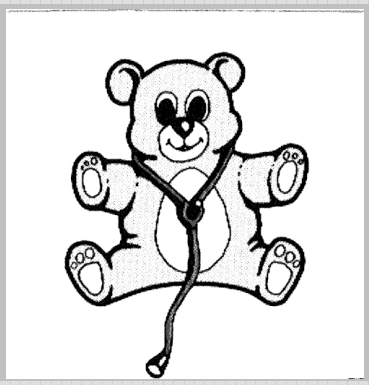

Pennridge Pediatric Associates

Pointers and Pearls

Summer 2009

SUMMER FOOD, SUMMER FOOD BORNE ILLNESS

Summer is the time for chillin', grillin'. Unfortunately, it can also be a time for nausea, vomiting and visiting the bathroom and ER. As the temperatures rise, so does the chance of food borne illnesses.

Disease-causing organisms multiply more rapidly on warm food, so the safety zone for food quickly declines once it is taken outside. Food poisoning is a summer ritual. Approximately 7 million people become victims to some type of food poisoning each year in the US. In most cases, the diarrhea, nausea, vomiting and stomach cramps caused by the food poisoning subside within a few days. However, more severe cases can occur. How to handle food safely in the summer time:

- Keep it clean. Wash your hands, cooking surfaces, countertops, and utensils in hot, soapy water before and after preparing each food item.
- Defrost meats and poultry in the refrigerator; don't let anything thaw on the countertop.
- Separate raw meat from cooked foods. Clean plates, utensils, and cutting boards that have touched raw meat.
- Cook foods thoroughly. Use a cooking thermometer to make sure meat and poultry is done. Wash the thermometer with hot, soapy water after each use. Hamburger should be cooked to a temperature of 160 degrees; cook all poultry products to a temperature of 180 degrees in the thigh and 170 degrees in the breast. No meat should be pink in the center.
- Warm temperatures allow bacteria to grow, so always serve meats hot and refrigerate leftovers promptly.
- If the outdoor temperature is below 90 degrees, food should not be left out for more than two hours; once the outdoor temperature reaches 90 degrees, promptly refrigerate food after only one hour.
- Salmonella can be transmitted by eggs, so keep eggs refrigerated; discard cracked or dirty eggs, and cook thoroughly before eating.
- Refrigerate leftover egg dishes and dishes containing mayonnaise immediately after serving.
- Thoroughly wash the outsides of fruits and vegetables before serving or preparing, as dangerous organisms lurk on skins, peels and rinds.

If you think your family has been exposed to contaminated food, call the doctor if symptoms include:

- Severe diarrhea (such as watery, bloody diarrhea).
- Vomiting that lasts 1 to 2 days in children younger than 4 years old; 8 hours in babies 3 to 6 months old; 4 hours in infants younger than 3 months old.
- Blurred or double vision, muscle weakness, fatigue, dizziness, and headache, which are signs of botulism.

CONCUSSIONS

Taking the proper precautions to protect children from concussions during sporting events should be a no-brainer. With sports in full swing, parents and athletes should be aware of the symptoms of concussions.

A concussion is head trauma caused by the violent rocking back and forth of the brain inside of the skull that occurs with a sudden blow to the head or upper body. Concussions account for about 6% of all sports-related injuries among children ages 5-18. For boys, the greatest danger is on the football field; for girls, the soccer field poses the biggest hazard. Extra care is needed after a concussion occurs. Young athletes who suffer concussions are often sent back into the game too soon, risking further injury and possible long-term effects. While young athletes and some coaches think it is "being tough" to get back into the game after suffering an injury, it is dangerous to "play through" a head injury. Not only is the concussion itself dangerous, but if a child sustains a second injury before the first has completely healed, he is at risk for long term brain damage. The most important step you can take to prevent a head injury on the field is to invest in a high quality, properly fitted helmet. Helmets must be well maintained and be worn consistently and correctly. Coaches should take the time to instruct teens to avoid hitting with the head. Symptoms of a concussion can show up right after the injury, or may not appear until several days or rarely weeks later. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away. Symptoms include:

