

# Fever: what's hot, what's not, and what to do about it



Photo by Lexi Logan

Parents ask us about fever more than any other topic, so here is what every parent needs to know:

Fever is a sign of illness. Your body makes a fever in effort to heat up and kill germs **without harming your body.**

## **Here is what fever is NOT:**

- Fever is NOT an illness or disease.
- Fever does NOT cause brain damage.
- Fever does NOT cause your blood to boil.
- Unlike in the movies and popular media, fever is NOT a cause for hysteria or ice baths.
- Fever is NOT a sign of teething.

## **Here is what fever IS:**

- Fever is a body temperature equal to or higher than 100.4 degrees F (or 38 degrees C)
- Fever is a great defense against disease, and thus is a SIGN, or symptom, of an illness.

## **To understand fever, you need to understand how the immune system works.**

Your body encounters a germ, usually in the form of a virus or bacteria, that it perceives to be harmful. Your brain sends a message to your body to HEAT UP, that is, make a fever, to kill the germs. Your body will not get hot enough to harm itself or to cause brain damage. Only if your child is experiencing Heat Stroke (locked in a hot car in July, for example), or if your child already has a specific kind of brain damage or nervous system damage (rare) can your child get hot enough to cause death.

When your body has succeeded in fighting the germ, the fever will go away. A fever reducing agent such as acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin) will decrease temperature temporarily but fever WILL COME BACK if your body still needs to kill off more germs.

**Symptoms of fever** include: feeling very cold, feeling very hot, suffering from muscle aches, headaches, and/or shaking/shivering. Fever often suppresses appetite, but thirst should remain intact: drinking is very important with a fever.

Fever may be a sign of any illness. Your child may develop fever with cold viruses, the flu, stomach viruses, pneumonia, sinusitis, meningitis, appendicitis, measles, and countless other illnesses. The trick is knowing how to tell if your child is VERY ill or just having a simple illness with fever.

## **Here is how to tell if your child is VERY ill with**

## **fever vs not very ill:**

Any temperature in your newborn infant **younger than 8 weeks old that is 100.4 (rectal temp) degrees or higher** is a fever that **needs immediate attention** by a health care provider, even if your infant appears relatively well.

Any fever that is accompanied by moderate or severe **pain, change in mental state** (thinking), **dehydration** (not drinking enough, not urinating because of not drinking enough), **increased work of breathing/shortness of breath**, or **new rash** is a fever that **NEEDS TO BE EVALUATED** by your child's doctor. In addition, a fever that lasts more than three to five days in a row, even if your child appears well, should prompt you to call your child's health care provider. Recurring fevers should also be evaluated. Additionally, if your child is missing vaccines, call your child's doctor sooner rather than later.

## **Should you treat fever?**

As we explained, fever is an important part of fighting germs. Therefore, we do NOT advocate treating UNLESS the side effects of the fever are causing harm. Reduce fever if it prevents your child from drinking or sleeping, or if body aches or headaches from fever are causing discomfort. If your child is drinking well, resting comfortably or playing, or sleeping soundly, then he is handling his illness just fine and does not need a fever reducing agent just for the sake of lowering the fever.

**A note about febrile seizures:** Some unlucky children are prone to seizures with sudden temperature elevations. These are called febrile seizures. This tendency often runs in families and usually occurs between the ages of 6 months to 6 years. Febrile seizures last fewer than two minutes. They usually occur with the first temperature spike of an illness (before parents even realize a fever is present) and while scary to witness, do not cause brain damage. No study has shown that

giving preventative fever reducer medicine decreases the risk of having a febrile seizure. As with any first time seizure, your child should be examined by a health care provider, even if you think your child had a simple febrile seizure.

Please see our “How sick is sick?” blog post for further information about how to tell when to call your child’s health care provider for illness.

Julie Kardos, MD and Naline Lai, MD

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## **We give thanks, 2016**

Nearly seven years ago, on the swimming pool bleachers at the local Y, I happened to sit next to Lexi Logan. Above the echoing din of kids splashing, I discovered that although she was trained as a painter, Lexi was interested in branching out into photography. Coincidentally, Dr Kardos and I were interested in branching medicine out into a new media called the internet and were dismayed at the lack of publicly available photos to accompany our blog posts. Lexi and I intersected in the right place at the right time. Since that chance meeting, Lexi has generously shared dozens of photos with Two Peds in a Pod.

