

**About nine-year-olds and
Happy Birthday to Two Peds**



Nine-year-olds love collecting little treasures.

It's a funny thing about nine-year-olds. You may look at your own nine-year-old and think: where did my baby go? Gone is the nine-MONTH-old who worried about approaching strangers and howled when you walked away. Now you have a nine-YEAR-old who may shoo you away when you drop her off at a friend's house.

Yes, some nine-year-olds may seem embarrassed by their parents, yet they absolutely want you around on the sidelines. They want you to attend their sporting events or school concerts and to organize their birthday parties. Just try not to take it personally when they want to spend more time with friends.

Nine-year-olds can get a little stinky, even if puberty is years away for many of them. Be sure to let them know that their bodies will change gradually over time. Get them deodorant and remind them to use it. Talk to girls about periods because some start around 10 years of age.

Because of increased attention span and intellectual growth, nine-year-olds will reliably carry out chores and perform many self care tasks. Encourage them to be more self sufficient. You will be happy for the help and you will build your nine-year-old's self-esteem. On the academic side, they read chapter books and often enjoy non-fiction books. At this age, they enjoy a variety of clubs, team activities, and hobbies.

Remember the basics:

-Eat: Teach basic nutrition

-Sleep: Most nine-year-olds need around 11 hours of sleep per night.

-Pee/poop: While nine-year-olds use the bathroom independently, occasionally ask your child if they are constipated, and ask if they try to "hold it" all day in school. If the answer to either one of these questions is yes, see our post on these topics.

-Love/guidance: Just like you did when they were toddlers, remember to praise your nine-year-old for positive behaviors such as saying “please” and “thank you” or for helping you clear the dinner table. Once they know that you approve, they will repeat those behaviors. Nine-year-olds are known for whining for long periods of time. Dr. Lai remembers her son whining about losing screen time. He would suddenly appear out of nowhere and whine two inches from her face wailing, “Why? Why? Why?” Watch out, if you give into a whining kid, even sometimes, you’ll end up encouraging their whining. Think slot machines– even though gamblers usually lose at slot machines, they continue to play them because SOMETIMES gamblers do win.

If you have not done so already, teach your nine-year-old to use a phone and teach them whom to call in an emergency. Some kids this age come home to an empty house for a little while until parents return from work. Review what you expect them to do while they are alone.

Reminder about car safety: Many should still be in booster seats because they are not yet 4 ft 9 inches tall. They should NOT sit in the front seat of a car; the back seat is still safer for them.

Nine-year-old kids are still part of the golden age of parenting– too old to take a nap, but too young to drive. Enjoy spending time with your nine-year-old doing things that interest both of you. Enjoy their enthusiasm and increased ability to understand higher concepts. Time spent with parents or other caregivers who enjoy them contributes to building their resilience.

Speaking of nine-year-olds, please celebrate with us NINE YEARS of Two Peds in a Pod®! We are enjoying the journey and hope that our advice can help build resilience and self-confidence in the parents we write for! Our best present from you is your continued presence.

Happy Ninth Birthday to your nine-year-old and to Two Peds in a Pod®!

Julie Kardos, MD and Naline Lai, MD
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In a scrape? Preventing infection in cuts and scrapes



How can you tell if your child's scrape is infected if his skin is already bright red?

I heaved a sigh of relief. My children greeted my husband and me at the door. The children had just baby-sat themselves. I thought everyone was unscathed until I saw one of my children

covered in bandages. Cuts and scrapes? Apparently, although I had admonished them not to ride anything with wheels and not to climb on anything above the ground, the child with the bandages had tripped over her own feet during a benign game of four square.

“Did you wash the scrapes?” I asked.

“Yes,” the kids said, proudly nodding. They knew the first line of defense against a wound infection is to wash out cuts and scrapes. But as it turns out, they had only dabbed the cuts with wet paper towels. Aghast, I propelled the injured child off to the bathroom and hosed down the cuts. Too many times I have seen a minor scrape turn into a major skin infection.

