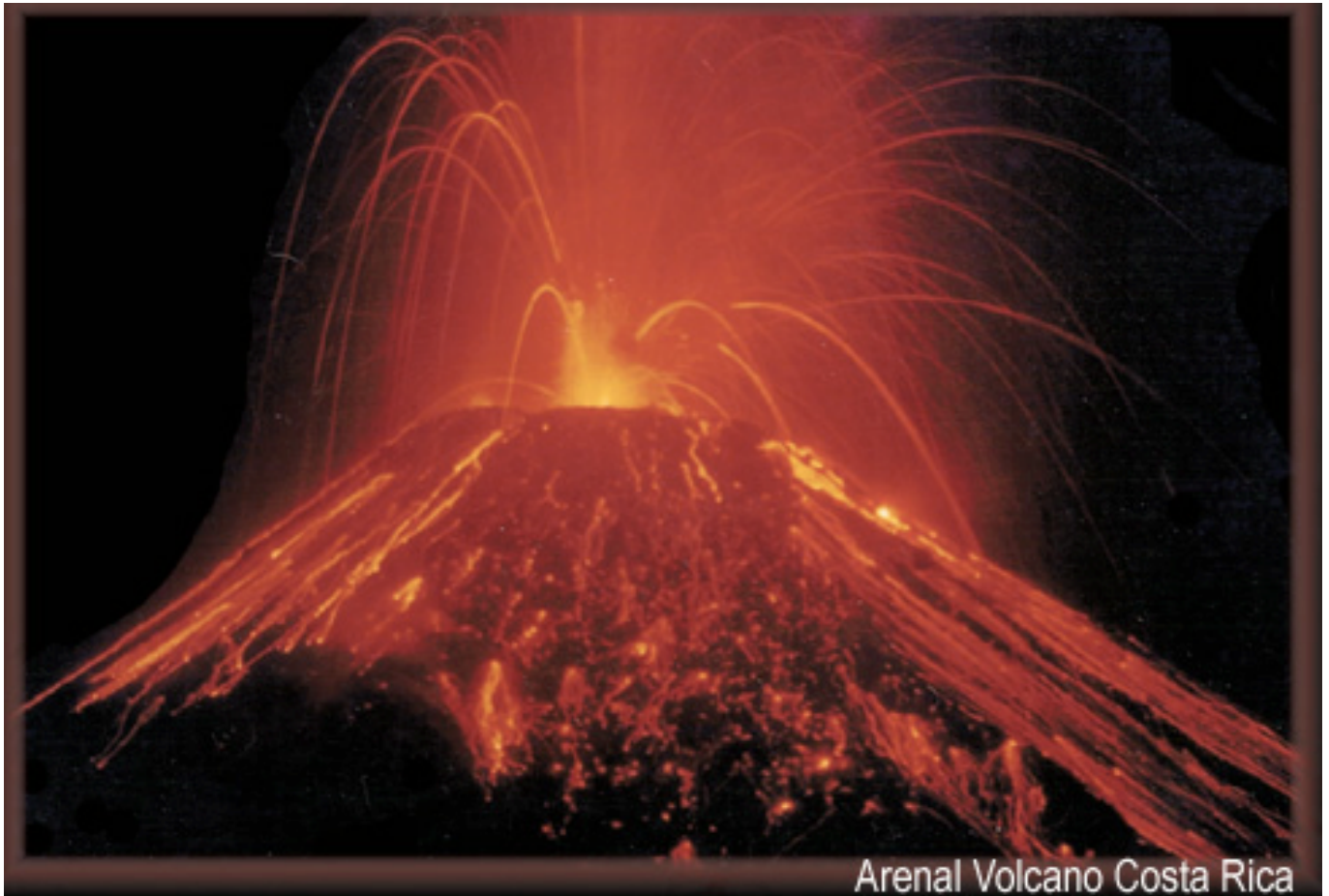


# How to treat your vomiting child



Arenal Volcano Costa Rica

## **“Mommy, I threw up.”**

Few words are more dreadful for parents to hear, especially at 2:00am (my children’s usual time to start with a stomach bug). In my house, I am the parent who, after the vomiting, comforts, changes pajamas and sheets, washes hands and face, and sprays the disinfectant. My husband scrubs (and scrubs, and scrubs) the rug. Little kids never throw up neatly into a toilet or into the garbage can. Sometimes even big kids can’t seem to manage to throw up conveniently.

