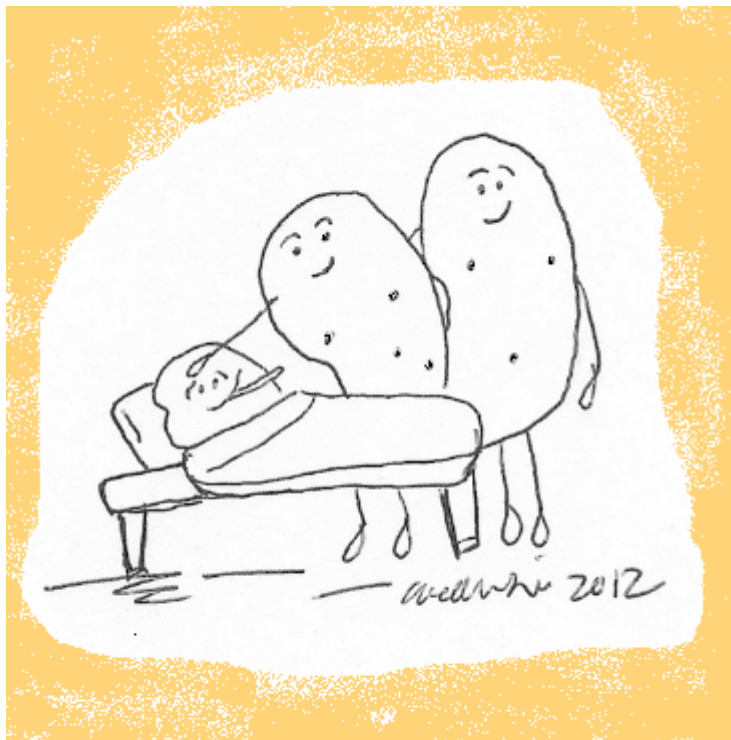


# Fever Fears



*I don't think he is playing games... this time  
he really is a hot potato.*

We're talking about fever fears on The Children's Hospital of Philadelphia's health tip this week!

Julie Kardos, MD and Naline Lai, MD

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**Would you recognize if your  
child was overweight?**

## PICTURE THE FACTS OF YOUR CHILD'S FUTURE.

<p>Low risk of asthma, orthopedic problems and clinical depression</p> <p>Signs of diabetes may appear around age 50</p> <p>Signs of heart disease may appear around age 50</p> <p>Life expectancy of age 84</p>	<p>Low risk of asthma, orthopedic problems and clinical depression</p> <p>Signs of diabetes may appear around age 50</p> <p>Signs of heart disease may appear around age 50</p> <p>Life expectancy of age 84</p>
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<p>Age: 8 Weight: 60 lbs. Height: 51" Body Mass Index: 16 BMI Percentile: 50<sup>th</sup></p>	<p>Age: 8 Weight: 75 lbs. Height: 51" Body Mass Index: 20 BMI Percentile: 95<sup>th</sup></p>
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**Overweight children suffer adult health problems.**  
Ask a health professional how you can play a role in managing your child's weight.

  
 Pennsylvania MEDICAL SOCIETY  
*Doctors and Dentists. Preserving the Relationship.*  
[www.pamedsoc.org/obesity](http://www.pamedsoc.org/obesity)

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<p>Low risk of asthma, orthopedic problems and clinical depression</p> <p>Signs of diabetes may appear around age 50</p> <p>Signs of heart disease may appear around age 50</p> <p>Life expectancy of age 84</p>	<p>High risk of asthma, orthopedic problems and clinical depression</p> <p>Signs of diabetes may appear around age 20</p> <p>Signs of heart disease may appear around age 35</p>
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<p>Age: 5 Weight: 39 lbs. Height: 42" Body Mass Index: 15.5 BMI Percentile: 50<sup>th</sup></p>	<p>Age: 5 Weight: 45 lbs. Height: 42" Body Mass Index: 18 BMI Percentile: 95<sup>th</sup></p>
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In these posters put out by the Pennsylvania medical society, the children on the right are considered obese.

Nearly all parents of overweight preschoolers and most parents of obese kids are unaware their children are classified as such, say researchers at New York University and two other medical centers. Click here for Happy Healthy Kids' interview with Dr. Kardos on the subject.

