

# What to do if your child is choking

Perfect timing. I have been seeing a lot of kids starting table foods in the office lately and my sister (an Emergency Medicine doctor) just came out with a video on what to do when someone is choking. She goes over what to do with any age group, so worth a peek even if your kids are bigger than you are.

Prevention hints: As a toddler parent you will find kitchen shears perfect for cutting up food into bite sized pieces. But watch the number of little pieces that your child eats at one time- kids get into trouble when they scoop a pile into their mouths. As for toys, anything that can fit into a paper towel roll is a choking hazard.

Hoping you will never have the opportunity to use the information in the video!

Naline Lai, MD with Julie Kardos, MD

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## Vacation packing tips



Worth the packing !

When preparing to travel with your kids, do you sometimes wonder if it's worth all the time and effort? Click [here](#) to find an article from the Children's Hospital of Philadelphia where your two Peds and colleagues give some tips to get you through.


Happy travels!


Julie Kardos, MD and Naline Lai, MD

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# Anxiety in kids and everyday calming techniques



 **NAMI Bucks County PA**  
National Alliance on Mental Illness

 **Children's Hospital of Philadelphia®**

NAMI & CHOP PRIMARY CARE - DOYLESTOWN  
PRESENT A **FREE TALK** FOR PARENTS & CAREGIVERS

## ANXIETY IN CHILDREN AND TEENS


TECHNIQUES TO **CALM EVERYDAY ANXIETY**  
AND **MEDICATION MYTH BUSTERS**

**MAY 4, 2023 @ 7PM • IN PERSON**

**BUCKS COUNTY INTERMEDIATE UNIT - ROOM A**  
705 N. SHADY RETREAT ROAD, DOYLESTOWN, PA 18901

**PRESENTERS INCLUDE**  
LISA GAFFNEY CRNP, JOHN GROVE LCSW,  
AND MODERATOR NALINE LAI MD

REGISTRATION IS REQUIRED AT:  
**[WWW.NAMIBUCKSPA.ORG/ANXIETY](http://WWW.NAMIBUCKSPA.ORG/ANXIETY)**



This upcoming week-register above

Wondering about signs of anxiety in your child or teen? Interested in everyday ways to help calm them? Take a peek at this post that one of your two peds contributed to: When Your Child's Anxiety Is Worth Worrying About – and How to Help in The Children's Hospital of Philadelphia's Health Tips.

A Bucks or Montgomery County, Pennsylvania parent or caretaker? May is mental health awareness month and NAMI Bucks County and CHOP Primary Care, Doylestown have teamed up to give an in-person talk this week! Registration information above- hope to see you there!

Julie Kardos, MD and Naline Lai, MD

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## Seasonal allergies: a review





Photo by Tuấn Kiệt Jr. on Pexels.com

Everything has a season, including seasonal allergies.

In our area near Philadelphia, we associate spring with the Phillies opener and also with the onset of spring allergies.

Here is a nice summary of how to treat allergies, from The Children's Hospital of Philadelphia (note that one of your Two

Peds was a contributor). And following are some of our prior posts that can help you treat your child's seasonal allergies this spring:

The Best Allergy Medicine for Kids

The Best Allergy Medicine for Kids aged 2-5 years old

Allergy Eyes: when spring rubs you the wrong way

How to tell the difference between Covid (or any viral cold) and allergies

We hope this post answers all that you are itching to know about seasonal allergies.

Julie Kardos, MD and Naline Lai, MD

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## Help for ear pain



Photo by Towfiqu barbhuiya on Pexels.com

Did your child wake up in the middle of the night crying from ear pain? Fortunately, not every child with an earache has an actual ear infection. However, all children with earaches deserve to have their pain treated, no matter what is causing their pain. Here is our post about what to do for your child's earache.

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## Why Won't My One-year-old

# Eat?



Photo by Karolina Grabowska on Pexels.com

Remember when feeding your baby was fun? They way he opened his mouth like a baby bird when you fed him oatmeal. They way she thumped her hands on the high chair tray waiting for another bite of mashed bananas. It was hard not to laugh as your nine-month-old slowly picked up each piece of pancake and chewed thoughtfully, or the way your eleven-month-old, covered in tomato sauce, double fistfisted a messy meal of cut up meatballs and elbow noodles. And then they turned one. You call your pediatrician and search the internet to ask, why won't my one-year-old eat?

Maybe they actually did not stop eating entirely, but instead of the serene or comic meals you used to enjoy with your baby in the high chair, you now have a one-year-old who deliberately deposits each pea off of the high chair tray and onto the floor, smooshes their potatoes all over the plate, or thrashes like a chained-up wild beast to escape their high



chair. You fluster, you offer other previously enjoyed foods, you become convinced they will starve, you offer a cookie, you offer more milk, you cry.

Let us reassure you: your one-year-old most likely is acting in a normal and predictable way. In this post, we explain why many one-year-olds seem to stop eating, and how to handle your suddenly picky, food-averse one-year-old.

