

# Is your child sick? When to call the doctor



Unfortunately, it is sick season. Fortunately, we have a great post to help you know when you need to call the doctor about your child's illness.

Julie Kardos, MD and Naline Lai, MD

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# Help prevent your teen from playing risky games



Some games are riskier than others and it's hard for teens to tell the difference.

Remember playing "Truth or Dare" as a kid? Some of the dares were silly, some potentially embarrassing, but some were downright risky. Now our children are playing potentially dangerous games. How can you prevent your teen from taking unnecessary risks?

To understand why kids would play risky games such as the Cinnamon Challenge or the Laughing Game, let's step into the mindset of a teenager. Don't let their adult-like appearances deceive you. Based on what we know about teenage brain

development, teens are more likely to misinterpret or mislead social cues and emotions and to engage in risky behavior. Even though your teens may be taller than you, their deductive reasoning skills are not fully developed until around 25 years old. They have difficulty thinking through long term plans.

Take a simple example of studying. If they stay up very late studying, they do not consider that this will cause impairment in cognition the next day and consequently they are forced to stay up even later to understand class material. Further, because teens also are impulsive, they will typically check their cell phones multiple times while studying, which further pushes off bedtime. Days later, when it comes to taking a test in class, their cumulative sleep deprivation leads to poor focus and poor memory retrieval.

Applied to more dangerous situations and coupled with peer pressure, even a "good teen" may take unnecessary risks. Teens truly believe that they cannot die. Even if they know others who have died, they don't think it can happen to them. So they may be more likely to run across a busy street, try getting high off of a friend's Adderall, or drive distracted while checking social media on their phones.

Teen peer pressure + immature teen brain = disaster potential.

As parents, you do have some power to prevent disaster. You can teach your teens the tools you have acquired through the years to help them consider all potential consequences of their actions.

Here are some ways parents can teach:

- Tell kids to pause first before playing any game. Think "What is the worst that can happen if I play the game, win or lose?" If the worst case scenario is severe injury or death, DON'T PLAY THE GAME. Remember that kids feel invincible.
- Teach directly by allowing kids to take small risks.

Like we've said before, hold tight, but remember to let go. If your child chooses not to study for a test in school, then let them fail the test. However, make sure they study for the final exam.

- Teach indirectly through anecdotes, either from your own childhood or events you hear about. For example, your kids might not consider that the beach they visit with you every summer can hold danger. Tell them about the family I know who lost their teen to drowning while swimming too far and was caught in a riptide on an unguarded beach.
- Teach kids that you cannot always save them. You cannot magically save them if they get hit by traffic on a dare.
- Know where your kid and your kid's friends are developmentally and supervise accordingly. Volunteer to host the gatherings where a game may occur. Hint: Go down into the basement often with food-the kids will be happy to see you and you can be a better spy.
- Keep 'em busy so that they do not play risky games simply out of boredom.
- Give your kid a way out of an uncomfortable situation. Let them know they can always say, "I can't, my parents would kill me."

Unfortunately life is not all fun and games. Remind your kids that playing Monopoly or video games is not the same as taking real life risks.

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# Coughing out germs? Natural remedies for kids



“coughing out germs”

Recently a 6-year-old patient handed me this drawing of “a person coughing out germs.”

The artwork reminds us that a cough can be a good thing. A cough dislodges mucus from the airway and can help prevent pneumonia.

However, coughs can spread germs and make kids feel plenty uncomfortable. And, frustrating for parents, many over-the-counter medicines are not recommended for kids.

Looking for natural remedies for kids? Look no further than

your kitchen.

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# **Non-screen based holiday gift ideas for children of all ages**



## Holiday gift ideas!

From toddlers to teens, use of tablets, smart phones, and game systems abound. With Black Friday fast approaching, it's easy to run out of non-screen based holiday gift ideas.

In our gift ideas post, we suggest presents for children of all ages, from newborn to teen. You'll find non-screen based fun gifts to encourage your children's motor, intellectual, and emotional growth.

If you really run out of ideas even after reading the post, you can just wrap random objects in layers of wrapping paper and have your children unwrap them. Maybe it'll be as intriguing to your kids in real life as on YouTube.

Happy shopping!

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## **Can't fall asleep? Relaxation techniques to quell anxiety**



I love kids who worry. If they didn't worry, they wouldn't



care, and if they didn't care, nothing would ever get done. But sometimes, those worries grow bigger than your child and threaten to engulf them. Like any skill, you can teach your child to calm their mind and settle their emotions. Helping them with relaxation techniques as they fall asleep will translate into the ability for your child to calm themselves during the day.

