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Pediatric Pharmacy Association Newsletter

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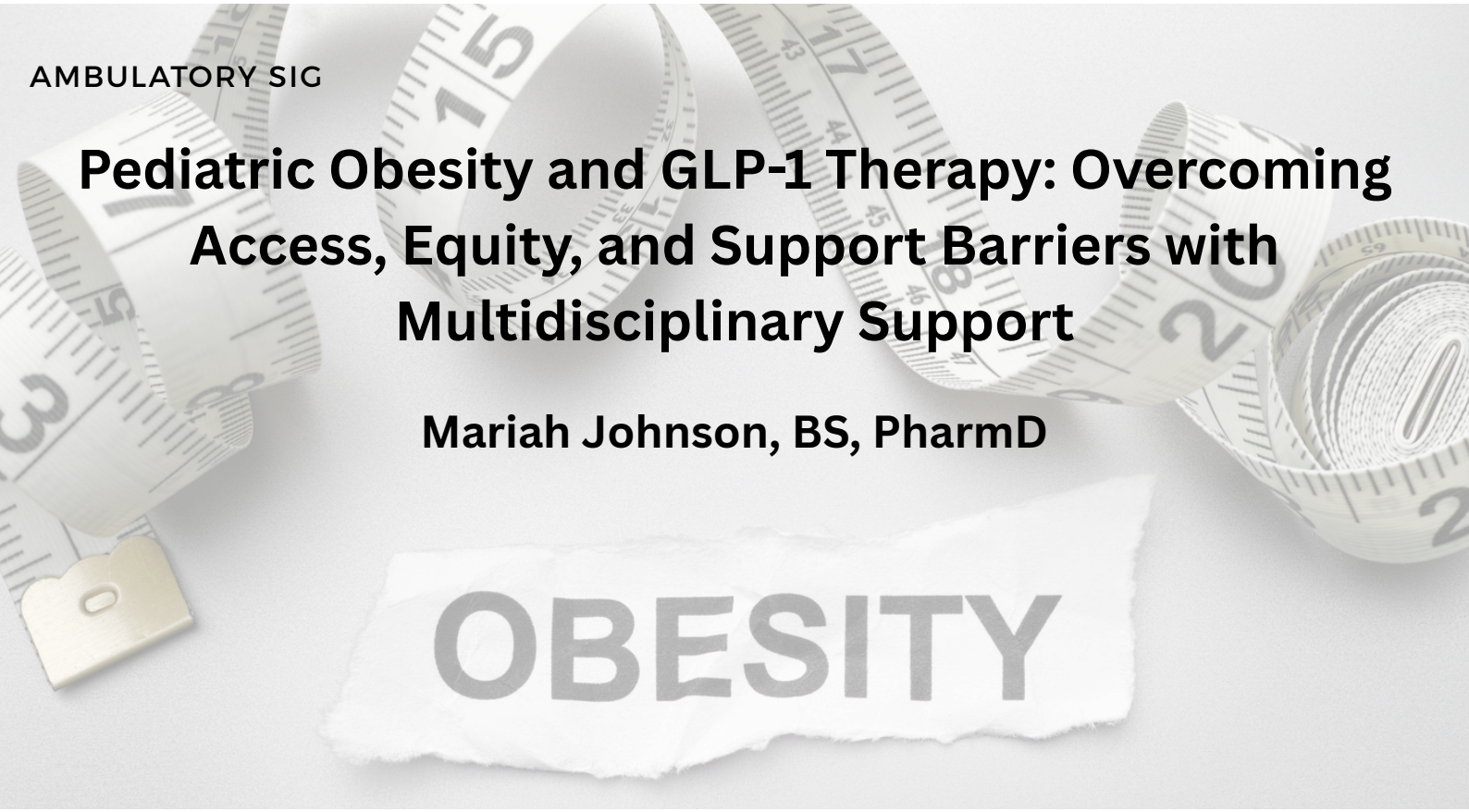
Pediatric Obesity and GLP-1 Therapy: Overcoming Access, Equity, and Support Barriers with Multidisciplinary Support

Mariah Johnson, BS, PharmD



Introduction

Currently, 1 in 5 children and adolescents in the U.S. are classified as having obesity, with 1 in 16 meeting criteria for severe obesity [1]. Clinical guidelines support a multimodal approach to treatment, combining behavioral and lifestyle interventions with pharmacotherapy. However, a significant disconnect remains between clinical guidelines and payer coverage for glucagon like peptide-1 (GLP-1) receptor agonists. Many families are left to shoulder the financial burden of GLP-1 therapies out-of-pocket, creating a barrier to access.

