Medical Resource Binder
for Families with Children

AGWM

CARE RESOURCES

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Introduction

Serving and living in a foreign country and culture presents many challenges for parents who are raising children. Although your children will experience the same changes and challenges that adults face in an unfamiliar environment, they often lack the maturity and life context to interpret these changes in a realistic manner. Talking together about your preparations for a healthy transition can help children feel like they are a part of the process and not uninvolved bystanders. This can greatly help with the emotional stress all children experience when a major life change occurs.

This resource packet was prepared for the purpose of providing helpful and practical information for missionaries with children and who are preparing to transition to foreign work. For those who are already serving in their receiving country, this booklet can also be of significant assistance. Keep in mind that the material in this resource book is NOT meant as specific medical advice. The material is for general information purposes only. Please seek professional medical assistance for specific questions regarding your children.

In today's world of instant information at the click of button, one can easily get overwhelmed with many opinions about medical issues. Sifting through all this knowledge takes time and careful thought. Not all information on the internet is trustworthy. We can easily be swayed by misinformation and emotional propaganda. While there is room for differing opinions and personal beliefs about vaccines and medical treatments, our primary goal should be to remain as healthy and protected as possible. We will not be able to fulfill the call of God in our lives and in the lives of our children if we are unprepared for the rigors and unique health challenges that foreign mission work presents.

Basic Medical Readiness

1. Prior to departure, prepare a medical folder with the following documents
    a. Birth record, copy of birth certificate
    b. Most recent well child exam with weight, length and head circumference (younger than 2 years old)
    c. Complete list of vaccinations. Best to confirm with PCP if your child is up to date.
    d. List of current medications and both medical and non-medical allergies
    e. List of significant hospitalizations with dates
    f. List of chronic, ongoing medical conditions.
    g. Contact information for primary physician in the United States or other sending country.
    h. If possible, arrange for translation of important medical documents into the language of the receiving country.

2. Once you have arrived at your destination of service, begin the process of establishing your family with a local physician.
    a. Get recommendations from other parents. Who is friendly to Americans? Who speaks English?
    b. Consider asking a local friend to come to doctor visits to help interpret for you.
    c. Remember, the medical culture you are entering is likely very different than what your family is used to. “Different” does not mean bad. Wait times for appointments may be longer. There may not be easy access to specialists. Medication availability may be very different than in the U.S.
    d. Become familiar with how to access medical services for acute or emergency situations. Although most countries do have emergency medical services like ambulances, they may not operate in the same manner as in the US.
    e. Create an Emergency Medical card for each child

        i. Child’s name, DOB

        ii. Blood type, allergies, chronic conditions

        iii. Current medications

        iv. Vaccination status

        v. Insurance info

        vi. Local doctor + hospital contact

Routine Child Wellness care

What follows is information and recommendations regarding routine childhood wellness care and common medical conditions. It is not intended to be an exhaustive resource for every possible condition or situation that a family may face. There will always be situations that are unexpected and fall outside of what is typical or normal. You will find links and resources to other trusted databases and organizations that can provide more information in the Appendices at the end of this booklet.

Wellness visits

Wellness visits are commonplace in most countries. These visits are intended for review of current health status, recent illnesses, hospital or clinic visits for sickness or injury, documentation of height, weight, head circumference (infants only), body mass index, blood pressure, and pulse. It is also customary for the physician or provider to perform a complete physical examination including genitalia (where appropriate/ necessary). The provider may wish to review certain elements of child-rearing and parenting advice, such as nutrition, safety, anticipatory guidance, school performance and the like.

This is also a time where you can ask the provider questions that you may have about your child. A provider should be attentive to those things which are of a concern to you. As parents in an unfamiliar country with unfamiliar customs, this may seem like a very difficult thing to do. It is! In the U.S. it is expected that parents bring to the attention of the provider any concerns they have. This is not so in many other countries. The medical systems can be very different with traditions that you may not be used to. Take your time getting to know the medical system and your provider. Give them time to get to know you and your children. Ultimately, everyone wants what is best for your child. A good doctor-patient relationship is a great asset to your family.

Recommended wellness check intervals

These are typical visit intervals that most providers use in the U.S.

- 0-6 months- an initial visit immediately (1-3 days) after discharge from the hospital at birth. Often a second visit 2-4 weeks after the first and then every 2 months.
- 6-18 months- every 3 months
- 18-36 months- every 6 months
- 3y-18 years- annual visits

Most wellness visits in the first 2 years of life should have vaccinations administered at the time of the visit.

Vaccinations

Vaccinations are one of the very best ways to prevent serious and life-threatening disease. In the United States, few of us have seen the ravages of vaccine-preventable diseases. Many countries in which AGWM missionaries serve continue to experience outbreaks of diseases that are rare and uncommon in the U.S. Be proactive and get yourself and your children fully vaccinated.

1. When possible, follow CDC guidelines for routine childhood and adult vaccinations. The U.S. has one of the most comprehensive vaccines schedules in the world. Although there are school attendance requirements for vaccines, our government does not mandate any vaccine. This is not the case in many other countries. Some will mandate that children receive certain vaccines or parents can face a fine. Vaccination policy for each country is influenced by many things, including social culture, government trust, economy, climate, history of outbreaks for vaccine preventable diseases (measles, meningitis, rotavirus, dengue, polio, pertussis, yellow fever, hepatitis A/B, and many others).

2. Depending on what country you are in, certain vaccines may not be available to everyone, unless you can pay for them outright.

3. We recommend that all missionary families follow the Advisory Committee on Information Practices schedule of vaccines, both for children, teens and adults. Immunization schedules are included in Appendix III.

Vaccination and Travel Vaccine Resources

1. The most comprehensive database of world-wide and country specific vaccine requirements as well as advice on current outbreaks and recommended medications is the Center for Disease Control website (www.cdc.gov/vaccines).

2. www.immunize.org is a nationally recognized and trusted website with up to date and vetted vaccine information. You can find information on the website explaining the vaccines in an easy to read and understand form in English and many other languages.

3. You can find a frank and open discussion about many issues surrounding vaccines at www.letsgetrealaboutvaccines.org.

4. Children's Hospital of Philadelphia provides valuable information on vaccines https://www.chop.edu/vaccine-education-center

Basic Developmental Milestones (Birth – 18 Years)

One of the most rewarding and fulfilling experiences a parent can enjoy is watching their child grow and develop into a healthy and vibrant individual. Whether you are a first-time parent or a parent with multiple kids, you are the best judge of your child's health and development. You see your child every day and can see the changes that are taking place in them. In the pages that follow, we have included some very basic information about childhood development that you can reference from time to time. We have also included some RED FLAG observations that if present would warrant further evaluation. For a more detailed and comprehensive discussion of child development, refer to the list of resources in Appendix IV at the end of this manual.