- Appearing dazed, confused or stunned

- Forgets an instruction
- Is unsure of the game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to, or directly after, the injury
- Suffers memory problems
- Experiences sleep disturbances
- Has a headache or "pressure" in head
- Is nauseous or has persistent vomiting
- Has balance problems or dizziness
- Sees double or has blurry vision
- Has sensitivity to light and/or noise
- Feels sluggish, hazy, foggy or groggy
- Has trouble concentrating

What to do if your child has signs of a concussion:

- Seek medical attention right away. A healthcare professional will be able to decide how serious the concussion is and when it is safe for your teen to return to sports
- Concussions take time to heal, especially in young athletes, and only a medical professional can determine when it is safe for your child to get back in the game
- Inform the coaches about any recent concussion. Coaches should know if your child has suffered a concussion in any sport. This knowledge will allow the coach to keep your child from activities that could result in another concussion
- Step in. As a parent, it is up to you – not your child and not the coach – to say when your child can return to the field

KEEPING BUGS AT BAY

Now that summer is here, the great outdoors is abuzz with action. Whether they are playing in the yard or camping in the woods, your children are sharing space with thousands of playmates from the insect world. Mosquitoes, ticks and other insects are more than just pests; they can carry infections such as Lyme disease and the West Nile virus. You can use a low-concentration insect repellent containing DEET or picaridin to keep your children bug-free and safe from dangerous diseases as well as painful stings and bites. While the thought of putting chemicals on children cause concern for some parents, the products are safe and effective if used as directed.

- Never put a chemical repellent on a baby under the age of 2 months
- Use the lowest effective chemical concentration. A 10% percent concentration of DEET is recommended, but 30% is safe for both children and adults who are at greater risk of exposure
- Do not apply products containing DEET and picaridin more than once a day, as they are not water soluble. For this reason, combination of sunscreen and bug repellent should not be used, as sunscreen should usually be applied more often. Also, applying a product containing DEET with a sunscreen product will reduce the sun protection factor of the sunscreen
- For use on face, apply to adult hands and then rub on face (never spray directly on the face); avoid areas around eyes and mouth
- Apply repellent sparingly to the exposed skin, not to the skin under clothes
- Avoid cuts and skin irritations
- Don't put repellent on your baby's hands, as they will inevitably find their way into his mouth
- After returning indoors, wash treated skin with soap and water
- Don't allow your baby to handle the container while you're applying the repellent
- If your baby develops a rash while wearing the repellent, wash it off.
- When using a natural insect repellent, read the label carefully to make sure that it is safe for use on babies

Non-chemical ways of keeping the bugs at bay are:

- Dress your baby in light-colored clothing that covers as much skin as possible; avoid bright colors or flowery prints
- Don't use scented soaps or lotions, as fragrance attracts some bugs
- Avoid areas where insects congregate, such as stagnant water, flower gardens and uncovered food
- Invest in mosquito netting for the baby's infant seat, playpen or stroller

FROM THE SECRETARIES

In compliance with new federal laws to prevent identity theft, all parents of new patients will be required to present a valid photo ID when coming to the office for the first visit.

STUDIES AT PPA

Meningococcus is now the most common cause of life-threatening bacterial infections in young children. One of our current studies examines the administration of a meningococcal vaccine in infants, the most common age for meningococcal infections.

Unfortunately vaccine shortages have become common in this country.

Another current study evaluates an improved method of making varicella (chickenpox) vaccine which will hopefully avoid future shortages. RSV is a virus that circulates every winter and can causes severe respiratory infections in young infants. The purpose of the last of our current studies is to evaluate the immune response of a new vaccine that targets RSV and another respiratory virus that causes infections in young infants.

If you have questions about any of these studies please call Bonnie Pforter, RN, Dr. Kratz or Dr. Rothstein at 215-257-2727.