

AUGUST 2018

## Helping patients complete scans awake

Your child might be able to have medical scans without using anesthesia. Just because your child has had sedation or anesthesia for scans in the past, does not mean that it will be needed every time. You need to be aware that certain scans could still require anesthesia because of the way the scan is performed or the length of the scan.

### Advantages to staying awake for scans

- While anesthesia is as safe as the care team can make it, anesthesia is not risk free. If your child completes scans without anesthesia, those possible risks can be avoided.
- In most cases your child would be able to eat. Sometimes your child would still have to be NPO (not eat or drink) for some scans, such as a CT with contrast or a PET scan. You would receive those guidelines in advance.
- Your child could listen to a movie

or music during most scans and could watch a movie during certain MRIs, CT scans, and some nuclear medicine scans.

- Appointment times for scans are shorter since your child would not have evaluations before being sedated, and no time would be needed in the recovery area.

### The process for planning an awake scan

Tell your child's doctor, nurse practitioner, child life specialist or clinic nurse that your child would like to try doing scans awake.

Your medical team will arrange for you to meet with a child life specialist. Child life specialists provide coping strategies to help reduce your child's anxiety by making the scan and procedure more familiar. Working with a child life specialist can equip you with strategies to help your child remain calm and still during scans.

Your child can also get an

appointment on a mock scanner with a child life specialist. The mock scanner provides a real-life simulation, where your child can hear possible sounds and see and feel what it would be like to be in the scanner awake.

If you want to prepare your child at home for an upcoming scan, talk to your child life specialist for more resources.

After practicing on the mock scanner, the child life specialist will work with your medical team to help decide if your child is ready to try a scan awake.

Your child will need to successfully complete a scan without anesthesia before being routinely scheduled awake for scans. A successful scan is one where your child's primary care team approves the image quality and your child was comfortable throughout the scan.

## Knowing more about suicide

By Jennifer Harman, PhD, and Jennifer Allen, PhD, St. Jude Psychology

Suicide, or killing oneself on purpose, is the second leading cause of death among people ages 10–34. Over the past 10 years, suicide rates have risen for teens and young adults. In 2015 the Centers for Disease Control and Prevention found that 16 percent of US high school students had thought about or planned suicide. Eight percent of these students attempted suicide. While less common, suicide also occurs in children ages 5–12.

Suicide does not have one single cause. Having risk factors related to suicide does not always mean someone will think about killing themselves or will die by suicide.

### Suicide risk factors for youth with chronic or serious illnesses:

- Feeling uncertain about medical treatment
- Poor medical prognosis
- Acting impulsive
- Feeling hopeless
- Death of a loved one or close friend
- Past suicide attempts
- Suicide in family members
- History of mental illness

### Warning signs that someone might be thinking about or planning suicide:

- Talking about wanting to die or kill oneself
- Feeling like they have no purpose or hope
- Feeling like a burden to others
- Showing deep emotional pain or distress
- Being more easily frustrated or upset than normal
- Using or increasing alcohol or drug use

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## New rules for gabapentin

Does your child take gabapentin? The rules for prescribing this drug changed at the end of June. Beginning July 1, Tennessee changed the way it classifies this drug. All forms of gabapentin are now controlled substances. Although gabapentin is not considered an addictive medicine, it could be abused. You will need a new prescription for your child's gabapentin if you haven't already received one after June 28.

The new law also sets new rules for gabapentin. Your child's prescription must be signed by the doctor or other health care provider who prescribed it. Each prescription is limited to five refills and expires six months after it is written.

If you have questions, please talk to a St. Jude pharmacist or call 901-595-2114.



# Talking about Medicines

## Going to school with medicines

By Shane Cross, PharmD, Pharmaceutical Services

With autumn quickly approaching, it may be time to start preparing for school or day care. Whether your child is returning to school or going for the first time, here are some tips to keep in mind as you get ready:

- Keep good records of your child's medical history. Be sure to include everything from immunizations to medicine allergies or side effects. Update those records every 6 to 12 months.
- Give the school nurse or child care worker the names and phone numbers of your child's doctors or other health care workers.
- If your child needs to take medicine at school or day care, you need to fill out and sign a "Medication Permission Form." This form should include details about how and when to give the medicine.
- Always keep medicines in the original, childproof containers. You can ask the pharmacy to divide the medicine into two containers if your child needs a supply at school and at home.

As a parent, you are the one who must make sure your child gets medicines at the right times and in the right amounts. So, you should give clear instructions to the school nurse or day care worker, if your child needs medicine during the school day. To learn more about sending medicines to school, please talk to your child's doctor, nurse or pharmacist.



## Knowing more about suicide

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- Drastic changes, such as:
  - increased withdrawal or isolation,
  - sleeping too little or too much, or
  - acting angry in a way that seems out of character or context
- Visiting or calling people to say goodbye or giving away prized possessions
- Having some or all of the warning signs above and then suddenly improving in all areas

Also, knowing about another person's suicide and the increased attention related to that suicide can influence some people to attempt suicide. This can lead to clusters of suicide. These clusters appear to be strongest among teens. It often relates to how suicide is reported by the media. Even so, asking someone if they have thoughts of suicide will not

cause that person to consider suicide if those thoughts are not already present. In fact, asking those questions could save a life.

If you believe you or someone you know might be at risk for suicide, seek help. Call the National Suicide Prevention Lifeline at 1-800-273-8255 or the National Hopeline Network at 1-800-442-4673.

If you think a person might be at risk for suicide while on the St. Jude campus, tell a staff member and ask to see Psychology for a crisis consult or suicide risk assessment.

If you are away from St. Jude and are worried about someone's immediate safety, call 911 or take the person to the nearest hospital emergency department.

*St. Jude Parents* is published on the first of each month by Patient Education and Information and Biomedical Communications. Your questions and comments are important to us. **We want to print advice and tips from St. Jude parents to other St. Jude parents.**

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