

# What's So Important about Emergency Medications?

Just before lunch, Marco, a preschooler with type 1 diabetes, looked pale. He was shaking, sweating, and confused. Marco had the symptoms of a low blood glucose level. His early educator knew that, untreated, this serious medical condition could lead to convulsions and unconsciousness. She checked his Diabetes Action Plan to see what to do. Marco's Action Plan had information on managing his diabetes, including what emergency medication he needed to relieve his symptoms.



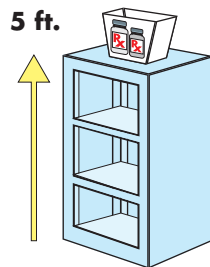
Some children have chronic health conditions such as allergies, asthma, diabetes, or seizures. Children with these conditions can, at times, have life-threatening symptoms. They may need medications that could save their lives. Early educators must give medications quickly when a child has these symptoms.

Early educators will want emergency medications nearby.

They can store these medications in a container on a high shelf in the classroom. They can take the container outdoors and on field trips. When a medication needs refrigeration, they must decide how to keep it cold and near the child.

The NC Children's Environmental Health Branch has a policy memo on *Emergency Medications*: <http://ehs.ncpublichealth.com/hhccchb/cehu/ccs/policymemos.htm>. This memo is for child care centers. It lists approved medications and clarifies how to store them.

- Emergency medications must **not** be stored in a locked container or cabinet.
- Emergency medications must be stored **out of children's reach** — at least 5 feet high.



NC Child Care Rule .1720(a)(3) requires that **family child care homes** keep all medications in locked storage. For quick access, they should store emergency medications within easy reach.

Early educators who care for children with chronic health conditions must know how to meet the children's health needs. They should

- be familiar with each child's *Individual Health Plan (IHP)* and *Action Plan*
- be trained in medication administration
- receive additional training for emergency medications.

## Common Emergency Medications for Young Children



**Epinephrine** is the medication commonly given when a child has a life-threatening allergic reaction. Anaphylaxis, the name for this type of systemic allergic reaction, can lead to death within minutes. Epinephrine relieves symptoms very quickly. EpiPen® and EpiPen Jr® are easy-to-use, automatic, injector devices filled with epinephrine. Early educators should be trained on how to use an EpiPen®.

**Albuterol** (Proventil®, Ventolin®) is one of the rescue medications given to a child who is having an asthma episode and is having difficulty breathing. Early educators administer Albuterol through a nebulizer or inhaler. During an asthma episode, airways constrict, mucus forms, and bronchial tubes spasm or become inflamed. Early educators must immediately check the child's *Asthma Action Plan* and give the medication prescribed for the child.

**Glucagon** is a medication that is used when a child with diabetes is experiencing dangerously low blood sugar. When a child's blood sugar is low, it will not take long before the child has life threatening symptoms. The early educator should follow the child's *IHP*. It may suggest giving foods rich in sugar. If the child becomes unresponsive, an *Action Plan* may suggest giving Glucagon, a hormone that raises blood glucose levels.

**Diazepam** (Diasat™) is an emergency medication that stops or controls seizure activity. Abnormal electrical activity in the brain causes seizures. Prolonged seizures can result in brain damage and even death. Diazepam works by sedating the child. Diazepam comes in the form of a rectal gel. The early educator carefully inserts it into the child's rectum during a seizure.

Early educators are often frightened when a child has life threatening symptoms. Their fear lessens when they can follow the directions in the child's *Action Plan*. Early educators may save lives by giving emergency medications.

**Dr. Sharon Ware, RN, EdD, CCHC**  
Child Care Nurse Consultant  
NC Division of Public Health



### Reference:

Pillitteri, A. *Maternal & child health nursing: care of the childbearing & childrearing family*. Philadelphia, PA: Lippincott Williams & Wilkins, 2010.