

# When can kids “go it alone?”



photo by Lexi Logan [www.LexiLogan.com](http://www.LexiLogan.com)

Dr. Lai was shocked when she saw her first child, at age 2  $\frac{1}{2}$  years, pour water out of a small pitcher into her own cup at daycare. At home it never occurred to Dr. Lai to let her try.

When can you start letting your kids do things for themselves? While there is not a lot of hard data on this, developmentally

your kids may be more capable than you think.

**Eating/self feeding:**

- with hands: 9 months
- with spoon/fork: 18 months
- with chopsticks: 4 years

**Pour own cereal and milk:** 5 years but expect some spills

**Cook a meal** or at least start to cook a meal on their own: around age 12 +/- 2.5 years per 2007 survey of American pediatricians. In fact, kids are allowed to participate in the TV show *Chopped Junior* at age nine.

**Brush teeth:**

Toddlers: kids take a turn, then parents take turn.

Preschool/early school aged kids: parents continue to inspect and may continue to take a turn

Again, according to the 2007 pediatrician survey, around age 8 years is when kids can do complete oral care on their own.

**Pee/Poop:**

5 years-Kindergarteners should be able to independently go to the bathroom. That includes undressing, using toilet/wiping, redressing, and washing hands. Unfortunately, they may still not be great at wiping- this is one reason for daily baths/showers at this age.

**Completely dress/undress** including zippers and buttons: 5 years. But don't necessarily expect matching colors – some adults never even learn this skill!

**Tie shoes:** 4-6 years.

**Medical and emergency care**

**Self-injectable epinephrine** (brand names Epi-pen, AuviQ): 12-14 years – per survey of 88 allergists.

**Diabetes self care:** kids around age 7 have the fine motor

coordination needed to inject insulin and check blood sugar under supervision of an adult.

### **Come home to an empty house:**

According to the American Academy of Pediatrics, 11-12 year olds can come home to an empty house after school if:

- Daytime
- Not alone for longer than 2-3 hours
- Depends on safety of neighborhood
- Depends on other neighbors nearby who could help in an emergency
- Child should know how to answer phone, what to do in the event of fire, knows how to access the home's water shut-off, can handle a medical emergency, knows where first aid kit is, and knows the name of pediatrician, preferred hospital, insurance, and how to contact parent

### **Babysit:**

Recommendations vary and while there are no specific laws, there are plenty of state guidelines and recommendations. Ultimately, parents are responsible for who cares for their kids when the parents are not present. The American Red Cross offers an on-line babysitting course for kids starting at age 11 years.

So teach your children how to take care of themselves well, for their own sake and for yours. Remember, they will be the ones caring for you in your old age.

Naline Lai, MD and Julie Kardos, MD

□2017 Two Peds in a Pod□

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# Itching to know: how to treat poison ivy



Teach your child to recognize poison ivy: “leaves of three, let ’em be!”

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

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

**Another myth buster:** 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 the chance of infection. Just like with an itchy insect bite, 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 to poison ivy. Infection usually occurs on the 2nd or 3rd day of scratching. If you

have any concerns take your child to her doctor.

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

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

Naline Lai, MD and Julie Kardos, MD

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**Is your car seat up to snuff?  
And how about planes?**





NOTE: Recommendations about rear facing car seats have been updated since the publication of this post. Please [link here](#).

This photo above is a horrific yet terrific reminder of why we strap our kids into car seats. This child was buckled into a car seat when the unthinkable happened– a potentially lethal car accident. As you can see, the child's bruises directly line up with properly-applied car seat restraints. Thankfully, the injuries to this child are only skin-deep. On the other hand, the photo below shows what happened to the car.

Please remember always to travel with your children properly restrained.

For maximum safety in cars:

- Keep children in rear facing car seats until age two years. Usually they will outgrow the baby car seat that you brought them home in and you will need to install a new rear facing car seat before they reach two years. Check the weight/height limits for the seat.
- Keep them in the car seat until age five years, or until they outgrow the weight or height limits set forth by the car seat manufacturer.
- Use a booster until your children are 4 feet 9 inches or until the car's shoulder seatbelt falls naturally across the chest (not the neck) and the lap belt lies low across their hip bones (some kids are in boosters to age 10 years and beyond).
- Keep infants and children in the **back seat** until at least age 13 years.
- Don't drive while distracted or sleep deprived. Children learn from watching their parents. Emulate now the way you want your 16-year- old to drive.

