

No.2/March 2012

**MEDIA
PLANET**

EDUCATION IN AMERICA



GENERATION CONNECTIVITY

Virtual learning environments are
changing the approach to 21st century teaching

PHOTO: ISTOCKPHOTO.COM

Ana de la Reguera
Discusses how
cultural heritage
begins in the home



Address the issues
Protocols for safe
and healthy
students



Education reform
The key
ingredient is family
engagement

CHALLENGES

Family engagement: A key driver in **education reform.**

Together we make a change

Imagine: A nation without a juvenile justice system for its most troubled children. A nation where children are too hungry to learn. A nation in which children are still forced to work long hours in dangerous conditions. That is a nation without National PTA. The organization demanded that changes be made to correct these injustices and improve the lives of children.

Now imagine: a nation whose students drop out of high school every nine seconds. A nation in which 70 percent of public-school eighth graders can't read at grade level. A nation that spends an average of \$24,000 per inmate each year but only spends an average of about \$11,000 per pupil. That is the nation we live in now.

With everyone's help, we can take action and demand that changes happen again. The first place to start is by demanding that family engagement be the key ingredient to education reform.

Take for example President Barack Obama's fiscal year 2013 budget proposal. While National PTA is pleased with the maintained focus on educational success as a

driver of economic prosperity, PTA is disappointed by the lack of recognition for the vital role family engagement in education plays in student success and meaningful education reform.

Although recent studies show that meaningful partnership with parents and families is a necessary ingredient in turning around chronically low-performing schools (as important as school leadership and curriculum alignment) the proposed budget completely omits any assistance to states and school districts in building partnerships with parents and families to improve academic achievement.

The President's proposed budget also fails to include family engagement in education as a stated priority, either through funding of the Parental Information and Resource Center (PIRC) program or inclusion of PIRC program goals within the Administration's priority education reform programs.

What can you do?

Join me and the millions of PTA members across the country as we champion children's education and prove as we did decades

"The first place to start is by demanding that family engagement be the key ingredient to education reform."



Betsy Landers
National PTA President

ago that family engagement is a key driver for improved education.

We're also proud to introduce another education section with the latest information on learning challenges, technology in the classroom, internet safety, children's health, social and emotional learning, as well as the importance of language and cultural identity. But your focus on education should not stop after reading this supplement.

Research shows that children whose parents advocate for them at school feel more confident and perform better in school. Another recent study showed that schools would have to increase spending by \$1,000 per student to achieve the same results as higher levels of family engagement.

Let's make these changes happen together. The road ahead is challenging, but if history has taught us anything, it is this: Americans have the energy and determination to move mountains!

But our mountains don't need you—our children do, now more than ever. Visit www.PTA.org to get involved.

BETSY LANDERS

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WE RECOMMEND



The 21st century classroom
Technology is changing the look and function of the modern classroom

PAGE 11

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NEWS

4 FIRE AND CO
SAFETY TIPS

1 Install smoke and carbon monoxide alarms. CO alarms need to be at least 15 feet away from every fuel-burning appliance.

2 Test your alarms every month. Change batteries once a year for smoke alarms and replace all smoke alarms every 10 years. Replace CO alarms every five years.

3 Practice your escape plan at night to see if your child awakes to the alarm.

4 Call 911 AFTER leaving your home!

Source: Safe Kids Worldwide

How smoke and carbon monoxide alarms can save lives

Smoke and carbon monoxide alarms are extremely effective at preventing fire-related and carbon monoxide-related deaths, yet many still do not use them.

Each year in the United States, there are more than 20,000 carbon monoxide-related emergency department visits reported. And each year, approximately 462 children ages 14 and under die from a residential fire. Installing a smoke and carbon monoxide alarms are simple tasks that can save lives.

The silent killer

Carbon monoxide (CO) is a colorless, odorless gas that can creep through your home with no warning. This deadly gas causes illness by decreasing the amount of oxygen present in a person's body and young children are especially susceptible to the effects. Without a working detector, you won't even be aware of a CO leak.

FACTS

Carbon monoxide

- **Molecular formula:** CO
- **Appearance:** Colorless
- CO is also called carbonous oxide, is a colorless, odorless,

CO poisoning can often be mistaken for other illnesses, such as the flu or food poisoning; so knowing the signs and symptoms is very important for parents. Safe Kids is currently taking action for regulation at the federal and state level to encourage the use of carbon monoxide detectors—ranging anywhere from homes to schools, hotels to public venues.

and tasteless gas that is slightly lighter than air. It can be toxic to humans and animals when encountered in higher concentrations.

