



HEAL

Health Education & Adult Literacy PROGRAM


TOOL KIT



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HEALTH EDUCATION AND ADULT LITERACY PROGRAM CURRICULUM



I



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Preparing for a Visit to the Doctor

Before the Visit

Prepare for your child's appointment by following these steps:

1. Make a list of:

- ☐ All medicines your child is taking. This list should include over-the-counter and prescription medicines.
You can also bring the medicine bottles if you have them.
- ☐ Your child's symptoms or signs of sickness.
- ☐ Questions or concerns you have for the doctor.

2. Take your child's current vaccine record.

List your child's symptoms

1. How long has my child been sick?
2. What are the signs of sickness? (fever, cough, stuffy nose)
3. Where does it hurt?
4. How often does it hurt?
5. What time of day does it usually hurt?

During the Visit

Take notes when you meet with the doctor. Writing down any instructions or advice the doctor gives you will help you remember them later.

Ask your doctor questions

Before you leave the clinic know the answers to these questions:

1. What sickness does my child have?
2. What causes it?
3. How serious is it?
4. How can I treat my child's sickness?
5. What choices do I have?
6. What tests does my child need to find out what he or she has?
7. What do the tests mean?
8. When should I expect my child to feel better?

Antes de la visita

Estos pasos le puede ayudar a preparar para su visita al doctor:

1. Haz una lista de las siguientes cosas:

- Las medicinas que su hijo/a está tomando, incluyendo las medicinas sin recetas. Usted también puede traer los envases de las medicinas.
- Los síntomas de su hijo/a.
- Preguntas o preocupaciones que usted pueda tener para su doctor.

2. Lleve la tarjeta de vacunas de su hijo(a).

Los síntomas de su hijo(a)

Su doctor va a querer esta información sobre los síntomas de su hijo.

1. ¿Desde cuándo le empezó la enfermedad?
2. ¿Cuáles son las señales de la enfermedad? (fiebre, tos, congestión nasal, etc.)
3. ¿Dónde le duele a su hijo/a?
4. ¿Con qué frecuencia le duele a su hijo/a?
5. ¿A qué hora del día usualmente le duele a su hijo/a?

Durante la visita

Tome notas cuando se reúna con el doctor. Escribiendo las instrucciones o consejos que le de el doctor le ayudará a recordarlas más tarde.

Pregúntale a su doctor

Antes de irse de la clínica sepa las repuestas a las siguientes preguntas.

1. ¿Qué enfermedad tiene mi hijo/a?
2. ¿Cuál es la causa de la enfermedad?
3. ¿Se considera como una enfermedad seria?
4. ¿Cómo puedo tratar la enfermedad de mi hijo/a?
5. ¿Cuáles son mis opciones?
6. ¿Cuáles exámenes necesita mi hijo/a?
7. ¿Qué significan los exámenes?
8. ¿Qué tiempo debo de esperar para que mi hijo/a se sienta mejor ?

MY CHILD'S MEDICAL HISTORY

Your doctor will have a complete medical history chart for your child. You can help keep your doctor's chart up to date by keeping this personal medical history. The more you know about your child's health, the better.



Fill out this form and take it with you to your doctor appointments. It may help you and your doctor decide on the best treatment for your child.

My Child's Full Name: _____

My Child's Date of Birth: _____

My child was in the hospital for (list reasons):	Date:
My child had these surgeries:	Date:
My child has had these injuries:	Date:
My child takes these medicines/supplements/vitamins:	Dosages or Quantity:
I give my child these home remedies/herbal medicines:	To treat:
My child has these illnesses, diseases, or allergies:	Date diagnosed:
My child sees these doctors:	Reasons:

HISTORIA MÉDICA DE MI NIÑO/A

El médico tendrá un historial médico de su niño/a. Usted puede ayudar a mantener esta información al día guardando un historial médico personal con datos que sean recientes. Mientras más usted sepa sobre la salud de niño/a, mejor cuidado recibirá para él/ella.



Este archivo de historia médica personal puede alertar al doctor sobre algún problema que pudiera surgir basándose en su condición médica o las medicinas que toma.

Nombre y apellido de mi niño/a: _____

Fecha de nacimiento: _____

Mi niño/a ha estado en el hospital debido a las siguientes razones:	Fecha:
Mi niño/a ha tenido las siguientes cirugías:	Fecha:
Mi niño/a ha sufrido las siguientes lesiones:	Fecha:
Mi niño/a toma los siguientes remedios caseros o suplementos para curar o tratarlos siguientes problemas médicos:	Dosis o Cantidad:
Mi niño/a tiene las siguientes enfermedades o alergias:	Fecha en que fueron diagnosticadas:
Mi niño/a tiene consulta o ve a los siguientes doctores:	Razones:

Medical words that you may hear or see

Words that you may hear your doctor or nurse say. Some of these words you can also see in handouts in the clinic, on prescription bottles or on over-the-counter medicines.

Avoid	<i>Stay away from</i>
Adequate	<i>Enough</i>
As needed	<i>According to need</i>
Benign	<i>Will not cause harm</i>
Chronic	<i>Illness that lasts for a long time or keeps coming back</i>
Condition	<i>How you feel, health problem</i>
External use only	<i>Do not put inside body</i>
Generic	<i>Product sold without a brand name</i>
Hyperglycemia	<i>Blood sugar is higher than normal</i>
Hypoglycemia	<i>Blood sugar is lower than normal</i>
Malignant	<i>Something that is bad for you and needs to be treated</i>
Moderately	<i>Not too much</i>
Nerve	<i>Sensitive fibers that pass messages in the body including pain</i>
Oral	<i>By mouth</i>
Palpitation	<i>Fast heartbeat that can be felt by a person</i>
Referral	<i>Get a second opinion</i>
Wellness	<i>Good health, feeling well</i>
TID	<i>Three times a day</i>
BID	<i>Two times a day</i>
QID	<i>Four times a day</i>
QD	<i>Once a day</i>
PO	<i>By mouth</i>
PRN	<i>As needed</i>

Palabras médicas que usted puede escuchar o ver

Palabras que usted puede escuchar de su médico o enfermera. Algunas de estas palabras también se pueden ver en algunos folletos disponibles en las clínicas, en etiquetas de medicinas recetadas o sin recetas.

Evitar	<i>Mantener se lejos de</i>
Adecuado	<i>Suficiente</i>
Como lo necesite	<i>De acuerdo a la necesidad</i>
Benigno	<i>No causará daño</i>
Crónico	<i>Enfermedad que dura un tiempo largo o sigue regresando</i>
Condición	<i>Como usted se siente o problema de salud</i>
Sólo para uso externo	<i>No poner dentro del cuerpo</i>
Genérico	<i>Producto vendido sin marca</i>
Hiperglicemia	<i>El nivel de azúcar en la sangre es más alto de lo normal</i>
Hipoglicemia	<i>El nivel de azúcar en la sangre es más bajo de lo normal</i>
Maligno	<i>Algo que es malo y debe ser tratado</i>
Moderadamente	<i>No mucho</i>
Nervio	<i>Fibras sensitivas que envían mensajes en el cuerpo incluyendo el dolor.</i>
Oral	<i>Por la boca</i>
Palpitación	<i>El corazón acelerado</i>
Referido	<i>Buscar una segunda opinión o especialidad</i>
Bienestar	<i>Buena salud, sintiéndose bien</i>
TID	<i>Tres veces al día</i>
BID	<i>Dos veces al día</i>
QID	<i>Cuatro veces al día</i>
QD	<i>Una vez al día</i>
PO	<i>Por la boca</i>
PRN	<i>Según sea necesario</i>



The Common Cold and Flu

The Common Cold

- ___ A cold is an infection of the nose and throat caused by a virus.
- ___ It can be prevented by washing hands, not sharing food/silverware, cleaning anything that maybe infected, and throwing away used tissues.
- ___ It can be treated by the body's defense system, by drinking plenty of liquids, resting, and by taking Tylenol/Motrin when prescribed by the doctor.
- ___ Most viral infections such as the common cold go away within 7 days.
- ___ Do not give over the counter medicine if your child is under the age of 6.
- ___ The doctor will tell you about using a Cold-Care-Kit.
- ___ Do NOT use antibiotics to treat the common cold.

What is in a Cold Care Kit?

- ___ Saltwater drops (SALINE)
- ___ Bulb Syringe
- ___ Tissues
- ___ Alcohol hand sanitizer
- ___ Thermometer
- ___ Measuring tool to give the correct amount of medication

How to prepare salt water drops for the nose:

- ___ You can make your own salt water at home:
 - 1 teaspoon of salt mixed with 8 ounces of boiling water. Let cool and store in a clean bottle.
- ___ Using salt water in the nose with a bulb syringe can pull out mucous that cause a stuffy nose.

The Flu

- ___ The Flu is usually more serious than the cold.
- ___ It can cause fever that may last for many days.
- ___ It can be prevented by taking the flu shot once a year.
- ___ It can be treated the same way as the common cold.
- ___ Sometimes people can die from the flu.

What you need to know about the flu shot:

- ___ Everyone in the family should get the vaccine, especially all children from 6 months to 18 years of age.
- ___ It only protects against the flu, not against the common cold.
- ___ It can give you some fever, but it does not give you the flu.

The common cold versus the flu:

Know the Similarities!

- ___ Both are caused by a virus, NOT by bacteria.
- ___ Both can be spread by coughing and sneezing.
- ___ Both can be destroyed by the body's defense system.
- ___ Both can be treated by drinking liquids, resting, and taking Tylenol/Motrin when prescribed by the doctor.
- ___ They CANNOT be treated with antibiotics.

Know the Differences!

- ___ The cold causes a runny nose, mucous, 'tickle' in the throat, sneezing, sometimes fevers.
- ___ The flu is more severe than the cold– it causes fever that may last for many days, body aches, runny nose, cough, diarrhea, vomiting, and even death.