You can read more details on car seats and seat belts on the CDC (Centers for Disease Control) website [here](#).

Read about guidelines for child safety restraints on airplanes [here](#).

Julie Kardos, MD and Naline Lai, MD





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**Summertime ear pain? It might  
be swimmer's ear**



These lucky fish don't have to worry about swimmer's ear... they don't have any ears! –Photo by Dirk Peterson, MD

It's the type of ear pain that usually creeps up on a school-aged summer camper. One night he may notice discomfort when his ear is against his pillow. The next night, the pain gets worse. Eventually, even touching the ear is painful. The ear is probably infected, but infected with "the other kind" of ear infection—swimmer's ear.

Ear infections are divided into two main types: swimmer's ear (otitis externa) and middle ear infections (otitis media). An understanding of the anatomy of the ear is important to understanding the differences between the two types of infection. Imagine you are walking into someone's ear. When you first enter, you will be in a long tunnel. Keep walking and you will be faced with a closed door. The tunnel is called the external ear canal and the door is called the ear drum.

Swimmer's ear occurs in the ear canal. Dampness from water, and it can be water from any source- not just the pool, sits

in the ear canal and promotes bacterial infection.

Next, open the door. You will find yourself in a room with a set of three bones. Another closed door lies at the far end. Look down. In the floor of the room there is an opening to a drainage pipe. This room is called the middle ear. This is where middle ear infections occur.

During a middle ear infection, fluid, such as during a cold, can collect in the room and promote bacterial infection.

Think of the sensation of clogged ears when you have a cold. Usually the drainage pipe, called the eustachian tube, drains the fluid. But, if the drain is not working well, or is overwhelmed, fluid gets stuck in the middle ear and become infected.

Because a swimmer's ear infection occurs in the external canal, the hallmark symptom of swimmer's ear is pain produced by pulling the outside of the ear. Since middle ear infections occur farther down in the ear, pain is not reproduced by pulling on the outer ear.

Doctors treat swimmer's ear topically with prescription antibiotic drops. To avoid dizziness and discomfort when putting drops in, first bring the ear drop medicine up to body temp by holding the bottle in your hand.

Home remedies to prevent swimmer's ear:

- After immersion in the water, tilt your child's head to the side and towel dry what leaks out.
- Mix rubbing alcohol and vinegar in equal parts. After swimming, place a couple drops in the ear. Do not put these drops in if there is a hole in your child's eardrum.
- Prior to swimming put a drop of mineral oil or olive oil in each ear. This serves as a barrier protection against the water as well as an ear wax softener. Do not put in if there is a hole in your child's eardrum.

Although it's tough to remind children to dry their ears well, take heart. Dr. Lai once spent two hours trying to get a cockroach out of a child's ear canal. We suspect those parents would have been happier if instead, water had gotten into their child's ear.

Naline Lai, MD and Julie Kardos, MD

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updated from 2016

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**Happy Father's Day 2017 from  
your Two Peds**





A few years ago, we asked our dad readers to help us write our Father's Day post. We thought you would enjoy hearing from them again. The dads completed this thought: "Before I became a dad, I never thought I'd..."

...Learn to curl hair for cheerleading competitions

...BE RESPONSIBLE

...Become a stay at home dad AND love it so much after everything I've been through!!

...Learn all of the names of Thomas The Tank Engine's friends and the many songs associated with them.

...Have a toys r us in my house.

...Go food shopping at midnight.

...Make so many pancakes on Sunday mornings.

...Volunteer in a dunk tank and have pie thrown at me.

### **One of our readers summed up his thoughts on becoming a dad:**

*Since I've become a father, nearly seven years and two beautiful daughters later, my life has become a series of jobs that I never thought I would have to tackle. These include:*

*Beautician: I never thought in a million years that I would be learning how to do pony tails, side pony's, braids (not that I can braid yet), and painting little finger and toe nails.*

*Disney Princess Aficionado: At one point in my life I thought I was cool because I knew a lot about beer, how it was made, where it was from, where the best IPA's were being poured. Now I am "cool" because I know where Mulan lived, and because I know the story about Ariel falling in love with Prince Eric.*

*Doctor: I am well versed here and can cover almost everything from the simple band-aid application and boo-boo kissing, to the complex answering of why daddy is different and why he gets to go to the bathroom standing up.*

*Cheerleader: Both of my daughters enjoy participating in sports. It's been such a great experience to cheer them both on from the side line. I enjoy watching them grow with the sport and gain confidence game after game.*

*Becoming a father was one of the best choices I have made with my life. I love being a dad, and I look forward to the future dad challenges, good and bad, and being the best mentor I can be.*



Thank you to our readers for contributing to this post.

