MEDICATION ADMINISTRATION

Administering medication to babies requires careful checking and excellent technique

Checking medication

N.B. Ensure two people check and sign for medication both at medicine counter in pharmacy and at the bedside

It is essential that medication is properly checked, as follows:

- Name on form and ID band
- Dose (check in medication file if unsure)
- Frequency (when was the medication last given)
- Route
- Doctor’s signature and printed name and qualifications
- Expiry date
- Calculation and amount drawn up
- Correct re-constitution
- Allergies
- Ensure medicines are administered over the correct time period
- Compatibility of medications if infused together
- Rate of IV infusion e.g. bolus or 30 mins

Oral medication

Oral medication must be accurately drawn up in an appropriate syringe and administered by mouth or via the NG tube.

Intramuscular (IM) medication

Clean the chosen site with an antiseptic solution. Carefully check the dose of the drug to be given and draw the correct amount into the syringe. Expel the air from the syringe before injecting.

All IM medication must be administered into the lateral aspect of the baby’s thigh (see attached diagram).

Intravenous (IV) medication

Bolus via a short-line

- Clean bung / clave with chlohexidine.
- The medication should be infused slowly over 3 - 5 mins and the iv line should be flushed with 0.5 ml saline before and after each administration.

Infusion

- Most IV antibiotics are caustic to neonatal veins and should be infused slowly over 30 mins to 1 hour.
- A continuous infusion may also be considered.
- Ensure all medications are flushed through with the same volume of saline afterwards.
- Check compatibility of drugs, e.g. do not give penicillin with aminoglycosides (e.g. amikacin or gentamycin).