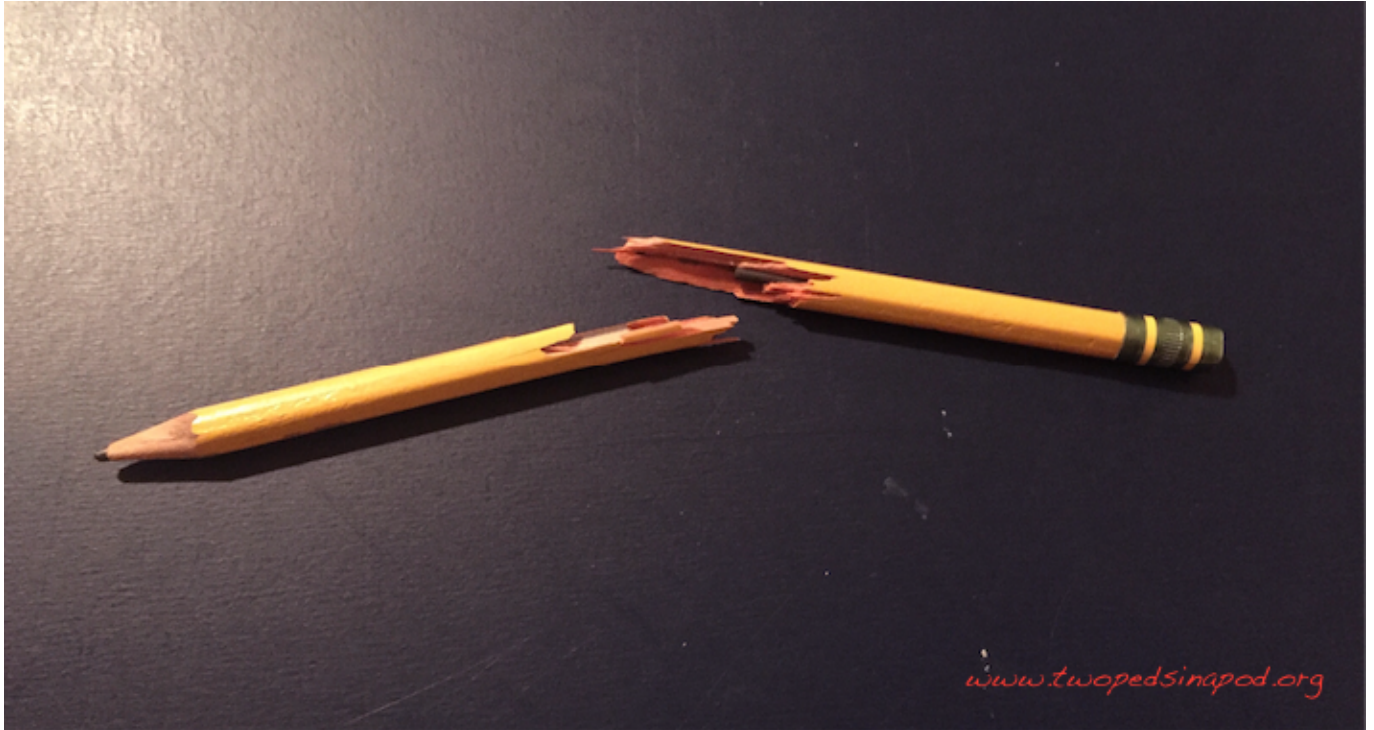


Test anxiety: taking out the stress



Spelling test on Friday? Algebra unit test next week? SATs looming? Our guest blogger, child psychologist Dr. Jessica Collins, gives tips for calming test anxiety.

Test anxiety is a common source of stress for both students and parents. Despite your best efforts to help your child study more effectively, instructing your child how and what to study may actually increase their anxiety as your suggestions are likely to be based on your own study style preferences. Instead of offering your advice or opinion, we suggest you try some of the following:

Breathe. Help your child relax by practicing diaphragmatic breathing. Diaphragmatic breathing increases oxygen in the bloodstream. It is a way to interrupt the body's response to stress and promote a relaxation response instead. This strategy can be used before, after and *DURING* test taking!