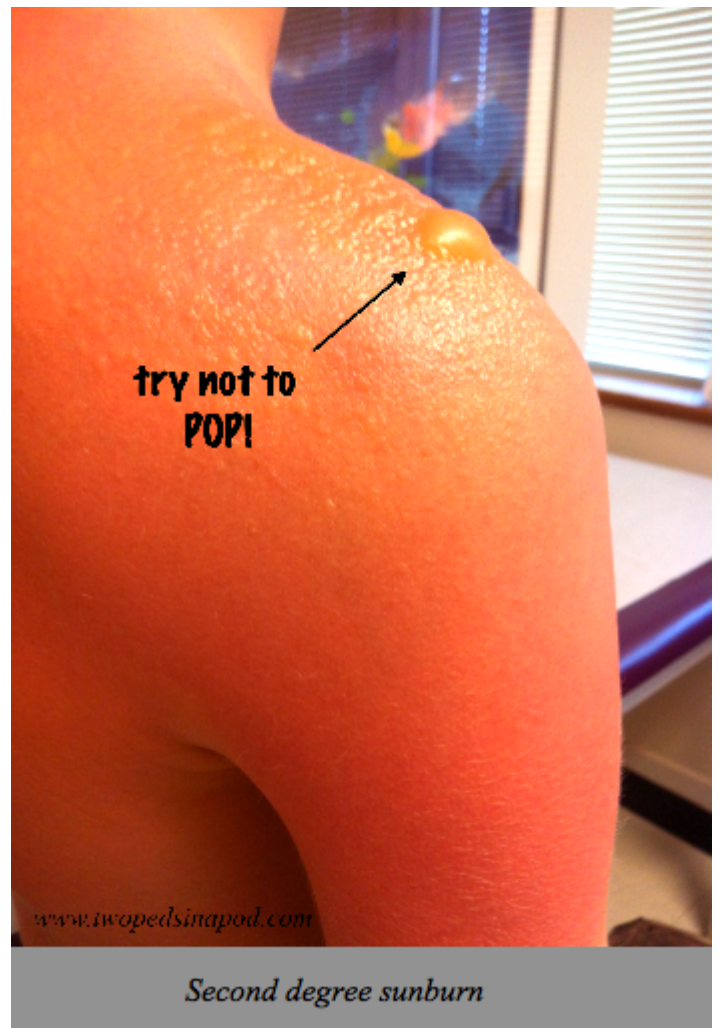
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# Sunburn and Sunscreens: your burning questions answered

*Just in time for Field Day and pool openings, today we provide sunburn protection information.*

**Hot!**



Pictured is a kid with a second degree burn. No, this burn wasn't caused by hot water or by touching the stove, but by the sun. A sunburn is still a burn, even if it was caused by sunlight.

**Treat sunburn** the same as you would any burn:

- Apply a cool compress or soak in cool water.
- Do NOT break any blister that forms- the skin under the blister is clean and germ free. Once the blister breaks

on its own, prevent infection by carefully trimming away the dead skin (this is not painful because dead skin has no working nerves) and clean with mild soap and water 2 times per day.

- You can apply antibiotic ointment to the raw skin twice daily for a week or two.
- Signs of infection include increased pain, pus, and increased redness around the burn site.
- A September 2010 *Annals of Emergency Medicine* review article found no best method for dressing a burn. In general, try to minimize pain and prevent skin from sticking to dressings by applying generous amounts of antibiotic ointment. Look for non adherent dressings in the store (e.g. Telfa™). The dressings look like big versions of the plastic covered pad in the middle of a Band aid®.
- At first, the new skin may be lighter or darker than the surrounding skin. You will not know what the scar ultimately will look like for 6-12 months.
- If the skin peels and becomes itchy after a few days, you can apply moisturizer and/or over-the-counter hydrocortisone cream to soothe the itch.
- Treat the initial pain with oral pain reliever such as acetaminophen or ibuprofen.

**Preventing sunburn** is much easier, more effective, and less painful than treating sunburn.

**What is SPF? Which one should be applied to children?**

- SPF stands for Sun Protection Factor. SPF gives you an idea of how long it may take you to burn. SPF of 15 means you will take 15 times longer to burn... if you would burn after one minute in the sun, that's only 15 minutes of protection!
- The American Academy of Pediatrics recommends applying a minimum of SPF 15 to children, while the American Academy of Dermatology recommends a minimum of SPF 30.

Dr. Lai and I both apply sunscreen with SPF 30 to our own kids.

- Apply all sunscreen liberally and often— at least every two hours. More important than the SPF is how often you reapply the sunscreen. All sunscreen will slide off of a sweaty, wet kid. Even if the label says “waterproof,” reapply after swimming.
- Watch out for sunlight reflecting off water as well as sunburning on cool days. One pediatrician mom I know was aghast at seeing signs posted at her kid’s school reminding parents to apply sun screen “because it will be in the 80’s” ... kids burn on 60 degree days too. Lower temperatures do not necessarily mean less UV light.