Even when prescribed appropriately, several challenges can hinder the success of GLP-1 therapy:

- Lack of structured support programs providing access to multidisciplinary care (e.g., behavioral health, dietitians, physical activity specialists, etc.)
- Nutritional deficiencies and gastrointestinal side effects require proactive management
- Equity gaps persist in access to medication
- Cost and insurance coverage

The use of GLP-1 receptor agonists represents a promising advancement in treatment, but long-term success depends on more than medication alone. Multidisciplinary care models—including obesity medicine specialists, dietitians, clinical pharmacists, exercise physiologists, cognitive behavioral therapists, and group-based interventions—are essential to address the complex behavioral, physical, and emotional dimensions of obesity [2]. These integrative approaches emphasize:

- mindful eating
- a minimum of 150 minutes of moderate physical activity per week with resistance training
- comprehensive screening for substance use, eating disorders, mental health conditions, sleep quality, and nutritional adequacy

Before initiating therapy, clinicians should conduct a thorough evaluation of the patient's weight history, previous interventions, and coexisting conditions such as depression, anxiety, or disordered eating. Given the potential neuropsychiatric effects of GLP-1 receptor agonists, close monitoring for mood changes, including suicidal ideation, is critical [3].

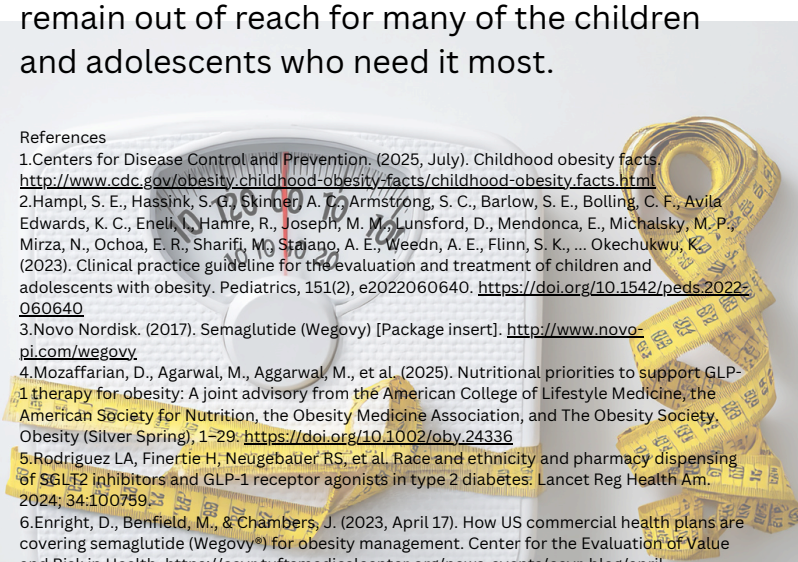
A holistic, team-based approach ensures that GLP-1 therapy is implemented safely and effectively, supporting lasting improvements in health for children and adolescents with obesity.

GLP-1 receptor agonist therapy commonly causes gastrointestinal side effects that can be worsened by skipping meals. The combination of nausea, vomiting, diarrhea and poor nutrition may lead to nutrient deficiencies and muscle loss. To improve tolerability and adherence, patients should be counseled on managing these symptoms through small, frequent meals every 3–4 hours, prioritizing high-protein foods, staying hydrated, and avoiding high-fat, processed items [4]. Taking the medication at the same time each week, ideally after a balanced meal, can also help. Due to reduced caloric intake, patients are at risk for deficiencies in nutrients like iron, calcium, magnesium, zinc, and vitamins. Regular monitoring and individualized supplementation are recommended to support metabolic health and ensure adequate nutrition, especially in growing adolescents.

Health disparities are seen among individuals being prescribed GLP-1 therapy; Caucasian patients are consistently more likely to receive GLP-1 therapy than patients from all other reported racial and ethnic groups. Rodriquez and colleagues conducted a study over nearly a decade and concluded that, those with ethnicities including Hispanic, American Indian/Alaskan native, Asian, African American, and Hawaiian or Pacific Islander were one to two times less likely to be prescribed GLP-1 compared to Caucasians [5]. These disparities underscore that there are inequities in obesity treatment access and prescribing practices. The annual cost for GLP-1 therapy is estimated to be between $12-16,000. Due to changes in insurance coverage, high out-of-pocket costs, medication shortages and swapping to compounded products, patients are less likely to achieve therapeutic doses prior to discontinuation.

Also, only thirteen state Medicaid programs and four commercial plans cover semaglutide specifically for 12 years and older in obesity treatment even though more than fifty percent of patients are eligible to receive therapy based on the FDA labeled indications and burdensome prior authorization processes, short approval durations (e.g., 2 months), and medication shortages disrupt continuity of care and prevent many patients from reaching therapeutic doses [6,7].

GLP-1 receptor agonists represent a significant advancement in the treatment of pediatric obesity, offering real potential for improved health outcomes when integrated into a comprehensive care model. However, realizing this potential requires more than clinical efficiency, it demands systemic changes. Persistent barriers such as inadequate insurance coverage, high out-of-pocket costs, limited access to multidisciplinary support, and racial and ethnic disparities continue to restrict equitable access to treatment. Addressing these challenges will require coordinated efforts among clinicians, policymakers, payers, and health systems to ensure that GLP-1 therapy is accessible, affordable, and delivered within the context of holistic, patient-centered care. Without this commitment, the promise of GLP-1 therapy will remain out of reach for many of the children and adolescents who need it most.