Recall that we pediatricians expected your newborn to gain one pound every other week. In contrast, we expect your one-year-old to gain one pound every THREE MONTHS! Your baby is now growing at a slower rate. Correspondingly, their appetites slow down.

Have you heard the saying, “Hunger is the best sauce?” The way to help your one-year-old to eat, and to avoid disordered eating, is to allow them to feel hungry. Typical toddler appetites vary from day to day. Some days they eat as much as you, and sometimes they subsist on air! Most of them thrive anyway. One reason you have pediatrician visits every 3 months with your one-year-old is to be sure they gain weight appropriately.

### **Here are some Do's and Don'ts:**

- DO offer the same structured meal times that you had as a child: breakfast, lunch, dinner, and one or two snacks a day. That's plenty of opportunity to eat.
- DO make mealtime enjoyable. Gather your family together to eat as often as you can. Talk about the day, joke a bit, serve whatever you are eating as long as there are no choking hazards. To avoid frustration, include at least one item – fruit, veggie, protein, carb, or dairy– that you are fairly sure your child will eat.

- DO serve bite sized food in small portions and allow your child to ask for more.
  - DO allow your child to enjoy your company while you enjoy theirs, *even if your child eats nothing*. Respect their short attention span and allow them to go play after a few minutes of not eating anything. They can play on the floor near you while you finish your meal.
  - Most importantly, DO pretend that you feel fine if they eat and fine if they don't eat. Of course you will care, but your only job is to present healthy food. It is your child's job to decide if they will eat and how much they will eat.
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- Avoid letting your child graze from a bottle, breasts, or sippy cup all day. Sucking fluid is a habit. Drinking from a cup at mealtime satisfies thirst. Filling a small toddler belly with fluid all day wards off hunger and almost guarantees that your child will have no room for actual food at meal time.
  - Likewise, giving food as a reward or as an activity between meals and snack times will also fill them up before it's time to actually eat.
  - Avoid chasing them with food as they play or offering food while they watch a video. While this might work for a brief time, ultimately it does not improve their eating. Instead, it teaches them to eat *for you* or *for the video*, but not *for hunger*. This practice can lead to disordered eating patterns.
  - Avoid feeding them or nursing them in the middle of the night. If you feed them anything substantial, you fill their bellies and they may not be hungry for breakfast in the morning. Besides, you wouldn't drink something in the middle of the night without brushing your teeth. Do the same for your child.
  - Avoid too many choices. Offer the foods you have already prepared for the rest of the family, and leave the

choice of “to eat or not to eat” to your toddler.

We invite you to read more about how to outwit, outplay, and outlast **picky eaters** here.

Read about many aspects of **one-year-old development**, including food refusal, here.

Julie Kardos, MD and Naline Lai, MD

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## Headaches in children



Photo by Yan Krukau on Pexels.com

“Mom, Dad, my head hurts!”

Sound familiar? It's probably not the first time 'round this rodeo, but ever wonder if your child's headache could be a sign of something more problematic? The good news is, while kids get headaches for many reasons, there are telltale signs every parent can look for at home to distinguish normal headaches from bad headaches in children.

## **Tension Headaches**

For most kids with headaches, the odds are in their favor. The most common culprit is the tension headache—the kind we have all experienced at least once in our lifetimes. Fortunately, they are also the least scary kind of headache.

Tension headaches usually begin gradually and can last a few hours at a time. Most children will complain of a dull, achy, or even “band-like” pain squeezing both sides of their head or across their forehead. Typical triggers include stress, inadequate sleep, excessive screen time, not drinking enough water during the day, hunger or poor diet, or a need for glasses. Targeting these triggers are key to preventing these pesky headaches.

## **Migraines**

Okay, so we know tension headaches are the most frequent, but can kids have migraines? Children can have migraines and there are key distinguishing characteristics that set these headaches apart.

Migraines usually start in school-aged children, and for girls, often get worse with their periods. In older kids these headaches are typically throbbing or pounding, as opposed to dull, and can be one-sided. They can also be associated with other symptoms like sensitivity to light and sound, nausea or vomiting, and strange changes in vision or smell preceding the



start of a migraine (the “migraine aura”). Taking a nap almost always makes a migraine go away.

Family members will often have a history of migraines or frequent headaches.

Parents should also be aware of the occasional “abdominal migraine,” where migraine symptoms like those described above occur with stomach pain instead of headaches.

## **Head Trauma and Concussions**

Did your child just hit their head? Or suffer a sports injury? As a parent, it’s normal to worry about headaches after head trauma. While most post-traumatic headaches are not a cause for alarm, parents need to know signs of serious injury such as bleeding inside the head. You can review these signs [here](#).

Concussions are also caused by head trauma. Read more about concussions [here](#).

