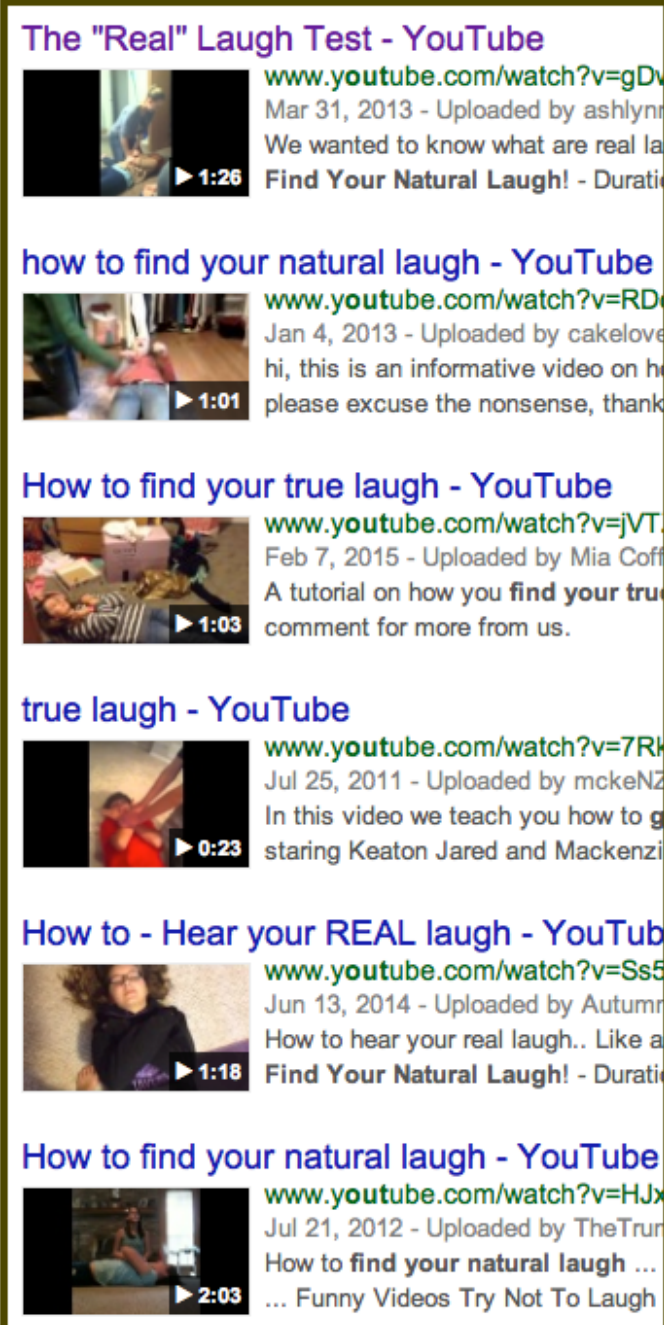


It's no laughing matter: another tween game in town



The "Real" Laugh Test - YouTube
www.youtube.com/watch?v=gDv
Mar 31, 2013 - Uploaded by ashlynn
We wanted to know what are real la
Find Your Natural Laugh! - Durati

how to find your natural laugh - YouTube
www.youtube.com/watch?v=RDv
Jan 4, 2013 - Uploaded by cakelove
hi, this is an informative video on h
please excuse the nonsense, thank

How to find your true laugh - YouTube
www.youtube.com/watch?v=jVT
Feb 7, 2015 - Uploaded by Mia Coff
A tutorial on how you **find your true**
comment for more from us.

true laugh - YouTube
www.youtube.com/watch?v=7RH
Jul 25, 2011 - Uploaded by mckeNZ
In this video we teach you how to g
staring Keaton Jared and Mackenzi

How to - Hear your REAL laugh - YouTub
www.youtube.com/watch?v=Ss5
Jun 13, 2014 - Uploaded by Autumn
How to hear your real laugh.. Like a
Find Your Natural Laugh! - Durati

How to find your natural laugh - YouTube
www.youtube.com/watch?v=HJx
Jul 21, 2012 - Uploaded by TheTrur
How to **find your natural laugh** ...
... Funny Videos Try Not To Laugh

A snippet from a quick search on
youtube for "true laugh"

There's another game in town called "Find your true laugh,"
but it is no laughing matter. One kid lies down and another
kid either sits on the recumbent kid's chest or pushes hard on

the recumbent kid's chest with his hands (think CPR chest compressions). As the recumbent kid starts to laugh, his laugh purportedly changes. In this case, in addition to compromising a kid's airway, the force of another person pushing hard on the chest can lead to rib fractures and, as one of our patients discovered painfully, even a fractured sternum. Rib fractures are acceptable as a side effect of CPR but are not an acceptable side effect of a game.

Tweens in particular seem vulnerable to trying the "Hey, this looks fun, let's try it, " airway blocking games. Explain to your tween that anything that can possibly interfere with breathing can hurt him.