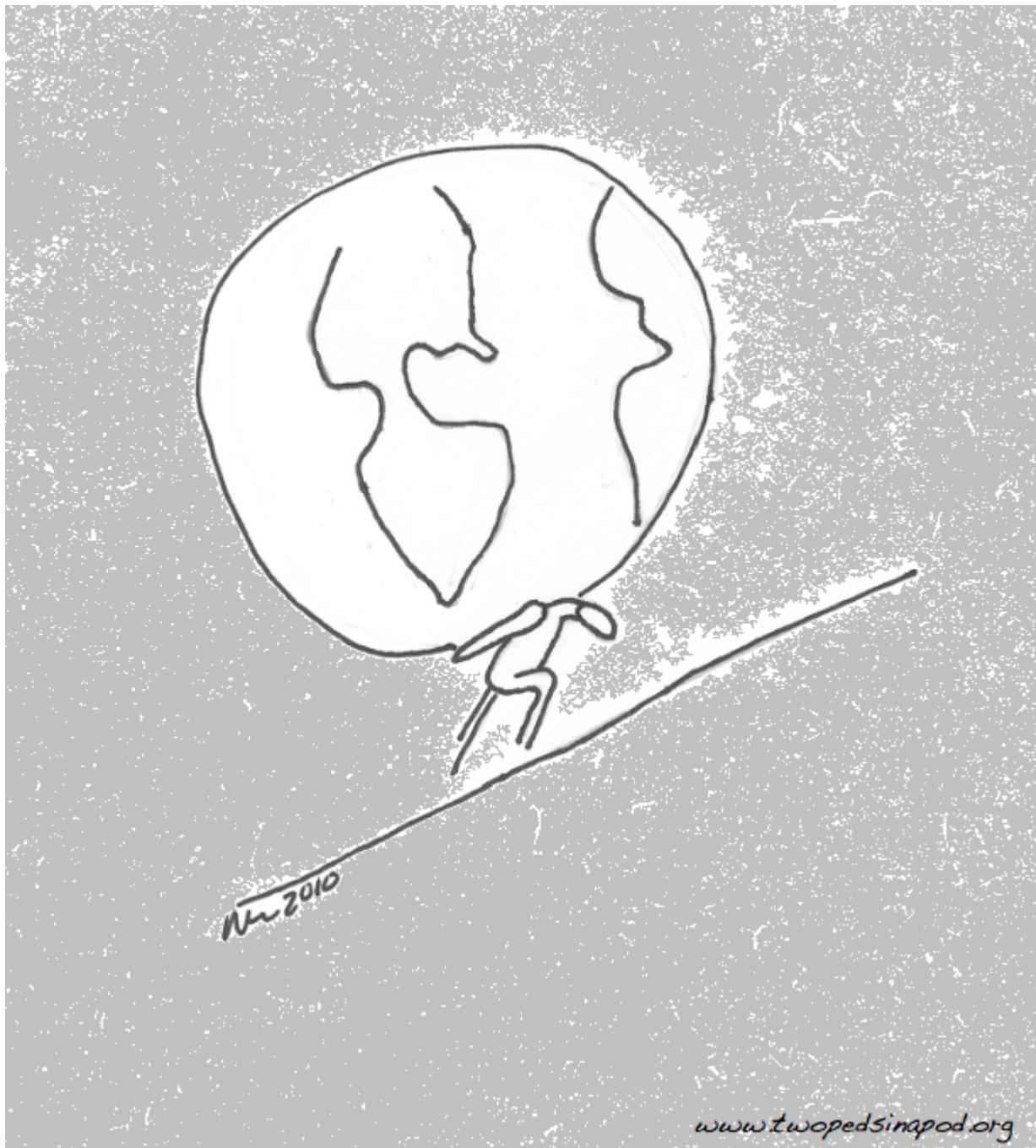
Happy Father's Day!