## **What should you do when you have a vomiting child?**

After you finish cleaning your child and her immediate environment, I suggest that you **CHANGE YOUR OWN CLOTHES AND WASH YOUR HANDS!** The most common cause of vomiting in kids is a stomach virus, and there are so many strains, we do not develop immunity to all of them. And trust me,

stomach viruses are extremely contagious and often spread through entire households in a matter of hours. Rotavirus, a particularly nasty strain of stomach virus, is preventable by vaccine, but only young babies can get the vaccine. The rest of us are left to fend for ourselves.

Stomach viruses usually cause several episodes of vomiting and conclude within 6-8 hours. Concurrently or very soon thereafter, the virus makes an exit out the other end in the form of diarrhea, which can last a week or so.

A hint to get through a long night: If your kid is too young to vomit into the nearest trash can, make a nice nest for her with many towels on the bathroom floor. For the older kids, put layers of towels on the pillow.

## **The biggest problem children face when vomiting is dehydration.**

Kids need to replace fluids lost from vomiting. Pedialyte® or other oral rehydration solutions (ORS) such as Kaolectrolyte® or CeraLyte® are useful and well tolerated beverages for rehydrating kids. They contain salt, sugar, electrolytes and water, all substances that kids need when they throw up and have diarrhea.

For babies however, try to “feed through” with breast milk or formula unless otherwise directed by your child’s doctor.

Most oral rehydration guidelines are based on diarrheal illnesses such as cholera, so you will find slight variations on how to rehydrate. Basically, they all say to offer small frequent amounts of liquid. I counsel parents to wait until no throwing up occurs for 45 minutes to an hour and then start offering very small amounts of an ORS (we’re talking spoonfuls rather than ounces) until it seems that the vomiting has subsided.

In her house, Dr. Lai uses the two vomit rule: her kids go back to bed after the first vomit and she hopes it

doesn't occur again. If vomiting occurs a second time, she starts to rehydrate.

Continue to offer more fluids until your child urinates- this is a sign that her body is not dangerously dehydrated. Refusing to drink? Children of all ages do better with straws, and you'd be surprised how much you can get in with a medicine syringe (available at pharmacies).

## **Can't immediately get out to the store?**

The World Health Organization has recommended home based [oral rehydration solutions](#) for years in third world countries. Also, while the oral rehydration solutions are ideal, any fluid is better than none for the first hours of a stomach bug. You can give older kids watered down clear juices, broth or flat ginger-ale with lots of ice. Now, some kids hate the taste of Pedialyte®. Plain, unflavored Pedialyte® splashed with juice often goes down better than the flavored varieties. For some reason, plain water tends to increase nausea in sick kids and copious amounts of plain water can lower the salt in a child's bloodstream. So, offer a fluid other than plain water while your child is vomiting.

Even if your child drinks the Pedialyte®, once the stomach symptoms have subsided, don't forget that Pedialyte®, while excellent at "filling the tank," has no nutrition. The gut needs nutrition to overcome illness. Start to offer small amounts of food at this point. Easy-to-digest foods include complex carbohydrates such as rice, noodles, toast with jelly, dry cereal, crackers, and pretzels. Additionally, give protein such as bits of turkey or baked chicken or tofu.

Thicker fluids such as milk and orange juice do not sit as well in upset bellies, nor do large quantities of anything, food or drink. So offer small bits of nutrition

fairly frequently and let kids eat as their appetite dictates. Warning- just when everything blows over, toddlers in particular may go a day without vomiting, then vomit one more time as a last hurrah.

## **Vomiting from stomach viruses typically does not cause severe pain.**

A child curled up whimpering (or yelling) on the floor with belly pain might have something more serious such as appendicitis, kidney stones, or a urinary tract infection. Call your child's doctor about your child's vomiting if you see any of the following:

- Blood in vomit or in stools
- Severe pain accompanying vomiting (belly pain, headache pain, back pain, etc.)
- No urine in more than 6 hours from the time the vomiting started (dehydration)
- Change in mental state of your child- not responding to you appropriately or inconsolable
- Vomit is yellow/green
- More fluid is going out than going in
- Illness not showing signs of letting up
- Lips and mouth are dry or eyes sunken in
- Your own gut tells you that something more is wrong with your child

Of course, when in doubt, call your child's doctor .