When a wound is not thoroughly cleansed, the bacteria which normally live on intact skin (Staphylococcus or Streptococcus) find an opportunity to enter the body through the wound and cause infections. Even a mosquito bite can turn into a raging, puss-filled mess if scratched often and not cleansed enough. These days, some children carry on their skin a type of Staphylococcus called MRSA (Methicillin Resistant Staphylococcus Aureus). Since this germ can be tough to treat when it causes an infection, a thorough cleansing is more important than ever.

While infection is rarely introduced from the actual object that cuts the child, exceptions include cuts caused by animal or human bites (the human mouth is particularly filthy) and cuts caused by old, dirty or rusty metal. Tetanus lives in non-oxygenated places such as soil. So for deep or very dirty wounds, make sure your child's tetanus vaccine is up to date.

Despite what many believe, wiping the surface of a cut with a wipe is not adequate to cleanse a wound. “Irrigate, irrigate, irrigate,” a wise Emergency Department physician explained to me when I was a resident in training. “I have never had

someone return with a wound infection,” she said proudly. In the emergency room, saline is usually used. At home, soap and *running* water are effective. Stay away from hydrogen peroxide and rubbing alcohol because they can irritate rather than help the skin.

After washing your child’s cuts and scrapes, you can use bandages to help prevent further exposure to germs and to avoid irritation from clothes or from your child’s scratching, probing fingers. Infections, if they occur, can set in 2-3 days after your child gets her wound. Remove the bandage daily and check the wound for signs of infection such as pus, increased redness, warmth and pain. Wash the wound again, and then replace the bandage. You could also apply topical antibiotic such as Bacitracin to further help prevent wound infection.

So, even if your child just took a shower, wash him again if he scrapes himself. The sooner you irrigate even the tiniest of wounds, the better.

An ounce of prevention is worth a pound of antibiotics.

Naline Lai, MD and Julie Kardos, MD

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Hurray! Updating to keep you updated



hurray! launching a new look (photo credit: pixabay)

It's no longer a secret. Many of you have noticed our new Two Peds in a Pod® logo. And indeed, we're launching a whole new look. It's a new vibe with the same dependable and relevant pediatric advice in a mobile friendly format!

The average blog's lifespan is counted in months, not years, and as we complete our ninth year, we're proud to have exceeded that expectation many times over. But it's now harder to hang in.

Please don't let us disappear off the internet!

As more and more advertisers jockey for spots at the top of search engines and more content crowds the web, it has grown tougher to reach parents. In fact, if you are reading this on Facebook, it's because we've just paid Facebook to have this post reach all of our followers. We're proud to avoid distracting pop-out ads on our blog, and we're depending on your grassroot efforts to inform other parents and caregivers

about our site. Invite your friends to follow us!

It's been nine years, and like a cat with nine lives, we are determined to land on our feet. We believe, more than ever, that the internet is the best medium to reach you at all hours of the day. Help grow our worldwide presence.

Wishing you all Peds on earth!

Naline Lai, MD and Julie Kardos, MD

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Read our very first blog post from 2009 [here](#).

Easy way to remove a tick



ick, a tick

I was grumpy all morning after realizing that my dog was out of tick repellent. Really grumpy. I did not like the thought of having to remove a tick from my dog.

After all, on the East Coast of the United States, we are seeing ticks galore. All month long, parents who have had to remove a tick have been bringing us presents such as the one pictured here. Yes, that is a tick you see nicely trapped in tape. Sometimes when parents bring us a tick, it's still clinging to the child and they ask us to remove it. To save you a trip to the doctor's office, here is a quick refresher on how to pluck the bugs off:

How to remove a tick:

1. Take a deep breath and **pretend that it's just a speck of lint**—not an ugly critter with a bloated stomach and writhing

legs.

2. **Use tweezers** and firmly clasp the head. If the tick is tiny, you will end up grabbing the entire body.

3. **Pull the tick straight up and off.** Hint: Press down on the skin on either side of the tick so that the skin doesn't pull up when you pull the tick off. This lessens any pinching sensation your child may feel.

How NOT to remove a tick:

Please do not try to burn a tick off—you'll just burn your child's skin.

Avoid suffocation techniques such as covering a tick with petroleum jelly (Vaseline) or nail polish. These techniques are not very effective, they allow the tick to stay on for a longer period of time, and also they may cause the tick to become slippery and difficult to grasp.