When your child was a baby you would rock them, sing to them, and maybe give a pacifier. But now that they are older, other calming modalities are available.

Start with yourself. Your child looks to you to see how to act. If you constantly feel off balance yourself, you will find it difficult to convey reassurance and confidence. Therapist Dina Ricciardi reminds parents to incorporate mindfulness into our daily lives. She says, "Relaxation techniques should tap into one or more of our five senses. Tactile – doing something with our hands such as knitting, gardening or baking, or sitting in a warm bath; auditory – such as listening to music or nature sounds; olfactory – aromatherapy oils and diffusers, visual – looking at photos or art, a crackling fire, or visualizing a face or place that makes you happy; taste – sipping a cup of tea." One app for meditation and mindfulness is found at [headspace.com](https://www.headspace.com). For kids, Ricciardi suggests Mind Yeti. "Anxiety is easily projected, parents need to understand they are barometers," says therapist and resilience expert Amy O'Neil.

Events in the day can affect your child's ability to clear their head at bedtime. Generally, anything that disrupts routine is difficult for kids. Change, even good change, can cause stress. Also, don't assume that your greatest concern is necessarily your kid's greatest concern. You may be worried about mass shootings and your child might be worried that you will find out that they failed a math test that day. Understand where your child is developmentally—trying to explain negative news events and holding long discussions

about future repercussions may only confuse your child if they are not developmentally ready to comprehend the news. This post gives you ideas of how to present tragic events to your kids.

Check to make sure that your children's bedtime routine is conducive to sleep and feels secure and cozy at all ages. Instill healthy sleep habits and don't rev up their minds just prior to sleep. Close to the targeted bedtime, avoid screen time and homework. Create a bedtime routine which includes a tuck in by you at any age. Convey that you are putting them in a safe place and that it's okay to "let go." For relaxation, as part of the bedtime routine, you can guide your child through deep, diaphragmatic breathing or a guided imagery exercise. Click here for more details from Dr. Sandy Barbos.

Ricciardi is also a fan of the 4x4 breathing relaxation technique used by Navy Seals. In this technique, one inhales for four seconds, holds for 4 seconds, then exhales for 4 seconds. This pattern is repeated.

After guiding your child, allow them time to self-calm by themselves immediately before bed. This time, which some call meditation or prayer, becomes your child's self-calming quiet time and allows them to drift off to sleep on their own.

Giving your child the ability to relax and fall asleep on their own, no matter what swirls around them, is a gift they will cherish into adulthood.

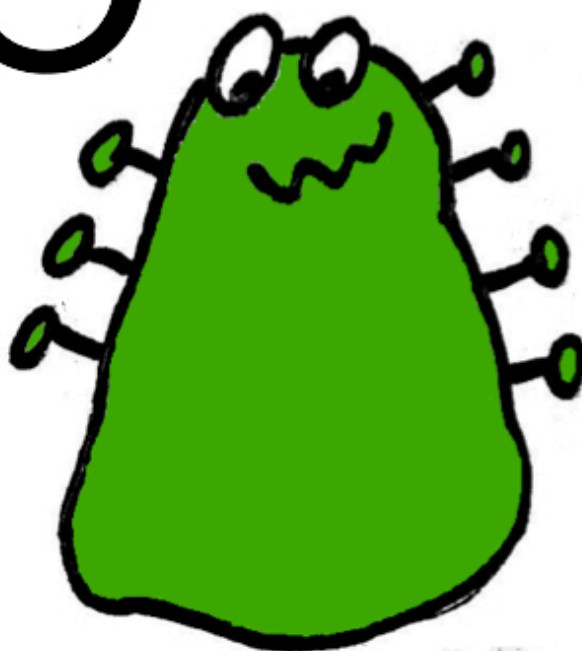
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Cold vs. Flu: we're in a GoodHousekeeping.com post about ways to recognize the difference

BOO



*Newbie  
2018*

TO FLU

The flu is an unwelcome trick-or-treater.