Get smart about smoke alarms

Did you know that having a working smoke alarm reduces a person's chance of dying in a fire by half? Yet, sadly, 40 percent of home fire deaths occur in homes without a smoke alarm. Many adults mistakenly believe when a fire breaks out children will run to or call for a parent. Unfortunately, such is not the case. Children often hide under beds or in closets, thinking they are safe from fire. That's why it's important for parents to teach their children how to act in a fire—it could mean the difference between life and death.

Source: Safe Kids Worldwide



You Have Smart Children

The Alarm Protecting Them at Home Should Be Just as Smart

Kidde's Intelligent Alarm offers smoke and carbon monoxide protection all in one unit.

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NEWS

Greater health begins with hand washing

Hand washing is vital 365 days a year. According to the Centers for Disease Control and Prevention (CDC), the single most important thing we can do to keep from getting sick and spreading illness to others is to wash our hands.

In a 2010 observational study sponsored by American Cleaning Institute and the American Society for Microbiology, 85 percent of adults washed their hands in public restrooms, compared with 77 percent in 2007.

Each year in the U.S., nearly 22 million school days are lost due

to colds, and 38 million school days are lost due to the influenza virus. Educational programs are an important component in spreading the word about hand washing.

The ACI partners with the CDC in an effort to encourage good hand hygiene practices in school. The Healthy Schools, Healthy People: It's a SNAP program annually recognizes classrooms across the country that incorporate activities, projects or campaigns that focus on clean-hands initiatives.

Taking 20 seconds for something as basic as scrubbing with warm water and antibacterial or

even regular hand soap can have a profound beneficial effect on the health of not just individuals but everyone around them as well. Use of antibacterial hand sanitizers when soap and water are unavailable also limit the spread of contagion. Hand washing costs very little but the return on investment can be huge.



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Help keep your children safe in the car

■ Make safety a family priority. Most crashes happen close to home, so make sure that everyone is buckled up on every trip.

■ A seat belt alone may not be adequate protection for children age 8-12. Protect your most precious cargo by using the right car seat.

New guidelines

recommend that:

■ Children remain rear-facing until age two or until they reach the upper weight or height limit of their rear-

facing convertible seat. And children remain in a booster seat until they reach 4 feet 9 inches tall.

■ The safest place for children under 13 is in the back seat.

■ Experts are available to help with car seat installation. Call 866-SEAT-CHECK or visit www.seatcheck.org to find an expert near you.

■ Childproof your car by securing loose items in the trunk and only bringing soft toys for play.

Source: AAA

KEEP YOUR CHILDREN SAFE IN THE CAR

Use the right car seat and follow the guidelines at AAA.com/SafeSeats4Kids. For help with installation, visit seatcheck.org or call an expert at 866-SEAT-CHECK (732-8243).

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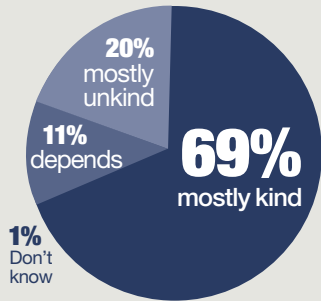
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NEWS

↓ FACTS

Percent of teens say others their age on social networks are...



■ Eighty-eight percent of teens say they have witnessed people being mean and cruel to another person on the sites, and 15 percent report that they have been the target of mean or cruel behavior on social network sites.

Source: Pew Research Center

Parents, teachers play vital role in keeping children safe online

Children are using the Internet both at home and in school. While the technology has evolved, the dangers remain the same.

Internet safety experts agree protecting children on the Internet begins with parents who are engaged in the technology.

"We can't teach our kids how to drive the car if we ourselves don't know how to drive it," said Katie LeClerc Greer, an Internet safety consultant.

Teachers make sure that knowledge carries into the classroom.

Safety tools

Parents and educators can utilize filters to weed out content—websites or keywords—and monitoring software to track visited websites.

Educational platforms, like ePals Global Community, were created specifically for children.

Internet Safety 101 was also created to educate adults to be fluent in the technology so they know how to discuss it.

"This is all about prevention," said Donna Hughes, president of Enough Is Enough, which created the Internet Safety 101 program. "The key is to get the parents

to recognize their kids are not immune and they need to step in and do some cyber-parenting."

The 1998 Children's Privacy Protection Act (COPPA) controls the collection of children's personal information. According to LeClercGreer, websites must require parental authorization—a credit card, faxed form, etc.—to collect personal data.

An ongoing dialogue

When introducing children to the Internet, Hughes said to remember their age and what is appropriate for them to be doing online.

