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Safe at School State Laws The best way to make sure students with diabetes get the care they need and are treated fairly is to put in place written plans. A Diabetes Medical Management Plan (DMMP), or doctor's orders, is the basis for a Section 504 Plan or Individualized Education Program (IEP) accommodations plan. Accommodations plans should be written by a school team that includes parents, school staff, and, often, the student. Diabetes Medical Management Plan The DMMP lays out the specific diabetes needs of your child. The Association has a free sample DMMP that can be individualized for your child. Read More Section 504 Plan The 504 Plan sets out an agreement to make sure the student with diabetes has the same access to education as other children. Read More Individualized Education Program An IEP is more specific and focused than a 504 Plan detailing the student's academic current level of functioning, needs, supports, and goals. Read More Experts around the world recently assembled at the 5th American Cough Conference to discuss the latest findings in cough care.The journal Lung published abstracts from the June 2015 event, and the following 3 topics are of great interest to pharmacists:· The impact of cough and cold on children's lives.· The use of extended-release (ER) guaifenesin and pseudoephedrine coupled with a "wait and see" approach to antibiotic prescribing.· The use of flurbiprofen lozenges.Here's what pharmacists should know about the latest research on these 3 topics.1. Surveys of mothers and school nurses suggest that colds decrease children's quality of life and negatively impact their education. School-aged children are prone to coughs and colds, but their experience has never been quantified. However, mothers and school nurses are positioned to gauge the emotional and physical impacts of these mild illnesses.The researchers surveyed 1002 mothers of pre-kindergarteners through 8th-graders and 301 school nurses. The mothers reported that after developing coughs, their children's energy levels decreased (78%), sleep was disrupted (58%), and focus was adversely affected (43%). Almost all of the mothers said they recommended rest for lack of energy (95%).A strong majority of nurses (84%) reported focus and participation issues, while 51% believed that parents wait until their children's symptoms are too severe before contacting a physician.These findings show that cough and colds negatively impact children's education due to quality of life concerns.2. ER guaifenesin and pseudoephedrine use with a "wait and see" approach could help decrease patient demand for antibiotics. Many patients expect antibiotic therapy upon presentation with respiratory symptoms, but antibiotic overuse and misuse (eg, for viral illnesses) drives resistance.Deferred antibiotic therapy with ER guaifenesin and pseudoephedrine provides symptomatic relief that may reduce patients' desire for antibiotic therapy.The researchers enrolled 1179 patients (591 in active arm, 588 in placebo group) with chest congestion, thickened mucus, nasal congestion, runny nose, sinus headache, sinus pressure, and/or postnasal drip.Fewer patients desired antibiotics after 7 days of active treatment (4.2%) than placebo (8%). Guaifenesin and pseudoephedrine were better tolerated than antibiotics, which tend to cause stomach upset in a large number of patients.The researchers concluded that treatment of viral respiratory infections with guaifenesin and pseudoephedrine decreased patient demand for antibiotics and is effective and well-tolerated.3. Flurbiprofen lozenges may help suppress cough.Because inflammatory mediators drive both upper respiratory tract infection-induced cough and sore throat, a local anti-inflammatory could be an effective treatment.The researchers enrolled 101 patients in the active arm and 21 patients in the control group. All subjects had sore throat (a score of 5 or greater on the Tonsillo-Pharyngitis Assessment) and at least 1 upper respiratory tract infection symptom.The patients received a single lozenge, which was either an 8.75 mg flurbiprofen lozenge or a visually identical placebo.Almost half of the active arm patients with cough (11 of 24) reported absence of cough 3 hours after receiving the lozenge. No patients reported adverse effects.The researchers concluded that the use of a flurbiprofen 8.75 mg lozenge appeared to have an antitussive effect mediated by a local anti-inflammatory effect. Although coughing can be annoying, it is the body's way of clearing the throat and airways and helps to prevent infection.Everyone coughs. There is no reason to worry about an occasional cough. Allergies and short-term illnesses, such as the common cold, can cause repeated coughing. Although coughing can be annoying, it is the body's way of clearing the throat and airways and helps to prevent infection. Coughing due to a cold or the flu usually goes away on its own without treatment.1 However, if your cough is not getting better—and especially if it brings up blood, disrupts your sleep, or affects your work—it may be time to call your health care provider (HCP).Cough symptoms are divided into 3 categories: acute, subacute, and chronic.Common Causes of Acute CoughAcute coughs often begin suddenly and go away in 1 to 3 weeks. They are typically caused by the common cold or other upper respiratory infections, including the flu, pneumonia, and whooping cough. Coughs caused by the common cold often get better within a week without specific treatment, although symptoms may continue for up to 3 