### **Why does the bottle of sunscreen say to ask the doctor about applying sunscreen to babies under 6 months of age?**

- Sunscreens were not safety-tested in babies younger than 6 months of age, so the old advice was not to use sunscreen under this age. The latest American Academy of Pediatrics recommendation is that it is more prudent to avoid sunburn in this young age group than to worry about possible problems from sunscreen. While shade and clothing are the best defenses against sun damage, you can also use sunscreen to exposed body areas.
- Clothing helps to block out sunlight. In general, tighter weaves protect better than loose weaves. However, a study from 2014 suggests regular clothing is as protective as expensive “sun-protective clothing.”
- Hats help prevent burns as well.
- Remember that babies burn more easily than older kids because their skin is thinner.

### **Which brand of sunscreen is best for babies and kids?**

- For babies and kids, no one brand of sunscreen is better than another. Dr. Lai and I tell our patients to apply a “test patch” the size of a quarter to an arm or leg of

your baby and wait a few hours. If no rash appears, then use the sunscreen on whatever body parts you can't keep covered by clothing.

Remember when we used to call sunscreen lotion "suntan lotion," and tolerating red, blistering shoulders was considered a small price to pay for a tan? Live and learn.

Julie Kardos, MD with Naline Lai, MD

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## **Blame it on Mom**

In honor of Mother's Day, teach your children the time-honored way to get themselves out of a bad situation: Blame everything on mom.



If your child realizes that she'd rather not attend a particular party or other social event, have her say: "I can't go- my mom won't let me."

If your teen is at a friend's house or party, is uncomfortable and wants to leave, but does not want the other kids to know his discomfort (such as in the presence of alcohol or drugs) have him text or call you and say a predetermined code, such as: "Oh, my mom wanted me to *check in with her* at (fill in the current time, whatever it is)". Then, have him say: "I can't believe it! She says she has to come get me now!" Remember, Moms, do not ask questions if you hear or

read: "I'm *checking in* like you said I had to." Just go rescue your child!

Does your child need a reason not to try smoking? Tell him to say: "Are you kidding? My mom can sniff out when I forget to brush my teeth. She would kill me if I came home smelling like smoke. Or at the very least she would ground me for life!"

Do your kids already blame a bad hair day on Mom? A forgotten lunch on Mom? Oversleeping an alarm clock on Mom? That's all okay as long as they know to blame Mom when it really counts.

Happy Mother's Day

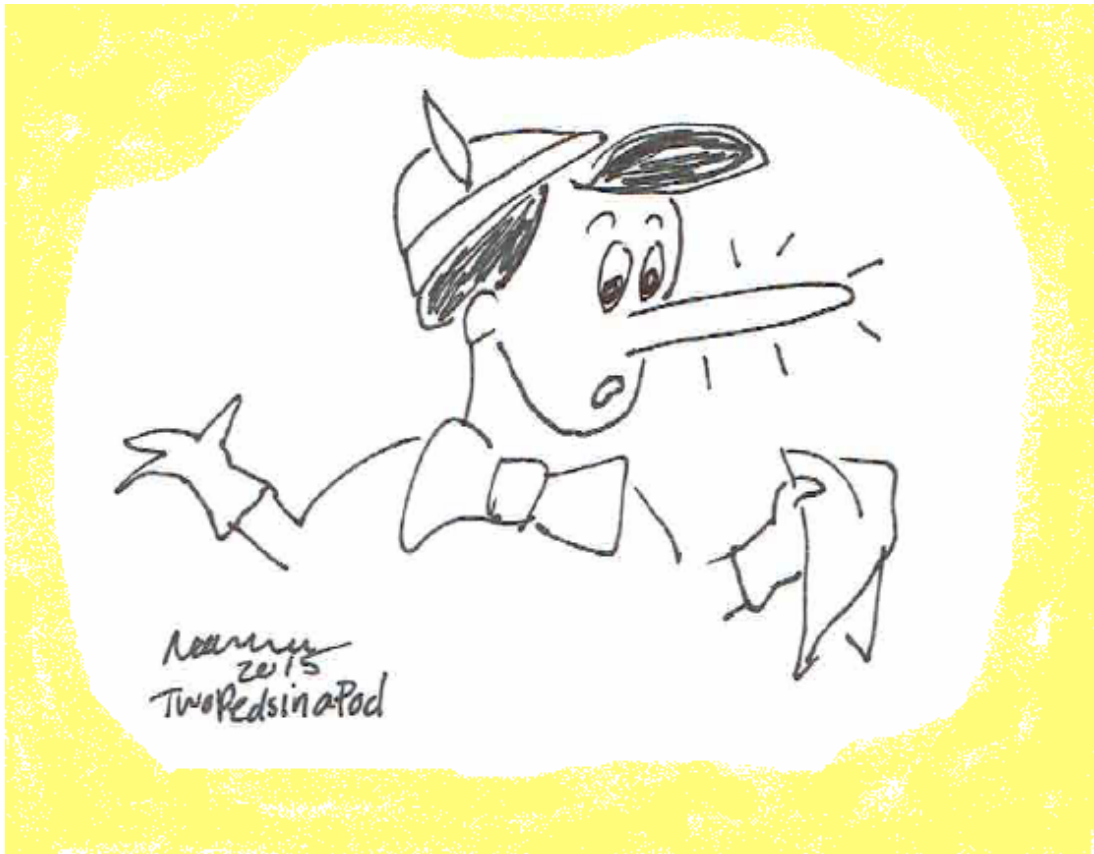
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**The best allergy medicines  
for kids**