Julie Kardos, MD and Naline Lai, MD

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## **Discussing suicide: how much should I tell my kids?**



“Hi, it’s me, Hannah. Hannah Baker.” So begins the first episode of *13 Reasons Why*, a thirteen installment Netflix series that focuses on the aftermath of the suicide of a 17-year-old high school student. Based on the novel by Jay Asher, the series has sparked quite a bit of debate and concern among parents and mental health professionals. At its best, the series has served as a conversation starter; at its worst, it has glamorized suicide and the fantasy of revenge. At the end of the day, however, an important question remains: How do we talk with our kids about suicide? While

many difficult topics have become increasingly safer to discuss, suicide is one that is still shrouded in secrecy and shame. In fact, it is so difficult to talk about that I had a hard time writing this post. Finding the right words about something that often remains unspoken is not an easy task. So if circumstances require it, how are we to explain suicide to our children?

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

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

For young children, your statements may look something like this: "You have seen me crying, that is because I am sad because Uncle Joe has died." They may not even ask how the death occurred, but if they do, you can say "He died by suicide. That means he killed himself." The rest of the

conversation will depend on the child's response. With older children, the narrative can follow a similar theme yet use more sophisticated language. The older the child, the more likely they are to ask direct questions. Some examples of honest answers are "Do you know how people have illness in their bodies, like when Grandma had a heart attack and our neighbor had cancer? People can get illness in their brains too, and when that happens, they feel confused, hopeless, and make bad decisions. Uncle Joe didn't know how to get himself help to stop the pain." If they ask how the suicide occurred, you can say "With a gun" or "She cut herself." Sometimes you will have to say "I don't know. I wish I knew the answer." Whatever the age of your child, do your best to use simple, truthful language.

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

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

Links:

Sesame Street Workshop's When Families Grieve  
The Dougy Center for Grieving Children and Families

The American Foundation for Suicide Prevention  
Hands Holding Hearts (Bucks County, PA)  
The Jed Foundation

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## **Lyme Disease...it's back**



The classic bullseye rash of Lyme

Just like last year, experts are predicting more Lyme disease. While it used to be a pesky disease only in our midatlantic/Lyme Connecticut area of the world, Lyme continues to appear across the northeast and has been reported on the west coast of the United States. According to the American Academy of Pediatric's Redbook, about fifty percent of reported Lyme disease is during June and July. We've already had children come to our office with tick bites concerns, so here's an update:

**Lyme disease is spread to people by blacklegged ticks.** Take heart- even in areas where a high percentage of blacklegged ticks carry the bacteria that causes Lyme disease, the risk of getting Lyme from any one infected tick is low. Most of the little critters **DON'T** carry Lyme disease... but there are an



awful lot of ticks out there. Blacklegged ticks are tiny and easy to miss on ourselves and our kids. In the spring, the ticks are in a baby stage (nymph) and can be as small as a poppy seed or sesame seed. To spread disease, the tick has to be attached and feeding on human blood for more than 36 hours, and engorged.

In areas in the United States where Lyme disease is prevalent (New England and Mid-Atlantic states, upper Midwest states such as Minnesota and Wisconsin, and California), parents should be vigilant about searching their children's bodies daily for ticks and for the rash of early Lyme disease. Tick bites, and therefore the rash as well, especially like to show up on the head, in belt lines, groins, and armpits, but can occur anywhere. When my kids were young, I showered them daily in summer time not just to wash off pool water, sunscreen, and dirt, but also for the opportunity to check them for ticks and rashes. Now that they are older I call through the bathroom door periodically when they shower: "Remember to check for ticks!" Read our post on [how to remove ticks](#) from your kids.

**"I thought that Lyme is spread by deer ticks and deer are all over my yard."** Nope, it's not just Bambi that the ticks love. Actually, there are two main types of blacklegged ticks, *Ixodes Scapularis* and *Ixodes Pacificus*, which both carry Lyme and feed not only on deer, but on small animals such as mice. (Fun fact: *Ixodes Scapularis* is known as a deer tick or a bear tick.)

