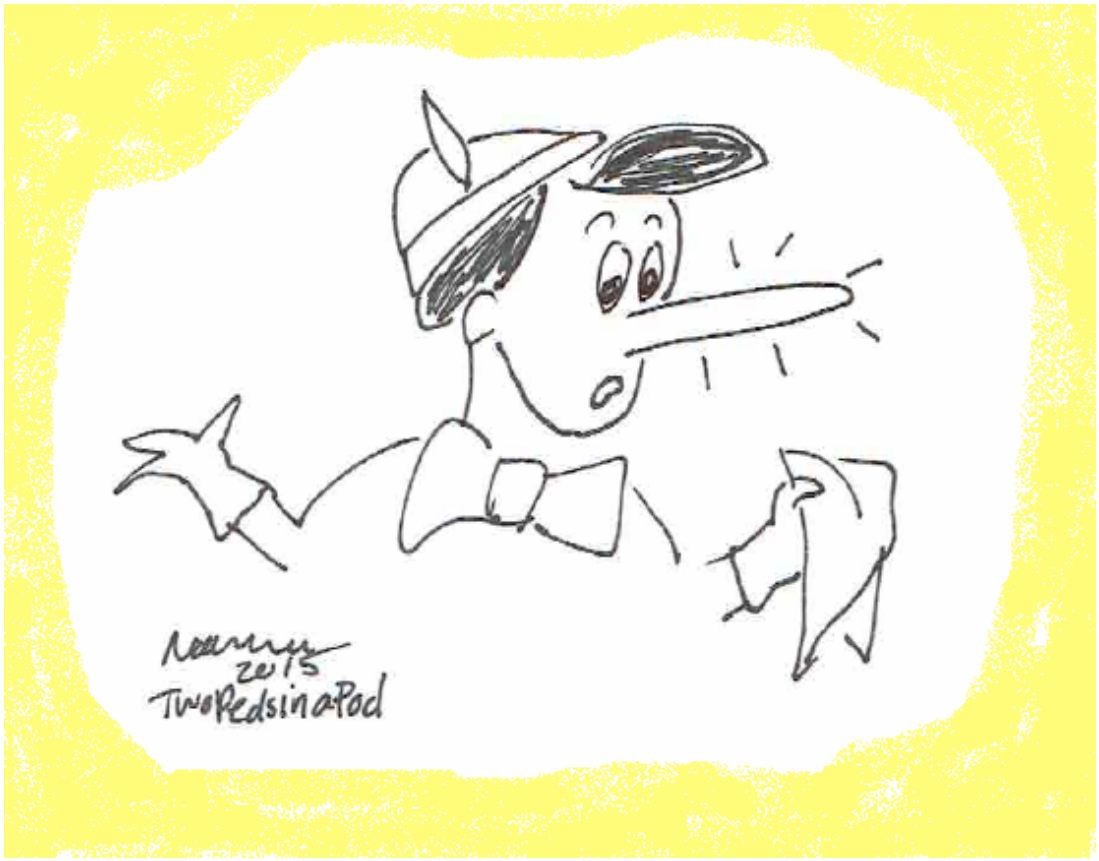
How to treat your kid's allergies: sorting out over the counter medications



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

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

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

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

Here is a guide to sorting out your medication choices:

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

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

brand name Tavist).

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

Allergy eye drops: Your choices for over-the-counter antihistamine drops include **ketotifen fumarate (eg. 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. Artificial tears can help soothe dry itchy eyes as well.

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

Oral Decongestants such as phenylephrine or pseudoephedrine can help decrease nasal stuffiness. This is the "D" in "Claritin D" or "Allegra D." However, their use is not recommended in children under age 6 years because of potential side effects such as rapid heart rate, increased blood pressure, and sleep disturbances.

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

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

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

Naline Lai MD and Julie Kardos, MD

Contribute to our Two Peds Mother’s Day post!

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

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

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

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

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

Naline Lai, MD and Julie Kardos, MD

How to tell if your toddler has autism

According to a 2012 National Center for Health Statistics data brief, about half of all children in the United States with an autistic spectrum disorder are diagnosed at age five or older However, many parents are suspicious much sooner. As part of autism awareness month, we bring you clues in toddler development that can alert you to a potential issue. This post follows up on our earlier post "How can I tell if my baby has autism?"

Pediatricians often use a questionnaire called the M-CHAT (Modified Checklist for Autism in Toddlers) as a screening tool. This test can be downloaded for free. In our office we administer the M-CHAT at the 18-month well child visit and again at the two-year well visit, but the test is valid down to 16 months and in kids as old as 30 months. Not every child who fails this test has autism, but the screening helps us to identify which child needs further evaluation.

At 15-18 months of age, children should show the beginnings of pretend play. For example, if you give your child a toy car, the toddler should pretend to drive the car on a road, make appropriate car noises, or maybe even narrate the action: “Up, up, up, down, down, rrrroooom!” Younger babies mouth the car, spin the wheels, hold it in different positions, or drag a car upside down, but by 18 months, they perceive a car is a car and make it act accordingly. Other examples of pretend play are when a toddler uses an empty spoon and pretends to feed his dad, or takes the T.V. remote and then holds it like a phone and says “hello?” You may also see him take a baby doll, tuck baby into bed, and cover her with a blanket.

Eye contact in American culture is a sign that the child is paying attention and engaged with another person. Lack of eye contact or lack of “checking in” with parents and other caregivers can be a sign of delayed social development.