Dr. Kardos tells tween patients:

Your nose is for breathing air. NOT for breathing fumes from glue or markers in order to get high. Called "huffing," this can lead to sudden fatal heart arrhythmias.

Your mouth is also for breathing. Tweens can all recite the dangers of smoking cigarettes, but they can find it amusing to breathe in crushed candy, which can irritate lungs, or to try to swallow a spoonful of cinnamon while taking the "cinnamon challenge." The coughing and vomiting that result from this challenge are evidence of its potential danger.

Air moves through your neck to reach your lungs. Tweens play the "choking game" by strangling themselves in order to get a brief high before passing out. Tell your kids to never tie or loop anything around their necks, for obvious reasons. Kids have died playing this game.

Your lungs are in your chest. To get back to the find your true laugh game: this game involves smushing the chest. Point out that lungs can't expand to hold air if someone is crushing your chest.

Earlier in this summer, Dr Lai turned around at a party to

find a pile of tween girls on the rug giggling and trying to push in each other's rib cages. After explaining to the girls why one should never block her airway, one of the girls fervently nodded and said, "I see, like the bologna game?"

"What bologna game?" asked Dr. Lai

"The one where you take a piece of bologna, cover your mouth and inhale it in."

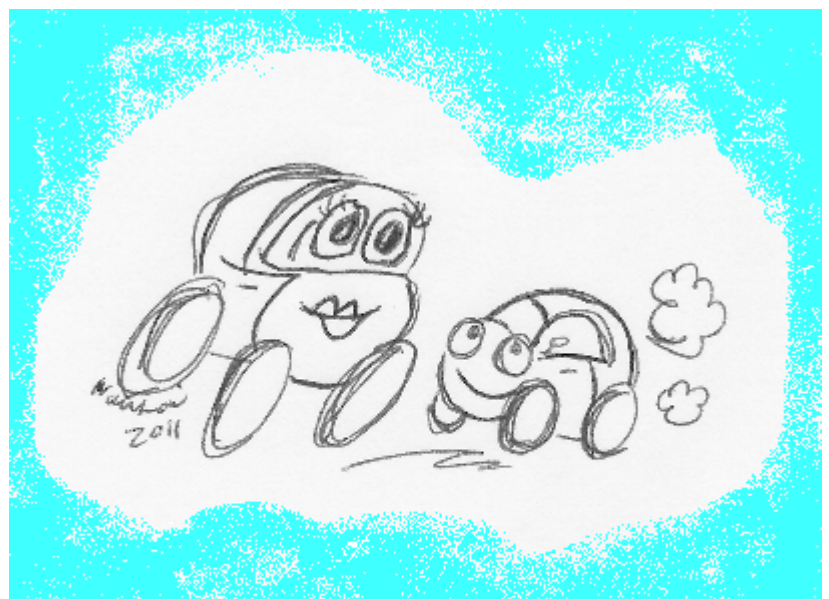
"Yes, like the bologna game," said Lai with a sigh.

What will they think of next?

Julie Kardos, MD with Naline Lai, MD
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The gassy baby

Gas is another topic most people don't think much about until they have a newborn. Then suddenly gas becomes a huge source of parental distress, even though parents are not the ones with the gas. It's the poor newborn baby who suffers, and as all parents know, our children's suffering becomes OUR suffering.



"My, my you are a little gassy today"

So what to do?

First, I reassure you that ALL young babies are gassy. Yes, all. But some newborns are not merely fussy because of their gas. Some become fussy, ball up, grunt, turn red, wake up from a sound sleep, and scream because of their gas. In other words, some babies really CARE about their gas.

Remember, newborns spend nine months as a fetus developing in fluid, and have no experience with air until they take their first breath. Then they cry and swallow some air. Then they feed and swallow some air. Then they cry and swallow some more air. Eventually, some of the air comes up as a burp. To summarize: Living in Air=Gas Production.

Gas expelled from below comes from a different source. As babies drink formula or breast milk, some liquid in the intestines remains undigested, and the normal gut bacteria "eat" the food. The bacteria produce gas as a byproduct of their eating. Thus: a fart is produced.

The gas wants to escape, but young babies are not very good at getting out the gas. Newborns produce thunderous burps and expulsions out the other end. I still remember my bleary-eyed husband and I sitting on the couch with our firstborn. On hearing a loud eruption, we looked at each other and asked simultaneously, "Was that YOU?" Then looked at our son and asked "Was that HIM?"

Gas is a part of life. If your infant is feeding well, gaining weight adequately, passing soft mushy stools that are green, yellow, or brown but NOT bloody, white, or black (for more about poop, see our post [The Scoop on Poop](#)), then the grunting, straining, turning red, and crying with gas is harmless and does not imply that your baby has a belly problem or a formula intolerance. However, it's hard to see your infant uncomfortable.

