

Mommy, my friend dumped me



Dr. Kardos says she still remembers when her friend dumped her back in 7th grade. Guest blogging for Two Peds in a Pod, is child and adolescent counselor Dina Ricciardi with advice to help walk your kids through the experience.

It can happen very quickly, and often without explanation: your son or daughter gets “dumped” by his or her best friend or group of friends. One minute they are inseparable; the next, your child is left out and being ignored, and is completely bewildered as to why or what happened. Welcome to cliques, a typical part of the tween and adolescent landscape. While enduring these shifts in peer relationships can be extremely painful for both of you, there are some things you can do to help your child emerge safely on the other side of the experience.

Do empathize. Make sure your child knows that you understand why they are upset, and that you would be too.

Do take your child’s grief seriously. We adults know that

friendships change and shift over time, and that we all survive. However, your child may see this as the worst thing that has ever happened to her, and she may be right.

Don't downplay your child's pain. It's normal for him to feel hurt and rejected, and to question his own actions and the authenticity of the friendship.

Do keep an eye out for bullying or name-calling. If the situation seems to require it, enlist the support of school personnel to monitor things under their watch.

Don't disparage or belittle the offending friend(s). It might feel good in the moment, but it can set the wrong example and make it difficult for your child to reconcile if the opportunity presents itself.

As a parent, it is hard to watch your child suffer. Our instinct is often to try to fix the situation, which we need to resist. Part of adolescence is allowing our children to develop their own identity and to learn relationship skills. Through their peer relationships, they learn sophisticated concepts such as trust, loyalty, empathy, compassion, and tolerance. They also start to encounter difficult emotions such as jealousy. The most important thing we can do as parents is be available to help our children sort out their feelings and to give them a different perspective. We can also help them discover that while peers are important, they can be strong and fine on their own, and do not need other people to give them their identity. This helps them value themselves as individuals. In the process, maybe we parents learn something new also. Buckle in; it can be a bumpy ride!

Dina Ricciardi, LSW, ACSW

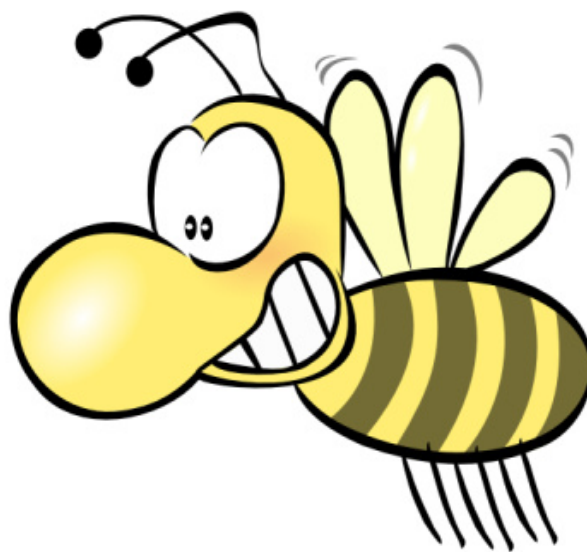
Dina Ricciardi is a psychotherapist in private practice treating children, adolescents, and adults in Doylestown, PA. She specializes in eating disorders and pediatric and adult anxiety, and is also trained in Sandtray Therapy. Ricciardi is

a Licensed Social Worker and a member of the Academy of Certified Social Workers. She can be reached at dina@nourishcounseling.com.

Dr. Lai adds: Help your kids cultivate their interests. As they do their interests, they will look around and find that those kids will become their friends. The hardest part about adolescence is figuring out your own interests, and not those of your peers.

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Ouch! Bee and wasp stings



(photo courtesy of WPCLipart.com)

Ouch! Stung on the scalp.

Ouch! Stung on the hand.

Ouch! Stung on the leg.

Ouch! Ouch! Stung TWICE on the lips.

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

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

What will you do in the same situation?

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

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

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

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

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

To decrease overall swelling elevate the affected area.

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

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

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

It is almost midnight as I write this blog post. Now that I know all of my kids are safely tucked in their beds, and I

know that Dan is fine, I turn my mind to one final matter: Wasps beware – I know that at night you return to your nest. My husband is going outside now with a can of insecticide. Never, never mess with the mother bear...at least on my watch.