Kids periodically try to get their parents to pay attention to what they are doing. Lack of enticing a parent into play or lack of interest in what parents or other children are up to by this age is a sign of delayed social development. Ask yourself, “Does my child bring me things? Does he show me things?” Also, although they may not share or take turns, toddlers should still be interested in other children.

Many typical two-year-olds like to line things up. They will line up cars, stuffed animals, shapes from a shape sorter, or books. The difference between a typically-developing two-year-old and one that might have autism is that the **typically-developing child will not line things up the exact same way every time**. It’s fine to hand your child car after car as he contently lines them up, but I worry about the toddler who has a tantrum if you switch the blue for the green car in the lineup.

Two-year-olds should speak in 2-3 word sentences or phrases that communicate their needs. Autism is a communication

disorder, and since speech is the primary means to communicate, **delayed speech may signal autism.** Even children with hearing issues who are speech-delayed should still use vocal utterances and gestures or formal sign language to communicate.

Atypically terrible "terrible twos." Having a sensory threshold above or below what you expect may be a sign of autism. While an over-tired toddler is prone to meltdowns and screaming, parents can often tell what triggered the meltdown. For example, my oldest, at this age, used to have a tantrum every time the butter melted on his still-warm waffle. Yes, it seemed a ridiculous reason to scream, but I could still follow his logic. Autistic children are prone to screaming rages beyond what seems reasonable or logical. Look also for the child who does not startle at loud noises, or withdraws from physical contact because it is overstimulating.

By three years, children make friends with children their own age. They are past the "mine" phase and enjoy playing, negotiating, competing, and sharing with other three-year-olds. Not every three year old has to be a social butterfly but he should have at least one "best buddy."

Regression of skills at any age is a great concern. Parents should alert their child's pediatrician if their child stops talking, stops communicating, or stops interacting normally with family or friends.

It' s okay to compare. Comparing your child to other same-age children may alert you to delays. For example, I had parents of twins raise concerns because one twin developed communication skills at a different pace than the other twin.

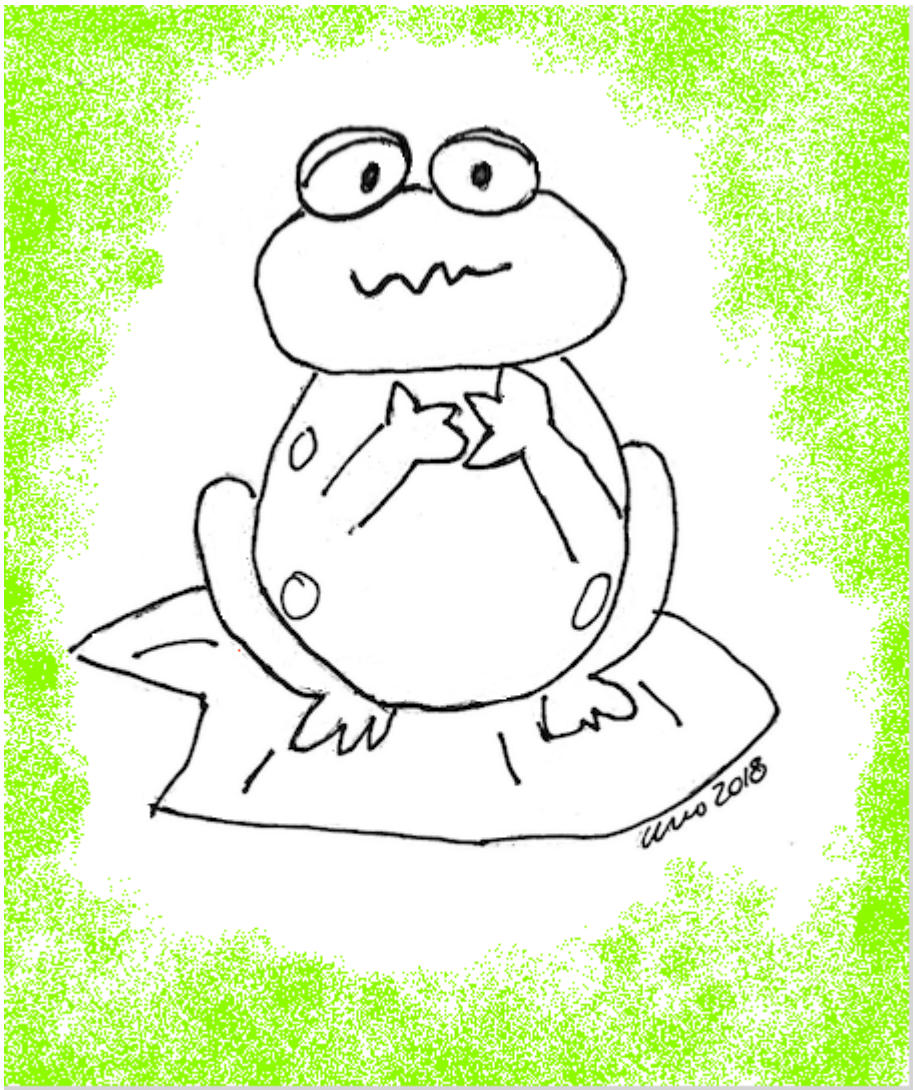
Although you may wonder if your child has autism, there are other diagnoses to consider. For instance, children need all of their senses intact in order to communicate well. I had a patient who seemed quite delayed, and it turned out that his

vision was terrible. He never complained about not seeing well because he didn’t know any other way of seeing. After my patient was fitted with strong glasses at the age of three, his development accelerated dramatically. The same occurs for children with hearing loss—you can’t learn to talk if you can’t hear the sounds that you need to mimic, and you can’t react properly to others if you can’t hear them.