Here's what to do if your young baby is bothered by gas:

- Start feedings before your infant cries a long time from hunger. When infants cry from hunger, they swallow air. When a frantically hungry baby starts to feed, they will gulp quickly and swallow more air than usual. If your infant is wide awake crying and it's been at least one or two hours from the last feeding, try to quickly start

another feeding.

- Burp frequently. If you are breastfeeding, watch the clock, breastfeed for five minutes, change to the other breast. As you change positions, hold her upright in attempt to elicit a burp, then feed for five more minutes on the second breast. Then hold your baby upright and try for a slightly longer burping session, and go return her to the first breast for at least five minutes, then back to the second breast if she still appears hungry. Now if she falls asleep nursing, she has had more milk from both breasts and some opportunities to burp before falling asleep.
- If you are bottle feeding, experiment with different nipples and bottle shapes (different ones work better for different babies) to see which one allows your infant to feed without gulping too quickly and without sputtering. Try to feed your baby as upright as possible.
- Hold your infant upright for a few minutes after feedings to allow for extra burps. If a burp seems stuck, lay her back down on her back for a minute and then bring her upright and try again.
- To help expel gas from below, lay her on her back and pedal her legs with your hands. When awake, give her plenty of tummy time. Unlike you, a baby can not change position easily and may need a little help moving the gas out of their system.
- If your infant is AWAKE after a feeding, place her prone (on her belly) after a feeding. Babies can burp AND pass gas easier in this position. PUT HER ONTO HER BACK if she starts to fall asleep or if you are walking away from her because she might fall asleep before you return to her. Remember, all infants should SLEEP ON THEIR BACKS unless your infant has a specific medical condition that causes your pediatrician to advise a different sleep position.
- Parents often ask if changing the breast feeding

mother's diet or trying formula changes will help decrease the baby's discomfort from gas. There is not absolute correlation between a certain food in the maternal diet and the production of gas in a baby. However, a nursing mom may find a particular food "gas inducing." Remember that a nursing mom needs nutrients from a variety of foods to make healthy breast milk so be careful how much you restrict. Try any formula change for a week at a time and if there is no effect on gas, just go back to the original formula.

- Do gas drops help? For flatulence, if you find that the standard, FDA approved simethicone drops (e.g. Mylicon Drops) help, then you can use them as the label specifies. If they do not help, then stop using them.

The good news? The discomfort from gas will pass. Gas discomfort typically peaks at six weeks and improves immensely by three months. At that point, even the fussiest babies tend to mellow. The next time your child's gas will cause you distress won't be until he becomes a preschooler and tells "fart jokes" at the dinner table in front of Grandma. Now THAT is a gas.

Julie Kardos, MD with Naline Lai, MD

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The natural medicine cabinet in your kitchen



You may not think of your kitchen as a convenient pharmacy, but parents used common kitchen items successfully to treat various maladies long before CVS and Walgreens were invented.

Crisco– May not be healthy to eat, but smeared on skin, it's an old fashioned but effective treatment for eczema or [dry skin](#).

Oatmeal– Crush and put into the end of a hosiery sock. Float the sock in the bathtub for a natural way to moisturize skin.

Olive Oil–

- Put a couple drops into the ear three times a day to loosen ear wax (don't put in if your child has a hole in their ear drum eg. myringotomy tubes).
- For cradle cap, rub into your baby's scalp and use your fingernail or a soft brush to loosen the greasy flakes.
- Also use to kill [lice](#). Work the oil through the scalp,

tuck hair into a shower cap and wash off in the morning. Although studies are unclear on how well this method works on lice, it certainly is worth a try.

White vinegar-If [swimmer's ear](#) is suspected, mix rubbing alcohol one to one with vinegar and drop a couple drops in the ear to stop the swimmer's ear from progressing (don't put in if your child has a hole in their ear drum eg. myringotomy tubes).

Ginger- Boil ginger to make a tea to take the edge off nausea

Honey- Shown to soothe coughs-give a teaspoon of dark (buckwheat, for example) honey three times a day. However, NEVER give honey to a child who is younger than one year of age because it may cause infant botulism

Lemon- An old singer's trick-combine lemon juice with honey in tea to alleviate hoarseness

Salt- Mixed into lukewarm water, gargling with salt water will help ease sore throat pain

Baking soda:

- Mix with water to make a paste to help soothe itchy skin, from maladies such as [poison ivy](#).
- Can also be mixed with water to make toothpaste if you run out of your usual minty whitener.
- Another use of baking soda: one part baking soda with 4 parts corn starch makes a natural underarm deodorant.

Sugar: Mix sugar into weak tea (or your ginger tea from above) and give small amounts frequently to soothe your **older** child's nausea and help rehydrate after vomiting.