What to do after you have removed the tick:

After removal, if the tick's head is left behind, don't go digging for it. Just like a tiny splinter, your skin will naturally try to expel it. Soaking the area in warm water will help the process along. Don't worry about disease transmission: there is not any disease stuck in a tick's head.

Wash the skin where the tick was using soap and water as you would any cut to prevent a skin infection. A small, minimally tender, pimple-like bump is a common reaction which may linger for a few days. This bump is an irritation response of the skin. If the tick was a deer tick (typically the size of a poppy or sesame seed), watch for the rash of Lyme disease that appears as a flat, pink, round patch about a week later. The patch may clear in the center and grows to at least 2 1/2 inches across.

My daughter told me that once, a girl at her lunch table had a tick on her. None of the kids could pick it off and the girl sat screaming until the lunch lady came over to help her. Maybe you'll be the lucky adult called over to help next time.

Just remember...pretend it's a speck of lint.

Naline Lai, MD and Julie Kardos, MD

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Poison ivy: stop the itch



Teach your child to recognize poison ivy: "leaves of three, let'em be!"

Recently we've had a parade of itchy children troop through our office. The culprit: poison ivy.

Myth buster: Fortunately, the rash of poison ivy is NOT contagious. You can "catch" a poison ivy rash ONLY from the plant, not from another person.

Another myth buster: You can **not** spread the rash of poison ivy on yourself through scratching. However, where the poison (oil) has touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch:

Hopping into the shower and rinsing off within fifteen minutes of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.

Hydrocortisone 1%- This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day

Calamine lotion – a.k.a. the pink stuff- This is an active ingredient in many of the combination creams. Apply as many times as you like.

Diphenhydramine (brand name Benadryl)- take orally up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti-itch properties. Some doctors recommend giving it twice a day- ask your pediatrician.

Oatmeal baths – Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)

Do not use alcohol or bleach– these items will irritate the rash more than help

The biggest worry with poison ivy rashes is the chance of infection. Just like with an itchy insect bite, with each

scratch, your child is possibly introducing infection into an open wound. At night, turn up the air conditioning and put your child into pajamas that cover up the poison ivy. Kids who don't scratch in the day often scratch subconsciously at night. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen.

However, infections cause pain – if there is pain associated with a poison ivy rash, think infection. Allergic reactions cause itchiness- if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure to poison ivy. Infection usually occurs on the 2nd or 3rd day of scratching. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