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

Recently, Dr. Lai was so excited to see Flonase in the local pharmacy that she texted all of the providers in our practice with the news. Flonase (fluticasone), a nose spray allergy treatment, is the latest allergy medication to go over-the-counter. Now, nearly every allergy medication that we wrote prescriptions for a decade ago is now available to kids over-the-counter.

As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy medications can be overwhelming. Should you chose 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? Its it better to buy a “fast” acting medication or medication that promises your child “relief?”

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).

- **The newer 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. Zatidor 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.

**Allergy nose sprays:** Simple nasal saline helps flush out allergens and relieves nasal congestion from allergies. As we mentioned above, 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? 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. Rinse outdoor particles off your child's body with nightly showers. Filter the air when driving in the car and at home by running the air conditioner and closing the windows to prevent the "great" outdoors from entering your child's nose.

Naline Lai MD and Julie Kardos, MD

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# **Prepare your child for a younger sibling**



A thrilling moment in the office is when a mom of a patient shares with me that she is pregnant again. I say, "Wonderful!" What better gift to give your firstborn than a sibling! And I love being a part of good news! As an older sister myself, as a mother of three children, and as a pediatrician, I know the net result of adding another child to the family is positively fabulous.

Although the news is good, sometimes parents are anxious. Here are some suggestions of how to prepare your child for a younger sibling:

**For most kids under the age of three to four years, time literally has no meaning.**

At best, everything in the past occurred yesterday, and everything in the future will occur tomorrow. So in general, there is no magic moment to announce a forthcoming new baby. A few weeks ahead of time, simply start talking about "when a baby comes to live with us." Don't expect your child to really

believe you until you walk into the house with the baby. And don't be surprised if your firstborn asks, "When is it leaving?" Kids this age do not understand the idea of "forever" or "permanent."

## **Believe it or not, your second newborn might not be all that demanding.**

Parents often feel guilty about bringing a second baby into the home. They worry they will not have as much time for their firstborn. Well, here's one secret. Newborns aren't all that demanding. Unlike with your first born, you will never have the time or urge to stare endlessly at your second born while she sleeps.

By the second time around, you will realize that feeding, changing, and washing a newborn take up relatively little time. Your firstborn will likely continue to be the center of attention. She is, after all, much more interesting now that she can pretend and play simple games. Believe me when I tell you that you CAN play *Candyland*® and breastfeed an infant at the same time. You CAN burp an infant while reading aloud to a toddler. You CAN change a diaper while pretending you and your toddler are wild jungle animals. You CAN make a formula bottle while telling a terrifically exciting story to your toddler.

## **A word about visitors and gifts:**

The best part of a gift, to a toddler, is opening it, NOT what's in it. So don't worry about trying to make sure your older child gets a gift for every gift the new baby gets. Just allow your toddler to open all the baby's gifts (if she wants to) because "babies don't know how to open presents, but big kids do!" Also, newborns don't care who holds them so visitors are a perfect chance to hand off the baby and get on the floor and play with your toddler. To a toddler, parents are the most important and interesting people in the world. Even if ten people walk in to visit the baby, your toddler will not be

jealous if YOU are the one playing with her.

### **By three years old, kids understand taking turns.**

In addition to the above tips, if your eldest asks why you need to hold/feed/care for the baby “so much,” just explain that it’s the baby’s turn. Then reinforce how glad you are that your eldest is able to talk, feed herself, play with toys, and maybe use the potty. Remind her that her ability to be independent make her more similar to Mommy and Daddy than to a baby.

### **You have plenty of love to go around.**

Finally, realize whether your firstborn embraces her younger sibling with open arms or pretends that the new baby does not exist, you will have plenty of love to go around. Your heart is big enough for everyone. Dr. Lai tucks each of her three children in at night with the words, “I love you more than anyone in the universe.”

Truth be told, **no one will make your younger child laugh as loud and long as her older sibling.** Also, older babies are much more interesting than newborns. Even “luke warm” older siblings will warm up as time progresses and the baby becomes more interactive. You will appreciate this the most when your younger child becomes a toddler. He will find his older brother or sister so entertaining that he will generally stay near his older sibling. Your younger child will not be as apt to wander out of a room if his sibling is around. While you will not have a baby sitter for a while, you will have a tattle-teller.

