

A Guide to Children's Medications

Part II Over-the-counter medications



Over-the-counter medications

Over-the-counter medications (OTCs) 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 given 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 (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. Too many 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 her weight and age.

Ibuprofen tends to be more effective than acetaminophen in treating high fevers (103°F or higher). However, never give it to a child who is dehydrated or vomiting continuously. Also, children who are sensitive to aspirin, have a kidney disease, asthma, or an ulcer should not take ibuprofen.

A warning about aspirin

Never give aspirin to your child unless your pediatrician specifically instructs you to use it. Aspirin has been linked to Reye's syndrome, a serious and sometimes fatal liver disorder, especially when given to children with the flu or chicken pox. For more information on Reye's syndrome, or for a list of medications that contain aspirin, contact the National Reye's Syndrome Foundation at 800/233-7393.

Ibuprofen should not be used with any other pain reliever or fever reducer, unless directed by a doctor. 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. For that reason, avoid giving an antihistamine for the first time at bedtime. If you do, your child may have difficulty sleeping. If your child has asthma, check with your pediatrician before using antihistamines.

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.

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, especially for use in infants. 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. If you are already giving your child acetaminophen 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.

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 her 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.

Nose drops (decongestant)

Decongestant nose drops can 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. If your older child can't eat or sleep because of nasal stuffiness, use decongestant nose drops only for a brief time. Talk to your pediatrician if your child's symptoms do not improve.

Medications used for common GI problems

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

Liquid medicines

Many children's medicines 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 medicines 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 medicine to your child.

Syringes and oral droppers—These can be very helpful when giving medicine to an infant. Simply squirt the medicine between your child's tongue and the side of his mouth. This makes it easier for him to swallow. Avoid squirting the medicine into the back of your child's throat—he is more likely to gag and spit the medicine 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 medicines.

Taking medicines 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 medicine 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.
- Never play doctor. 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 it says not to give it to children younger than age 2, don't. Check with 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 if they are old enough to take medicine by themselves. Never let young children take medicine by themselves.
- Before using any medication, always check for signs of tampering. Do not use any medicine from a package that shows cuts, tears, or other imperfections.

It is not always easy to give medicine to a child. You may find your infant or toddler hates the taste and spits out the medicine or refuses to swallow it. Try adding a little sugar or juice to the dosing device to make it taste better. However, do not mix medications into a bottle of milk or a bowl of cereal. Your child may only eat part of it, or it may settle to the bottom and never get into his mouth. Older children may be more willing to take chewable tablets over liquid medicines. Although most children's medicines are flavored to make them taste better, avoid calling them candy. It might make your toddler decide to take them on his own.

Talk to 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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