The woman in the photo below, between your Two Peds (Dr. Kardos with the curly hair, Dr. Lai with the straight hair), is our photographer extraordinaire, Lexi Logan. Her work, which you can check out at [www.lexilogan.com](http://www.lexilogan.com), speaks for itself. Local peeps may want to contact her to take their own family photos.

This Thanksgiving we say thanks to all those parents we’ve

ever sat next to on bleachers. All the kid-related information we have learned, from navigating chorus uniforms, bus stop times, best teachers, fun summer camps, and even starting up blogs, has been invaluable.

In particular- thank you, Lexi!

We wish all of our readers a very healthy and happy Thanksgiving,

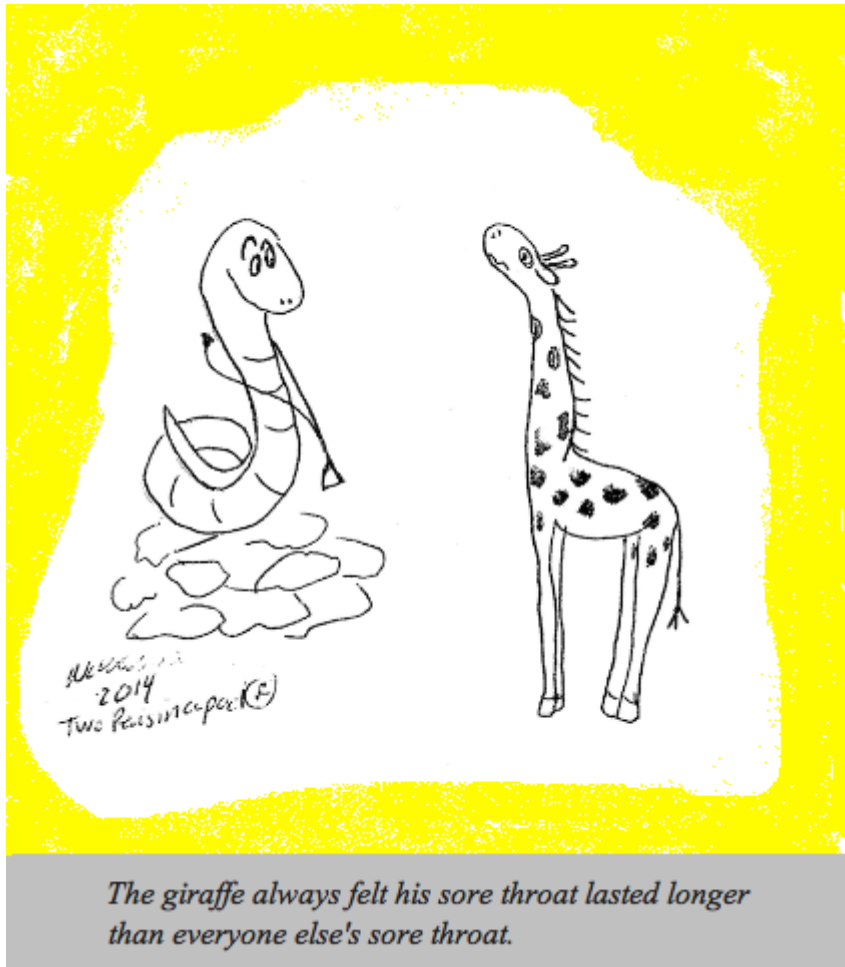
Dr. Naline Lai with Dr. Julie Kardos

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# Sore throat relief



Many times parents bring their children with a sore throat 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 parents say, “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 or milkshakes, on the other hand, feel great on sore throats. Tell your child that the first three sips of a very cold 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 six 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 to 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 times a day to coat the back of the throat prior to meals. The Maalox coats the throat and the benedryl acts as a weak topical anesthetic (pain reliever). **Do not** use the Maalox formulation which

contains bismuth subsalicylate because 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 typically does **not** cause a bad cough, profuse 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 updated post on this topic.