El Resfriado

- ___ Un resfriado es una infección de la nariz y garganta causada por un virus.
- ___ Puede ser prevenido por medio del lavado de manos, tapándose la boca cuando uno tose o estornuda, evitando compartirla comida o utensilios para comer, limpiando todo lo que pudo ser contaminado y botando servilletas usadas.
- ___ Puede ser tratado por las propias defensas del cuerpo, tomando mucho líquido, descansando y tomando Tylenol o Motrín cuando el doctor se lo recete.
- ___ La mayoría de las infecciones causadas por un virus, como el resfriado, se van en 7 días.
- ___ No le de medicina sin receta a su hijo/a si tiene menos de 6 años de edad.
- ___ El doctor le dirá como preparar un botiquín para el resfriado.
- ___ No use antibióticos para tratar un resfriado.

¿Qué hay en un botiquín para el resfriado?

- ___ Solución de agua con sal
- ___ Perita o succionador
- ___ Servilletas de papel Kleenex
- ___ Limpiador de mano con alcohol
- ___ Termómetro
- ___ Instrumento para medir la cantidad de medicina líquida correctamente.

Como preparar gotas de agua salina para la nariz

- ___ Puede hacer su propia solución de agua con sal:
 - 1 cucharadita de sal mezclada con 8 onzas de agua hervida. Deje que se enfríe y guárdela en un envase.
- ___ Usando gotas de agua con sal en la nariz ayuda a sacar la mucosidad.

La Influenza = El flu

- ___ Es una gripe que puede convertirse en algo serio.
- ___ Puede causar una fiebre que dure por muchos días.
- ___ Puede ser evitado si se recibe la vacuna del flu una vez al año.
- ___ Puede ser tratado como el resfriado.
- ___ En ocasiones puede causar la muerte.

Lo que necesita saber sobre la vacuna del flu

- ___ Todos en la familia deben ser vacunados contra el flu, especialmente los niños de 6 meses a 18 años de edad.
- ___ La vacuna sólo protege contra el flu—**No** protege contra el resfriado.
- ___ Puede causar fiebre leve, pero no causa el flu.

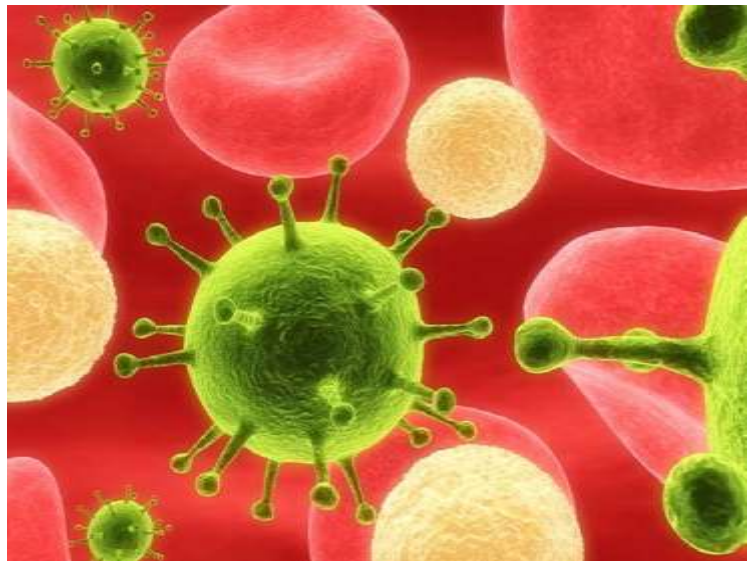
El resfriado y el flu

Lo que tienen en común

- ___ Son causados por un virus, NO por una bacteria.
- ___ Se contagian por medio de la tos y el estornudo.
- ___ Son combatidos por el sistema de defensa del cuerpo.
- ___ Pueden ser tratados: tomando mucho líquido, tiempo de descanso y Tylenol/Motrin cuando lo receta el doctor.
- ___ Ninguno de los dos puede ser tratado con antibióticos.

La diferencia entre los dos

- ___ El resfriado causa nariz que gotea, congestión, cosquilla en la garganta, estornudos y a veces fiebre.
- ___ El flu es más severo que el resfriado-causa fiebre que dura por muchos días, dolores por todo el cuerpo, tos, diarrea, vómito y a veces la muerte.



Using Antibiotics to Treat Infections Caused by Bacteria

What is a bacterial infection?

- An infection caused by bacteria, which is a type of germ that can only be treated by special medicines such as antibiotics.
- Can be prevented by good hygiene and vaccinations
- Can be treated by taking antibiotics as told by your doctor
- Some of the signs and symptoms include fever for more than 4 days, pus on skin, throat or coming out of the ears, bloody diarrhea, stiff neck, headache, vomiting, sickness that lasts more than 10 days

The safe way to use antibiotics:

- o Can only be prescribed by your doctor
- o Can only be used to treat bacterial infections, **not** viral infections
- o Do **not** buy them from the “Bodegas” or “Botánicas”
- o Do **not** share them with others.
- o Do **not** use antibiotics that have been left over from a past treatment or from someone else.
- o Always finish the treatment as told by your doctor.

What happens when antibiotics are not used correctly?

- If you use them to treat viruses, antibiotics will not work when you really need them.
- Not all antibiotics are the same and using the wrong antibiotics can make your child worse.
- Bacteria become stronger and resistant when the treatment is not given in full, as told by the doctor.

Note: Talk to your doctor or health care provider if you have any questions about your child’s antibiotic treatment.

¿Qué es una infección bacterial?

- ___ Es una infección causada por bacterias, las cuales son gérmenes que solo pueden ser tratados con medicinas especiales como los antibióticos.
- ___ Puede ser prevenida con buena higiene y vacunas.
- ___ Puede ser tratada tomando antibióticos recetados por el doctor.
- ___ Algunas de las señales o síntomas de infecciones causadas por bacterias incluyen fiebre por más de 4 días; pus en la piel, garganta, o en los oídos.

Como usar antibióticos correctamente:

- ___ Sólo pueden ser recetados por el doctor.
- ___ Sólo se pueden usar para tratar infecciones causadas por bacterias –**no** para las infecciones causadas por un virus
- ___ **No** compre antibióticos en las bodegas o botánicas.
- ___ **No** comparta antibióticos con otros miembros de la familia.
- ___ **No** use antibióticos que sobraron de un tratamiento anterior.
- ___ Siempre termine el tratamiento completo como lo indica el doctor.


¿Qué pasa cuando los antibióticos son usados incorrectamente?


- Si usted usa antibióticos para tratar un virus, luego no funcionan cuando de verdad los necesita
- Cuando compra antibióticos sin una receta médica, el tratamiento puede ser equivocado. Esto puede causar más daño porque las bacterias se ponen más fuertes y más difíciles de combatir.
- La bacteria se puede poner más fuerte y resistente cuando el tratamiento no es tomado por completo como se le indicó su doctor.

Aviso: Hable con su doctor o su proveedor de salud si tiene alguna pregunta o preocupación sobre el tratamiento de antibióticos para su hijo/a.



Prescribed Medication

Pharmacy's Name	NPH Pharmacy	PH (800) 555-5555	Pharmacy's phone number
Pharmacy's Address	 17250 Sterling Road Sunrise, CA 33015	Dr. D. Glazer	Doctor's Name
Prescription Number	No 0060032-01421	Date 4/02/02	Date Filled
Patient's Name & Address	Candidad Constantino 132 Main Street Anytown, US 33333		
Medicine's Name	AMOXICILLIN QTY 30	Take one capsule by mouth Three Times a Day 500MG MFG TEVA	Dosage Strength
Refill	NO REFILL - DR. AUTHORIZATION REQUIRED		USE BEFORE 4/02/03 Expiration date

Nombre de la Farmacia	NPH Pharmacy	PH (800) 555-5555	Teléfono de la Farmacia
Dirección de la farmacia	 17250 Sterling Road Sunrise, CA 33015	Dr. D. Glazer	Nombre del Médico
Número de la Receta	No 0060032-01421	Date 4/02/02	Fecha de la receta
Nombre del Paciente	Candidad Constantino 132 Main Street Anytown, US 33333		
Nombre de Medicina	AMOXICILLIN QTY 30	Take one capsule by mouth Three Times a Day 500MG MFG TEVA CAPSULE	Dosis Potencia
Rellenar/ Refill	NO REFILL - DR. AUTHORIZATION REQUIRED	USE BEFORE 4/02/03	Fecha de Vencimiento

Know the Medicine

Important questions to ask the health care provider or pharmacist about my child's medicine:

1. What is the name of my child's medicine?
2. Why is my child taking this medicine?
3. How much medicine should I give my child?
4. When do I give my child his or her medicine?
5. How long should I give my child this medicine?
6. What are the side effects of taking this medicine? I can call my health care provider if side effects persist.
7. Do I need a refill?
8. How long will it be before my child feels better?

Remember! It is important to **finish** the treatment as told by the doctor, even if your child starts to feel better.

Before Giving the Medicine

Some things to double check before giving my child the medicine:

- ☐ Is my child's name and address on the bottle?
- ☐ Do I have the right medicine?
- ☐ Has the medicine expired?
- ☐ Is it time to give my child his or her medicine?
- ☐ Which of the following will I use to my child his or her medicine?
 - ___ Oral Syringe
 - ___ Dropper
 - ___ Dosage Cup
- ☐ Am I giving my child the right amount?

Conozca la medicina

Preguntas importantes que le puede hacer al proveedor de salud o farmacéutico sobre la medicina de su hijo(a).