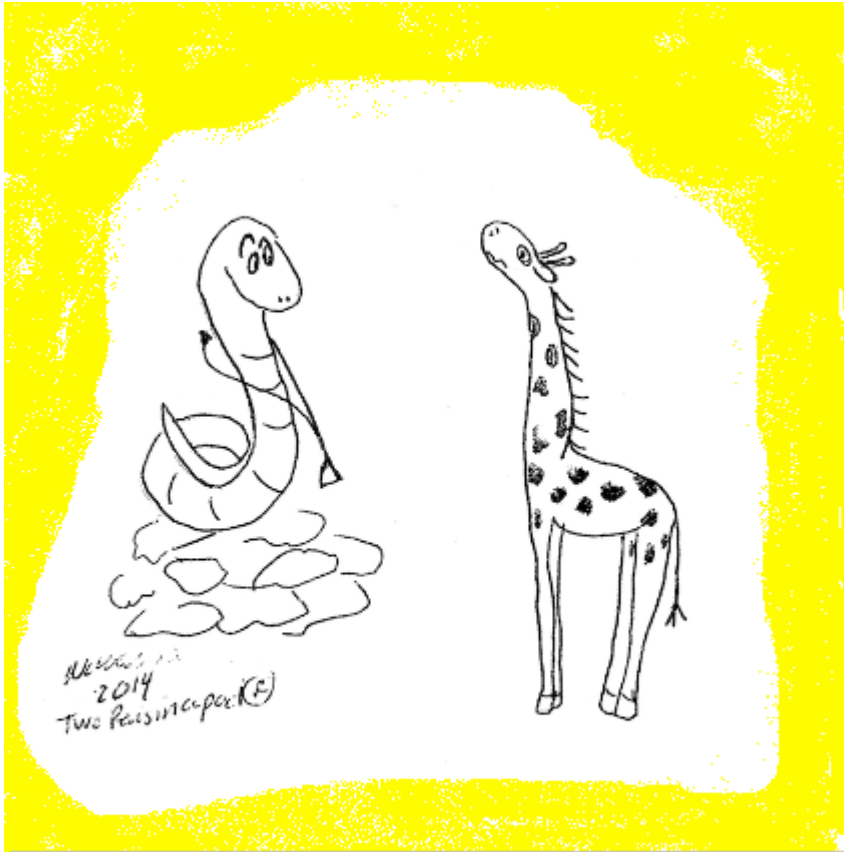
Hope this post wasn't too much to stomach!

Julie Kardos, MD and Naline Lai, MD

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# Treat your child's sore throat



*The giraffe always felt his sore throat lasted longer than everyone else's sore throat.*

Many times parents bring their children with sore throats to our office to “check if it’s strep.” Some are disappointed to find out that their child does NOT have strep. Moms and Dads lament, “But what can I do for him if he can’t have an antibiotic? At least strep is treatable.”

Take heart. Strep or no strep, there are many **ways to soothe your child's sore throat:**

- **Give pain medication** such as acetaminophen (brand name Tylenol) or ibuprofen (brand names Advil or Motrin). Do not withhold pain medicine before you bring her in to see her pediatrician. Too many times we hear “We wanted you to see how much pain she is in.” No need for this! Pediatricians are all in favor of treating pain as quickly and effectively as possible. Pain medicine will not interfere with physical exam findings nor will it interfere with strep test results.
- **Give lots to drink.** Some kids prefer very cold beverages, others like warm tea or milk. Avoid citrus

juices since they sometimes sting sore throats. Frozen Slurpies, on the other hand, feel great on sore throats. Tell your child that the first three sips of a drink may hurt, but then the liquid will start to soothe the throat. Watch for signs of dehydration including dry lips and mouth, no tears on crying, urination less than every 6 hours and lethargy.