Naline Lai, MD with Julie Kardos, MD

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

Marijuana: Hashing out Fact from Fiction

With some states now legalizing pot for recreational use, drug education for kids has never been more critical. The American Academy of Pediatrics released a policy statement this past year opposing legalization because of its potential harm to children, teens, and young adults. We welcome Dr. Shannon Murphy who dispels myths surrounding marijuana. – Drs. Kardos and Lai



Why is pot so different today than 30 years ago? Pot is 5 times stronger than the 1980's.

THC, the psychoactive ingredient in the plant, previously hovered around 3%. Now the average THC level is closer to 16%.

As of this year, some plants have been tested with levels reaching between 20-30% THC. There is a new form of pot known as hash oil that is almost pure THC with levels around 90%

I heard pot was not addictive. Is that true? Pot is addictive.

In fact, the younger you are when you start using pot, the more likely you are to get addicted. 10% of adults and 17% of young adults who try pot will become addicted to it. If one chooses to use on a daily or near daily basis, the addiction rate climbs to 25-50%.

How long does pot stay in your body? Pot is different from many other drugs because it can stay in your body for days after use.

In addition, the more you use pot, the longer it stays in your body. For regular users, it can remain in your body for several weeks. As a result, there is a sub acute impairment that persists with many users once the initial "high" has worn off.

When used, pot is distributed throughout one's body. These areas include the brain and spinal cord, heart, lungs, muscles, and fatty tissues. In fact, it is stored in fatty tissue. If one is pregnant and one uses pot, not only will the mom be affected by pot, but so will her unborn child. It also concentrates in breast milk. People who use marijuana should **NOT** breastfeed their baby.

Isn't pot safe to use? I heard it was safer than other drugs. Pot is harmful to the brain, heart, and lungs.

Regular use of marijuana, particularly at a young age, can create biochemical and structural changes to the brain. Some of these changes are not reversible. Moreover, the effects are dose dependent. The more you use, the more likely to affect change.

Marijuana causes cognitive impairment. It harms learning, memory, attention, and critical decision-making. A recent study showed that regular use of marijuana at a young age causes a **permanent** decrease in IQ of up to 8 points.

Marijuana is linked to the development of mental health issues including anxiety, depression, and psychosis. Research has shown that regular daily to weekend use of pot increased one's risk of psychosis 3-5 times that of the general population. Sadly, we are seeing this played out in states like Colorado where people have died from psychosis related events.

The American Lung Association has reported that pot has more cancer causing agents than tobacco smoke. Like tobacco, it causes chronic cough, wheeze, phlegm production, and frequent infections.

Marijuana has cardiac effects as well. Temporal links have been found between using pot and arrhythmias, stroke, and other major cardiac events.

What are “edibles”?

In 2014, with the legalization of pot in Colorado, the marijuana industry began selling food products with infused THC. These products, which include candy, cereal, pop tarts, and sodas, are indistinguishable from regular food.

In fact, exposure of kids to marijuana increased by 200% over this last year because of these products. These accidental poisonings were secondary to exposure of kids to edibles typically in their home. Many kids ended up in the ER, some with serious complications like seizures and difficulty breathing.

What does “dabbing” mean?

Dabbing is inhaling vapors from heating a concentrated form of pot. Dabs, which are also known as BHO (butane hash oil),

“budder”, “honeycomb”, or “earwax” contain much higher concentrates of THC, usually upwards of 90%. Dabs are much stronger than a single joint and the high is administered all at once.

How does smoking pot affect driving?

Driving high is dangerous to the driver, others in the vehicle, and people sharing the road. In fact, marijuana is the number one illicit drug found in the blood stream of drivers involved in fatal car accidents.

Pot impairs skills needed to drive safely. It negatively impacts alertness, coordination, and reaction time.

Pot and alcohol don't mix. Using both drugs at the same time has been shown to increase the THC level in one's blood stream. This makes for a deadly combination on the road.

Is it okay to use pot while pregnant?

It is **NOT** okay to use pot while pregnant. As mom gets high and feels the effects of the drug, so does the unborn child.

Studies have shown that children exposed to marijuana in utero have lower scores on visual and motor coordination as well as lower scores on visual analysis and problem solving. In utero exposure is also associated with decreased attention span and behavioral problems. Finally, studies have shown that teens are more likely to be marijuana users if their mom used while pregnant.

What if my teen says that since pot isn't a big deal anymore and many of their friends are using it?

