



W UNITED TRIBES TECHNICAL COLLEGE WEEKLY NEWSLETTE R

VOL. 4 NO. 14

January 8, 1996

Weekly Menu

Jan. 8 to Jan. 12

DINNER

- Mon.- Poor Boy Sandwich with Turkey and Ham, Potato Chips, Potato Salad, Assorted Fresh Fruit, 2% Milk
- Tue.- Taco Salad, Dinner Buns, Assorted Fresh Fruit, 2% Milk
- Wed.- Swedish Meatballs over Noodles, Vegetable, Salad, Dessert, 2% Milk
- Thu.- French Dip with Au-Jus, Salad Bar, Tossed Salad, Assorted Fresh Fruit, 2% Milk
- Fri.- Knoephle Soup, Breaded Chicken Filet, Mashed Potatoes, Gravy, Dinner Roll, Salad Bar, 2% Milk

Jan. 15

- Mon.- Chuckwagon Stew, Baking Powder Biscuit, Salad Bar, Fresh Fruit, Relish Tray, 2% Milk

SUPPER

- Mon.- Braised Beef over Noodles, Vegetable, Salad, Fresh Fruit, 2% Milk
- Tue.- Bar-B-Que Chicken, Baked Potato, Vegetable, Dinner Roll, Salad, Dessert, 2% Milk
- Wed.- Hamburger on a Bun, Soup, Salad Bar, Dessert, 2% Milk
- Thu.- Swiss Steak, Mashed Potatoes, Vegetable, Salad, Dessert, % Milk
- Fri.- Spaghetti wit Meat Sauce, Vegetable, Salad Bar, Dessert, 2% Milk

- Mon.- Bar-B-Que Ribs, Baked Potato, Vegetable, Salad, Dessert, 2% Milk

Brought to by the (Acting) Registrar

Welcome Back, People!! It's a new year with new faces, so let's all start off on the same page, if we could: Psst, Instructors....Have you Forgotten!!!

Not to name names, but there are still a few instructors on campus who have not turned in their 1996 Spring Semester class syllabuses, surprisel, surprisel Please turn all late syllabuses into the Registrar's office ASAP, or else I'll tell!

This is to everyone in general, the 1996 Spring Semester Class schedules will be delivered to all campus departments who previously received them, a day or so after the LAST DAY TO ADD A CLASS - WHICH IS JANUARY 24, 1996. This is to prevent me from "losing it" (imagine!), what with all the add/drops which will be flowing through my office until then. So, if anyone really needs to locate a student you just give me a call at ext. 216 and I'll try and get you hooked up with whoever.

RETURNING STUDENTS however can pick up their class schedules from my (registrar) office, along with your FINAL grades (eek!). All grades have been forwarded to each student's funding agency. When those who have Incompletes have received a letter grade these grades will be forwarded as well. INCOMPLETES ARE DUE ON OR BEFORE JANUARY 17, 1996. If a letter grade is not turned in from the instructor, the I* will revert to a F (Failing) grade.

The President and Vice President Lists will be available after the Incomplete date (January 17, 1996). Congratulations to all those who have made either list already, and there are quite a few students.

TO ALL NEW STUDENTS:

The course College Success (MASTER STUDENT) will be offered to you for the Spring Semester. This is a great course to guide your success, build your skills and confidence. It will be offered on Tuesday and Thursday at 3:00 p.m.

As a counselor and teacher at UTTC I strongly encourage you to decide now to take this class as it will pay off in ways which will benefit you in all other classes. The class deals with improving your reading skills, keeping your finances in good shape, ways to make your relationships work so it is a win-win for all. These and many more areas will be covered as you master your learning and bring you the joy of knowing you have accomplished becoming who you want to be.

College Success is a course for you as you enter your college career. Remember to include this class with your other classes on your day of registration. This is a two hour class on Tues. and Thurs. at 3:00 p.m. You will earn two credits for this work for the Spring Semester.

Welcome to UTTC, Wanda Walker, located in the basement, east wing of the Education Building. Call for more information or stop by ext. 277.



HAPPY NEW YEAR

from the AASPN Department

First year students are eager for the spring semester -- to begin their first nursing course, Health Assessment through Nursing Process.

Second year students are moving into their final semester with it's challenge!

It will be good to see all of you again.

submitted by Sister Kathryn Zimmer,
Director, AASPN Program

**Congradulations to the UTTC
Co-ed Volleyball team for a
1st place finish in the Holiday
Classic Tourney in Mandan
on Dec. 17, 1995.**

Good Job Team!

The team consist of
**Reet Moran, Michelle Siers, Lisa & Tony
Rowland, Wyatt Bearsheart, Wenelle
Veit & True Clown Jr.**

Attention New Students:

In order to obtain medical services through the Student Health Center medical forms for yourself and/or your dependents must be completed. Please see the Student Health Center (Education Bldg. Rm. 118) if you have not done so. In order to complete the form, you will need your Social Security number, immunization record and Medicare/Medical Assistance numbers. Thank you.

How to Decipher Prescription Lingo

Even if your doctor's handwriting on the prescription is legible, that does not guarantee you will know what it means. Here are the terms you are most likely to encounter:

b.i.d. - twice a day

q. - every

q. 4h. - every 4 hours

q.i.d. - for times a day

h.s. - at bedtime

BP - blood pressure

n.p.o. - nothing by mouth

sx. - symptoms

p.c. - after meals

WBC - white blood cell count

prn - as needed

q.h. - every hour

q8h. - every eight hours

q.n. - every night

a.c. - before meals

FH - family history

p.o. - by mouth

tx. - treatment

UTI - urinary tract infection

RBC - red blood cell count

**News for the next weekly
Newsletter should be turned in
no later than
January 12, 1996**

LEAD POISONING

What is Lead Poisoning?