- **Provide soft foods** if your child is hungry. For example, noodles feel better than a hamburger on a sore throat. And ice-cream or sherbet therapy is effective as well.
- **Try honey** (if your child is older than one year) – one to two teaspoons three times a day. Not only can it soothe a sore throat but also it might quiet the cough that often accompanies a sore throat virus. Give it alone or mix it into milk or tea.
- **Kids older than three years** who don't choke easily can suck on lozenges containing pectin or menthol for relief. Warning: kids sucking on lozenges may dupe themselves into thinking they are hydrating themselves. They still need to drink and stay hydrated.
- **Salt water gargles** are an age-old remedy. Mix 1 teaspoon of salt in 6 ounces of warm water and have your kid gargle three times a day.
- **Magic mouthwash:** For those older than 2 years of age, mix 1/2 teaspoon of liquid diphenhydramine (brand name Benadryl 12.5mg/5ml) with 1/2 teaspoon of Maalox Advanced Regular Strength Liquid (ingredients: aluminum hydroxide, magnesium hydroxide 200 mg, and simethicone) and give a couple time a day to coat the back fo the throat prior to meals. **Do not** use the Maalox formulation which contains bismuth subsalicylate. Bismuth subsalicylate is an aspirin derivative and aspirin is linked to [Reye's syndrome](#).
- For kids three years and older, **try throat sprays** containing phenol (brand name Baker's P&S and Chloraseptic® Spray for Kids). Use as directed.

Strep throat does not cause cough, runny nose, ulcers in the throat, or laryngitis. If your child has these other symptoms in addition to her sore throat, you can be fairly sure that she does NOT have strep. For a better understanding of strep throat see our posts: "[Strep throat Part 1: what is it, who gets it and why do we care about it](#)" and "[Strep throat Part 2: diagnosis, treatment, and when to worry.](#)"

Any **sore throat that prevents swallowing or prevents your child from opening his mouth fully, pain that is not alleviated with the above measures, fever of 101F or higher for more than 3-4 days, or a new rash** all merit a prompt visit to your child's doctor for further evaluation. Please see our prior post on [how to tell if you need to call your child's doctor for illness.](#)

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Julie Kardos, MD and Naline Lai, MD  
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## Getting back to basics: How do vaccines work?





*Recent comments by politicians have brought vaccines back into the public eye. In this post, we get down to basics.*

Did you ever wonder how a vaccine works?

To understand how vaccines work, I will give you a brief lesson on the immune system. Trust me, it is interesting. Let me give you an example of me. When I was eight, I had chicken pox. It was a miserable week. I started out with fever and headache, then suffered days of intense body itching from blister-like spots, and ultimately, because I scratched off some scabs, ended up with scars. During this time, my immune system cells worked to battle off the chicken pox virus. Immune cells called memory cells also formed. These cells have the unique job of remembering (hence the name "memory cells") what the chicken pox virus looks like. Then, if ever in my life I was to contact chicken pox again, my memory cells could multiply and fight off the virus **WITHOUT MY HAVING TO GET SICK AGAIN WITH CHICKEN POX**. So after I recovered, I was able to play with my neighbor even while he suffered with chicken pox.

I returned to school where other children in my class had chicken pox, but I did not catch chicken pox again. Even now, as a pediatrician, I don't fear for my own safety when I diagnose a child with chicken pox, because I know I am immune to the disease.

This is an amazing feat, when you think about it.

So enter vaccines. A vaccine contains some material that really closely resembles the actual disease you will protect yourself against. Today's chicken pox vaccine contains an altered form of chicken pox that is close to but not actually the real thing. However, it is so similar to the real thing that your body's immune system believes it is, in fact, real chicken pox. Just as in the real disease, your body mounts an immune response, and makes memory cells that will remember what the disease looks like. So, if you are exposed to another person with chicken pox, your body will kill off the virus but YOU DON'T GET SICK WITH THE CHICKEN POX. What a beautiful system! Rather than thinking about a vaccine as a foreign substance, think of it as a substance that is able to strengthen your body's natural immune system.

Before chicken pox vaccine, about 100 children per year in the US died from complications of chicken pox disease. Many thousands were hospitalized with pneumonia, skin infections, and even brain damage (encephalitis) from chicken pox disease. Now a small injection into the arm can prevent a disease by creating the same kind of immunity that you would have generated from having the disease, only now you have one second of pain from the injection instead of a week of misery and possible permanent disability or death. I call that a Great Deal!

