

PENNINGTON & RED LAKE COUNTIES WELLNESS COALITION NEWSLETTER January 2015

Wishing you Happy and Safe New Year!

Hypothermia

Hypothermia is a potentially dangerous drop in body temperature, usually caused by prolonged exposure to cold temperatures. During cold temperature exposure, shivering is a protective response to produce heat through muscle activity. In another heat-preserving response blood vessels temporarily narrow. Body temperature that is too low affects the brain, making the victim unable to think clearly or move well. This makes hypothermia particularly dangerous because a person may not know it is happening and won't be able to do anything about it.

People at increased risk for hypothermia include:

- The elderly, infants, and children without adequate heating, clothing, or food.
- Mentally ill people.
- People who are outdoors for extended time.
- People whose judgment is impaired by alcohol or drugs.

Hypothermia symptoms for adults include:

- Shivering
- Slow, shallow breathing.
- Confusion and memory loss.
- Drowsiness or exhaustion.
- Slurred or mumbled speech.
- Loss of coordination, fumbling hands
- A slow, weak pulse.

In severe hypothermia, a person may be unconscious without signs of breathing or a pulse.

Hypothermia symptoms for infants include:

- Cold-to-touch, bright red skin
- Unusually low energy

Hypothermia is a potentially life-threatening condition that needs emergency medical attention.

If medical care isn't immediately available:

- Move gently to a warm, dry shelter
- Remove any wet clothing
- Warm the center of the body first—chest, neck, head, and groin—using an electric blanket, if available. Or use skin-to-skin contact under loose, dry layers of blankets or clothing.
- Offer warm liquids, but avoid alcohol and caffeine, which speed up heat loss. Don't try to give fluids to an unconscious person.

INTER-COUNTY NURSING SERVICE



Frostbite

Frostbite is an injury to the body that is caused by freezing. Frostbite causes a loss of feeling and color in affected areas. It most



often affects the nose, ears, cheeks, chin, fingers, or toes. Frostbite can permanently damage the body, and severe cases can lead to amputation. The risk of frostbite is increased in people with reduced blood circulation and among people who are not dressed properly for extremely cold temperatures. At the first signs of redness or pain in any skin area, get out of the cold or protect any exposed skin—frostbite may be beginning.

Any of the following signs may indicate frostbite:

- a white or grayish-yellow skin area
- skin that feels unusually firm or waxy
- numbness.

If you detect symptoms of frostbite, seek medical care. If there is frostbite but no sign of hypothermia and immediate medical care is not available, proceed as follows:

- Get into a warm room as soon as possible.
- Unless necessary, do not walk on frostbitten feet or toes—this increases the damage.
- Immerse the affected area in warm water.
- Warm the affected area using body heat.
- Do not rub the frostbitten area with snow or massage it. This can cause more damage.
- Don't use a heating pad, heat lamp, or the heat of a stove, fireplace, or radiator for warming. Affected areas are numb and can be easily burned.

These procedures are not substitutes for proper medical care. Hypothermia is a medical emergency and frostbite should be evaluated by a health care provider. Source: www.cdc.gov

What is seasonal affective disorder (SAD)?

Seasonal Affective Disorder, or SAD, is a type of depression. Anyone can get SAD, but it's more common in: women; people who live far from the equator where winter daylight hours are very short; people between the ages of 15 and 55; people who have a close relative with SAD.

Experts aren't sure what causes SAD. But it may be caused by a lack of sunlight. Lack of light may upset your "biological clock," which controls your sleep-wake pattern and other circadian rhythms.

Symptoms include:

- Feel sad, grumpy, moody, or anxious.
- Lose interest in your usual activities.
- Eat more and crave carbohydrates.
- Gain weight.
- Sleep more but still feel tired.
- Have trouble concentrating.

Symptoms come and go at about the same time each year. Most people with SAD start to have symptoms in September and feel better by April or May.

To diagnose SAD, see your doctor; you may need to have blood tests and/or a mental health assessment to rule out other conditions. Light Therapy is the main treatment for SAD. Antidepressant medicines may help too. They may be used alone or with light therapy. Experts think light therapy works by resetting your biological clock. www.webmd.com

Tweets from our Teens

Twitter address: @RedPennWellness

Health Officials Worry about Kids and E-cigarettes

The latest Minnesota youth tobacco survey, published last month, found almost 13 percent of Minnesota high school students had recently used an electronic cigarette. A national survey of 41,000 secondary students released this month found e-cigarette use even higher among teens. That survey was conducted by Lloyd Johnston, a social psychologist at the University of Michigan. Johnston said the high rates of e-cigarette use caught him by surprise, and he hopes the information will spur efforts to regulate the industry more closely, "because, clearly, they're making rapid inroads into the American adolescent population." The survey found that 62 percent of eighth-graders associated conventional cigarettes with great risk, but just 15 percent felt the same about e-cigarettes. "I think it's important that they understand — and I don't think they do — the risk of becoming addicted to

nicotine," he said. "So they don't really see the hazards right now for e-cigarette use, and I think we're going to have to bring that out to the point where kids understand it." There are also concerns about potential long-term health hazards from inhaling the vapors from e-cigarettes. Johnston and others think one way to reduce adolescent vaping would be to ban candy-flavored nicotine liquids.

Parenting Tips – Bullying continued

Children at Risk of Being Bullied

Generally, children who are bullied have one or more of the following risk factors:

Are perceived as different from their peers, such as being overweight or underweight, wearing glasses or different clothing, being new to a school, or being unable to afford what kids consider "cool"

Are perceived as weak or unable to defend themselves
Are depressed, anxious, or have low self esteem

Are less popular than others and have few friends

Do not get along well with others, seen as annoying or provoking, or antagonize others for attention

However, even if a child has these risk factors, it doesn't mean that they will be bullied.

Children More Likely to Bully Others

There are two types of children who are more likely to bully others:

1) Well-connected to their peers, have social power, are overly concerned with their popularity, and like to dominate or be in charge of others.

2) More isolated from their peers and may be depressed or anxious, have low self-esteem, be less involved in school, be easily pressured by peers, or not identify with the emotions or feelings of others.

Children who have these factors are also more likely to bully others;

Are aggressive or easily frustrated

Have less parental involvement or having issues at home

Think badly of others

Have difficulty following rules

View violence in a positive way

Have friends who bully others

Remember, those who bully others do not need to be stronger or bigger than those they bully. The power imbalance can come from a number of sources.

Source: www.stopbullying.gov



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