1. ¿Cuál es el nombre de la medicina de mi hijo/a?
2. ¿Por qué está tomando esta medicina?
3. ¿Qué cantidad de medicina debo darle a mi hijo/a?
4. ¿Cuándo le tengo que dar la medicina a mi hijo/a?
5. ¿Por cuánto tiempo le doy esta medicina a mi hijo/a?
6. ¿Cuáles son los efectos secundarios de esta medicina?
7. ¿Puedo volver a buscar la medicina con esta misma receta?
8. ¿En cuánto tiempo mi hijo/a se sentirá mejor?

¡Recuerde! Es importante **terminar** el tratamiento como lo indica su doctor, aun si su hijo ya se siente mejor.

Antes de dar la medicina

Algunas cosas que puedes revisar antes de darle la medicina a su hijo/a.

- ☐ ¿Está el nombre de mi hijo/a y la dirección de domicilio en el envase?
- ☐ ¿Tengo la medicina correcta?
- ☐ ¿Está la medicina vencida?
- ☐ ¿Es la hora correcta de darle la medicina a mi hijo/a?
- ☐ ¿Estoy usando el instrumento adecuado para darle la medicina a mi hijo/a?
 - ___ Jeringuilla Oral
 - ___ Gotero
 - ___ Vasito de Dosis
- ☐ ¿Le estoy dando la cantidad correcta de medicina a mi hijo/a?



Over the Counter Medicines

How do I choose an over-the-counter medicine?

- ◆ Over the Counter Medicines for a cold should not be given to children under the age of 4.
 - ◆ For children between the ages of 4 and 6, talk to your doctor first.
 - ◆ Children over the age of 6 can use Over the Counter Cold Medicines.

Newborn to 2 months old

A baby under 2 months of age with signs of a cold should be seen by a doctor. No cold medicines are safe for their age.

Ages 2 months to 4 years:

Use as directed:

- Tylenol
- Motrin (only for children older than 6 months old)

Do not use:

- Vicks Vapor Rub-It has camphor, which can cause problems with the digestive and respiratory system or it may burn the skin.
- Pediacare products
- Robitussin products
- Triaminic products
- Dimetapp products

Ages 4 year to 6 years:

Use as directed:

- Tylenol
- Motrin

Use only after talking to a doctor:

- Pediacare products
- Robitussin products
- Triaminic products
- Dimetapp products
- Vicks Vapor Rub and Vicks products

Active Ingredient: This is the main medicine. I should not give my child two medicines with the same active ingredient.

Uses: This tells me what it treats. Does my child have these signs of sickness?

Warnings: Reasons I should not use or stop using the medicine.

Directions: This tells me how often and how much medicine to give to my child within his or her age group.

Other information:
How to store medicine

Inactive ingredients: These ingredients are not the ones that make my child feel better.

Drug Facts

Active ingredient (in each tablet)

Chlorpheniramine maleate 2 mg Antihistamine

Purpose

Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat

Warnings

Ask a doctor before use if you have

- glaucoma ■ a breathing problem such as emphysema or chronic bronchitis
- trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product

- You may get drowsy ■ avoid alcoholic drinks
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery
- excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

Other information store at 20-25° C (68-77° F) ■ protect from excessive moisture

Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

Purpose: The type of medicine.

Side effects and precautions:
Tells me how my body might react to the medicine and what I should not do while taking the medicine.

This label is the most recent U.S. Food & Drug Administration approved over-the-counter drug label format.

Como elegir una medicina sin receta médica

Niños recién nacidos a 2 meses de edad:

- ♦ No hay medicinas seguras contra el resfriado para esta edad.
- ♦ Un bebe menos de 2 meses de edad con señales de un resfriado, debe ser visto por un proveedor de salud.
- Niños mayores de 6 años pueden usar medicinas sin recetas médica

Niños de 2 meses a 4 años:

Hable con su proveedor médico sobre el uso de:

- Tylenol ® (acetaminofén)
- Motrin ® (ibuprofeno) Solo para niño mayores de 6 meses

No use los siguientes:

- Vicks Vapor Rub - Contiene alcanfor, que puede causar problemas digestivos o respiratorios y puede quemar la piel.
- Pediacare
- Robitussin
- Triaminic

Niños de 4 a 6 años:

Hable con su proveedor médico sobre el uso de:

- Tylenol ® (acetaminofén)
- Motrin (ibuprofeno) Solo para los niño mayores de 6 meses de edad

Use los siguientes medicamentos solo después de haber hablado con su proveedor médico:

- Pediacare
- Robitussin
- Triaminic
- Vicks Vapor Rub

Ingrediente Activo : Es la medicina principal. No debo darle a mi niño/a dos medicinas con el mismo ingrediente activo.

Usos: Dice para qué sirve la medicina. ¿Tiene mi niño/ estos síntomas?

Avisos: Razones para dejar de usar o parar el uso de esta medicina y llamar a su proveedor médico.

Indicaciones:

Esto me dice cuántas veces al día y que cantidad de medicina debo darle a mi niño/a de acuerdo a su edad.

Otra información: Donde guardar la medicina...

Ingredientes inactivos: Estos ingredientes no son los que tratan el malestar de mi niño(a).

Drug Facts	
Active ingredient (in each tablet) Chlorpheniramine maleate 2 mg	Purpose Antihistamine
Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: <div> ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat </div>	
Warnings Ask a doctor before use if you have <div> ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis ■ trouble urinating due to an enlarged prostate gland </div> Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives When using this product <div> ■ You may get drowsy ■ avoid alcoholic drinks </div> ■ alcohol, sedatives, and tranquilizers may increase drowsiness ■ be careful when driving a motor vehicle or operating machinery ■ excitability may occur, especially in children If pregnant or breast-feeding, ask a health professional before use. Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.	
Directions	
adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor
Other information store at 20-25° C (68-77° F) ■ protect from excessive moisture	
Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch	

Propósito:
Que tipo de medicina es.

Efectos secundarios y precauciones:

Me dice como el cuerpo de mi niño puede reaccionar a la medicina y lo que no debe estar tomando mi niño/a mientras él o ella está tomando la medicina.

Esta etiqueta es el formato más reciente, aprobado por la Administración de Alimentos y Drogas en los Estados Unidos.



Giving Medicine to Your Child

TYPES OF MEDICINE



Capsule



Ointment



Tablet



Aerosol



Liquid
Medicine



Suppository

WHERE TO KEEP YOUR MEDICINE

- ☐ A cool, dry, dark cupboard is the best place to store medicine. Medicines can spoil in bathroom medicine cabinets because they can become hot and steamy.
- ☐ Keep medicine in a safe place and away from the reach of children.
- ☐ Put medication in a refrigerator if the label reads “ **Keep Refrigerated.**”
- ☐ Always keep medication in the container that the pharmacist gives to you.

Remember!

Use this checklist every time you give medicine to your child.

- ☐ Only use medications prescribed for your child.
- ☐ Have your doctor, nurse, or pharmacist show you how to measure and give the medicine.
- ☐ Read the label. Pay attention to the name of the medicine and expiration date (throw it away if it expired).
- ☐ Use a tool with the same units of measurement that your dosage or quantity of medicine you must give your child. For example, if you are told to give 6 ml use a tool that measures milliliters.
- ☐ Do not use teaspoons and tablespoons from your kitchen. Ask the doctor or pharmacist for the best tool to measure the medicine.
- ☐ Write the time you give all medicines on a chart.

Tools to Measure Medicine



Dropper



Oral
Syringe



Tablespoon



Teaspoon



Dosage Cup

Units of Measurements

1 cc = 1 ml

1 teaspoon (tsp) = 5cc = 5 ml

1 Tablespoon (Tbl) = 15 cc = 15 ml

1 Tablespoon = 3 teaspoons

1 Ounce = 30cc = 30 ml = 2 Tablespoons =
6 teaspoons

There are different ways that medicine can be measured:

1. Cubic centimeters (cc)
2. Milliliters (ml)
3. Milligrams (mg)

- ☐ ml and cc measure liquid medication
- ☐ mg measures non-liquid or solid medication (tablets and capsules)

Tipos de medicina



Capsula



Pomada



Tableta



Aerosol



Medicina
Líquida



Supositorio

Donde guardar la medicina

- ☐ El mejor lugar donde puede guardar la medicina es en un lugar oscuro, fresco, y seco. Los botiquines de medicinas en el baño pueden estar calientes y húmedos, lo cual puede dañar las medicinas.
- ☐ Mantenga la medicina en un lugar seguro fuera del alcance de niños.
- ☐ Ponga la medicina en el refrigerador si la etiqueta dice “**Keep Refrigerated.**”
- ☐ Siempre mantenga la medicina en el envase que le da el farmacéutico.

¡Recuerde!

Use esta lista cada vez que usted le de la medicina a su hijo(a).

- ☐ Pídale a su médico, enfermero/a, o farmacéutico que le enseñe a medir y a darle la medicina a su niño/a.
- ☐ Lea la etiqueta. Ponga atención al nombre de la medicina y la fecha de vencimiento.
- ☐ Use un instrumento de medida con las mismas unidades que están escritas en la receta. Por ejemplo, si le dicen que le de 6 cc a su hijo/a, use un instrumento que mida en cc.
- ☐ No use cucharaditas y cucharadas de la cocina. Pregúntele al médico o farmacéutico la mejor manera de medir la medicina.
- ☐ Escriba la hora en que usted le da la medicina a su hijo/a.

INSTRUMENTOS PARA MEDIR



Gotero



Jeringuilla

Oral



Cucharada



Cucharadita



Vasito de Dosis

Medidas

1 cc = 1 ml

1 cucharadita (tsp) = 5cc = 5ml

1 cucharada (Tbl) = 15cc = 15 ml

1 cucharada = 3 cucharaditas

1 onza = 30 cc = 30 ml = 2 Cucharadas = 6 cucharaditas

Hay diferente maneras de medirla medicina:

1. Centímetros cúbicos (cc)

2. Mililitros (ml)

3. Miligramos (mg)



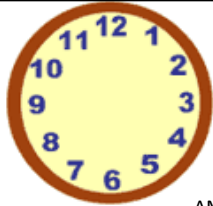

□ ml y cc se usan para medir las medicinas en líquidos

□ mg se usa para medirlas medicinas en la forma de capsula o tableta.