Relax. When you are feeling anxious or stressed, one of the ways your body responds is with muscle tension. Progressive Muscle Relaxation (PMR) is a strategy that helps relieve that tension by completing a series of exercises in which you tense your muscles as you breathe in and relax them as you breathe out. PMR can also be used, anytime and anywhere!*

Promote Organization. Before your child begins to study, ensure that he/she has all of the necessary materials (i.e., pens, highlighters, note cards, books). Help your child group his/her study information into categories or test subjects. Organizing information before your child begins to study will allow him/her to spend more time with his/her nose in the books and less time searching for missing papers.

Break It Down. Work backward and help your child identify smaller content areas, within a test subject that he/she can focus on, one at a time. This will help your child feel less overwhelmed and make studying more manageable.

Encourage Time Management. Once your child has organized and identified the test content areas, help your child create a study schedule. Make sure to start studying early. Information is more easily remembered when it is studied for shorter periods of time over a longer time period rather than spending hours cramming for 1 or 2 days. Also, make sure to schedule in study breaks.

State-Dependent Learning. As much as possible, the environment in which your child studies should mimic the test environment. Help your child find a quiet place to study in your home or at the library. Have him/her sit at a desk or table instead of lying on his/her bed. Limit distractions including background noise or music. Use a timer and offer periodic breaks if your child's testing environment will be doing the same.

Remember the Bigger Picture. Children who experience test anxiety may easily forget how much the test grade counts

towards a final grade. Help your child put the test into perspective by highlighting their successes in other areas and how those achievements are linked to future goals. For tests which are used to help determine a child's future academic placement (e.g., SATs, ACTs, AP exams, etc.), make a list of ALL the other criteria (i.e., letters of recommendation, grades, extracurricular activities) that are also incorporated into applications. The longer the list, the easier it will be for your child to see his/her test score as one factor, out of many, that are used in this decision making process.

It is very common for students to become nervous or anxious when they must take quizzes and tests. By developing effective study skills and engaging in routine practice of relaxation exercises, many child are able conquer test-anxiety.

Jessica Collins, Psy. D.

Dr. Jessica Collins is a licensed PA psychologist. She earned her degree from La Salle University. She completed both her internship and fellowship at the Kennedy Krieger Institute and Johns Hopkins School of Medicine in Baltimore, MD, where she specialized in Pediatric Psychology.

- NOTE: original link to a script to Progressive Muscle Relaxation script is broken, here is one your Two Peds found.

Digging out splinters



It's a sure sign of spring. Recently a mom showed me a splinter in her child's finger (pictured above) from running about outside and falling on wood chips.

If a splinter is very tiny (too small to grab with tweezers,) seems near the skin surface, and does not cause much discomfort, simply soak the splinter 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 2 years of age) will help with pain relief.

If the 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. With the needle, pick away at the skin area 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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**Before the Zika virus: A look
back at Rubella and
microcephaly**



photo credit: Laikipia Pixabay.com

The Zika virus in the news these days reminds us of another microcephaly-causing virus which scourged our world in the not-so-distant past. In the years right before the Two Peds doctors were born (late 1960s), the virus Rubella routinely swept through the United States and the rest of the world. The airborne germ Rubella, just like the mosquito-spread Zika virus, caused most people just a mild illness that they usually never even knew that they had. After they were sick, they became immune to the virus. But when pregnant women contracted Rubella early in pregnancy, their unborn children sometimes ended up with microcephaly.

Microcephaly is a condition where a small, underdeveloped, or abnormal brain leads to a small head at birth. Many children with microcephaly have significant mental disabilities.

So what happened to Rubella? It's the R in the MMR vaccine. We give this vaccine to all children, first at 12-15 months, and again at 4-6 years of age. We vaccinate girls to protect their unborn fetuses when they are pregnant, and we also vaccinate boys. Although boys will not become pregnant, they can contract the disease and spread it to others who are pregnant. It is standard practice for obstetricians to test all of their pregnant patients for immunity to Rubella. If a woman is not immune, she is given the MMR vaccine after delivery to prevent coming down with Rubella during future pregnancies.

Because of the success of this safe vaccine, it is extremely rare to have child born with Congenital Rubella Syndrome and its accompanying problems. The syndrome not only included the mental impairments associated with microcephaly but also was associated with blood disorders, heart defects, deafness, visual impairment, developmental delay, and seizures. In the United States where the vaccine rates are high enough, no cases have been reported since 2004. In the rest of the world, cases still occur in countries with limited access to vaccines against Rubella. Approximately 100,000 cases of Rubella worldwide per year still occur according to the Centers for Disease Control.

