



# Penridge Pediatric Associates

## Pointers and Pearls

Winter 2006-2007

### COMMON SYMPTOMS DURING ILLNESS

#### Increased Sleep

Most children are less active and sleep several extra hours a day when they are sick. Increased sleep is not very useful in judging the seriousness of the illness.

#### Decreased Activity

Most children are less active when they are sick. However, when they are awake, most children do not choose to stay in bed. They prefer to be out of bed, watching television or playing with toys.

#### *Does your child need to rest in bed?*

No evidence exists that forced bed rest is helpful for common childhood illnesses. It does not reduce symptoms, get them better faster or prevent complications.

#### *How can I take care of my child?*

When children are sick, it is all right for them to choose their own levels of activity. If they are feeling really ill, they may want to be in bed or lie down. Children naturally decrease their level of activity when they are sick. We probably don't trust their instincts because we know too many adults who go full speed ahead when they are sick. Forced bed rest is impossible to achieve. If you insist that your child stay in bed and then you leave the room, when you return you may find him using the bed as a trampoline.

#### Decreased Appetite

When your child is sick, he or she will probably not want to eat much. A decrease in appetite is normal with most minor illnesses. This is not harmful. The cause or seriousness of the illness cannot be determined by

how much or how little your child eats. Children with decreased appetites usually continue to drink enough fluids. This is more important than eating.

#### **When should I call the office?**

Call IMMEDIATELY if:

- Your child is less than 2 months old and has a fever (above 100.4 rectally) or a change in behavior.
- Your child has not urinated in more than 8 hours.
- Your child starts acting very sick. Call during office hours if:
- The poor appetite lasts for more than a week.
- Your child is not drinking adequate fluids.
- You have other questions or concerns.



#### **WHEN GROWING PAINS STRIKE**

About 25 to 40 percent of children experience "growing pains". These are sporadic episodes of pain in the legs of varying intensity that usually occur in the late afternoon, early evening before bed, or during sleep. They generally occur between the ages of 3 to 5 and 8 to 12 years of age. The exact cause is not known but it is most likely due to normal physical activity such as jumping, climbing,

running and biking.

Signs of growing pains

- Muscle aches and pains in both legs, usually in the calf, the front of the thigh and behind the knee
- Pain that doesn't get better or worse with movement
- Pain that comes and goes randomly
- Pain that is worse during the night, but gone by morning
- Pain that doesn't interfere with normal walking or playing

#### ***How to ease your child's growing pains***

Growing pains are harmless, and disappear by the teen years. In the meantime, you can help alleviate the pain by:

- Gently massaging the area
- Instructing your child to stretch the affected limb(s)
- Placing a heating pad set on low on the area
- Giving a warm bath
- Giving an over-the-counter pain medication such as ibuprofen or acetaminophen.

#### ***When pains might not be growing pains and should be checked***

- Your child complains of joint pain, or if the joints are tender, warm or appear swollen or red
- The pain is constant
- The pain is associated with an injury
- Fever accompanies pain
- Limping and/or weakness in the limb accompanies pain
- Unusual rashes appear

#### **TRANSITIONING YOUR CHILD TO HIS OWN ROOM AND HIS OWN BED**

Generally children are ready to make the move from crib to bed somewhere between the ages of 2 and 3. Signs of

“readiness” include:

- When the child is about 35 inches tall.
- If she is able to stand up and climb out of the crib with the mattress at the lowest setting.
- When he is able to put himself back to sleep when he wakes up in the middle of the night.
- When she is potty trained.

### ***Making the big step easier***

Below are a few tips to ease the transition:

- Allow your child to help pick out her new bed and blanket.
- Move things from his crib to his bed, such as a favorite quilt or toy.
- If space allows, set up the bed in the same room with the crib to allow her to get used to it.
- Let him take his daytime naps in the bed.
- Don't try moving your child during a stressful time, such as after the arrival of a new sibling, moving to a new home, starting a new daycare, beginning potty training, etc.
- Stick to the bedtime routine to which she is accustomed.

If your child is resistant to sleeping in her new bed, it may be better to wait a few months. As long as she isn't climbing out of the crib, you can continue to “talk up” the idea of a “big kid” bed until she is ready. Other strategies:

Make your child's room inviting, decorated to his taste and age-appropriate.

- Consider the size of the bed, is it big enough?
- Make sure your child goes to the bathroom before bedtime.
- Don't lie down with your child. If you do, stay only for a brief time.
- Establish the rule that your child will sleep in her own bed and make no exceptions.
- Don't give in to crying or whining. Consistency is key. If consistency is maintained most children will sleep in their beds throughout the night.

### **WHAT IS A DIAPER RASH?**

A diaper rash is any rash in the diaper area. Almost every child gets diaper rashes. Most of them are due to

prolonged contact with moisture and the irritating contents of urine and stools. Bouts of diarrhea cause or aggravate diaper rashes in most children.

### ***How long will it last?***

With proper treatment these rashes are usually better in 3-7 days.

### ***How can I take care of my child?***

- Change diapers frequently. The key to successful treatment is keeping the area dry and clean so it can heal itself. Check the diapers about every hour, and if they are wet or soiled, change them. Make sure that your baby's bottom is completely dry before closing the new diaper.

- Leave your baby's bottom exposed to the air as much as possible each day. Practical times are during naps or after bowel movements. Put a towel or diaper under your baby.

When the diaper is on, fasten it loosely so that air can circulate between it and the skin. Punch holes in disposable diapers to let air in.

- Rinse the skin with warm water. Washing the skin with soap after every diaper change may damage the skin. Use a mild soap only after bowel movements. After using soap, rinse well. If the skin is raw use warm water soaks for 15 minutes three times a day.

- Nighttime care. Wake your baby once during the night to change the diaper.

- Creams and ointments. Most babies don't need any diaper cream.

However, if your baby's skin is dry and cracked, apply an ointment to protect the skin after you wash off bowel movements. A and D and Balmex are examples of useful ointments.

- Yeast infections. If the rash is bright red or does not start getting better after 3 days of warm water cleaning and air exposure, your child may have a yeast infection. Apply Lotrimin or Tinactin cream (no prescription necessary) four times a day.

### ***How can I prevent diaper rash?***

Keep your baby out of diapers when you can. Changing diapers immediately after your child has a

BM and rinsing the skin with warm water are effective too.

### **When should I call the office?**

- If the rash looks infected (pimples, blisters, boils, sores).
- The rash isn't much better in 7 days.
- The diaper rash becomes bright red or raw.
- You have concerns or questions.

### **FROM THE SECRETARIES**

The beginning of a new year often signals a change in your insurance information. Please be sure to update our office with any changes that occur now or throughout the year. Some Capital Blue Cross plans do not pay for the HPV vaccine (the one that prevents cervical cancer for girls 11 years and older). Please check with your insurance company to be sure it's covered (and complain if it isn't).

### **STUDIES AT PPA**

Meningococcus is now the most common cause of life-threatening bacterial infections. Our current meningococcal vaccine studies use the same vaccine as the one currently recommended routinely at 11 years and older. It will be given to infants 9 months of age and children 4 years of age. In February we will be starting studies of another meningococcal vaccine in infants beginning at 2 months of age and in people 11 years and older (including parents!)

A study of an already licensed medication to prevent wheezing episodes in children with asthma has begun. The purpose of the study is to see if the medication can be used at the time of an illness rather than every day as it is now used.

A study starting soon will evaluate different treatment options that might decrease the 20% of children who have a recurrence of strep throat soon after finishing treatment.

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