When to give my child his or her medicine

Name of medicine: _____ How much medicine _____





How to give medicine: _____

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Day 1 _____ Date				
Day 2 _____ Date				
Day 3 _____ Date				
Day 4 _____ Date				
Day 5 _____ Date				
Day 6 _____ Date				
Day 7 _____ Date				
Day 8 _____ Date				
Day 9 _____ Date				

Cuando Darle La Medicina a mi Niño/a

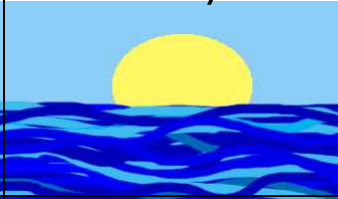
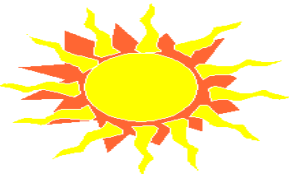

Medicamentos: _____ Qué cantidad de medicina: _____

Como dar la medicina: _____


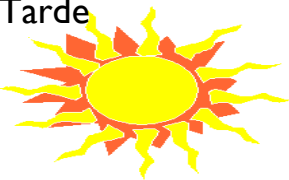

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Día 1: _____ (fecha)				
Día 2: _____ (fecha)				
Día 3: _____ (fecha)				
Día 4: _____ (fecha)				
Día 5: _____ (fecha)				
Día 6: _____ (fecha)				
Día 7: _____ (fecha)				
Día 8: _____ (fecha)				
Día 9: _____ (fecha)				
Día 10: _____				

When to give my child his or her medicine

Medicine: _____ How much medicine _____

	Day	Noon	Night
			
Day 1: _____			
Day 2: _____			
Day 3: _____			
Day 4: _____			
Day 5: _____			
Day 6: _____			
Day 7: _____			
Day 8: _____			
Day 9: _____			
Day 10: _____			

Cuando Darle la Medicina a Mi Niño(a)

Medicamentos: _____		Dosis o Cantidad de Medicina _____	
	Día 	Tarde 	Noche 
<u>Día 1:</u>			
(Fecha)			
<u>Día 2:</u>			
(Fecha)			
<u>Día 3:</u>			
(Fecha)			
<u>Día 4:</u>			
(Fecha)			
<u>Día 5:</u>			
(Fecha)			
<u>Día 6:</u>			
(Fecha)			
<u>Día 7:</u>			
(Fecha)			
<u>Día 8:</u>			
(Fecha)			
<u>Día 9:</u>			
(Fecha)			
<u>Día 10:</u>			
(Fecha)			

When to give my child his or her medicine

Name of medicine: _____


How much medicine: _____

	Breakfast 	Lunch 	Dinner 
Day 1 Day of the week: _____			
Day 2 Day of the week: _____			
Day 3 Day of the week: _____			
Day 4 Day of the week: _____			
Day 5 Day of the week: _____			
Day 6 Day of the week: _____			
Day 7 Day of the week: _____			
Day 8 Day of the week: _____			
Day 9 Day of the week: _____			
Day 10 Day of the week: _____			

Cuando darle la medicina a mi hijo o hija

Medicamento: _____

Qué cantidad de medicina: _____

	Con el desayuno 	Con el almuerzo 	Con la cena 
Día 1 Día de semana: _____			
Día 2 Día de semana: _____			
Día 3 Día de semana: _____			
Día 4 Día de semana: _____			
Día 5 Día de semana: _____			
Día 6 Día de semana: _____			
Día 7 Día de semana: _____			
Día 8 Día de semana: _____			
Día 9 Día de semana: _____			
Día 10 Día de semana: _____			



Home Remedies

Important Things to Know About Home Remedies

- It is important to think about the benefits and risks when making a decision to use home remedies.
- Using home remedies to help your child get better may be a choice that you would like to have. However, it is highly advised that you talk to your health care provider before you choose one.
- Keep in mind that although some home remedies may be o.k. to use for specific ages, some may hurt children.
- Some home remedies can be an important part of your child's treatment. They should be used with care as you would any other medicine.

Common Home Remedies used in Central America

Remedy	Important information
Greta	Some people use this remedy to treat stomach aches. This remedy has Lead in it, which can cause problems in the brain and blood.
Azogue/Vidajen	Some people use this remedy as a way to protect from evil eye and is also used to treat a stomach ache. This remedy has mercury in it, which can harm the brain and nervous system.
Albayalde	Some people use this remedy to treat upset stomach including vomiting. This medicine can make a person very tired and sleepy.

Common Home Remedies Used in the Caribbean

Remedy	Important Information
Humphrey's # 3	Some people choose to use this remedy to treat pain that comes with teething. This remedy contains caffeine and Belladonna. It is best not to use it.
Miel de la Rosa	This remedy has honey. It should not be given to children under the age of one because it can cause an infection that can lead to paralysis.
Sancochito	Some people use this to treat the flu and congestion. This remedy has castor oil and can cause diarrhea. It should only be used in recommended amounts.
Sebo de Flandes	This remedy is often mixed with Bronquina and Camphor. Camphor is a toxic ingredient that can cause stomach or breathing problems, or skin burns. Keep it away from your child's nose and mouth.
Anise	Commonly used to treat digestive problems, toothaches, and colic in babies. Star Anise is a different type of anise and it is harmful for children when swallowed.
Bronquina	Some people use this to treat asthma, colds, congestion, and fever. This remedy may be harmful and should not be swallowed. It should be kept out of the reach of children.
Cordial De Monell	Some people use this remedy to treat toothaches in babies. This remedy has bromide. It should not be given to your child at all. It may lead to death.
Honey	Some people use it to treat constipation and colds. This remedy should not be given to children under the age of 1 because it can cause an infection that can lead to paralysis.
Tussibron Compuesto	Some people use this remedy to treat congestion and cough. This remedy contains antibiotics, which should not be used if it was not ordered by your health care provider. Tell your health care provider if you are giving your child this medicine.

Ask Yourself These Questions:

- ☐ Will this home remedy affect my child's prescribed medicine ?
- ☐ Does it have ingredients that are harmful to my child's health?
- ☐ Does this home remedy have toxic levels of metals such as Lead and Mercury?
- ☐ Is my child old enough to take this home remedy? If so, how much of it would be safe to give to him or her?
- ☐ Have I shared this information with all of the adults who care for my child?

Talk to Your Doctor

It is important to talk to your child's health care providers about the use of home remedies. Keep in mind that your child's health care providers will not judge you. Therefore, share your personal experiences in using home remedies with them!

Cosas importantes de saber sobre los remedios caseros

- Es importante pensar en los beneficios y riesgos cuando tome la decisión de usar remedios caseros.
- Usar remedios caseros para ayudar a su niño/a sentirse mejor puede ser una opción que usted quisiera tener. Sin embargo, se recomienda firmemente que usted hable con su proveedor médico antes de elegir un remedio casero.
- Tome en cuenta que, aunque algunos remedios caseros se pueden usar para personas de cierta edades, otros pueden perjudicar a los niños.
- Algunos remedios caseros pueden ser una parte importante del tratamiento de su niño/a. Se deben usar con cuidado como lo haría con cualquier otra medicina.

Remedios caseros comunes en Centro América

Remedio	Información Importante
Greta	Algunas personas usan este remedio para tratar dolores de estómago. Este remedio contiene Plomo, que puede causar problemas en el cerebro y en la sangre.
Azogue/Vidajen	Algunas personas usan este remedio como un amuleto para protegerse contra el mal de ojo y el dolor de estómago. Este remedio contiene Mercurio, que puede dañar el cerebro y el sistema nervioso.
Albayalde	Algunas personas usan este remedio para el dolor de estómago incluyendo vómitos. Esta medicina puede causar cansancio.

Remedios caseros comunes en el Caribe

Remedio	Información Importante
Humphrey's # 3	Algunas personas eligen usarlo para tratar el dolor de encía causado por los dientes. Este remedio contiene cafeína y belladona. Es mejor no usarlo.
Miel de la Rosa	Este remedio contiene miel de abeja. No debe darse a niños menores de un año porque le puede causar una infección que termine en parálisis.
Sancochito	Algunas personas lo usan para tratar la gripe y la congestión. Este remedio contiene aceite de ricino y puede causar diarrea. Sólo debe usarse la dosis recomendada.
Sebo de Flandes	Este remedio es mezclado con Bronquina y Alcanfor. El Alcanfor es un ingrediente tóxico que puede causar problemas digestivos y respiratorios o quemar la piel. Debe mantenerlo lejos de la nariz y la boca de su niño/a.
Anís	Comúnmente usado para tratar problemas digestivos, dolores cuando salen dientes y cólicos en los bebés. Anís estrellado es otro tipo de anís y es tóxico cuando los niños si se lo tragan.
Bronquina	Algunas personas la usan para tratar asma, resfriados, congestión y fiebre. Este remedio puede ser tóxico y no debe tomarse. Debe mantenerla fuera del alcance de los niños.
Cordial De Monell	Algunas personas usan este remedio para tratar el dolor de dientes en los bebés. Este remedio contiene Bromuro. Puede causar la muerte.
Miel	Algunas personas la usan para tratar estreñimiento y los catarros. Este remedio no debe darse a los niños menores de un año, porque puede causar una infección que puede resultar en parálisis.
Tussibron Compuesto	Algunas personas usan este remedio para tratar la congestión y tos. Este remedio contiene <u>antibióticos</u> , lo cual no debe de usar sin la receta de su médico. Déjele saber a su pediatra si usted le está dando este remedio a su niño/a.

