

ADMINISTRATION OF MEDICATION

QUALITY AREA 2 | HUGHESDALE KINDERGARTEN



PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending Hughesdale Kindergarten
- storage of medication
- responsibilities of nominated supervisor, early childhood teacher, educators, staff parents/guardians and the approved provider to ensure the safe administration of medication at Hughesdale Kindergarten.



POLICY STATEMENT

VALUES

Hughesdale Kindergarten is committed to:

- providing a safe and healthy environment for all children, early childhood teachers, educators, staff and other persons attending the service
- responding appropriately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration and storage of medication in accordance with legislative and regulatory requirements
- protecting child privacy and ensuring confidentiality
- maintaining a duty of care to children at the service.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Hughesdale Kindergarten, including during offsite excursions and activities.

RESPONSIBILITIES

Contractors, volunteers and students
Parents/guardians
Early childhood teacher, educators and all other staff
Nominated supervisor and persons in day-to-day charge
Approved provider and persons with management or control



R indicates legislation requirement, and should not be deleted					
Ensuring that parents/guardians are provided with access to this policy	R	✓	✓		
Communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours	R	✓	✓		
Ensuring that at least one educator on duty has a current (within the previous 3 years) approved first aid qualification, anaphylaxis management training and asthma management training <i>(Regulation 136)</i>	R	✓			
(Note: this is a minimum requirement. As a demonstration of duty of care and best practice, ELAA recommends that all educators have current (within the previous 3 years) approved first aid qualifications, anaphylaxis management training and asthma management training.)					
Ensuring that all staff are familiar with the procedures for the administration of medication <i>(refer to Attachment 1)</i>	R	✓	✓		
Ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child <i>(Regulation 160(3)(iv))</i>	R	✓	✓		
Ensuring that medication is only administered to a child being educated and cared for by Hughesdale Kindergarten when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency <i>(Regulations 93, 94)</i>	R	R	✓		
Ensuring that a medication record <i>(refer to Sources)</i> meets the requirements set out in <i>Regulation 92(3)</i> and is always available for recording the administration of medication to children at the service	R	R	✓		
Ensuring that all details in the medication record <i>(refer to Sources)</i> have been completed by parents/guardians/authorised persons in accordance with <i>Regulation 92(3)</i> prior to administering medication	R	R	✓		
Ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service <i>(Regulation 183(2)(d))</i>	R	✓	✓		
Ensuring that the medication is administered in accordance with <i>Regulation 95, and 96</i> if relevant <i>(refer to Attachment 1)</i>	R	R	R		
Informing the ECT or educator if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service				✓	



Physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided				√	
Ensuring that no medication or over-the-counter (<i>refer to Definitions</i>) products are left in their child's bag or locker				√	
Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)	R	√	√		√
Obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (<i>Regulation 93(5)(b)</i>)	R	√	√		
Ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (<i>Regulation 93(2)</i>)	R	√	√		
Ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (<i>Regulation 94(2)</i>)	R	√	√		√
Being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment form (<i>Regulation 162</i>), and displayed for use by those caring for children (being sensitive to privacy requirements)	R	√	√		√
Providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency				√	
Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (<i>refer to Attachment 1</i>)	√	√	√		
Documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)	√	√			
Informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose, staff forgot to administer the medication or the medication was administered at the wrong time. Staff must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs	R	√	√		√
Informing parents/guardians that non-prescribed medication (with the exception of sunscreen) will only be administered for a	√	√	√		



maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use					
Clearly labelling non-prescription medications and over-the-counter products (for example sun block and nappy cream) with the child's name. The instructions and use-by dates must also be visible		✓	✓		✓
Informing parents/guardians that paracetamol is not supplied by Hughesdale Kindergarten and that the administration of paracetamol will be in line with the administration of all other medication (<i>refer to Attachment 2</i>)	✓	✓	✓		
Ensuring medication is taken home at the end of each session/day. Unless the medication is stored at the service as part of the child's medical management plan (<i>refer to Dealing with Medical Conditions Policy</i>)		✓	✓	✓	✓
Ensuring that if a child over preschool age at the service is permitted to self-administer medication (<i>Regulation 96</i>), an authorisation for the child to self-administer medication is recorded in the medication record for the child	R	✓	✓		
Determining under what circumstances a child over preschool age will be allowed to self-administer their own medication and ensuring there are appropriate procedures in place for staff to follow in these instances (<i>Regulation 96</i>) (<i>refer to Dealing with Medical Condition Policy</i>) (remove if not applicable)	R	✓			