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Beyond Benadryl: Evolving Our Understanding of Antihistamine Safety and Efficacy

Lauren Ashton, PharmD Candidate 2026, Kaylee Ray, PharmD Candidate 2026, & M. Petrea Cober PharmD, MEd, BCNSP, BCPPS, FASPEN Northeast Ohio Medical University (NEOMED)

For decades, diphenhydramine (Benadryl) has been the go-to medication for allergic reactions. Whether it's tucked away in a family first-aid kit or recommended for food-allergic hives, diphenhydramine's reputation as the "allergy fix" has endured for generations. Its long history of use has reinforced a sense of familiarity and trust, and many rely on this medication due to its efficacy in managing allergy symptoms. However, as our understanding of medication safety and pharmacologic profiles evolves, it may be time to start reaching for a different option, cetirizine (Zyrtec).

Recent evidence and updated recommendations are reshaping the conversation around antihistamine use in food allergy management. For non-life-threatening reactions, second-generation antihistamines like cetirizine offer comparable efficacy to diphenhydramine, while minimizing unwanted adverse effects.

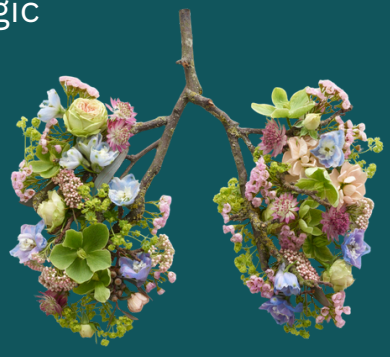
Diphenhydramine, a first-generation H_1 antagonist, has been widely used since the 1940s. While effective, its ability to cross the blood-brain barrier increases the risk of undesirable side effects. This medication can cause significant sedation, impaired psychomotor function, and anticholinergic effects, making it less ideal for patients who need to remain alert, such as children in school or adults who need to drive. Furthermore, its short duration of action (4-6 hours) can result in the need for more frequent dosing. In contrast, cetirizine, a second-generation antihistamine, provides similar relief for allergic symptoms without the same degree of central nervous system depression. Second-generation antihistamines are more selective for peripheral H_1 receptors and do not cross the blood-brain barrier as easily, which allows for symptom relief with a lower risk of adverse effects such as sedation. Its longer duration of action (about 24 hours) and once-daily dosing make it more convenient for the ongoing management of mild allergic reactions.

A 2011 randomized, double-blind study published in the Journal of Allergy and Clinical Immunology compared cetirizine to diphenhydramine for the treatment of acute food-induced allergic reactions.1 The results demonstrated no statistically significant difference in efficacy or time to symptom resolution of urticaria and pruritus between the two medications. Although this study was not adequately powered to detect a statistically significant difference in sedation between the two groups, the results suggested a higher rate of sedation with diphenhydramine compared to cetirizine, with an observed difference of 11.4%.

Additionally, the Canadian Society of Allergy and Clinical Immunology (CSACI) issued a position statement in 2019 recommending newer-generation antihistamines as the preferred first-line therapy for allergic rhinitis and urticaria, citing their improved safety profile and reduced adverse effects. Although these recommendations are not specific to food allergies, the same principles can be applied to managing mild, cutaneous allergic responses triggered by food exposure.2 The American Academy of Allergy, Asthma, and Immunology (AAAAI) and American College of Allergy, Asthma, and Immunology (ACAAI) have also not yet specifically addressed the recommendation for the use of antihistamines in mild food-allergic reactions; however, the 2020 AAAAI/ACAAI practice parameter for rhinitis recommends against the use of first-generation antihistamines due to their safety profile.3

It is essential to clarify that for anaphylaxis or any severe allergic reaction involving respiratory distress or airway compromise, hypotension, or swelling of the lips or tongue, intramuscular epinephrine remains the only life-saving pharmacologic treatment option. Antihistamines are considered adjunctive and should never delay the administration of epinephrine. Pharmacists should consistently reinforce this message to patients and caregivers, ensuring that epinephrine auto-injectors are available, understood, and able to be administered appropriately.

As pharmacists, we play an important role in guiding patients and healthcare teams toward evidence-based, patient-centered care. Recommending cetirizine over diphenhydramine or other first-generation antihistamines for non-life-threatening food-allergic reactions can enhance safety and reduce the risk of unnecessary adverse effects. Additionally, we can play a role in supporting families by providing guidance on how to minimize allergen exposure and identify early signs of an allergic reaction, helping them feel confident to respond promptly and appropriately.



From a patient counseling perspective, pharmacists can empower families to make informed decisions when selecting over-the-counter (OTC) medications, including how to determine when they are appropriate and when to seek emergency care. Although both diphenhydramine and cetirizine, as well as multiple other antihistamines, are available OTC, pharmacists play a key role in guiding patients towards the safest and most effective treatment options. Educating patients that "Benadryl isn't always best" is part of advancing modern allergy management. By explaining factors such as side effect profiles and duration of action, pharmacists can help families select the best medication for each situation, even when there are multiple options readily accessible.

