

The best allergy medicine for kids aged 2-5 years old



one way to beat allergies

The stereotype of the runny nosed preschooler is not so far fetched. But is it allergies or a cold? The difference between allergies caused by environmental irritants and colds caused by viruses can be tough to sort out in this age group. After all, germs spread like wildfire through the preschool crowd who tends to touch everything and everyone. The little ones are still sucking thumbs and rubbing eyes but aren't so skilled at hand washing. At the same time, environmental allergies affect this age group just as much as in our older kids.

Your pediatrician can help sort out if your child suffers from back-to-back cold viruses or from allergies, although it isn't always straightforward. One hint is in genetics. After all,

the apple does not fall far from the tree. If one biological parent has allergies, a child has about a forty to fifty percent chance of having allergies. If both parents do, then the kid is doomed to about an eighty percent chance of allergies. Also, if one parent complains loudly that their nose is runny from allergies and your child's nose starts to run, then it's allergies. If your child has other signs such as a seasonal itchy face, a perpetual runny nose, or a dry sounding cough, your child's doctor might recommend a trial of allergy medicine.

There are a few reasons that pediatricians often choose trial of allergy medicine without allergy testing.

1. Allergy testing involves either a blood draw or "skin testing" which is basically "skin pricking." As you are likely well aware, kids this age are almost uniformly needle-phobic. Also, specifically testing for potential allergic triggers in the environment can be tricky. After all, we can't test for every flower or tree.

Testing may be useful when there is something specific that can be eliminated in order to control symptoms. For example, if the new family cat is the trigger, then the cat can be kept out of the child's bedroom, or in extreme cases parents may need to find a new home for the pet. In general, we caution about testing for sensitivity to family members such as dogs or cats.

2. If we decide that a child is allergic to trees, grass, pollen, or dust, things that kids cannot easily avoid, then, the mainstay of treatment is to periodically treat allergy symptoms with medicine. So if the end result is that the child will take allergy medicine, then one approach is to try the medicine, and if the child's symptoms resolve, we have confirmed allergies.

So which allergy medicine to start? Here are some options:

Diphenhydramine (brand name eg. Benadryl, Banofen): This safe allergy medicine has been around for many years, and for this age, comes as a liquid, chewable tablet, and a melt-on-your-tongue form. The dose for kids younger than 6 years is based on your child's weight, so you can check the correct dose with your pediatrician. The main side effect is sleepiness, so if symptoms are worse overnight, this medicine is good for bedtime dosing. This medicine lasts 6-8 hours, so your child may need 2 or 3 doses in a 24 hour period to adequately control symptoms. A small percentage of children can become hyper, rather than sleepy, when they take diphenhydramine. If this happens, you will know NOT to give a dose at bedtime.

Cetirizine (brand name eg. Zyrtec, Aller-tec): This safe allergy medicine has been approved for kids this age for many years. The advantage is that it can be dosed once daily. It does not cause as much drowsiness as diphenhydramine. Just in case their kids feel a little sleepy on it, many parents will give the dose at bedtime. For children aged 2-5 years, the commonly recommended dose is between 2.5 and 5mg, but may change depending on other medical problems your child might have, so check with your child's pediatrician for proper dosing. For this age, the medicine comes as a liquid and as a chewable tablet.

Loratadine (brand name eg. Claritin, Alavert): Similar to cetirizine, loratadine is less sedating than diphenhydramine and also less likely to sedate than cetirizine. The dose commonly recommended for this age group is 5mg once daily, but check the dose with your child's pediatrician because the dose may change with certain health conditions, such as kidney or liver problems. Kids usually take the liquid or dissolve-on-the-tongue form. The tablet form technically can be cut in half and chewed, but tastes like cardboard.

While allergy nasal sprays and allergy eye drops work very well for allergies (see our prior post on the best allergy medicine for kids), Parents often end up wresting their kids

in order to administer the drops.