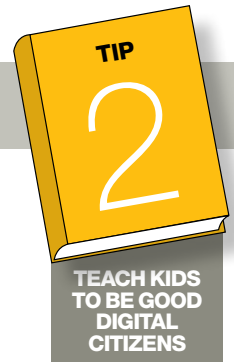
LeClerc Greer encourages par-

ents to emphasize the Internet is a wonderful tool. It just needs to be used properly, and parents need to talk regularly about what their kids do and who they talk to.

"The best way to educate kids about the Internet is to first put them in a network or virtual workspace that is appropriate for their age group," added Tim DiScipio, founder of ePals. "That's the first step, so they can develop net-etiquette skills and not have to encounter strangers or inappropriate situations."

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NEWS



The collaborative e-classroom



The Pew Internet & American Life Project states learning is no longer a transaction where knowledge is objective and certain. Instead, learning is now a process, where knowledge is subjective and provisional. Within the next decade, 45 percent of students enrolled in a four-year, public university program will take a course offered completely online.

According to a 2009 study by the Kaiser Family Foundation, children between the ages of eight and 18 spend more than 53 hours per week using entertainment media—approximately seven hours and 38 minutes per day, on average.

According to Ingersoll and Smith 2003, most new teachers move on to a new profession within the first five years. The

hope of educational platforms is to keep teachers engaged by feeling supported.

Educational platforms like ePals allow for the sharing of lesson plans, special projects and successful classroom practices.

These programs remain relatively new, most reaching the five year mark now, capable of producing data to determine their success rate.

Ted Brodheim, of ePals, said he believes most schools now have some sort of Learning Management System (LMS) in place, the difference is how integrated that program is into the classroom.

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Antonio Tijerino
President and
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Hispanic Heritage
Foundation

Empowering Latino youth

America will continue losing its competitive edge unless we increase the number of students graduating from high school, entering college, and pursuing a STEM (science, technology, engineering and math)-based career. With STEM jobs growing at three times the rate of other jobs and only one in five STEM workers born in the U.S., I propose we look to young American Latinos to move America forward as a global leader again.

Educating our youth is critical. The dilemma is Latinos are graduating from high school at just-over 50 percent and only 9 percent of Hispanic freshman in high school today will end up graduating from college. Latinos who beat the odds in education must inspire, encourage and support other Hispanics to achieve.

With that in mind, the Hispanic Heritage Foundation (HHF) has developed a unique and effective continuum in the STEM fields through the Latinos On Fast Track (LOFT) leadership and workforce development program. By joining LOFT's network, Latino students will be connected to experienced professionals and mentors to one another. This supportive connectivity is crucial for Latinos, especially in STEM fields. And there is no shortage of talent with 75,000 members of the LOFT Network.

Visit www.HispanicHeritage.org for more information.

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GIVING BACK
In response to Hurricane Karl, Ana created a foundation called VeracruzANA AC.

PHOTO CREDIT: VERACRUZANA AC



Latina actress **Ana de la Reguera** shares her pride in her culture, encourages parents to pass it on.

Embrace your cultural identity and be yourself

Actress Ana de la Reguera moved to Los Angeles six years ago to transition into the American entertainment industry, but she credits her roots for her sense of self.

What inspired you to pursue a career in the arts?

I used to take acting lessons and ballet classes and I performed in the local theater in Veracruz where I was born. I felt the magic in the theater and I liked it a lot.

What does being a young Latina actress in Hollywood mean to you?

Hollywood is a tough industry. When you have a career in your country and are just starting over you have a lot of things

against you, but I like the challenge, I like the ability to work in another country.

How can parents help their kids appreciate their heritage?

Parents have to be very aware that that's what's going to make your children stand out from

everyone else. You're going to be a person that has two worlds in you and more to offer in any job you do in your life.

Why is it important for young Latinos to learn their native language?

Being able to speak another language is already a plus in your

life, just being bilingual is great for getting a job. Parents really should encourage their children to speak in their native tongue.

What advice would you give to aspiring actors about maintaining their identity?

When I moved to L.A., I went to a dialogue coach and I tried really hard to get rid of my accent. I was always trying so people wouldn't notice that I had an accent and that I was different and I wasn't really acting. I realized that I didn't have to change that much that I had to just be a better actor. Learning more about your job, your art and your craft is better than trying to be like someone else.

PROFILE

Ana de la Reguera

■ **Full Name:** Anabell Gardoqui De La Reguera

■ **Born:** April 8, 1977

■ **Hometown:** Veracruz, Veracruz, Mexico

■ **Best known projects:** Nacho Libre, Cowboys & Aliens and Eastbound & Down

■ **Other hobbies:** Tennis and dancing

■ **Fun fact:** She is a lefty.