In hospitals, this shift also carries workflow benefits. Using a longer-acting, less sedating antihistamine can streamline monitoring requirements and reduce post-dose observation time, helping patients recover without compromising care quality.

The transition from diphenhydramine to cetirizine for mild allergic reactions mirrors pharmacy's broader evolution, moving from tradition to evidence, from convenience to precision. As more data and guidelines emerge supporting cetirizine's efficacy and safety over older antihistamines, pharmacists will continue to be at the forefront of advocating for safer, smarter allergy care. Staying up to date on new evidence and clinical practice guideline recommendations will not only improve patient outcomes but also demonstrate the pharmacist's commitment to evolving science and clinical excellence. After all, the best medicine is not always the oldest; it is the one that is proven to be the safest and most effective today.

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Leveraging Social Media and Media Design to Increase Student Engagement

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Sarah Kubes, PharmD

Student engagement is a critical factor in the perceived success of professional student organizations. However, many student groups face challenges in sustaining member interest and participation. In the current digital age, constant connectivity has led to shorter attention spans, and social media has become a necessary and powerful tool to promote visibility, accessibility, and connection.

This article details the implementation of several targeted social media, graphic design, and media communication strategies within the University of Texas Pediatric Pharmacy Association (PPA) chapter and their impact on engagement outcomes. Through the development of visually consistent graphics, curated and intentional content, and scheduled posts highlighting events, achievements, and professional opportunities, the organization experienced measurable increases in attendance and interactions.

Social media engagement metrics demonstrated significant growth in both impressions and follower activity, paralleling increased meeting attendance and participation in pediatric-focused events. These outcomes were not limited to numerical gains—member feedback also highlighted the value of a dynamic digital presence in developing an inclusive professional identity. These results suggest that intentional design and media strategies can enhance visibility, strengthen member connection, and advance the mission of professional pharmacy associations.

Introduction

Professional student pharmacy organizations play a vital role in the professional development of student pharmacists. Although these organizations offer numerous benefits, a persistent challenge lies in maintaining active engagement among members.

In today's digital era, information is rapidly consumed, and traditional outreach methods, such as flyers, email announcements, and in-person reminders, are often insufficient to sustain participation. Over the past several years, social media platforms and digital media design have emerged as powerful tools to bridge this gap.

Student organizations should not underestimate the impact of creative graphics, consistent branding, and strategic communication. Because professional student organizations uphold themselves to high standards comparable to professional associations, their social media presence should reflect that same professionalism. For student pharmacists, engaging digital content can make the difference between mere membership and active involvement.

Methods/Approach

Data were collected from the University of Texas College of Pharmacy Pediatric Pharmacy Association (UT PPA) during the Spring 2025 semester. Established in Fall 2024, the chapter initially faced limited media presence and low awareness. As of December 2024, the organization's primary social media platform, Instagram, had 7 followers and an average of 12 likes per post (December 21–January 4).

Following the implementation of several media design strategies, detailed below, Instagram impressions increased by nearly 600%, accompanied by substantial gains in followers, likes, membership enrollment, and event participation.

A multi-faceted media strategy was implemented, combining graphic design, consistent social media campaigns, and creative branding initiatives. Third-party design tools such as Adobe Photoshop and Canva Pro were used to efficiently produce high-quality media.

Initial efforts included developing flyers, infographics, and event visuals incorporating nostalgic and familiar elements (e.g., Adventure Time, SpongeBob SquarePants, Smiski, Labubu). Embedding members into familiar visuals made content more personal and shareable, encouraging reposts and interactions. Additional communication strategies included email newsletters, Instagram stories, and Facebook posts to reinforce messaging.

Spotlighting student achievements and executive board members fostered pride and strengthened connection among members. Posts highlighting committee or executive team contributions promoted a culture of recognition and support.
Finally, rebranding the UT PPA chapter established a student-centered yet professional identity, positioning the organization as both impactful and approachable.

Results/Outcomes

The implemented media and branding strategies produced significant results within a single semester, both quantitatively and qualitatively.
The chapter published 32 posts and 25 stories, achieving a follower growth of more than 100 within one semester. Posts averaged 1,000–2,000 impressions, 2–6 reposts, and 25–55 likes, corresponding to an engagement rate of approximately 25%–55%.

Membership increased from 5 active members to 35, and event attendance rose across professional and social events. These efforts also contributed to the UT PPA chapter earning the Best Graduate Student Organization award, largely attributed to its strong social media presence and successful events.

Qualitative feedback was overwhelmingly positive. Members emphasized the organization's fun yet professional image, cultivated through nostalgic and trendy visuals. This rebranding established UT PPA as a vibrant, innovative, and community-driven organization. Notably, all results were achieved within one semester and with minimal funding, highlighting the efficiency of these strategies.