**In the meantime, tell lots of “when you were a baby” stories** to your older child. Toddlers are egocentric (they all think the world revolves around them) and they will LOVE being the main character in your stories. Bring out baby pictures and videos of your firstborn to share. Be sure to point out how far she has come and all the great things she can do now as a

big kid.

Don't feel pressure to "get everything done" before the new baby arrives. Potty training for the oldest can wait (it's not that glamorous anyway). You don't have to take your oldest child out of the crib (the baby is in a bassinet for a couple months) and your oldest's teeth won't pop out because you haven't weaned the pacifier.

I end with a personal story:

When I was pregnant with my twins, many of our friends commented to us about our firstborn son, "Boy, you are really going to rock his world."

HIS world, I would think to myself. How about OUR world?

In order to prepare him for his transition from "only child" to "big brother" we emphasized to our son (who was three at the time) that most older brothers get only ONE baby. Our son would be getting TWO babies! He was excited about having two instead of one. For years afterwards, whenever he heard about a pregnant aunt, friend, or neighbor, his first question was always, "Oh, how many babies is she having?"

Out of the mouths of babes...

Julie Kardos, MD and Naline Lai, MD

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# How to tell your kids someone



# they love is dying



*It is never easy to break bad news, and it can be especially difficult to break bad news to our children. Bereavement counselor Amy Keiper-Shaw helps parents give advice on how to talk to your children if someone they love is dying.*

While we all try to live our best and happiest lives, one day, something bad will invariably happen to us and/or our families. Maybe a grandparent or a pet is so ill they have been told they are going to die, or a family member has been diagnosed with a terminal illness. Are you and your child prepared to communicate effectively during these tough times?

Here are some suggestions to help you talk to your child when death is a possibility.

*“One must talk little and listen much.”—African proverb*

- First, try to distinguish your emotions about the news

from what to tell your kids. It's always harder to talk about bad news when it's an emotional issue for you.

Allow yourself to "sit with" the feelings you have about it before sharing it with a child. Try to be calm—even if the news is upsetting to you. If you're overly emotional, your child may feel like he or she needs to take care of you instead of having his or her own reaction.

- Mentally rehearse how you will deliver the news. You may wish to practice out loud, as you would prepare for public speaking. Script specific words and phrases to use or avoid. Be open and prepared for your kids' reactions. Some may cry. Others may get angry. Some may not seem to react at all. Don't read too much into your child's initial reaction. For some kids, it takes a while for the news to sink in.
- Arrange to talk to the child in a private, comfortable location. For example, have your child sit on your lap, or talk to your child on his or her bed. Having your child's favorite comfort item available (a blanket, a stuffed animal or favorite toy) can also help. Turn off your cell phone, TV, or other background distractions.
- Long before we realize it, children become aware of death and when bad news is approaching. It may be tempting to withhold bad news. It's important to be honest with your kids and not to be afraid of their reactions. When we aren't honest about what is going on, children make up their own explanation for the tense environment. What they imagine is often worse than the truth. Foreshadow the bad news, "I'm sorry, but I have bad news."
- When you meet with the child ask what they already know and understand. Be prepared to provide basic information about prognosis and treatment options if there are any

available. Give information according to your child's age. Younger children will require less information than older teenagers.

- Speak frankly but compassionately. Avoid euphemisms and medical jargon. Use the words cancer or death rather than "going to sleep" or giving false hope. Offer realistic hope. Even if a cure is not realistic, offer hope and encouragement about what options are available such as hospice or medications which will help the person or pet have the best quality of life as possible until they die.
- Have the child tell you his or her understanding of what you have said, use repetition and corrections as needed. Encourage them to ask questions if they have any now or in the future and be sure to follow up often to see if any new questions have arose.
- Allow silence and tears, and avoid the urge to talk to overcome your own discomfort. Proceed at the child's pace. Be empathetic; it is appropriate to say "I'm sorry" or "I don't know."
- Talk about what the bad news means for them personally. Be as clear as possible about how the bad news will make their life change—or not change. "Mom won't be able to take you to school anymore so our neighbor will bring you instead." Older kids will want to know more details about this than younger kids.
- Reassure your kids. When bad things happen, they need to hear that you love them and that you're there for them. If you're uncertain how long you can be there for your children (such as when you receive a terminal prognosis), make sure they know of other caring, trusted adults who will also be there for them.
- Don't be surprised if your child tries to blame you or

someone else for the bad news. It's hard for children and teens to understand that sometimes bad things just happen.