Now more than ever, it is incredibly important to speak clearly regarding the risks of pot use. Many teens see legal as meaning safe, so we are entering a critical time when it comes to our kids and marijuana use. Here are a few suggestions when it comes to talking to your kids about drug

use in general.

Talk early and often. This should not be a one-time conversation.

Make sure your child knows your rules on drug use and set clear consequences if these rules are broken. Role-play real life situations so kids can know how to respond when confronted with scenarios that may involve drugs. Base education about pot and other drugs on facts.

Check out the National Institute of Drug Abuse website for up to date information. To learn more visit www.learnaboutsam.org.

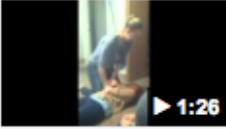
Shannon Murphy, MD, FAAP

Dr. Murphy is a board certified general pediatrician who currently serves on the American Academy of Pediatrics Practice Advisory Committee for Adolescent Substance Use. She heads a non-profit coalition, SAM Alabama, whose goal is to educate parents and kids on the public health issues and safety concerns associated with marijuana.

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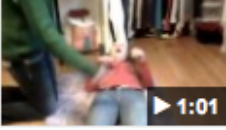
**It's no laughing matter:
another tween game in town**

The "Real" Laugh Test - YouTube



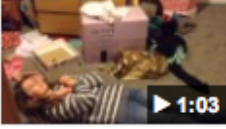
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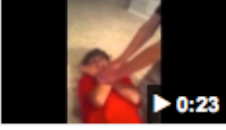
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How to find your true laugh - YouTube



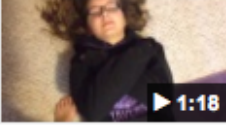
www.youtube.com/watch?v=jVT
 Feb 7, 2015 - Uploaded by Mia Coff
 A tutorial on how you **find your true**
 comment for more from us.

true laugh - YouTube



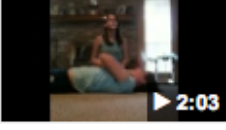
www.youtube.com/watch?v=7Rk
 Jul 25, 2011 - Uploaded by mckeNZ
 In this video we teach you how to g
 staring Keaton Jared and Mackenzi

How to - Hear your REAL laugh - YouTube



www.youtube.com/watch?v=Ss5
 Jun 13, 2014 - Uploaded by Autumr
 How to hear your real laugh.. Like a
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How to find your natural laugh - YouTube



www.youtube.com/watch?v=HJx
 Jul 21, 2012 - Uploaded by TheTrur
 How to **find your natural laugh** ...
 ... Funny Videos Try Not To Laugh

A snippet from a quick search on youtube for "true laugh"

There's another game in town called "Find your true laugh," but it is no laughing matter. One kid lies down and another kid either sits on the recumbent kid's chest or pushes hard on the recumbent kid's chest with his hands (think CPR chest compressions). As the recumbent kid starts to laugh, his laugh purportedly changes. In this case, in addition to compromising a kid's airway, the force of another person pushing hard on the chest can lead to rib fractures and, as one of our patients discovered painfully, even a fractured sternum. Rib

fractures are acceptable as a side effect of CPR but are not an acceptable side effect of a game.

Tweens in particular seem vulnerable to trying the “Hey, this looks fun, let’s try it, ” airway blocking games. Explain to your tween that anything that can possibly interfere with breathing can hurt him.

Dr. Kardos tells tween patients:

Your nose is for breathing air. NOT for breathing fumes from glue or markers in order to get high. Called “huffing,” this can lead to sudden fatal heart arrhythmias.

Your mouth is also for breathing. Tweens can all recite the dangers of smoking cigarettes, but they can find it amusing to breathe in crushed candy, which can irritate lungs, or to try to swallow a spoonful of cinnamon while taking the “cinnamon challenge.” The coughing and vomiting that result from this challenge are evidence of its potential danger.

Air moves through your neck to reach your lungs. Tweens play the “choking game” by strangling themselves in order to get a brief high before passing out. Tell your kids to never tie or loop anything around their necks, for obvious reasons. Kids have died playing this game.

Your lungs are in your chest. To get back to the find your true laugh game: this game involves smushing the chest. Point out that lungs can’t expand to hold air if someone is crushing your chest.

Earlier in this summer, Dr Lai turned around at a party to find a pile of tween girls on the rug giggling and trying to push in each other’s rib cages. After explaining to the girls why one should never block her airway, one of the girls ferevently nodded and said , “I see, like the bologna game?”

