



Northwest Passages

Volume 11, No. 1

Northwest Community College

October 1997

Welcome or Welcome back, whichever. Northwest Passages is back after a lengthy rest. I wish I could say there's lots of news to pass on but that isn't the case. For those who have sent in articles, THANKS, much appreciated. I'll get underway by bringing you up-to-date on "STAFF" from the Human Resources Department.

Carol Reynolds, College Services

Over the past several months NWCC Welcomed many new faces.....

Randy Chalifoux, Cafeteria Supervisor, Terrace
Peter Colebrook, Director, Central Region, Terrace
Loralee Cordeiro, Instructional Assistant, Terrace
Lorrie Dobbs, Education Council Secretary, Prince Rupert
Ken Downs, Acting Co-ordinator, Natural Resources, Terrace
Veljko Dragojlovic, U/C Instructor, Terrace
Glenn Farenholtz, Co-ordinator, Natural Resources, Smithers
Lloyd Green, Welding Instructor, Houston
Murphy Greene, First Nations Co-ordinator, Eastern Region
Colin Kilby, Chef, Terrace
Claire Liberman, Program Officer, Kitimat
Pouyan Mahboubi, Co-ordinator, Natural Resources/U/C Instructor, Prince Rupert
Jim McColman, Millwright Instructor, Terrace
Louis Moolman, IBT Specialist, Houston
Teri Moldenhauer, Payroll Clerk, College Services, Terrace
Nancy Roulston, Natural Resources Technician, Smithers
Judy Thompson, First Nations Co-ordinator, Prince Rupert
Tom Weegar, Director, Southern Region, Kitimat

NWCC also said good-bye to.....

Lil Kenny, retired, Cafeteria Supervisor, Terrace
Virginia Solowoniuk, retired, Chef, Terrace
Sonja Chambers, Receptionist/Cashier, Prince Rupert
Laara Atley, Extension Services, Smithers
Ted Eberle, CRW Instructor, Smithers
Del Torgalson, Millwright Instructor, Terrace

Welcome back from Leave....

Marion Oke, Part-time Educational Advisor/ IBT Specialist, Hazelton
Terry Stephan, CCP Instructor, Kitimat
Joan Turecki, ECE Instructor, Terrace



Human Resources Department

(Continues on Page 2)

We wish the following staff all the best while on leave for the 1997/98 semesters....

Kathy Bedard, Program Officer, Prince Rupert
Penny Llewellyn, LRC, Terrace
David Heinimann, U/C Instructor, Prince Rupert

Staff that either added duties or changed position.....

Amanda Checkley, Accounting Clerk, College Services, Terrace
Lynn Gould, Educational Advisor + IBT Specialist, Kitimat
Ian Hamilton, CCP Instructor, Terrace
Judy McCloskey, Educational Advisor, Terrace
Terri Stewart, Liaison Officer, Houston
Tracey Strong, Liaison Officer, Smithers
Tanya Widmark, Liaison Officer, Houston

NEW KIDS register with NWCC.....

A boy, *Cole*, born June 17th to *Cindy & Rudy Motschilnig*, Terrace
A girl, *Claire Francis*, born July 5th to *Trish Nuyten (Josef Pitzoff)*, Terrace
A boy, *Christopher*, born July 19th to *Elizabeth Gairdner (Randy)*, Terrace
A boy, *Lukas Richard*, born July 26th to *Lucinda Clark* (William), Houston
A boy, *Tyler*, born August 22 to *Linda & Todd Zimmerling*, Terrace
A girl, *Grace*, born September 15, *Simon Thompson* (Alisa), Terrace

CONGRATULATIONS TO.....

Sandy Chemko (Soares), Program Support, Terrace.
Sandy was married May 10th.

FOR THOSE WHO REMEMBER...


Richard Kilborn sends greetings to old friends and acquaintances. Richard is still living in Vernon and is busy as Area Representative for Student Travel School (STS) based in Waterloo, Ontario.

BUSINESS ENROLMENTS SOAR

First year enrolments in the Business Administration program has reached the highest level in its history. Thirty-three full-time and twenty-two part-time learners are enrolled as of September.

It is very unusual that business courses fill to capacity. For example, 40 students are enrolled in ACCT 150 and 36 enrolled in MARK 150 and both sections of BCPT 150 and ECON 150/201 are filled. The popularity of the program has caught the campus, and instructors, by surprise. Until the last few weeks of August, enrolments were on par with last year - low to mid twenties. A last minute surge of enrolments occurred which filled the business courses by September.

