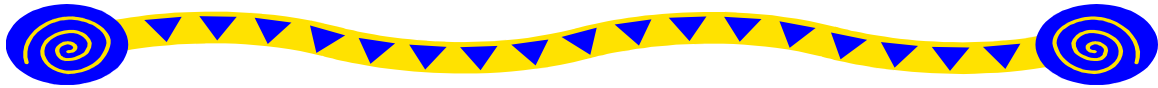
### What to do when children become ill?

- Isolate sick children until a parent arrives. Care should be taken to avoid making these children feel guilty or punished because of the illness.
- Children should be placed in a separate room, or in the same room away from the other children. Bed rest should be encouraged, but not forced.
- Bedding, used by ill children, should be washed after they leave. If vomiting or diarrhea is a symptom, wash the toilet with soap and water and sanitize it after each use.
- Disposable covers on thermometers are recommended.
- Parents should assume care for sick children as quickly as possible.



## RECOMMENDATIONS FOR EXCLUSION OF SICK CHILDREN

- Fever, defined as temperature of 100.4 degrees or higher.
- Diarrhea, defined as runny or watery stools with increased frequency of loose stools.
- Vomiting two or more times in a 24-hour period.
- Undiagnosed body rash, except diaper rash.
- Sore throat with a fever and swollen glands.
- Eye discharge, defined as thick mucus or pus draining from the eye, matted eyelids after sleep and eye pain, along with pink or red in the whites of the eyes.
- Mouth sores with drooling.
- Severe coughing, where a child gets red or blue in the face or makes a high-pitched whooping sound after coughing.
- Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms.
- Signs or symptoms of possible illness such as lethargy, irritability, persistent crying or any other unusual signs until a medical evaluation allows inclusion.
- When the caregiver is not able to offer the extra care needed to comfort a sick child without compromising the care of other children.



## **ADMINISTRATION & STORAGE OF MEDICATION IN CHILD CARE**

- Medication must be provided by the parent in the original container and clearly labeled with the child's name and directions.
- Medication is accompanied with written dated permission from the parent, giving the exact dosage and times to be administered.
- It is helpful to assign one person to give all medications to avoid omissions and duplications. The person who administers the medication should record the time given, initial or sign, and have the form readily accessible to parents.
- Make sure all medication brought to the child care facility has a label with the child's name, the date, and the name of the medication.
- Medication should only be administered to the child for whom it is intended.
- All medications are stored separately from food and kept in a safe place out of children's reach.
- Medication is either returned to the parent or disposed of properly when it is out-of-date or the child has withdrawn from the facility.

**ALWAYS WASH YOUR HANDS BEFORE ADMINISTERING ANY TYPE OF MEDICATION!**

### **Oral Medications**

- Use a plastic syringe or children's medication cup to measure liquid medicine accurately.
- It is usually best to give the medicine in a private place away from other children.
- Be firm, friendly, and matter of fact. Do not lie about the taste of the medicine.
- A child may have a swallow of juice or water before and after the medicine to help with the unpleasant or unusual taste, if allowed by the type of medication.

### **Medication Injections**

- Child care facilities that have children receiving injected medication while at the facility are required to use sharps containers for any medical waste that is sharp and could cause a cut or wound such as syringes, needles, and lancets used to administer insulin or test blood sugar.
- Sharps containers can be purchased from the local pharmacy or through a health care supplier.
- Once the container is full, the child care facility will make arrangements with the local pharmacy, county health department, or personal physician for disposal.

### **Ointments**

- Wash hands thoroughly before and after contact with the wound or rash.
- Gloves should be worn if contact will be made with broken skin or blood.
- Spread the ointment evenly.
- Remember, diaper ointments are medications.

### **Ear drops**

- Lay the child down with head turned to one side to expose the treated ear.
- Administer the drops according to the written instructions on the medication permission form.
- Allow the child to continue lying down to give the drops sufficient time to absorb.

### **Nose drops**

- Lay the child down or tilt the head back far enough to allow the drops to fall into the nostrils.
- Administer the drops according to the written instructions on the medication permission form.

### **Eye drops**

- Lay the child down or tilt the head backward.
- Do not touch the eye with the tip of the tube.

- Holding the dispenser, rest your hand on the child's cheek lightly so that if the child moves, your hand and the dispenser follow with the move.
- Administer drops according to the written instructions on the medication permission form.