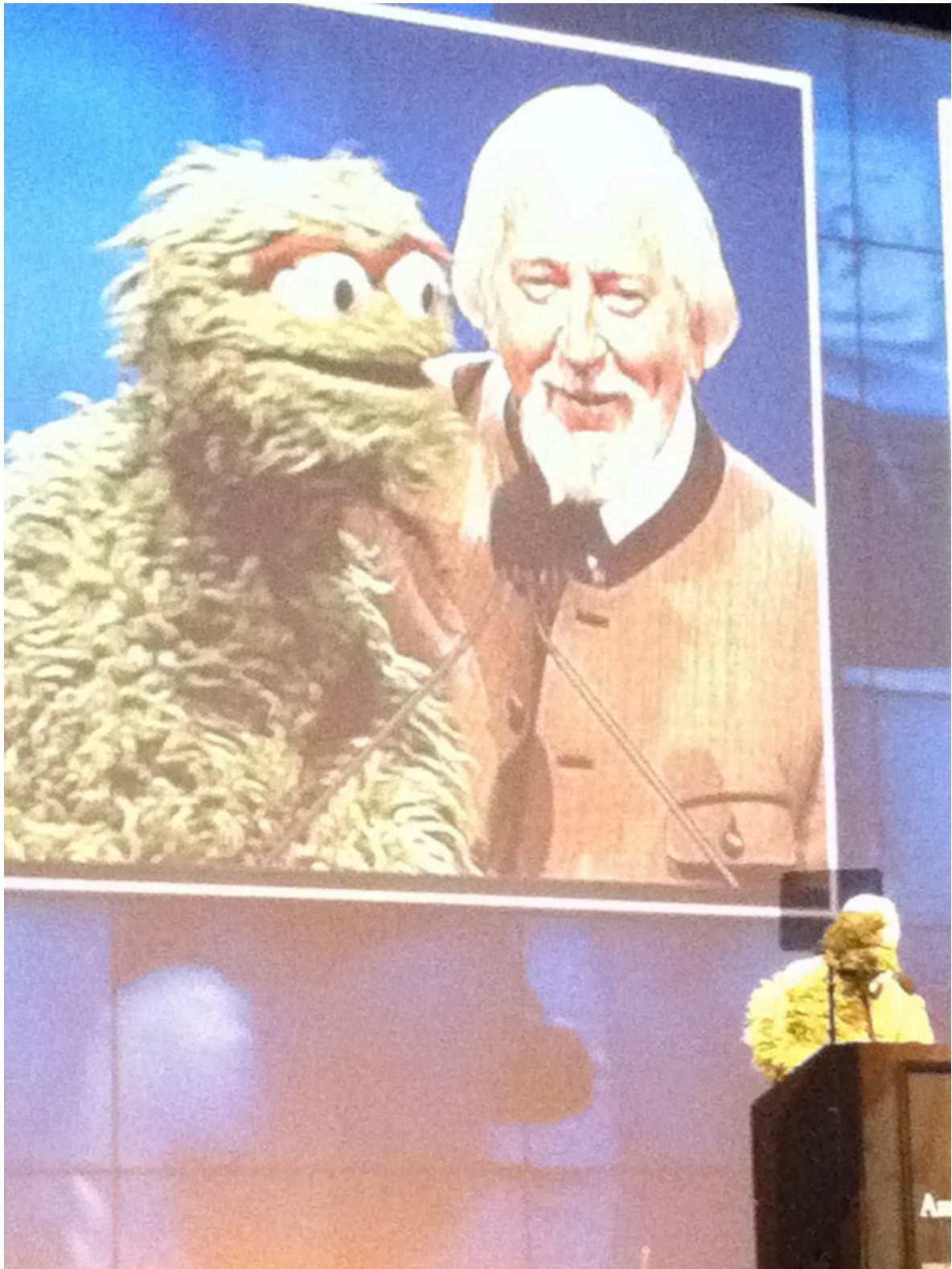
Ice: Ice not only decreases swelling when applied to injuries, it can also be used to combat the itch of bug bites and poison ivy.

Kitchen sink: This is an excellent place to wash any cut, scrape, or bleeding wound under running water with soap. Immediately after a burn, rinse the burned skin under cold water for several minutes to limit the extent of the heat injury. Contrary to popular lore, DO NOT put butter on a burn. You may, however, put butter on your toast. In small amounts.

Naline Lai, MD and Julie Kardos, MD

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Happy Birthday! Two Peds in a Pod turns Six Years Old!



Caroll Spinney, a.k.a. Bird Bird and Oscar the Grouch, addresses the American Academy of Pediatrics National Conference in 2011 (Dr. Lai's iPhone 3 or 4 captured this "high" quality photo)

Today, as Two Peds in a Pod turns six years old, we think about our favorite six-year-old, Big Bird.

A friend sent me [this link](#) to an interview with Carroll Spinney on NPR. Now 81 years old, Carroll Spinney has played Big Bird on *Sesame Street* since the show first aired in 1969. According to the puppeteer, Big Bird has always been six years old.