The following are each a very important sign that a child with a **sore throat needs to see a doctor** for further evaluation:

**1-can't swallow (kids might even spit out their own saliva)**

**2-can't open his mouth fully**

**3- hurts so much that the pain is not alleviated with the above measures in this post**

**4- presence of fever 101F or higher for more than 3-4 days**

**5-is accompanied by a new rash**

Please also see our prior post on [how to tell if you need to call your child's doctor for illness](#).

\_Julie Kardos, MD and Naline Lai, MD

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# Stop a bully: talk, walk, squawk, and support



photo by Lexi Logan

Can you identify your child in any of these scenarios?

- Your second grader comes off the school bus crying because another student was teasing him the entire ride home about his new glasses.
- Your fifth grader was punched on the school yard by a sixth grader and none of the playground teachers saw it happen. Your child's friend shoved the older child off your child before more damage was done.
- Your ninth grader keeps missing the school bus so you have to drive her to school. When she comes home from school she uses the bathroom immediately. You find out she avoids the bus and the school bathroom because kids make fun of her in both

places.

Whatever your child's age, when you realize he or she is being bullied you will be outraged. In fact you might be tempted to retaliate against the bully yourself. However, here are more appropriate ways to help your child.

Bullying should never be tolerated. Teach your child how to directly deal with a bully, but be quick to talk also to the adult supervising your child when the bullying occurs. Your child should always feel safe in school, day camp, on a sports team, or any other adult-supervised activity.

Bullies are always in a position of power over their victims; either they are physically larger, older, or more socially popular. Teach your child first to try a strong verbal response (**talk**) such as "STOP talking to me that way!" or "Don't DO that to me!" Speaking strongly and looking the bully in the eye may take away some of the bully's power as well as attract attention of nearby peers or adults who can help your child.

Teach your child to **walk** away from a fight. Tell him to keep on walking toward a teacher, a classroom, a peer, or anyone else who can offer safety from a bully. Train him to breathe deeply/ignore/de-escalate situations to diffuse a bully's anger.

Have your child tell a teacher, camp counselor, coach, or other supervising adult about the abuse (**squawk**) as soon as it occurs. Always encourage your children to talk to you as well. Remember at home to ask your child questions such as "How is school," "How are your friends," "Do you know any kids who are being bullied?," and "Are YOU being bullied?" Dr. Lai always advises her patients to tell as many different adults as possible if he is not feeling safe. Even if one adult is unsure of how to help, sooner or later some one will.

If your child says he is angry at a friend or a classmate, be

sure to ask questions that encourage your child to elaborate, such as “Oh, what happened?” or “Did something happen between you?” Listen carefully to his response. He may be taking out his anger at a bully on his own friends. This response is in retaliation for his friend’s failure to protect him from a bully. Also, is your child becoming more reluctant to attend school, “missing” the bus more often and thus requiring a ride, or acting angry or sad more often? Kids who are victims of bullying can act like this.

In school, once you are aware that your child is a victim, talk not only to your child about how she should handle a bully but also alert your child’s teacher and/or school principal about the situation (**support**). You should tell them in your child’s words what happened, what was said, and be clear that you are asking for more supervision so that the bully has less access to your child. Ask for more supervision during times when there is usually less adult presence such as in the lunchroom or on the schoolyard. Your school may already have a “no bullying” policy. Often, the aggressor gets the heavier consequence in the event of a conflict. Again, children have a right to feel safe in school.

Restore your child’s self-confidence. Bullies pick on kids who are smaller and weaker than they are, physically as well as psychologically. So your child has more positive experiences with kids who do not bully, encourage your child to invite friends over to your home or host a fun group activity (kickball game in your backyard, show a movie/supply popcorn, etc.). Do family activities and show your child that you enjoy spending time with him. Enroll your child in activities that increase his self esteem such as karate, sports, or music lessons. A child who feels good about himself “walks taller” and is less likely to attract a bully

As a parent, you might read this post and think, “Yes, but I’d rather just teach my child to take revenge.” Unfortunately, escalating the situation only breeds anger and in fact may get

your child into trouble. Rather than “hate” the bully, help your child see that a bully deep down feels insecure. A bully resorts to making himself feel better by making others feel bad. Teach your child to pity the bully. With your guidance, your child will project self-confidence and a bully will never, ever, be able to touch him.

