Wellness Newsletter

Augusta Technical College

Is Your Body Thirsty?

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What is dehydration?

Dehydration can be defined as "the excessive loss of water from the body." Diseases of the gastrointestinal tract can lead to dehydration in various ways. Often, dehydration becomes the major problem in an otherwise self-limited illness. Fluid loss may even be severe enough to become life-threatening.

Our bodies require a certain amount of fluid intake on a daily basis to function; the minimum is about equal to four 8 ounce glasses (one liter or one quart). Requirements vary with activity and age, but most active persons need two to three times this basic amount. Basic fluid intake serves to replace the fluids which are required to perform our normal bodily functions. If we take in less or lose more fluid than is needed, the end result is dehydration.

What causes dehydration?

Excessive loss of fluid through the intestinal tract can happen when the intestine is "inflamed" or damaged, or when bacteria or viruses cause the lining of the intestine to produce more fluid than can be absorbed.

Abnormal connections that are between parts of the intestinal tract may also lead to fluid depletion. A decrease in oral liquid intake may be due to nausea or loss of appetite; this may be worsened by an inability to keep things down. Medications also can cause an increased fluid loss. Prior bowel resection or ileostomy can make a person more susceptible to dehydration.

What are symptoms and signs of dehydration?

A reliable clue to indicate dehydration is a rapid drop in weight. This loss may equal several pounds in a few days (or at times hours). A rapid drop of over 10% (fifteen pounds in a person weighing 150 pounds) is considered severe. Symptoms may be difficult to distinguish from those of the original illness, but in general, the following signs are suggestive of dehydration; increasing thirst, dry mouth, weakness or lightheadedness (particularly if worsening on standing), darkening of the urine, or a decrease in urination. Severe dehydration can lead to changes in the body's chemistry, kidney failure, and can even become life-threatening.

http://www.medicinenet.com/

National Health Observances

- *Dehydration Prevention Month*
- *Fireworks Safety Month*
- *Hemochromatosis Awareness Month*
- *National Youth Sports Week (10th-14th)*
- *Picnic Month*
- *Therapeutic Recreation Week (8th-14th)*
- *UV Safety Month*

Inside this issue:

First Aid—Not Always Easy

It would be ideal if we could prevent all injuries from happening in the first place. But in spite of our best efforts, injuries do occur. Injuries are the number one cause of death of children and adolescents, according to the American Academy of Pediatrics.

Acting quickly to give effective first aid can reduce the consequences of many injuries. But just exactly what is effective first aid?

First aid is the help and medical assistance that someone gives -- not only to an injured person -- but to a person who is sick. And that injured or sick person could even be you.

But being able to administer effective first aid does not simply involve having a first aid kit on hand. Effective first aid also involves having the appropriate skills as well as good judgment and the ability to keep a clear head when confronted with a medical emergency.

First, you have to decide whether the injury or illness can be treated with what might be called “simple” first aid. Using a sports analogy, you have to decide whether to “run with the ball” or to “punt” to a professional. The heading of “dealing with it yourself” might include the application of a band-aid to a cut or taking an aspirin for a headache.

If the injury or illness is serious, it may require professional medical attention. This requires yet another decision. For example, someone cuts their finger with a kitchen knife. Can the bleeding be controlled with simple pressure and the application of a bandage or does the patient need to be taken to emergency care for possible stitches and a tetanus shot?

Is time also a critical factor? If it is, you should immediately summon emergency medical assistance, most likely by telephoning 911. You then need to determine what you can do to help the patient in the meantime. For example, by administering CPR (keep in mind that you should only perform CPR if you have been properly trained in the procedure, you do not want to take any action that might exacerbate their condition).

Unfortunately, there is not just one first aid scenario that fits all situations. Let’s consider a "bite". Appropriate first aid depends on the origin of the bite. For example, is it from a snake, a dog, a spider, a tick, a bee, or even from a human? Other variables to consider include the number of bites and their location on the body. A mosquito bite wouldn’t be treated the same as for a bite from a wild animal, especially if there is the possibility that the animal might be rabid.

Burns may be from the sun, a scalding liquid, a chemical or electricity. Eye injuries can range from a blow to the eye, a corneal abrasion (scratch on the surface of the eye), a foreign object in the eye or a splash with a chemical. Skeletal injuries go from a simple sprain to a dislocation to a fracture (broken bone). The list goes on and on.