Hágase las siguientes preguntas

- ¿Evitará este remedio casero de que la medicina recetada para mi niño/a funcione como debe ser?
- ¿Tendrá ingredientes que puedan dañar la salud de mi niño/a?
- ¿Tendrá este remedio casero niveles tóxicos de metales como mercurio y plomo?
- ¿Tiene mi niño/a la edad suficiente para tomar este remedio casero? Si así es, ¿cuánto debo darle sin correr ningún riesgo?
- ¿He compartido esta información con todos los adultos que cuidan a mi niño/

Hable con su proveedor médico

Es importante hablar con su proveedor médico sobre el uso de remedios caseros. Tenga en cuenta que los proveedores médicos de su niño/a no lo criticarán. Por lo tanto, ¡comparta sus experiencias sobre el uso de remedios caseros con ellos!

Volunteer Handbook

Health Education in the Waiting Room



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Introduction to Social Determinants of Health

What are Social Determinants of Health (SDOH)?

Health is multifactorial. It can be affected by a common cold, a flu, a chronic condition, or other physical ailment. Similarly, it can also be affected by resources and access to these in our homes, neighborhoods, and communities. These resources include the quality of our schooling, the safety of our workplaces, the cleanliness of our water, food, and air, and the nature of our social interactions and relationships.

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age. They affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a significant influence on population's and individuals' health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.



Why are these important?

In 2000:

- approximately 245,000 deaths in the United States were attributable to low education
- 176,000 to racial segregation
- 162,000 to low social support
- 133,000 to individual-level poverty
- 119,000 to income inequality
- 39,000 to area-level poverty

The estimated number of deaths attributable to social factors is comparable to the number attributed to biological (physical) and behavioral causes. These statistics highlight the importance of and the impact SDOH can have on people's health.

Examples of Social Determinants of Health:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)*
- Access to educational, economic, and job opportunities*
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities*
- Social support*
- Language/Literacy*
- Access to health care services
- Quality of education and job training
- Transportation options
- Public safety
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Federal/State Policies
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)

**these resources are available for the community you will be interacting with. Be sure to make note of these if they are mentioned in your interactions with caregivers and patients.*

What to do:

Keep these in mind as you have conversations with caregivers. Encourage caregivers to ask questions and discuss concerns they may have about these with their child's doctor or other members of the healthcare team.

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Galea, S., Tracy, M., Hoggatt, K. I., DiMaggio, C., & Karpati, A. (2011). Estimated Deaths Attributable to Social Factors in the United States. *American Journal of Public Health, 101*(8), 1456–1465. <http://doi.org/10.2105/AJPH.2010.300086>

THE BASICS FOR A HEAL VOLUNTEER

Health Education and Adult Literacy (HEAL)

Introduction: HEAL is a volunteer-based program that strives to enhance the clinical experience of caregivers and patients by providing culturally relevant, patient-focused information about healthful living and doctor-patient, doctor-caregiver interaction.

Mission: *To improve health literacy of caregivers with an emphasis on medication adherence by developing culturally responsive health education materials taught in waiting rooms throughout the Ambulatory Care Network (ACN).*

Why We Include HEAL

- Health Literacy is one of the main components of the Social Determinants of Health, therefore, the knowledge and understanding of the caregiver about a patient's diagnosis, treatment, and care management are crucial to the health outcomes for that patient.
- HEAL improves health knowledge and behaviors among patients who demonstrate low health literacy skills, thereby enhancing their confidence to convey their concerns to providers.
- HEAL fosters unique opportunities to actively engage caregivers in their child's health and well-being.
- Through its training curriculum, HEAL imparts cultural awareness to Pediatric Residents such that effective communication between clinicians and caregivers is optimized.

Volunteer's Role:

- Engage caregiver in non-didactical informative conversation to assess their insight regarding their child's health needs.
- Employ tenets of Health Literacy to engage caregivers in culturally relevant discourse and impart knowledge about basic principles of health and wellness for their child during the waiting room experience.
- Empower caregivers to articulate their concerns, beliefs, and questions to their child's provider to ensure that both theirs and the child's needs are maximally addressed during the encounter.

Before you get there

Review the material so you don't have to look down too much during your conversation.

At the clinic

Make sure the materials are all set (replenish the binders accordingly, know where the brochures and the instruments are; make sure the binder looks neat, etc.)

When approaching a caregiver, introduce yourself as a HEAL program volunteer, and ask if you can have a moment of their time to discuss a few health topics. If their child is present, you may want to ask questions about the child as an icebreaker (name, age,

etc.). Remember to smile and look as relaxed as possible! Try to sit next to them, instead of standing in front of them.

You are now a part of the health care team for each patient/caregiver. It is important to become familiar with the other members of this team to ensure a quality clinic experience that adequately meets the caregiver and patient's needs at each visit.

The Team:

PFA's - register patients, manage providers' schedules, generate After Visit Summaries, act as liaison between administrative and clinical aspects of the office visit, first point of contact between patient/caregiver and clinical team

Medical Assistants – records the patient's vital signs, directs patient's to the exam rooms, collects lab samples and blood work as needed, reports certain rapid lab results

Nurses – provides vaccines for the patient, fills out certain forms, provides medical advice to patients and their caregivers

Physicians – provides medical care (physical exams, diagnosis, orders tests and medications, treatment) and advice for the patient and caregiver, refers patient and caregivers to other members of the healthcare team that can provide beneficial resources as needed by the patient

Community Health Workers – act as liaison between patient and health center and/or other community resources. CHWs work with patients who have been specifically referred to them by their providers

Volunteers – interact with patients and caregivers through discussions that introduce topics relevant to the patient's health such as physical ailments, medications, social determinants of health, among other topics. Provide an introduction to social services which include HEAL, Reach Out and Read, and CHALK.

As you sit down to talk with someone, note the start time of the conversation.

After each conversation, stop and fill in the log with as much information as you can remember. The more detailed the better. We use the feedback forms as data so please be thorough, objective, and consistent when completing them.

Following Each Encounter:

As soon as possible (by the end of the day), complete the online feedback log for each caregiver you saw. Each log should be completed and submitted using the link below:

https://docs.google.com/forms/d/1VGG_imdMKsix9U-gX6IDHIO96SDc48J_Px-Vk5ARm-0/viewform?usp=send_form

CONVERSATION SKILLS

Silent but Active Listening

- When you ask an open-ended question, you should have no expectations about the answer. Focus immediately on their response because they are likely to surprise you with their answer. Your conversation must not appear to be scripted!
- If the caregiver is talking and there is no pressing need to interject...don't!
- Eye contact and body language are essential in this situation. Without speaking, *show* them that you are listening by maintaining eye contact, nodding when appropriate, and keeping your arms uncrossed.
 - People tend to mimic in a conversation. If you look interested, they probably will too. Be self-aware of your body language and tone of voice.

Appropriate Response Techniques; When to speak up

- If the caregiver touches on something important but doesn't explain enough, try, "[You just said something really interesting, can you talk about that some more?](#)"
- After the caregiver makes a point, summarize what they just said. Afterwards, always ask them if you got it right; follow with, "[Is that what you meant?](#)" or "[Did I understand you correctly?](#)"
- Ask for examples. Specific examples are great for us and as a way to encourage more in depth conversation. Try, "[When was the last time that happened?](#)"
- If the caregiver is getting way off track, don't dismiss them by looking down at the curriculum or interrupting them. Try empathizing with them; tell them you aren't in a place to help and refer them to someone who can. From there, tactfully steer the conversation back to the topic at hand. "[Do you mind if I ask you about something a little different?](#)"

Expressing Empathy and Support

- Doesn't mean you agree or approve, just that you are listening and accepting what they have to say.
- Show that you identify with the caregiver so they feel more comfortable with you. Try, "[I notice how your child's health is important to you.](#)" Or, "[I understand that you are a hard working caregiver and so many appointments and different medicines can be a lot to keep track of.](#)" Or, "[You have done a great job caring for your child.](#)"

Advising and Teaching

- A person is more likely to heed your advice if you ask their permission to give it. Try, "[Do you mind if I show you how to measure a baby's medicine?](#)" Or, "[I have some great pointers about that, can I show you?](#)" Or, "[I can tell you about some things that have worked for other people...](#)"

- If you don't know the answer to a question, it is ok. You should feel very comfortable saying, "That's a great question. However, let's make a note to ask your medical provider when you see him or her." This is honest, encouraging and constructive advice. Make sure to actually have the caregiver make a note.
- Feedback should be provided about the deficiencies in performance and NOT deficiencies in the person. Never critique them, but rather what they are doing. Use, "That's actually not the best way to give a medicine." Not, "You are doing that wrong."
- **The Teach-Back Method:** After you explain something to a caregiver, have them repeat it back to you. "That was a lot of information. Do you want to try and explain it back to me to see if there is anything I missed?" This is the most effective way to confirm that they understood and internalized the information. This method also helps you pick up any misunderstandings.

Support Proactive Actions!

- We want people to feel confident and in control of their health and their children's health. Emphasize that the point is to help them become active participants in the provision of health care for their child(ren). *Your conversations should validate and empower people!*
- Empower the patients. Use phrases like, "You have the right to ask your doctor to explain..." and, "Here are some things you can do to improve that..."

Practice these conversation skills with friends and family! Ask them for honest feedback about how they felt during their conversation with you. This can actually be fun and have a positive effect on your everyday life!

ILLITERACY

You are likely to come across some caregivers who cannot read or write. They are either illiterate in English or both Spanish and English. These caregivers are often very adept at hiding their inability to read mostly because of the stigma associated with illiteracy. They have often gone their whole adult lives without telling anyone. If a physician knows that a caregiver is illiterate, he or she can make a profound difference in the person's life. Note: This is a very sensitive issue and requires a great deal of discretion.