Infants & Toddlers

Birth – 2 months

- Lifts head briefly when on tummy
- Follows objects with eyes
- Smiles responsively
- Muscle tone is often increased when awake and decreased when sleeping.
- Hands are beginning to open more in preparation for environmental interactions in the coming months.
- Sleep and eating patterns are well established by 2 months.
- RED FLAGS: Seek medical advice if you see any of these things.
    - > Infant does NOT focus on your face
    - > Infant does not respond to your voice or seems to not be startled by loud noises
    - > Infant does not calm when held or rocked

3 – 6 months

- Rolls over
- Moves around crib during the night
- Nighttime awakenings can become a pattern
- Reaches for and grasps objects
- Puts most objects/ toys into mouth. Like to chew or gnaw on objects
- May have first tooth around 6 months
- Begins babbling, squealing and laughing
- Sits with support [5-6 months]
- RED FLAGS: Seek medical advice if you see any of these things.
    - > Child unable to lift head off floor/blanket by 4 months
    - > Child is not easily calmed by parent
    - > Unable to roll over by 5 months
    - > Hands are closed more than they are open when awake
    - > Stiff, difficult to move arms and legs

Basic Developmental Milestones (cont.)

7 – 12 months

- Crawls or scoots on floor
- Pulls to stand next to furniture or parent
- May take first steps without assistance
- Usually says first words (e.g., “mama,” “dada”), but this may happen a little later, too.
- Waves, claps, points
- Plays with hand-sized objects or toys easily.
- Begins to pass toys back and forth with others
- RED FLAGS
    - > Loss of previous skills or abilities
    - > Diminished eye contact with parent
    - > Does not respond when their name is called.
    - > Cannot sit by 12 months
    - > Is unable to transition to solid food by 12 months

12 – 24 months

- Walks independently
- Builds simple block tower
- Speaks at least a dozen or more words by 24 months, often with simple 2-word phrases.
- Begins to identify body parts. “point to your toes”, “where are your ears?”
- Cooperative and social play with others is preferred
- Follows simple directions
- Begins attachments to dolls, stuffed animals and TV characters
- RED FLAGS
    - > Does not walk by 15 months, more urgent is not walking by 18 months
    - > Has no recognizable vocabulary by 15 months
    - > Does not enjoy playing with toys or other children.

Preschool Age

2 – 3 years

- Runs, climbs, kicks ball, plays well with others.
- Can jump from two feet in place
- Improving balance, strength and coordination
- Understands simple rule-based play, e.g. “my turn, your turn”
- Uses 2–3-word sentences but can sometimes have simple conversations by age 3.
- By 3, most (but not all) strangers should be able to understand speech of child.
- Understands a simple story
- Begins toilet training
- Shows interest in playing with new friends
- Understanding their sexual identity (male or female) by age 3
- RED FLAGS
    - > Loss of motor skills or language skills
    - > Avoidance of other children and lack of interest in what they are doing
    - > Cannot communicate a need or desire to a parent (hungry, food, potty, toy)
    - > Extreme aggression towards parent or playmate
    - > Does not seek comfort from caregiver when hurt or scared

Basic Developmental Milestones (cont.)

3 – 4 years

- Pedals tricycle
- Easily hops on one foot
- Draws simple shapes (circle, cross), when shown how.
- Speaks in short sentences, understandable most of the time. Can describe something that has happened to them by age 4.
- Can repeat names of family members (first, last- not just “mommy” or “daddy”
- Plays make-believe with peers
- RED FLAGS
    - > Loss of motor or language skills
    - > Prefers solo play over friend play
    - > Extreme difficulty following rules, especially by 4 years
    - > Sexualized behavior

4 – 5 years

- Skips, hops, catches ball
- Draws a person with 4–6 parts
- Knows colors, counts to 20, can say alphabet.
- Recognizes letters and numbers on a page
- Can group objects by color, number, function
- Tells simple stories
- Emotional self-control is improving
- RED FLAGS
    - > Arrest of language development
    - > Emotional control is worsening
    - > Anxiety/ fear beginning to significantly interfere with daily functions
    - > Physically harming others when upset, holding a grudge against someone
    - > Emotional distress over their sexual identity (male vs female)
    - > Sexualized behavior

Early School Age

5 – 7 years

- Prints letters and numbers, advancing to words and simple sentences
- Able to perform simple arithmetic, showing steady advancement
- Reads simple words/sentences, advancing to chapter books with more complex story lines.
- Social behavior models appropriate rules and consequences
- Forms reciprocal friendships
- Able to engage in team-based sports
- Advancing in body strength and coordination activities. E.g. gymnastics, karate, dancing.
- RED FLAGS
    - > Unable to read simple words and phrases by 6 years
    - > Unable to form friendships
    - > Worsening social behavior
    - > Sexualized behavior

Basic Developmental Milestones (cont.)

7 – 9 years

- Masters basic reading and writing, able to read and write independently
- Understands concepts of time and money
- Develops stronger physical skills, showing ability to improve in areas of interest.
- Can show interest in hobbies
- Shows empathy and remorse.
- Begins to show understanding of death and afterlife
- RED FLAGS
    - > Falling significantly behind peers in academic progress (more than 1 grade level)
    - > Ongoing or worsening feelings of low esteem or self-worth
    - > Persistent loss of previously attained physical skills lasting more than 30 days
    - > Sexualized behavior, although an interest in the opposite sex and physical differences can be normal.

Later Childhood / Early Adolescence

9 – 11 years

- Onset of pubertal changes in most girls
- Reads and writes in increasingly fluent and detailed manner
- Uses logic to solve problems
- Interest and curiosity about abstract concepts such as faith, heaven, hell, death
- Enjoys group activities, often forming a close knot group of friends
- Develops “favorite” sports and shows improving skills
- Increasing independence and responsibility in the home environment
- Can be left alone for a few hours. Be mindful of local laws and regulations regarding unsupervised minors, as these can vary from country to country and culture to culture.
- RED FLAGS
    - > Increasing feelings of sadness, thoughts and talk of death.
    - > Increasing emotional distress, anxiety and withdrawal from family, friends
    - > Pain or physical complaints that persist more than 3-6 months
    - > Preference for social media over natural relationships

Basic Developmental Milestones (cont.)

11 – 13 years

- Onset of puberal changes for most boys
- Abstract thinking begins to develop and mature
- Stronger sense of identity and independence
- Able to take on more responsibility with siblings
- Peer acceptance becomes increasingly important
- Improving organization, planning, and reasoning
- Exceptionally bright children start to outpace their peers in academic and can pursue more advanced interests.
- RED FLAGS
    - > Persistent feelings of sadness, withdrawal from family, friends
    - > Sudden mood and personality changes
    - > Hyper focused on body image, weight. Emergence of strict food rituals
    - > Dramatic decrease in school performance
    - > Confusion about sexual attraction to members of the same sex
    - > No breast development by age 13

Adolescence and late teenage years

14-18 years

- Increasingly complex thinking
- More established belief systems on faith, politics, environment
- Interest in higher education, training in an area of interest, passions
- Able to pursue advanced and highly competitive sports due to skeletal maturity
- Sometimes rebellious in attitudes towards parents or religion. This can be a healthy and normal process if given loving and patient guidance.
- Stronger romantic relationships
- Academic mastery of primary education
- RED FLAGS
    - > Increasing withdrawal from family, friends, favorite activities
    - > Drug or alcohol use
    - > Worsening deterioration of parent-child relationship.
    - > Atypical or delusional thinking
    - > Unhealthy obsession with body image, weight or food rituals
    - > Chronic or worsening physical complaints (headaches, abdominal pain, chest pain) for more than 3 months.