We're happy GoodHousekeeping.com editor Marisa LaScala quoted us in her recent post about the flu. [Click here to read.](#)

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# How to get rid of Halloween Candy



After the fun

You poured out all of your two liter soda bottles, replaced all of the potato chip snacks with fruit, and signed up all of your children for winter sports. Just when you thought your family's exercise level and food choices were perfect, along comes Halloween, that fabulous candy-filled holiday, to thwart your efforts. Here are some ways to keep the Halloween candy deluge down to a trickle:

-Buy back the candy with toys or money. The Halloween Buy Back Program was started by dentist Chris Cammer in 2005. Traditionally, dentists buy back candy from kids and usually send the candy to United States troops. Find local participating dentists and learn more about the program [here](#).

-Have the Sweet-Tooth Fairy or Switch Witch™ come overnight, pick up the candy, and leave a present behind.

-Let your children know Halloween (and most holidays) lasts only one day. Live it up on Halloween, then dump the extra sweets into the trashcan the next day. If you hear whining, remind them that until summer, holidays come at a pace of about once a month. Additionally, they may attend an awful lot of birthday parties in between. A parental saying you can recite is, "It's not a treat if you have something all the time."

-If you decide to keep a small bag of candy around, watch out, your children will want to eat some daily. Candy becomes an ongoing "must have." Instead, designate a day of the week that you will let them have some candy such as Candy Friday or Sweet Saturday. If the kids whine for candy on any other day of the week, you can say, "Sorry, it's not Sweet Saturday."

-One parent told me she discourages her kids from eating too much Halloween candy by making their dental appointments on November 1—the day after Halloween.

As final justification for getting rid of the abundance of candy after Halloween, Dr. Kardos and I have heard more than a few parents say, "If I don't get the candy out of my house, I'll be the one who ends up eating it all."

Now, that's a scary Halloween thought.

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# Oh no, it's the back to school cold!



Mr. Germ was excited to join the class this year as mystery reader until he saw the hand sanitizer on the back to school supply list.

Your child went back to school a couple of weeks ago, you've been to back to school night, and now, right on time, many of your children have... THE BACK TO SCHOOL COLD. What to do with this cold?

Whether caught from the toddler room or from the middle school hallway, most back to school colds look the same. Your child will start with a day of extra grumpiness or vague complaints about feeling tired or having a sore throat, followed by a runny nose

the next day, and then a cough a couple of days later. If your child has a fever from a cold, it starts during the first or second day. Some kids get watery eyes or a small amount of mucus from their eyes, to match their runny noses. To add insult to injury, some kids produce loose stools or vomit mucus. Many lose their appetites. In general symptoms build on days 0-2, peak at days 3-5, gradually get better days 6-7, and linger for the next week.

Colds are viruses and do not improve with antibiotics, but it is important to be on the look out for superimposed bacterial infections. In other words, cold viruses can irritate the body and make the body more susceptible to bacterial infections (pus producing infections) like ear infections or pneumonias. Unlike colds, bacterial infections can be eradicated with the help of antibiotics.

Here is what you can expect from a back to school cold and how you can help your child feel better:

### **Sore throat**

- **Expect** sore throat for at least the first 2-3 days.
- **Treat** pain so that your kid hydrates without pain on swallowing. You can give acetaminophen (i.e. Tylenol) or ibuprofen (i.e. Motrin, Advil).

We have a post devoted to ways to soothe a sore throat here. And this post can help you decide whether your child needs to be tested for strep throat.

### **Fever**

- **Expect** fever to start within the first 2 days of cold symptoms and to last at least 2-3 days. If it lasts more than 4-5 days, call your child's doctor.
- **Treat** discomfort with fever reducing medicine if needed. Read helpful information about fever here.

### **Runny/stuffy nose**

- **Expect** your child to have a runny, stuffy nose for as long as 2-3 weeks. Sinus infections are explained here.
- **Treat** your baby or young child's stuffy nose with suction and saline (salt water) nose drops to help clear mucus. Although older kids can blow their nose, they can also use saline nose drops and take long warm showers to relieve nasal congestion. See other ways to treat cold symptoms here.

## Cough

- **Expect** the cough to get worse on days 3, 4 and 5 of the cold, and to last for as long as 2-3 weeks. Here is our post on how to tell if your child is handling her cough or if the cough is a harbinger of asthma or pneumonia.
- **Treat** cough with extra fluids, and you can give honey if your child is over one year old. If your child has asthma, follow their asthma treatment plan. Remember to stay away from over-the-counter cough medications.

Sorry, we don't have a vaccine against the many viral germs that cause the common cold. But we do have one against the viral germ called influenza, better known as "the flu." The flu is much more severe than a cold, so if your child is miserable from their cold, imagine how they will feel if they catch the flu (read here to tell the difference between colds vs flu).