**Most kids get the classic rash of Lyme disease at the site of a tick bite.** The rash most commonly occurs by 1-2 weeks after the tick bite and is round, flat, and red or pink. It can have some central clearing. The rash typically does not itch or hurt. **The key is that the rash expands to more than 5 cm**, and can become quite large as seen in the above photo. This finding is helpful because if you think you are seeing a rash of Lyme disease on your child, you can safely wait a few days before bringing your child to the pediatrician because

the rash will continue to grow. The Lyme disease rash does not come and then fade in the same day, and the small (a few millimeters) red bump that forms at the tick site within a day of removing a tick is not the Lyme disease rash. Knowing that a rash has been enlarging over a few days helps us diagnose the disease. Some kids have fever, headache, or muscle aches at the same time that the rash appears.

If your child has early localized Lyme disease (just the enlarging red round rash), the diagnosis is made by having a doctor examine your child. Your child does not need blood work because it takes several weeks for a person's body to make antibodies to the disease, and blood work checks for antibodies against Lyme disease, not actual disease germs. In other words, the test can be negative (normal) when a child does in fact have early localized Lyme disease.

**Other symptoms of early Lyme disease may accompany the rash or can occur even in the absence of the rash. This stage is called Early Disseminated disease.** Within about one month from the time of the tick bite, some children with Lyme develop a rash that appears in multiple body sites all at once, not just at the site of the tick bite. Each circular lesion of rash looks like the rash described above, but usually is smaller. Additional symptoms include fever, body aches, headaches, and fatigue without other viral symptoms such as sore throat, runny nose, and cough. Some kids get one-sided facial weakness. Blood testing at this point is more likely to be positive.

**The treatment of early Lyme disease is straightforward.** The child takes 2-3 weeks of an antibiotic that is known to treat Lyme disease effectively such as amoxicillin or doxycycline. Your pediatrician needs to see the rash and evaluate other symptoms to make the diagnosis. Treatment prevents later complications of the disease. Treated children fortunately do not get "chronic Lyme disease." Once treatment is started, the rash fades over several days and other symptoms, if present,

resolve. Sometimes at the beginning of treatment the child experiences chills, aches, or fever for a day or two. This reaction is normal but you should contact your child's doctor if it persists for longer.

**Later stages of Lyme disease** may be treated with the same oral antibiotic as for early Lyme but for 4 weeks instead of 2-3 weeks. The most common symptom of late stage Lyme disease is arthritis (red, swollen, mildly painful joint) of a large joint such as a knee, hip, or shoulder. Some kids just develop joint swelling without pain and the arthritis can come and go.

For some manifestations, IV antibiotics are used. The longest course of treatment is 4 weeks for any stage. Again, children do not develop "chronic Lyme" disease. If symptoms persist despite adequate treatment, sometimes one more course of antibiotics is prescribed, but if symptoms continue, the diagnosis should be questioned. No advantage is shown by longer treatments. Some adults have lingering symptoms of fatigue and aches years after treatment for Lyme disease. While the cause of the symptoms is not understood, we do know that prolonged courses of antibiotics do not affect symptoms.

For kids eight years old or older, if a blacklegged tick has been attached for well over 36 hours and is clearly engorged, and if you live in an area of high rates of Lyme disease-carrying ticks, your pediatrician may in some instances choose to prescribe a one time dose of the antibiotic doxycycline to prevent Lyme disease. The study that this strategy was based on and a few other criteria that are considered in this situation are described [here](#). Your pediatrician can discuss the pros and cons of this treatment.

**Bug checks and insect repellent.** Protect kids with [DEET containing insect repellents](#). The Centers for Disease Control recommends 10 to 30 percent DEET- higher percent stays on longer. Spray on clothing and exposed areas and do not apply to babies under two months of age. Grab your kids and

perform daily bug checks- in particular look in crevices where ticks like to hide such as the groin, armpits, between the toes and check the hair. Ticks can be tough to spot. Dr. Lai once had a elementary school patient who had a blacklegged tick in the middle of his forehead. The mother noticed it at breakfast, tried to brush it off, thought it was a scab and sent the boy to school. Later that day the teacher called saying, "I think your son has a bug on his face."

Misinformation about this disease abounds, and self proclaimed "Lyme disease experts" play into people's fears. While pediatricians who practice in Lyme disease endemic areas are usually well versed in Lyme disease, if you feel that you need another opinion about your child's Lyme disease, the "expert" that you should consult would be a pediatric infectious disease specialist.