I used the example of chicken pox because the vaccine was invented during my own lifetime. However, I could have used the example of polio, which, prior to its vaccine development in 1955, paralyzed 10,000 children per year in the United States, or measles, which infected 4 million children per year

and killed 3000 per year in the United States before doctors began to give children a vaccine against measles in 1963.

All vaccines operate by this principle: create a safe environment for your immune system to make memory cells against a potentially deadly disease. Then when you are exposed to someone who actually has the disease, you will not “catch” it. Your body will fight the germs, but you do not become sick. If everyone in the world were vaccinated, then the disease itself would eventually be completely eradicated. Even if MOST people were vaccinated, this disease eradication can occur, because the majority of immunized people protect the few who are too young or too ill to receive vaccines themselves. This happened with small pox, a disease that killed 50 percent of infected people. There is no longer small pox because nearly everyone on earth received the small pox vaccine. Now we do not need to give small pox vaccine because the disease no longer exists. This is a huge vaccine success story.

Friedrich Nietzsche said “What doesn’t kill us makes us stronger.” We pediatricians feel this is unacceptable risk for children. We would rather see your child vaccinated against a disease in order to become immune rather than risking the actual disease in order to become immune. The vaccines that we give children protect against diseases that can cause serious, lifelong disability or death.

Hopefully this blog post answers your questions about how vaccines work. For more details or more in-depth explanations, I refer you to the AAP (American Academy of Pediatrics) website [www.aap.org](http://www.aap.org), the Immunization Action Coalition, Children’s Hospital of Philadelphia’s Vaccine Education Center, and the book *Vaccines: What You Should Know*, by pediatricians Dr. Paul Offit and Dr. Louis Bell.

Julie Kardos, MD and Naline Lai, MD

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For more information about vaccines, please see our prior posts: Should I vaccinate my child?, Closure: there is no link between the MMR vaccine and autism, Fact or Fiction: a flu vaccine quiz for all teachers, babysitters, parents, and anyone else who breathes on children, Do vaccines cause autism?, Measles outbreak: would you recognize measles in your child?, A vaccine parable , and Are my teen's vaccines up to date?

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## **In need of school snack ideas?**



*It's only a few weeks into the school year and we are running out of snack ideas for our kids. We looked back and found a*

*couple of our favorite posts for snacks by guest bloggers Dr. Roxanne Sukol and Health Coach Mary McDonald . Click here if you are in the same boat:*

Packing your child's school lunch: Beware of junk food disguised as healthy food

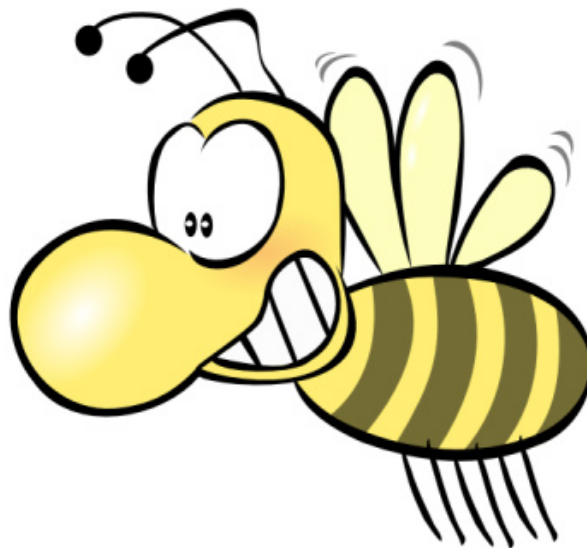
Overhauling the Sports Snack Stand

Julie Kardos, MD and Naline Lai, MD

2015 Two Peds in a Pod®

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## **Ouch! Bee and wasp stings**



(photo courtesy of WPCLipart.com)

**Ouch! Stung on the scalp.**

**Ouch! Stung on the hand.**

**Ouch! Stung on the leg.**

**Ouch! Ouch! Stung TWICE on the lips.**

Those nasty, nasty wasps. During the hot days of August, they become more and more territorial and attack anything near their nests. Today, in my yard, wasps mercilessly chased and attacked a fourth grader named Dan.

