

MISSION TRIPS

HELPFUL HINTS
FOR PLANNING
MISSION TRIPS



APPROVED MISSION TRIPS

COUNTRY	DATES	APPROX. COST
India Medical & Dental	Jan 13-23	\$2500
Nicaragua Basketball	Feb 6-10	\$1300-\$1500
India Pastors Conference	Feb 6-11	\$2500
El Salvador Medical /Dental	May 28-June 5	\$2300
El Salvador Basketball	June 4-10	\$1300-\$1500
Honduras Basketball	June 25-July 1	\$1300-\$1500
Costa Rica Basketball	July 2-8	\$1300-\$1500
Guatemala Basketball	July 9-15	\$1300-\$1500
Guatemala Family	July 16-23	\$1300-\$1500
Panama Basketball	July 23-29	\$1300-\$1500
Belize Basketball	July	\$1300-\$1500
Czech Republic ESL Camp	July 24-30	\$2200
India Women's Conference	Sept. 1-11	\$2500-\$3000

EXECUTE PROJECTS AND TRIPS

1. List of Approved Mission Trips
2. Forms and Document needed for Informational Meeting:
 - Release of Liability and Medical Release
 - Commitment Form
 - Immunizations (required and suggested)
 - Passport Information
 - Trip Expenses
 - Travel Insurance
3. Basketball Supplies
3. Ordering Medical Supplies and Pharmaceuticals
 - Blessings International
 - CrossLink International
 - Kingsway Charities
 - MAP International
4. List of Standard Pharmacy Supplies / Labels
5. List of Emergency Equipment and Expiration Dates
6. List of Wound Care / Nursing Supplies
7. List of Pulmonary Equipment
8. List of Latest Formulary (El Salvador / India)
9. List of General Supplies / Equipment
10. List of Dental Supplies / Equipment
11. Final Meeting
12. Luggage Requirements / Packing Day
13. Post Trip Report

FORMS & DOCUMENTS FOR MISSION TRIPS

INFORMATIONAL MEETING

Forms and documents needed at the first informational meeting

1. Release of Liability and Medical Release Form*
2. Commitment Form*
3. List of Required Vaccines

<http://wwwnc.cdc.gov/travel/content/vaccinations.aspx>

5. Passport Information

http://travel.state.gov/passport/passport_1738.html

6. Travel Visa

<http://travel.state.gov/visa/>

7. Trip Expenses

<http://graceevan.org/625434.ihtml>

8. Travel Insurance

<http://.missionaryhealth.net/daytripper1>

**Forms are located online at www.graceevan.org/missions/missionteamresources*

2011 CDC IMMUNIZATION SCHEDULE

THIS IS FOR A
REFERENCE ONLY

ADULT
SCHEDULE

ALWAYS CHECK THE
WEBSITE FOR UP-
DATES

Recommended Adult Immunization Schedule UNITED STATES - 2010

Note: These recommendations must be read with the footnotes containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group

VACCINE	AGE GROUP	19-26 years	27-49 years	50-59 years	60-64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ¹		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Human papillomavirus (HPV) ²		3 doses (females)				
Varicella ³		2 doses				
Zoster					1 dose	
Measles, mumps, rubella (MMR) ⁴		1 or 2 doses			1 dose	
Influenza ⁵		1 dose annually				
Pneumococcal (polysaccharide) ⁶		1 or 2 doses				1 dose
Hepatitis A ⁷		2 doses				
Hepatitis B ⁸		3 doses				
Meningococcal ⁹		1 or more doses				

¹Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967. Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6040. Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by:
Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP)
American Academy of Family Physicians (AAFP)
American College of Obstetricians and Gynecologists (ACOG)
American College of Physicians (ACP).