Spinney wanted Big Bird to forever bubble over with the curiosity and enthusiasm for learning which characterize a six year old's development. In kindergarten or first grade, a six-year-old rapidly gains new skills. They learn how to read at this age if not earlier.

They like to belong to a group and feel included.

Sit in the back of a first grade classroom and listen to the class have a conversation. The teacher may ask the kids, "Who has ever been to the ocean?" and watch all the hands go up. As she calls on each child to tell his story about going to the beach, some kids tell about their beach vacations, some talk about which relative or friend they visited at the beach, and at least one six-year-old will say "I never saw the ocean, but I have a dog!" because they want so desperately to belong to the conversation.

As part of their interest in others, they will join sports teams, scouts, begin religious school or specialized language schools.

Although they may seem interested in everything, be careful not to over schedule. This might be the first year of "all day" school, and even a child who attended an all day childcare or kindergarten can tire out after a full day of learning. Also, as part of their interest in group participation, children may start to form "clubs" as they play. To ward off future bullying, teach your child, "You can't be friends with everyone. You just have to be nice."

Six-year-olds still have a great sense of wonder

and imagination.

They believe in Santa Claus and the Tooth Fairy. They also are interested in science and nature, planets and dinosaurs, and how things work. They can simultaneously believe in the very real and concrete and believe in magic.

Six-year-olds ask “Why?”

And they are not shy about it: Why do I have to go to bed? Why does that man have only one leg? Why do helium balloons float? Why do people die? Sometimes the “Why’s” can lead into whining, but luckily, six-year-olds can be easily distracted out of their perceived injustices.

Kids at this age tend to concern themselves with body integrity

They may cry over a relatively minor injury such as a paper cut or skinned knee. If you want attention from a room full of six-year-olds, put a Band-Aid on your arm and they will all ask, “ Why do you have a Band-Aid?”

We are excited that Two Peds in a Pod® turns six today. Like Big Bird, we hope to forever ask “Why,” as well as “How?” and “When?” May your children continue to inspire a sense of wonder and curiosity in your lives, whether they are six months, six years, sixteen, or sixty!

Julie Kardos, MD and Naline Lai, MD

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[Click here to read our very first post from six years ago.](#)

The surprising first signs of dehydration



It's 100 degrees Fahrenheit outside. We're hiking around the Southern Utah desert and one of my kids vomits once. Nope,

it's not the stomach bug; that was last vacation. This time one of my kids vomited because of dehydration. Strangely, humans don't always complain of thirst once they start becoming parched, and my kid was no exception.

Right now many kids are at camp running about in high temperatures and soon enough, kids will be called back to school for sport practices. Before they go off, let them know that the first signs of dehydration are usually a vague headache and nausea. Warn them not to depend solely on their sense of thirst to signal them to hydrate. If they "just don't feel right," take a break. Other signs of heat exhaustion and stroke are outlined here <http://www.cdc.gov/extremeheat/warning.html>

For kids who play only for an hour or so, water is a good choice for hydration. For the more competitive players who churn up a sweat or participate in vigorous activity, electrolyte replenishers such as Gatorade® and Powerade® become important, because after 20-30 minutes of sweating, a body can lose salt and sugar as well as water. In fact, my sister, an Emergency Medicine doctor, tells the story of a young woman who played ultimate frisbee all day, and lost a large amount of salt through sweating. Because she also drank large amounts of water, she "diluted" the salt that was still in her blood and had a seizure.

If your child plays an early morning sport, start the hydration process the night before so that they don't wake up already behind on fluids. If your child goes more than six to eight hours without urinating, she needs to drink more.

Avoid caffeine which is found in some sodas, iced tea and many of the energy drinks. Caffeine dehydrates. The American Academy of Pediatrics recommends that children and teens never drink "energy drinks" because of the adverse effects of the stimulants they all contain. Some of the newer highly touted rehydration fluids of the adult world such as coconut water or

chocolate milk are fine.