PROCEDURES

- **Procedures for the safe administration of medication** - *refer to Attachment 1*
- **Administration of paracetamol** - *refer to Attachment 2*



BACKGROUND AND LEGISLATION

BACKGROUND

Authorisation to administer medication

Medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the *Anaphylaxis and Allergic Reaction Policy* and *Asthma Management Policy*. In this circumstance, the child's parent/guardian and emergency services must be contacted as soon as possible after first aid has commenced (*Regulation 94*). In these instances, notifications of serious incidents (*refer to Definitions*) must be made to the regulatory authority (DE) (*refer to Definition*) as soon as is practicable but not later than 24 hours after the occurrence (*National Law: Section 174(2), Regulation 175, 176*) (*refer to Incident, Injury, Trauma and Illness Policy*).



In the case of all other emergencies, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

Administration of medication

The approved provider must ensure that when early childhood teachers/educator administers medication, they must follow the guidelines of this policy and the procedures outlined in *Attachment 1*.

A medication record must be completed with the following information:

- a) the name of the child
- b) the authorisation to administer medication (including self-administration, if applicable) signed by a parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication
- c) the name of the medication to be administered
- d) the time and date the medication was last administered
- e) the time and date or the circumstances under which the medication should be next administered
- f) the dosage of the medication to be administered
- g) the manner in which the medication is to be administered
- h) if the medication is administered to the child:
 - i. the dosage that was administered
 - ii. the manner in which the medication was administered
 - iii. the time and date the medication was administered
 - iv. the name and signature of the person who administered the medication
 - v. the name and signature of the person who checked the dosage, if another person is required under *Regulation 95* to check the dosage and administration of the medication

Services which provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. Where a service chooses to allow self-administration of medication, the approved provider must consider the risks associated with this practice and their duty of care, and develop appropriate guidelines to clearly specify the circumstances under which such permission would be granted and the procedures to be followed by staff at the service.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)



- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Approved first aid qualification: The list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

Injury: Any harm or damage to a person.

Medication: Prescribed and non-prescribed medication as defined below.

Non-prescribed/over-the-counter medication: Refers to medicine that you can buy without a prescription, including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

Prescribed medication: Medicine, as defined in the *Therapeutic Goods Act 1989 (Cth)*, that is:

- authorised by a health care professional
- dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.



SOURCES AND RELATED POLICIES

SOURCES

- Australian Children's Education and Care Quality Authority (ACECQA), Medication Record sample template: www.acecqa.gov.au
- Allergy & Anaphylaxis Australia: www.allergyfacts.org.au
- Asthma Australia: www.asthma.org.au
- Department of Health: www2.health.vic.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au
- Guide to the National Quality Standard (ACECQA): www.acecqa.gov.au
- Healthdirect: www.healthdirect.gov.au



RELATED POLICIES

- Acceptance and Refusal of Authorisation
- Administration of First Aid
- Anaphylaxis and Allergic Reactions
- Asthma Management
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Epilepsy and Seizures
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality



EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



ATTACHMENTS

- Attachment 1: Procedures for the safe administration of medication
- Attachment 2: Administration of paracetamol



AUTHORISATION

This policy was adopted by the approved provider of Hughesdale Kindergarten on 15th May 2024

REVIEW DATE: 15th May 2024

NEXT REVIEW DUE: 15th May 2027



ATTACHMENT 1. PROCEDURES FOR THE SAFE ADMINISTRATION OF MEDICATION

Medication can **only** be administered:

- if it has been prescribed by a registered medical practitioner, from its original container with the original label including the name of the child for whom it is prescribed, before the expiry or use-by date, or
- from its original container, with the original label and instructions and before the expiry or use-by date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing.

Two staff, one of whom must be an educator, are responsible for the administration of any medication ¹. At least one of these persons must hold a current (within the previous 3 years) approved first aid qualification.

One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication ([Regulation 95\(c\)](#)).

Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

Procedure for administration of medication:

1. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
2. Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
3. Check that prescription medication:
 - is in its original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it (if the medication was prescribed by a registered medical practitioner)
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
4. Check that non-prescription medication:
 - is in the original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
5. When administering the medication, ensure that:
 - the identity of the child is confirmed and matched to the specific medication
 - the correct dosage is given
 - the medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner
 - both staff members complete the medication record ([Regulation 92\(3\)\(h\)](#)) and store any remaining medication appropriately, such as in the refrigerator if required
 - one person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication and monitor the effect of the medication ([Regulation 95\(c\)](#))
 - inform the parent/guardian on arrival to collect the child that medication has been administered and ensure that the parent/guardian completes the required details in the medication record.