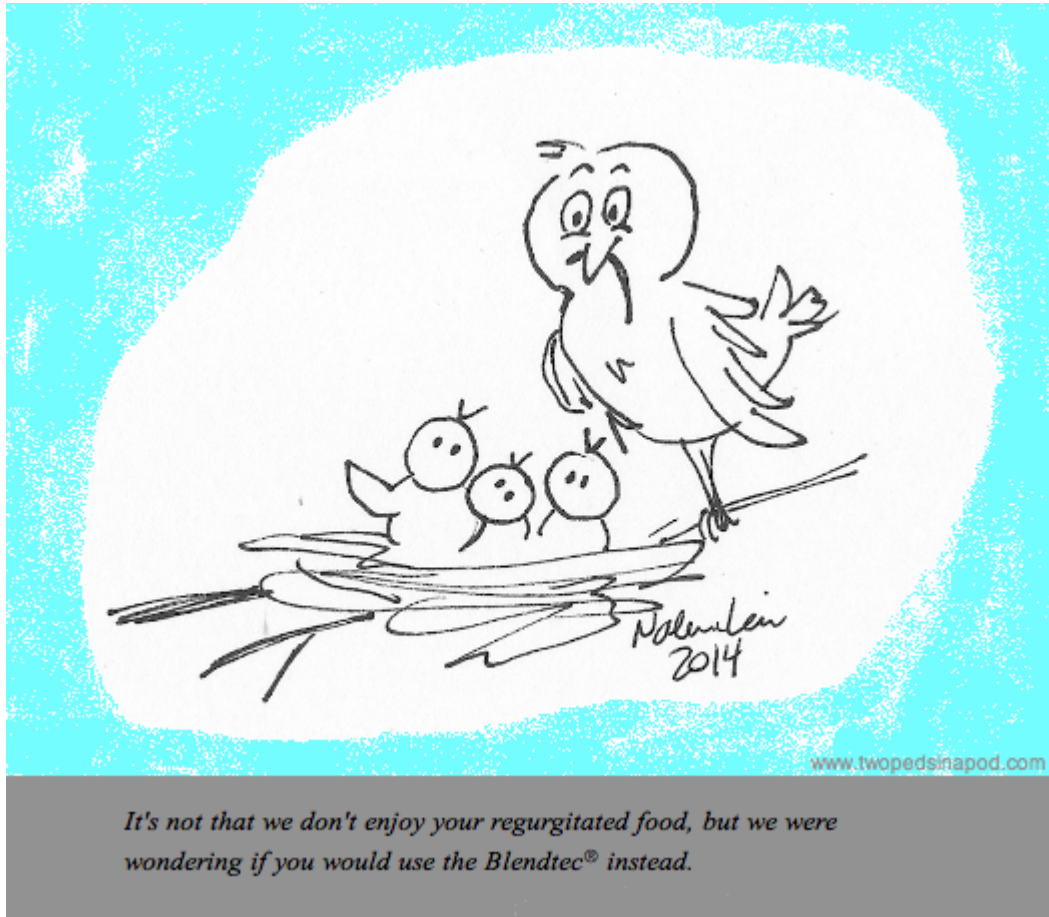
Of course, you can also try to “wash the outside off” once your allergic kid comes inside. This means washing hands and face with soap and water, and perhaps even changing shirts. Or you can do what our photographer did with her little one – a dunk in the sink.

Julie Kardos, MD and Naline Lai, MD

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The latest in how to start baby food

As we said to Robin Young on NPR's *Here and Now*, “A lot of life's issues all boil down to the essentials of life...eat, sleep, drink, pee, poop and love.” Here's our update on baby food: WHEN, HOW, and WHAT to start feeding your baby.



Remember:

- 1) **It's not just about the food.** It's about teaching your child to eat when hungry and to stop when not hungry.
- 2) **Eating a meal with family is social as well as nutritious.** Keep eating pleasant and relaxed. Avoid force-feeding or tricking your child into eating. Feed your baby along with other family members so your baby can learn to eat by watching others eat.
- 3) **Babies start out eating pureed foods on a spoon between 4-6 months** and progress to finger foods when physically capable, usually between 7-9 months. Teeth are not required; hand to mouth coordination is required.

The first feeding: Babies expect a breast or a bottle when hungry. So make sure your baby is happy and awake but **NOT** hungry the first time you feed her solid food because at this point she is learning a skill, not eating for nutrition. Wait

about an hour after a milk feeding when she is playful and ready to try something new. Keep a camera nearby because babies make great faces when eating food for the first time. Many parents like to start new foods in the morning so that they have the entire day to make sure it agrees with their baby. Watch for rash or stomach upset.

WHAT should you feed your baby first? There is no one right answer to this question.