- Submitted by
John Shepherd

 **northwest**
Passages

Submission deadline
2nd Friday in the month

Deliver contributions by
hand, internal mail,
FAX: 638-5461 or
e-mail:
creynolds@noradm.nwcc.bc.ca
to:
Carol Reynolds
College Services

*We make every effort to publish
Northwest Passages monthly with the
exception of July and August.*

PRIOR LEARNING ASSESSMENT POLICIES

GENERAL POLICY STATEMENT

NWCC recognizes that knowledge and skills are acquired through a variety of learning, life, and work experience. Opportunities for flexible assessment and recognition of the knowledge and skills, gained through prior learning will be offered to learners wishing to acquire credit in a course or program offered at NWCC.

SPECIFIC SUB-POLICIES

Students admitted to NWCC may request formal recognition for prior learning through one or more of the following processes. The discipline/program will determine which of these processes is appropriate.

a). Flexible assessment will be used to enhance an individual's access to education and training and accelerate his or her progress towards a desired credential or other goal.

Course Challenges

- *Written challenge examinations or course examinations*
- *Oral assessment or interview*
- *Performance test, demonstrations in laboratory (simulation/role play)*
- *Standardized tests*
- *Projects/assignments*

Course challenges are developed by the discipline/program in which credit is sought. The procedure for challenging a course will be consistent with existing College policy

b). Portfolio Assessment

Portfolio of evidence (direct or indirect).

Students may request assessment of portfolios that document learning of specific skills and knowledge related to the learning outcomes of the courses(s) for which credit is requested. Statements of learning must be supported by documentation including, but not limited to, description of learning, credit and non-credit certificates/diplomas, work products, performance evaluations that support application of specific knowledge and skills. Portfolio submissions may be supplemented by additional demonstration or documentation of learning achievements such as interviews, oral or written tests, skill demonstrations, work-site assessments, etc.

2. Portfolios submitted for assessment must demonstrate English language competencies at the level required for students enrolled in the course/program.

3. Students may normally request/receive credit/exemption by flexible assessment, including credit for courses and evaluation completed at another recognized educational institution.

4. Each program reserves the right to specify that at least some courses be taken within a program of studies.

5. Credits earned through PLA will be recorded on the student's transcripts. NWCC will document PLA credit awards but will not identify PLA credit as such on transcripts.

6. Learning assessment for post-secondary credit should be linked to established learning outcomes or other criteria as defined by a program, and at a level of achievement equivalent to that of other learners engaged in studies at that level in that program or subject area.

7. The student has the responsibility for preparing the evidence that College credit learning has taken place.

8. Fees charged for PLA will be based on an approved fee schedule.

9. Students who wish to appeal a PLA decision will have access to the regular College appeal process.

- Submitted by
Terrie McAloney

AT-RISK STUDENT POLICY

GENERAL STATEMENT

NWCC will recognize and acknowledge the barriers to learning success that students may have and provide support for overcoming those barriers.

SPECIFIC SUB-POLICIES

1. Students are considered at-risk when they have difficulty overcoming barriers which adversely affect their learning experience.
2. An at-risk student is anyone in danger of
 - withdrawing prematurely or being forced to withdraw
 - failing a course
 - having a negative educational experience
 - suffering personal adversity or distress
 - causing injury to themselves or others (students, staff, or others outside the college community)
3. Barriers are factors that prevent a student from having a positive educational experience. See Appendix A for a list of such factors.
4. In accordance with the Student Support Policy and Model, all NWCC employees share the responsibility of responding to at-risk students through direct response or through referral to appropriate services. These could include, but are not limited to, any of the following responses:
 - one-on-one support and assistance
 - utilization of a team approach to support and assistance
 - internal referrals
 - referrals to an outside agency

APPENDIX A - POSSIBLE BARRIERS

The following is a list of possible factors that may become barriers. This is not an exhaustive list; barriers are not necessarily limited to these factors.