What to look for:

- If you happen to see their registration forms are incorrect or illegible.
- If they look over at someone else as they fill out their forms to copy what they are doing.
- The caregiver cannot name the medications their child is taking, explain why it was prescribed, or when and how to take it.
- You get the feeling the caregiver has memorized instructions because they can repeat them but not answer any questions about them.
- Caregivers identify and distinguish their medications by opening the bottles and looking at the pills instead of reading the label.
- Caregivers claim to have forgotten their glasses when given something to read or write.
- Caregivers refuse to take notes claiming they remember everything.

If you have a suspicion:

- It's ok if you're wrong in the end or if you're not 100% sure.
- As you continue the conversation, point to and focus on the pictures and not the words in the curriculum.
- Draw pictures as you explain things.
- If they have questions to ask the doctor, offer to write them down so they can hand them to the doctor.
- Be very careful and do not embarrass them. You do not need to ask them outright if they can read. If they say they forgot their glasses, say, "other people also have trouble" and offer to help them.
- Your responsibility is only to be understanding, not to solve the problem.
- Make sure to note this on the routing sheet that the caregiver will present to the provider.

Reach Out and Read

Our Mission:

Reach Out and Read gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.

Who We Are:

- Reach Out and Read is a national nonprofit organization that trains and supports medical providers who give books to children and advice to parents about the importance of reading aloud at well-child visits.
- We build on the unique relationship between parents and medical providers to develop essential early literacy skills in young children via the existing healthcare infrastructure.
- Each year we serve 4.5 million children across all 50 states, focusing on those in low-income families.

What We Do:

- Reach Out and Read pediatricians, family physicians, and nurse practitioners give new, developmentally-appropriate books to children, from infancy through 5 years during well-child visits
- They advise parents about the importance of reading aloud.
- Parents learn new ways to stimulate their children's literacy development, have more books in their home, and read to their children more.
- Parents are supported as their children's first and most important teachers, and children are given a foundation for success.

Why Do We Include Reach Out and Read?

The first five years of life offer a critical window for learning, with rapid brain development that does not occur at any other time. Many children, especially from low-income families, are not read to from birth. Children who hear fewer words during early childhood start school developmentally behind their peers and may never catch up.

Volunteers' Role:

- *Start with one child.* Often, reading to one child will attract other interested children
 - Kneel down next to the child or have him/her sit next to you, or even read to a child who is sitting on the parent's lap. You can read anywhere!
- *Read interactively.* Ask children questions about what is on the page. Invite children to identify colors, shapes, and objects. Have him/her help you turn the pages or even read a little bit to you. The goal is to use books to stimulate conversation.



- *Use the books as segue into HEAL and CHALK topics.*
 - Point out characters visiting the doctor's office or taking their medicine
 - Point out healthy habits such as engaging in physical activity or eating healthy fruits and vegetables carried out by characters in the books.
- *Be mindful of cultural diversity.* Don't be intimidated if a caregiver or child speaks a different language. Often a gesture or a smile will convey universal interest in books!
 - If you know a bit of the other language, try it out, even if just to say, "Hello, my name is..."
 - If communication ultimately isn't working, that's okay. Just lend the child a book to read or look at with the parent.
- *Some children and parents may be stressed.* Some children may be sick or shy or a little cranky. Don't take it personal if someone does not wish to share a book with you.
 - Smile and lend him/her a book if he/she wants one
 - Some families may take a minute to warm up, but most are open to a book or story
- *Remind caregivers and children to get a book from their doctor before they leave if they are there for a Well-Child visit.*

CHALK (Choosing Healthy and Active Lifestyles for Kids)

Introduction: Choosing Healthy and Active Lifestyles for Kids (CHALK) is a community program made possible through the partnership between Columbia University and New York Presbyterian Medical Center that focuses on the importance of nutrition and physical activity and their role in the health and development of children. This initiative centers on 10 core healthy habits which collectively emphasize the point that incremental changes can lead to significant positive health impacts and cultivate a healthy lifestyle. The CHALK program provides an opportunity to address issues of health literacy, healthy food access, availability, and utilization affecting the members of the Washington Heights/Inwood area. In doing so, CHALK serves as a first line option to address the obesity epidemic that is compromising the health of children throughout this community and beyond.

Mission:

We collaborate with our community to create wellness opportunities and commit to working and living with energy balance and action.

Why do we include CHALK?

- Childhood obesity is a growing problem. Successful efforts against this epidemic must be attainable, relevant, and continuous.
- There may be cultural barriers that delay or prevent the incorporation of healthy lifestyle practices.
- Healthy habits established in early life will have lasting effects into adulthood and to future generations.

Volunteer's Role:

- To introduce caregivers and patients to the CHALK program
- Provide a brief overview of what CHALK is, how it can be utilized, and who caregivers can speak to for details regarding accessing services.
- To explain how and why food access and availability fit into the social determinants of health model and use this knowledge to enhance caregiver understanding of engaging in conversations and using services that can improve the health and wellness of their families.
- To function as a liaison between the caregiver, the CHALK representative and other members of the health care team such that the patient's and caregiver's concerns and needs are adequately addressed.

Objectives:

The goal of this encounter is to

- Enhance caregiver knowledge about CHALK, nutrition, physical activity, and their role in healthy childhood development.
- Encourage caregivers to begin to talk about healthful food and activity choices during the waiting room experience in preparation for further discussion with other members of the health care team.
- Motivate caregivers and patients toward engaging in lasting lifestyle changes.

Preparing for a Walk-in Visit to the Doctor

Objectives: The volunteer will help the caregiver understand how to make the most out of their walk-in visit and increase the caregiver's comfort level within the healthcare environment and empower them to be active and effective advocates for their child's health.

Engaging Questions:

- What are some things you expect from your doctor during your child's visit today?
- What are some things you think parents can do before they see their doctor in order to make the most out of the visit?
- Do you find it hard to talk to your doctor? If so, what are some of the things that make it hard to talk to your doctor?
- Tell me some things you do or some of the things you bring to help your doctor meet your needs?
- What are some of the things that you would like your child's doctor to help you with or explain to you?

Points to Emphasize:

- Caregivers should have as much information written down and ready before their child's appointment (e.g. list of symptoms, medical history, bottles of current medicine, stressors that may be affecting their child's health, questions and concerns).
- Caregivers should feel free to ask questions about any aspect of their child's health and development. These include developmental milestones, symptoms, medications and natural supplements.
- Caregivers should also ask about other factors that affect their child's health such as housing issues, food insecurity, access to allied health services, and educational opportunities or concerns.
- Caregivers should expect their questions and concerns to be addressed by members of the healthcare team which includes the doctors, nurses, medical assistants, social workers, PFA, community health workers, and volunteers.
- Caregivers have the right to have all their questions answered and the answers should be written (either by the doctor or caregivers themselves) before they walk out of the office.

What to do:

- Go through the checklist discussing why each is important.
- If applicable, interactively complete the checklist and the questions in the middle panel.
- If the response is positive, give the caregiver another one for the next visit.
- Encourage the caregiver to schedule their next appointment ahead of time.
- Remind the caregiver that having questions and answers to these will help to get the most out of their appointment.

Preparing for a Well-Child Visit to the Doctor

**Note: this is a great topic to discuss with new caregivers!*

Objectives: The volunteer will help the caregiver to understand that a well-child visit is an important opportunity to ask questions about their child's growth and development, and to develop a trusting relationship with their child's doctor.

Engaging Questions:

- Are you here for a regular check-up or is your child not feeling well today?
- What are some things you think are important to discuss with your child's doctor during a regular checkup?
- Has your child ever gotten a book to take home at the end of his/her checkup?
What kind of advice have you received from your doctor about reading to your child?
- Are you aware that your child's doctor can refer you to services that may be beneficial to you and your child's health?



Points to Emphasize:

- Remind the caregiver that they are their child's best advocate. It is therefore extremely important for them to communicate any questions and concerns.
- Caregivers should know when each scheduled visit is approaching, and get prepared by making a written list of questions to ask their child's doctor.
 - Questions should be based upon their child's growth, development, and behaviors they have observed in their child (eating, sleeping, learning, etc.).
 - They should also be based on concerns about their child's environment, educational opportunities, social support, and/or other stressors that that may be affecting caregivers and therefore the child's health.
- Caregivers should be aware that their child's doctor can offer support and advice about encouraging children to read books and adopt healthy habits.

What to do:

- Go through the components of the well-child visit, with particular emphasis on receiving guidance from the doctor.
 - Explain that the doctor may be able to refer them to other members of the healthcare team who can provide a link to services that would be beneficial for them and their child.
- Go through the examples of important questions to ask their child's doctor, explaining why each is important.
 - Encourage them to come up with their own questions that are relevant to their child's health.

- Refer the caregiver to the “Well-Child Visits Timeline” and encourage them to keep track of these visits.
- Talk about, “developing a trusting relationship” with the doctor. Explain to the caregiver that such a relationship gives them the freedom to talk about **anything and everything** that may affect their child’s growth and development.
 - This includes family dynamics, living conditions, or any stresses that may have an impact on the child (i.e. pets, smoking, etc.).
- Bring up Reach Out and Read! Explain that their child will receive a book at the end of every check-up (ages 6 months to 5 years). It is very important for the caregiver to understand why reading to the child is crucial for their development (even for infants!), and it is the doctor’s responsibility to answer any questions they may have.
- Bring up CHALK! Explain that the child’s doctor and other members of the healthcare team can provide resources and advice about nutrition, physical activity, and other healthy habits that caregivers may be interested in.
 - Encourage them to ask about these as they can be beneficial to the child’s health and that of the entire family.



For more information about Reach Out and Read and CHALK refer to the sections on these programs.