Obviously, these characteristics listed above are not meant to be exhaustive and are not meant to imply any sort of medical advice. They can be useful for monitoring your child's development and for observing for concerning behaviors. They are starting points for discussion with your healthcare provider.

Nutrition guidance

Pediatric nutritional intake continues to be a high priority in all developing countries. Not all countries enjoy economies that offer a wide variety of nutritional options for children, especially young infants and toddlers. Maternal health and breastfeeding continue to be the mainstay of infant nutrition. Transitioning from the extreme number of food choices available in our grocery stores to far fewer choices in many countries can be a bit of a shock. However, the overwhelming majority of hosting countries provide more than adequate options for proper child nutrition. What follows below are general guidelines and recommendations for optimal growth and development for children.

- Newborn(0-1mo)
  - Breastfeeding and iron-fortified infant formula
  - Feed on demand for breastfeeding infants or every 2-3 hours
  - Limit formula feeds to 2-3 oz per feeding
- 1-6 months
  - Continue breastfeeding (on demand) or every 2-3 hours
  - Formula feeding 3-4 oz ever 2-3 hours. Some larger babies may be able to take a little more.
  - OK to introduce iron-fortifies cereals
- 6-12 months
  - Continue breastfeeding and formula feeding as before. OK to increase formula volumes to 4-6 oz per feeding and a little more volume at bedtime.
  - Begin introduction of pureed foods of all kinds. Try to introduce simple, single ingredient foods for several days at a time. This helps to avoid development of food allergies.
  - OK to introduce snacks between meals
  - Observe for infant tolerance of increasing thickness and solidness of food. Some infants struggle to develop effective chewing mechanics and can take longer to master more advance eating skills. Don't force or rush this process.
  - Feeding therapy/ assistance may be required for infant who are unable to transition to solid foods by 15 months.
  - Special needs children often need assistance and feeding therapy to progress normally
  - No honey for the until greater than 12 months of age
- 12-24 months
  - Continue breastfeeding on demand if possible
  - OK to introduce whole milk. Most babies can tolerate both whole milk and breastfeeding concurrently

- Try to limit milk volumes to 24 oz per day. Too much milk can prevent iron absorption.
- Many infants enjoy feeding themselves, especially foods that parents eat. Be mindful of bite sizes, thickness of foods. The process of chewing and swallowing should be very easy for children at this stage.
- No unsupervised eating

- 2-4 years
  - Continue providing food as above, but portion sizes can increase.
  - The picky eater.
    - Many children can develop strong preferences for specific foods and avoidance of others. The "picky eater" is a common phenomenon and is usually a phase that most children grow out of with gentle parental support. This is a normal developmental stage and represents emergence of individuality. Here are some tips
      - Avoid eating while at play. This decreases appetite for mealtimes
      - Eat together and model good food choices.
      - Don't compensate for a poor meal by increasing milk intake. This will only delay acceptance of food variety.
      - Keep mealtimes and snacks fun. Brightly colored foods and eating utensils can help.
      - Praise the child when they try new foods. This helps to promote young child confidence.
- School age
  - Many children begin to eat one (and sometimes two) meals a day at school. Encouraging healthy eating in multiple environments can also foster food confidence.
  - Be aware of what foods and nutritional choices the school is providing to your child.
  - Allowing your child to participate in choosing food for meals can foster independence in this area. Don't forget to praise them for healthy choices.
  - This is a great time to teach children how to help with meal preparation.
  - Unsupervised meal prepping is not advised for young children.
  - Pay attention to emergence of rigid food rituals, calorie counting and fixating on body image.
  - Make family mealtime a priority. Don't allow cellphones, tablets, TV during meals. Use this time to foster communication and a sense of family unity.

Finals thoughts

- Multi -vitamins are generally not needed if a child is eating a reasonable variety of food types (vegetables, fruits, grains, starches (carbohydrates) and various proteins.
- For young women who are menstruating, getting iron via their diet is recommended.
- If your child struggles to maintain good food variety, then a children's multivitamin can help.

- Vitamin D supplementation is recommended for breastfeeding infants until at least 1 year of age 400 units a day is a good amount. This is usually available in liquid form and can be given in a dropper.
- Teach your children to enjoy the new culinary culture of your host country.Children, just like adults need a healthy, diverse intestinal flora (gut bacteria)It is natural for stool changes to occur when our food and nutrient intake changes. Most gut transitions will normalize within 1 -2 weeks.

Common childhood illnesses

It does not matter where we live on planet earth, all of us will eventually have to fight off an infection of some type. Viruses and bacteria are a part of everyday life, and our children will eventually encounter them. While certain infections are more prominent in some countries and rare in others, most childhood pathogens are self-limited and require nothing more than a little extra nutritional support, pain and fever control and adequate fluids. What follows below is a very limited discussion about common illnesses and advice on how to manage them.

IMPORTANT NOTE: Any fever in a newborn or very young infant less than 2 months old should be evaluated by a trained medical professional immediately. The immune system of a newborn is immature and may not respond adequately to certain types of infections. Also, young infants may not show many of the typical symptoms and signs of specific diseases that older children do.

- Common cold (rhinovirus)
  - Can happen any time of the year, but more often in colder months when individuals congregate together.
  - Self-limited, lasting usually between 7-10 days on average.
  - Management is focused on controlling symptoms such as coughing, nasal congestion, body aches and fever.
  - Antibiotics are not effective in treating this type of infection and should only be used if there are bacterial complications (pneumonia, otitis media, sinusitis). A medical provider (and in some countries a pharmacist) can assist in deciding if an antibiotic is necessary and likely to be helpful.
  - RED FLAGS
    - Be alert for any difficulty breathing, cough that prevents a child from eating or fever that does not respond easily to antipyretic medication.
    - Be alert for mental status changes such as confusion, severe lethargy and unresponsiveness.
    - Be alert for signs of dehydration like decreased urine output, lack of tears and dry mouth and marked lethargy and tiredness.
- Bronchiolitis
  - Characterized by fever, cough, nasal congestion and wheezing.
  - This is a viral infection of the upper and lower airway that produces a moderate to severe cough
  - Cough may interfere with eating and hydration.
  - Breathing may become labored and require medications.
  - Antibiotics are ineffective.
  - Most cases resolve spontaneously in about 10-14 days.

- RED FLAGS
  - Rapid breathing(40-60 breaths per minute) that interferes with eating or drinking.
  - High fever > 104
  - Lethargy and decreased interactions with parents

❖ Ear infections
- One of the most common bacterial infections, especially in the toddler years.
- Often occurring during or immediately after a common cold.
- Characterized by ear pain, poor sleep and fever, they are usually managed with a short course of antibiotics. Frequent ear infections or infections that do not easily resolve may require a specialist consultation.
- About 50% of ear infections will resolve on their own, only requiring medications for pain relief.
- RED FLAGS
  - Chronic and recurrent ear infections are a risk for hearing problems in early childhood and can affect the development of speech. Speak to your primary doctor if this occurs.
  - Increasing pain, fever and poor response to antibiotics may indicate a more serious infection. Seek medical attention.