Who knows, maybe this back to school cold will be the last cold of the school year. Here's to hoping!

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**What's that red mark on my child's face? Picture puzzle of the day**



A red mark on your child's cheek appears just like the one above. Can you wait to ask the pediatrician about it at their next check up? Yes, you can wait. The spider-like pinkish mark is aptly named a spider angioma. Also called by other names such as spider nevus or spider telangiectasia, the marks are composed of fine blood vessels in a radiating pattern close to the skin's surface. When pressed, they momentarily disappear (blanching). Although in adults they can be associated with pregnancy or liver disease, having one or two is common in healthy children. Since they are harmless and often resolve in their own, we usually leave them alone.

There's also a type of red mark called a cherry angioma. You can probably guess what shape those marks take.

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**Hooray! United States flu vaccine is here!**



*Photo by Porapak Apichodilok from Pexels, germ by Pixabay*

Fight the flu! Vaccinate!

It's time for your child's yearly flu vaccine!

**Why get the flu shot?** Vaccinate against influenza (the flu) not only to avoid missed school days, but also to avoid hospitalizations and death. Last year in the USA, 172 children died from flu. You may not have heard about these fatalities because more sensational news tends to overshadow news about illness. We wish the news would inform that the vast majority of kids who died from flu had not received the flu vaccine. In addition, about half of the children who died from the flu were previously healthy and without underlying medical

problems. Excluding the 2009 flu pandemic (H1N1), last year's flu deaths represents "the highest reported since influenza-associated pediatric mortality became a nationally notifiable condition in 2004." Kids younger than 5 years old have the highest flu complication rate of all children, so even if they do not yet attend daycare or school, bring your little ones in for a flu vaccine. Vaccinate your school-aged kids as well, for they spread the flu to more folks than any other age group.

**Does it help to wait to give the vaccine? What if the vaccine wears off before flu season ends?**

We wish we could predict just when the flu will hit, but sadly we cannot. Therefore, we urge you to give your children the flu vaccine as soon as your pediatrician has it available. Like all vaccines, it will take about two weeks for the protection against flu to kick in, and you never know when flu will strike your community. Did anyone catch the story about Vanilla Ice quarantined on a plane in New York with sick passengers last week? Turns out flu was on board. Don't worry about immunity decreasing over time, infectious disease experts would not allow us to give it in early fall if they thought protection wouldn't last for at least a few months.

**If I give my children the flu vaccine every year, why do I have to give it again this year?** Even we constantly-exposed-to-germs pediatricians get our flu vaccine yearly. The flu germs morph from year to year so the vaccine also changes.

**Why does my younger child need a second dose this year?**

As in previous years, children under nine years of age need a booster dose the first year they receive the vaccine. If your young child *should* have received a booster dose last year, but missed it, they will receive two doses of this year's vaccine spaced one month apart (the primary dose plus a booster dose).

**Is the nasal spray form back? Or is it only in injectable form?**

The nasal spray form of the flu vaccine is back for healthy kids ages 2 years and up. However, this year, it received only a lukewarm reception from the American Academy of Pediatrics. The AAP recommends giving all children aged 6 months and older the flu SHOT, because in past years the intranasal form did not protect against the flu nearly as well as the shot did.

Not only is the nasal spray vaccine not getting a high endorsement, but some kids with asthma and kids with certain immune system problems are not allowed to get the nasal spray form. All kids can get the shot. So, pediatricians will continue to recommend injectable form of flu vaccine this year. However, with the rationale that something is better than nothing, for the severely injection-phobic family, some doctors may elect to give the nasal spray.

**In the past, my child did not get the flu vaccine because he is allergic to eggs- did that change?**

Even kids with severe egg allergies can get the flu shot safely in their pediatrician's office. Now we know that allergic reactions to flu vaccine, as with any vaccine, are exceedingly rare.

**We visit other people's homes only if they are not sick. If my child's friend doesn't have flu symptoms, doesn't that mean we can't catch it from him?**

Nope. You are infectious the day before symptoms show up.

**Why is it worth it? The coverage is never 100 percent.**

Children who get the flu vaccine but then get the flu anyway do not get sick as severely as kids who are unvaccinated. If all kids and adults got flu vaccine, then the chances of YOUR vaccinated child getting flu would be MUCH less. That's how vaccines work.

Here we have tips on how to help your children if they get the flu.

You can read a comprehensive summary of this year's flu

vaccine recommendations from the Centers for Disease Control  
here.

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