

A Guide to Children's Medications



There are cold medications, allergy medications, antibiotics, and other prescriptions, syrups, creams, pills, sprays, and drops. If you have ever been confused about which medications are made for children, when your child may need a prescription, or how much medication to give your child, you are not alone. There are many medications that your child may need at one time or another. Some medications require a prescription from your pediatrician or other health care professional. Others, called over-the-counter medications (OTCs), can be bought without a prescription. The following information will help you sort out the differences between prescription medications and OTCs, and when and how to use them.

Prescription medications

A doctor must order prescription medications. If your child needs a prescription medication, it is very important that you understand the pediatrician's and pharmacist's instructions. The following list of questions will help you find out all you need to know:

- What is the name of the medication?
- How will this medication help my child?
- Do I need to do anything *before* giving this medication to my child?
- How much of the medication do I give my child?
- At what times of the day should I give the medication to my child?
- How long does my child have to take the medication?
- Should my child avoid certain foods or activities while using this medication?
- Should my child avoid other medications, herbal products, or supplements while using this medication?
- Are there any side effects that I should know about?
- Is there anything unusual about how my child is taking this medication (for example, is it a larger than usual dose)?
- Does this medication come in other forms that may be easier for my child to take, such as chewable tablets or liquid?
- Can this prescription be refilled? How many times?
- Is there any written information you can give me?
- What do I do if my child misses a dose?
- What do I do if I give my child too much?
- What if my child spits out the medication?
- Can you show me how to use this medication?

Many medications are available in less expensive forms than brand-name preparations. Often these non-brand-name medications can be used instead of a brand-name medication. Other times it is more important to use the brand-name. Ask your pediatrician if you may use a non-brand-name medication instead of a brand-name medication.

Ask as many questions as you need. If more questions come up after you leave your pediatrician's office, call the office or ask the pharmacist. If your child is old enough, make sure he understands what he must do as well.

If your child goes to the hospital, do the following:

- Bring your child's health records.
- If your child is taking any medications, including supplements, vitamins, herbal products, or home remedies, bring them to the hospital in their original containers. Bring a record of when your child last took the medications.
- Ask about any medications your child is given while in the hospital.

Read the label

Almost half of all parents do not correctly follow the directions on prescription labels. However, labels have a lot of important information that you need to know. The following illustration shows the different parts of a prescription label and what they mean.

- a. Prescription number. You will need this number when calling the pharmacy for a refill or for insurance forms.
- b. Doctor's name and phone number.
- c. Today's date.
- d. Your child's name—this medication is only for the child whose name is on the label. Do not give medications to another child even if the other child has similar symptoms.
- e. Name of the medication or the main ingredient—make sure this matches what your pediatrician told you. There may also be information on the strength of the medication (ie, 10-mg tablets).
- f. Pharmacy name and phone number.
- g. Refills—the label will show the number of refills permitted. The label may also state “no refills—Dr authorization required,” which means you have to talk to your pediatrician or other health care professional if you need more.
- h. QTY—“quantity” or how much is in the package.
- i. MFG—“manufacturer” or who makes the medication.
- j. Expiration date—do not use the medication past this date. Do not save unused prescriptions. If your child gets sick again, talk to your pediatrician.
- k. Instructions—this is information about how often and when your child needs to take the medication. Instructions on labels can be confusing. Talk to your pediatrician for specific instructions and make sure they match what is on the label. The following are some common instructions you may find on a label:
 - “Take full course”—means that your child should finish taking the entire contents of the prescription even if she is feeling better. This is especially true if your child is taking antibiotics. The infection can come back if you stop too soon.
 - “Take with food”—means that you should give the medication to your child after she has eaten a meal. Some medications work better when the stomach is full.

a) Prescription number
 b) Doctor's name and phone number
 c) Today's date
 d) Child's name
 e) Name of the medication
 f) Pharmacy name and phone number
 g) Refills
 h) Quantity
 i) Manufacturer
 j) Expiration date
 k) Instructions

RAREX PHARMACY
 PH: 981-4087
 NO. 241-241-0
 PATIENT: JOHN DOE
 TAKE ONE TABLET BY MOUTH TWICE DAILY
 MEDISPRIN
 QTY: 60
 MFG: PRS
 10 MG TABLETS
 EXP. DATE: 1/1/00
 Dr. Pete E. Atrishan
 DATE: 12/19/98
 REFILLS: NO REFILLS - DOCTOR AUTHORIZATION REQUIRED

- “Take 4 times a day”—means to take the medication 4 times throughout the day (eg, at breakfast, lunch, dinner, and before bed). This is different than “Take every 4 hours,” which adds up to 6 times in a 24-hour period (for example, 6 am, 10 am, 2 pm, 6 pm, 10 pm, and 2 am). If you are confused about when to give your child's medications, talk to your pediatrician or pharmacist. Most medications do not have to be precisely timed to be effective, but some do.
- “Take as needed as symptoms persist”—means the medication can be taken when symptoms are present.