❖ Sinusitis
- Children's sinuses do not form until about 4 years of age.
- Often occurs at the end of a viral upper respiratory infection or shortly afterwards.
- Characterized by thick, purulent (pus filled) nasal drainage, headache, sometimes fever and cough.
- Many will resolve spontaneously over a couple of weeks
- Saline wash and NSAIDS (ex. Ibuprofen) can be used for pain
- Antibiotics can help speed recovery in many cases
- RED FLAGS
  - Swelling of area around the eyes
  - Worsening headache despite use of antibiotics
  - Lack of improvement despite antibiotic treatment

❖ Pneumonia
- Usually a complication of an upper respiratory infection like the common cold or sinusitis.
- Characterized by worsening deep "chesty" cough production of purulent, thick sputum, fever and fatigue.
- Fatigue and body aches are common but should not be debilitating
- Good nutrition and hydration are essential.
- Often require antibiotics to aid in recovery.
- Full recovery may take several weeks.
- RED FLAGS

- Difficulty breathing, struggling to get enough air.
- Blue or purple color to face.
- High fever that is difficult to control
- Inability to maintain hydration due to vomiting.

❖ Gastroenteritis
- ➢ Characterized by nausea, vomiting and diarrhea, these infections are usually viral in nature, but can be caused by other organisms like bacteria or protozoa.
- ➢ These are managed with oral rehydration solutions, small amounts of simple, easily digested foods like toast, rice, banana, soups.
- ➢ Usually self-limited if diarrhea and vomiting are not severe.
- ➢ In certain tropical areas of the world and in areas with poor sanitation, bacterial causes of gastroenteritis are more common such as salmonella, shigella, cholera. These can be severe and life threatening if not managed correctly.
- ➢ RED FLAGS
  - Bloody, mucous-like stools
  - High fevers >103 degrees
  - Contant, unrelenting diarrhea
  - Signs of worsening dehydration (marked decrease or absence of urine production, dry mouth with no saliva, lack of tears, lethargy and poor responsiveness)

❖ Parasitic infections
- ➢ Often characterized by diarrhea and/ or abdominal pain
- ➢ Can present with chronic skin rashes
- ➢ Daily to twice daily , high fevers can be a sign of malaria
- ➢ Most parasitic infections are easily treated with medication and in some cases can be prevented(e.g. malaria)
- ➢ Be familiar with what parasitic infections are most common in the area in which you live.
- ➢ RED FLAGS
  - Altered mental status, confusion, severe headache, extreme fatigue
  - Worsening abdominal pain, weight loss
  - Unrelenting fevers, pale color and fatigue

❖ Fungal infections
- ➢ Probably the least common type of infection but can be serious if not recognized.
- ➢ Can present with chronic skin rashes, especially in the diaper area or on the feet.
  - Yeast infections in the diaper area are extremely common and are characterized by very red, irritated skin, especially in the deep folds of skin. Easily managed with topical antifungal cream like clotrimazole or nystatin.
- ➢ In some warm, dry environments,fungal organisms can cause chronic cough and pneumonia
- ➢ Most are easily treated with oral or topical cream antifungals medications.

- RED FLAGS
  - Prolonged cough >4 weeks with relapsing fevers and shortness of breath
  - Severe, worsening headaches without a clear cause.
  - Widespread loss of scalp hair

❖ Skin infections
- Most skin infections are caused by bacteria that normally live on our skin. They can overgrow and cause localized areas of rash, crusting or blisters. Topical antibiotics are helpful in speeding resolution.
- Infections under the skin like abscesses or cellulitis are characterized by overlying rash and moderate pain. Sometimes pus can drain from within the skin.
- Folliculitis is a simple infection of the hair follicles. It is characterized by small 1-3 mm red bumps located at the base of a hair shaft. It is often self-limited, responding to regular washing and use of antibacterial soaps. Chronic folliculitis sometimes requires antibiotics and can sometimes lead to an abscess.
- RED FLAGS
  - Large areas of painful redness that quickly spreads.
  - Painful rash with moderate fever > 102
  - Destruction of skin, widespread blistering
  - Pain out of proportion to size of rash

❖ Urinary tract infections
- Characterized by painful, frequent urination, change in urine odor (foul), incontinence, back pain, vomiting and fever.
- Some infections are mild with fewer symptoms, while more complicated infections can be severe.
- Urinary tract infections are best managed with increasing fluid intake, medication for pain and fever and antibiotics.
- RED FLAGS
  - High fever with decreasing oral intake or vomiting
  - Blood in urine
  - Recurrent urinary infections

❖ Meningitis
- This is an infection of the brain and/or spinal cord.
- It is characterized by fever, moderate to severe headache and mental status changes.
- Vomiting and loss of appetite can happen.
- Can be caused by both viruses and bacteria. Both of which can be serious and life threatening.
- Suspected cases of meningitis require intravenous antibiotics.
- Specific causes of meningitis can vary from location to location
- Most, (but not all) forms of meningitis are preventable through vaccinations.

- RED FLAGS
  - Take to hospital immediately if this is suspected
  - Alterations in mental status
  - Seizures
  - Stiff Neck

Injuries

Thankfully, most childhood injuries are minor and do not require much more than carefully applied “boo-boo kisses” and a Band-Aid. Applying some common sense in this area can be most helpful. Prevention of all injuries is impossible but maintaining a clean and safe home and play area, especially for young children can prevent many of them.

▪ Cuts and scratches that do not stop bleeding within 5 minutes, when direct pressure is applied, should be evaluated promptly.

▪ Lacerations where the edges of the wound are more than 2-3mm apart should receive medical attention for treatment. (sutures, staple or skin bonding).

▪ Head injuries are quite common in young toddlers as they learn to run and develop their sense of balance and coordination.

> Head injuries that result in loss of consciousness should always be evaluated promptly. Call emergency services immediately.

> Head injuries that result in ongoing headaches, vomiting or disorientation should be evaluated promptly.

> Head injuries in an infant (<12mo) should be evaluated promptly.

▪ Injuries of the extremities (arms, legs, hands, feet) are also common and most can usually be managed with home care, icing and pain medications.

> Seek medical attention if a child cannot bear weight on the affected limb.

> Seek medical attention if the child cannot use or move the affected limb.

> Seek medical attention if there is an obvious deformity of the affected limb.

▪ Burns can present unique management issues for a young child.

> Small, simple burns (first degree) should be cleaned gently with soap and water, antibiotic ointment applied, and area covered with sterile gauze. Twice a day checking of the site is advised.

> Any second degree (immediate, red, blistering skin) or third-degree burn (skin loss, injury to layers beneath epidermis) needs to be seen by a medical professional promptly.

> Any burn that is larger than the palm of the child’s hand should be evaluated promptly.

> Any burn, regardless of size, on the palms, soles, face, genitalia should be evaluated promptly.

> Any burn of any degree that occurs on a non-ambulating child should be evaluated promptly.

Mental and Emotional Health Challenges of Missionary Children

It almost goes without saying that Third Culture Kids experience significant stress both emotionally and mentally during all phases of a family's missionary work. The Assemblies of God World Missions strives very hard to prepare both parents and their children for the stresses and challenges they will likely face while abroad. What follows is a simple outline of various emotional and mental aspects of those challenges from a medical perspective. Please refer to your training materials provided to you by AGWM for a more complete discussion.