Health

- serious chronic illness
- drug or alcohol dependency
- disabilities - physical or learning disability
- malnutrition or serious nutrition deficiencies
- temporary illness or injury

Personal Factors

- age (younger or older than average; out of school for a long time)
- gender
- negative past experiences with school and other systems
- low self-esteem

- unclear personal, career and academic goals
- personal management skills (e.g. time management, stress management, social skills)
- coping skills (e.g. anger and stress management)
- self-identification as being at-risk

Financial

- poverty, on welfare or other assistance
- homelessness
- poor budgeting skills

Family

- daycare issues
- abusive/dysfunctional relationship issues
- single parenting

Cultural

- visible minority and/or First Nations
- English as a second language
- other cultural factors

- Submitted by
Larry Bolingbroke

AIDS HOTLINE (24 HRS)

1-800-661-3886

Lower Mainland: 872-1238

To request AIDS testing, Lower Mainland: 660-6161
Provides information regarding modes of transmission, signs and symptoms, testing, treatment and prevention. A lengthy taped message with options to hear about several AIDS related topics. You can talk to a nurse about AIDS by staying on the line any time from 1:00-3:00 P.M. on weekdays.

ALCOHOL & DRUG INFO & REFERRAL

1-800-663-1441

Lower Mainland: 660-9382

E-mail: informbc@vcn.bc.ca

Web Site: <http://www.vcn.bc.ca/isv>

Provides information and referral services for people across BC needing help with any kind of substance abuse. Includes information and referral to education, prevention and treatment services and regulatory agencies.

AMBULANCE BILLING SERVICE

1-800-665-7199

Victoria: 952-1982

A live operator provides information on ambulance billing and costs, from 8:30 A.M. to 4:30 P.M., Monday to Friday.

ARTHRITIS SOCIETY

1-800-667-2847

Lower Mainland: 879-7511

Web Site: <http://www.arthritis.ca>

A live volunteer operator provides information on research programs and education services to patients, professionals and the general public.

CANCER INFORMATION LINE

1-888-939-3333

E-mail: cancer_info@bc.sympatico.ca

BC Cancer Agency Web Site: www.bccancer.bc.ca

This non-profit health care volunteer organization provides information and education services on prevention and early diagnosis of cancer. Volunteers have access to an extensive database of current cancer information. If you call between 9:30 A.M. and 4:30 P.M. Mon-

day to Thursday, you'll be connected with a live operator at the BC/Yukon centre and have access to more local information. After hours, calls go to their Regina Centre.

EATING DISORDERS RESOURCE CENTRE

1-800-665-1822

Lower Mainland: 631-5313

E-mail: edrcbc@direct.ca

A non-profit information, referral and education service that works to address the problems associated with eating disorders for people and their families, friends and concerned health professionals. A live operator takes calls Monday, Tuesday and Thursday 9:00 A.M. to noon and 1:00 P.M. to 4:45 P.M.; Wednesdays 9:00 A.M. to noon. After hours calls are returned with discretion. They also operate a compulsive eating support group and provide a brochure "Do I have an Eating Disorder?."

FOOD & NUTRITION INFORMATION

1-800-667-DIET or 1-800-667-3438

Greater Vancouver: 732-9191

Web Site: <http://dial-a-dietitian.ml.org>

Provides information on food and nutrition from professional dietitians from 8:00 A.M. to 5:00 P.M. Monday to Friday. A live operator. Punjabi and Chinese available.

HEART & STROKE FOUNDATION OF BC

1-800-663-2010

Lower Mainland: 736-4404

Web Site: <http://www.hsf.ca>

This is a community-based organization dedicated to the prevention and relief of heart disease and stroke in BC and the Yukon. A live operator will provide information on research and support groups from 8:30 A.M. to 4:30 P.M. Monday to Friday. Messages left after hours will be returned the next working day.

KIDNEY FOUNDATION OF CANADA

1-800-567-8112

Lower Mainland: 736-9775

A voluntary, non-profit organization dedicated to research into kidney disease and related disorders, as well as public education and patient services. Monday to Friday, from 8:30 A.M. to 4:30 P.M.



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Published as a service, by CU&C Health Services Society, the CU&C Communicator provides information on trends and activities in the employee benefits community. We encourage you to photocopy the Communicator, and distribute it to your employees. Please direct your comments and inquiries to:

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MEDICAL SERVICES PLAN SUBSCRIBER INFO

1-800-663-7100

Lower Mainland premium/coverage changes: 683-7151

Lower Mainland claims and other inquiries: 669-4211

Victoria premium and coverage changes: 386-7171

The lines operate Monday to Friday, from 8:30 A.M. to 4:30 P.M.

Information on: 1) the date your last payment was received; 2) whether your MSP account is active; 3) your next eye appointment; 4) how to apply for coverage, help with premiums, leaving BC, Care Cards, what MSP covers, office locations; and 5) a request line to have forms faxed to you. Have your Care Card handy to request personal information.