weeks.Common Causes of Subacute CoughSubacute coughs last 3 to 8 weeks, persisting after a cold or another respiratory infection is over. Airways may remain swollen and inflamed after an infection, causing you to keep coughing. This is called airway hyper-responsiveness.Causes of Chronic CoughWhen a cough persists longer than 8 weeks (4 weeks in children), it is considered to be chronic. Chronic cough can have many causes. Postnasal drip syndrome (also known as upper airway cough syndrome), asthma, and gastroesophageal reflux disease are the most likely causes of chronic cough in adults. These conditions, alone or in combination, are responsible for 90% of cases of chronic cough.2Other important causes of chronic cough include pertussis (whooping cough), chronic obstructive pulmonary disease caused by smoking, angiotensin- converting-enzyme inhibitors (blood pressure medications), pneumonia, heart failure, and chronic bronchitis from exposure to cigarette smoke or other irritants. Less common causes include tuberculosis, lung cancer, cystic fibrosis, pneumothorax, bronchiectasis, and pulmonary embolus (a blood clot in the lung).2Tips to Ease Your CoughIf you feel well and have only had a cough for a short while, you may not need to do anything but wait for it to go away on its own. Steps you can take at home to ease an acute cough include the following: Inhale steam using a vaporizer or take a steamy shower to soothe a dry, sore throat Drink plenty of fluids, including warm liquids with honey or lemon, to help thin mucus and soothe your throat Avoid exposure to irritants that can trigger a cough; if you smoke, make an effort to stop Try hard candy or cough drops to soothe a dry, tickling cough (never give these to children younger than 3 years)When to Call Your HCPA cough that persists for longer than 3 weeks, or is getting worse, requires a trip to your HCP for prompt medical care and to rule out something more serious. Immediately call your HCP if you have any of the following3: Coughing up of thick, yellow, or green mucus A fever of 101.5°F or higher Coughing up of blood Wheezing or shortness of breath Trouble sleeping Night sweats Weakness, fatigue, or loss of appetite Chest discomfort Unintended weight lossDetermining the cause of a nagging, chronic cough is essential to effective treatment. Your HCP will request a thorough medical history and perform a physical exam. He or she may ask questions about the duration of your cough, your symptoms, your medications, whether you smoke, and how exercise and cold air affect your breathing and cough (Table5,6). Chest x-rays, computed tomography scans, lung function tests, and laboratory tests may be performed.MedicationsCoughing is important for clearing mucus and other irritants, and may help prevent infection. For this reason, cough medicines are generally used only when a cough causes a lot of discomfort and disrupts daily activities. Your HCP may recommend the following medicines: Expectorants. Some coughs are dry, whereas others, known as productive coughs, bring up mucus (phlegm). For a productive cough, an expectorant called guaifenesin (brand names include Mucinex and Robitussin) helps to thin or loosen mucus, making it easier to move the mucus. Drink lots of fluids if you take guaifenesin. Decongestants. Phenylephrine and pseudoephedrine are examples of decongestants used to help clear a stuffy or runny nose and relieve postnasal drip. Use of these drugs is not advised in individuals with high blood pressure. Steroid nasal sprays. A steroid nasal spray may help postnasal drip. Flonase (fluticasone propionate) and Nasacort (triamcinolone acetonide) are examples of OTC steroid nasal sprays. Antihistamines. If you have allergies or a cold or flu, antihistamines may work better than nonprescription cough medicines.4 In fact, antihistamines such as brompheniramine and chlorpheniramine decrease the production of mucus and widen airways. Unfortunately, these drugs can make you sleepy and may be better to take only at night. Analgesics. Pain relievers, such as Tylenol (acetaminophen) and Advil (ibuprofen) can be taken for fever and aches and pains. Be careful not to take more than the recommended acetaminophen dosage because too much can cause liver damage, and even death. Be aware that some combination cough and cold medicines contain acetaminophen. Bronchodilators. Albuterol and other bronchodilators help to relax the airways and make breathing easier. Antitussives. When nothing else works, prescription cough suppressants may be useful to suppress a dry cough. There is no evidence to show that OTC cough suppressants relieve a cough.Talk to your child's HCP before you give a child 6 years or younger an OTC cough medicine, even if it is labeled for children. These medicines may not be helpful, depending on the case, and can have serious adverse effects.Beth is a clinical pharmacist and medical editor residing in northern California.References Cough medicine: understanding your OTC options. FamilyDoctor.org website. familydoctor.org/familydoctor/en/drugs-procedures-devices/over-the-counter/cough-medicine-understanding-your-otc-options.printerview.all.html. Accessed March 10, 2016. Chronic cough. MayoClinic.org website. mayoclinic.org/diseases-conditions/chronic-cough/basics/definition/CON-20030883?p=1. Accessed March 10, 2016. That nagging cough. health.harvard.edu website. health.harvard.edu/staying-healthy/that-nagging-cough. Accessed March 10, 2016. Cough: MedlinePlus website. nlm.nih.gov/medlineplus/cough.html. Accessed March 10, 2016. 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