While the topic of cyper-bullying could occupy an entire separate post, we just want to alert you to the power that social media has over our kids as well. Ask your kids and teens directly about bullying that occurs on-line just as you would ask about bullying at school. Virtual bullying, unfortunately, is just as potentially harmful as in-person bullying, and is a known risk factor for teen suicide. Remind your children how important it is to refrain from revenge: better to disengage from social media than to respond to on-line bullying because your child will leave a permanent footprint on their on-line presence. Lay down the general rule of never posting anything negative (even a simple “dislike”) online.

Help your child talk, walk, squawk and seek support. All kids deserve to feel secure in themselves and in the world around them.

Additional resources:

The American Academy of Pediatrics

Stopbullying.gov—Bully prevention site managed by U.S. Department of Health and Human Services

Cyberbullying Research Center—an organization dedicating to providing up to date information on cyberbullying

Teaching tolerance— a site where parents and educators can learn ways to foster tolerance

Julie Kardos, MD and Naline Lai, MD

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# How to raise an optimist (even in an election year)



*In this time of United States “election stress,” we bring back guest bloggers psychologist Dr. Gage and pediatrician Dr. Penaflor’s post on how to build optimism in your children.*

Recently, my daughter's friend announced before a race, "I'm just not going to try my best."

Why would a child give up before even starting? Why such pessimism?

It turns out that her friend's mother would say after every race, "You just didn't meet your potential. Did you at least beat Sarah (a fellow competitor)?"

This scenario illustrates how a parent who constantly gives negative responses can build pessimism in a child.

### **Why is optimism important?**

An optimistic child is strong, enterprising, and resilient. He or she does not wait passively for good things to happen to him or her. The optimist consciously plans, works hard to make things happen, and persists through challenges.

Research shows important benefits:

- A healthier heart and a greater ability to fight infections and survive disease
- Better response to stress
- Less likelihood to develop anxiety and depression
- More success in school, sports, social and recreational activities
- Greater accomplishments in life

### **How do I begin?**

Does your child tend toward optimism or pessimism? Is the glass half empty or half full? Which would your child say, "It doesn't matter... I won't get it right anyway," or "I did my best... I'll get it next time"? Optimism is a learned skill that you can teach your child at home.

Here are some important tips.

Model positive behaviors and attitudes:

"This is tough, but I can do it!"



"I will find that lost pair of socks!"

Create an environment that **fosters love and trust**.

When children have a sense of security and trust at home, they view the world as a positive place to explore and try new things.

Encourage your child to view life in a positive way and to rise above negativity.

For example, one of our favorite techniques is "**Rise up! Don't dwell on it.**" If someone did or said something hurtful to your child, teach your child to pause. Have her ask herself "How important is it? Will it matter in 5 minutes, 5 months, or in 5 years?" Think of the big picture.

Another is to approach mistakes calmly. Say "Oops!" and move on.

Validate your child's feelings of disappointment or sadness, but teach your child that failures and mistakes are opportunities to learn and do something different and better.

After all, in life "Sometimes you win, sometimes you learn."

Patricia Gage, PhD, NCSP and Gina Penafior, MD, FAAP

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**Dr. Patricia Gage** runs Brain Smart Academics, her own private practice as a school psychologist in Stuart, Florida, and has taken the lead in many charitable organizations that help promote children's social/emotional wellness and women's health.

**Dr. Gina Penafior**, mother of a school-aged child, tween and teen, is a primary care pediatrician in South Florida with a background in emergency and hospital medicine. She and Pat have combined their knowledge and experiences to create a Hang-In-There educational card series. Their mission is to help busy moms and dads lead a more

*rewarding (and less stressful!) parenting experience.*

To learn more, please visit their website at [www.HangNthere.com](http://www.HangNthere.com) or Facebook page, or e-mail them at [busymoms@HangNthere.com](mailto:busymoms@HangNthere.com).