Discussion

These outcomes highlight the importance of intentional media strategy and branding in increasing student engagement. The strategies were effective because they combined visual appeal with accessibility and relevance to students' interests. Incorporating nostalgic and trending media (e.g., Adventure Time, SpongeBob, Smiski, Labubu) fostered familiarity and enjoyment while maintaining professionalism. This balance made PPA content shareable, memorable, and motivating for student participation.

Media served as a bridge between professional development and community building. Consistent campaigns reframed PPA as both an academic and social hub, encouraging involvement as an enjoyable and meaningful experience.
Common challenges included maintaining content consistency, meeting deadlines, and generating creative ideas with limited resources. These were addressed through structured planning, the use of design tools (Canva, Photoshop), scheduling platforms, and collaboration among executive members. Effective content management emerged as a key takeaway for future student-led initiatives.

Conclusion

This project demonstrates that intentional media design and strategic use of social platforms can substantially enhance student engagement in pharmacy organizations. Through creative visuals, consistent campaigns, and relatable content, the UT PPA chapter strengthened its visibility, increased participation, and fostered community.

Within one semester, membership grew, event participation improved, and the organization developed a stronger digital identity. These efforts made leadership and professional development opportunities more approachable and engaging for students.

The success of these strategies underscores the importance of continued investment in innovative communication approaches. By leveraging social media, graphic design, and collaborative promotion, student organizations can enhance their relevance, approachability, and community impact. Media has evolved beyond information delivery—it now drives connection, culture, and professional growth.

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LEARNING TO LEVERAGE PERSONALITIES ON THE INTERDISCIPLINARY TEAM:

A DISC PERSPECTIVE FOR NEW PRACTITIONERS

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REVIEWED BY: Mai Vestergaard, PharmD - Cincinnati Children's Hospital

When new practitioners enter the workforce, they are often most concerned with mastering clinical decision-making, learning workflow, and gaining independence. Yet one of the biggest determinants of success is not pharmacology or dosing, it's teamwork. Interdisciplinary collaboration is at the core of pediatric pharmacy practice, and every team is made up of individuals with different personalities and communication styles.

The DiSC model, a framework that categorizes behavioral tendencies into four styles: Dominance, Influence, Steadiness, and Conscientiousness, offers new practitioners a simple, structured way to understand and adapt to colleagues [1]. By learning this model early, pharmacists can better navigate teams, build trust, and strengthen patient care.

NP SIG: Learning to Leverage Personalities

Each style has unique strengths, and potential blind spots. For instance, a highly dominant team member may unintentionally overlook details, while a highly conscientious member may delay action in search of more data. Recognizing these tendencies helps new practitioners adapt their communication.

Practical Examples for New Practitioners

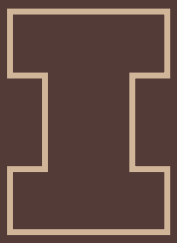
- **Working with a Dominance Style:** When recommending a formulary alternative to a physician who values efficiency, lead with the bottom line: "This option will get us therapeutic coverage faster and align with hospital policy." Details can follow if requested.
- **Working with an Influence Style:** Engage their enthusiasm and collaboration. For example: "Your rapport with this family is so strong, would you be open to helping explain why this medication change is important?"
- **Working with a Steadiness Style:** Provide reassurance and consistency. With a nurse focused on team harmony, you might say: "I appreciate how you've kept the family updated, here's how I can support you with medication teaching."
- **Working with a Conscientiousness Style:** Bring data, references, and precision. For example: "Based on the latest guidelines, adjusting this dose by 10% reduces nephrotoxicity risk, here's the supporting study."

Lessons Learned from New Practitioners

Members of the New Practitioner SIG noted that learning to adapt to personalities early paid dividends:

- "I used to give every recommendation with exhaustive detail. But with certain attendings, I learned to start with the outcome first, then back it up with details only if needed. That shift made my input better received."
- "Working with highly influential nurses taught me the importance of bringing families into the care plan, something I might have overlooked if I only focused on labs and doses."
- "I realized that my natural style is Conscientious. But when I flex toward Influence (smiling, engaging more openly) it strengthens trust with the team."

Dominance (D): Goal-driven, decisive, and focused on results. In healthcare, this may be a physician who prioritizes efficiency and rapid decisions on rounds.



Influence (I): Outgoing, persuasive, and energized by people. This may be a nurse leader, social worker, or pharmacist who keeps morale high and engages families.

Steadiness (S): Patient, dependable, and focused on harmony. Team members with this style are often the stabilizers—those who ensure follow-through, maintain calm, and build trust.

Conscientiousness (C): Analytical, detail-oriented, and cautious. This is often a pharmacist double-checking orders, a dietitian carefully monitoring nutrition parameters, or a quality-focused provider.

How PPA Supports This Growth

PPA provides a natural training ground for practicing these skills. Committee work, SIG participation, and advocacy all bring together members with different DiSC styles. Learning to collaborate in these professional settings makes it easier to apply the same strategies back in clinical practice.