¹ Note: under Regulation 95(c), this is not a requirement in an education and care service that is permitted to have only one educator to educate and care for children



Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/guardians may authorise the administration of the medication for a defined period. In these cases:

- a medical management plan completed by the child's doctor should be provided and attached to the child's enrolment form (and on display, where appropriate)
- the medical management plan should define:
 - the name of the medication, dosage and frequency of administration
 - conditions under which medication should be administered
 - what actions, if any, should be taken following the administration of the medication
 - when the plan will be reviewed.
- when medication is required under these circumstances, staff should:
 - follow the procedures listed above
 - ensure that the required details are completed in the medication record
 - notify the parents as soon as is practicable.

Refer to the *Dealing with Medical Conditions Policy* for further information.



ATTACHMENT 2. ADMINISTRATION OF PARACETAMOL

There may be times when a child develops a fever and/or becomes unwell while at the service. It is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child, and taking a precautionary approach, request the parent/carer collect their child from the service as soon as possible.

Signs and symptoms of fever

A child has a fever when their temperature reads above 38°C on a thermometer.

They may also be:

- unwell and hot to touch
- irritable or crying
- more sleepy than usual
- vomiting or refusing to drink
- shivering
- in pain

If a baby is under three months and has a fever above 38°C, then they should see a doctor, even if they have no other symptoms.

Signs that a child is in pain

Older children can often tell you that they have pain, although some children might not be able to tell you exactly where their pain is. Younger children may show you that they have pain by:

- crying or screaming
- pulling a face
- changes in their sleeping or eating patterns
- becoming quiet and withdrawn
- refusing to move, or being unable to get comfortable.

If you can't relieve the child's pain by comforting them and helping them to relax, distracting them or providing a cool compress, giving them pain-relieving medicines can help.

- **Paracetamol** can be used for mild to moderate pain in babies over one month old, children, adolescents and adults. However, if too much paracetamol is given to a child for too long, it may harm the child.
- **Ibuprofen** can be used for mild to moderate pain in children, adolescents and adults. It should not be used in children under three months of age, or be given to children with bleeding disorders.

If a child requires paracetamol, families will be required to provide written and signed consent for the administration of paracetamol.

If parents/guardians request that educators/staff administer paracetamol, educators/staff should:

- administer only to a child who has a temperature above 38°C and is in discomfort or pain
- administer only one dose of paracetamol in any instance and ensure that the child has not had any other medicine containing paracetamol in the last four hours
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation
- use only single doses, disposable droppers or applicators and only use once per child
- be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol.

References

Royal Children's Hospital Melbourne (July 2020), Fever in children:

https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/

Royal Children's Hospital Melbourne (July 2020), Pain relief for children – paracetamol and ibuprofen:

https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/







Fever in children

Translated resources

This page is available in the following community languages:

Arabic – الحمى عند الأطفال (www.rch.org.au/kidsinfo/translated-fact-sheets/Arabic/Fever_in_children_(Arabic)_–_الحمى_عند_الأطفال/?LangType=3081)

Assyrian (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/assyrian-fever-in-children.pdf)

Burmese (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/burmese-fever-in-children.pdf)

Chinese simplified – 儿童发烧 (www.rch.org.au/kidsinfo/translated-fact-sheets/Chinese_Simplified/Fever_in_children_(Chinese_Simplified)_–_儿童发烧/?LangType=3081)

Chinese traditional – 小兒發燒 (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/chinese-traditional-fever-in-children.pdf)

Dari – تب در اطفال (www.rch.org.au/kidsinfo/translated-fact-sheets/Dari/Fever_in_children_(Dari)_–_تب_در_اطفال/?LangType=3081)

Dinka – Atuöc/alëëth tënë mīth (www.rch.org.au/kidsinfo/translated-fact-sheets/Dinka/Fever_in_children_(Dinka)_–_Atuöc/alëëth_tënë_mīth/?LangType=3081)

English (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/english-fever-in-children.pdf)

Farsi – تب در کودکان (www.rch.org.au/kidsinfo/translated-fact-sheets/Farsi/Fever_in_children_(Farsi)_–_تب_در_کودکان/?LangType=3081)