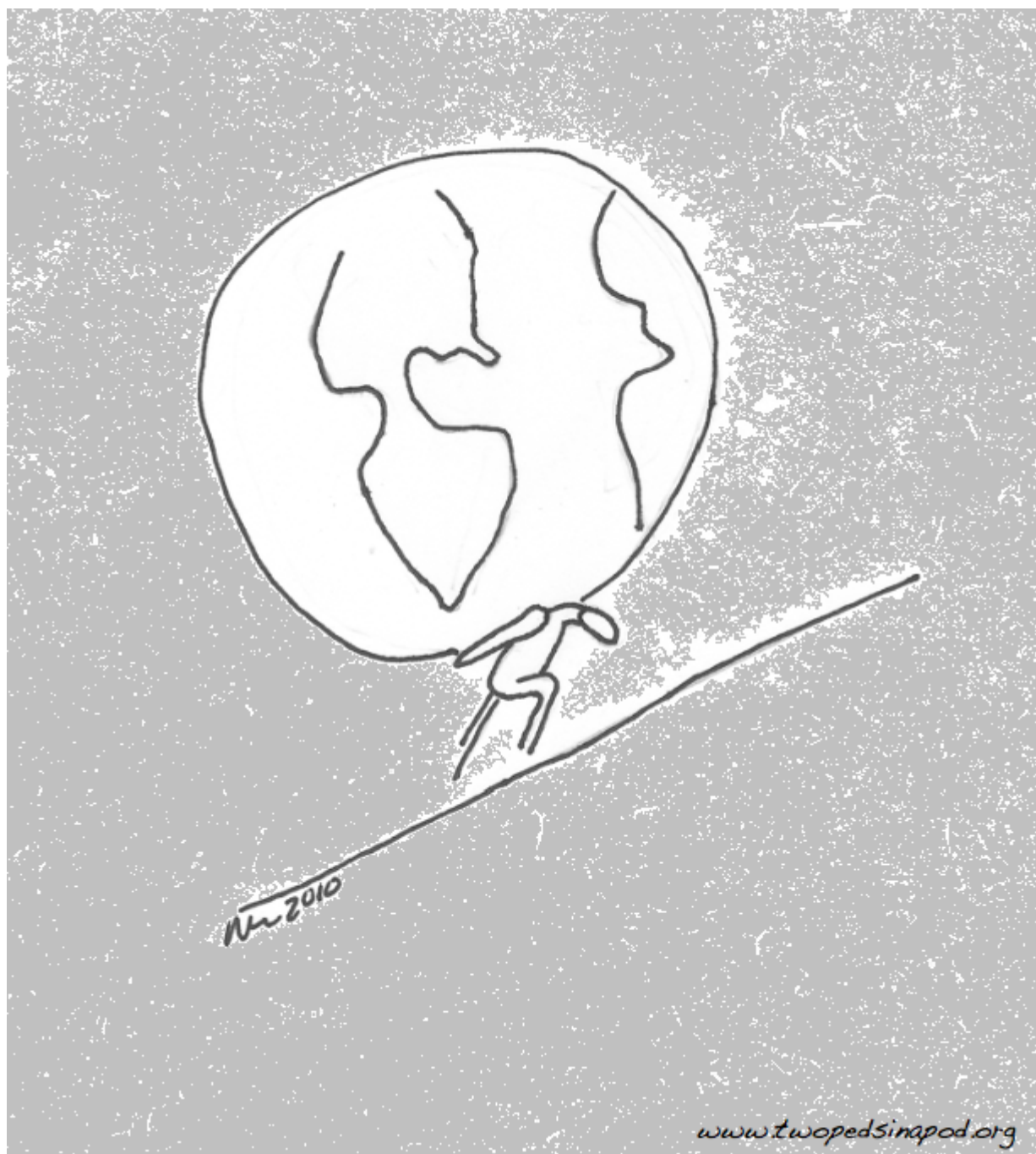
When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

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Discussing suicide: how much

should I tell my kids?



In the wake of chef Anthony Bourdain and designer Kate Spade's deaths from suicide, you may be wondering how to address the topic of suicide with your child. We bring back psychotherapist Dina Ricciardo's post for guidance:

"Hi, it's me, Hannah. Hannah Baker." So begins the first episode of *13 Reasons Why*, a thirteen installment Netflix series that focuses on the aftermath of the suicide of a 17-

year-old high school student. Based on the novel by Jay Asher, the series has sparked quite a bit of debate and concern among parents and mental health professionals. At its best, the series has served as a conversation starter; at its worst, it has glamorized suicide and the fantasy of revenge. At the end of the day, however, an important question remains: How do we talk with our kids about suicide? While many difficult topics have become increasingly safer to discuss, suicide is one that is still shrouded in secrecy and shame. In fact, it is so difficult to talk about that I had a hard time writing this post. Finding the right words about something that often remains unspoken is not an easy task. So if circumstances require it, how are we to explain suicide to our children?

According to the American Foundation for Suicide Prevention, research has shown that over 90% of people who died by suicide had a diagnosable, though not always identified, brain illness at the time of their death. Most often this illness was depression, bipolar disorder, or schizophrenia, and was complicated by substance use and abuse. Just as people die from physical illnesses, they can die as the result of emotional ones. If we can change the narrative about suicide from talking about it as a weakness or character flaw to the unfortunate outcome of a serious, diagnosable, and treatable illness, then it will become easier for us to speak with honesty and compassion.

Telling the truth about any death is important. While it is natural for us adults to want to protect our children from pain, shielding them from the truth or outright lying will undermine their trust and can create a culture of secrecy and shame that can transcend generations. We can protect our children best by offering comfort, reassurance, and simple, honest answers to their questions. It is important to recognize that we adults typically offer more information than our children require. We should start by offering basic

information, then let them take the lead on how much they actually want to know.