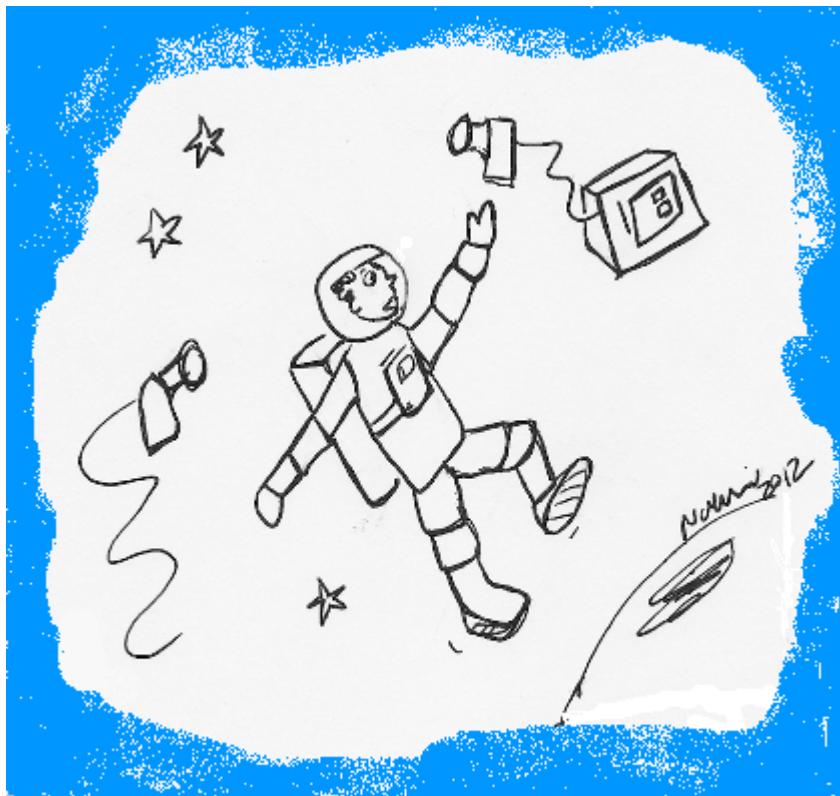
Keep in mind it's not only sports that can dehydrate kids. Years ago I knew of a tuba player who went to the emergency room after marching band practice on a hot August day.

Next vacation we'll definitely buy some water bottles to make sure we don't get dehydrated. Not having enough water can be so dangerous! We'll also take along paper towels and cleaning fluid too.

Naline Lai, MD and Julie Kardos, MD

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Breast feeding and returning to work



Amy the astronaut pumped at work despite the challenges.

Picture this: you are going back to work after a too-short maternity leave. Briefcase? Check. Lunch? Check. Breast pump? Check. Photo of your baby to put on your pump for inspiration? Check.

Many moms ask how to continue breastfeeding when they return to work. Because babies should receive breast milk or formula for at least their first year, here is how you can incorporate breastfeeding into your work routine:

Offer bottles by four weeks of age. Bottles can contain breast milk or formula, but you need to give your baby practice taking milk from a bottle by four weeks old. If you wait much longer, your baby will likely refuse the bottle. Have someone other than yourself give at least one bottle per day or every other day. In this way, your baby learns to accept nutrition from someone else.

Store breast milk using the simple and conservative “rule of twos.” Leave breast milk in a bottle at room temperature for no more than two hours, store breast milk in the refrigerator for no more than two days, and store in the freezer for no more than two months. If your baby has already sucked out of a breast milk bottle, that milk is only good for up to two

hours. Remember to write the date on your milk storage bags and use the oldest ones first.

Now select from the following breast feeding menu, understanding that you might start with an earlier option and then change to a later one. **The best option is the one that works best for you and your baby.**

Option 1: Continue to breast feed at work. This option works for moms who work from home, moms who have child care in their work setting, and moms close enough to dash home to breast feed during the day or who have caregivers willing to drive babies over to work for feedings.

Advantage: no pumping, no buying formula, no bottle washing.

Disadvantage: may require some creative scheduling.

Option 2: Breast feed when home and pump and store breast milk at work. The baby gets breast milk in bottles during the work day. This method allows moms to provide exclusively breast milk to their babies. Start pumping after the first morning feeding (or any other feeding that you feel you produce a bit more than your baby needs for that particular feeding) beginning when your baby is around four weeks old. Also pump if your baby happens to sleep through a feeding. Store this milk in two or three ounce amounts in your freezer. You can obtain breast milk freezer bags from lactation consultants and baby stores, or you can store milk in zip lock bags. As you continue to pump after the same feeding each day, your body will produce more milk at that feeding.

Pumping should not take longer than 15 minutes if you're pumping both breasts at the same time and can take as short as 7-10 minutes. Remember to wash your hands before pumping.

What kind of breast pump should you buy/rent? If you are in it for the long haul, we recommend the higher-end electric double pumps with adjustable suction. Ask the hospital nurses, your midwife, or your obstetrician for names of people who rent or

sell pumps in your area.

Once you have some breast milk stored and you are a few days out from returning to work, try pumping during the feedings you will miss while at work. Have someone else feed your baby breast milk bottles for these feedings. Finally, when you return to work, continue to pump at the same schedule and leave the stored breast milk for your child's caregivers. Consider leaving some formula in case caregivers run out of breast milk. Remind them never to microwave the milk (this kills the antibodies in breast milk as well as creates a potential burn hazard) but rather to thaw the milk by placing in a hot water bath.

This method becomes easier as babies get older. Once babies start solid foods, they breast feed fewer times per day. Somewhere between six to nine months, your baby eats three solid food meals per day and breastfeeds four or five times per 24 hours. Thus, the number of times you need to pump decreases dramatically.

Advantage to this option: breast milk with its germ-fighting antibodies given through the first year and no expense of formula. **Disadvantage:** having to pump at work.