The New Practitioner SIG offers:

- Networking and mentorship to observe how experienced leaders flex their style to the audience.
- Safe environments to practice communication—whether presenting a case, writing for The Advocate, or leading a subcommittee call.
- Feedback opportunities to understand how others perceive your natural style and where you might stretch.

Conclusion

Technical expertise is essential, but it is the ability to collaborate across personalities that transforms pharmacists into trusted team members and future leaders. The DiSC model provides a framework for understanding and leveraging these differences, especially valuable for new practitioners learning the art of interdisciplinary care.

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Cannabinoid Hyperemesis Syndrome in Adolescents

By Madison Savidge, PharmD, MBA, PGY-2 Emergency Medicine Pharmacy Resident

Background: Cannabis, derived from Cannabis sativa plants, is the most widely used illicit substance in the United States with the highest prevalence of use in individuals 18 to 25 years of age. [1] In adolescents, the use of cannabis products has dramatically increased since 2014, when Colorado became the first state to legalize the substance for recreational use. Interest in cannabis legalization began in 1996, with California becoming the first state to legalize medicinal cannabis under the Compassionate Use Act. Per the Centers for Disease Control and Prevention (CDC), as of 2024, 47 states allow for the use of cannabis for medical purposes, and 38 states allow for the use of cannabis for medical purposes through comprehensive programs. [2]

Cannabinoid hyperemesis syndrome (CHS) is characterized by episodes of nausea, abdominal pain, and cyclic vomiting in the setting of chronic cannabis exposure, typically for greater than one year. [3] CHS is a diagnosis of exclusion and is often refractory to standard anti-emetic therapy such as ondansetron, metoclopramide, haloperidol, and capsaicin. Cannabis broadly affects the gastrointestinal system, particularly affecting secretions, appetite, inflammation, and motility. Tetrahydrocannabinol (THC) is the primary psychoactive compound in cannabis. Cannabis includes over 100 cannabinoids exerting variable efficacy and toxicity dependent on the THC-to-other-cannabinoids ratio. Cannabis expresses anti-emetic properties at lower doses and pro-emetic properties at higher doses.

CHS involves three phases: prodromal, hyperemesis, and recovery. During the prodromal phase, patients may experience morning nausea, abdominal discomfort, and/or anxiety about vomiting, which can last for several months. Throughout this phase, patients typically preserve baseline nutritional intake and functional capacity despite persistent symptoms. Individuals typically will continue using cannabis in this phase for its anti-nausea effects. The hyperemesis phase can often last for several days and is associated with persistent nausea, severe abdominal pain, and frequent vomiting: up to five times per hour. [2] These episodes can be overwhelming and debilitating, leading to emergency department visits. Sympathetic overdrive occurring during this phase results in symptoms such as tachycardia, hypertension, diaphoresis, and trembling. Many individuals note transient symptom relief with compulsive hot bathing or showering behaviors. [4] Due to excessive nausea and vomiting, patients are often found to have electrolyte disturbances, including hypokalemia and hypophosphatemia, and can

also be volume depleted with mild reactive leukocytosis. During the recovery phase, individuals gradually resume their normal eating habits and return to their usual state of health. This phase can last from days to months depending on cannabis use, which can trigger a relapse. [2]

Management: Sustained abstinence from cannabis remains the cornerstone of definitive CHS management, although pharmacologic therapy is often necessary for acute symptomatic treatment in the emergency department. Primary treatment includes intravenous hydration with dextrose containing fluids, correction of electrolyte imbalances, and anti-emetic therapy. [5] There is limited literature available describing the optimal treatment regimen for CHS in adolescents. Intravenous droperidol at doses ranging from 0.625 to 2.5 mg was the only treatment that resulted in statistically significant improvements compared to a placebo in 48 adult patients included in a systematic study. [6] In a patient with persistent symptoms despite fluid resuscitation and administration of a dopamine antagonist, a second anti-emetic agent may be considered with different pharmacologic activity. If refractory to all other treatments, aprepitant or fosaprepitant may be considered (Table 1).

Table 1: Anti-emetic therapy

Medication	Dose	Effect on QTc
Droperidol	0.625-2.5 mg IV every 6 hours as needed	Mild
Haloperidol	2-5 mg IV every 6 hours as needed (maximum 6 mg/day if ≤ 40 kg or 15 mg/day > 40 kg)	Moderate
Olanzapine	2.5-5 mg ODT or tablet twice daily as needed	Rare
Ondansetron	0.15 mg/kg IV or ODT every 6 hours as needed (maximum 8 mg/dose)	Mild
Aprepitant	125 mg PO on day 1, then 80 mg PO on days 2 and 3, then 2 times weekly until symptoms cease	None
Fosaprepitant	150 mg IV x 1 dose	None

IV: Intravenous
ODT: Oral disintegrating tablet
PO: By mouth

Adjunct medications for symptomatic control of other co-morbidities include diphenhydramine, famotidine, hydroxyzine, lorazepam, and capsaicin cream. [3]

Future directions: Although cannabis is the most used illicit substance nationwide, the exact mechanism by which cannabis causes hyperemesis remains unclear. Further research is needed to investigate the gastrointestinal physiology in adolescents during both the hyperemesis phase and between episodes. Additionally, there is limited literature available to guide pharmacologic recommendations for CHS in individuals presenting to the emergency department during the hyperemesis phase, and therefore, additional studies are warranted. Until more literature is available, droperidol or haloperidol plus fluid resuscitation remain the mainstay of treatment.