Karen (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/karen-fever-in-children.pdf)

Oromo - Ho'a (layidaa) qaamaa daa'immanii (www.rch.org.au/kidsinfo/translated-fact-sheets/Oromo/Fever_in_children_(Oromo)_–_Ho'a_layidaa_qaamaa_daa'immanii/?LangType=3081)

Persian – تب در اطفال (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/persian-fever-in-children.pdf)

Punjabi – ਬੱਚਿਆਂ ਵਿੱਚ ਬੁਖਾਰ (www.rch.org.au/kidsinfo/translated-fact-sheets/Punjabi/Fever_in_children_(Punjabi)_–_ਬੱਚਿਆਂ_ਵਿੱਚ_ਬੁਖਾਰ/?LangType=3081)

Somali – Qandhada carruurta (www.rch.org.au/kidsinfo/translated-fact-sheets/Somali/Fever_in_children_(Somali)_–_Qandhada_carruurta/?LangType=3081)

Turkish – Çocuklarda ateş (www.rch.org.au/kidsinfo/translated-fact-sheets/Turkish/Fever_in_children_(Turkish)_–_Çocuklarda_ateş/?LangType=3081)

Urdu – بچوں کا بخار (www.rch.org.au/kidsinfo/translated-fact-sheets/Urdu/Fever_in_children_(Urdu)_–_بچوں_کا_بخار/?LangType=3081)

Vietnamese – Sốt ở trẻ em (www.rch.org.au/kidsinfo/translated-fact-sheets/Vietnamese/Fever_in_children_(Vietnamese)_–_Sốt_ở_trẻ_em/?LangType=3081)

If you are concerned your child has COVID-19 please call the dedicated hotline on 1800 675 398 or visit [Coronavirus \(COVID-19\) Victoria - Better Health Channel](https://www.betterhealth.vic.gov.au/coronavirus-covid-19-victoria) (https://www.betterhealth.vic.gov.au/coronavirus-covid-19-victoria) for more information.

Fever (a high temperature) is common in children. Fever is a normal response to many illnesses, the most common being an infection in the body. Fever itself is usually not harmful – in fact, it helps the body's immune system fight off infection.

While fevers can be concerning for parents, doctors will usually be more concerned about what is causing the fever, and not what the child's temperature is. It is more important for you to monitor any symptoms of the underlying illness, rather than the fever itself.

Signs and symptoms of fever

Your child has a fever when their temperature reads above 38°C on a thermometer.

Your child may also be:

- unwell and hot to touch
- irritable or crying

- more sleepy than usual
- vomiting or refusing to drink
- shivering
- in pain

If your baby is under three months and has a fever above 38°C, then you should see a doctor, even if they have no other symptoms.

Taking your child's temperature

There are a number of ways you can take a child's temperature. Each method measures your child's temperature in a different way, and the results can vary depending on the type of thermometer you use. Different methods include:

- infrared forehead thermometer
- under the arm or under the tongue with a digital, mercury or alcohol thermometer
- ear (tympanic) thermometer
- plastic tape thermometers used on the forehead (these are not recommended as they are not reliable).

Some thermometers are more suitable for particular age groups so you should always read and follow the manufacturer's directions to get an accurate reading. You can also ask your Maternal and Child Health Nurse, GP or pharmacist to show you how to use your thermometer. Do this before you need it.

Febrile seizures

Some children can have seizures (a 'fit') when they have a fever. These are called febrile seizures. Your child may have a febrile seizure if their temperature goes up suddenly. Sometimes, a seizure happens when parents don't actually know their child has a fever. Febrile seizures are common and do not usually cause any long term health effects. See our fact sheet [Febrile seizures](https://www.rch.org.au/kidsinfo/fact_sheets/Febrile_seizures/) (www.rch.org.au/kidsinfo/fact_sheets/Febrile_seizures/).

Care at home

Infections that produce fever can be caused by different sorts of germs. Most are caused by viruses and don't need any treatment. A few are caused by bacteria, which are treated with antibiotics. Antibiotics do not work on viruses

Lowering your child's fever will not help treat the underlying illness more quickly.