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Spanish: A vehicle for Latino values

By Judith Robles Urquiza

Latino families living in the U.S. feel the need to keep their cultural roots so they can honor their origins and, more importantly, so they can share these values with their children. Food, holidays, music, and language education are some of the traditions a Latino family wants to preserve as part of its identity.

To those living far from their home country, one of the ways to strengthen their Latino pride is through the Spanish language. Today, television helps new generations of children living in the U.S. learn and practice their parents' language.

It is for this reason that DishLATINO's children's programming offers its audience a wide variety of educational shows so that the little ones can learn Spanish in a didactic and fun way. For example, original channels such as CBeebies, Discovery Kids en español and Discovery Familia have a wide variety of programming that not only entertain kids but also help reinforce learning the Spanish language.

In addition to the children's programming in Spanish, DishLATINO offers channels in English: Cartoon Network, Nickelodeon, Disney Channel and BabyTV, which are designed with entertainment for the entire family in mind. By subscribing to DishLATINO, subscribers will receive the best programming in their homes, with content that really appeals to them for the best price in the market. Telenovelas, sports, news and entertainment in both languages makes being at home the best entertainment.

In doing so, DishLATINO joins Latino families in their aspirations of keeping and sharing their culture and the Spanish language. And, since kids and their future are what really matter, what could be better than to watch them grow and learn with the best educational content that DishLATINO has to offer.

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NEWS



LMS can link classrooms around the country and the globe.

Learning management systems move education forward

As technology and the workforce change, Learning Management Systems (LMS) help educators keep up with an evolving curriculum.

LMS are online educational networks for teachers and their students, shifting the classroom from a more lecture-centric style to encouraging greater interaction.

"Students have the opportunity to learn at their own pace," said Michael Horning Jr., president of 3rd Learning. "In this environment, a teacher can move quickly and focus attention around the classroom and address individual needs."

LMS can link classrooms around the country and the globe. Companies are now coming together, hoping to collaborate on developments to create more resources.

"The LMS vendor community is rapidly adopting interoperability standards. These allow third-party LMS extension providers such as SoftChalk to 'write-once and deploy everywhere,'" said Sue Polyson

Evans, chief executive officer and co-founder of SoftChalk, LLC.

The teacher's role

LMS relies on teachers to facilitate lessons in new ways. While the student-teacher dynamic may change meaning, teachers have never been more important, helping children navigate these new learning tools.

"If all students needed was unstructured access to information and they would learn everything they needed to know on their own, then, we would just give them each a laptop with Internet access and a web browser," said Horning.

LMS has changed the roles of every individual involved in a child's education by expanding their dialogue, Polyson Evans explained.

"The LMS helps the teacher organize the delivery of materials to the student, as well as manage communication with students, parents and other teachers and administrators in their school."

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NEWS



DIGITAL NATIVES
Smartphones, tablets, clickers and whiteboards have become commonplace in the American classroom—the key is how these advances are introduced to students. PHOTO: ISTOCKPHOTO.COM



Leveraging technology in the 21st century classroom

Technology changes the look and function of the modern classroom

The Internet and its many vessels force educators to become fluent in the available technology in order to speak their students' language.

Utilizing technology

Smartphones, tablets, clickers and whiteboards have become commonplace in the American classroom—the key is how these advances are introduced to students.

“Technology is fundamentally changing the way we educate students, and as in any industry demanding greater productivity, you need job-embedded training to help you

“Technology is fundamentally changing the way we educate students, and as in any industry demanding greater productivity, you need job-embedded training to help you understand what this means for you,” said Mike Soules, president of Corwin, which publishes professional books for educators.

Teachers need to learn how to adapt these products for the learning environment—teaching their students to use them productively and responsibly.

“The skill we are seeking to create in students is the ability to be a conscious consumer of media,” said Jonathan P. Costa, Sr., author of *Digital Learning for All*, Now for Corwin.

Tech-age challenges

As teachers of all ages learn to navigate these new tools, they must also adapt to today's student who is used to this more visual, hands-on environment.

“Learning cannot be achieved without the teacher—technology is the tool and mobility is the means to make digital content effective and engaging. It is the teacher who makes it happen for their students to be successful,” said Alan Jacobs, business development manager for education at Sprint.

Marc Prensky, author of *Teaching Digital Natives* for Corwin said teachers have to treat students more as partners, and work to improve the curriculum.

“Even more importantly, the main challenge for teachers is to prepare their students for a very different world from that of the teachers' own past,” Prensky said. “Rather than writing letters, reports and essays in their future jobs, today's students will be working in virtual communities, making videos and programming our increasingly powerful technologies.”