For young children, your statements may look something like this: "You have seen me crying, that is because I am sad because Uncle Joe has died." They may not even ask how the death occurred, but if they do, you can say "He died by suicide. That means he killed himself." The rest of the conversation will depend on the child's response. With older children, the narrative can follow a similar theme yet use more sophisticated language. The older the child, the more likely they are to ask direct questions. Some examples of honest answers are "Do you know how people have illness in their bodies, like when Grandma had a heart attack and our neighbor had cancer? People can get illness in their brains too, and when that happens, they feel confused, hopeless, and make bad decisions. Uncle Joe didn't know how to get himself help to stop the pain." If they ask how the suicide occurred, you can say "With a gun" or "She cut herself." Sometimes you will have to say "I don't know. I wish I knew the answer." Whatever the age of your child, do your best to use simple, truthful language.

Regardless of age, children converse about and process death differently than adults. If you tell your child about a suicide, it is likely that he/she will want to talk about multiple times over the course of days, weeks, or even years. Keep the dialogue open, and check in with them periodically if they have questions. If you find that you or your family is in need of the support of a professional, you might want to consider a bereavement group or a trained professional who specializes in grief. These resources are available through online directories, local hospitals, and the Psychology Today therapist finder. Overall, be aware that providing truthful information, encouraging questions, and offering loving reassurance to your children can allow your family to find the strength to cope with terrible loss.

(Excerpts taken from The American Foundation for Suicide Prevention's "Talking to Children about Suicide", www.afsp.org.)

Links:

Sesame Street Workshop's When Families Grieve
The Dougy Center for Grieving Children and Families
The American Foundation for Suicide Prevention
Hands Holding Hearts (Bucks County, PA)
The Jed Foundation

Dina Ricciardi, LSW, ACSW

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Guest blogger Dina Ricciardi is a psychotherapist in [private practice](#) treating children, adolescents, and adults in Doylestown, PA. She specializes in disordered eating and pediatric and adult anxiety, and is also trained in Sandtray Therapy. Ricciardi is a Licensed Social Worker and a member of the Academy of Certified Social Workers. She can be reached at dina@nourishcounseling.com.

Stealthy Salmonella! Not just in your eggs



Raw chicken left out overnight—Dr. Lai's recipe for Salmonella

These days it seems that the bacteria *Salmonella* is lurking everywhere. Last month's egg recall for possible *Salmonella* contamination affected over 200 million eggs, but *Salmonella* is not just in eggs. In the last few months, dried coconuts and even guinea pigs (as pets, not as food!) have caused people gastrointestinal misery.

Nontyphoidal *Salmonella* usually causes fever and crampy diarrhea. Sometimes the stools contain blood. This stomach bug mainly lurks in raw poultry, raw eggs, raw beef, and unpasteurized dairy products. Luckily, *Salmonella* does not jump up and attack humans. In general, people are safe from disease as long as they do not eat salmonella-infested food. But children below the age of five often put their hands in their mouths and can acquire *Salmonella* after touching a contaminated source.

Reptiles such as lizards and turtles can carry *Salmonella* in their stool and are not recommended as pets for young children. Turtles that are four inches or smaller (about the

size of a deck of playing cards) are most likely to harbor the bacteria. As a preschooler, Dr. Kardos remembers that her tiny pet turtle suddenly disappeared. Her parents told her that “Her pet would be happier if it went outside to the stream to swim with the other turtles.” In retrospect, Dr. Kardos thinks her pediatrician dad was worried about *Salmonella* and made the turtle magically disappear.

Even cute little chicks can be problematic. *Salmonella* carried in the gut of a chick can contaminate the entire surface of a chick. So, although kissing and cuddling a chick makes for a good Instagram post, discourage your children from doing so.

Unfortunately, you cannot depend on a warning stench arising from your lunch to warn you that it is inedible. *Salmonella* often hides in food and it is difficult to tell what is or is not contaminated. So how can you prevent your kids from catching *Salmonella*?