The package may also have brightly colored warning labels with additional information. The following are examples:

- Safe storage instructions, such as “keep refrigerated”
- Instructions for use, such as “shake well before using”
- Possible side effects, such as “may cause drowsiness”

Common prescription medications for children

Antibiotics—used for bacterial infections like strep throat, some types of ear infections, some sinus infections, urinary tract infections, and some skin infections. Antibiotics are very safe but can have some side effects including skin rash, loose stools, stomach upset, staining of urine, or even mild to severe allergic reactions. Be sure to tell your pediatrician if your child has any side effects from antibiotics. Antibiotics (such as penicillin, amoxicillin, sulfas, and many others) should be used only for specific bacterial infections for which they have been shown to be effective. Viral infections like colds and flu are not treated with antibiotics. New strains of bacteria have become resistant to some antibiotics because the antibiotics have been overused. When your child is sick, antibiotics are not always the answer. Your pediatrician will let you know if an antibiotic would help your child.

Ear drops (otic)—commonly used for inflammation and infections of the ear canal. They may cause side effects such as itching, a sense of canal fullness, or “popping.”

Eye drops or ointment (ophthalmic)—commonly used for eye infections, allergies, or vision problems. Some children may get puffy eyes from using these medications and complain of “stinging” when the drops are applied.

Skin preparations—often prescribed for skin infections, burns, parasites/mites, rashes, and acne. When used as prescribed, these products are generally safe; however, they can cause irritation of the skin. If applied for too long a period, skin preparations that contain steroids may have serious side effects, so it is important to know the length of time these products should be used. Use medications for lice and scabies carefully to avoid toxic side effects.

Antipyretics/analgesics—used to relieve fever and pain. Analgesics can have many side effects, including stomach upset, ringing in the ears, dizziness, irritability, nervousness, and allergic reactions. Because young children cannot always tell you if they are feeling these symptoms, talk to your pediatrician if your child behaves abnormally after taking these medications.

Inhalers—used to treat asthma and irritation of the lungs. May be used with a “spacer.” Ask your pediatrician how to use inhalers the right way.

Nasal sprays or inhalers—used to treat allergies. It is important to use these and all medications only as directed.

Over-the-counter medications

Over-the-counter medications can be bought at your local drug store or grocery store without a doctor's order. This does not mean that OTCs are harmless. Like prescription medications, OTCs can be very dangerous to a child if taken incorrectly. You need to read and understand the instructions before giving OTCs to your child.

Common OTCs for children

The following list describes some common OTCs for children. Talk to your pediatrician before giving any medications to your child.

Fever reducer or pain reliever (ie, acetaminophen, ibuprofen)

If your child has a mild fever but is playing, drinking fluids, and generally acting well, there is no reason to treat the fever. However, if your child complains of headaches, body aches, or seems irritable, there are fever reducers such as acetaminophen and ibuprofen that may help him feel better. They can also help relieve minor pain from bangs and bumps, or tenderness from an immunization.

Given in the correct dosage, acetaminophen and ibuprofen have few side effects and are quite safe. They come in drops for infants, liquid (“elixir”) for toddlers, and chewable tablets for older children. Acetaminophen also comes in suppositories for the child who is vomiting and cannot keep down medicine taken by mouth. Remember, the infant drops are *stronger* than the liquid elixir for toddlers. Some parents make the mistake of giving higher doses of the infant drops to a toddler thinking the drops are not as strong. Be sure the type you give your child is appropriate for his weight and age.

Ibuprofen tends to be more effective than acetaminophen in treating high fevers (103°F or higher). However, ibuprofen should only be given to children older than 6 months. Never give it to a child who is dehydrated or vomiting continuously. If your child has a kidney disease, asthma, an ulcer, or other chronic illness, ask your pediatrician if it is safe for your child to take ibuprofen.

Do not use ibuprofen or acetaminophen with any other pain reliever or fever reducer, unless directed by a doctor. Remember, some cold remedies contain these in combination with other medications. Always check the label. Read the instructions and talk to your pediatrician about dosage to avoid giving your child too much for too long.