As everyone knows, you'd rather have something happen to yourself than have something negative happen to a child who is under your watch. As I had rolled out the Slip and Slide, I was relieved not to see any wasps hovering above nests buried in the lawn. I was also falsely reassured by the fact that our lawn had been recently mowed. I reasoned that anything lurking would have already attacked a lawn mower. Unfortunately, I failed to see the basketball sized grey wasp nest dangling insidiously above our heads in a tree. So, when a wayward ball shook the tree, the wasps found Dan.

**What will you do in the same situation?**

**Assess the airway**– signs of impending airway compromise include hoarseness, wheezing (whistle like sounds on inhalation or expiration), difficulty swallowing, and inability to talk. Ask if the child feels swelling, itchiness or burning (like hot peppers) in his or her mouth/throat. Watch for labored breathing. If you see the child's ribs jut out with each breath, the child is struggling to pull air into his/her body. If you have Epinephrine (Epi-Pen or Auvi-Q) inject immediately- if you have to, you can inject through clothing. Call 911 immediately.

**Calm the panic**– being chased by a wasp is frightening and the child is more agitated over the disruption to his/her sense of security than over the pain of the sting. Use pain control /self calming techniques such as having the child breath slowly in through the nose and out through the mouth. Distract the child by having them "squeeze out" the pain out by

squeezing your hand.

**If the child was stung by a honey bee, if seen, scrape the stinger** out with your fingernail or a credit card. Removal of the stinger prevents any venom left in the stinger from entering the site. Some feel scraping, rather than squeezing or pulling a stinger with tweezers lessen the amount of poison excreted. However, one study suggests otherwise. Wasps do not leave their stingers behind. Hence the reason they can sting multiple times. (Confused about the difference between wasps, hornets and yellow jackets? Wasps are members of the family Vespidae, which includes yellow jackets, hornets and paper wasps.) Relieve pain by administering Ibuprofen (trade names Motrin or Advil) or Acetaminophen (trade name Tylenol).

As you would with any break in the skin, to **prevent infection**, wash the affected areas with mild soap and water.

**Decrease the swelling and itch.** Histamine produces redness, swelling and itch. Counter any histamine release with an oral antihistamine such as Diphenhydramine (trade name Benadryl). Any antihistamine will be helpful, but generally the older ones like Diphenhydramine tend to work the best in these instances. Just be aware that sleepiness is a common side effect.

To decrease overall swelling elevate the affected area.

Soothe the area by spreading on calamine lotion or by applying a topical steroid like hydrocortisone 1%.

And don't forget, ice, ice and more ice. Fifteen minutes of indirect ice (wrap in a towel, for example) on and fifteen minutes off helps relieve both pain and itching.

Even if the child's airway is okay, if the child is particularly swollen, or has numerous bites, a pediatrician may elect to add oral steroids to a child's treatment

It is almost midnight as I write this blog post. Now that I know all of my kids are safely tucked in their beds, and I know that Dan is fine, I turn my mind to one final matter: Wasps beware – I know that at night you return to your nest. My husband is going outside now with a can of insecticide. Never, never mess with the mother bear...at least on my watch.

Naline Lai, MD with Julie Kardos, MD

2015, updated from 2009, Two Peds in a Pod®

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## Tender red dots- spotted in the summer



What is it? Pictured below are the toes of one of my best friend's toddler. She is happy, has no fever, and plays nearly everyday in the neighborhood pool. The round shiny pink bumps and dots on her toes appeared yesterday morning and haven't changed much in a day. They don't seem to bother her very much... answer below.

It's Swimming pool pulpitis- a fancy word for a reaction of



the pulp (the meaty tip) of fingers or toes. Mostly seen on the finger tips, the pulpitis is usually caused by irritation of the fingers by the rough side of the swimming pool as kids pull themselves in and out. Kids are sometimes annoyed by the dots, but they go away on their own as soon as the kids decide to use the ladder. In this case, this little swimmer irritated her toes, not her fingers, while “monkey walking” along the side of the swimming pool in the water.

Naline Lai, MD with Julie Kardos, 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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## **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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## 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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