Figure 2. Vaccines that might be indicated for adults based on medical and other indications

INDICATION	Pregnancy	Immune-compromising conditions (excluding human immunodeficiency virus (HIV))	HIV infection CD4+ T lymphocyte count	Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia (including elective splenectomy and persistent complement deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
Tetanus, diphtheria, pertussis (Td/Tdap) ¹	Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs						
Human papillomavirus (HPV) ²	3 doses for females through age 26 yrs							
Varicella ³	Contraindicated	2 doses						
Zoster	Contraindicated	1 dose						
Measles, mumps, rubella (MMR) ⁴	Contraindicated	1 or 2 doses						
Influenza ⁵	1 dose TIV annually							1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) ⁶	1 or 2 doses							
Hepatitis A ⁷	2 doses							
Hepatitis B ⁸	3 doses							
Meningococcal ⁹	1 or more doses							

¹Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2010. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturer's package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



2011 CDC IMMUNIZATION SCHEDULE

THIS IS FOR A REFERENCE ONLY

CHILD
SCHEDULE
0-6 YEARS

ALWAYS CHECK THE
WEBSITE FOR UPDATES

CHILD
SCHEDULE
0-6 YEARS

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011
For those who fall behind or start late, see the catch-up schedule

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B ¹	HepB	HepB	HepB				HepB					
Rotavirus ²			RV	RV	RV							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP		DTaP					DTaP
Haemophilus influenzae type b ⁴			Hib	Hib	Hib		Hib					
Pneumococcal ⁵			PCV	PCV	PCV		PCV					PPSV
Inactivated Poliovirus ⁶			IPV	IPV			IPV					IPV
Influenza ⁷							Influenza (Yearly)					
Mumps, Measles, Rubella ⁸							MMR		MMR			MMR
Varicella ⁹							Varicella		Varicella			Varicella
Hepatitis A ¹⁰							HepA (2 doses)					HepA Series
Meningococcal ¹¹												MCV4

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Department of Health and Human Services
Centers for Disease Control and Prevention

The Recommended Immunization Schedules for Persons Aged 0-18 Years are approved by:
Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/imz/acip/>)
American Academy of Pediatrics (<http://www.aap.org>)
American Academy of Family Physicians (<http://www.aafp.org>)

More information regarding vaccine administration can be obtained from the websites above or the CDC-INFO contact center: **800-CDC-INFO** (800-232-4636)

Keep track of your child's immunizations with the **CDC Childhood Immunization Scheduler** (<http://www.cdc.gov/ip/childhood/scheduler/ia/>)

- Hepatitis B vaccine (HepB).** (Minimum age: birth)
 - At birth:**
 - Administer monovalent HepB to all newborns before hospital discharge.
 - If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).
 - Doses following the birth dose:**
 - The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
 - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
 - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
 - Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
 - The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.
- Rotavirus vaccine (RV).** (Minimum age: 6 weeks)
 - The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
 - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
 - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
 - Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
 - The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)
 - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Haemophilus influenzae type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)
 - If PRP-OMP (PedvaxHib) or Comvax (HepB-Hib) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
 - Hibrix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.
- Pneumococcal vaccine.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
 - PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
 - A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
 - A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
 - A single supplemental dose of PCV13 is recommended for all children aged 50 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.
 - The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See MMWR 2010;59(No. RR-11).
- Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
 - If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- Influenza vaccine (seasonal).** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
 - For healthy children aged 2 years and older (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either CNV or TIV may be used. LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
 - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
 - Children aged 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. See MMWR 2010;59(No. RR-8):33-34.
- Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
 - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Varicella vaccine.** (Minimum age: 12 months)
 - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
 - For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- Meningococcal conjugate vaccine, quadrivalent (MCV4).** (Minimum age: 2 years)
 - Administer 2 doses of MCV4 at least 8 weeks apart to children aged 2 through 10 years with persistent complement deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
 - Persons with human immunodeficiency virus (HIV) infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
 - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
 - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 5 years if the first dose was administered at age 2 through 6 years.