Option 3: Breast feed before and after work and give your baby formula while you are at work. If you do not pump while at work, your body will not produce milk at these times. If you work full time, then on weekends you might find it easiest on your body to continue your "work time" feeding schedule. If you choose this method, wean your baby from daytime breast feeding over that last week or so before returning to work. Suddenly going a long time without draining your breasts can lead to engorgement, subsequent plugged ducts, and mastitis.

Advantage: baby continues to receive breast milk. No need to pump at work. **Disadvantage:** you still have to wash bottles and have the added cost of formula.

Option 4: Breast feed until you return to work, then formula feed. Wean over the last week you are home with your baby to avoid engorgement and leaking while at work. Your baby still benefits from even a few weeks of breast milk.

Advantage: No need to incorporate pumping into your work schedule. Baby still gets adequate nutrition. **Disadvantage:** babies who are in childcare and exposed to many germs miss out on receiving extra antibodies in breast milk. However, weaning your baby off breast milk will not cause illness. Do what works for your family. Another disadvantage: more expensive to buy formula and time-consuming to wash bottles.

Finally, remember that the calorie count and nutritional content of breast milk and formula are the same. So do NOT feel guilty if pumping does not pan out and you end up giving some formula. Your baby is almost always going to be more efficient than a breast pump and some breasts just don't produce milk well during pumping sessions. In contrast, some of my patients never got the hang of breast feeding and their moms pumped breast milk and bottle fed them for the entire first year. Dr. Lai and I have each had patients who refused to take a bottle at childcare but just waited patiently for their moms to arrive. These babies got the nutrition they needed by nursing throughout the night. The babies didn't mind what time of day they ate. Just like many aspects of parenting, sometimes with breast feeding and returning to work, you just have to "go with the flow."

Julie Kardos, MD with Naline Lai, MD
2015 Two Peds in a Pod®, reposted from 2010

Teething warnings and tall tales



Amber bead necklace

About five years ago, we started noticing Amber Bead Necklaces adorning the necks of infants. We also noticed a plastic giraffe named Sophie. These relative newcomers are the latest in a long line of treatments that claim to soothe the discomfort of teething. Some work. Some don't. And some are dangerous.

If you look at the consumer product safety commission recalls over the years, recalled teething devices and other baby products usually have a two things in common: they have small pieces that can come off and become a choking hazard, or they can cause a baby's neck to become caught and cause strangulation.

We worry about Amber Beads necklaces. They fit all the potential safety hazard criteria. Although they are not to be chewed on (they purportedly work by excreting a mysterious substance into the skin of an infant), you never know when a bead will pop off and pose a choking hazard or the necklace

will get caught and cause strangulation. Besides, we find it odd that parents would be willing to let an unknown substance seep into their baby's skin.



Sophie the giraffe

Also, the FDA has repeatedly warned against the use of topical anesthetics. Benzocaine gels can lead to methemoglobinemia, a rare but serious and potentially fatal condition. Adults will sometimes use viscous lidocaine prescribed for themselves on a baby's gums, but any numbness extending to the back of the throat can make it difficult for babies to swallow.

Ultimately, the best cure for teething discomfort is the emergence of a tooth. Until then, chewing on a safe toy or cool wash cloth and an occasional dose of acetaminophen or ibuprofen (if over six months old) can be helpful.

Be patient with teething. "Curing" teething does not cure all maladies. In fact, parents should be aware of these symptoms which are **NOT** caused by teething:

- **Teething does not cause fever.** Fever usually indicates infection somewhere: maybe a simple viral infection such as a cold, or maybe a more severe infection such as pneumonia, but parents should NOT assume that their baby's fever is caused by teething. These babies could

be contagious. Parents should not expose them to others with the false sense of security that they are not spreading germs

- **Teething does not typically occur in four-month-olds.** Usually the first teeth erupts at around six months of age. Some don't get a tooth until their first birthday. Most drooling and mouthing behavior prior to six months, such as babies putting hands in their mouths, is developmental. Although you may not see a tooth erupt for a few months, babies at this age still enjoy gnawing on a toy.
- **Teething does not cause diarrhea severe enough to cause dehydration.** If a child has severe diarrhea, then he most likely has a severe stomach virus or another medical issue.
- **Teething does not cause a cough severe enough to increase work of breathing.** Babies make more saliva around four months of age and this increased production does result in an occasional cough. But babies never develop problems with breathing or a severe cough as a result of teething. Instead, suspect a cough virus or other cause of cough such as asthma.
- **Teething does not cause pain severe enough to trigger a change in mental state.** Some children get more cranky as their gums swell and redden with erupting teeth. But, if parents cannot console their crying/screaming child, the child likely has another, perhaps more serious, cause of pain and needs an evaluation by her pediatrician.

From a logic standpoint, if teething causes symptoms as babies get their primary teeth, shouldn't incoming permanent teeth cause the same symptoms? Yet we've never heard a parent blame teething for a runny nose, rash, cough, fever, or general bad mood in an eight, nine, or ten-year-old child who is growing permanent teeth.