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## Where the boys are: raising emotionally healthy sons



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

*We welcome back guest blogger Dina Ricciardo LSW, ACSW who addresses how to support the emotional health of a boy – 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 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

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*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](mailto:dina@nourishcounseling.com).*

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## When your child says, “My belly hurts”



*This week Two Peds joined Kelley on her blog Happy Health Kids as she talked about the dreaded phrase, “My belly hurts.”*

[www.twopedsinapod.com](http://www.twopedsinapod.com)

*A teen shows off an old scar from the removal of an appendix.*

If I crunched the numbers on how often my kids have uttered certain phrases, “my belly hurts,” ranks pretty darn high. So common is this refrain, and typically uneventful the outcome, that there’s a cry-wolf quality to it; I typically point my child towards the pantry or bathroom and go about my day. But sometimes, a stomachache persists, and then figuring out the cause can be like falling into a rabbit hole (and equally unpleasant)....[click here to continue](#)

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## Staggering: How to tell if your child’s back pack is too heavy



Dr. Lai staggers under the load of a back pack

*Although we see in the news that ebooks are replacing*



*textbooks, our kids' backpacks look heavier than ever. Returning is physical therapist Dr. Deborah Stack with backpack pointers. -Drs. Lai and Kardos*

With the return to school, we wanted to remind you of some healthy backpack tips. I recall the first day of school one year when the "first day of school" photo showed my not-quite-100-pound child bending in half under the weight of a backpack, trombone, lunchbox and art portfolio. I quietly decreed that it would not happen again. To make sure it does not happen at your house either, consider a few suggestions to keep your children healthy:

1. A traditional backpack with **two shoulder straps** distributes the weight more evenly than a pack or messenger bag with a single strap.
2. Look for **wide, padded straps**. Narrow straps can dig in and limit circulation.
3. Buckle the **chest or waist strap** to distribute weight more evenly.
4. Look for a **padded back** to protect your child from pointy pencils etc.
5. Look for a **lightweight pack** that does not add much overall weight.
6. **Multiple compartments** can help distribute weight.
7. **Place heavier items** close to the spine instead of in front pockets.
8. **Compression straps** on the sides or bottom of the backpack can compress the contents of the backpack and stabilize the articles.
9. **Reflective material** allows your child to be visible on those rainy mornings.
10. A **well fitting backpack** should match the size of the child. Shoulder straps should fit comfortably on the shoulder and under the arms, so that the arms can move freely. The bottom of the pack should rest in the contour of the lower back. The pack should "sit" evenly

in the middle of the back, not “sag down” toward the buttocks.

How much should that tike be toting? [The American Academy of Pediatrics](#) recommends no more than 10-20 percent of body weight and the American Physical Therapy Association recommends no more than 15 percent of a child’s weight. Here’s a chart to give you an idea of the absolute maximum a child should carry in a properly worn backpack:

<b>Child’s Weight (pounds)</b>	<b>Maximum Backpack Weight (based on 15% of body weight) (pounds)</b>
50	7.5
60	9
70	10.5
80	12
90	13.5
100	15
110	16.5
120	18
130	19.5

Here are some ideas to help lighten the load, especially for those middle school kids who have a plethora of textbooks:

1. Find out if your child’s textbook can be accessed on the internet. Many schools are purchasing access so the students can log on rather than lug home.
2. Consider buying an extra set of books for home. Used textbooks are available inexpensively online.
3. Limit the “extras” in the backpack such as one free reading book instead of five. I am not exaggerating; one day I found five free reading books in my child’s backpack!

4. Encourage your child to use free periods to actually study, and leave the extra books in his locker.
5. Remind your child to stop by her locker between classes to switch books rather than carrying them all at once.
6. Consider individual folders or pockets for each class rather than a bulky 3-ring notebook that holds every subject.

You may need to limit the load even further if your child is still:

- Struggling to get the backpack on by herself
- Complaining of back, neck or shoulder pain
- Leaning forward to carry the backpack

If your child complains of back pain or numbness or weakness in the arms or legs, talk to your doctor or physical therapist.