If your child seems well and is happy, there is no need to treat a fever. If your child is miserable, there are things you can do to help them to feel more comfortable:

- Give your child frequent small drinks. Many children refuse to eat when they have a fever. This is not a problem, as long as they stay hydrated
- If your breastfed child is younger than six months, offer extra breastfeeds
- If your formula-fed child is younger than six months, offer the usual amount of formula
- If your baby is older than six months, keep breastfeeding or bottle-feeding. You can also offer your child water or oral rehydration solutions.
- You might need to give your child smaller amounts of fluid, but more often.
- Give your child paracetamol and/or ibuprofen if the fever is making them miserable or they have other symptoms, such as a sore throat. Carefully follow the dosage instructions on the packaging. Do not give ibuprofen to babies under three months old or to any child who is dehydrated. Never give aspirin to children. See our fact sheet [Pain relief for children](https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/) (https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/).
- Try wiping your child's forehead with a sponge or facewasher soaked in slightly warm water to help them feel comfortable. It's important they don't become too cold or uncomfortable when you do this. Cold baths or showers are **not recommended**.
- Dress your child in enough clothing so that they are not too hot or cold. If your child is shivering, add another layer of clothing or a blanket until they stop.

Watch your child for signs that their illness is getting worse.

When to see a doctor

If your baby is under three months old and has a fever above 38°C, even if they have no other symptoms, then you should see a GP.

If your child is immunocompromised (has a weakened immune system) for any reason and has a fever above 38°C, you should seek immediate care from your doctor or hospital emergency department.

For all other children, take them to see a GP if their temperature is above 38°C and they have any of the following symptoms:

- a stiff neck or light is hurting their eyes
- vomiting and refusing to drink much
- a rash
- more sleepy than usual
- problems with breathing
- pain that doesn't get better with pain relief medication.

Also take your child to a GP if they:

- have had any fever for more than two days and there's no obvious cause
- seem to be getting more unwell
- have had a febrile seizure

Key points to remember

- A fever is when a child's temperature is 38°C or higher
- Fevers are common in children
- A fever itself rarely causes harm and can help fight an infection
- If your child seems otherwise well and comfortable, there is no need to treat a fever.
- **If your child is under three months and has a fever above 38°C, take them to the doctor, even if they have no other symptoms.**
- Take your child to the doctor if they seem to be getting worse or have a prolonged fever

For more information

- Kids Health Info fact sheet: [Febrile seizures](https://www.rch.org.au/kidsinfo/fact_sheets/Febrile_seizures/) (www.rch.org.au/kidsinfo/fact_sheets/Febrile_seizures/)
- Kids Health Info fact sheet: [Pain relief for children – paracetamol and ibuprofen](https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/) (https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/).
- Kids Health Info fact sheet: [Dehydration](https://www.rch.org.au/kidsinfo/fact_sheets/Dehydration/) (https://www.rch.org.au/kidsinfo/fact_sheets/Dehydration/)
- Raising Children's Network: [Taking your child's temperature](http://raisingchildren.net.au/articles/taking_your_childs_temperature.html) (http://raisingchildren.net.au/articles/taking_your_childs_temperature.html)
- See your GP or Maternal and Child Health Nurse



Kids Health Info

Viruses and fevers: Why do kids get sick so often?



SHARE SUBSCRIBE DESCRIPTION



Common questions our doctors are asked

Should I be worried about my child's fever?

Doctors do not focus on fever in a child. They are more concerned about how your child looks and feels – if your child is not drinking, is lethargic and not themselves, or they have had a persistent fever for two or more days, that is when a doctor may try to work out what is causing the fever, and may require a blood test or urine sample.

Can teething cause a fever?

Children who are teething may have a fever of up to 38°C. However, a temperature greater than 38°C should never just be attributed to teething. It is more likely that an infection is present.

Even after pain relief, my child has a fever. Should I be worried?

Not if your child is feeling better and their other symptoms have improved. Paracetamol and ibuprofen may not make the fever go away, but the aim is to make your child feel better. If the fever has lasted for more than two days without getting better, see a doctor.

When I feel sick, my GP advises me to take aspirin. Can I also use this for my child?

Aspirin should never be given to a child to help manage their fever. It can lead to a dangerous condition called Reye syndrome. It should only be given when specifically recommended by a doctor. Paracetamol or ibuprofen can be used instead.

Developed by The Royal Children's Hospital General Medicine and Emergency departments, and Centre for Community Child Health. We acknowledge the input of RCH consumers and carers.

Reviewed April 2021.

Kids Health Info is supported by The Royal Children's Hospital Foundation. To donate, visit www.rchfoundation.org.au (<http://www.rchfoundation.org.au/>).