It is a disease caused by swallowing or inhaling lead. Even in small amounts of chipped lead paint or leaded dust can be dangerous in the body.

Young children face great risks:

1. Their bodies absorb lead more easily than adults' bodies do.
2. They put everything into their mouths. And--no matter how hard you try--it's impossible to keep an eye on a toddler every minute!
3. There are usually not symptoms of lead poisoning.

It important to know about lead poisoning because it is very common --millions of American children are affected by lead poisoning.

At low levels, the affects of lead poisoning may not be obvious. But studies indicate that even low levels of lead may:

- harm a child's development.
- damage red blood cell production
- lower IQ scores.

Low level lead poisoning may also cause behavior problems.

For example a child with lead poisoning may be:

- easily excited
- unable to concentrate
- easily upset.

At higher levels, damage may occur to:

- the nervous system
- the reproductive system
- mental development
- and more.

Lasting mental impairment, coma -- and even death can result.

There are usually **no** signs of lead poisoning, or they be mistaken for symptoms of flu or other illnesses. If present, symptoms may include:

- stomachache and cramps
- irritability
- fatigue
- frequent vomiting
- constipation
- headache
- sleep disorders
- poor appetite

As more lead accumulates, clumsiness, weakness and loss of recently acquired skills can occur.

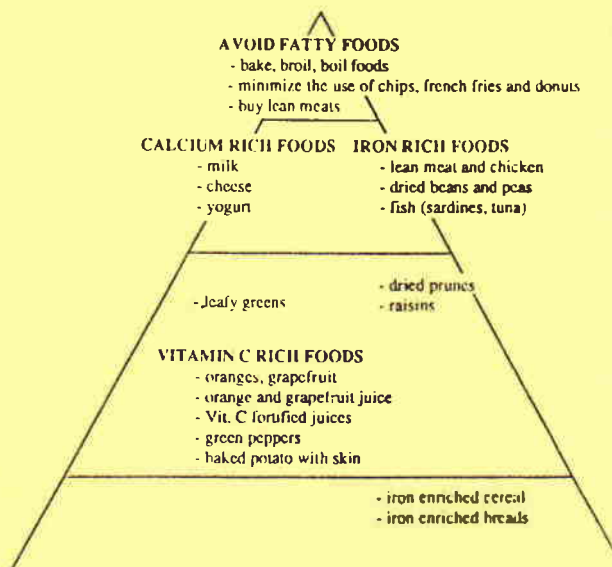
Lead paint is the major source of lead poisoning in the U.S. Chipped or peeling lead paint poses the greatest risk. Soil and water can also be contaminated due to highway pollution, chips and dust from exterior paint, lead water piped, lead solder used to connect plumbing. Other sources include:

auto exhaust, industrial pollution, food, dust from renovation, antique pewter, drapery and window weights, etc.

All children from 9 months to 6 years should be screened annually--regardless of where they live!

Here are some steps you can take to prevent lead poisoning:

1. Be alert for chipping and flaking paint.
2. Make sure child puts only safe clean items in mouth.
3. Feed well-balanced meals -- low in fat, high in calcium and iron.
4. Don't allow child to eat snow or icicles.
5. Use safe interior paints on toys, walls, furniture, etc.
6. Use pottery only for display if you're unsure about the glaze.
7. Store food in glass, plastic, or stainless steel containers--not in open cans.
8. Have your water tested. Draw drinking and cooking water only from the cold tap, after allowing water to run for a few minutes.
9. Have children wash hands before eating.



MANAGEMENT GUIDELINES FOR CHILDHOOD LEAD POISONING

Capillary Blood Lead Level (ug/dl)	Classification	Action
≤ 9	Background	<ul style="list-style-type: none"> • Retest in 12 months. • Counseling and education.
10 to 19	Low to mid toxicity	<ul style="list-style-type: none"> • Refer for venous blood test. If positive: • Nutritional intervention: high calcium, high iron foods. • Education: sources, effects, prevention, resources • If 2 consecutive tests are ≥ 10 µg/dL, environmental evaluation and management by local health department.
20 to 44 (≥ 25)	Moderate toxicity	<ul style="list-style-type: none"> • Confirm level immediately with venous blood test. If positive: • Medical evaluation and management (especially iron deficiency). • Nutrition and education as above. • Environmental evaluation and management (local health department). • Retest at least every month until level < 20. <p>PLUS</p> <ul style="list-style-type: none"> • Consider chelation challenge test.
45 to 69	High toxicity	<ul style="list-style-type: none"> • As above, but • Chelate immediately (EDTA or Succimer), no challenge test. • Retest 1-3 weeks post chelation, then frequently until level < 20. • Do not discharge child except to lead-free environment.
≥ 70	Severe toxicity	<ul style="list-style-type: none"> • As above, but • Chelate immediately (EDTA and BAL). • Retest 1-3 weeks post chelation, then frequently until < 20 • Do not discharge child except to lead free environment

Adapted from "Preventing Lead Poisoning in Young Children," CDC, 1991.