

Medical and Medication Issues involving Minors

Protection of Minors on Campus



Common Emergencies Affecting Minors

All children and youth with special health care needs (CYSHCN) are likely to experience a medical emergency because of their health status or disability.

Most common (not inclusive):

Asthma attacks, dehydration, medication reactions or overdose, allergic reactions (food, insect bites or bee stings), hypoglycemic reactions for IDDM, sanitation

Swallowing or choking; head injuries, falls, high fevers and seizures, burns or cuts, respiratory, heart, physical or other disabilities.

Asthma

Asthma attack

- **Triggers**—pollen, changes in weather, exercise, irritants, pollution
- **What to observe** –coughing, wheezing, shortness of breath, drop in activities

Exercise induced asthma

- **Triggers**—seasonal allergies, physical activity, sports
- **What to observe** -coughing, wheezing, shortness of breath, and chest tightness, not keeping up with other kids

Asthma Management

- Understand child's symptoms so as to help with asthma management
- Follow the child's asthma action plan, e.g. triggers, list of medications, asthma symptoms for watch for, emergency numbers
- Have rescue inhalers readily accessible

When to be concerned and take action:

- Wheezing or coughing that continues after taking asthma quick-relief medication
- Difficulty taking part in usual daily activities
- Very fast or difficult breathing
- Breathlessness and unable to speak a full sentence
- Peak flow meter readings that register in the yellow or red zone

Drug Allergies

- Hypersensitive reaction of the immune system to **medications**
- **Triggers**—PCN, Cephalosporins, Sulfa, Dilantin, Insulin
- **What to Observe** —eczema, hives, asthma, anaphylactic shock —medical emergency

Common Food Allergies in Children

- Peanuts, cow's milk(most common); eggs, tree nuts, soy, fish, shellfish and wheat.
- **What to Observe** —occurs within 1 –60 minutes;
 - **Skin**-hives, itching, rash, swelling of the lips, tongue, face
 - **Digestive tract**:nausea, vomiting, diarrhea, abdominal pain
 - **Respiratory**:wheezing, congestion, shortness of breath, difficulty breathing due to swelling of the throat

Heat-Related Emergencies

Occurs after exposure to high temperatures for several days and subsequently become dehydrated.

Two types of heat exhaustion:

1. Water depletion -excessive thirst, weakness, headache, and loss of consciousness
2. Salt depletion –nausea and vomiting, frequent muscle cramps and dizziness

Not as serious as **heat stroke**

- **Triggers**—high heat index (90+ degrees), decrease sweat evaporation, higher when standing in full sunshine. infants and children < than 4 and adults >65 more vulnerable (adjust to heat more slowly), certain health conditions lung, obesity or underweight, HBP, diabetes, mental illness, etc., certain medications, e.g., BP, stimulants.
- **What to observe** –confusion, dehydration, dizziness, fainting, fatigue, headache, muscle cramps, nausea, pale skin, profuse sweating, rapid heartbeat

Heat Related Emergencies

Heat Rash

- Results from inflamed sweat ducts - ducts are obstructed and sweat can't get out.

Heat Edema

- Swelling in hands, feet, ankles

Heat Cramps

- Usually in hamstrings/ calf muscles.
- Dehydration is the culprit.
- Consider electrolyte replacement with water.

- Limit outdoor activities when the heat index is high.
- Encourage child / parent to wear lightweight, light colored, loose-fitting clothing and a wide brimmed hat.
 - Use a **sunscreen** with an SPF of 30 or more.
- Substitute an electrolyte-rich sport drink for water during periods of extreme heat and humidity to prevent salt depletion.
- Encourage fluids!!
- Recommendation - drink 24 ounces of fluid two hours before exercise, e.g., water or sport drink and consume 8 oz of water every 20 minutes even if you don't feel thirsty.
- Avoid caffeine.

Heat Exhaustion First Aid

- Remove from the sun
- Elevate the legs and feet slightly.
- Loosen or remove clothing.
- Provide cool water or other nonalcoholic beverage without caffeine to drink.
- Cool by spraying or sponging with cool water and fanning.
- Monitor carefully. Heat exhaustion can quickly become heat stroke.