Maybe these parents are too busy bemoaning the cost of early orthodontal work.

Julie Kardos, MD and Naline Lai, MD

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Happy Father's Day 2015



Enjoy Father's Day, and enjoy the following poem written by our pediatrician colleague at CHOP Care Network Newtown, Dr.

Bob Sasson. It depicts a common parenting quandary.— Drs. Kardos & Lai

The New Bicycle

Bursting with Joy

She mounts her new bicycle

Pink and blue streamers

Extend from the white rubber grips

At the end of the shining handlebars

With unbridled excitement

She presses down hard on the pedals

The wheels begin to turn

She giggles with glee

Smiling at the neighbors

As she moves quickly past the nearby houses

Her youthful energy exuberant

Spilling over with an abundance

Of Vitality and Joy

Turning back to see her parents approving eyes

She smiles...loses her focus...

The bicycle tumbling to the ground

A scrape of her knee...a trickle of blood

A moment of Hesitation

Looking back again

Awaiting her parent's cues

How will they respond?

How would you?

By Robert Sasson, MD

Visions of Thought

A collection of inspirational imagery and poetry, 2008

**When your child's friend
moves away**



This sign now sits on my friend's lawn. I still remember four years ago when I pulled my big blue minivan up in front of their house after the moving van left. A mommy sat on the stoop with her children. "How old are they? I hollered out. The ages of the children matched my children's and I was delighted. Indeed they became good friends. And now, there's the "For Sale" sign.

It's the end of the school year, and "For Sale" signs dot lawns all over the United States. Chances are, one of them belongs to your child's friend. Just as the child who moves will have to adjust to a new environment, your child will have to adjust to a world without a friend who was part of his daily routine.

Much has been written about how to transition the child who moves into a new environment, but how can you help your child when his close friend moves away?

Your child may experience a sense of loss and feel that he was "left behind." Some children persevere over the new hole in their world. Others take the change in stride.

In the late 1960's, psychiatrist Elisabeth Kubler-Ross described "the five stages of grief." The stages were initially applied to people suffering from terminal illness, but later they were applied to any type of deep loss such as your child's friend moving. The first stage is denial: "I don't believe he moved." Anger follows in the second stage: "Why me? That's not fair!" Your child may then transition into

the third stage and bargain: "If I'm good maybe he will hate it there and come back." The fourth stage is sadness: " I really miss my friend," or, "Why make friends when they end up moving away?" The final stage is acceptance: "Everything is going to be okay. We will remain friends even if he doesn't live here."

Some pass through all stages quickly and some skip stages altogether. The process is personal and chastising your child to "just get over it" will not expedite the process. However, there are ways to smooth the journey:

- Reassure your child that feeling sad or angry is common. Parents need to know that sad children may not show obvious signs of sadness such as crying. Instead, rocky sleep patterns, alterations in eating, disinterest in activities or a drop in the quality of school work can be signs that a child feels sad. If feelings of depression in your child last more than a month or if your child shows a desire to hurt himself, consult your child's health care provider.

- When you discuss the move with your child, keep in mind your child's developmental stage. For instance, preschool children are concrete and tend to be okay with things being "out of sight, out of mind." Talking endlessly about the move only conveys to the child that something is wrong. Children around third or fourth grade can take the move hard. They are old enough to feel loss, yet not old enough to understand that friendships can transcend distance. For teens, who are heavily influenced by their peers, a friend's moving away can cause a great deal of disruption. Acknowledge the negative emotions and reassure your child that each day will get better. Reassure him that despite the distance, he is still friends with the child who moved.

- Prior to the move, don't be surprised if arguments break out between the friends. Anger can be a self defense mechanism employed subconsciously to substitute for sadness.

- Set a reunion time. Plan a vacation with the family who moved or plan a trip to their new home.
- After the move, send a care package and write/ help write a letter with your child.
- Answer a question with a question when you are not sure what a child wants to know. For example if he asks, "Will we always be friends?" Counter with "What do you think will happen?"
- Share stories about how you coped with a best friend moving when you were a child.

Social media and texting can be ways for older kids to stay in touch with a friend who moves away. Be sure to monitor your child, however, because too much time texting, skyping, and posting takes away from time your child needs to spend acclimating to a new routine.

As for my children, when I told one of my kids that I will sign her up for soccer, she squealed with delight, "Oh, that's the league Kelly belongs to."

My heart sank. I said as gently as I could, "She's moving- she won't be here for soccer season."

And so we begin the process...

Naline Lai, MD with Julie Kardos, MD

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Soothe the itch of poison ivy



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

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

Also, **contrary to popular belief, you can not spread 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.

- **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 not the itch, but the chance of infection. With each scratch, your child is possibly introducing infection into an open wound. 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. Infection usually occurs on the 2nd or 3rd days. 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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