QUESTIONNAIRE

What does the modern classroom look like?

“The classroom of the 21st century is without walls. There will be more data driven solutions, providing information to teachers and administrators, so the curriculum can adjust to the student's needs. Individual devices with anytime, anywhere access where students can create, collaborate, and learn. More project based learning, versus the pure teacher led classroom. Virtual schools offer classes from around the country, so students do not have to take all their courses in their school, plus they are able to get courses not available in their own school or district.”

— Alan Jacobs, Business Development Manager for Education at Sprint

“Teachers must be part of the equation. There's nothing more powerful than an effective teacher. Students should have plenty of time to work independently on the computer—in their zone of proximal development. Teachers should have access to performance data and the expertise to make informed decisions about how to group students into small groups for teacher-led instruction.

— Peter Cipkowski, Vice President of Marketing, Apangea Learning, Inc.

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NEWS

School nurses keep kids' health on track when parents can't

School nurses play an important role in children's lives during grades K-12. Balancing common colds with allergies and medical conditions, they step in while children are away from home.

According to the National Association of School Nurses (NASN), school nurses are responsible not only for maintaining the health of individual students, but of the entire school environment.

School nurses do more than bandage wounds from recess. Today,

they manage medications for diabetes and attention deficit disorder, analyze trends to inform parents and administrators and prepare reaction plans in the event of an outbreak.

Common health issues in schools

The most notorious conditions remain, like lice, pinkeye, chicken pox and the common cold, but bigger health concerns exist as well.

Influenza remains one of the most prevalent illnesses. According to the Centers for Disease Control (CDC), of the more than 200,000

people hospitalized each year for the flu, 20,000 of them are children five years of age or younger.

Another dangerous disease students face is meningitis. According to the National Meningitis Association (NMA), 1,500 Americans will contract meningococcal disease each year—15 percent of them are adolescents and young adults, and one in seven adolescent cases is fatal.

Another major concern for school nurses are food allergies. The United States Food and Drug Administration (FDA) lists these eight foods as the most common allergies: milk,

eggs, soy, peanuts, tree nuts, fish, shellfish and wheat.

Keeping nurses in schools

Having nurses and medical professionals readily available is vital as children are not able to manage their own health and may not recognize potentially harmful symptoms.

To best help a school nurse help your child, schedule annual doctor's visits and keep your school updated on any changes in your child's health and/or medications.

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↓ FACTS

Calling Mr. Clean!

■ Clean desks every day—and don't stop there. Wipe down anything the kids touch, including door handles and computer keyboards, but especially areas that could be warm or moist. That definitely includes classroom sinks and water fountains. (One disturbing fact: a recent National Science Foundation (NSF) study found 10 times as many bacteria on a school cafeteria tray than a school toilet seat. Yuck!) Keep in mind: your building's custodians can be great partners.

Source: National Education Association

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Strike back with SUPRAX®

SUPRAX® is indicated for the treatment of:

- Otitis media caused by *H. influenzae* (β-lactamase +/- strains), *M. (Branhamella) catarrhalis* (most of which are β-lactamase positive), and *S. pyogenes*
- Pharyngitis and tonsillitis caused by *S. pyogenes*



Once-a-day
Suprax®
cefixime
Oral suspension
100 mg/5 mL

Once-a-day
Suprax®
cefixime
Oral suspension
200 mg/5 mL

Important safety considerations

The most common adverse event related or probably related to SUPRAX® was GI upset. Several patients developed severe diarrhea and/or documented pseudomembranous colitis, and a few required hospitalization. The incidence of gastrointestinal adverse reactions, including diarrhea and loose stools, in pediatric patients receiving suspension was comparable to the incidence seen in adult patients receiving tablets. SUPRAX® is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

WARNINGS: BEFORE THERAPY WITH SUPRAX® IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE TO DETERMINE WHETHER THE PATIENT HAS HAD PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS, PENICILLINS, OR OTHER DRUGS. IF THIS PRODUCT IS TO BE GIVEN TO PENICILLIN-SENSITIVE PATIENTS, CAUTION SHOULD BE EXERCISED BECAUSE CROSS HYPERSENSITIVITY AMONG β-LACTAM ANTIBIOTICS HAS BEEN CLEARLY DOCUMENTED AND MAY OCCUR IN UP TO 10% OF PATIENTS WITH A HISTORY OF PENICILLIN ALLERGY. IF AN ALLERGIC REACTION TO SUPRAX® OCCURS, DISCONTINUE THE DRUG. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE TREATMENT WITH EPINEPHRINE AND OTHER EMERGENCY MEASURES, INCLUDING OXYGEN, INTRAVENOUS FLUIDS, INTRAVENOUS ANTIHISTAMINES, CORTICOSTEROIDS, PRESSOR AMINES AND AIRWAY MANAGEMENT, AS CLINICALLY INDICATED.