- Do something special with your child. You can say that when bad things happen, it often helps to do something you enjoy to try to feel better. For example, ask your child what he or she would like to do with you. Maybe your child will want to go the playground or play a board game. It is important that children know it is okay to still want to have fun and to enjoy life. They should not feel guilty about wanting to be happy.
- Model the grief process. It helps children and teens to see that there are hard times and that people can get through these tough situations by making positive coping choices. For example, even if you don't feel like exercising, you notice that exercise helps you feel a bit better. Explain that even though you may be tempted to eat badly, you notice that you feel better when you eat healthy. Talking about the ups and downs (while modeling positive coping strategies) will help your child be more intentional about the choices he or she makes and they are grieving.
- Keep in mind, although older teenagers may seem like they can take on more hardship than younger kids, remember that they still don't have the life experience that you have. Hearing bad news can be extremely difficult on a teenager, and it can sometimes trigger risky behaviors, particularly if they were struggling before the bad news hit or they're feeling extremely vulnerable.
- Talk to other significant adults in your child's life. For example, talk to your child's teacher, coach, or club leader. Sometimes a child will talk to another adult, and it helps if everyone knows the same

information.

Parents, remember this:

- Attend to your own needs during and following the delivery of bad news. Find a few people who are good listeners and can help with practical things such as taking kids to after school activities.
- Allow yourself to accept help.

It can be challenging to be the bearer of bad news, but keep in mind that there are others who can assist with this. Asking for help from a social worker, counselor, a trusted friend, or spiritual adviser can help to facilitate this conversation, as well as connect families to resources in the community.

Amy Keiper-Shaw, LCSW

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*Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs Handsholdinghearts.com, a resource for children who have experienced a significant death in their lives.*

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## **Toddler Discipline Tips:**

# tantrums and tranquility



As we prepare for a session on child development and behavior at Homefront: Family Preservation Center, a center for temporary emergency housing in Mercer County, New Jersey, we realize that we haven't shared with you in a little while one of our most popular podcasts.

Join us as we talk about tips on toddler discipline:

<https://www.twopedsinapod.org/wp-content/uploads/2009/09/Episode-8-Toddler-Discipline.mp3>

Julie Kardos, MD and Naline Lai, MD

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# The Need for Seed: Growing an interest in eating vegetables



*Photo by Dr. M. Mass*

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*rician gardener returns today to jump start our spring gardens...*

How can I get my kids to eat vegetables? I hear this again and again in the office. For kids, nurturing plants fosters a positive association with vegetables and a pride as they see their seedlings grow. Of course they will be more willing to taste them! Parents need easy economical ways to plant vegetables, best met by directly sowing seeds into the well prepared ground.

Seeds are hope in a miniscule package, and we can all use a little hope that winter is truly over. Now is the best time to seek them out in catalogs and garden centers. But look beyond garden centers. I've seen them in grocery stores, hardware stores and even boutiques. Which ones to buy? I love growing tomatoes, peppers, and eggplants, but all grow best if you start indoors 6-8 weeks before the last frost in your area and this requires a good bit of pre-planning. Which seeds will most likely germinate and when can you plant them?

First, some basics: Find a spot for your garden which receives at least 6 hours of direct sun and good soil. Prepping your soil could be a semester long class and for 90% of us, good soil is NOT where your grass is currently growing. Starting is easiest in the fall, (see how to start an organic garden with your kids) but it is not too late. Neophytes start small, and seek out resources. Every state has a cooperative extension system run by master gardeners that have seminars and can offer advice. Gardening websites such as [www.planetnatural.com](http://www.planetnatural.com) and books such as *Square Foot Gardening*, by Mel Bartholomew and *Grow Vegetables: Gardens, Yards, Balconies, Roof Terraces*, by Alan Buckingham can help.

Each seed has an optimal sprouting (aka, germination) temperature. Go much below this temp and your seeds will rot. Average temperatures vary slightly year to year, so many gardeners rely on phenology, the science of using nature's signals to assess when the climate is right for planting. Use other plants in your yard as a guide to when to start planting. Peas should be planted when you see forsythia blooming. Swiss chard, beets, and the other spring veggies mentioned below can be planted whenever leaves appear on lilac bushes.

Peas: Peas are the first things to go into the ground in the spring. If you are short on space, choose a vining variety and grow them up a trellis. (I love the trellis products from Gardener's Supply Company.) Your kids will love eating sugar



snap peas right off the plant. They are a great source of protein ( $\frac{3}{4}$  cup supplies more than an egg), and vitamin C (serves as an immune booster, improves skin health, bone health and improves iron absorption).

Swiss Chard: If you must plant one seed this year, let it be chard. Its leaves contain a good amount of vitamin C, calcium and iron. Other greens have more, but chard grows readily from seed, and doesn't mind the heat, cool weather, drought or rainy periods- excellent for indolent gardeners and beginners alike. Once established, you can pick the outer leaves and it will continue to grow all the way until frost creeps in. One gorgeous variety, Bright Lights, has red, orange and yellow edible stems. You can eat young chard leaves like lettuce, but once mature, it is better cooked. Try chard in place of spinach.