Scientists are working on a vaccine against the Zika virus because, as is often the case, preventing a disease is often easier, less costly, and more successful than attempting to cure it. For a basic explanation of how vaccines work, please see our prior post on this topic. Trials for a vaccine for Zika may begin as early as summer 2017.

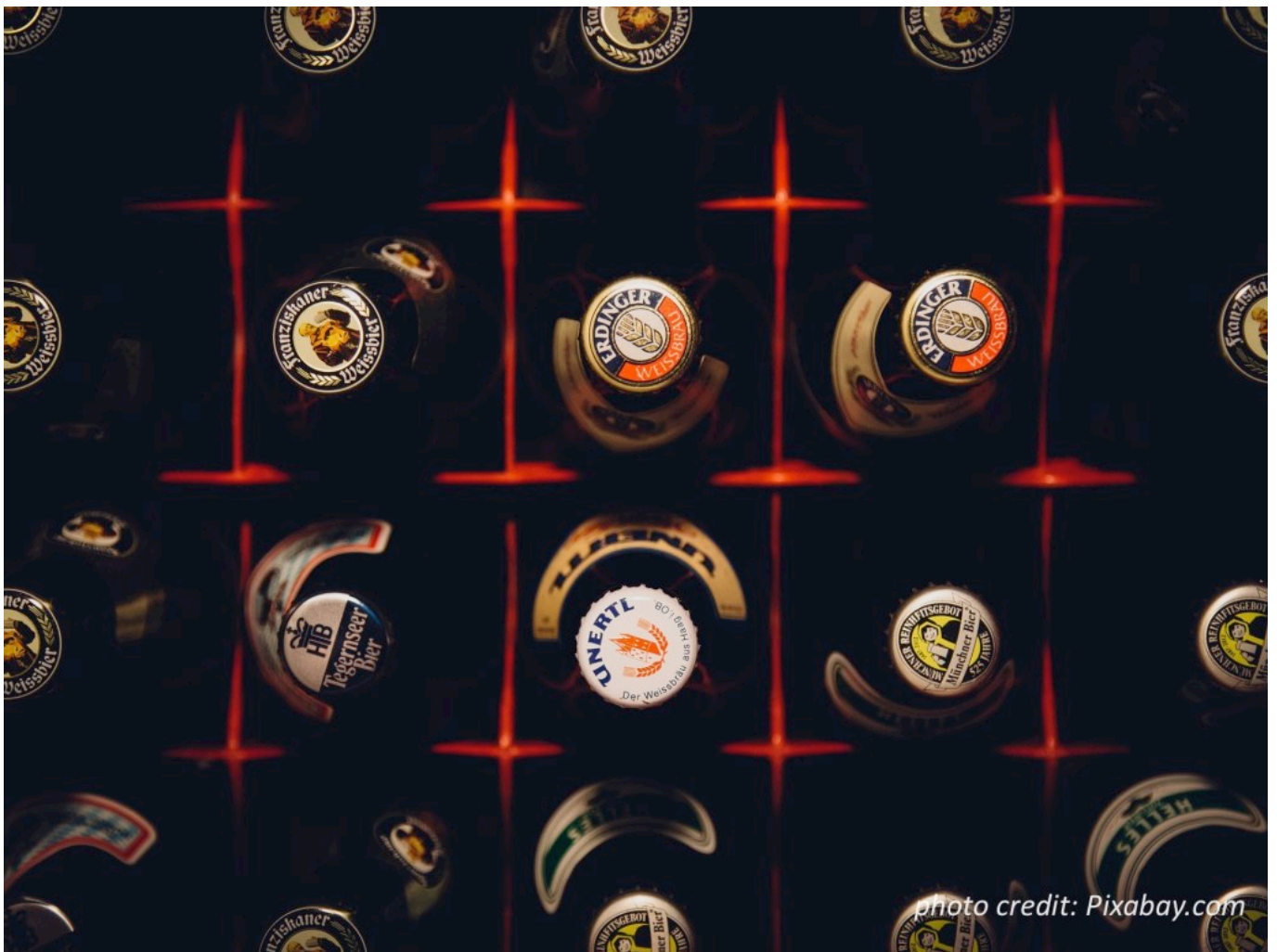
But if we look at history, Rubella was once a dreaded virus too. Now, with the widespread use of a vaccine, although still dreaded, the rates of Rubella have dropped dramatically. Zika

hopefully will not be far behind.