When used correctly, backpacks are supported by some of the strongest muscles in the body: the back and abdominal muscles. These muscle groups work together to stabilize the trunk and hold the body in proper postural alignment. However, backpacks that are worn incorrectly or are too heavy can lead to neck, shoulder and back pain as well as postural problems. So choose wisely and lighten the load. Happy shopping!

Deborah Stack, PT, DPT, PCS

*With over 20 years of experience as a physical therapist, Dr. Stack heads [The Pediatric Therapy Center of Bucks County](#) in Pennsylvania. She holds both masters and doctoral degrees in physical therapy from Thomas Jefferson University.*

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# Pack healthy school lunches: beware of junk food disguised as healthy foods



Junk food in disguise

*Need ideas on how to pack healthy school lunches? Beware of junk food masquerading as healthy food. Dr. Roxanne Sukol, an internist who writes the popular nutrition blog Your Health is on Your Plate , mom of three children, and friend of Dr. Kardos's from medical school, shares her insights.*

## What should we pack in our children's lunch bags?

The key to retraining our children to eat real food is to restore historical patterns of food consumption. My great-grandparents didn't eat potato chips, corn chips, sun chips, or moon chips. They ate a slice of whole-grain rye bread with a generous smear of butter or cream cheese. They didn't eat

fruit roll-ups. They ate apricots, peaches, plums, and grapes. Fresh or dried. Depending on where your family originated, you might have eaten a thick slice of Mexican white cheese (queso blanco), or a generous wedge of cheddar cheese, or brie. Sunflower seeds, dried apples, roasted almonds. Peanut butter or almond butter. Small containers of yogurt. Slices of cucumbers, pickles, or peppers. All of these make good snacks or meals. My mom is proud to have given me slices of Swiss cheese when I was a hungry toddler out for a stroll with my baby brother. Maybe that's how I ended up where I am today.

When my own children were toddlers, I gave them tiny cubes of frozen tofu to grasp and eat. I packed school lunches with variations on the following theme: 1) a sandwich made with whole grain bread, 2) a container of fruit (usually apple slices, orange slices, kiwi slices, berries, or slices of pear), and 3) a small bag of homemade trail mix (usually peanuts + raisins). The sandwich was usually turkey, mayo and lettuce; or sliced Jarlsberg cheese, sliced tomato, and cream cheese; or tuna; or peanut butter, sometimes with thin slices of banana. On Fridays I often included a treat, like a few small chocolates.

## **Homemade trail mix is one terrific snack.**

It can be made with any combination of nuts, seeds, and/or dried fruit, plus bits of dark chocolate if desired. Remember that dark chocolate is good for you (in small amounts). Dried apple slices, apricots, kiwi or banana chips, raisins, and currants are nutritious and delicious, and so are pumpkin seeds and sunflower seeds, especially of course in homes with nut allergies. Trail mix can be simple or involved. Fill and secure baggies with  $\frac{1}{4}$  cup servings, and refrigerate them in a closed container until it's time to make more. I would include grains, like rolled oats, only for children who are active and slender.

## What do I consider junk food?

Chips of all kinds, as well as those “100 calorie packs,” which are invariably filled with 100 calories of refined carbohydrate (white flour and sugar) in the form of crackers (®Ritz), cereal (®Chex), or cookies (®Chips Ahoy).

You can even find junk food snacks for babies and toddlers now: The main ingredients in popular Gerber Puffs® are refined flour and sugar. Reviewers tout: “You just peel off the top and pour when you need some pieces of food, then replace the cap and wait for the next feeding opportunity.” **Are we at the zoo?** “He would eat them all day long if I let him.” **This is not a benefit. It means that the product is not nutritious enough to satisfy the child’s hunger.**

## A note about drinks

Beware not only of drinks that contain minimal amounts of juice, but also of juice itself. Even 100% fruit juice is simply a concentrated sugar-delivery system. A much better approach is to teach children to drink water when they are thirsty, (See my post entitled **One Step at a Time**) and to snack on fresh fruit when they are hungry. Milk works, too, especially if they are both hungry and thirsty!