MENTAL HEALTH INFORMATION

1-800-555-8222 (24 hrs)

Lower Mainland: 669-7600

E-mail: office@cmha_bc.org

Provides taped information on provincial mental health programs as well as symptoms, causes, treatment, support groups and publications relating to a number of mental illnesses. *Staying on the line will connect you with a mental health information operator. If no one is available, your call will be returned. Be prepared to give name, address, postal code and phone number.*

MINISTRY OF HEALTH INFORMATION LINE

1-800-465-4911

In Victoria call: (250) 952-1742

Web Site: <http://www.hlth.gov.bc.ca>

Provides general information about the Ministry of Health's programs, services and initiatives. Also provides information to BC residents regarding cardiac care services, cancer diagnostic and treatment services, organ transplant programs, hospital funding, and other related health care initiatives, and can be accessed province-wide. Monday to Friday, 8:30 A.M. to 4:30 P.M.

MULTIPLE SCLEROSIS SOCIETY OF CANADA

E-mail: msbc@ican.net

Lower Mainland: 689-3144

Provides a variety of services and programs including: information and referral services; support counselling; equipment loans; self help groups for persons with multiple sclerosis and their family and friends; and public awareness and education programs for professionals and others. Monday to Friday, from 8:30 A.M. to 4:30 P.M.

PAY PATIENT LINE

1-800-563-5556

Provides claims information to patients whose physician, physiotherapist or other practitioner has opted out of MSP and who bills their patients directly. The line operates from 8:30 A.M. to 4:30 P.M. Monday to Friday. *Closed noon to 1:00 P.M.*

PHARMANET HOTLINE HELP DESK

1-800-554-0250

Lower Mainland: 682-6849

Victoria: 952-2866

Provides information about the PharmaNet System, how to apply for reimbursement, changes of addresses and replacement Gold Cards. *A live operator will answer your call from 8:00 A.M. to 8:00 P.M. Monday to Friday.*

POISON CONTROL

1-800-567-8911 (24hrs)

Lower Mainland Emergency: 682-5050 (24 hrs)

Information on poisons and treatment. *A live operator will answer any questions (whether or not there is an emergency) on poisons, drug overdose or toxicity, and pesticide exposure.*

SCREENING MAMMOGRAPHY INFORMATION

1-800-663-9203

Lower Mainland: 660-3639

Information on the breast screening program for women over 40. Monday to Friday 8:30 A.M. to 4:30 P.M.

SENIOR'S MEDICATION (BC SMILE) LINE

1-800-668-6233

Lower Mainland: 822-1330

E-mail: smile-ubc@unixg.ubc.ca

Web site: <http://www.pharm.ubc.ca/>

Pharmacists provide information about medications 10:00 A.M. to 4:00 P.M. Monday to Friday.

SEXUALLY TRANSMITTED DISEASES (STDs)

1-800-661-4337

A 24-hour line provides information similar to the AIDS hotline on sexually transmitted diseases.

TRAVEL ASSISTANCE PROGRAM (TAP)

1-800-661-2668

For BC residents who are enrolled in MSP, whose medical travel expenses are not covered by third party insurance plans or government programs, and who receive a physician's referral to travel to the closest place for medical care services insured by MSP but not available in their home community. Monday to Friday 8:30 A.M. to 4:30 P.M.

VITAL STATISTICS HOTLINE

1-800-663-8328

Information on registration of birth, deaths and marriages, and about changes of names, the Adoption Reunion Registry, the Wills Registry, genealogical and biostatistical information, and access to services such as marriage commissioners, marriage licences and burial permits. Monday to Friday, 8:30 A.M. to 4:30 P.M.

Better Health

Food Allergies

With the fall season fast approaching we begin a series of social functions that often focus around food. Gatherings that celebrate Thanksgiving and Christmas often involve elaborate meals that have been carefully planned and prepared. Even at Halloween, food goodies are often handed out instead of the commercial candies and chocolates. With this in mind we, as guests, hosts and pot-luck participants need to recognize food allergies.

A food allergy is basically an exaggerated response by our body's immune system to a particular food or food component (allergen). The body views this food as an enemy and tries to attack it via the immune system. The immune system will try to use biological chemicals, in an attempt to rid the enemy, and this may cause difficulty breathing, skin itchiness/irritation, nausea, vomiting and/or diarrhea. A severe allergic reaction is called anaphylaxis and can lead to severe breathing difficulty and even death.