- **The easiest food to offer** is one that is already on the breakfast, lunch, or dinner table that is easy to mush up.
- In some cultures, a baby's first food is a smash of lentils and rice. In other cultures it's small bits of hard-boiled egg or a rice porridge. **The bottom line: it doesn't matter much what you start with**, as long as it's nutritious. Dr. Kardos is proud to say that she fed her nephew his first solid food: watermelon! (He loved it).
- **Avoid honey** before one year of age because honey can cause botulism in infants.
- **Add iron-containing food sooner** rather than later. Pediatricians recommend a diet with iron-containing solid foods because a baby's iron needs will eventually outstrip what she stored from her mother before birth as well as what she can get from breast milk or formula. Iron-containing food include iron-fortified baby cereal (such as oatmeal), pureed meats (such as chicken, beef or fish) or smashed lentils or black beans.
- **If feeding baby cereals**, make them with formula or breast milk, not water or juice, for more nutritional "oomph."
- **If your baby has eczema and/or an egg allergy**, your baby may be predisposed to a peanut allergy. Ask your doctor if your baby is a candidate for daily peanut protein feedings in order to prevent a peanut allergy. Read the guidelines [here](#) and instructions for the feedings [here](#).

Otherwise, you can start peanut butter whenever you want- it's really yummy mixed into oatmeal.

- **Variety is the spice of life:** you do not need to feed the same food day after day. In particular, because of concerns of arsenic, avoid over indulgence in rice cereal. No need to avoid certain foods because of the fear of inducing food allergies. This is a change from recommendations issued about 15 years ago. Focus more on avoiding choking hazards than on avoiding theoretically allergenic foods.
- **Not all kids like all foods.** Don't worry if your baby hates carrots or bananas. Many other choices are available. At the same time, you can **offer a previously rejected food multiple times** because taste buds change.

HOW to feed:

Sit your baby in a high chair at the table where your family eats meals.

Some babies will learn in just one feeding to swallow without gagging and to open their mouths when they see the spoon coming. Other babies need more time. If your baby becomes upset, end the meal. Some babies take several weeks to catch on to the idea of eating solids. Try one new food at a time. Then, if your baby has a reaction to the food, you'll know what to blame.

Some babies just never seem to like mushed up foods and prefer to suck on foods at first (like Dr. Kardos's nephew did with his watermelon). One practice called baby-led weaning describes another way of introducing solids.

If you prefer to buy "baby food," know that stage one and stage two baby foods are similar. No need to test all stage one foods before going onto stage two. The consistency of the food is the same. The stages differ in the size of the containers. Some stage two foods combine ingredients.

Combinations are fine as long as you know your baby already tolerates each individual ingredient (i.e. “peas and carrots” are fine if she’s already had each one alone). Avoid the dessert foods. Your baby does not need fillers such as cornstarch and concentrated sweets.

Be forewarned: **poop changes with solid foods**. Usually it gets more firm or has more odor. Food is not always fully digested at this age and thus shows up in the poop. Wait until you see a sweet potato poop!

By six months, babies replace at least one milk feeding with a solid food meal. Many babies are up to three meals a day by 6 months, some are eating one meal per day. Starting at six months, for cup training purposes, you can offer a cup with water at meals. Juice is not recommended. Juice contains a lot of sugar and very little nutrition.

WHAT ABOUT FINGER FOODS? WHEN CAN MY BABY PICK UP HIS OWN FOOD?

Offer finger foods when your baby can sit alone and manipulate a toy without falling over. When you see your baby delicately picking up a piece of lint off the floor and putting it into his mouth, he’s probably ready! Usually this occurs between 7-9 months of age. Even with no teeth your baby can gum-smash a variety of finger foods. Examples include “Toasted Oats” (Cheerios), which are low in sugar and dissolve in your mouth eventually without any chewing, $\frac{1}{2}$ cheerio-sized cooked vegetable, soft fruit, ground meat or pieces of baked chicken, beans, tofu, egg yolk, soft cheese, small pieces of pasta. Start by putting a finger food on the tray while you are spoon feeding and see what your child does. They often do better feeding themselves finger foods rather than having someone else “dump the lump” into their mouths.

Finger food sample meals: Breakfast: cereal, pieces of fruit, egg. Lunch: pasta or rice, lentils or beans, cooked vegetables

in pieces, pieces of cheese. Dinner: soft meat such as chicken or ground beef, cooked veggies and/or fruit, bits of potato, or cereal. Need other ideas? Check out this post on finger foods. **By nine months, kids can eat most of the adult meal at the table**, just avoid choking hazards such as raw vegetables, chewy meats, nuts, and hot dogs. You can use breast feedings or formula bottles as snacks between meals or with some meals. By this age, it is normal for babies to average 16-24 oz of formula daily or 3-4 breast feedings daily.