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STUDENT CHAPTER HIGHLIGHTS

The University of Texas at Austin College of Pharmacy

UT PPA Members Judge at Greater Austin Regional Science and Engineering Fair

The University of Texas at Austin College of Pharmacy

On November 1, 2025, 16 members of the University of Texas PPA chapter volunteered as judges for the Elementary Division of the Greater Austin Regional Science and Engineering Fair (GARSEF) at the Palmer Events Center in Austin, Texas. This year, the fair saw a record 1,553 projects submitted in the Elementary Division, each needing a listening ear to present their project to. Our members participated in a structured judging process, reviewing projects from grades 3–6. Each judge evaluated 6–8 projects, engaging students in conversation about their research while assessing their understanding, creativity, and presentation. Judges encouraged students by asking questions to draw out their knowledge, making sure every interaction was positive and confidence-building. At the end of the process, each project was recognized with a 1st, 2nd, or 3rd place ribbon, ensuring that every participant left celebrated for their hard work and curiosity.

The University of Texas at Austin College of Pharmacy

The fair is organized by the Austin Science Education Foundation (ASEF), a 501(c)(3) non-profit dedicated to supporting pre-college STEM education. ASEF's programs culminate in GARSEF each year, offering students the opportunity to explore math, science, and engineering through inquiry-based research projects. Along the way, they learn to manage projects from start to finish, allocate time and resources, document their process, and present their findings verbally and in writing. For our UT PPA members, this volunteer opportunity was especially meaningful. As future pharmacists with an interest in pediatric pharmacy, engaging with young learners offered valuable perspectives on how to connect with children, encourage curiosity, and communicate complex ideas at an age-appropriate level: skills that directly translate into patient care. Supporting young scientists not only benefited the students but also gave our members the chance to practice compassion, patience, and mentorship, qualities essential to pediatric practice.

The University of Texas at Austin College of Pharmacy

UT PPA Members Judge at Greater Austin Regional Science and Engineering Fair

University of South Carolina

Philanthropy Events Highlight

This past semester USC's PPA has been involved in multiple different service and philanthropy events that we are excited to highlight! These experiences have been incredibly special for our members, and we hope they inspire other chapters to take part in similar opportunities in the future. We started the year off strong with a book drive in support of Reach Out and Read and Prisma Health Pediatrics where we collected over 600 books to donate!

University of South Carolina

Next, we hosted our “All Treats No Tricks” Candy Drive, collecting 6 big bags of candy for our local children’s home’s annual Trunk or Treat. During the Halloween season our members also had the opportunity to volunteer at Boo at the Zoo, a community trick-or-treating event that helps make the Halloween experience accessible and inclusive for families of all backgrounds and abilities.

University of South Carolina

Another unique volunteer event that our members participated in this semester was “Share ONE Love.” This is a grassroots non-profit organization that works within the juvenile justice system to teach kids how to heal through sport. This mission really resonates with us as student pharmacists interested in peds, we aim to heal through medicine, and this gives us the chance to connect with these kids through movement and mentorship. Our members spent time at the Department of Juvenile Justice playing sports like basketball and dodgeball while sparking conversations about leadership, emotional regulation and even pathways to college.