Emotional development matures through the various ages and stages of a child's life. It is important to remember that not all children develop similarly in this area. Some children seem more "mature" while others never seem to grow up. A 2 year old toddler does not see the world like an 11 year old pre-teen. They don't have the life context and perspective that an older child has. For this reason, emotional and mental stress arising from the realities of missional work will manifest in different ways, depending on the developmental stage a child is in.

Even in very challenging transitions like moving to a different country and culture, children are remarkably resilient and often acclimate well to the challenges they face. For this to happen, they need to know what to expect, how to prepare and understand their role in the work the family is doing. Family unity, consistent rules and expectations all serve to develop confidence in children, even in new and uncertain situations.

Despite our best efforts and preparations, some children may develop disruptive behaviors, anxieties, depression, anger, failing academic performance and many other emotional challenges. Being alert to the signs of poor adjustment and declining mental health is important. Intervening early and thoroughly can prevent problems from worsening and help a child develop their own sense of purpose and resilience.

- Identity and Belonging
  - Struggles with the question: 'Where do I belong?'
  - Feel 'between cultures' — not fully part of either their "home" country or their host culture.
  - Can develop a 'third culture' identity: adaptive, but sometimes rootless or fragmented.
  - Identity formation can be complicated by expectations to represent their family's faith or mission positively.

- Emotional Regulation and Expression
  - Pressure to 'be strong' or 'set a good example' can lead to emotional suppression.
  - Feelings of guilt or spiritual inadequacy if they experience sadness, anger, or doubt.
  - Limited opportunities to process grief related to transitions or losses (friends, pets, homes, stability).

- Chronic Transitions and Loss
  - Frequent moves disrupt friendships, schooling, and stability.
  - 'Hidden grief' from cumulative goodbyes.
  - May develop anxiety or avoidance of close relationships to protect against future loss.

- Family Stress and Parental Availability
  - Parents' ministry demands can lead to emotional neglect or reduced attention.
  - Children may internalize parental stress or feel responsible for family well-being.
  - Exposure to hardship (poverty, illness, persecution, trauma in the field) without adequate processing.

- Faith and Spiritual Identity
  - May experience spiritual confusion: conflating personal faith with parental or institutional expectations.
  - Struggle with doubts or questions they feel unsafe expressing.
  - Risk of spiritual burnout or resentment toward the faith that 'took' their parents' time or attention.

- Social and Cultural Adjustment
  - Confusion reconciling culture of origin with current culture
  - Difficulty reintegrating into "home" country culture ('reverse culture shock') when returning for furlough or itineration.
  - Challenges in peer relationships due to differing life experiences.
  - May feel socially awkward or misunderstood due to fear of rejection by peers

- Protective Factors and Strengths
  - Cross-cultural empathy and global awareness.
  - Resilience from navigating change and adversity.
  - Deep spirituality and sense of purpose when faith is integrated in healthy ways.
  - Strong family bonds if emotional needs are recognized and supported.
  - Access to supportive missionary care networks and MK communities.
  - Regular and scheduled time away from the stresses of missional life such as retreats or vacations.

- Supportive Interventions
  - Preventive care:
    - Normalize discussions about transition, grief, and belonging.
    - Provide psychological preparation before moves and debriefing afterward.
  - Family supports:
    - Encourage intentional family time outside ministry.
    - Teach parents to validate emotions and model healthy vulnerability.
  - Community and education:
    - Encourage peer connections with other MKs or culturally mobile children.
    - Train sending agencies and churches to prioritize mental health alongside spiritual care.
  - Re-entry support:
    - Structured debriefing and counseling during transitions back to home country.
    - Spiritual mentoring that allows honest questions and faith exploration.
- Additional Considerations
  - Context-specific stressors: safety concerns, isolation, language barriers, or differing moral/cultural norms.
  - Impact of technology: maintaining longdistance friendships but also feeling split between worlds.
  - Developmental timing: transitions during adolescence can especially affect identity formation and autonomy.

Appendix I

Emergency Numbers

1. Local police: _____
2. Ambulance_____
3. Fire: _____
4. Poison control: _____
5. Embassy liaison: _____
6. AGWM support: _____

Emergency Medical Document

Name: _____ Birthdate: _____

Medical allergies: _____

Chronic medicalconditions

1. _____
2. _____
3. _____

Current Medications

1. _____
2. _____
3. _____

Past surgeries

1. _____
2. _____
3. _____

Vaccination status: fully vaccinated partially vaccinated unvaccinated

Insurance carrier:

_____

Local Primary physician/ clinic: _____ Phone #: _____

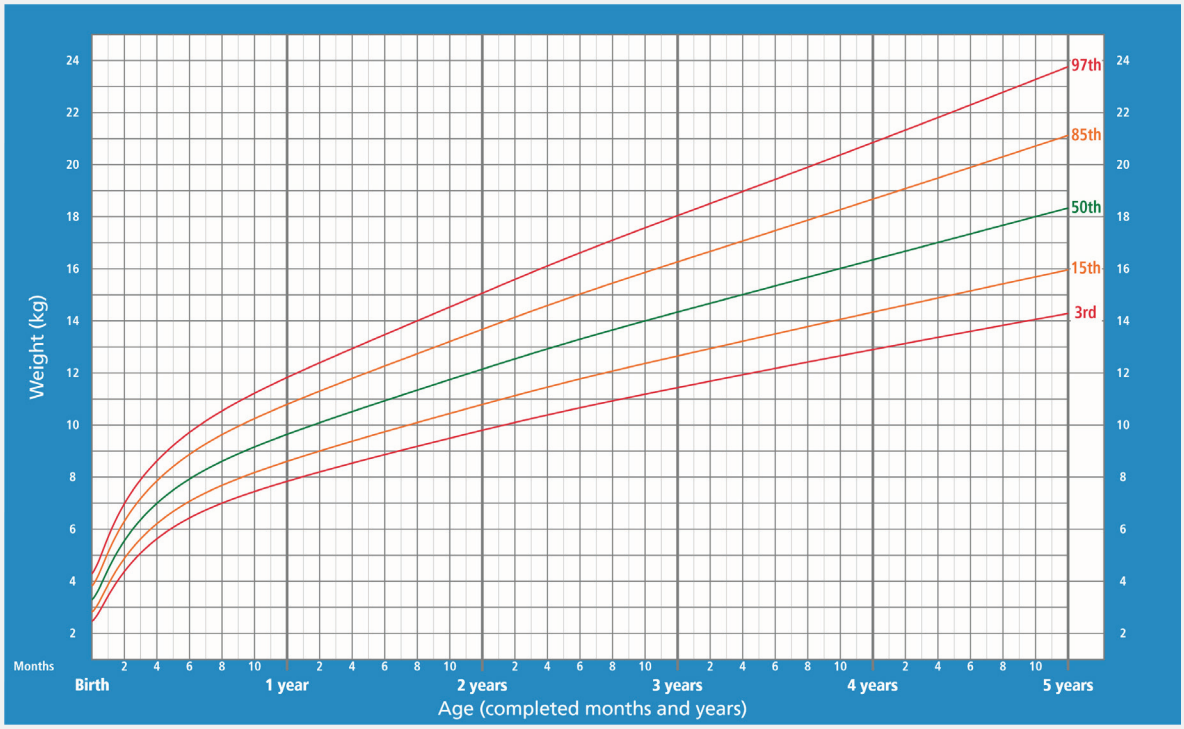
Home country physician office #: _____

Appendix II

Weight-for-age BOYS

Birth to 5 years (percentiles)