Avoid fried foods and highly processed foods. Do not buy “toddler meals” which are high in salt and “fillers.” Avoid baby junk food- if the first three ingredients are “flour, water, sugar/corn syrup”, don’t buy it. We are amazed at the baby-junk food industry that insinuate that “fruit chews,” “yogurt bites” and “cookies” have a place in anyone’s diet. Instead, feed your child eat REAL fruit, ACTUAL yogurt, and healthy carbs such as pasta, cous-cous, or rice.

Other important food-related topics:

Organic and conventional foods have the same nutritional content. They differ in price, and they differ in pesticide exposure, but no study to date has shown any health differences in children who consume organic vs conventional foods. For more information, see this American Academy article and this study as well as our own prior post about organic vs conventional foods.

About fish: For years, experts fretted about pregnant women and children exposing themselves to high mercury levels by eating contaminated fish. However, the realization that fish is packed with nutrition, and the emergence of data showing that only a few types of fish contain significant mercury levels, led the FDA to encourage fish intake in young children and pregnant women. Please check this FDA advice for specific information about which fish to offer your child.

SAFETY ALERT:

Children should always eat while sitting down and not while crawling or walking in order to AVOID CHOKING. Also, you don't want to create a constantly munching toddler who will grow into a constantly munching ten year old.

Bon appetite,

Julie Kardos, MD and Naline Lai, MD

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Updated from our original 2009 post

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](#).

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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!

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A guide for parents of one-year-olds



indignant crying that followed clued us to his anger. "Oh, it's a tantrum," my husband and I laughed, relieved.

Parenting one-year-olds requires the recognition that your child innately desires to become independent of you. Eat, drink, sleep, pee, poop: eventually your child will learn to control these basics of life by himself. We want our children to feed themselves, go to sleep when they feel tired, and pee and poop on the potty. Of course, there's more to life such as playing, forming relationships, succeeding in school, etc, but we all need the basics. The challenge comes in recognizing when to allow your child more independence and when to reinforce your authority.

Here's the mantra: **Parents provide unconditional love while they simultaneously make rules, enforce rules, and decide when rules need to be changed.** Parents are the safety officers and provide food, clothing, and a safe place to sleep. Parents are teachers. Children are the sponges and the experimenters. Here are concrete examples of how to provide loving guidance:

Eating: The rules for parents are to provide healthy food choices, calm mealtimes, and to enforce sitting during meals. The child must sit to eat. Walking while eating poses a choking hazard. Children decide how much, if any, food they will eat. They choose if they eat only the chicken or only the peas and strawberries. They decide how much of their water or milk they drink. By age one, they should be feeding themselves part or ideally all of their meal. By 18 months they should be able to use a spoon or fork for part of their meal.

If, however, parents continue to completely spoon feed their children, cajole their children into eating "just one more bite," insist that their child can't have strawberries until they eat their chicken, or bribe their children by dangling a cookie as a reward for eating dinner, then the child gets the message that independence is undesirable. They will learn to ignore their internal sensations of hunger and fullness.

For perspective, remember that newborns eat frequently and enthusiastically because they gain an ounce per day on average, or one pound every 2-3 **weeks**. A typical one-year-old gains about 5 pounds during his entire second year, or one pound every 2-3 **months**. Normal, healthy toddlers do not always eat every meal of every day, nor do they finish all meals. Just provide the healthy food, sit back, and [enjoy meal time with your toddler and the rest of the family.](#)

A one-year-old child will throw food off of his high chair tray to see how you react. Do you laugh? Do you shout? Do you do a funny dance to try to get him to eat his food? Then he will continue to refuse to eat and throw the food instead. If you say blandly, "I see you are full. Here, let's get you down so you can play," then he will do one of two things:

- 1) He will go play. He was not hungry in the first place.
- 2) He will think twice about throwing food in the future because whenever he throws food, you put him down to play. He will learn to eat the food when he feels hungry instead of throwing it.