Antihistamines

Antihistamines can relieve runny noses, itchy eyes, and sneezing due to allergies (but not colds). They also relieve itching from chickenpox or insect bites and may even control hives or other allergic reactions. They can make some children sleepy. In other children they may cause irritability and nervousness, making it difficult for them to rest. For that reason, avoid giving an antihistamine at bedtime until you know it will not make your child have trouble sleeping.

Decongestants

Decongestants can relieve stuffiness due to allergies or colds. However, decongestants taken by mouth can have a number of side effects. Children taking these medications may act “hyper,” feel anxious, have a racing heart, or find it difficult to sleep. These medications should be used very sparingly.

Nose drops (decongestant)

Decongestant nose drops can temporarily shrink the membranes in the nose and make breathing easier. However, they should never be given to an infant because too much of the medication can be absorbed through the membranes of the nose. Also, the more they are used, the less effective they become and symptoms can return or even get worse. If your older child cannot eat or sleep because of nasal stuffiness, ask your pediatrician about using decongestant nose drops. Do not give your child decongestant nose drops for more than 2 to 3 days unless your pediatrician advises you to continue this treatment. Talk with your pediatrician if your child's symptoms do not improve.

Nose drops (saltwater/saline)

Infants and toddlers cannot sniffle or blow their nose. If your child is sleeping well and eating happily, there is no need to treat the stuffy nose. But if your child is unable to sleep or eat because of thick mucus, saltwater nose drops can help clear the nose. Put a drop or two into a nostril at a time. Using a bulb syringe, squeeze the bulb, put the tip gently into your child's nostril, then let go. This will suction out the drops, along with the mucus. Be careful, overuse of a bulb syringe can be irritating to a child's nose.

Cough syrups

Coughing helps the lungs clear out germs. A cough is “productive” if it sounds like mucus is being brought up. You can best relieve it by humidifying the air in your child's bedroom to loosen mucus. Be sure to clean the humidifier frequently to prevent mold and bacteria buildup. Some cough medicines, called expectorants, may also help loosen mucus. Sometimes, a cough may be dry and annoying, and may keep your child awake. However, avoid using cough suppressants, as coughing is necessary to clear the lungs. Check with your pediatrician before giving your child cough medicines or expectorants. Cough syrups may not relieve cough caused by asthma.

Cold remedies

Combinations of antihistamines and decongestants can have side effects such as hyperactivity, sleeplessness, and irritability. Giving your child more than one cold medicine to treat different symptoms can be dangerous. Some of the same ingredients may be in each product. Also, many cold medicines contain acetaminophen or ibuprofen. If you are already giving your child acetaminophen or ibuprofen in addition to the cold medicine, this can lead to overdose. Read labels carefully. Check with your pediatrician before giving your child any cold medicines.

Mild cortisone cream

Insect bites, mild skin rashes, poison ivy, or small patches of eczema usually respond to cortisone cream. Never use it for chickenpox, burns, infections, open wounds, or broken skin. Check with your pediatrician before using it repeatedly or using it on your child's face.

Medications used for common gastrointestinal problems

There are many OTCs for heartburn, gas, constipation, and diarrhea. Most of these conditions usually go away by themselves or are relieved by a temporary change in diet. Before using any medicine for constipation or diarrhea, talk with your pediatrician. Repeated bouts of diarrhea or chronic constipation can be caused by serious underlying problems.

A warning about aspirin or other salicylates

Never give aspirin or other salicylates (a type of medication used to reduce pain or fever) to your child unless your pediatrician specifically instructs you to use it. Aspirin has been linked to Reye syndrome, a serious and sometimes fatal liver disorder, especially when given to children with the flu or chickenpox. For more information on Reye syndrome, or for a list of medications that contain aspirin, contact the National Reye's Syndrome Foundation at 800/233-7393 or www.reyessyndrome.org.

Liquid medications

Many children's medications come in liquid form because they are easier to swallow than pills. But they must be used correctly. Too often parents misread the directions, giving children several times the recommended dosage. This can be very dangerous, especially if given over a period of several days. Read the instructions carefully. Call your pediatrician if you are not sure how much, how often, or for how long to give medications to your child.

When giving your child a liquid medication, do not use standard tableware tablespoons and teaspoons because they usually are not accurate. Instead, use one of the measuring devices listed below (many children's medications come with one). These can help you give the right amount of medication to your child.