“What bologna game?” asked Dr. Lai

" The one where you take a piece of bologna, cover your mouth and inhale it in."

"Yes, like the bologna game, " said Lai with a sigh.

What will they think of next?

Julie Kardos, MD with Naline Lai, MD

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The natural medicine cabinet in your kitchen



photo by Lexi Logan www.lexilogan.com

You may not think of your kitchen as a convenient pharmacy, but parents used common kitchen items successfully to treat various maladies long before CVS and Walgreens were invented.

Crisco– May not be healthy to eat, but smeared on skin, it's an old fashioned but effective treatment for eczema or [dry skin](#).

Oatmeal– Crush and put into the end of a hosiery sock. Float the sock in the bathtub for a natural way to moisturize skin.

Olive Oil–

- Put a couple drops into the ear three times a day to loosen ear wax (don't put in if your child has a hole in their ear drum eg. myringotomy tubes).
- For cradle cap, rub into your baby's scalp and use your fingernail or a soft brush to loosen the greasy flakes.
- Also use to kill [lice](#). Work the oil through the scalp, tuck hair into a shower cap and wash off in the morning. Although studies are unclear on how well this method works on lice, it certainly is worth a try.

White vinegar-If [swimmer's ear](#) is suspected, mix rubbing alcohol one to one with vinegar and drop a couple drops in the ear to stop the swimmer's ear from progressing (don't put in if your child has a hole in their ear drum eg. myringotomy tubes).

Ginger– Boil ginger to make a tea to take the edge off nausea

Honey– Shown to soothe coughs-give a teaspoon of dark (buckwheat, for example) honey three times a day. However, NEVER give honey to a child who is younger than one year of age because it may cause infant botulism

Lemon– An old singer's trick–combine lemon juice with honey in tea to alleviate hoarseness

Salt– Mixed into lukewarm water, gargling with salt water will

help ease sore throat pain

Baking soda:

- Mix with water to make a paste to help soothe itchy skin, from maladies such as [poison ivy](#).
- Can also be mixed with water to make toothpaste if you run out of your usual minty whitener.
- Another use of baking soda: one part baking soda with 4 parts corn starch makes a natural underarm deodorant.

Sugar: Mix sugar into weak tea (or your ginger tea from above) and give small amounts frequently to soothe your **older** child's nausea and help rehydrate after vomiting.

Ice: Ice not only decreases swelling when applied to injuries, it can also be used to combat the itch of bug bites and poison ivy.

Kitchen sink: This is an excellent place to wash any [cut, scrape, or bleeding wound](#) under running water with soap. Immediately after a burn, rinse the burned skin under cold water for several minutes to limit the extent of the heat injury. Contrary to popular lore, DO NOT put butter on a burn. You may, however, put butter on your toast. In small amounts.

Naline Lai, MD and Julie Kardos, MD

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The surprising first signs of dehydration



It's 100 degrees Fahrenheit outside. We're hiking around the Southern Utah desert and one of my kids vomits once. Nope,

it's not the stomach bug; that was last vacation. This time one of my kids vomited because of dehydration. Strangely, humans don't always complain of thirst once they start becoming parched, and my kid was no exception.

Right now many kids are at camp running about in high temperatures and soon enough, kids will be called back to school for sport practices. Before they go off, let them know that the first signs of dehydration are usually a vague headache and nausea. Warn them not to depend solely on their sense of thirst to signal them to hydrate. If they "just don't feel right," take a break. Other signs of heat exhaustion and stroke are outlined here <http://www.cdc.gov/extremeheat/warning.html>

For kids who play only for an hour or so, water is a good choice for hydration. For the more competitive players who churn up a sweat or participate in vigorous activity, electrolyte replenishers such as Gatorade® and Powerade® become important, because after 20-30 minutes of sweating, a body can lose salt and sugar as well as water. In fact, my sister, an Emergency Medicine doctor, tells the story of a young woman who played ultimate frisbee all day, and lost a large amount of salt through sweating. Because she also drank large amounts of water, she "diluted" the salt that was still in her blood and had a seizure.

If your child plays an early morning sport, start the hydration process the night before so that they don't wake up already behind on fluids. If your child goes more than six to eight hours without urinating, she needs to drink more.

Avoid caffeine which is found in some sodas, iced tea and many of the energy drinks. Caffeine dehydrates. The American Academy of Pediatrics recommends that children and teens never drink "energy drinks" because of the adverse effects of the stimulants they all contain. Some of the newer highly touted rehydration fluids of the adult world such as coconut water or

chocolate milk are fine.