University of South Carolina

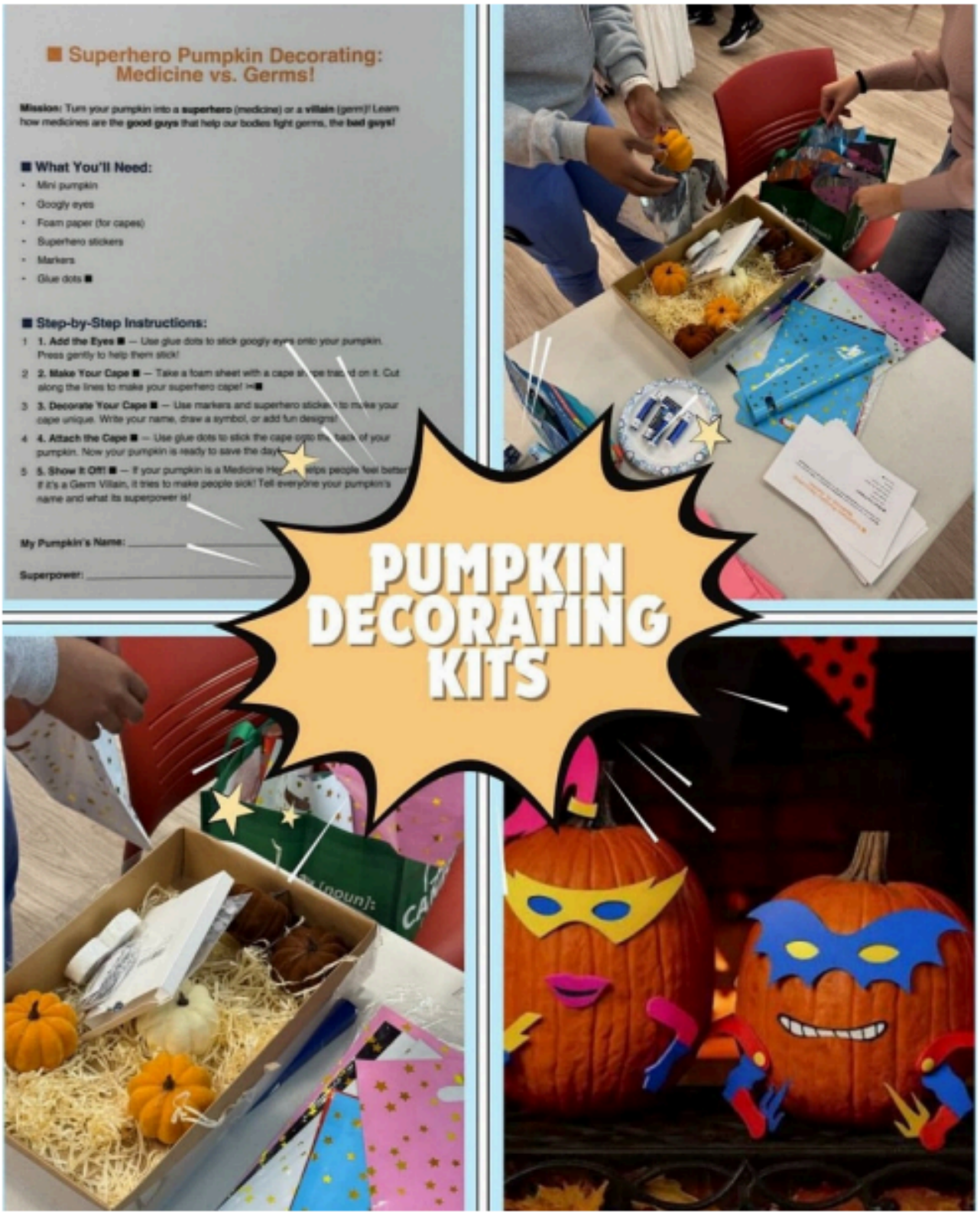
We wrapped up the semester with one of our favorite traditions here at USC. PPA hosted our annual St. Jude's Spelling Bee, where members competed to spell drug names in a fun way to prepare for our drug finals. Through this competition we raised over $550 to be donated to St. Judes Research Hospital! Overall, this semester was full of service, connection and growth. Each event reminded us why we love being part of this organization and how meaningful it is to give back to our community.

Temple University School of Pharmacy

Pumpkin Decorating Kits

Our chapter members created pumpkin decorating kits for the Children's Hospital of Philadelphia outpatient unit. The pediatric patients could decorate their pumpkin into a superhero (medicine) or a villain (germs) to learn how medicine is the superhero, helping our body fight the bad germs!

Temple University School of Pharmacy



Check IT OUT

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- Case-based learning
- Clinical pearls from pediatric specialists

Reach out to the PPA Academia SIG for more information

FOR MORE INFORMATION:
CONTACT MEMBERSHIP@PEDIATRICPHARMACY.ORG

MEMBER RESOURCES

In search of a pediatric residency?

The PPA Membership Committee has compiled a list of Pediatric Pharmacy Residencies. The database provides an increased level of detail allowing you to search for your desired residency.

LOOKING FOR CAREER OPPORTUNITIES?

Click **HERE** for access to virtual employer postings!

Click HERE

To access the Residency Database excel document.

FOUNDERS DAY GIVING CHALLENGE

In December 1979, a small group of Directors of Pharmacy in Children's Hospitals gathered to discuss the need for a free-standing, autonomous organization dedicated to the specific needs of pediatric patients. After many years of informal meetings and formal programs, the Pediatric Pharmacy Association was officially recognized by the IRS as a tax-exempt organization on December 14, 1993, which now has been designated as "Founders Day."

In collaboration with Dr. Jennifer Girotto and the University of Connecticut, PPA will soon offer a Certificate in Pediatric Antimicrobial Stewardship.

This advanced program will cover the core principles of antimicrobial stewardship, pediatric infectious diseases, and immunizations. It's currently in development and is expected to launch on the PPA Learning Management System next fall.

Dr. Girotto will also debut a new blog to keep pharmacists, healthcare providers, and trainees informed about the latest evidence-based developments in pediatric infectious diseases and immunization practices. Blog posts will be shared on PPA's social media soon!

PEDIATRIC
Antimicrobial Stewardship

Acknowledgments

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