If you or your pediatrician suspect your child has autism, early, intensive special instruction, even before a diagnosis is finalized, is important. Every state in the United States has Early Intervention services that are parent-prompted and free for kids. The sooner your child starts to works on alternate means of communication, the quicker the frustration in families dissipates and the more likely your child is to ultimately develop language and social skills. Do not be afraid of looking for a diagnosis. He will be the same child you love regardless of a diagnosis. The only difference is that he will receive the interventions he needs.

Julie Kardos, MD and Naline Lai, MD

Does my child have strep throat?



Freddy the Frog didn't quite know how to describe the uncomfortable sensation in his throat.

The school nurse calls to say, “I have your child here with me and she has a sore throat. I think you should take her to the doctor to see if it’s strep throat.”

What IS strep throat?

Strep throat is a throat infection caused by Group A streptococcus (Strep pyogenes) bacteria. Symptoms can include sore throat, fever, pain with swallowing, enlarged lymph nodes (glands) in the front of the neck, headache, belly pain, vomiting, and rash. Not all symptoms are present in all kids with strep throat. Some kids look fairly ill and others with strep don’t look too bad.

Kids with strep throat do NOT typically have cough, profuse runny nose, or diarrhea. Only about 15 percent of all kids coming to our offices with a main concern of “sore throat” actually have strep throat. That means that MOST kids with sore throats turn out to have something else, most commonly a virus.

Why do we care about strep throat?

Most children’s immune systems are really good at fighting the strep germ. In fact, most kids would recover even if they were not treated. However, some kids’ immune systems go a little haywire when fighting the strep germ. In addition to making antibodies (germ-fighting cells) to fight the strep, they make antibodies against their own heart valves (immune system gets confused). When antibodies attack the heart valve, kids can get rheumatic fever.

Treating strep throat with antibiotics shortens the duration of the illness by only about one day, but more importantly, treatment prevents the body from making the wrong kind of immune cells, or antibodies, against the heart valves. Fortunately, treating strep is not an emergency: starting antibiotics within NINE DAYS of symptoms is good enough to prevent rheumatic fever.

Strep throat can also lead to other complications such as scarlet fever (strep throat plus sandpaper-like rash on the skin), peritonsilar abscesses (pus pocket in the tonsils) and kidney inflammation (first symptom can be cola-colored urine).

How do we know if your child has it?

To definitively diagnose strep throat , we use a long cotton swab to gently swipe the sore throat and obtain a sample of the germs. This sample goes to the laboratory to culture for Group A strep. In other words, we wait to see if the germ grows from the sample.

Doctors cannot diagnose strep throat over the telephone. Nor can doctors or nurses rely solely on physical exam findings, because while there is a “classic” look to strep throat, some kids with sore throats have normal appearing throats yet the test reveals strep. Others have yucky looking throats but in fact have some other viral infection. We physicians ask questions about your child’s symptoms and perform a thorough physical exam and then do a “strep test” if we suspect strep throat. Even doctors send their own children to the doctor for testing. Dr. Lai’s teen was just sent to her pediatrician’s office last week with a sore throat to check for strep the day before a track meet.

Isn’t there a quick way to know?

Many pediatric offices use rapid strep tests to help make a quick decision about treatment because the strep culture takes 48 hours or more to finalize. These rapid tests are fairly reliable, but sometimes can be negative (shows NO strep) even if strep is present, so most doctors send a culture back-up if the rapid test is negative. The other problem with the quick test is that once your child has strep, the quick test can stay positive for about a month, even if your child no longer has strep disease. So if a child is treated for strep throat and then develops another sore throat within a month of treatment, that child needs a strep culture back up if the office quick test is positive.

To further complicate matters, some kids “carry” the strep germ in their throats but never develop the disease (no sore throat or illness symptoms). These kids will test positive for strep but do not require treatment. This is why we do not routinely check kids for strep throat unless they have the typical symptoms. *Antibiotics come with their own risk of side effects so we want use them only when absolutely necessary.*

What is the proper treatment for strep throat?

The easiest way to treat strep throat is with the antibiotic amoxicillin, taken once daily, for ten days. Penicillin twice daily for ten days also treats strep throat but the liquid form doesn't taste as good a amoxicillin so can be a little harder to give your kid. Your child's pediatrician will prescribe one or the other. If your child is allergic to penicillin, your child's doctor will prescribe a different antibiotic that is also effective.

My child was treated for strep throat. We finished the antibiotic. Three days later his sore throat is back. Why did this happen?

Most likely, your child contracted a new illness. The illness may or may not be strep again. Often the new sore throat is the viral-cold-of-the-day starting up. If your pediatrician determines that the sore throat is from strep, the most common reason for getting two episodes of strep throat close together is that your child contracted the germ again (usually from a classmate). It's not that the antibiotic did not work. It's just bad luck that your child got it again. Your child's doctor can use the same antibiotic to treat the second strep or may opt to use a different one.