The Common Cold and Flu in Children

Objectives: The volunteer will help improve the health literacy of caregivers regarding the Common Cold and Flu by gaining a basic understanding of these two infections as well as the key similarities and differences that caregivers should recognize. The goals for the conversation volunteers will have with caregivers will be to provide information such that caregivers can:

- Understand the importance of getting the flu vaccine each year
- Learn how to create and use a “cold care kit”
- Become familiar with the benefits of a “cold care kit” such as
 - Preventing and treating the common cold
 - Allow their child(ren)’s to recover at home. .
- Emphasize the importance of hand washing/sanitizing to prevent the spread of both the Common Cold and the Flu
- Become knowledgeable about appropriate options to treat the common cold and flu

Engaging Questions:

- What are your thoughts about getting the flu vaccine?
- Do you believe that getting the flu vaccine is a good way to prevent the flu?
- Describe how you would know if your child has a cold or the flu.
- What are some things you do to help treat your child when he or she is sick?
- Describe some things that can help your child avoid getting a cold or the flu.

Points to Emphasize:

- The common cold and flu are caused by a **virus, not a bacteria**
- Both can be killed by the body’s own defense mechanisms (the Immune System)
- **Antibiotics are never used to treat the common cold or the flu**
- Drinking plenty of liquids
- Getting adequate Rest
- Following provider instructions about caring for the sick child and for using over-the-counter medications like Tylenol, Motrin, and cough syrup
- The Flu Vaccine:
 - Everyone in the family should get the flu vaccine **each year** (including infants 6 months and older.)
 - The flu vaccine only protects against certain types of the virus that causes the flu
 - Does not protect against the cold
 - **It does not give you the flu**
 - It is important to get the flu vaccine at **the beginning of each school year.**

What to do:

- Go through the symptoms of the common cold and flu and highlight the important differences between them.
- Emphasize that “*la gripe*” and “*el resfriado*” refer to **two completely different types of viruses**, and are **not interchangeable**.
- Refer the caregiver to the “Facts About the Flu Vaccine” section of the brochure.
- Discuss what measures they themselves can take to prevent the spread of the cold and flu and help their child get better
- Explain how to make a “cold care kit” (if they are interested), as shown in the brochure
 - Note: You can also direct them to the “saline drop recipe” on the back of the brochure so that they can make their own saline drops at home.
- Discuss the basic details about vaccines
 - Forms of vaccine : nasal spray or a shot (discussing the appropriate use of each)
 - Ask them if their child has ever received the flu vaccine
- If they still have questions or concerns about the flu vaccine, encourage them to discuss this topic with their doctor or nurse
- Explain the importance of being knowledgeable about the points discussed and having a clear understanding about how this topic relates to the overall health and well-being of their child(ren).

Overview of Medication Management

Objectives:

Volunteers should become familiar with basic knowledge regarding medication use/dosage, administration, and storage options in order to review these topics with caregivers as needed.

Main Points:

- Know the basic differences between Antibiotics, prescribed medication, Over-the-Counter (OTC) medications, and Home/Herbal remedies.
- Know how to navigate the prescription label and OTC label/packaging details.
- Identify the dosing instructions, frequency, and duration of medication course, route of administration, and storage details on labels and packaging of medications.
- Know the chain of command for questions about medications:
 - Pharmacists can be called first if there are any questions about medications dispensed or purchased OTC.
 - Caregivers can contact doctor or nurse if additional assistance is needed

Be Able to:

- Discuss any concerns or questions caregiver has about medications, dosage, administration, frequency, and storage, etc. -currently or in the past. (Can use “Where to Keep Your Medicine” section of brochure)
- Discuss which types of medications caregivers typically use for their child(ren)
- Explain the importance of keeping track of doses given (time, number, and amount given)
- Incorporate medication administration tools, charts, and tables to demonstrate their use for emphasis. (Explain how caregiver can apply each prior to distributing)
- Note the different forms of medication (i.e. liquids, pills, suppositories, inhalants) and which tools are appropriate for the use.
 - Oral syringes: **Infants** who cannot drink from a cup.
 - Droppers: Safe to use with **Infants/ very young children**.
 - Caregivers should be sure to confirm dose at eye level and give the medicine quickly.
 - Cylindrical Dosing Spoon: Children who can drink from a cup, but **may have the tendency to spill**.
 - Dosage cups: **Children/Adolescents** who can drink from a cup without help/spilling. Caregiver must verify correct amount of medicine is measured using the dosage cup marking viewed at eye level on flat surface.

For more information refer to the “Giving Medicine to Your Child” brochure

Prescribed Medication

Objectives: Volunteers will become familiar with the key components of a prescription label and their significance in order to help caregivers understand how to interpret the information on the label and utilize that knowledge to appropriately medicate their child(ren) according to the doctor's instructions. Volunteers will also be able to elicit caregiver questions associated with prescribed medications and address basic items during the waiting room encounter as well as convey these concerns to the clinician for more detailed discussion.

Engaging Questions:

- When your child is taking medicine, what are some of the things you do to help you keep track that you gave him or her the medicine?
- Do you ever experience difficulty understanding the information on the prescription label of your child's medication and how so?

Points to Emphasize:

- Stress the importance of knowing about the medicine that their child takes
- Review the prescription label using the diagram:
 - *Name of child, Expiration date, Dosage/directions, Number of refills, Prescription number*
- Point out the **checklist** in the brochure and using it each time they need to initiate a new prescription
- Prescribed Medications must be given as dosage instructions indicate and for the **entire length of time written on the label even if the child feels better or symptoms resolve.**
- If they don't know or are unsure about something, they should call the doctor, nurse, or pharmacist **before starting/continuing their child(ren)'s medication.**

What to do:

- Review the basic features of a prescription label and its information using the image in the brochure. (If they have a bottle with them, ask them to take it out to demonstrate understanding).
- Review the questions listed in the brochure and let them know their doctor or pharmacist should answer them before medication use is initiated.
- Discuss the importance of giving medication for the entire duration prescribed even if child appears to feel better.
 - Ensure patients that this will not be harmful to the child in any way
- Point out the "Dosage" portion of the label and ensure caregiver understands it
- If there are any questions caregivers should contact pharmacist or physician before initiating a child's medications

When questions come up about dosage, refer to the "How to Give Medicine" brochure for more in depth coverage

Use of Antibiotics

Objectives: Volunteers will help caregivers understand the purpose of antibiotics and that they should be used only when prescribed by their doctor. They will also help caregivers become more aware of the proper use of antibiotics, and the consequences of using them incorrectly.

Engaging Questions:

- Has your doctor ever given your child antibiotics? If so, can you tell me of your experience in using them?
- Do you know friends or family members who saved antibiotics to use in the future, or shared them with others?

Points to Emphasize:

- Bacterial infections can be prevented by good hygiene and specific vaccinations, and are treated by taking antibiotics as prescribed by the child's doctor.
- Antibiotics are only used to treat bacterial infections and will not treat other illnesses (such as infections caused by viruses).
- The proper use of antibiotics is essential to the well-being of the child.
- Antibiotics should not be shared, "saved for later" to treat a different illness.
- Caregivers should also know to complete the treatment as specified by their doctor, even if the child may appear to feel better.

What to do:

Go through the examples of illnesses that do or do not require antibiotics, and encourage them to talk to their doctor if their child exhibit any symptoms of a bacterial infection.

Over the Counter Medication

Objectives: Volunteers will explain to caregivers when Over the Counter Medications (OTCs) should be used and review the label/packaging so that caregivers will be able to read and use the information to confidently choose the most suitable medication for their child(ren)'s health needs.

Engaging Questions:

- When your child is sick, tell me some of the things you use to help him/her feel better.
- Do you ever give your child over-the-counter medicines? If so, which ones, and what are some of the things you consider before doing so?
- When your child is taking medicine, what are some of the things you do to help you keep track that you gave him or her the medicine?

Points to Emphasize:

- FDA recommendations regarding OTC Cold Medicine use in children
 - OTC Cold Medicines should **not be given to children under the age of 4**.
 - For children between the ages of 4-6, the caregiver should talk to the doctor first!
 - For children over the age of 6, OTC Cold Medicines can be used as directed on the label/packaging or by a provider.
- The importance of knowing if the child has allergies to or should avoid any common medication ingredients
- The label/packaging: *expiration date, dosage, active ingredient, uses, warnings, directions...etc.*

What to do:

- Review FDA recommendations for OTC cold medicines for children.
 - Reference the “How Do I Choose an Over the Counter Medicine for a Cold?” chart in the brochure
 - Practice this technique using mock scenarios (if time permits)
- Explain that it is important to call the doctor first if:
 - There are any unfamiliar symptoms exhibited by their child
 - Questions about missed doses
 - Questions about expired medication
- Explain what to do if there is a possible medication error (*i.e. wrong medication, incorrect dose, and medication given the wrong way*).
 - Call Poison Control Center IMMEDIATELY, (point out number on back of brochure)
 - Call their child's doctor.
- Review the label/packaging information in detail and explain that the format is similar for all OTC to facilitate comparing different medicines. (Use brochure image as a guide)
- Review dosing instructions with the caregiver and provide specific examples based on their child(ren's) age.

If there are questions regarding medication dosage, refer to the “Giving Medicine to Your Child” brochure.

Home Remedies / Herbal Medicines

Objectives: Volunteers will be able to communicate the importance of caregivers discussing the use of home/cultural remedies with their child's clinician. Following the waiting room encounter, caregivers should understand that home remedies have medicinal properties and should be used with the same level of care as other medications.

Engaging Questions:

- What are some of the things you give your child to help him or her feel better?
- A lot of people use traditional herbal remedies when their children are sick. Are there any special remedies that you use when your child is sick in addition to what the provider prescribes/instructs?
- Do you believe that it is important for caregivers to share information about home remedies with their child's doctor? Why or why not?