Naline Lai, MD and Julie Kardos, MD

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Binge drinking and college students update: what parents need to know



As your kids apply to college or return home from college for winter break, we urge you to keep in mind an alarming, yet

typical scenario which involves binge drinking that student health physicians encounter on a too-frequent basis—Drs. Kardos and Lai.

A 19 year old young man comes in to the Student Health Center very concerned because he had woken up that morning in an apartment in bed with a woman he did not know. He had been out with friends drinking at a bar (a frequent occurrence), vaguely recalls meeting a woman, but had so much to drink that he cannot even recall leaving the bar, let alone what happened afterward. His greatest concern is that he has no idea if he used a condom (he left before she woke up), and thus could have been exposed to HIV and other sexually transmitted infections.

Ironically, this student is worried about exposure to sexually transmitted diseases but not about the root of his problem: binge drinking. In other words, he is worried about sexually transmitted diseases but not about his drinking which caused his potential exposure to dangerous diseases.

Here is what Dr. David Turnoff, a career student health doctor since 2000 (and friend of Dr. Kardos) wants parents of college students to know about binge drinking in college students:

Although alcohol use is often considered a rite of passage for college students, it is also one of the major health risks for this age group. Alcohol-related health problems can present in a variety of ways and do not have to involve any signs of dependency. Among college-aged students, the most common manifestation of alcohol abuse comes from the consequences of binge drinking.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports the following **sobering** statistics regarding health risks directly attributed to alcohol use among college students between the ages of 18 and 24. These statistics* also serve as an important reminder that a person does not have to

be drinking to be adversely affected by alcohol abuse.

-1,825 college student deaths from alcohol-related unintentional injuries (including motor vehicle accidents)

-599,000 unintentional student injuries

-696,000 cases of student-on-student assault

-7,000 cases of sexual assault or date rape

-400,000 students having unprotected sex and more than 100,000 students too intoxicated to remember if sex was consensual.

The first 6 weeks of the first semester of college is an important predictor of first year academic performance and is an important window period to monitor for any significant changes in a new student's behavior and lifestyle habits. Parents can help by being aware of these issues and by being open to speaking with their children about the potential risks of alcohol use both before and during the college experience. A simple rule of thumb for parents is to **stay involved**, while still allowing their children the space necessary for learning, exploring, and maturing into adulthood.

If your child begins to exhibit unusual behavior, such as lower grades, mood changes, or a new unwillingness to talk to you, this behavior should prompt you to find out more.

Additional information is available at <http://www.collegedrinkingprevention.gov/>.

David Turnoff, MD

Dr. Turnoff is currently a college health physician at the University of California, Berkeley. In the past, he has served as a physician for New York University and Columbia. He received his medical degree at Case Western Reserve University.

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*worse since Dr. Dave's original post in 2010

Telling your children about a miscarriage or still birth



Grief counselor Amy Keiper-Shaw joins us today to help families during the difficult time after a miscarriage or still birth occurs. – Drs. Lai and Kardos

If you are reading this, you or someone you love may have had a miscarriage. It is a tragic, often unexpected, experience that many families will encounter.

Bereaved parents may feel great sadness, regret, shock,

confusion, some or all of these emotions. There may be anger directed toward the doctor, a spouse, or other women who have been able to conceive easily and carry their pregnancies to full term. Some women feel guilt, as if there were something that they could have been done to prevent this loss.

What should you tell your children?

When adults experience a traumatic event like a miscarriage, they often are so consumed by their own grief that they fail to see that their children may be struggling with the same emotions. They may wonder what they should tell their children, if anything. Some parents may feel that the children are too young to be told about the miscarriage or believe they would not understand and instead wait until the children is older to explain it to them.

If the surviving children were not aware of the pregnancy, parents may wonder about the need for them to know about the loss. Even though you may not have told them about the pregnancy or the loss, they will likely know something is wrong and may act out. You might have been tearful, in pain, or angry, or you might have been in a hospital and away from home. The children's routine might have changed, people could be speaking in hushed tones, and other family members may be visiting or bringing meals. It is difficult to hide changes such as these from children. Often a child feels or sees this change and worries about the parents' sadness and grief yet he may not have the skills to talk about it. If children are not told what has occurred, they often develop their own ideas of what has happened, such as mom is sick and dying or they must have done something to make everyone act differently.