2011 CDC IMMUNIZATION SCHEDULE

THIS IS FOR A REFERENCE ONLY

CHILD
SCHEDULE
7-10 YEARS

ALWAYS CHECK THE
WEBSITE FOR UPDATES

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011
For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap	Range of recommended ages for all children
Human Papillomavirus ²		see footnote ²	HPV (3 doses)(females)	HPV series	
Meningococcal ³		MCV4	MCV4	MCV4	Range of recommended ages for catch-up immunization
Influenza ⁴			Influenza (Yearly)		
Pneumococcal ⁵			Pneumococcal		Range of recommended ages for certain high-risk groups
Hepatitis A ⁶			HepA Series		
Hepatitis B ⁷			Hep B Series		
Inactivated Poliovirus ⁸			IPV Series		
Measles, Mumps, Rubella ⁹			MMR Series		
Varicella ¹⁰			Varicella Series		

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-11st.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Department of Health and Human Services
Centers for Disease Control and Prevention

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by:
Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/imz/acip/>)
American Academy of Pediatrics (<http://www.aap.org/>)
American Academy of Family Physicians (<http://www.aafp.org/>)

More information regarding vaccine administration can be obtained from the website above or the CDC-INFO contact center:
800-CDC-INFO
(800-232-4636)

Keep track of your child's immunizations with the **CDC Childhood Immunization Scheduler**
<http://www.cdc.gov/vhp/childhoodscheduler/>

- Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
 - Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by 10 booster doses every 10 years thereafter.
 - Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
 - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
 - Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
 - HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
 - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
 - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Meningococcal conjugate vaccine, quadrivalent (MCV4).** (Minimum age: 2 years)
 - Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
 - Administer 1 dose at age 13 through 18 years if not previously vaccinated.
 - Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
 - Administer 1 dose to previously unvaccinated college freshman living in a dormitory.
 - Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
 - Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
 - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
 - Administer MCV4 to children at high risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).
- Influenza vaccine (Influenza).**
 - For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
 - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine

- For the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. See MMWR 2010;59(No. RR-8):33–34.
- Pneumococcal vaccines.**
 - A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See MMWR 2010;59(No. RR-11).
 - The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
 - Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
- Hepatitis A vaccine (HepA).**
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
- Inactivated poliovirus vaccine (IPV).**
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
 - If both IPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- Measles, mumps, and rubella vaccine (MMR).**
 - The minimum interval between the 2 doses of MMR is 4 weeks.
- Varicella vaccine.**
 - For persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
 - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

US PASSPORT

**6 MONTHS
PRIOR TO
TRIP**

Go to...

<http://travel.state.gov/passport>

- ◇ Apply
- ◇ Renew
- ◇ (Expiration date must be at least 6 months beyond the return date of the trip.)
- ◇ Fees
- ◇ Forms
- ◇ Expedite
- ◇ Change or Correct
- ◇ Lost or Stolen
- ◇ (Call 1-877-487-2778)

TRAVEL VISA

Go to...

<http://travel.state.gov/visa>

- ◇ Check website for visa requirements
- ◇ Apply online
- ◇ Include passport
- ◇ Ship FedEx or UPS to track package
- ◇ Include a completed shipping return label
- ◇ This can take up to 6 weeks

**SOME
COUNTRIES
REQUIRE A
TRAVEL
VISA**

TRAVEL INSURANCE

The Day Tripper Insurance Policy

The Day Tripper provides excellent medical benefits and 24 hour assistance:

- Emergency Medical Evacuation
- Political Evacuation
- 24 Hour Live Assistance
- Emergency Reunion, Natural Disaster and Lost Checked Luggage Benefits

Apply online at www.missionaryhealth.net/daytripper1

Contact us by [email](#) or

Call 800.647.4589

Each passenger needs \$50,000 with a \$0 deductible.

Travel Warnings

Practical trip advice

Emergency telephone

Email contacts

www.facebook.com/missionaryhealth.

Adam Bates

Insurance Services of America

www.MissionaryHealth.net

800.647.4589

Basketball Mission Trip

BASKETBALL SUPPLIES

1. Order Basketball Equipment / Bobby Green
2. Order Coaches Shirts / Bobby Green
3. Order Bibles / Int'l Bible Society
4. Basketball DVD's / Jeff Simons
5. Basketball Trading Cards / David Josey

THINGS To Do

1. Check with airlines for luggage requirements
2. Schedule Packing Day for Basketball Coaches
3. Make extra copies of your passport/visa

* Salts available for 2011 Basketball Trips. See Cathy Yancey 737-3684.