Disclaimer

This information is intended to support, not replace, discussion with your doctor or healthcare professionals. The authors of these consumer health information handouts have made a considerable effort to ensure the information is accurate, up to date and easy to understand. The Royal Children's Hospital Melbourne accepts no responsibility for any inaccuracies, information perceived as misleading, or the success of any treatment regimen detailed in these handouts. Information contained in the handouts is updated regularly and therefore you should always check you are referring to the most recent version of the handout. The onus is on you, the user, to ensure that you have downloaded the most up-to-date version of a consumer health information handout.



Pain relief for children – paracetamol and ibuprofen

Translated resources

This page is available in the following community languages:

Arabic - الباراسيتامول والأيبيروفين - مسكنات الألم للأطفال (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/arabic-pain-relief-for-children.pdf)

Assyrian (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/assyrian-pain-relief-for-children.pdf)

Burmese - ကလေးများအတွက် ကုသမှုကို ကူညီပေးသောဆေးဝါးများ - ပါရာစီတာမောလ် နှင့် ခွဲခြားပေးသောဆေးဝါးများ (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/burmese-pain-relief-for-children.pdf)

Chinese (simplified) - 儿童止痛 – 扑热息痛和布洛芬 (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/chinese-simplified-pain-relief-for-children.pdf)

Chinese (traditional) - 兒童止痛藥 - 撲熱息痛和布洛芬 (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/chinese-traditional-pain-relief-for-children.pdf)

English (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/english-pain-relief-for-children.pdf)

Karen (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/karen-pain-relief-for-children.pdf)

Persian - تسکین درد برای کودکان - پاراستامول و ایبوبروفن (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/persian-pain-relief-for-children.pdf)

Somali - Xanuun-jebiyaha carruurta – Paracetamol iyo ibuprofen (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/somali-pain-relief-for-children.pdf)

Turkish - Çocuklar için ağrı gidericiler – parasetamol ve ibuprofen (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/turkish-pain-relief-for-children.pdf)

Vietnamese - Giảm đau cho trẻ em – paracetamol và ibuprofen (www.rch.org.au/uploadedFiles/Main/Content/kidsinfo/vietnamese-pain-relief-for-children.pdf)

Pain is common in many injuries and illnesses in children, as well as after having an operation (post-operative pain). Your child may need pain-reliever medicine (analgesic), such as paracetamol or ibuprofen, to help reduce or control their pain.

Paracetamol and ibuprofen do not treat the cause of your child's pain; both medicines just relieve the feelings of the pain.

It is important to give the correct dose of pain-relieving medicine. Give the dose that is written on the bottle or pack according to your child's weight.

Any infant or child who is unwell, or in moderate to severe pain, should be seen by a doctor to find out the cause.

Signs that your child is in pain

Older children can often tell you that they have pain, although some children might not be able to tell you exactly where their pain is. Younger children may show you that they have pain by:

- crying or screaming
- pulling a face
- changes in their sleeping or eating patterns
- becoming quiet and withdrawn
- refusing to move, or being unable to get comfortable.

Care at home

If you can't relieve your child's pain by comforting them and helping them to relax, distracting them or providing a cool compress, giving them pain-relieving medicines can help.

- **Paracetamol** can be used for mild to moderate pain in babies over one month old, children, adolescents and adults. However, if too much paracetamol is given to a child for too long, it may harm the child.
- **Ibuprofen** can be used for mild to moderate pain in children, adolescents and adults. It should not be used in children under three months of age, or be given to children with bleeding disorders.
- **Never give aspirin** for pain to your child if they are under 12 years, unless it is advised by your doctor. It can cause a rare but serious illness called Reyes Syndrome.

Paracetamol or ibuprofen can make your child's pain less severe and help them feel more comfortable, but neither medicine will make the cause of the pain go away.

Paracetamol and ibuprofen can help your child sleep more easily if they have a painful condition, such as an ear infection, sore throat, sore tummy or a broken bone.

If your child's pain lasts for more than a few hours, the pain is moderate to severe, or your child is clearly unwell, take your child to a doctor to find out the cause.