Please see Brief Summary of Suprax® Prescribing Information on the pages that follow.

References: 1. Ludwig E. Cefixime in the treatment of respiratory and urinary tract infections. *Chemotherapy*. 1998;44(suppl 1):31-34. 2. Dagan R, Einhorn M, Lang R, et al. Once daily cefixime compared to twice-daily trimethoprim/sulfamethoxazole for treatment of urinary tract infections in infants and children. *Pediatr Infect Dis J*. 1992;11(3):198-203.

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SPX1129

March 2012

SUPRAX®

CEFIXIME FOR ORAL SUSPENSION USP, 100 mg/5 mL
CEFIXIME FOR ORAL SUSPENSION USP, 200 mg/5 mL
CEFIXIME TABLETS USP, 400mg

Rx only

INDICATIONS AND USAGE

To reduce the development of drug resistant bacteria and maintain the effectiveness of Suprax (cefixime) and other antibacterial drugs, Suprax should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antimicrobial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy. Suprax is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms: *Uncomplicated Urinary Tract Infections* caused by *Escherichia coli* and *Proteus mirabilis*. *Otitis Media* caused by *Haemophilus influenzae* (beta-lactamase positive and negative strains), *Moraxella (Branhamella) catarrhalis*, (most of which are beta-lactamase positive) and *S. pyogenes**.

CONTRAINDICATIONS

Suprax is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

WARNINGS

BEFORE THERAPY WITH SUPRAX IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE TO DETERMINE WHETHER THE PATIENT HAS HAD PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS, PENICILLINS, OR OTHER DRUGS. IF THIS PRODUCT IS TO BE GIVEN TO PENICILLIN-SENSITIVE PATIENTS, CAUTION SHOULD BE EXERCISED BECAUSE CROSS HYPERSENSITIVITY AMONG BETA-LACTAM ANTIBIOTICS HAS BEEN CLEARLY DOCUMENTED AND MAY OCCUR IN UP TO 10% OF PATIENTS WITH A HISTORY OF PENICILLIN ALLERGY. IF AN ALLERGIC REACTION TO SUPRAX OCCURS, DISCONTINUE THE DRUG. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE TREATMENT WITH EPINEPHRINE AND OTHER EMERGENCY MEASURES, INCLUDING OXYGEN, INTRAVENOUS FLUIDS, INTRAVENOUS ANTIHISTAMINES, CORTICOSTEROIDS, PRESSOR AMINES AND AIRWAY MANAGEMENT, AS CLINICALLY INDICATED.

Anaphylactic/anaphylactoid reactions (including shock and fatalities) have been reported with the use of cefixime. Antibiotics, including Suprax, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs. Treatment with broad spectrum antibiotics, including Suprax, alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of severe antibiotic-associated diarrhea including pseudomembranous colitis. Pseudomembranous colitis has been reported with the use of Suprax and other broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider this diagnosis in patients who develop diarrhea in association with the use of antibiotics. Symptoms of pseudomembranous colitis may occur during or after antibiotic treatment and may range in severity from mild to life-threatening. Mild cases of pseudomembranous colitis usually respond to drug discontinuation alone. In moderate to severe cases, management should include fluids, electrolytes, and protein supplementation. If the colitis does not improve after the drug has been discontinued, or if the symptoms are severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be excluded.

PRECAUTIONS

General

Prescribing Suprax (Cefixime) in the absence of a proven or strongly suspected bacterial infection of a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria. The possibility of the emergence of resistant organisms which might result in overgrowth should be kept in mind, particularly during prolonged treatment. In such use, careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken. The dose of Suprax should be adjusted in patients with renal impairment as well as those undergoing continuous ambulatory peritoneal dialysis (CAPD) and hemodialysis (HD). Patients on dialysis should be monitored carefully. Suprax should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Cephalosporins may be associated with a fall in prothrombin activity. Those at risk include patients with renal or hepatic impairment, or poor nutritional state, as well as patients receiving a protracted course of antimicrobial therapy, and patients previously stabilized on anticoagulant therapy. Prothrombin time should be monitored in patients at risk and exogenous vitamin K administered as indicated.

Drug Interactions

Carbamazepine: Elevated carbamazepine levels have been reported in postmarketing experience when cefixime is administered concomitantly. Drug monitoring may be of assistance in detecting alterations in carbamazepine plasma concentrations. *Warfarin and Anticoagulants*: Increased prothrombin time, with or without clinical bleeding, has been reported when cefixime is administered concomitantly.