Luckily *Salmonella* is killed by heat and bleach. Even if an otherwise fine-looking and odorless raw egg has *Salmonella*, adequate cooking will destroy the bacteria. Gone are the days when parents can feed kids soft boiled eggs in a silver cup, have kids wipe up with toast the yolk from a sunny-side up egg, add a raw egg to a milkshake, or let their kids lick the left-over cake batter from the mixing bowl. Instead, cook hardboiled eggs until the yolks are green and crumble, and make sure your scrambled eggs aren't runny. Wash all utensils well. The disinfecting solution used in childcare centers of $\frac{1}{4}$ cup bleach to 1 gallon water works well to sanitize counters. Do not keep perishable food, even if it is cooked, out at room temperature for more than two hours. And wash, wash, wash your hands.

A mom once called us frantic because her child had just happily eaten a half-cooked chicken nugget. What if this happens to your child? Don't panic. Watch for symptoms – the onset of diarrhea from *Salmonella* is usually between 12 to 36

hours after exposure but can occur up to three days later. The diarrhea can last up to 5-7 days. If symptoms occur, the general recommendation is to ride it out. Prevent dehydration by giving plenty of fluids. My simple rule to prevent dehydration is that more must go in than comes out.

Although of unproven benefit, antibiotic treatment may be considered if your child is at risk for overwhelming infection, including infants younger than three months old and those with abnormal immune systems (cancer, HIV, Sickle Cell disease, kids taking daily steroids for other illnesses) or those with chronic gastrointestinal tract diseases*. Using antibiotics to treat a typical case of salmonella not only promotes general antibiotic resistance, but also does not shorten the time frame for the illness. In fact, the medication can prolong how long your child carries the germ in his stool.

Pictured above is a pot of chicken Dr. Lai accidentally left out overnight one warm summer night. Yuck.

Naline Lai, MD and Julie Kardos, MD

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**Red Book*, 2015 Report of the Committee on Infectious Diseases, American Academy of Pediatrics

Mom, thanks for every “I told you so”



Melanie with grandma and mom

Now that you are a mom, maybe, just maybe, you realize that your grandmother or mom was right after all. We asked our readers for some examples and our friend, writing coach Melanie Cutler, told us about two generations of advice she wishes she had heeded:

Grandma Helen ALWAYS had unsolicited advice for whoever would listen. She clipped out magazine articles and mailed them to her children and grandchildren. She was very well-read, and she knew a thing or two about most things nutrition and health-related. We found it annoying at the time, but looking back, she was right— and way ahead of her time in many respects.

About all of it.

Staying out of the sun, wearing sunscreen anyway, improving my

posture, rinsing fruits and vegetables, and wait, did I mention staying out of the sun? She knew that you shouldn't eat the skin of the potato, but that the nutrients are right up against the skin, so you should nibble all the way to the skin. Likewise, she knew that the most nutritious part of the apple was the skin. That it isn't healthy to drink too much during meals because it interferes with digestion. She told me to hold in my tummy when I was just standing there because it was good exercise. Oh, how I wish I had listened...

I also wish I had obeyed when my mom, Joan, told me to stand up straight, put my backpack on both shoulders (despite the current fad), wear sunscreen, learn to play the harmonica, and worry less. She didn't dispense as much overt advice as her mother, Helen— probably because we were all duly hounded by Grandma ;-).

Although my back is a bit crooked and I am covered with freckles, it's never too late to heed their advice.

Maybe I'll take up the harmonica.