Roxanne Sukol, MD

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# No more night owl! How to adjust your child's sleep schedule for school



Great-horned owl, NPS Photo, Big Bend National Park

Okay, we admit it: our kids are definitely in summertime stay up late/sleep late sleep mode. With school starting soon, many of us now have to shift our children from summer to school year sleep schedules. Because school start times are constant (and early), the kids will have an easier time if you help them shift their bedtimes gradually over the period of a week or two toward the desired earlier bedtime. Remember, the average school-aged child needs 10-11 hours of sleep at night and even teenagers function optimally with 9-10 hours of slumber per night.

Here are some straight forward ways to help ensure good quality sleep for your child:

- 1) **Keep sleep onset and wake up times as consistent as possible 7 days a week.** If you allow your child to

“sleep in” during the weekends, she will have difficulty falling asleep earlier on Sunday night, have difficulty waking up Monday morning, and start off her week over-tired, more cranky, and less able to process new information—not good for learning. That said, you can allow your teens, who generally have a much earlier school start time than their biological clocks desire, to sleep in an hour or so on weekends to catch up on sleep.

- 2) **Limit or eliminate caffeine intake.** Often teens who feel too sleepy from lack of sleep drink tea, coffee, “energy drinks” or other caffeine laden beverage in attempt to self-medicate in order to concentrate better. What many people don’t realize is that caffeine stays in your body for 24 hours so it is entirely possible that the caffeine ingested in the morning can be the reason your child can’t fall asleep later that night. Know also that kids who drink “pre-work out” drinks may not realize that caffeine is one of the ingredients. Better to pre-hydrate with water. Caffeine can have side effects of jitteriness, heart palpitations, increased blood pressure, and gastro-esophageal reflux (heartburn). If your child already has a daily ice-tea, coffee, or other caffeine containing drink, let her wean down gradually- abrupt caffeine withdrawal can cause headaches.
- 3) **Keep a good bedtime routine.** Just as a soothing, predictable bedtime ritual can help babies and toddlers settle down for the night, so too can a bedtime routine help prepare older kids for sleep. Prevent your child from doing homework on his bed- better to associate work with a desk or the kitchen table and his bed with sleep.
- 4) **Avoid TV/computer/ screen time/smart phones just before bed.** Although your child may claim the contrary, watching TV is known to delay sleep onset. We highly

recommend no TV in a child's bedroom, and suggest that parents confiscate all cell phones and electronic toys, which kids may otherwise hide and use without parent knowledge, by one hour prior to bedtime. Quiet activities such as taking a bath, reading for pleasure, and listening to music are all known to promote falling asleep. Just be sure your kids put down the book, turn off the music, and turn off the light to allow time to relax in their beds and fall asleep. Many use this time for prayer or meditation.

- 5)           **Encourage regular exercise.** Kids who exercise daily have an easier time falling asleep at night than kids who don't exercise. Gym class counts. So does playing outside, dancing, walking, and taking a bike ride. Participating in a team sport with daily practices not only helps insure better sleep but also has the added benefit of promoting social interactions.

Getting enough sleep is important for your child's academic success as well as for their mental health. We pediatricians have had parents ask about evaluating their children for attention-deficit hyperactivity disorder because of an inability to pay attention, only to find that their youngster's focusing issues stem from tiredness. Teens are often so over-involved in activities that they average 6 hours of sleep or less per night. Increasing the amount of sleep in these kids will alleviate their attention problems and resolve any hyperactivity.

Additionally, sleep deprivation can cause symptoms of depression. Just recall the first few weeks of having a newborn: maybe you didn't think you were depressed but didn't you cry from sheer exhaustion at least once? A cranky kid or sullen teen may become much more upbeat and pleasant if they get an extra hour of sleep each night.

Unfortunately for children, the older they get, their natural circadian rhythm shifts them toward the "night owl" mode of

staying up later and sleeping later, and yet the higher-up years in school start earlier so that teens in high school start school earliest at a time their bodies crave sleeping late. A few school districts in the country have experimented with starting high school later and grade school earlier and have met with good success. Unless you live in one of these districts, however, your teens need to conform until they either go to college and when they can choose classes that start later in the day or choose a job that allows them to stay up later and sleep later in the day.

For kids of all ages, a night time ritual of “tell me about your day” can help kids decompress, help them fall asleep, and keep you connected with your child.

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