It is usually best to be honest, to use simple language and to give clear explanations. Avoid euphemisms. If you say "lost" to young children, they may worry that they will get "lost" as well. If you say the baby has fallen asleep, they may become frightened of falling asleep or have nightmares.

You may also need to reassure them that the miscarriage was not anyone's fault. Children might believe that they are somehow to blame, especially if they weren't happy about the idea of a new sibling. One of the children who came to my bereavement camp carried the guilt of his baby sister's death for nearly five years. He believed that because he asked God for a baby brother and not a sister, he had somehow caused her death. It was only by talking about it and processing those feelings in a supportive, safe environment that he came to understand that he had done nothing wrong.

If your children were aware of the pregnancy, they would probably need to be told about the miscarriage promptly. If they are small children, a later time might be more appropriate when they are more able to comprehend what has occurred.

Very young children are likely to pick up on the feelings of the adults around them, but will not fully understand the finality of the loss. Children under five will have some awareness of death. They may ask questions to try to make sense of what has happened, such as "Where has the baby gone? When will the baby come back?"

By the age of eight or nine, most children will understand that the baby is gone and not returning. As one parent illustrates, "We explained to her that sometimes, for no reason and through nobody's fault, babies can die."

Teenagers will think about death like an adult. At any stage, there will most likely be questions about the baby that died as the loss is processed.

Children as well as adults react in their own way to a miscarriage. You may see your children being more "clingy", acting out at home or school, or having tantrums. They may have disturbed sleep, appetite or concentration. They may have a lot of questions and need to share them with you or someone

else they trust. They may also withdraw.

When parents can share their grief with their children openly and honestly, it implies to the child that it is understandable to be sad. This is a family loss that they will get through together. Some suggestions to help acknowledge the death are:

- Read books together
- Plant a tree or bush in memory of the baby
- Make a memory book of special things from the pregnancy
- Write a note to the baby on a string attached to a balloon and release it
- Participate in art/creative activities: painting, music, poetry, writing
- Visit the grave together

If you would like more information on helping children cope with a loss, please view the website for Hands Holding Hearts, a nonprofit organization in Bucks County, Pennsylvania that supports grieving children and their families.

Amy Keiper Shaw

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Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs [Handsholdinghearts.](#)

Thankful for Foster Parents



A foster mom brought a new child into the office the other day and I smiled picturing her with her last foster child. This thanksgiving, Two Peds in a Pod is grateful for the foster parents who open their homes for dinner today and everyday. Dr. Heather Forkey, Clinical Director of Foster Children Evaluation Service at UMass Children's Medical Center, provides a post on becoming a foster parent. -Dr. Lai with Dr. Kardos

There are approximately 400,000 children in the US foster care system, with 225,000 entering each year. Most of these children spend time with foster families who open their homes and lives to kids that need a safe nurturing environment while their own parents take the time to address issues which put

the child at risk. All types of people make great foster parents, but it is not for everyone. Foster parents must be able to meet the physical, emotional and developmental needs of a child or teen in partnership with community agencies, social workers, schools, and counselors.

If you are considering foster parenting, consider whether you can:

- Provide 24-hour care and supervision on a daily basis
- Be able to care for yourself financially without the child's stipend
- Be flexible, patient and understanding
- Have a sense of humor
- Recognize the impact of trauma
- Have a home free of fire and safety hazards
- Complete a criminal/protective services background check
- Have the ability to work as a member of a team

If interested, you need to become licensed or approved by your state or county, and that process is different in each locality. One should start by doing an internet search for "becoming a foster parent in (your state or county)". The child welfare agency for your state (Department of Children and Family Services or Department of Social Services) will also have information about how to start the process.

Children come to foster care often after adverse experiences which we know have health, emotional and developmental consequences. Foster parents who can look at the child's health and behavior from a perspective of "what happened to the child" rather than "what is wrong with the child", and observe a child's behavior through the trauma lens (and help foster and child welfare personnel to do the same) allow the child in their care to view their health and emotions as normal adaptations to unhealthy situations, rather than evidence of illness. This allows the child to go forward with a better understanding of their experience, their own

responses and, ultimately, foster health.

Heather C. Forkey, M.D.