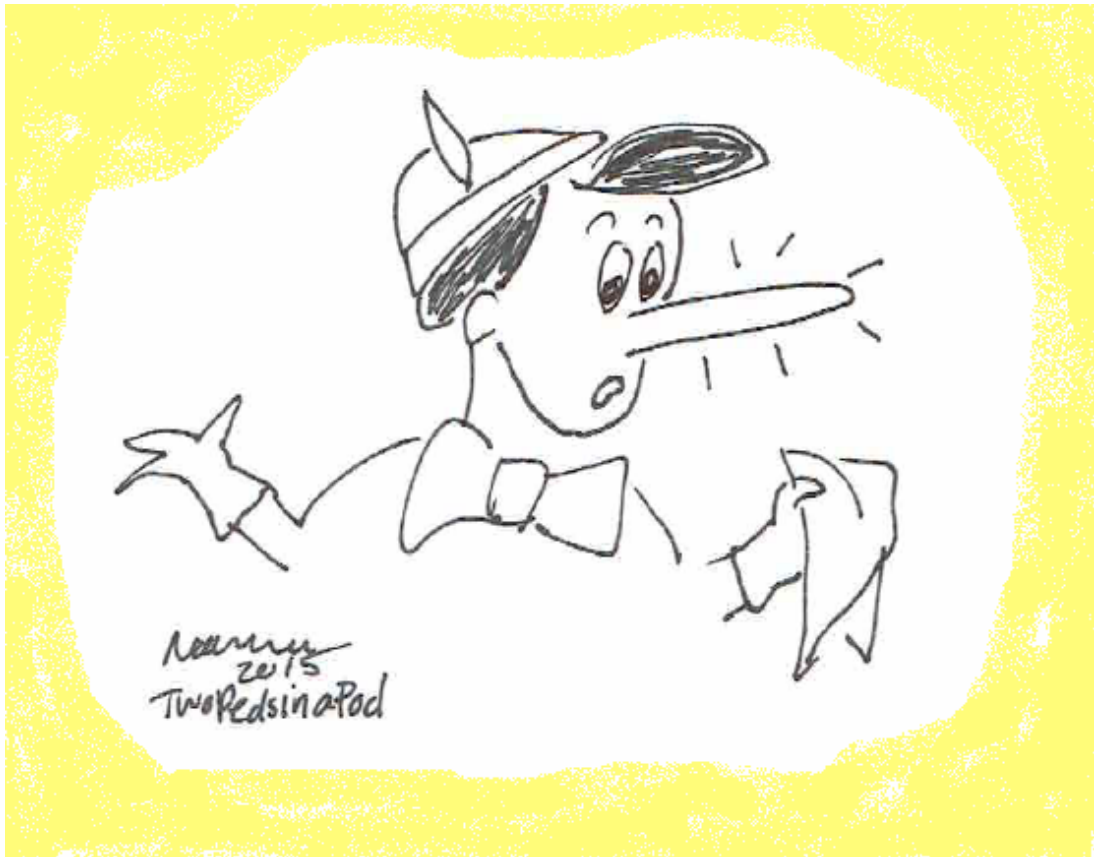
Mothers everywhere, thanks for every "I told you so" you've uttered. Keep giving us your advice, no matter how big we get and even if it doesn't seem like we are listening.

Julie Kardos, MD and Naline Lai, MD

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How to treat your kid's allergies: sorting out over

the counter medications



Gepetto always said his son had allergies, but the villagers knew better

It's not your imagination. This is a particularly bad spring allergy season. We didn't need media outlets to tell us that there are more itchy, sneezy, swollen eyed kids out there this year.

It is worth treating your child's allergy symptoms- less itching leads to improved sleep, better ability to pay attention in school, improved overall mood, and can prevent asthma symptoms in kids who have asthma in addition to their nose and eye allergies.

Luckily, nearly every allergy medication that we wrote prescriptions for a decade ago is now available over-the-counter. As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy

medications for kids can be overwhelming. Should you choose the medication whose ads feature a bubbly seven-year-old girl kicking a soccer ball in a field of grass, or the medication whose ads feature a bubbly ten-year-old boy roller blading? Is it better to buy a “fast” acting medication or medication that promises your child “relief?”

Here is a guide to sorting out your medication choices:

Oral antihistamines: Oral antihistamines differ mostly by how long they last, how well they help itchiness, and their side effect profile. During an allergic reaction, antihistamines block one of the agents responsible for producing swelling and secretions in your child’s body, called histamine. Prescription antihistamines are not necessarily “stronger.” In fact, at this point there are very few prescription antihistamines. The “best” choice is the one that alleviates your child’s symptoms the best. As a good first choice, if another family member has had success with one antihistamine, then genetics suggest that your child may respond as well to the same medicine. Be sure to check the label for age range and proper dosing.