Drug/Laboratory Test Interactions

A false-positive reaction for ketones in the urine may occur with tests using nitroprusside but not with those using nitroferricyanide. The administration of cefixime may result in a false-positive reaction for glucose in the urine using Clinitest®, Benedict's solution, or Fehling's solution. It is recommended that glucose tests based on enzymatic glucose oxidase reactions (such as Clinistix®* or TesTape®*) be used. A false-positive direct Coombs test has been reported during treatment with other cephalosporin antibiotics; therefore, it should be recognized that a positive Coombs test may be due to the drug.

Pediatric Use

Safety and effectiveness of cefixime in children aged less than six months old have not been established. The incidence of gastrointestinal adverse reactions, including diarrhea and loose stools, in the pediatric patients receiving the suspension, was comparable to the incidence seen in adult patients receiving tablets.

ADVERSE REACTIONS

Most of adverse reactions observed in clinical trials were of a mild and transient nature. Five percent (5%) of patients in the U.S. trials discontinued therapy because of drug-related adverse reactions. The most commonly seen adverse reactions in U.S. trials of the tablet formulation were gastrointestinal events, which were reported in 30% of adult patients on either the BID or the QD regimen. Clinically mild gastrointestinal side effects occurred in 20% of all patients, moderate events occurred in 9% of all patients and severe adverse reactions occurred in 2% of all patients. Individual event rates included diarrhea 16%, loose or frequent stools 6%, abdominal pain 3%, nausea 7%, dyspepsia 3%, and flatulence 4%. The incidence of gastrointestinal adverse reactions, including diarrhea and loose stools, in pediatric patients receiving the suspension was comparable to the incidence seen in adult patients receiving tablets.

These symptoms usually responded to symptomatic therapy or ceased when cefixime was discontinued. Several patients developed severe diarrhea and/or documented pseudomembranous colitis, and a few required hospitalization. The following adverse reactions have been reported following the use of cefixime. Incidence rates were less than 1 in 50 (less than 2%), except as noted above for gastrointestinal events. *Gastrointestinal* (see above): Diarrhea, loose stools, abdominal pain, dyspepsia, nausea, and vomiting. Several cases of documented pseudomembranous colitis were identified during the studies. The onset of pseudomembranous colitis symptoms may occur during or after therapy. *Hypersensitivity Reactions*: Anaphylactic/anaphylactoid reactions (including shock and fatalities), skin rashes, urticaria, drug fever, pruritus, angioedema, and facial edema. Erythema multiforme, Stevens-Johnson syndrome, and serum sickness-like reactions have been reported.

Hepatic: Transient elevations in SGPT, SGOT, alkaline phosphatase, hepatitis, jaundice. *Renal*: Transient elevations in BUN or creatinine, acute renal failure. *Central Nervous System*: Headaches, dizziness, seizures. Hemic and Lymphatic Systems: Transient thrombocytopenia, leukopenia, neutropenia, and eosinophilia. Prolongation in prothrombin time was seen rarely. *Abnormal Laboratory Tests*: Hyperbilirubinemia. *Other*: Genital pruritus, vaginitis, candidiasis, toxic epidermal necrolysis. In addition to the adverse reactions listed above which have been observed in patients treated with cefixime, the following adverse reactions and altered laboratory tests have been reported for cephalosporin-class antibiotics: *Adverse reactions*: Allergic reactions, superinfection, renal dysfunction, toxic nephropathy, hepatic dysfunction including cholestasis, aplastic anemia, hemolytic anemia, hemorrhage, and colitis.

Several cephalosporins have been implicated in triggering seizures, particularly in patients with renal impairment when the dosage was not reduced. **Clinitest® and Clinistix® are registered trademarks of Ames Division, Miles Laboratories, Inc. Tes-Tape® is a registered trademark of Eli Lilly and Company.

DOSAGE AND ADMINISTRATION

Adults: The recommended dose is 400 mg daily. This may be given as a 400 mg tablet daily or as a 200 mg tablet every 12 hours. *Children*: The recommended dose is 8 mg/kg/day of the suspension. This may be administered as a single daily dose or may be given in two divided doses, as 4 mg/kg every 12 hours.