Fortunately, strep throat has not shown much, if any, resistance to standard antibiotic therapy. The reason that we treat children (and adults) for a full course of antibiotic is that this duration helps prevent complications. You should give your child the complete course of antibiotic her health care provider prescribes, even if she feels better part way through the treatment. In addition to treating with antibiotic, be sure to provide pain medicine such as

acetaminophen (eg. Tylenol) or ibuprofen (eg. Motrin or Advil). Here are more suggestions to treating sore throat pain. Good news: after 12 to 24 hours after the first dose of antibiotic, your child is no longer contagious. If they feel better, they can return to school after this time.

Contact your child's doctor during treatment if your child experiences increasing pain, inability to swallow, seems dehydrated, or look worse instead of better.

Julie Kardos, MD and Naline Lai, MD

"Ya Gotta Have Heart!" Heart Murmurs Explained

Conversation hearts murmuring

When the Tin Man was a child in Oz, I'm sure his pediatrician never told his parents, "Has anyone ever said your child has a heart murmur? I hear one today."

I know that when I tell parents about a heart murmur in their child, their hearts skip and jump. But not all heart murmurs are bad.

What is a heart murmur?

A heart murmur is an extra sound that we pediatricians hear when we listen to a child's heart with a stethoscope. A normal heart beat sounds like this: "lub, dub. lub, dub. lub, dub." A heart murmur adds a whooshing sound. So what we hear instead is "lub, *whoosh*, dub" or "lub, dub, *whoosh*."

The “whoosh” is usually caused by blood flowing through a relatively narrow opening somewhere in or around the heart. Think of your blood vessels and heart like a garden hose. If you run the water (blood) very hard, or put a kink or cut a hole in the hose, the whoosh of the water grows louder in those locations.

Heart murmurs signal different issues at different ages.

In a newborn, some types of heart murmurs are expected. Normal newborn hearts contain extra holes that close up after the first hours or days of birth. One type of murmur occurs as the infant draws in his first breath and holes in the heart, present inside the womb, begin to seal. As the holes get narrower, we sometimes hear the “whoosh” of blood as it flows through the narrowing opening. Then these holes close completely and the murmur goes away.

However, some murmurs in infancy signal “extra holes” in the heart. As pediatricians, we experience our own heart palpitations when moms want to leave the hospital early with their infants who are less than 48 hours old. We worry because many infants who have abnormal hearts may not develop their abnormal heart murmurs and other signs of heart failure until the day or two after birth.

Preschool and early school-age children often develop “innocent” heart murmurs. “Innocent” implies that extra blood flows through their hearts, but the hearts are structurally normal. These murmurs are fairly common and can run in families. However, there are some significant heart problems which do not surface until this age. For this reason, remember to schedule those yearly well child checkups.

For teens, during the pre-participation sports physical, pediatricians listen carefully for a murmur that may indicate that an over grown heart muscle has developed.

What else can cause a heart murmur?

Holes are not the only culprit behind a murmur. The whoosh sound can also arise when a person is anemic and blood flows faster than normal. In anemic kids, the blood flows faster because it lacks enough oxygen-carrying red blood cells and the heart needs to move blood faster in order to supply oxygen to the body. The most common cause for anemia is a lack of eating enough iron-containing foods. Subsequently, we hear these flow murmurs in children whose diets lack iron, in teenagers who grow rapidly and quickly use up their iron stores, and in girls who bleed too much at each period. Replenishing the iron level makes a heart murmur from anemia go away.

Even a simple fever can cause a heart murmur on physical exam. The murmur goes away when the fever goes away.

Pediatric health care providers can often distinguish between “innocent” heart murmurs and not-so- innocent heart murmurs by the sound of the murmur itself (not all “whooshes” sound alike). If any question exists, your child will be referred for more testing, which could include a chest x-ray, an EKG (electrocardiogram), an ECHO (echocardiogram, or ultrasound of the heart), or evaluation by a pediatric cardiologist.

If your child’s pediatrician tells you that your child has a heart murmur, “take heart.”

Many times a murmur comes and goes or just becomes part of your child’s baseline physical exam. Even if your child has a serious heart problem, most cases respond well to medication, surgery, or both. While not all heart problems cause heart murmurs, and while not all murmurs signal heart problems, the presence of a heart murmur in a child can signal that your child needs further testing.

Unless, of course, your child is the Tin Man. In this case, extra sounds indicate that your child needs more oil!

Julie Kardos, MD and Naline Lai, MD

Raising emotionally healthy boys

photo by Lexi Logan, www.lexilogan.com

The recent Parkland shooting in Florida is causing many to wonder how to support the emotional health of boys in their families and communities. We welcome therapist Dina Ricciardo's words of wisdom— Drs. Kardos and Lai

Your son is crying. A mad dash across the playground has led to a spectacular trip and fall, complete with a bloody knee and hands full of dirt. Part of you wants to hold him on your lap and console him until he stops crying. The other part of you wants to firmly wipe away his tears and tell him to be brave. Which part of you is right?

In a world where there is a great deal of emphasis placed on the emotional health of girls, our boys are frequently overlooked. While girls are typically encouraged to develop and express a broad range of emotions, boys are socialized from a young age to suppress their feelings. As a result, many boys and men struggle to express fear or sadness and are unable to ask for help. It is time for us adults to stop perpetuating stereotypes and myths about manhood, and help each other raise emotionally healthy boys. Here are five ways for us to do so:

Make his living environment a safe space to express emotions. Give your son permission to express *all* of his feelings. Boys typically do not have the freedom to show the full range of their emotions in school and out in the world, so it is essential that they have that freedom at home. Nothing should be off limits, as long as feelings are expressed in a manner that is not destructive.