First generation antihistamines work well at drying up nasal secretions and stopping itchiness but don’t tend to last as long and often make kids very sleepy. **Diphenhydramine (brand name Benadryl)** is the best known medicine in this category. It lasts only about six hours and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids. Occasionally, kids become “hyper” and are unable to sleep after taking this medicine. Opinion from Dr. Lai: dye-free formulations of diphenhydramine are poor tasting. Other first generation antihistamines include **Brompheniramine (eg. brand names Bromfed and Dimetapp)** and **Clemastine (eg. brand name Tavist)**.

Second and third generation antihistamines cause less sedation and are conveniently dosed only once a day. Cetirizine (eg.

brand Zyrtec) causes less sleepiness and it helps itching fairly well. Give the dose to your child at bedtime to further decrease the chance of sleepiness during the day. **Loratadine (brand name Alavert, Claritin)** causes less sleepiness than cetirizine. **Fexofenadine (brand name Allegra)** causes the least amount of sedation. The liquid formulations in this category tend to be rather sticky, the chewables and dissolvables are favorites among kids. For older children, the pills are a reasonable size for easy swallowing.

Allergy eye drops: Your choices for over-the-counter antihistamine drops include **ketotifen fumarate (eg. Zatoron and Alaway)**. For eyes, drops tend to work better than oral medication. Avoid products that contain vasoconstrictors (look on the label or ask the pharmacist) because these can cause rebound redness after 2-3 days and do not treat the actual cause of the allergy symptoms. Contact lenses can be worn with some allergy eye drops- check the package insert, and avoid wearing contacts when the eyes look red. Artificial tears can help soothe dry itchy eyes as well.

Allergy nose sprays: Simple nasal saline helps flush out allergens and relieves nasal congestion from allergies. **Flonase**, which used to be available by prescription only, is a steroid allergy nose spray that is quite effective at eliminating symptoms. It takes about a week until your child will notice the benefits of this medicine. Even though this medicine is over-the-counter, check with your child's pediatrician if you find that your child needs to continue with this spray for more than one allergy season of the year. Day in and day out use can lead to thinning of the nasal septum. Avoid the use of nasal decongestants (e.g., Afrin, Neo-Synephrine) for more than 2-3 days because a rebound runny nose called rhinitis medicamentosa may occur.

Oral Decongestants such as phenylephrine or pseudoephedrine can help decrease nasal stuffiness. This is the "D" in "Claritin D" or "Allegra D." However, their use is not

recommended in children under age 6 years because of potential side effects such as rapid heart rate, increased blood pressure, and sleep disturbances.

Some of the above mentioned medicines can be taken together and some cannot. Read labels carefully for the active ingredient. Do not give more than one oral antihistamine at a time. In contrast, most antihistamine eye drops and nose sprays can be given together along with an oral antihistamine.

If you are still lost, call your child's pediatrician to tailor an allergy plan specific to her needs.

The best medication for kids? Get the irritating pollen off your child. Have your allergic child wash her hands and face as soon as she comes in from playing outside so she does not rub pollen into her eyes and nose. know that spring and summer allergens/pollen counts are highest in the evening, vs fall allergies where counts are highest in the mornings. Rinse outdoor particles off your child's body with nightly showers. Filter the air when driving in the car and at home: run the air conditioner and close the windows to prevent the "great" outdoors from entering your child's nose. If you are wondering about current pollen counts in your area, scroll down to the bottom of many of the weather apps to find pollen counts or log into the American Academy of Allergy Asthma and Immunology's website.

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Contribute to our Two Peds Mother's Day post!



Dr. Kardos, on a visit home from medical school, with her mom and grandmothers, 1991.

A flash of surprise spread across her face. "You mean my mother was right? I can't believe it!" the mom in our office exclaimed.

Many times as we dispense pediatric advice, the parent in our office realizes that their own mother had already offered the same suggestions.

This Mother's Day, we're asking readers for anecdotes about times where maybe, just maybe, your mom or your grandmother was right after all. If you have a photo available of your mom or grandmother with your child that you don't mind sharing as well, we would love to post them along with your anecdotes this Mother's Day.

Please send them along to us at twopedsinapod@gmail.com before Mother's Day weekend.

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