Giving paracetamol	Giving ibuprofen
How much to give: - Paracetamol for children comes in several different strengths: for babies, for young children and for older children. Paracetamol is also produced and sold by many different companies, and different brands may have different names (e.g. Panadol, Panamax, Dymadon). - Always give the dose that is written on the bottle or packet according to your child's weight. - If your baby or child is taking any other medicine, check that the medicine does not also have paracetamol in it. Do not give more paracetamol if your child has had some in other medicine. How often can it be given? - Paracetamol can be given every four to six hours – no more than four times in 24 hours. - If you need to give your child paracetamol for more than 48 hours, you should take them to see a doctor.	How much to give: - Ibuprofen for children comes in several different strengths: for babies, for young children and for older children. Ibuprofen is also produced and sold by many different companies, and different brands may have different names (e.g. Nurofen, Brufen, Advil, Dimetapp). - Always give the dose that is written on the bottle or packet according to your child's weight. How often can it be given? - Doses can be given every six to eight hours, but no more than three times a day. - There are some rare but serious side effects that might occur if ibuprofen is given to a child for a long time. If you need to give your child ibuprofen for more than 48 hours, you should take them to see a doctor. Note: Short-term use of ibuprofen, at appropriate doses, may be taken with a glass of water and no food. If this causes stomach upset, you should try offering your child some food or milk.

Giving your child both paracetamol and ibuprofen

So that your child's pain is well controlled, it is OK to alternate giving paracetamol and ibuprofen, or even to give both at the same time. If you do this, it can be easy to accidentally give too much of either medicine. Keep a diary of when you give each dose of paracetamol and ibuprofen so you don't give your child too much of either medicine.

Overdoses of pain-relieving medicine

- Paracetamol** is one of the most common medicines taken by children in an accidental overdose. Swallowing a lot of paracetamol mixture or tablets could harm your child's liver, and sometimes their kidneys.
- If too much **ibuprofen** is taken, it can cause stomach upsets, or sometimes it can affect breathing and make a person very drowsy.

If your child has had too much paracetamol or ibuprofen, call the Poisons Information Centre (13 11 26 in Australia) or take them to the nearest hospital emergency department.

To prevent your child finding and taking medicine:

- Always store medicines out of reach of children. It is best to keep them in a locked or child-proof cupboard.
- Do not take tablets out of their foil wrapping until you are ready to give or take the tablets. The wrapping is designed to be hard for children to open. Keeping the tablets wrapped will mean that a child may not be able to take as many if they find them.
- Always leave the child-resistant lid on a bottle of paracetamol or ibuprofen mixture.

Key points to remember

- Give the dose that is written on the bottle or pack according to your child's weight.
- Pain-relieving medicines do not treat the cause of your child's pain.
- Any baby or child who is unwell, or in moderate to severe pain, should be seen by a doctor to find out the cause of the pain.
- Do not give paracetamol or ibuprofen to your child for more than 48 hours without seeing a doctor.
- If your child has had too much paracetamol or ibuprofen, call the Poisons Information Centre (13 11 26 in Australia) or take them to the nearest hospital emergency department.

For more information

- Kids Health Info fact sheet: [Fever in children \(www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/\)](#)
- The Royal Children's Hospital: [Comfort Kids \(www.rch.org.au/comfortkids/for_parents/\)](#) (for tips on non-medical ways to relieve your child's pain)
- Be Positive: A child's guide to hospital: [Oral medicine \(www.rch.org.au/be-positive/A_childs_guide_to_hospital/Oral_medicine/\)](#)



Kids Health Info

Viruses and fevers: Why do kids get sick so often?



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Kids Health Info

Pain and pain relief



SHARE SUBSCRIBE DESCRIPTION



Common questions our doctors are asked

I don't know how much my child weighs. Should I just give them the dose of medicine the package recommends for their age?

The recommended dosage for medicine is worked out based on a child's weight. The ages given on the medicine packaging or bottle are a guide only. If you don't know your child's weight, give the dose listed for their age. If your child is substantially lighter than most children their age, give the dose recommended for younger children (the next age bracket down).

If I'm taking my child to the doctor or emergency department, should I wait until they're seen by a doctor before giving pain relief?

No – simple pain relief will not mask any signs of serious illness. You can give your child pain relief before taking them to the doctor or to hospital, to make sure they're as comfortable as possible.

My child has a fever, but is not in pain. Should I give him a pain reliever to reduce the fever?

If your child seems well and is happy, there is no need to treat a fever. A fever helps the body's immune system fight off infection. If your child is miserable or uncomfortable, you can give them paracetamol or ibuprofen to help them feel better.

Developed by The Royal Children's Hospital Emergency and Pharmacy departments. We acknowledge the input of RCH consumers and carers.

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