Expose him to positive male role models. Boys need to be exposed to positive male figures who can to indoctrinate them into their culture and teach them how to be men. It is an important rite of passage in a boy's development. Take a look around your social ecosystem and ask yourself, "Who would be good for my son?" Other parents, coaches, teachers, and pastors are examples of individuals who can play a positive role in his life.

Understand your unique role. Each parent plays a unique role in the development of a son, and that role changes over time. A mother is a son's first teacher about love and what it looks

like, and this dynamic can breed a particular kind of closeness. As a boy grows and begins to develop his sexuality, however, it is natural for him to pull away a bit from his mother and turn more towards his father for guidance. While this distance can be unsettling for mom, it marks a new phase in a son's relationship with his father, who typically provides a sense of security and authority in a family as well as support for a boy's developing identity. Mothers still play an important role, but that role may look different. As parents, it is important to re-evaluate what our sons need from us at each stage of their development.

Look at the world with a critical eye. Our culture not only glorifies violence, it equates vulnerability in males with weakness and attempts to crush it. That does not mean we have to accept this paradigm. Talk honestly with your son about how and when to be gentle and compassionate, educate him on how the world view softness in men, and never tolerate anyone shaming him when he exhibits these traits. There is no shame in showing vulnerability, it is actually an act of courage.

Take a look in the mirror. Whether you are a mother or a father (or both), be honest with yourself: what are your beliefs about manhood? Do you feel safe expressing all of your feelings, or are some of them off-limits? If you are perpetuating negative stereotypes about men or are not comfortable with a full range of emotions, then your son will follow in your footsteps. Regardless of our own gender, we cannot expect our children to be comfortable with their feelings if we are not comfortable with our own.

There are times when insuring the emotional health of your son will feel like an uphill battle. Keep the conversation open, and do not be afraid to talk with others about the dilemmas of boyhood and manhood. And if you are looking for an answer to the playground dilemma, then I will tell you that both parts of you are right. Sometimes our sons need loving compassion, and sometimes they need a firm nudge over the hump. You know

your child better than anyone else, so it is up to you to decide which approach to use and when.

Dina Ricciardi, LSW, ACSW

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

When a pet dies

Photo by Lexi Logan

We welcome Bereavement Counselor Amy Keiper-Shaw who shares with us how to discuss the death of a pet with your child.
–Drs. Lai and Kardos

When I first graduated from college I worked as a nanny. One day the mom shared with me that their family goldfish recently died. As this was her daughter's first experience with death, we schemed for nearly 20 minutes to find the best way to talk to her child. The mom and I thought it could be an excellent teaching moment.

We pulled the girl away from her playing to explain that the fish had died. We told the girl we'd help her have a funeral if she wanted, and we would find a box (casket) to bury the fish so she could say her goodbyes. We explained what a casket

was and what a funeral was in minute detail. After our monologue we stopped, we asked if she had any questions.

After a slight pause she asked, “Can’t we just flush it?”

The lesson I learned from that experience, and still use to this day, is to keep things simple, and know my audience. Sometimes as parents we overcompensate for our own fears and make situations more challenging than they need to be.

Here are some tips on how to talk to your children about pet loss:

Tell your child about the death, and then pause. Ask her what she thinks death means before moving on with further explanations. This will help you know if she has questions or if she has enough information for the moment. Children often need a small amount of information initially and will later come back to you several times later to ask more questions after they process the information.

Remember to express your own grief, and reassure your child that many different feelings are ok. Be sure to allow children to express their feelings. If your child is too young to express herself verbally, give her crayons and paper or modeling clay too help express grief.

Avoid using clichés such as: Fluffy “went to sleep.” Children may develop fears of going to bed and waking up. The phrase “God has taken” the pet could create conflicts in a child and she may become angry at a higher power for making the pet sick, die, or for “taking” the pet from them.

Be honest. Hiding a death from a child can cause increased anxiety. Children are intuitive and can sense is something is wrong. When the death isn’t explained they make up their own explanation of the truth, and this is often much worse than the reality of what occurred.
Children are capable of understanding that life must end for

all living things. Support their grief by acknowledging their pain. The death of a pet can be an opportunity for a child to learn that adult caretakers can be relied upon to extend comfort and reassurance through honest communication.

Developmental Understanding of Death

Two and three-year-olds
Often consider death as sleeping, therefore tell them the pet has **died** and will not return.

Reassure children that the pet's failure to return is unrelated to anything the child may have said or done (magical thinking).

A child at this age will readily accept another pet in the place of a loved one that died.

Four, five, and six-year-olds
These children have some understanding of death but also a hope for continued living (a pet may continue to eat, play & breathe although deceased).

They can feel that any anger that they had towards the pet may make them responsible for the pet's death ("I hated feeding him everyday").

Some children may fear that death is contagious and could begin to fear their own death or worry about the safety of their parents.

Parents may see temporary changes in their child's bladder/bowels, eating, and sleeping.

Several brief discussions about the death are more productive than one or two prolonged discussions.

Seven, eight, and nine-year-olds
These children have an understanding that death is real and irreversible.

Although, to a lesser degree than a four, five, or six-year-old, these children may still possibly fear their own death or the death of their parents.