For a more detailed discussion of Lyme disease, look to the Center for Disease Control website: [www.cdc.gov](http://www.cdc.gov).

Julie Kardos, MD and Naline Lai, MD

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## **Mother's Day 2017: The Mother Warns the Tornado**



*Today we bring you a fierce depiction of maternal love,  
written by poet Catherine Pierce PhD- who is Dr. Kardos's  
sister-in-law.*

*We hope your Mother's Day is full of flowers and free of  
tornados.*

*—Drs. Lai and Kardos*

### **The Mother Warns the Tornado**

I know I've had more than I deserve.  
These lungs that rise and fall without effort,  
the husband who sets free house lizards,  
this red-doored ranch, my mother on the phone,  
the fact that I can eat anything—gouda, popcorn,  
massaman curry—without worry. Sometimes  
I feel like I've been overlooked. Checks  
and balances, and I wait for the tally to be evened.

But I am a greedy son of a bitch, and there  
I know we are kin. Tornado, this is my child.  
Tornado, I won't say I built him, but I am  
his shelter. For months I buoyed him  
in the ocean, on the highway; on crowded streets  
I learned to walk with my elbows out.  
And now he is here, and he is new, and he  
is a small moon, an open face, a heart.  
Tornado, I want more. Nothing is enough.  
Nothing ever is. I will heed the warning  
protocol, I will cover him with my body, I will  
wait with mattress and flashlight,  
but know this: If you come down here—  
if you splinter your way through our pines,  
if you suck the roof off this red-doored ranch,  
if you reach out a smoky arm for my child—  
I will turn hacksaw. I will turn grenade.  
I will invent for you a throat and choke you.  
I will find your stupid wicked whirling  
head and cut it off. Do not test me.  
If you come down here, I will teach you about  
greed and hunger. I will slice you into palm-  
sized gusts. Then I will feed you to yourself.

Catherine Pierce

From *The Tornado is the World* (Saturnalia Books, 2016)

*An associate professor and co-director of the creative writing program at Mississippi State, Dr. Pierce has authored three books of poems and won the Mississippi Institute of Arts and Letters Poetry Prize. She is a mom of two young boys.*

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## A shred of advice: How to



# remove splinters



Sometimes a photo is worth a 1,000 words

Hopefully a splinter of the size in the photo is not lurking on your deck this weekend. The only redeeming feature of a splinter this size is that it is easy to yank out.

More often than not, splinters are teensy-weensy and too small to grab with tweezers. If the splinters in your child's foot are tiny, seem near the surface of the skin, and do not

cause much discomfort, simply soak the affected area in warm soapy water several times a day for a few days. Fifteen minutes, twice a day for four days, works for most splinters. Our bodies in general dislike foreign invaders and try to evict them. Water will help draw out splinters by loosening up the skin holding the splinter. This method works well particularly for multiple hair-like splinters such as the ones obtained from sliding down an obstacle course rope. Oil-based salves such as butter will not help pull out splinters. However, an over-the-counter hydrocortisone cream will help calm irritation and a benzocaine-based cream (for kids over two years of age) can help with pain relief.

If a splinter is “grab-able”, gently wash the area with soap and water and pat dry. Don’t soak an area with a “grab-able” wooden splinter for too long because the wood will soften and break apart. Next, wash your own hands and clean a pair of tweezers with rubbing alcohol. Then, grab hold of the splinter and with the tweezers pull smoothly. Take care to avoid breaking the splinter before it comes out.

If the splinter breaks or if you cannot easily grab the end because it does not protrude from the skin, you can sterilize a sewing needle by first boiling it for one minute and then cleaning with rubbing alcohol. Wash the area with the splinter well, then with the needle, pick away at the skin directly above the splinter. Use a magnifying glass if you have to, make sure you have good lighting, and for those middle-age parents like us, grab those reading glasses. Be careful not to go too deep, you will cause bleeding which makes visualization impossible. Continue to separate the skin until you can gently nudge the splinter out with the needle or grab it with your tweezers.