World Health Organization

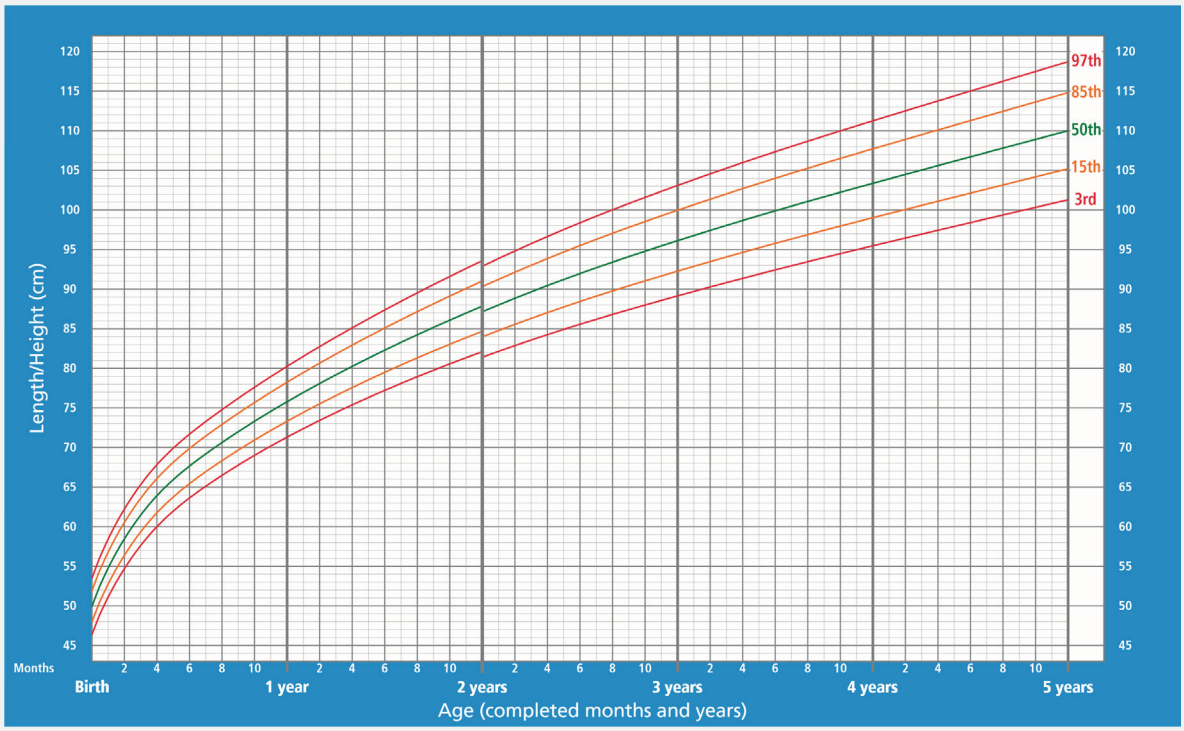


WHO Child Growth Standards

Length/height-for-age BOYS

Birth to 5 years (percentiles)

World Health Organization

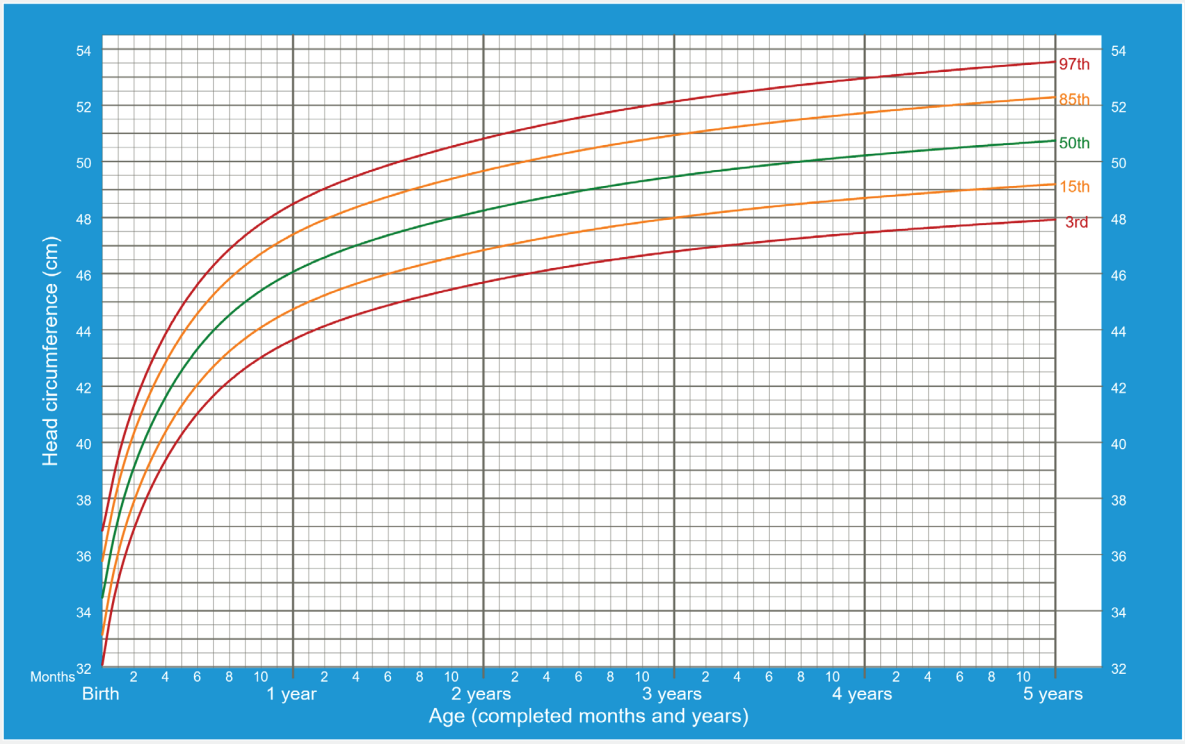


WHO Child Growth Standards

Head circumference-for-age BOYS

Birth to 5 years (percentiles)