May ask about death and its implications (Will we be able to get another pet?).

Expressions of grief may include: somatic concerns, learning challenges, aggression, and antisocial behavior. Expression may take place weeks or months after the loss.

Adolescents
Reactions are similar to an adult's reaction.

May experience denial which can take the form of lack of emotional display so they could be experiencing the grief without outwards manifestations.

Resources:
Petloss.com– a gentle and compassionate website for pet lovers who are grieving the death or an illness of a pet- they have a Pet Loss Candle Ceremony every week

Your local veterinarian- often your veterinarian has or knows of a local pet loss group

Handsholdinghearts.org– our group of counselors offer grief support to children, teens, and their families centered in Bucks County Pennsylvania.

Books on pet loss for children:

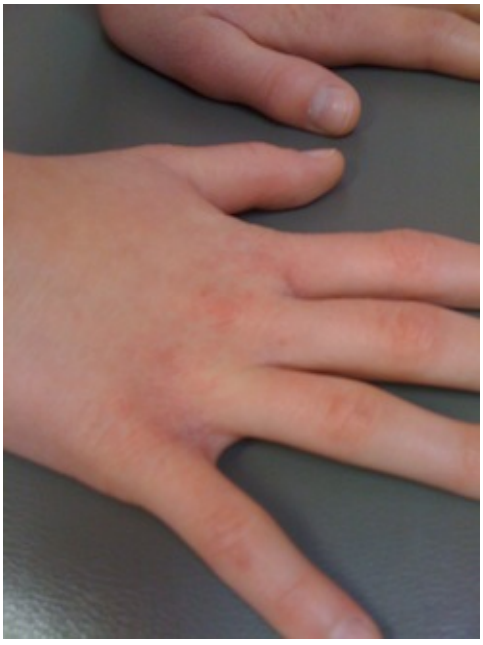
Badger's Parting Gifts (children) by Susan Varley
Lifetimes by Brian Mellonie & Robert Ingpen
The Tenth Good Thing About Barney (children) by Judith Viorst

Amy Keiper-Shaw, LCSW, QCSW, GC-C

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, a resource for children who have experienced a significant death in their lives.

Home remedies for dry, chapped hands



Raw hands- recognize your kid?

Even when it isn’t flu season, we pediatricians wash our hands about sixty times a day, maybe more. This frequent washing, in combination with cold winter air, leads to dry, chapped hands. Here are the hands of a patient. Do your children’s hands look like these?

To prevent dry, chapped hands:

• **Don’t stop washing your hands**, but do use a moisturizer afterwards. Also use warm but not hot water. Hot water removes protective oils from skin.
• According to the American Academy of Dermatology, **hand sanitizer can prevent the drying** that accompanies frequent hand washing. However, we can tell you from experience that once your hands are already chapped and cracked, the alcohol content in the sanitizers stings sensitive skin. So if your child’s hands are already chapped, stick with water and soap.
• **Wear gloves or mittens** as much as possible outside even if the temperature is above freezing. Remember chemistry class—cold air holds less moisture than warm air and therefore is unkind to skin. Gloves will prevent some moisture loss. Having difficulty convincing your child to wear gloves? Point out that refrigerators are kept around 40 degrees Fahrenheit or below. Tell your kids that if they wouldn’t sit inside a refrigerator without layers, then it would be wise to wear gloves.
• Before exposure to any possible irritants such as the chlorine in a swimming pool, **protect the hands by layering heavy lotion (e.g. Eucerin cream) or petroleum based product (e.g. Vaseline or Aquaphor) over the skin.**

To rescue dry, chapped hands:

• Prior to bedtime, smother hands in **1% hydrocortisone ointment.** Avoid the cream formulation. Creams tend to sting if there are any open cracks. Take old socks, cut out thumb holes and have your child sleep at night with the sock on his hands. Repeat nightly for up to a week. Alternatively, for mildly chapped hands, use a **petroleum oil based product such as Vaseline or Aquaphor** in place of the hydrocortisone.
• If your child has underlying eczema, **prevent your child from scratching his hands.** An antihistamine taken orally such as diphenhydramine (Benadryl) or cetirizine (Zyrtec) will take the edge off the itch. Keep his nails trimmed to avoid further damage from scratching.

• **For extremely raw hands**, your child's doctor may prescribe a stronger cream and if there are signs of a bacterial skin infection, your child's doctor may prescribe an antibiotic.

Happy moisturizing. Remember smearing glue on your hands and then peeling off the dried glue? It's not so fun when your skin really is peeling.

Naline Lai, MD and Julie Kardos, MD

How to explain scary news to children

In light of the recent school shooting in Parkland, Florida, you may be left wondering if, and how, to explain this or other tragedies to your children.

Understand that kids sense your emotions even if you don't tell them. Not telling them about an event may make them

concerned that they are the cause for your worried hushed conversations. Break away from your discussion with adults to say, " Do you know what we are talking about? We are not talking about you."

Even though an event may be far away, media makes it seem as if it happened next door, and sooner or later your children will see or hear about it. Tell the facts in a straight forward, age appropriate manner. Answer questions and don't be afraid to answer with an "I don't know." Preschoolers are concrete in their thinking—dragons are real and live under their bed, so don't put any there that do not exist. For a preschooler a simple "Mom is sad because a lot of people got hurt," will suffice. Young school age kids will want to know more details. And be prepared to grapple with more high level questions from teens.