Beets: Beets are chard's cousin, but with less leaf and more root. Beets are high in fiber and vitamin C. In addition, nutrition research has shown them to contain betaine, a compound with blood pressure regulating, antioxidant and anti-inflammatory properties. It is the same compound that likely gives the eater's urine a red tinge the following day. You might want to warn your kids that the temporary color change is harmless. Call your physician if it persists. I have tossed beets in paper thin slices in a salad as well as roasted or steamed them. Cooked beet roots have a sweet earthy taste (nothing like those pickled things you find on your supermarket shelves), and are great dressed with olive oil . Beets come in gorgeous colors. Besides the conventional red, there are golden and candy striped varieties. Personally, I like botanical interest's gourmet blend. You can even use the greens of beets in the same recipes you use chard. But unlike chard, your supply of beet greens will not continually regenerate.

Lettuce and arugula: Eat that salad and vitamin C (boosts immunity, is essential for skin and bone health, and improves

iron absorption) , beta carotene (promotes eye health), and fiber (need we state the obvious?) are your benefits. The darker the leaf, the higher the nutritional content. Romaine has 5-10 times more of these vitamins than iceberg. Arugula has 3-4 times more than the romaine. And your friendly garden center or seed catalog has even darker more exotic varieties. Why plant conventional greens when you can have restaurant quality Flashy Butter Gem, Outredgeous, and Merlot lettuces from the Baker Creek Heirloom Seed catalog? Red flecked Freckles romaine is one of my family's favorites. This year, I found a new red version of arugula, Dragon's Tongue (Botanical Interests seed company, available in many garden centers) that I can't wait to add to this year's salad bowl. Remember the names of the different lettuce while serving your kids. Names make the lettuce much more interesting to the children. Pine Tree Garden Seeds, one of my favorite sources, has great blends of lettuce varieties all in one packet. But beware, lettuce has a limited growing season. After 3 weeks of picking it gets tough and bitter. And when the hot weather hits, it stops growing and produces seeds. We work around this by planting small crops every three weeks for a continuous supply (called successive sowing). Plant the last crop in the shade of another plant (maybe under your pea trellis) to extend it's season. Buy plenty of lettuce seed, as you can start planting it again in August, after the heat of summer.

Carrots: Most kids love carrots. They are loaded with vitamin A, beta carotene and other antioxidants. But did you know you can grow purple and near black carrots? Cosmic Purple (from High Mowing Organic Seed Company) , and Pusa Asita (Baker Creek) black carrots are dark in color, and likely even higher in those antioxidants. Carrots do best in loose soil, with added sand. The seeds are miniscule. Look for seeds attached to biodegradable tape for easy planting. Try to seed without the tape, and hundreds of tiny carrot plants will emerge simultaneously. You will be stuck painstakingly plucking out plants in order to prevent overcrowding.

Radishes: Most kids don't love radishes immediately (they have a spicy taste), but they are easy to grow and mature in as little as 3 weeks. So, they are a good veggie to grow for those who need immediate gratification. They will keep the kids' attention while the rest of the plants are maturing. Tuck 20- 30 seeds away and watch how fast they grow. Eat up- those spicy little radishes contain vitamin C and folate.

Green onions: I was delighted to find these were so easy to grow by seed, because anything in the allium family (think garlic, shallots) repels insects, deer and rabbits. So you get a veggie and a mini fence in one. It is possible that onions also repel changes that cause cancer. They contain high levels of quercetin, a compound suggested in some studies to be associated with lower rates of cancer. They are loaded with antioxidants, and the anti-blood clotting and anti-inflammatory organosulfur compounds.

Cilantro: As an ethnic cook, I can't live without this stuff, so good thing it has become a weed in my yard. You need one pack of seeds to get this phenomena started. I sprinkle its seeds (which are, incidentally, the spice coriander) at the base of other plants as it can tolerate some shade. If you pick the leaves off the top, the plant will become bushy and loaded with leaves.

Sprinkle 8-10 seeds every three weeks starting at that lilac leafing time, because cilantro, like lettuce, gets old, tough, and goes to seed after a couple of weeks. (let it: those seeds will drop and then you too will have it all over your yard! ) Like onions, it is loaded with quercetin and antioxidants.

So if you have spring fever (who doesn't?), and want a new way to get your kids to eat more produce, start planting now. Get to a garden center or check out a seed website mentioned above, and let yourself be carried away by the hope that lies within a seed!