World Health Organization

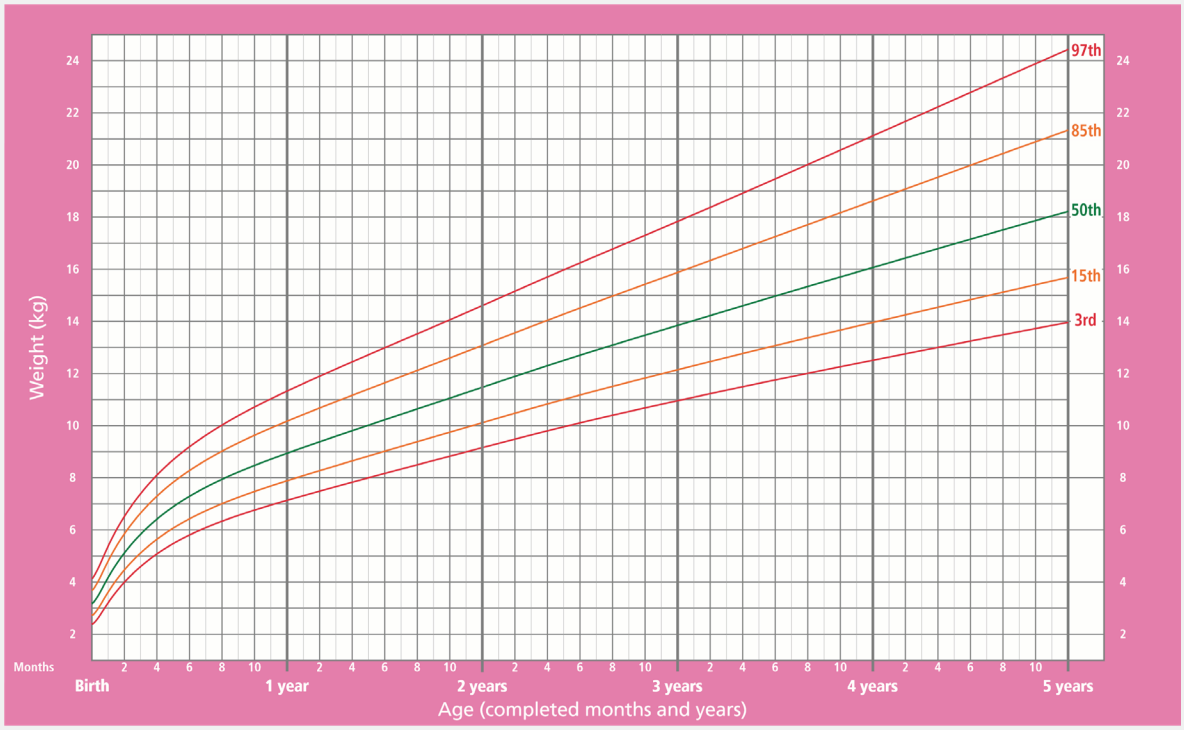


WHO Child Growth Standards

Weight-for-age GIRLS

Birth to 5 years (percentiles)

World Health Organization

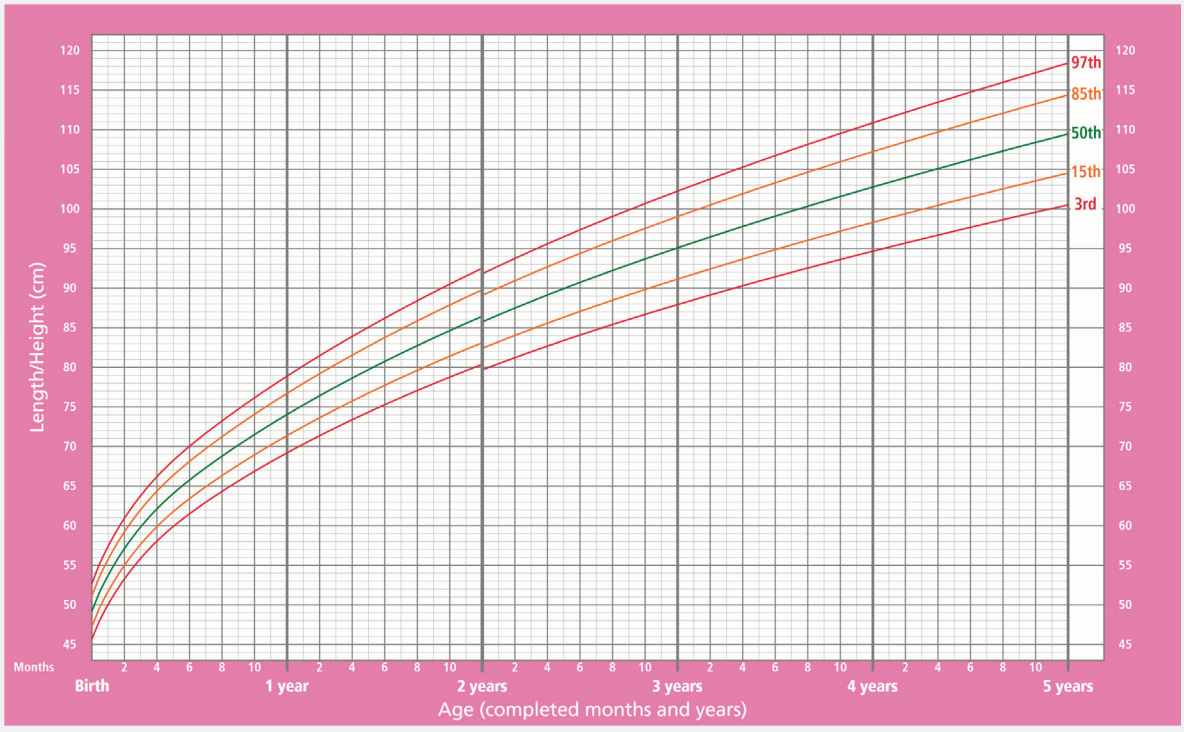


WHO Child Growth Standards

Length/height-for-age GIRLS

Birth to 5 years (percentiles)

