

period. For example, telling parents that the child needs 1 tsp of medicine four times a day is subject to misinterpretation, because the parents may routinely schedule the doses at incorrect times. Instead, a preplanned schedule based on 6-hour intervals should be set up with the number of days required for the therapeutic dosage listed. Modification should also be made to accommodate sleep schedules. Written instructions should accompany all drug prescriptions.

### **Nursing Tip**

If parents have difficulty reading or understanding English, use colors to convey instructions. For example, mark each drug with a color and place the appropriate color on a calendar chart or on a drawing of a clock to identify when the drug needs to be given. If a liquid medication and syringe are used, also mark the syringe at the place the plunger needs to be with color-coded tape.

## **Nasogastric, Orogastric, and Gastrostomy Administration**

When a child has an indwelling feeding tube or a gastrostomy, oral medications are usually given via that route. An advantage of this method is the ability to administer oral medications around the clock without disturbing the child. A disadvantage is the risk of occluding, or clogging, the tube, especially when giving viscous solutions through small-bore feeding tubes. The most important preventive measure is adequate flushing after the medication is instilled (see [Nursing Care Guidelines](#) box).

### **Nursing Care Guidelines**

#### **Nasogastric, Orogastric, or Gastrostomy Medication Administration in Children**