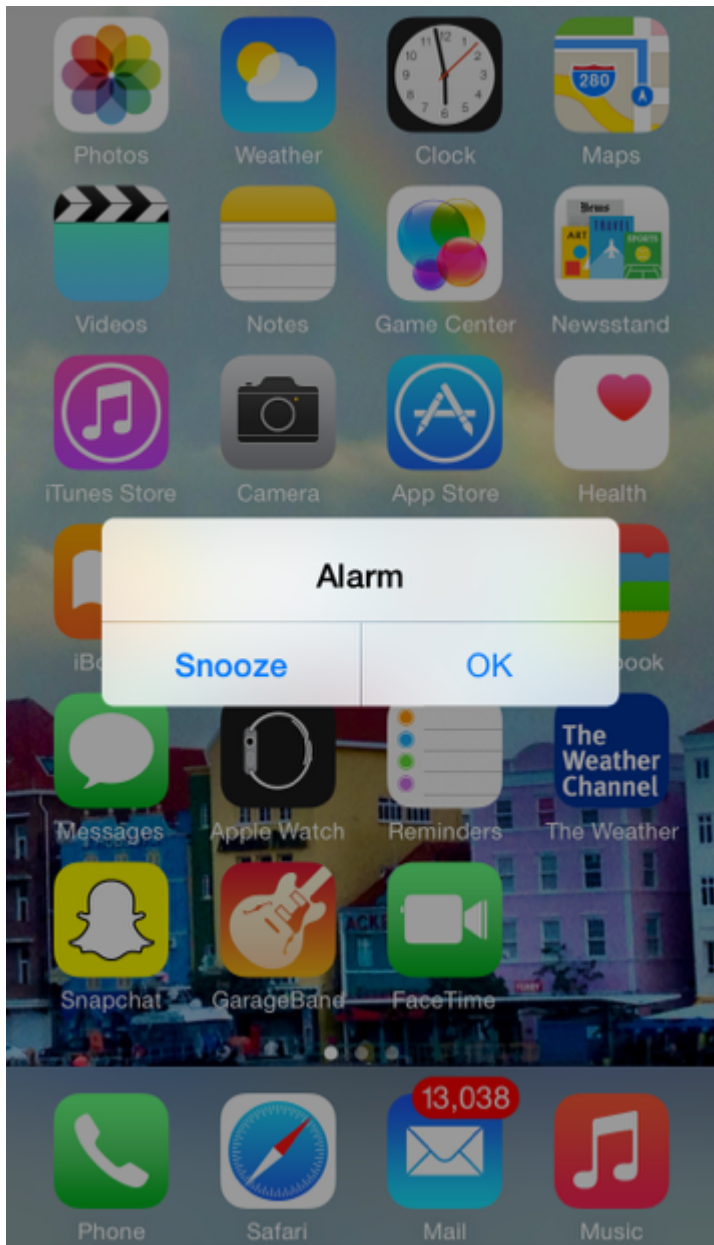
Marion Mass MD, FAAP

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In practice for 17 years, Marion Mass MD, FAAP currently works at Jellinek Pediatrics in Doylestown, PA and serves on the Wellness Council of the Central Bucks School District, PA. Produce from her kids' garden garnishes the plates of many local families as well as the plates of the restaurant Puck. All garden profits benefit Relay for Life. □ See her recent interview in Happy Healthy Kids.

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## **A Tired Teen's Guide to Good Sleep**



As a follow up to our tired teen post, we're posting the handout we gave out at the Community Conversations Workshop last week at Council Rock South High School, Holland, PA. This handout is designed for teens to read:

### **A teen's guide to healthy sleep habits**

Most teens need 8-10 hours of sleep per night to be healthy, perform optimally, and act safely.

All teens should be able to get themselves up, washed, dressed, fed, lunch packed, and out the door for school WITHOUT a parent's help.

Establish a bedtime routine which includes an adult family member – even if you just say “goodnight.”

Routinely give yourself time before falling asleep to clear your mind and relax your body. Meditate or pray.

Avoid computer/TV/phone/screen time 30 minutes before going to bed and turning out the light.

If your homework is taking too long, consider leaving your phone in another room or turning it off so that you are not interrupted by texts. People work more efficiently when they are not constantly interrupted. This will give you more time to sleep.

Associate your bed with sleeping. Do not do homework, play video games, or use your phone in bed.

Avoid caffeine, or do not drink any past noon. Caffeine stays in your body for 24 hours, which means that even a morning coffee or energy drink can inhibit falling asleep at night.

If you cannot wake up in time for school, gradually move your bedtime earlier, by 15 minutes every few nights, until you sleep long enough that you wake up feeling refreshed.

If you just can't readjust your schedule to fall asleep earlier, check with your doctor if short term melatonin is fine for you.

Sleeping in too long on weekends can throw your weekday schedule off and make Monday mornings dreadful. If you do sleep in on weekends to catch up on sleep, try not to sleep more than a couple of hours past your week day wake up time.

### **Tired teens:**

Are involved in more car crashes

Perform less well in school

Have difficulty paying attention and focusing in class and on homework

Suffer from more depression and mental health issues

Are more likely to become obese

Julie Kardos, MD and Naline Lai, MD

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