

BOSIA STUDENT DELEGATION MEDICATION GUIDELINES

TO PARENTS AND DELEGATES: Please read carefully and understand the use of any medications that you carry with you.

Immunizations: See information in the Medical Clearance Form you will take to your medical provider. All childhood immunizations should be up to date—especially **Hepatitis A, Tetanus, MMR and Varicella**. **Typhoid** immunization is recommended (either orally or parenteral). **Malaria** prophylaxis and **yellow fever** immunization are not recommended by the CDC for travel to Ometepe. **Rabies** series is not routinely recommended but is at the discretion of parent/guardian, particularly if more extensive travel to low resource countries is anticipated.

Each student must take responsibility for his/her own health and well-being while traveling. This includes, but is not limited to avoidance of potentially contaminated food and water, sun and heat protection, adequate fluid intake, insect protection, adequate rest, compliance with any regular medications, avoiding risky behavior and following general travel safety rules.

Chaperones have a copy of “Lonely Planet—Healthy Travel, Central and South America,” copies of health and medically relevant information on trip participants, common sense, and the ability (not necessarily emergently) to consult with the accompanying health care professional. In addition, basic health care and pharmacies are rarely more than 2 hours away. Telephone contact for advice can usually be made more quickly than that. Health care facilities on Ometepe can provide IV fluids and some medications. For Xray or more acute services, the student would need to be transported off-island. Evacuation insurance is provided.

Our first responsibility is student health and safety. BOSIA’s position is that we will always encourage and support communication between the student and parent/guardian. We recognize this is a sensitive topic but, should this not be possible, WA state law states that confidential treatment can be provided without parental consent in the following areas:

- emergency medical services may be provided to a minor at any age
- minors over age 14 may give own consent for STI testing and treatment
- minors over age 13 may consent to mental health treatment
- minors of any age may consent for pregnancy (and abortion-not applicable for Ometepe) services

<https://depts.washington.edu/hcsats/PDF/guidelines/Minors%20Health%20Care%20Rights%20Washington%20State.pdf>

NOTE: In the event of pregnancy risk, chaperones carry Levonorgestrel 1.5 mg tablet (Plan B emergency contraceptive): 1 tablet as soon as possible (89% effective up to 5 days in preventing pregnancy, more effective if given earlier)

We recommend students carry the following unless there is a contraindication.

PRESCRIPTION DRUGS:

1. ORAL ANTIBIOTICS for Travelers’ Diarrhea:

Azithromycin 250 mg: (Alternatives are single dose/short course levofloxacin/ciprofloxacin, although these have FDA box warnings for other uses. Rifaximin has also been used. Trimethoprim/sulfa is NOT effective in travelers’ diarrhea.)

--4 tablets as single dose or 2 tablets/day for 3 days for severe or persistent **diarrhea** or if travel is necessary (especially if fever, blood in stool, dehydration from diarrhea, more than 4 stools/day). If severe, seek medical care.

2. VOMITING:

Ondansetron oral dissolving tablets (ODT) (Zofran) 4 mg: 1 tablet placed under tongue every 6-8 hours, let dissolve. Begin oral hydration with sips of safe fluids 15-30 minutes later.

SPECIAL PRESCRIPTION DRUGS – if, in provider’s judgment, any of the following are indicated (they may not be available on Ometepe):

1. ASTHMA/WHEEZING/ALLERGIC REACTION with SHORTNESS OF BREATH:

Albuterol inhaler: 1 puff (remove cap, hold opening 2 fingerbreadths from mouth, exhale, push down on can and inhale as puff released.). Wait 1- 2 minutes then repeat. Use as often as needed to control wheezing/cough. Usual dose is 2 puffs every 4 hours, but may use more often if needed. Seek care for significant respiratory distress. May cause a feeling of jitteriness, faster heart rate. (Not dangerous).

2. HISTORY OF SEVERE ALLERGIC REACTION (Swelling of lips/mouth/tongue/airway, difficulty swallowing or breathing, wheezing, sudden redness of skin and itching/hives, often accompanied by anxiety):

Epinephrine:

a. Epi-Pen 0.3 mg. Student should also carry diphenhydramine (Benadryl).

- Instructions on package. Open and remove device.
- Form a fist around the Epi-Pen. Hold vertically. With other hand remove blue lid, orange tip down.
- Hold at 90 degrees to outside of thigh, push orange tip hard against outside of thigh for 10 sec. until you hear a click. OK to inject through clothing.
- Massage area to distribute medication. There will be some liquid left in the device.
- Give 50 mg (2 tablets) of oral diphenhydramine.
- Seek medical care.

b. Generic Adrenaclick: lower cost alternative to Epi-Pen. Instructions for use are different than for Epi-Pen, make certain that student and chaperone review in advance of trip.

3. Student’s other regular prescription medication(s)

OVER THE COUNTER MEDICATIONS (parent/guardian to obtain for student):

1. PAIN/FEVER:

a. Acetaminophen (Tylenol) 500 mg: 1-2 tablets every 4-6 hours, not to exceed 4 gm (8 tablets)/day. Be aware that many “combination” over-the-counter medications contain acetaminophen.

b. Ibuprofen (Advil, Motrin) 200 mg: 1-4 tablets every 6-8 hours for pain. **Do not use for fever if there is any concern of dengue infection.**

2. ALLERGY, ITCHING, BUG BITES, HIVES, RUNNY NOSE (Antihistamines):

a. Non-sedating antihistamine. Examples (generic name listed first): **Loratadine/Claritin** (10 mg once a day), **Cetirizine/Zyrtec** (10 mg once a day) **or Fexofenadine/Allegra** (60 mg twice a day).

b. 1% Hydrocortisone cream: to use on skin as needed for itching

c. Bacitracin or Polysporin antibiotic ointment: to use on minor skin wounds if concerned about infection (preferably not Neosporin/triple antibiotic due to possible neosporin sensitization)

3. DIARRHEA

Loperamide (Imodium) 2 mg: 2 tablets with first diarrheal stool, may repeat with 1 tablet after next loose stool. Maximum dose 16 mg/day but if diarrhea is this severe, seek medical care. If not improving in 24 hours or if travel imminent without access to bathroom, consider giving antibiotics. Loperamide decreases stool frequency, but **does not** make infection resolve more quickly as antibiotics do. **DO NOT USE** if FEVER or BLOODY DIARRHEA.