MEDICAL & DENTAL SUPPLIES FOR THE MISSION TEAM

Medical and Dental Supplies for the Mission Team:

1. Medical List

Extra Strength Tylenol or Ibuprofen for general aches / pains

Sunblock— Some basketball courts are outdoor

Rehydration Salts*—1pack per day or Gatorade.

Beware of the signs of dehydration:

- Headache
- Nausea or stomach cramps
- Heart may feel like it is racing.

2. See Ed Cattau, Gene Scobey or Cathy Yancey about any additional meds needed.

* Salts available for 2010 Basketball Trips. See Cathy Yancey 737-3684.

PHARMACEUTICALS AND MEDICAL SUPPLIES MEETING

Pharmaceutical and Medical Supplies Meeting

- 1) Review "Formulary List" from previous El Salvador/India trip.
- 2) Review the "Wishes & Needs List" from last El Salvador /India trip.
- 3) Schedule meeting with medical team
- 4) Discuss meds of choice
- 5) Team Coordinators for Pharmacy
- 6) Wound Care/Nursing Supplies
- 6) Order Pharmaceuticals
- 7) Formulary List
- 8) Labels, Prescriptions slips, Dosing
- 9) Schedule packing day
- 10) Schedule next meeting

*Please see Gwen for formulary and wishes and needs list.

PHARMACY SUPPLIES

List of Standard Pharmacy Supplies / Labels

- ◇ Formulary
- ◇ Prescription Pad
- ◇ Medicine Bags
- ◇ 'Letter of Intent" forms from a pharmacy provider
- ◇ IPF (International Pharmaceutical Federation) Guidelines
- ◇ Vitamin labels for Children – Take one every other day—Spanish
- ◇ Prenatal Vitamin labels—Take one every other day—Spanish
- ◇ Preprinted Labels
- ◇ Pictures available for custom labels

EMERGENCY EQUIPMENT

List of Emergency Equipment and Expiration Dates

WOUND CARE NURSING SUPPLIES

**QUESTIONS?
CALL
CATHY YANCEY
756-0501**

Item	Size or Count	Need	Have	Order
Ace wrap	1"	4	4	0
Betadine	4 Oz bottle	4	4	0
Betadine swabs	individual/pks	25	11	14
Coban Dsg	1"	4	4	0
Cotton Balls	bags on 100	2	2	0
Hydrofera wound dsg	use for deep wounds	3	3	0
Kerlix roll		10	2	8
Mesalt	wound pking	3	3	0
Nylon Surgical tape	1"	10	13	-3
Nylon Surgical tape	2"	3	3	0
Paper Tape	1"	5	1	4
Paper Tape	2"	5	1	4
Patient Wound Kits	tape/gauze,soap,ointment	5	3	2
Petroleum Dsg	can use on stage II	5	9	-4
Pressure Wrap	4"	2	2	0
Promogram wound dsg	Use on stage IV	2	2	0
Q-tips	box of 375	2	5	-3
Razors		3	3	0
Scissors		2	3	-1
Sterile 4x4		15	9	6
Sterile water	bottle	1	0	1
Tegaderm		2	2	0
Telfa pads	2" box 50	1	1	0
Thermazene Cream		1	1	0
Transparent Tape		8	4	4
Triple Abx Ointment	individual pks	150	300	-150
Wedge pressure dsg	pack of 3	1	1	0
Spray bottle				

PULMONARY EQUIPMENT

List of Pulmonary Equipment

PHARMACEUTICALS AND MEDICAL SUPPLIES RESOURCES

**Begin
ordering
Meds and
Supplies
6 weeks
prior
to trip!**

ANDA (Wholesale Pharmaceutical Company)

2915 Weston Rd.
Weston, FL 33331
800.331.2632
866.600.3860 fax
Hours of operation Monday–Friday: (9am-9pm EST), Saturday: (10am-6pm EST)
We order meds from ANDA Wholesale that we can't get through the following resources.