First aid is a complicated subject and it is situation-specific. The better informed and trained we all are, the better prepared we should be to deal with that unexpected illness or injury. But it cannot be emphasized enough that if you find yourself involved in a medical situation that may be beyond your abilities, you should not hesitate to summon emergency medical assistance immediately.

http://www.medicinenet.com/

Planning A Picnic?
Play It Safe With The Coolest Cooler Tips

Outdoor dining can spell disaster if spoiled food is on the menu. In the summer heat, dangerous bacteria can multiply very quickly and cause illness that can spoil your fun. Follow these "Cool Cooler Tips" so your picnic foods can arrive safe at the plate.

When You Pack Your Cooler:
Pack it Full to Keep it Cold
Pick a cooler that's the right size for the occasion. A cooler completely packed with ice and chilled food keeps cool longer than one that is only partially filled. Load up your cooler with ice or freezer-packs. To keep ice from melting on cooler contents, pack it in resealable plastic bags. After you eat, the bags can be reused to store leftovers.

Avoid "Cooler Cross-Contamination"
Before you put raw meat, fish and poultry in your cooler, put them in tightly sealed plastic containers or plastic bags. Their raw juices are loaded with bacteria that can contaminate ready-to-eat foods.

Instead of using one large (and heavy) cooler for everything, have one small or medium-sized cooler for raw meat, fish and poultry and another for ready-to-eat foods and drinks.

Pack Your Cooler for Safety
Be sure foods are cold or frozen before you place them in the cooler. Pack highly perishable foods right next to the ice. Keep your cooler lid closed as long as you can and pack foods in the reverse order that you will need them so the last foods you put in will be the first you use.

At the Picnic Scene:
Keep Your Cooler in the Coolest Spot
Drive with your cooler on the floor of the passenger area of your vehicle, not in the sauna-like trunk. Once outside, keep the cooler in the shade, under a tree or bench, for example, and cover it with a light-colored blanket. Don't leave your cooler in direct sunlight or in a warm car.

Take Your Cooler's Temperature
For safety's sake, put an appliance thermometer inside your cooler to check the temperature. For proper storage, cooler should be kept at or below 40°F.

After several hours your cooler's temperature may rise into the "danger zone," – between 40°F and 140°F – so remember to replenish the ice or ice packs to help keep your food cool.

Avoid Lingering Leftovers
Don't let your food – hot or cold – sit out on the picnic table for more than two hours – one hour if the outside temperature is above 85°F. Put perishables into the cooler immediately after eating. And remember – when in doubt, throw it out.

http://www.plasticsinfo.org/

Avoiding Poison Ivy This Summer

What causes the rash?
Poison ivy is a common cause of contact dermatitis, an allergic reaction to something that comes in direct contact with the skin. This condition can be quite unpleasant, but does not pose serious health risks. Prevention is better than treatment, but it's often hard to achieve.

Poison ivy is one of many plants that produce a resin called an urushiol that can cause an allergic rash. Related plants include the familiar poison oak and sumac, which are found in different geographical distributions. The rash that each of these produce appears the same.

Identifying poison ivy
Although it is often recommended that people learn to recognize the poison ivy plant ("Leaves of three, leave them be"), in practice, this is hard to do, since poison ivy and its relatives are often mixed in with other vegetation and not noticed until after the rash has begun. Keeping the skin covered in situations when exposure is hard to avoid is the best way to prevent the problem. More than half the population can react to the poison ivy resin if they are exposed to it.

The poison ivy rash

The poison ivy rash usually starts one or two days after exposure, though the delay between contact and onset can be longer, up to several days. This may lead to confusion over where exposure took place. The first signs of the rash are curved lines of red, itchy bumps or blisters. These continue to appear for many days, depending on how much resin touched the skin at a given point. This makes it seem as though the rash is "spreading," although the fluid in blisters is just part of the allergic reaction and contains no chemicals or bacteria. It also makes it appear that there may still be poison ivy in clothes and on pets. Although this is theoretically possible, repeated washing of these often produces no improvement.

Many references emphasize that animals can carry the poison ivy resin. No doubt this is true, but its practical significance may be limited. The first sign of poison ivy, after all, is usually a curved line. Unless your dog is shaped like a curved line, your poison ivy is more likely to have come from a stem or leaf which dragged against the skin, not from your pet.