Since any break in the skin is a potential source of infection, after you remove the splinter, wash the wound well with soap and water. Flush the area with running water to remove any dirt that remains in the wound. See our post on

wound care for further details on how to prevent infection. If the splinter is particularly dirty or deep, make sure your child's tetanus shot is up to date. Also, watch for signs of infection over the next few days: redness, pain at the site, or thick discharge from the wound are all reasons to take your child to his doctor for evaluation.

Some splinters are just too difficult for parents to remove. If you are not comfortable removing it yourself or if your child can't stay still for the extraction procedure, head over to your child's doctor for removal.

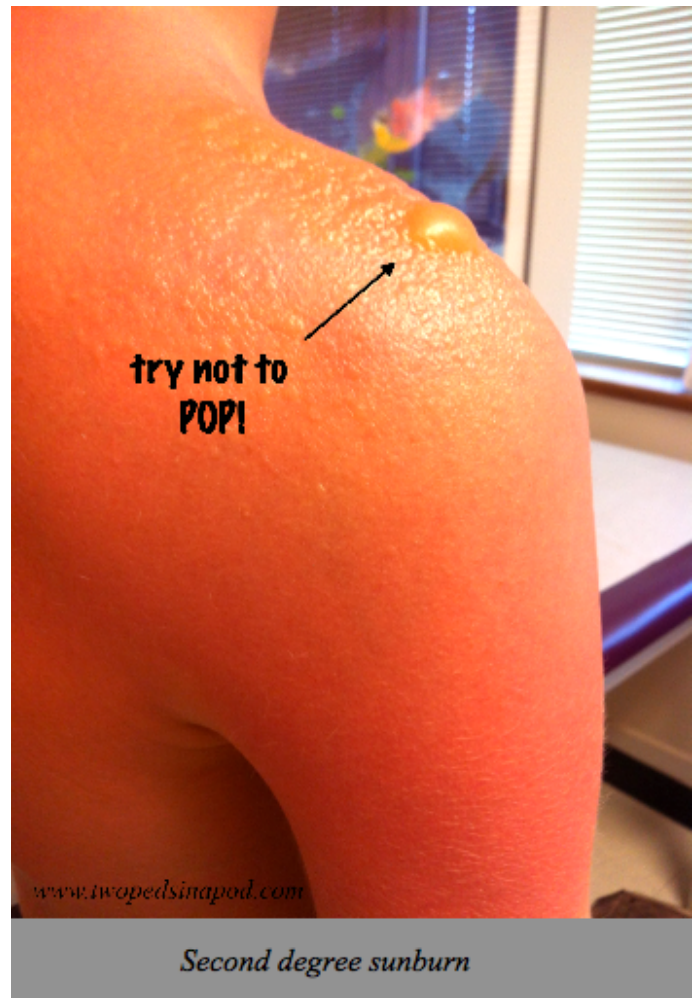
Now you can add "surgeon" to your growing list of parental hats.

Julie Kardos, MD with Naline Lai, MD

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## **Mom guilt: the sunburn**



Second degree sunburn

Mom guilt! After a day at the beach with my teenage kids over spring break, ALL THREE of them had some sunburn. Gone are the days when my kids were small squirming toddlers whom I distracted as I reapplied sunscreen to them every two hours. Gone are the days when wearing bright-colored rash guard t-shirts on the beach was cool. I was duped by the "Mom, I'm good!" response when I passed them the sunscreen after the ocean romp and again after they played a sweaty round of beach football. For the first time in my 17 years of Momhood, I found myself giving my kids ibuprofen for sunburn pain.

Don't fall for the, "Mom, I'm good," trick—especially in the spring when the sun is strong but the temperature is cool.

But in case your kids do get a sunburn, here's what to do. Remember, a sunburn is still a burn, as you can see in the

picture above, which shows a kid with a second degree burn caused from the sun.

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 such as Bacitracin to the raw skin twice daily for a week or two.
- **We worry about infection, infection and infection.** The skin serves as a barrier to germs, so burned damaged skin is prone to infection. 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.

Of course, prevention is easier than burn treatment. Always apply sunscreen with an SPF of at least 15 to your children,

and reapply often even if it is labeled “waterproof.” Encourage your kids to wear hats and sunglasses. Clothing can protect against sunburn, but when the weather is hot, your kids may complain if you dress them in long sleeves and long pants. For my own kids, I’m hoping their experience over spring break will prompt them to apply sunscreen in the upcoming months.

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