

- Vary the choices of foods periodically, so that the child does not develop an aversion to a certain food. Some selections that work well in hiding the taste and texture of medications are frosting, jam, mashed banana, and chocolate syrup.
- Though rifampin should not be given with food, a small amount may be used if absolutely necessary. Open the capsule and mix the capsule contents with selected food.
- Some children will need to be taught how to swallow pills versus capsules (*See Appendix F*).

#### **D. Lack of Understanding** (Buttaro, Ezell & Gray, 1995)

A common complaint is that children and parents/guardians do not understand the severity of TB and, therefore, medications are not taken properly.

- You must constantly educate the child and parent/guardian about the disease process
- You can refer concerns to the clinician

#### **E. Lack of Incentive**

If a child is hesitant about taking medications or does not understand the effects of non-adherence, incentives can help (CDC, 2000).

- Positive feedback boosts a child's morale
- Small, tangible rewards, such as stickers or certificates, are good incentives
- Check with the child's clinician for ideas that were successful with other children. Some clinics and health departments have effective incentive programs and are willing to share ideas

#### **F. Lack of Time**

Even with the time constraints of a school nurse, a child with TB needs medications to stay healthy.

- Consider flexible scheduling of medication administration so that children's visits to your office are spread throughout the day.
- Prioritize particular children's regimens since it may not be possible to follow a flexible schedule with all medications (School Health Alert, 1998).

School nurses have much to add to the health of the public. Remember....

**High adherence = Lowered incidence and no reactivation of disease.**

GOOD LUCK !!