Common foods found to cause allergic reactions include cow's milk, eggs, nuts, peanuts, fish, shellfish, wheat, tomatoes, strawberries, oranges and soya beans. Although this is not an exhaustive list, we can see that many dishes contain these ingredients and may pose a risk to our guests. So, it is very prudent and responsible for you to ask your guests if there are any foods they need to avoid. Likewise, as a guest, you should inform the host or pot-luck organizer which foods you are allergic to.

If your child is attending a food-oriented function his or her teacher should be informed of your child's food allergies and you should supply a list of ingredients used to prepare your goodies (many schools are now *peanut free*).



If you give out home-made goodies at Halloween, Thanksgiving or Christmas, a short ingredient list is a nice way of ensuring the recipient can enjoy your goodies to the fullest.

Influenza

What is the flu?

Influenza, *the flu*, is usually a self-limiting respiratory disease caused by a virus. It is extremely contagious and is transmitted by person-to-person contact and outbreaks occur almost every winter. Flu symptoms include a runny nose, headache, muscle pain, fever, nausea, and diarrhea. Although other colds and viruses cause many of the same symptoms, true influenza tends to be much more severe and that is why seniors need to seek protection against this disease.

Why be concerned?

The real threat of the flu arises when your body becomes run down which makes you susceptible to other infections. Bacterial pneumonia is the most common secondary infection and is of concern—particularly in the elderly. Other noted secondary infections include viral pneumonia and disorders of the nervous system. Complications from an influenza infection account for more than 1,000 deaths per year.

What to do

General measures for prevention include good hand-washing techniques, smoking cessation, and annual vaccination. If you do become infected, measures to help with the symptoms include the use of acetaminophen or aspirin (*only if the person is older than 16*), cough suppressants, nasal washes (nose drops: mix 1/2 teaspoon of salt in 8 ounces of water), cool mist humidifier, and lots of fluids.

Your physician may feel that you are a candidate for a drug called Amantadine. This medication is limited to those with flu symptoms that are affected by *Influenza A*. Amantadine may shorten the length and severity of the flu especially in the senior population. The use of Amantadine requires the assessment of your physician and cannot be used by pregnant women.

Vaccination

The influenza vaccine should be given in the fall to allow the body to build up immunity before the major December flu outbreaks. The annual vaccine offers up to 70% protection against whatever strains of influenza virus are currently circulating. Most recipients of the vaccine retain protection for about 4 months. Individuals 65 years of age and older should receive the vaccine. Children and adults with chronic diseases should be vaccinated as well. Optional vaccination of healthy children and adults would probably help reduce the effects and length of the influenza infection.

The vaccine should not be given to those with a respiratory infection, anaphylactic reaction to eggs or thimerosal. Most individuals will develop a mild fever and some local pain in the injection site for up to 2 days after inoculation.

Health Bits

9

Number of years the average person spends watching TV

11

Percentage of adults under 65 who have had a flu shot

11

Pounds of chocolate consumed by the average American per year

17

Yards of dental floss the average person buys a year

48

Percentage of adults who say they have simplified their lives in the last 5 years

57

Percent of pet owners who'd prefer to be stranded on a desert island with their pet rather than

Holiday Health

When you flee winter's wrath, remember...many of us will have the good fortune of travelling to some warm and exotic destinations. Aside from our sunscreen and protective clothing we need to be wary of contracting *Traveller's Diarrhea*. Traveller's Diarrhea is a term describing symptoms of an intestinal infection from either bacteria, viruses or parasites acquired from consumption of contaminated food and/or water. There are three main types of diarrhea and they are classified according to their symptoms.

Watery diarrhea

Sixty percent of short-term diarrhea is of this type. The *E. Coli* bacteria which produces a toxin, is the principal cause of this type of diarrhea but other strains of bacteria and viruses can also be responsible. With this type of diarrhea one experiences frequent loose or watery (non-bloody) diarrhea, with or without nausea, vomiting, abdominal cramps and low grade fever. These symptoms left untreated last for 3-5 days and the main concern is dehydration, especially in children and the elderly.

Dysentery

Some fifteen percent of travellers can experience this more serious infection. *Shigella* bacteria, the most common organism, can invade and inflame the intestinal wall, resulting in bloody stools mixed with mucous, as well as fever and abdominal pain. Antibiotics are necessary for the treatment of bloody diarrhea as well as careful rehydration. Persistent bloody diarrhea and/or worsening of symptoms requires medical attention.