Points to Emphasize:

- Importance of disclosing the use of **all** home remedies/herbal supplements with doctors or nurses!
- The health care provider should be consulted **before** initiating a home remedy/herbal supplement to treat a child.
- There is **always** a possibility of an adverse reaction or a drug interaction when using any medication, including home remedies, especially if in combination with prescribed, OTC medications, or other herbal supplements/home remedies.
- Some home remedies/herbal supplements are helpful and can be used safely but this is **best accomplished when the clinician and caregiver work together** to develop the best regimen for the individual child.
- **No two children are alike:** the reactions to medications for one child should not be absolutely determined based on that of another child.

What to do:

- Ask sincere questions, demonstrating a genuine interest in caregiver's practices.
- Explain to the caregiver that the discussion is not to judge or belittle him/her, but to optimize their role as an advocate for their child and enhance the provider's ability to care for the patient.
- Review to the list of remedies in the *Home Remedies* brochure with the caregiver and emphasize that it is best for the child if **all alternative treatments/supplements/practices are discussed with the clinician during the visit**
- **Emphasize that the child's safety is the priority for both the caregiver and the health care team** so the possibility of negative interaction between herbal medicine/alternative practices, prescription, and OTC medications, should be clearly discussed prior to use.

Study Materials

Though no conversation is the same and your encounters should not be scripted, you can listen carefully to know which topic is best to cover.

Observations to watch for or comments to make note of & which brochure to discuss:

Preparing for a Walk-in Visit to the Doctor	"My child hasn't been feeling well lately/ has been sick."
Preparing for a Well-Child Visit to the Doctor	"I'm here for a regular checkup visit" "My child needs vaccine shots"
The Common Cold and the Flu	"My child has a cold/ fever." - Child with runny nose, sneezing, flushed face
Overview of Medication Management (Giving Medication to Your Child)	"The doctor told me I have to give my child medicine"
Prescribed Medication	"The doctor gave me this new medication last visit."
Use of Antibiotics	"I usually give my child antibiotics when he/ she gets sick."
Over-the-counter Medication	"I usually give my child Tylenol/ Robitussin/ etc. when he/ she gets sick."
Home Remedies/ Herbal Medicines	"When my child gets sick, I use (home remedy) to help him feel better."
Reach Out and Read	" I am here for a check-up" " Today my son/daughter will get a shot"
CHALK	"I'm concerned about my child's weight/ eating habits" "My child doesn't sleep at night" "It's difficult to eat healthy in my neighborhood" "It's hard to find time to exercise"

Key components of each brochure to discuss:

Preparing for a Walk-in Visit to the Doctor	Caregivers should communicate with their child's doctor and share any questions and concerns even if it's not medically related.
Preparing for a Well-Child Visit to the Doctor	Caregivers should write down as much information as possible to best prepare for their child's appointment. This includes a list of symptoms, medical history, questions and concerns.
The Common Cold and the Flu	<p>Everyone in the family should get the flu vaccine at the beginning of each school year.</p> <p>The cold and the flu share some similarities but they are distinct illness that can differ in symptoms, diagnosis, and treatment.</p> <p>If your child is sick discuss it with a clinician before starting treatment.</p>
Overview of Medication Management (Giving Medication to Your Child)	<p>Caregivers should be comfortable navigating the prescription label and OTC packaging details to locate desired information.</p> <p>Discuss all medications with your child's clinician before starting a regimen and always adhere to clinician and package instructions when giving your child medicine/remedies</p>
Prescribed Medication	It is important to finish treatment as told by the doctor/nurse. Follow instructions on the medication label closely.
Use of Antibiotics	Antibiotics are only used to treat bacterial infections and will <u>not</u> work to treat other illnesses (such the Common Cold and the Flu).
Over-the-counter Medication	<p>Under the age of 6, the caregiver should talk to the doctor first before using OTC.</p> <p>There are certain precautions parents should look out for when they administer OTC.</p>
Home Remedies/ Herbal Medicines	<p>Caregivers should <u>always</u> disclose the use of all medications including home remedies/herbal supplements with their healthcare providers.</p> <p>The caregiver and provider should work together to incorporate cultural practices with standard medical treatments</p>
Reach Out and Read	<p>It is never too early to cultivate a love for reading.</p> <p>Children who are introduced to reading during early childhood demonstrate advanced language and comprehension skills.</p>
CHALK	<p>Talk to your provider or a nutritionist before "dieting."</p> <p>Trying simple healthy changes can lead to new healthy lifestyle practices and services are available to help you and your family do so.</p>

Questions and Response that Promote Effective Communication

- If the patient touch on something important, but doesn't elaborate, try:
 "You just said something really interesting, can you talk about that some more."
- After the patient makes a point, paraphrase or summarize it, but always ask them if you got it right. Follow with:
 "Is that what you meant?" or "Did I understand you correctly?"
- Ask for examples when the patient gives you vague responses. Specific examples helps encourage more depth. Try:
 "When was the last time that happened?"
- If the patient is getting off track, don't dismiss what they have to say by interrupting them. Instead, try empathizing with them; tell them you are not in a place to help, but that you would refer them to someone who can if possible. From there, tactfully redirect them to the initial conversation. For example:
 "Do you mind if I ask you about something slightly different?"
- Express empathy and support. Show that you identify with the patient so that they feel more comfortable with you. Try:
 "I notice how your child's health is important to you."
 Or "I understand that you are a hard working parent and so many appointments and different medicines can be a lot to keep track of."
 Or "You have done a great job caring for your child."
- A person is more likely to heed your advice if you ask their permission to give it. Try:
 "Do you mind if I show how to measure a baby's medicine using an oral syringe?"
 Or "I have some great pointer about that, can I show you?"
 Or "I can tell you about some things that have worked for other people if you are interested."
- If you don't know the answer to a question, it's ok. You should feel comfortable saying: "That's a great question, let's make a note so you can ask your doctor"
- Feedback should be provided about the deficiencies in performance and NOT the deficiencies in the person.
 "That's not the best way to give medicine." **not** "You are doing that wrong"
- Support self-efficacy. Your conversations should empower people.
 "Here are some things you can do to improve that..."



HEAL

Health Education & Adult Literacy PROGRAM

Feedback Logs

Volunteer's Name: _____ Date: _____ Total time of
discussion: Caregiver's age range: _____ # Of children: _____
Children's age range: ☐ Newborn-1 ☐ 1-5 ☐ 6-10 ☐ 11-13 ☐ Adolescent
Preferred Language: English ☐ Spanish ☐ Other _____

<p><u>Use of Antibiotics</u></p> <p>Does caregiver use antibiotics correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did caregiver understand that antibiotics are only used to treat bacterial infections? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did participant understand antibiotic resistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>How to Give Medicine</u></p> <p>Does the caregiver keep a written record of medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does caregiver use proper tools needed to administer medicine? <input type="checkbox"/> Dosage cup <input type="checkbox"/> Spoon <input type="checkbox"/> Oral syringe <input type="checkbox"/> Dropper <input type="checkbox"/> Other _____</p>	<p><u>Prescribed Medication</u></p> <p>Did the caregiver demonstrate that they were comfortable reading the label? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does caregiver check the bottle before administering prescription medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you explain the parts of the label? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Preparing for a Visit to the Doctor</u></p> <p>Does the caregiver bring anything for their child's appointments? <input type="checkbox"/> Prescription bottles <input type="checkbox"/> List of current medications <input type="checkbox"/> List of questions or concerns <input type="checkbox"/> List of child's symptoms <input type="checkbox"/> Immunization card <input type="checkbox"/> Other _____</p>
<p><u>Cold & Flu</u></p> <p>Did caregiver understand the differences between the common cold and the Flu? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did caregiver know about the flu shot? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has their child ever received one? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the caregiver received one this year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What does caregiver do to treat the cold and flu? <input type="checkbox"/> Brings child to the doctor <input type="checkbox"/> Uses Tylenol or Motrin <input type="checkbox"/> Uses home remedies <input type="checkbox"/> Uses OTC Medicine <input type="checkbox"/> Provides lots of fluids and rest for the child</p>	<p><u>Home Remedies/ Herbal Medicines</u></p> <p>Did caregiver disclose the use of home remedies to their doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was caregiver fully aware of what was in each home remedy they used and possible side effects that come with it? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the caregiver substitute or combine the use of prescribed meds with home remedies? <input type="checkbox"/> Substitute <input type="checkbox"/> Combine <input type="checkbox"/> Both</p>	<p><u>OTC Medication</u></p> <p>Does caregiver use any OTC medications with their children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was caregiver aware that children under 2 months should not use any medications without a doctor's consent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did the caregiver demonstrate that they were comfortable reading the label? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you explain any parts of the label in depth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>In prior visits, did caregiver feel comfortable speaking with the doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," why not? _____</p> <p>Does the caregiver usually remember what doctor told them after they left the visit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What does the caregiver do to make sure they remember their discussion with the doctor? <input type="checkbox"/> Take notes <input type="checkbox"/> Paraphrase doctor's important points <input type="checkbox"/> Other: _____</p>

CHALK 10 Healthy Habits~ Circle the number(s) discussed: 1. Be physically active everyday 2. Eat plenty of vegetables and some fruit everyday 3. Get enough sleep and eat breakfast 4. Switch to low fat (1%) milk, cheese, and yogurt 5. Do something healthy everyday that makes you feel good 6. Drink water instead of soda or juice 7. Turn off the screens and live your life! 8. Snack on healthy foods 9. Eat smaller amounts 10. Eat less fast food

Journal Log

Please elaborate on your answers here. If you did not fill out the log, please describe what you discussed with the caregiver below.



HEAL

Health Education & Adult Literacy Program

Patient Brochures