PEDIATRIC DOSAGE CHART					
		100 mg/5 mL		200 mg/5 mL	
Patient Weight (kg)	Dose/Day mg	Dose/Day mL	Dose/Day tsp of Suspension	Dose/Day mL	Dose/Day tsp of Suspension
6.25	50	2.5	½	1.25	¼
12.5	100	5	1	2.5	½
18.75	150	7.5	1½	3.75	¾
25	200	10	2	5	1
31.25	250	12.5	2½	6.25	1¼
37.5	300	7.5	15	7.5	1½

Children weighing more than 50 kg or older than 12 years should be treated with the recommended adult dose.

Manufactured for:

Suprax®, Cefixime Tablets USP, 400mg and
Suprax®, Cefixime for Oral Suspension USP, 200 mg/5 mL
Lupin Pharma
Baltimore, Maryland 21202
United States
Suprax®, Cefixime for Oral Suspension USP, 100 mg/5 mL
Lupin Pharmaceuticals Inc.
Baltimore, Maryland 21202
United States

Manufactured by:

Lupin Limited
Mumbai 400 098
INDIA



Revised: October 2008 (ID: 216394)

NEWS

Parents and educators need to understand the importance that comes with **teaching a child with ADHD.**

Parents and teachers: Teaming up to educate students with ADHD

■ **Question:** How can students with ADHD excel in the classroom?

■ **Answer:** With supportive parents and encouraging teachers.

Kids and teens with ADHD may struggle in school but they can thrive if parents and teachers help them stay focused. Parents need to identify the areas where their child has trouble, such as memorization or writing, and then work with the teacher to address these areas of concern. For example, if a child forgets his books or homework assignments at school, a solution is to ask a teacher's aide or a fellow student to help the stu-

dent gather the necessary materials and bring them to the student. It takes additional work, but the outcome is well worth it.

Time management

Children with ADHD may have slower development of critical cognitive skills. This can mean they have difficulty with organization, memorizing facts, planning for the future and/or finishing long-term projects. Some students with ADHD have trouble with time management. Use clocks and timers as reminders of when to work and when to take breaks. Keep the time intervals short so they're manageable. Break up longer projects

into pieces so they can do a little at a time and ultimately finish the task.

Parents should find an advocate for their child at every level of school, from the elementary level, through high school and even college. Alternative schools such as a therapeutic day school can help a child learn in an environment targeted to kids with ADHD. Many students with ADHD ultimately choose not to go to college because they worry about juggling time management, classes and multiple assignments. Alternatives to college include job training or joining the military.

Parents and educators need to understand the importance that comes when teaching a child with ADHD. Don't give up! They are smart and can be successful students!

editorial@mediaplanet.com

"Many students with ADHD ultimately choose not to go to college because they worry about juggling time management, classes and multiple assignments."



DON'T MISS



PHOTO: ISTOCKPHOTO.COM

Learning challenges

Understanding the effects of ADHD can allow a parent to understand what they are up against. Statistics give an insight into the life of a child with ADHD. They help parents and teachers become more aware of the potential challenges that are likely to occur for those students. With understanding, we can also ensure that students not only receive treatment for symptoms, but they are also prepared to deal with challenges they may face in the future.

■ One-third of ADHD students have difficulty with language

deficits, poor organizational skills, poor fine motor skills and poor memory

■ Medication is cornerstone for treatment—Medications don't cure ADHD. They ease symptoms for a period of time allowing the reduction of hyperactive and impulsive behavior, thus improving attention and focus.

■ ADHD is NOT a life sentence—Although ADHD symptoms usually continue into adulthood, the person learns ways to cope with the symptoms. People with ADHD can accomplish just as much as someone without ADHD.

editorial@mediaplanet.com

How much longer?

See for yourself!

ADD/ADHD

See "how much longer!" Take a 3-inch Timer or iPad/iPhone App to every activity.

SCHOOL

See what "5 more minutes" really means! Encourage children to challenge themselves until the timer runs out.

HOME

See when time is up! Take all the conflicts out of homework, chores, sharing and bedtime.

AUTISM/DYSLEXIA

See abstract concepts in a visual way! Use Time Timers to foster cooperation and social skills.



TIME **TIMER**

Order at timetimer.com/adhd

Offer code TT2012S

[facebook.com/timetimer](https://www.facebook.com/timetimer)



As seen on TV, in the Washington Post and at Children's Hospital-Boston.



Brave

is trying to learn with ADHD.

He wants to focus in school. ADHD doesn't make it easy.

He can do it with help. Teenagers with ADHD can benefit when physicians, parents, teachers, and counselors work in partnership.

Shire is collaborating with physicians and organizations to build an understanding of ADHD in communities because we want those affected to get the support they need.

You have our full attention.

For more information please visit:
www.shire.com or www.adhdsupport.com

Shire US Inc. 1-800-828-2088
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To be as brave as the people we help.