Syringes and oral droppers—These can be very helpful when giving medication to an infant. Simply squirt the medication between your child's tongue and the side of her mouth. This makes it easier for her to swallow. Avoid squirting the medicine into the back of your child's throat—she is more likely to gag and spit the medication out. If you have a syringe that has a plastic cap, throw the cap into the trash so that it does not fall off in your child's mouth, causing a choking hazard. You do not need to re-cap the syringe.

Dosing spoons—These can be useful for older children who will open their mouths and “drink” from the spoon.

Medication cups—These often come as caps on liquid cold and flu medications. Make sure to use the cup that comes with the medication—do not mix and match cups to other products.

Taking medications correctly

Research shows that up to half of children who take medications do not take them properly. For your child's prescription or OTC to work the way that it should, it is important to follow exact guidelines for its use.

Stick with the schedule—Prescription medications need to be given consistently, and at the right times, to help your child get better. Do not skip a dose of your child's medication. When you first get the medication, ask your pediatrician or pharmacist what to do if a dose is not given on time.

Give the right amount—Measure carefully. Do not be tempted to increase the amount of medication you give your child in an attempt to speed up recovery. Giving your child more medication than is directed may harm him. With both prescription medications and OTCs, follow the directions exactly.

Know your child's weight—With OTCs, it is best to determine how much medicine to give by checking the label to see how much is recommended for your child's weight. Age is not always an accurate measure of how much medicine your child should receive.

Do not stop too soon—Your child should continue to take his prescription medication for its full course, even if he begins to feel better. The same goes for instances where he does not like the taste of the medication or protests.

Taking medications safely

You can help prevent overdose or poisoning by following these tips:

- Always use good light. Giving medicine in the dark increases the risk that you will give the wrong medication or the wrong dose.
- Read the label before you open the bottle, after you remove a dose, and again before you give it. This routine can ensure your child's safety.
- Always use child-resistant caps and lock all medications away from your child.
- Give the correct dose. Children are not just small adults. Never guess how much to give your child based on her size.
- Do not increase the dose just because your child seems sicker than last time.
- Always follow the weight and age recommendations on the label. If you have questions, ask your pediatrician.
- Do not confuse the abbreviations for tablespoon (TBSP or T) and teaspoon (tsp or t).
- Avoid making conversions. If the label calls for 2 teaspoons and you have a dosing cup labeled only with ounces, do not use it. Use an appropriate measuring device.
- Be sure your pediatrician knows if your child is taking more than one medication at a time.
- Supervise your children when they take any medications. Never let young children take medication by themselves.
- Before using any medication, always check for signs of tampering. Do not use any medication from a package that shows cuts, tears, or other imperfections.
- Let your pediatrician know if your child is taking any herbal products, supplements, or home remedies. These substances can interact with many prescription medications and OTCs.
- Store your medications in a locked, childproof cabinet that is not located in the bathroom. Medications stored in a bath-room medicine cabinet can be affected by humidity.

It is not always easy to give medication to a child. You may find your infant or toddler hates the taste and spits out the medication or refuses to swallow it. Try adding a little sugar or juice (not honey) to the dosing device to make it taste better. However, do not combine medications with milk or try to mix them into a bowl of cereal. These may effect the medication's active ingredient and limit its absorption. Your child may also only eat part, or it may settle to the bottom and never get into her mouth. Older children may be more willing to take chewable tablets than liquid medicines. Although most children's medications are flavored to make them taste better, avoid calling them candy. It might make your toddler decide to take them on his own.

Syrup of ipecac

Keep a small bottle of syrup of ipecac on hand in case of poisoning. Store it with your other medications, out of the reach of children. This is available without a prescription at most drug stores.

Syrup of ipecac is used to induce vomiting and empty the stomach. However, sometimes vomiting causes more harm than good. Do not make your child vomit unless your pediatrician or the poison center tells you to do so.

If you suspect your child has swallowed any substance that might be harmful, stay calm. To find out whether and how to use syrup of ipecac, bring the substance container (if available) to the phone and call a local poison control center (post this number on your phone) or the nationwide number for poison control:

800/222-1222

Medical experts are available 24 hours a day, 7 days a week at the nationwide number. It is offered by the American Association of Poison Control Centers and the Centers for Disease Control and Prevention.

Talk with your pediatrician if you have any questions or concerns about giving your child medications. Keep your pediatrician informed about any changes in how your child is feeling or if your child has any reactions to the medications.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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