**Always check for the 5 “Rights” when you give medicine**

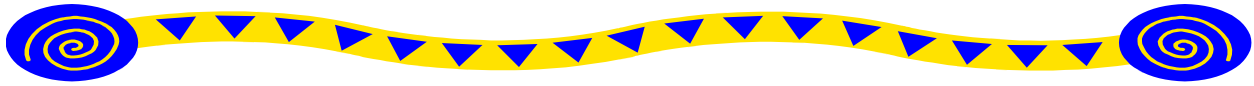
- The right *child*
- The right *medicine*
- The right *dose*
- The right *route (oral, ointment, drops, etc.)*
- The right *time*

**Contact the child's parent if:**

- The child vomits the medicine.
- You are unable to get the child to take the medicine, or are unable to administer the medication.

The parent will probably need to contact the child's physician.

**Remember that when you give medicine, you are accepting responsibility for knowing the appropriate actions to take if a major adverse reaction occurs. It is a good idea to have parents administer the first dose at home so they will be aware of the child's reaction.**



## TAKING A CHILD'S TEMPERATURE

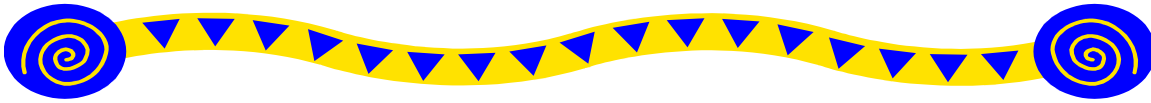
In a child care facility; a child's temperature is often taken in the armpit (axillary) or in the child's mouth (orally), if the child is old enough to know not to bite down on the thermometer.

### How to take axillary temperatures

- Place the tip of the thermometer in a dry armpit.
- Close the armpit by holding the elbow against the chest for four or five minutes, or until the thermometer beeps.
- After four or five minutes, or when the thermometer beeps, take the thermometer out and read the temperature.
- Fever is a temperature over 100.4° Fahrenheit.

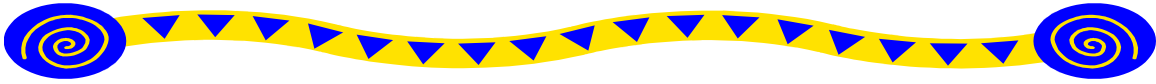
### How to take oral temperatures

- Be sure the child has not had a cold or hot drink in the last 30 minutes.
- Place the tip of the thermometer under one side of the tongue and toward the back.
- Have the child hold the thermometer in place with his lips and fingers. He should breathe through his nose, keeping mouth closed.
- Leave the thermometer in the mouth for three minutes, or until the thermometer beeps.
- After three minutes, or when thermometer beeps, take the thermometer out and read the temperature.
- Fever is a temperature over 100.4° Fahrenheit.



## DAILY ACTIVITIES OF THE SICK CHILD

- Mildly and moderately ill children who are attending a child care facility will have a slightly different routine to their day.
- They need to be monitored frequently for signs of illness. Some children will receive medication and a special diet, and they all need plenty of rest.
- Children often don't show signs of illness the way adults do. Unless their temperature is high, they are overly tired, or in a lot of pain they will remain active.
- Because of this, a program caring for ill children needs to provide a wide assortment of appropriate activities for the various age groups in care. Some ill children will be able to play with others, and some must remain isolated.
- Develop a daily schedule similar to healthy child care facilities, allowing time for health monitoring and extra rest. As in healthy child care, the day should consist of active and quiet play, planned activities and free choice, group interaction (when possible) and time for one-on-one interaction with the child care provider, meal and snack times, and rest times.
- Ill children may need a morning and an afternoon nap, and may not have outside play time. The decision about playing outside will be up to each individual facility and instructions from parents. The toys and equipment used should be sanitized and extra care must be taken to keep infants and toddlers from sharing toys.
- Music and books are an important part of each child's day. Playing calm music and reading or telling stories are very soothing activities for ill children. Preschoolers and school age children may enjoy a quiet board or card game.
- Paying attention to each child's "cues" may be the most important skill a child care provider can develop. Children will let you know what they are able to do.



## NUTRITION FOR THE SICK CHILD

### During an illness

- Offer foods that are easily digested and tolerated.
  - Applesauce
  - Bagels
  - Bananas
  - Jell-O
  - Soup
  - Rice
  - Toast
  - Pasta
  
- For proper hydration, offer clear fluids that are not carbonated.
  - Clear broth
  - Juices
  - Gatorade
  - Oral electrolyte maintenance solution (i.e., Pedialyte)
  - Water
  
- The body is trying to heal itself, so during this period, “empty” calorie foods that are high in salt, sugar, or fats are not the best ones to offer the child.
  
- Always consult with the registered pharmacist about the nutrient/drug interactions associated with the prescription or over-the-counter medicine the child is being given. Milk products interfere with the pharmaceutical actions of many drugs. Many forms of sugars and starches can cause changes in the stool. Caffeine containing substances may have a stimulating effect on the child inhibiting rest or causing loss of fluids.