Keep in mind it's not only sports that can dehydrate kids. Years ago I knew of a tuba player who went to the emergency room after marching band practice on a hot August day.

Next vacation we'll definitely buy some water bottles to make sure we don't get dehydrated. Not having enough water can be so dangerous! We'll also take along paper towels and cleaning fluid too.

Naline Lai, MD and Julie Kardos, MD

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Soothe the itch of poison ivy



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

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

Also, **contrary to popular belief, you can not spread poison**

ivy on yourself through scratching. However, where the poison (oil) has touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch :

- **Hopping into the shower and rinsing off within fifteen minutes** of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.
- **Hydrocortisone 1%.** This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day
- **Calamine lotion – a.k.a. the pink stuff.** This is an active ingredient in many of the combination creams. Apply as many times as you like.
- **Diphenhydramine (brand name Benadryl)- take orally** up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti itch properties.
- **Oatmeal baths** – Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)
- **Do not use alcohol or bleach**– these items will irritate the rash more than help

The biggest worry with poison ivy rashes is not the itch, but the chance of infection. With each scratch, your child is possibly introducing infection into an open wound. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen. However, **infections cause pain** – if there is pain

associated with a poison ivy rash, think infection. **Allergic reactions cause itchiness**– if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure. Infection usually occurs on the 2nd or 3rd days. If you have any concerns take your child to her doctor.

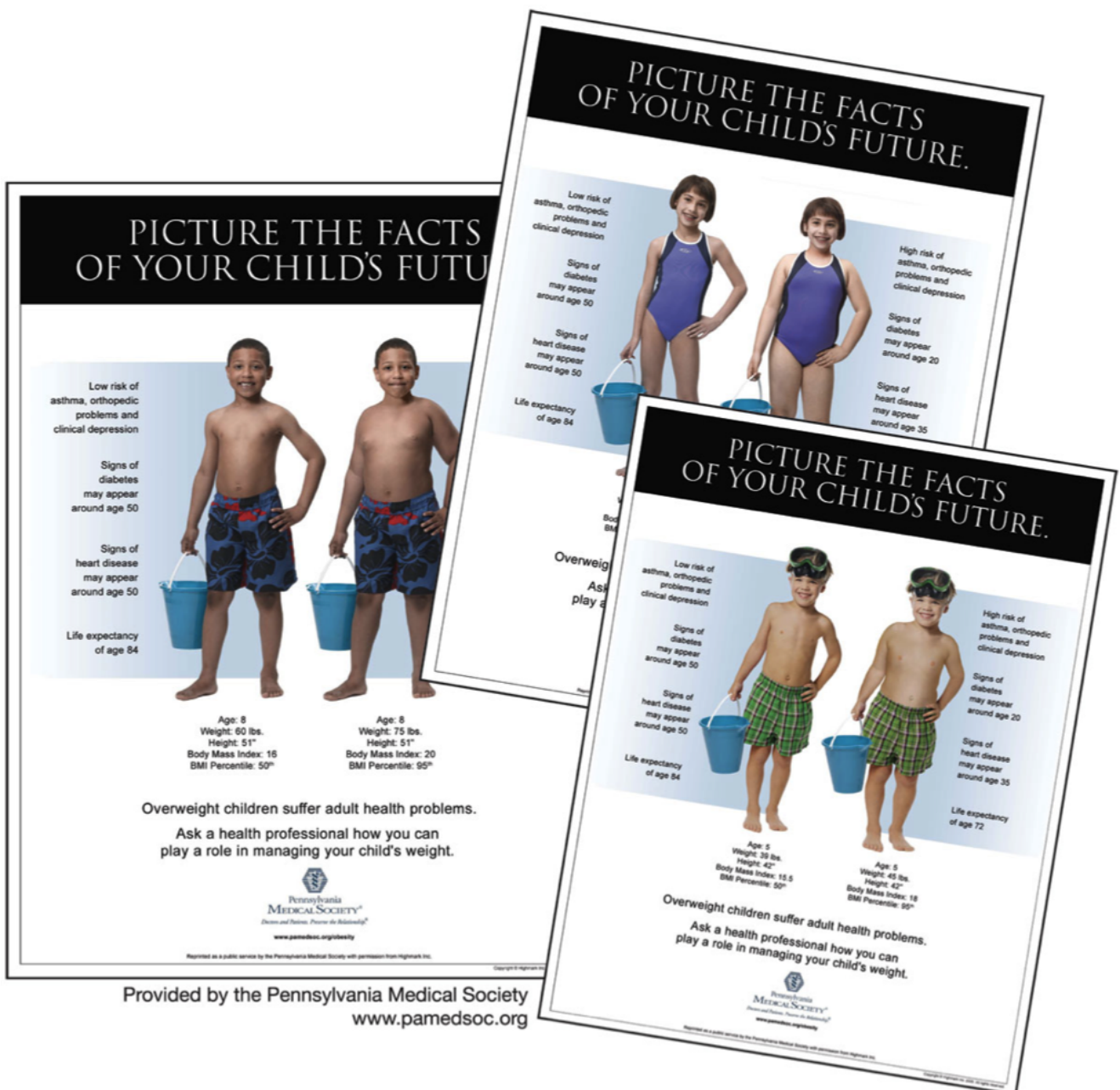
Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