What is the treatment for poisoning from these plants?
The best approach to poison ivy dermatitis is prevention. Once it begins, the rash will usually clear on its own by 14-21 days. Treatment is directed at controlling the itching. Oral antihistamines (like Benadryl) may help the itch somewhat, but often do no more than make people drowsy. Cortisone creams, whether over-the-counter or by prescription, are only helpful if applied right away, before blisters appear, or much later, when the blisters have dried up. Compresses with cool water can help dry ooze faster.

When the rash is severe, such as when it affects the face or causes extensive blistering, oral steroids help produce rapid improvement. This course of therapy should be maintained, often in decreasing doses, for 10-14 days or even longer in some cases, to prevent having the rash rebound and become severe again.

Folklore, medical and otherwise, endorses many other agents, from aloe leaves to tea bags to meat tenderizer. These remedies are generally harmless, but are of questionable value.

How can contact with these plants be prevented?
Poison ivy and its relatives are often hidden among other vegetation. Even if you know exactly what they look like, it is very hard to avoid coming in contact with them. Although wearing long pants and long sleeves in warm weather may be uncomfortable, it is important to do so when you might be in contact with plants you can't see, whether you are gardening in the backyard or hiking in the woods. So-called "barrier creams" are not very effective. When pulling up weeds, those who may be allergic should make sure to tuck sleeves into gloves at all times, since sleeves tend to ride up the forearms and leave wrists and forearms exposed.

If you think you may have been exposed to poison ivy, wash the skin with cool water as soon as possible. After half an hour, however, this is no longer likely to prevent the reaction.

http://www.medicinenet.com/

Maintaining An Iron Healthy Diet

It is not necessary to become a fanatic about label reading or go to extremes with one's diet. Some very good common sense measures can assure adequate iron for the person with iron deficiency anemia and control of iron absorption for people with iron loading conditions, such as hemochromatosis.

The basics of iron balance through diet are to periodically include or avoid certain foods, additives, and supplements. Recommendations for patients trying to cut down on iron absorption:

- limit red meat consumption to three or fewer portions per week: meat contains the most easily absorbable form of iron: heme iron but red meat is also an excellent source of protein, B12, and zinc. Eliminating red meat from the diet entirely is not necessary providing a patient is compliant with therapy and routinely seeing a physician who is monitoring iron levels.

- drink tea or coffee with a meal-unless there is evidence of liver damage or disease. Tea and coffee tannin which inhibits iron absorption

- limit alcohol consumption or abstain altogether if there is liver damage: alcohol enhances the absorption of iron. For those without liver damage moderate consumption of alcohol is allowed.

- avoid consumption of vitamin C supplements with the meal: vitamin C enhances the absorption of iron. Limit doses of supplemental vitamin C to 200 milligrams if possible. Vitamin C should not be eliminated from the diet.

- eat plenty of fresh fruits and vegetables regardless of the vitamin C content: fruits and vegetables contain antioxidants which protect a person from free radical damage. Iron is a know trigger of free radical activity.

- maintain a good schedule of blood donation: many hemochromatosis patients forget to have a phlebotomy. Keeping a schedule or note in a prominent place is helpful. If ferritin levels get too high, a person may have to move from routine maintenance back into therapeutic frequency.

There are other foods that inhibit the absorption, but these can be used in moderation or not at all depending upon the patient's iron load. A word of caution: some hemochromatosis patients have become so efficient at inhibiting the absorption of iron that they become iron avid. The iron avid patient has a normal to low ferritin (usually low) but a very high transferrin-iron-saturation percentage (Tsat%). Experts agree that iron avidity is probably the body's response to not enough iron coming into the system. Hemochromatosis patients who have become iron avid, should discontinue phlebotomies and eat to replenish iron stores.

http://www.irondisorders.org/Disorders/about.asp

http://www.hemochromatosis.org/Diet.asp

All-American Turkey Burgers

2 lbs ground turkey	½ cup catsup	8 leaves lettuce
1 cup onion, chopped	¼ tsp pepper	8 slices tomato
2 cloves garlic, minced	8 Kaiser rolls, sliced	8 slices onion

Directions: Preheat charcoal grill for direct-heat cooking. In medium sized bowl, combine turkey, onion, garlic, catsup and pepper. Evenly divide turkey mixture into 8 burgers, approximately 3 ½ inches in diameter. Grill turkey burgers for 5 to 6 minutes per side until 165° F is reached on meat thermometer and meat is no longer pink in center. To serve, place each turkey burger on bottom half of Kaiser roll and top with lettuce, tomato and onion.

http://www.jennycraig.com/