Dehydration

- **Triggers**-diarrhea and vomiting (losing fluids) in children, heat exhaustion, high blood sugar, exercise.
- **What to observe** –dry mouth and tongue, no tears when crying, sunken abdomen, eyes, or cheeks, high fever, listlessness or irritability, skin that does not flatten when pinched and released, increased thirst.

Diabetes Management

- Seek authorization for care of children with Insulin-Dependent Diabetes.
- Parent should complete action plan that identifies:
 - Child's target range of blood glucose
 - Glucose meter (supplied by parent) and when testing is usually done
 - Signs of symptoms of hypoglycemia to watch for
 - Parameters to treat LBG and which fast acting carbohydrates, e.g., OJ, apple, soda w/sugar, glucose tablets to give
 - Other complex carbohydrates, if lunch or snack is greater than 1 hr.
 - When to repeat BG and fast-acting carbohydrates.
 - What range to notify parents or guardian

Losing consciousness or having a seizure, call "911" or other emergency medical personnel, parent(s) or guardian(s), and child's doctor's office.

Diabetes Management

Recreational Activities:

- Know if child may participate in recreational activities or any activity restrictions
- Know recreational activities that should be delayed if blood glucose is higher than e.g., 300 or lower than 70.

Staff should:

- Have fast-acting carbohydrate readily available at all times
- Should administer fast-acting carbohydrates even if suspicious of LBG and glucose meter is not readily available
- Follow the child's Diet Restrictions, e.g., no sugar or sweets to lunch or routine snacks

Diabetes Management



High and Low Blood Glucose (hyperglycemia & hypoglycemia) Symptoms and Causes

High Blood Glucose Symptoms (Hyperglycemia)	High Blood Glucose Causes	Low Blood Glucose Symptoms (Hypoglycemia)	Low Blood Glucose Causes
Thirst	Too much food	Shakiness	Too little food
Hunger	Too little exercise	Sweaty	Too much medicine
Frequent urination	Too little medicine	Hunger	More activity than usual
Fatigue	Stress	Anxiety	Too long between meals or snacks
Nausea	Illness	Nervousness	Alcohol
Blurred vision	Injury	Confusion	
Headache	Short time between meals and snacks	Acting angry or irritable	
Nervousness		Slurred speech	
Confusion		Headache	



Sanitation for Good Health

- Cleanliness
- Food Preparation
- Pool Sanitation



What you should know!

Don't

- Provide routine medication or care to treat temporary illnesses except for first aid/CPR
- Accept or administer Over The Counter (OTC) medications. Medications must be labeled by a pharmacist
- Assume minors are capable or self-administering medication
- Allow minor to attend if contagious or feverish (temperature greater than or equal to 101)
- Prepare food yourself - Get a 3rd party vendor or permanent location vendor to prepare the food

Medication, Medical and Behavioral

Do

- Contact Student Health Services if your staff/volunteers want CPR/First Aid training (cost associated with training)
- Ensure a nut free or latex free zone
- Have a plan to deal with behavioral issues
- Ensure proper forms and guidelines are developed that address all medical, behavioral and medication administration procedures
- Require health related forms to be completed by parents and physicians
- Inform parents about your medication, medical and behavioral guidelines and procedures
- Wash your hands and ensure the children wash their hands
- Wear gloves when serving food
- Use bleach and water to clean tables
- Remind minors not to relieve themselves in the pool

References

Common Emergencies Affecting Children and Youth with Special Health Care Needs (2013).

Retrieved from

<http://www.childrensnational.org/files/PDF/EMSC/PubRes/CommonEmergenciesforCSHCN.pdf>

Americans with Disabilities Act: How it affects you (2013)

Retrieved from

- <http://www.aafa.org/display.cfm?id=9&sub=19&cont=255>
- <http://www.ada.gov/kinder1.htm>

Documents

Refer to Resources on the Protection of Minors on Campus website www.uncfsu.edu/PMOC

- AUTHORIZATION FOR SELF-CARRY BY CAMPERS' EMERGENCY MEDICATIONS
- CAMPER HEALTH FORM
- MEDICAL AUTHORIZATION