World Health Organization

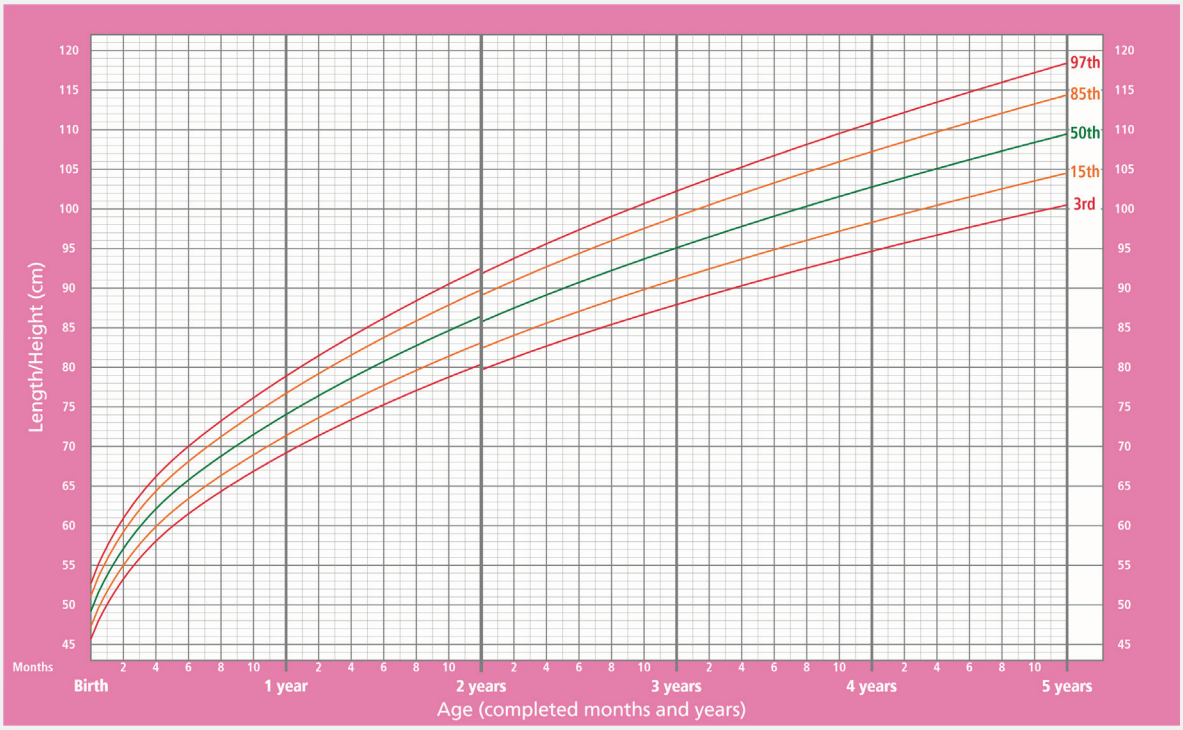


WHO Child Growth Standards

Length/height-for-age GIRLS

Birth to 5 years (percentiles)

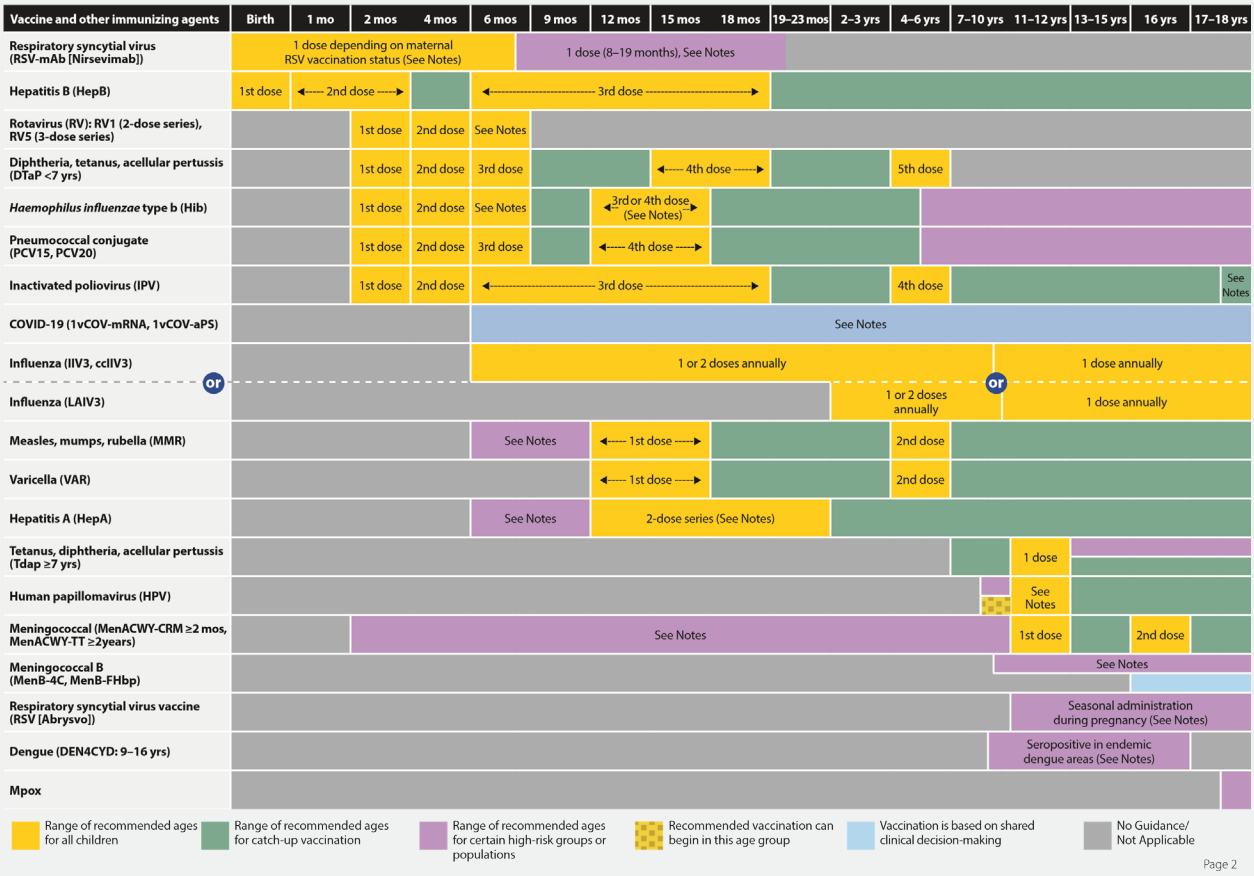
World Health Organization



WHO Child Growth Standards

Appendix III

Advisory Committee on Immunization Practices
Recommended childhood vaccines 0-18 years



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Appendix IV

Helpful online resources

- AAP- www.aap.org
  This is main website for the American Academy of Pediatrics. The AAP is considered the premier organization for setting the accepted standards of medical care for children. They offer extensive information an all aspects of pediatric care including nutrition, safety, vaccinations, emotional and mental health. BE AWARE: the AAP is a very secular organization and some of its positions are not consistent with a traditional Christian worldview and theology.

- Healthy Children- www.healthychildren.org
  This is an informational website that covers a wide range of educational topics for parents and teens. BE AWARE: This organization is sponsored by the AAP and contains educational material that is not consistent with a traditional Christian worldview and theology.

- American College of Pediatrics- www.acpeds.org
  The American College of Pediatrics is a conservative medical organization dedicated to the health of all children. They advocate for biblical, conservative values in pediatric care.

- Center for Disease Control- www.cdc.gov
  >The CDC is a U.S. funded organization that publishes information on thousands of topics relevant worldwide. They offer information on vaccines, infectious diseases, medical conditions and treatments pertinent to countries around the world.
  > Especially helpful to missionaries who are relocating to other countries, they maintain up to date information about disease outbreaks and current recommendations for travel.

- World Health Organization- www.who.int
  The World Health Organization is an international collaboration of medical experts and policy makers who set guidelines for medical care and infrastructure for the benefit of countries worldwide. This is a good resource for information pertinent to missionaries serving in a foreign culture. There is information about health related events in most countries around the world, such as international disaster response.

- www.immunize.org
  A trusted and science backed website that provides up to date information on vaccines and vaccine-preventable diseases.

- www.letsgetrealaboutvaccines.org
  A website dedicated to non-biased and science backed information about issues related to vaccines, especially controversies and misinformation

- www.kidsmentalhealthfoundation.org
  This is a non-profit organization that supports parents and children on a wide variety of mental health issues. BE AWARE: This website may contain information that is not consistent with a traditional Christian world view or theology.

- www.missionarycare.com and www.crossculteralworkers.com
  >These websites offer extensive missionary support material, free and available for download and distribution.
  >These websites are run by Ron and Bonnie Koteskey, retired member care consultants with GOInterNational (www.gointernational), an organization dedicated to equipping missionaries and indigenous leaders.


AGWA