Sleep: The rule is that parents decide on reasonable bedtimes and naptimes. The toddler decides when he actually falls asleep. Singing to oneself or playing in the crib is fine. Even cries of protest are fine. Check to make sure he hasn't pooped or knocked his binky out of the crib. After you change the poopy diaper/hand back the binky, **LEAVE THE ROOM!** Many parents tell me that "he just seems like he wants to play at 2:00am or he seems hungry." Well, this assessment may be correct, but remember who is boss. Unless your family tradition is to play a game and have a snack every morning at 2:00am, then just say "No, time for sleep now," and [ignore his protests.](#)

Pee/poop: The rule is that parents keep bowel movements soft by offering a healthy diet. The toddler who feels pain when he poops will do his best not to have a bowel movement. Going into potty training a year or two from now [with a constipated](#)

[child](#) can lead to many battles.

Even if your child does not show interest in potty training for another year or two, [talk up the advantages of putting pee and poop in the potty](#) as early as age one. Remember, repetition is how kids learn.

Your one-year-old will test your resolve. He is now able to think to himself, “Is this STILL the rule?” or “What will happen if I do this?” That’s why he goes repeatedly to forbidden territory such as the TV or a standing lamp or plug outlet, stops when you say “No no!”, smiles, and proceeds to reach for the forbidden object.

When you [feel exasperated by the number of times you need to redirect your toddler](#), remember that if toddlers learned everything the first time around, they wouldn’t need parenting. Permit your growing child to develop her emerging independence whenever safely possible. Encourage her to feed herself even if that is messier and slower. Allow her to fall asleep in her crib and resist only rocking her to sleep. Everyone deserves to learn how to fall asleep independently. You don’t want to train a future insomniac adult.

And if you are baffled by your child’s running away from you one minute and clinging to you the next, just think how confused your child must feel: she’s driven towards independence on the one hand and on the other hand she knows she’s wholly dependent upon you for basic needs. Above all else, remember the goal of parenthood is to help your child grow into a confident, independent adult... who remembers to call his parents every day to say good night... ok, at least once a week to check in.... ok, keep in touch with those who got him there!

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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 preform 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.

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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.

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.

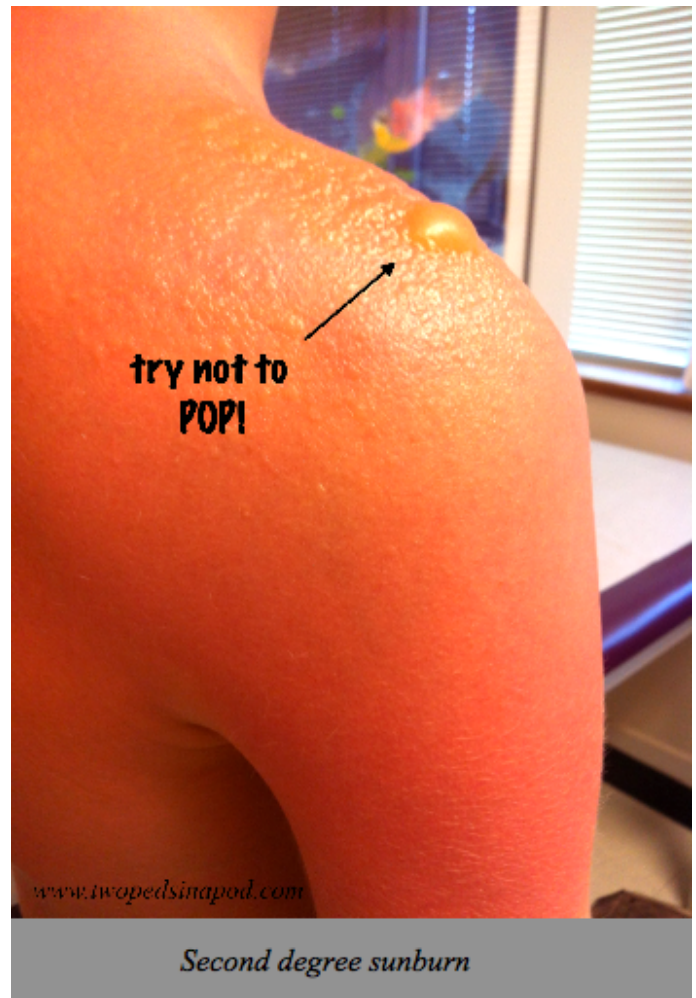
Some splinters are just too difficult for parents to remove. If you are not comfortable removing it yourself or if your child can't stay still for the extraction procedure, head over to your child's doctor for removal.

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.

Julie Kardos, MD and Naline Lai, MD

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