Look for the helpers. Mr. Rogers who hosted Mister Roger's Neighborhood for 30 years, tells this story about seeing scary things on the news: "My mother would say to me, 'Look for the helpers. You will always find people who are helping.' To this day, especially in times of 'disaster,' I remember my mother's words, and I am always comforted by realizing that there are still so many helpers-so many caring people in this world."

What if the kids ask, "Will that happen here?" or "Why did that happen?" Again, reassure in a simple straight forward manner. For instance you can say, "Many people are working hard to prevent something like that here." Consider answering the question with a question. Asking "What do you think?" will give you an idea of exactly what your child fears. You can also reach out to other family supports for help with answers. Say to your child, "I wonder what our minister or school counselor has to say about this, let's ask."

Routine is reassuring to children, so turn off the background 24 hour television and internet coverage and make dinner, take them to sports activities, and get the homework done.

Give your kids something tangible to do to be helpful. Help them set up a coin donation jar at school or put aside part of their allowance for a donation.

If your child seems overly anxious and fearful, and her worries are interfering with her ability to conduct her daily activities, such as performing at school, sleeping, eating, and maintaining strong relationships with family and friends, then seek professional help.

For more advice on this topic, please see this American Academy of Pediatrics recommendation for parents. Also, the following is a firearms safety message for parents, from the AAP:

• Young children are curious. They are often unable to remember or follow safety rules. Teens are impulsive, and naturally tend to be moody. When combined with access to firearms, the consequences can be **tragic and permanent**.

• Many homes have guns – which is why **you have to ask about guns when your child visits another home.** Depending on location, 18 percent to 64 percent of U.S. homes have firearms.

• **If there is a gun in the home, there's a good chance a child living there will know where it is**. In a recent study, 39 percent of parents erroneously believed their children did not know where their gun is stored, and 22 percent wrongly believed their child never handled a gun.

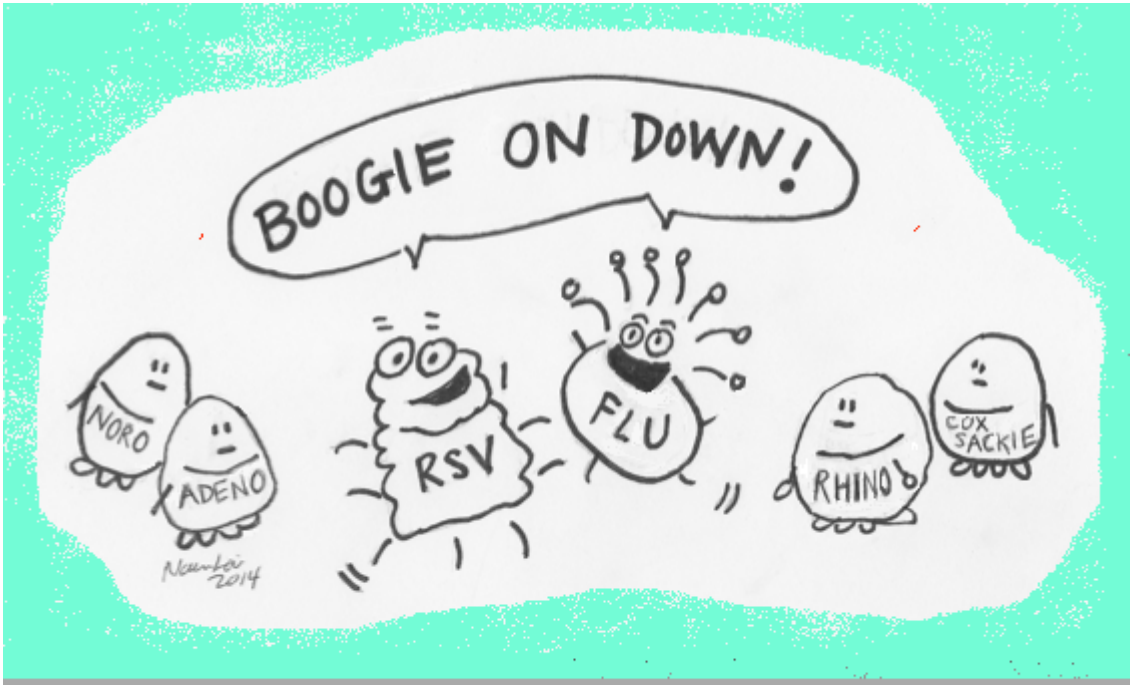
• **The safest home for children and teens is one without guns.** If you do have a gun, you can greatly reduce the risk of a child being injured or killed by storing the gun unloaded and locked, with the ammunition locked in a separate place.

Parent your children so they feel secure in themselves and secure in the world around them. You may not hold the answers to why a tragedy strikes, but you do hold the ability to

comfort and reassure your children.

Naline Lai, MD and Julie Kardos, MD

What to do with the flu, and what about elderberry?



At the New Year's winter party RSV and flu always got a little out of control.

So you just read our post “Does my child have the flu or a cold” and you’ve decided that your child likely has the flu (short for influenza). Now what do you do? When do you call the pediatrician? Does your child need medication?

First take a deep breath. Then, make sure your child is breathing easily. She may be coughing a lot but as long as her breathing is unlabored, and you see no retractions (see 6 second video in our coughing post), her lungs are most likely

OK. Kids who are short of breath can become agitated or lethargic. A little tiredness from illness is normal, but extreme lethargy is not.