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

Naline Lai, MD and Julie Kardos, MD

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Would you recognize if your child was overweight?



In these posters put out by the Pennsylvania medical society, the children on the right are considered obese.

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

Julie Kardos, MD with Naline Lai, MD

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Blame it on Mom

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



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

If your teen is at a friend's house or party, is uncomfortable and wants to leave, but does not want the other kids to know his discomfort (such as in the presence of alcohol or drugs)

have him text or call you and say a predetermined code, such as: “Oh, my mom wanted me to *check in with her* at (fill in the current time, whatever it is)”. Then, have him say: “I can’t believe it! She says she has to come get me now!” Remember, Moms, do not ask questions if you hear or read: “I’m *checking in* like you said I had to.” Just go rescue your child!

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

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

Happy Mother’s Day

Naline Lai, MD and Julie Kardos, MD
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The best allergy medicines for kids



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

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

As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy medications can be overwhelming. Should you chose the medication whose ads feature a bubbly seven-year-old girl kicking a soccer ball in a field of grass, or the medication whose ads feature a bubbly ten-year-old boy roller blading? Its it better to buy a “fast” acting medication or medication that promises your child “relief?”

A guide to sorting out your medication choices:

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

- **First generation antihistamines work well at drying up nasal secretions and stopping itchiness but don't tend to last as long and often make kids very sleepy:**

Diphenhydramine (brand name Benadryl) is the best known medicine in this category. It lasts only about six hours and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids. Occasionally, kids become "hyper" and are unable to sleep after taking this medicine. Opinion from Dr. Lai: dye-free formulations of diphenhydramine are poor tasting. Other first generation antihistamines include Brompheniramine (eg. brand names Bromfed and Dimetapp) and Clemastine (eg. brand name Tavist).

- **The newer second and third generation antihistamines cause less sedation and are conveniently dosed only once a day:**

Cetirizine (eg. brand Zyrtec) causes less sleepiness and it helps itching fairly well. Give the dose to your child at bedtime to further decrease the chance of sleepiness during the day. Loratadine (brand name Alavert, Claritin) causes less sleepiness than cetirizine. Fexofenadine (brand name Allegra) causes the least amount of sedation. The liquid formulations in

this category tend to be rather sticky, the chewables and dissolvables are favorites among kids. For older children, the pills are a reasonable size for easy swallowing.

Allergy eye drops: Your choices for over-the-counter antihistamine drops include ketotifen fumarate (eg. Zatidor and Alaway). For eyes, drops tend to work better than oral medication. Avoid products that contain vasoconstrictors (look on the label or ask the pharmacist) because these can cause rebound redness after 2-3 days and do not treat the actual cause of the allergy symptoms. Contact lenses can be worn with some allergy eye drops- check the package insert, and avoid wearing contacts when the eyes look red.

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

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

Some of the above mentioned medicines can be taken together and some cannot. Read labels carefully for the active

ingredient. Do not give more than one oral antihistamine at a time. In contrast, most antihistamine eye drops and nose sprays can be given together along with an oral antihistamine.

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

The best medication? Get the irritating pollen off your child.

Have your allergic child wash her hands and face as soon as she comes in from playing outside so she does not rub pollen into her eyes and nose. Rinse outdoor particles off your child's body with nightly showers. Filter the air when driving in the car and at home by running the air conditioner and closing the windows to prevent the "great" outdoors from entering your child's nose.

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