Blessings International*

Shari Steele
5881 South Garnett
Tulsa, OK 74146
918.250.8101
www.blessing.org
Custom order.

Crosslink International

427 North Maple Avenue
Falls Church, VA 22046
703.534.5465
703.536.8349 fax
www.crosslinkinternational.net
Wound Care / Nursing Supplies / Check with Cathy Yancey at 737-3684.

Kingsway Charities*

Art Yannucciello, Manager
Jean Collins
1119 Commonwealth Avenue
Bristol, VA 24201-2629
276.466.3014
800.321.9234 x234
www.kingswaycharities.org

MAP International*

Anna Marie
4700 Glynco Parkway
Brunswick, GA 31525
912.280.6665
www.map.org
We ordered 5 Johnson & Johnson Medical Mission Pack Plus (MMP Plus (Rx) @ \$50 each. Travel packs are available too. (Sample list in reference book.)

*See Gwen Scholes for forms and lists. We have an account with each of these organizations.

FORMULARY: INDIA / EL SALVADOR

Current Formularies

Each medical and dental trip will need a formulary specific to the needs of the people and area you'll be visiting. The medicines are listed by category, description, units, dosing and amounts.

Copies need to be made for each doctor, dentist and the pharmacy

- ◇ India
- ◇ El Salvador

(For more information please check with Dr. Ed Cattau, Cathy Yancey, Gwen Scholes)

GENERAL SUPPLIES / EQUIPMENT

List of General Supplies / Equipment

DENTAL SUPPLIES / EQUIPMENT

List of Dental Supplies / Equipment

- ◇ 2 x 2's
- ◇ Anesthetic- lido, setpto, carbo or polo
- ◇ Masks
- ◇ Gloves
- ◇ Cold sterile
- ◇ Disinfectant wipes in soft pack
- ◇ Chlorahexadine
- ◇ Gel foam
- ◇ Suture
- ◇ Needles (short and long)
- ◇ Cotton tip applicators
- ◇ Topical

FINAL MEETING

Final Meeting

- ◇ Passport—Make 2 color copies—Leave one with family and one
- ◇ Flight Plans - Discuss arrival time and destinations
- ◇ Customs—Fees and how to complete forms
- ◇ Luggage Requirements—weight, size, number, TSA approved locks
- ◇ Travel Insurance - \$50,000 each / \$0.00 deductible
- ◇ Packing Day - Everyone must pack at least one 50 lb. bag of meds.
- ◇ Basketball update
- ◇ VBS update
- ◇ Dental Clinic update
- ◇ Medical update

PREPARE FOR PACKING DAY & LUGGAGE REQUIREMENTS

Packing Day for Medical and Dental Mission Trips

Packing Day & Luggage Requirements

- ◇ You'll need a lot of strong boxes and several helpers.
- ◇ You'll need scales to weigh the boxes.
- ◇ Unpack all the meds and supplies and distribute in each box.
- ◇ Each box should weigh about 45 lbs.
- ◇ Print copies 'Letter of Intent' provided by Medical organizations.
- ◇ Send email to the mission team about packing day:
- ◇ Packing day is usually scheduled the Sunday before you leave.
- ◇ Each person may check-in 2 pieces of luggage and 1 carry on.
- ◇ Reserve one bag check-in for medical supplies only.
- ◇ Send luggage requirements to mission team.
- ◇ Always check luggage requirements with the airline
- ◇ Unique luggage tags help identify your teams luggage.

POST TRIP

Post Trip Suggestions

- ◇ Share photos from trip. (Google Picasa is great way to share photos.)
- ◇ Plan an party to share photos
- ◇ Make “Wish and Needs List” and put in the Missions Reference book.
- ◇ Put a copy of the formulary list in the Missions Reference book.
- ◇ Complete “Feedback Forms” from pharmaceutical organizations.

CONTACTS

People Resources

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If you want to add your name to the list, please contact Gwen Scholes.