Think about it. Is your child's mental state OK? Is she thinking clearly, walking well, talking normally, and consolable? She may be more sleepy than usual but when awake she should be rational and easily engaged.

Hydrate! A high fever and cough increases a child's hydration needs. Make up for lost fluids by aiming to give her at least one and one-half times the amount she usually drinks in a day. For example, if she typically drinks 24 ounces of water or milk per day, try to give at least 36 ounces of fluid per day. Offer your child ANYTHING she wants to drink, including soup, juice, lemonade, electrolyte replenishers (e.g. Gatorade or Pedialyte), decaffeinated tea or a little flat decaffeinated soda.

If your child is not eating, avoid hydrating solely with plain water. Kids need salt to keep their blood pressure up and sugar to keep their energy levels up. And yes, milk is **great** to offer. **If milk doesn't cause your child to make more mucus when she is healthy, then it won't affect her nose or lungs when she is sick.** Even chocolate milk is fine! For infants, give breastmilk or formula—no need to switch. The goal is to produce PEE. Well hydrated kids pee at least every 6-8 hours. Other signs of dehydration include dark urine, dry mouths/lips, the inability to produce tears, sunken eyes, and sunken soft spot (in an infant).

Offer food as well. My grandmother used to say, "Feed a cold, starve a fever." I loved my grandmother, but she was incorrect about this advice. Food = nutrition = improved germ fighting ability. However, don't argue with your sick kid about eating if she is not hungry. Just know that drinking extra is a MUST.

Placate pain. She may have muscle aches, a headache, or a sore

throat. Relieve her discomfort with ibuprofen (Motrin, Advil) or acetaminophen (Tylenol). Offer some ice pops and a movie on the couch. If she is in severe pain, is unable to move normally, or is inconsolable, call your child's doctor. Unable to move or inconsolable = very bad.

It's OK to play and move about. Your child with flu might spend a large portion of her day on the couch or in bed but it's fine to let her play and have some activity. Some walking around and playtime helps her exercise her lungs. "Moving" her lungs with a cough actually prevents pneumonia by preventing germy mucus from lodging in the lungs. Also, seeing that your child can walk around, despite her aches and discomfort, will reassure you that she is handing her illness.

Does every kid with flu need to see a doctor? No. Some kids have medical problems that predispose them to complications of illness and doctors will want to see those kids more often. Most otherwise healthy kids get through the flu, as long as they drink enough and can be kept comfortable. The fever from flu usually lasts from 4-7 days and can go quite high, but you know from reading our fever post that the number alone is not what you fear. What matters is how your child is acting.

Some reasons your child should see a doctor:
-difficulty breathing
-change in mental state or you cannot console her
-your child is dehydrated
-a new symptom that concerns you
-the fever goes away for a day or two and then returns with a vengeance
-fever goes on more than 4-7 days, but you can certainly call the doctor to check in by day 3-5
-a rash appears during the flu illness (this can be a sign of overwhelming bacterial infection, not the flu)
-new pain (eg. ear pain from an ear infection) or severe pain
-your gut instinct tells you that your child needs to see a doctor

What about Tamiflu (brand name for oseltamivir) ? Some areas of the United States are experiencing a shortage of this anti-flu medicine. Oseltamivir can lesson the severity of flu symptoms and perhaps shorten how long the flu lasts by about a day. Since most people recover in about the same amount of time without the medication, the CDC (Centers for Disease Control) and the AAP (American Academy of Pediatrics) issued treatment guidelines. Kids with certain lung, heart, neurologic, or immune system diseases, kids with diabetes, and kids under the age of two years may be medication candidates. You can check the exhaustive list here. The other two medications that cover the two main types of flu are not available in oral form.

Better than Tamiflu is the flu vaccine. Remember the saying, "An ounce of prevention is worth a pound of cure?" A 2017 study showed that the flu vaccine prevented kids from dying of the flu. Vaccinated kids who do end up with the flu tend to have less severe illness. The vaccine prevents several types of the flu, so even if your child gets flu and did not receive the flu shot this season, it's not too late. Take her to get it after her fever is gone. Also put in a reminder to yourself to schedule a flu vaccine appointment for your child next September, in advance of next winter's flu season.

Over-the-counter flu medications do not treat the flu, but they can give side effects. In fact, cough and cold medicines should not be given to children younger than four years, according to the American Academy of Pediatrics. Instead, try these natural remedies:

-If older than one year, you can give honey for her cough and to soothe her throat.
-Run a cool mist humidifier in her bedroom, use saline nose spray or washes, have her take a soothing, steamy shower, and teach her how to blow her nose.
-For infants, help them blow their noses by using a bulb suction. However, be careful, over-zealous suctioning can lead

to a torn-up nose and an overlying bacterial infection. Use a bulb suction only a few times a day.

What about black elderberry (sambucus)? Articles abound on social media about the benefits of black elderberry in fighting flu symptoms. However, if you read a credible source such as the National Institute of Health information site about complementary and alternative medicine, you will find, “Although some preliminary research indicates that elderberry may relieve flu symptoms, the evidence is not strong enough to support its use for this purpose.” The research was not conducted with kids, so unfortunately we cannot recommend this unproven treatment for flu.

Take heart. While the groundhog predicted 6 more weeks of winter this year, history shows that the groundhog is usually wrong.

Julie Kardos, MD and Naline Lai, MD