



Pennridge Pediatric Associates

Pointers and Pearls

Winter 2007-2008

TIPS FOR COPING WITH YOUR CHILD'S WHINING

All children whine. But with a few simple techniques, parents can win the whining war:

- Don't say "stop whining"; it will probably just make matters worse. Instead, let your child know that whining will not get her what she wants. Calmly tell her you will not listen to her when she is whining, but you will listen if she tells you what she wants in a normal voice.
- Praise your child when he uses a normal voice, tone and volume to make a request.
- Never give in to whining - no matter how annoying it is or how long it lasts. If you do, you will set yourself up for a lifetime of your child sounding like an ambulance siren.
- Allow your child to whine all she wants, in her room with the door closed where no one can hear it.
- Point out when he is whining. Whining can become an unconscious habit; calling attention to it will make him more aware that he is whining.
- Don't take small children out when they are tired, as whining gets worse with sleepiness.

- Model non-whining behavior. Yes, adults whine, so don't be caught acting childishly. If you have a problem, discuss it like a mature adult.

WHEN IS IT OK TO GO BACK TO SCHOOL?

With cold and flu season here many parents will be asking "Is my child too sick to go to school"? Is a runny nose and slight cough enough to keep him home? Or is fever the only excuse for giving him a day off?

According to the American Academy of Pediatrics (AAP) a child has six to 12 illnesses a year, ranging from mild to severe. These illnesses can occur any time during the year, but tend to cluster in the fall and winter (so during these seasons many children have almost continuous symptoms of a cold). If your child is exhibiting the classic symptoms of a head cold, runny or stuffy nose, slight cough and watery eyes - but does not have a fever, there is no reason she can't go to school. Be sure to instruct her to take proper precautions to prevent sharing the viruses with her classmates, including frequent hand



washing, covering her mouth when coughing or sneezing, (sneeze and cough into an elbow instead of a hand) and refraining from sharing eating and drinking utensils.

When is it better to stay home?

If your child has a fever of 100.5 or higher, keep him home. Your child should usually be fever-free for about 24 hours (without medication) before sending him back to school. Tips to help you make the stay home-or-go to school decision:

- Severe cough and cold symptoms
- Children who feel too bad to get anything out of being in school or who are coughing so much that they

disturb their classmates should stay home.

Once the child is feeling better, though, send her back to school; don't wait for the cough to disappear completely, as that could take a week and often longer.

- Diarrhea or vomiting. Keep your child home until 24 hours after the last episode.
- Sore throat. A minor sore throat is usually not a problem, but a severe sore throat could be strep throat, even if there is no fever (other symptoms of strep throat in children are headache and stomach upset). Strep usually does not cause a runny nose or cough.

- Conjunctivitis (also called pink eye). Pink eye is contagious and schools will usually send children with pink eye home. If you think your child has pink eye call our office. If your child is otherwise well we might be able to call your pharmacist without needing to see him or her.

COLD INJURY

Cold injury can occur during any outdoor activity, including play and sports. Usually, the most affected body parts are the face, nose, ears, fingers and toes. Being wet adds to the danger.

Signs of cold injury include:

- Numbness or pain in the fingers, toes, nose, cheeks or ears
- Skin of the affected area turns red, then white
- Skin can begin to blister, seem hard to the touch, or give a shiny appearance

Symptoms of hypothermia (low body temperature) include:

- Uncontrollable shivering
- Slow or slurred speech

- Memory lapses
- Loss of balance
- Drowsiness and exhaustion
- Irregular heartbeat and respiration
- Unconsciousness

To prevent cold injury and hypothermia:

- Dress children in layers. Wearing several thin layers of warm clothing will trap warm air and provide more protection. Wearing heavy socks or two thinner layers of socks, and waterproof insulated boots will protect the feet. Waterproof gloves or mittens will protect the hands.
- Cover the head. Between 30 and 50 percent of heat loss occurs through the head.
- Keep the child dry. Change wet clothing periodically. Have several pairs of dry socks and mittens handy.
- Set reasonable time limits on outdoor play based on how cold it is.
- When traveling, keep a winter storm survival kit in your car. This should include blankets, gloves, food, flares, and first aid supplies.
- If you suspect your child is showing signs of either condition, seek medical help.

VAPORIZERS AND HUMIDIFIERS

What kind is the best? There are four kinds of units to choose from:

- Steam humidifiers or vaporizers produce moisture by boiling water and releasing steam, which is hot to the touch
 - Warm mist humidifiers produce steam that is cooled before it is released
- While the heat kills the bacteria, the moisture that collects in the unit can create mold
- Cool mist or ultrasonic humidifiers shoot tiny droplets of water into the air. They are more likely to disperse bacteria than warm mist or steam models, therefore many manufacturers have added filters to purify the mist before it is released. Filters must be changed regularly or can harbor mold and bacteria.
 - Evaporative humidifiers use a fan to blow air over a wet wick, causing moisture to evaporate into the air. The wick can become breeding ground for bacteria if not cleaned or replaced regularly.

All of the above units are effective in adding humidity to the air and providing relief from congestion, sore throats, and even nose bleeds.

However, the AAP recommends the use of the **cool mist vaporizer or evaporative humidifier**, as they reduce the chance of accidental burns to children.

How to use your child's humidifier or vaporizer safely:

The key to safely using humidifiers and vaporizers is to choose the unit right for your child's room and to keep them very, very clean in order to deter the growth of bacteria.

To get the best results from a humidifier or vaporizer:

- Choose a unit that is right for the size of the room. Humidifiers are rated for coverage area in square footage. Take measurements to determine the correct room size you are looking for. If the humidifier is too large for the room, condensation could cause bacteria and mold to form
- Opt for a model with a built-in humidistat or hygrometer. This feature allows you set the machine to operate until it reaches a specified level of humidity so that it does not over-humidify the room
- Look for a model with an automatic shut-off feature should the water reservoir run dry
- Empty the water tank and dry interior surfaces every time you turn off the machine; use fresh water every day
- Tap water contains many minerals and can cause scale to develop inside your humidifier, which can be a breeding ground for microorganisms. It is best to use "distilled" water in the humidifier
- Clean your humidifier every two to three days of operation, as recommended by the manufacturer.
- Soak the tank and all parts that are exposed to water in a 10 percent bleach solution (1 part bleach to 10 parts water)
- Replace all filters and wicks on schedule
- Before storing, clean the machine and its parts thoroughly

- After removing from storage, clean the machine and its parts thoroughly before first use

FROM THE SECRETARIES

Prescription renewals. Please request your pharmacy to fax a "renewal request" to us. There is no need for you to call us for routine renewals.

Evening and Saturday AM appointments are reserved for problems that cannot wait until the next regularly scheduled office hours. Please use judgment when calling for these appointments.

Our visits are by prior appointment. If a patient comes without an appointment they might be seen, but at the next available opening (except for a true emergency) – which may mean a significant wait.

Referrals should be called in at least 48 hours before the appointment to allow sufficient time for proper processing.

STUDIES AT PPA

Meningococcus is now the most common cause of life-threatening bacterial infections. One of current meningococcal vaccine studies use the same vaccine as the one currently recommended routinely at 11 years and older and licensed for children as young as 2 years of age. It will be given to infants 9 months of age. Another meningococcal vaccine study begins in infants at 2 months of age.

We will be starting a study of an MMRV (combined measles-mumps-rubella-varicella [chickenpox]) vaccine soon. Given the unavailability of the currently licensed MMRV vaccine, this is a particularly attractive study. A study of an already licensed medication to prevent wheezing episodes in young children 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.

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