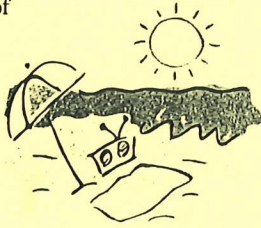
Chronic diarrhea

Experienced by less than two percent of travellers, this form of bloody diarrhea is most commonly caused by *Giardia* (parasite) or *Campylobacter* (bacteria) and can cause diarrhea that lasts for several weeks or more, vague abdominal pain, bloating, decreased appetite, fatigue, weight loss and/or low-grade fever. A course

of antibiotics usually resolves chronic diarrhea. Depending where you travel there can be significant differences in your chances of contracting diarrhea. North America, northern and central Europe, Australia and New Zealand are low-risk destinations (8% chance of getting traveller's diarrhea in the first 2 weeks), whereas the Caribbean, southern Europe, Israel, Japan and South Africa are of intermediate risk (8-20%). High-risk areas (up to 60% chance)

include Mexico, developing countries in Africa, South and Central America, Middle East and Asia.

Prevention of contracting Traveller's Diarrhea first involves watching your diet. Following the adage "boil it, cook it, peel it or forget it" can signifi-



absorption of water. Below are some recipes for non-commercial rehydration solutions.

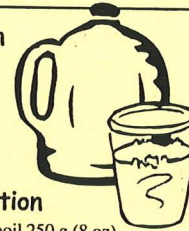
Rehydration

Drink 3-6 litres of oral rehydration solution over 2-4 hours and don't stop until urine output has been re-established (even if your thirst has been quenched). Resume a modest diet concentrating more on maintaining your hydration with the food based rehydration solution. If watery diarrhea is experienced, drink 250-350 ml (8-12 oz) oral rehydration solution for each watery stool.

Infants and children are extremely vulnerable to dehydration. Give 30-43 ml (1-1.5 oz) oral rehydration solution for every 0.5 kg (1 pound) of body weight over 2-4 hours. Use a spoon, dropper, baby bottle or even squirt into the mouth with a syringe and watch for urine output. If necessary continue to rehydrate, even if the child is vomiting, until medical attention is

Basic oral rehydration solution

1 litre (4 cups) treated water (boiled, bottled or chemically treated)
2.5 ml (1/2 tsp) table salt
1.25 ml (1/4 tsp) salt substitute (for potassium)*
2.5 ml (1/2 tsp) baking soda (for bicarbonate)*
10-15 ml (2-3 tbsps) sugar, honey or corn syrup



Food-based oral rehydration solution

In 1 litre (4 cups) treated water (boiled, bottled or chemically treated) boil 250 g (8 oz) of potatoes, allow to cool and mash in the boiled water
2.5 ml (1/2 tsp) table salt
1.25 ml (1/4 tsp) salt substitute (for potassium)*
2.5 ml (1/2 tsp) baking soda (for bicarbonate)*
or
To 1 litre (4 cups) treated water slowly add 2.5 ml (1/2 tsp) table salt and stir. Gradually add 250-500 (1-2 cups) of Gerber Rice cereal to mixture and stir.
* If baking soda or salt substitute is not available, use 15 ml (1 tsp) of table salt per litre of solution

cantly reduce your risks. Watch out for ice in drinks, salads and fruits. Hand-washing is critical in breaking the chain of transmission.

Preventative antibiotics or Pepto-Bismol can be used for short term travel (less than three weeks). Your family physician can give you advice about the use of these medications for the prevention of Traveller's Diarrhea.

Oral rehydration is critical in the prevention and treatment of Traveller's Diarrhea. Glucose solutions (2.5%) maximize the absorption of salts and water. Starchy foods such as rice, cereal and potatoes also aid in the

available. (Pedialyte or a similar commercially available infant solution can be used in place of the oral rehydration solution). If breast feeding, give your child what they can accept and then supplement with 2 feedings of rehydration fluid for every breast feeding.

CAUTION: Full-strength soft drinks, juices or other sweetened products may contain too high sugar content which will make dehydration even worse. If you use one of the following please dilute 1:3 with water: apple juice, colas, Gatorade, Ginger Ale, grape juice, Jell-O, orange juice, 7-Up.

Mount Pleasant Health Centre

SPONSORED BY CU&C HEALTH SERVICES SOCIETY

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