## **Red Flags**

While most headaches are not cause for alarm, there are warning signs to keep an eye out for. Sometimes, headaches are more sinister in nature—caused by tumors, brain bleeds, strokes, abnormal anatomy, or infection (like meningitis). And while these occurrences are fortunately rare in children, the earlier they are diagnosed, the better.

Headaches that interrupt your child’s sleep, happen first thing in the morning after waking, are becoming more frequent or severe, are associated with unsteadiness, weakness, visual changes, seizures, fever, funny eye movements, neck stiffness, early morning vomiting, changed mental state (too tired or too irritable to play) or are described by your child as as the “worst headache they’ve ever had” should all lead you to seek medical attention promptly. Finally, headaches in very young children under the age of five should not be taken lightly.

## **A Word on Mental Health**

While headaches happen for several reasons, depression and anxiety are commonly overlooked offenders. If you are noticing other signs like sadness, worry, poor appetite, weight change, or less interest in prior activities, talk to your pediatrician about further evaluation.

### **Still not sure what's causing your child's headache?**

It's okay! Headaches are complicated, and keeping track of your child's symptoms can be hard. Maintaining a headache diary to track headache features can help both you and your pediatrician figure out the next best steps for your child.

Nitya Rajeshuni, MD MS

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*Guest blogger Dr. Nitya Rajeshuni completed her pediatric residency at the Children's Hospital of Philadelphia. She attended medical school at Stanford University, and is a contributing writer to ABC News and the health humanities journal Synapsis.*

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## **How to Talk to Kids About Hard Topics: a panel discussion**



Photo by cottonbro studio on Pexels.com

Death, politics, mental illness, and sex- all difficult topics for parents to talk about with their kids. Your Two Peds joined a social worker, school guidance counselor, and former teacher in a lively panel discussion at the Haverford Township Library in Haverford PA on how to normalize conversations on difficult topics between parents and their children. Watch as we talk about on ways parents can give kids give information while limiting their anxiety .

Past posts about ways to share difficult information with your children include the topics of suicide, stillbirth/miscarriage, death of a person, and death of a pet.

Warmly,

Julie Kardos, MD and Naline Lai, MD

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## **Strep throat: Sore throat “dragon” your child down?**





Is your child's sore throat "dragon" them down? This month we contributed to The Children's Hospital of Philadelphia's Health Tip of the Week on the subjects of sore throats and strep throat. We hope you find our tips helpful if your child's throat feels like it's on fire.

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# Which is it: the flu, RSV, or COVID?



Photo by Leeloo, Prexel

Parents ask us every day the difference between the flu (influenza), RSV (respiratory syncytial virus), or COVID (coronavirus disease 2019). While no method is fool proof, here are some typical differences among these viruses:

**The flu, caused by influenza virus, comes on suddenly and makes you feel as if you've been hit by a**

# truck.

**Flu almost always causes fever of 101°F or higher and some respiratory symptoms** such as runny nose, cough, or sore throat (many times, all three). In addition to the usual respiratory symptoms, the flu causes

body aches, headaches, and often the sensation of your eyes burning. Fever can last 5-7 days. Children, more often than adults, can vomit and have diarrhea along with their respiratory symptoms, but contrary to popular belief, there is no such thing as “stomach flu.” All symptoms come on at once; there is nothing gradual about coming down with the flu.

COVID can cause the same symptoms. Since home COVID tests are readily available, you can answer the question of “Flu or COVID?” at home.

## **Colds, even really yucky ones from RSV, come on more gradually.**

**RSV, a common cause of the common cold, is notorious for causing very thick mucus.** The mucous is why some babies and young children have more severe coughing and breathing difficulties with this particular cold virus. Our immune systems are not good at mounting a lasting immunity to RSV so kids and adults tend to get this virus again and again. The first time someone is hit with RSV is usually their worst episode.

Symptoms usually start out with a sore throat or mild runny nose. Gradually, the nose runs more and a cough starts. Sometimes RSV can cause fevers for a couple of days and some hoarseness. Children are often tired from interrupted sleep

because of cough or nasal congestion. This tiredness leads to extra crankiness. To further complicate things, Covid can cause identical symptoms.

Usually kids still feel well enough to play and attend school with colds like RSV.

The average length of a cold is 7-10 days although sometimes it takes two weeks or more for all coughing and nasal congestion to resolve.

## Wondering about the color of mucus?

The mucus from a cold can be thick, thin, clear, yellow, green, or white, and can change from one to the other, all in the same cold. The color of mucus in the first few days does NOT tell you if your child needs an antibiotic and will not help you differentiate between a cold and the flu.

## So, is it the flu, RSV, or COVID?

- **Flu** = sudden and miserable
- **Colds**, including RSV = gradual and annoying
- **COVID** = either

If your child has several days of runny nose and cough, but is drinking well, playing well, sleeping well and does not have a fever, the illness is unlikely to “turn into the flu.” A home test can help tease out COVID from a cold or the flu.

And yes, a kid can have multiple respiratory viruses at the same time. Let’s hope that does not happen this winter.

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