Dr. Heather Forkey serves as the Clinical Director, Foster Children Evaluation Service (FaCES) and the Chief of the Child Protection Program at Mass Children's Medical Center

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Paris: explaining scary news to your children



In light of recent tragic events in Paris, you may be left wondering if, and how, to explain this or other tragedies to your children.

Understand that kids sense your emotions even if you don't

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

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

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

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

Routine is reassuring to children, so turn off the background 24 hour television and internet coverage and make dinner, take

them to sports activities, and get the homework done.

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

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

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

For more advice on this topic, please see this American Academy of Pediatrics recommendation for parents.

Naline Lai, MD with Julie Kardos, MD

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**Holiday gift ideas for
children of all ages and
stages**



Nice Auntie Mimi bought me Candy Land for the holidays... too bad I won't know my colors or understand how to take turns until next year.

For those of you who plan ahead: It's gift-giving season! We love pop culture, but if you are tired of GameStop gift cards or feeling a bit overwhelmed by *Frozen*, *Star Wars* and *Minecraft* marketing, here's another list of ideas arranged by ages and developmental stages.

0-3 months: Babies this age have perfect hearing and enjoy looking at faces and objects with contrasting colors. Music, mobiles, and bright posters are some age appropriate gift ideas. Infants self-soothe themselves through sucking- if you can figure out what your nephew's favorite type of binkie is, wrap up a bunch-they are expensive and often mysteriously disappear.

3-6 months: Babies start to reach and grab at objects. They enjoy things big enough to hold onto and safe enough to put in their mouths- try bright colored teething rings and large plastic "keys." New cloth and vinyl books will likewise be appreciated; gnawed books don't make great hand-me-downs.

6-12 months: Around six months, babies begin to sit alone or sit propped. Intellectually, they begin to understand "cause and effect." Good choices of gifts include toys with large buttons that make things happen with light pressure. Toys which make sounds, play music, or cause Elmo to pop up will be a hit. For a nine-month-old old just starting to pull herself up to a standing position, a water or sand table will provide hours of entertainment in the upcoming year. Right now you can

bring winter inside if you fill the water table with a mound of snow. Buy some inexpensive measuring cups and later in the summer your toddler will enjoy standing outside splashing in the water.

12-18 months: This is the age kids learn to stand and walk. They enjoy things they can push while walking such as shopping carts or plastic lawn mowers. Include gifts which promote joint attention. Joint attention is the kind of attention a child shares with you during moments of mutual discovery. Joint attention starts at two months of age when you smile at your baby and your baby smiles back. Later, around 18 months, if you point at a dog in a book, she will look at the dog then look back at you and smile. Your child not only shows interest in the same object, but she acknowledges that you are both interested. Joint attention is thought to be important for social and emotional growth.

At 12 months your baby no longer needs to suck from a bottle or the breast for hydration. Although we don't believe mastery of a [sippy cups](#) is a necessary developmental milestone, Dr. Lai does admire the WOW cup because your child can drink from it like she does from a regular cup. Alternatively, you can give fun, colored actual traditional plastic cups, which difficult to break and encourage drinking from a real cup.

18-24 months: Although kids this age cannot pedal yet, they enjoy riding on toys such as "big wheels" "Fred Flintstone" style. Dexterous enough to drink out of a cup and use a spoon and fork, toddlers can always use another place setting. Toddlers are also able to manipulate shape sorters and toys where they put a plastic ball into the top and the ball goes down a short maze/slide. They also love containers to collect things, dump out, then collect again.

Yes, older toddlers are also dexterous enough to swipe an ipad, but be aware, electronics can be a double edged sword– the same device which plays karaoke music for your daddy-toddler sing-along can be transformed into a substitute parent. The other day, a toddler was frightened of my stethoscope in the office. Instead of smiling and demonstrating to her toddler how a stethoscope does not hurt, the

mother repeatedly tried to give her toddler her phone and told the child to watch a video. Fast forward a few years, and the mother will wonder why her kid fixates on her phone and does not look up at the family at the dinner table. Don't train an addiction.

2-3 years: To encourage motor skills, offer tricycles, balls, bubbles, and boxes to crawl into and out of. Choose crayons over markers because crayons require a child to exert pressure and therefore develop hand strength. Dolls, cars, and sand boxes all foster imagination. Don't forget those indestructible board books so kids can "read" to themselves. By now, the plastic squirting fish bath toys you bought your nephew when he was one are probably squirting out black specks of mold instead of water- get him a new set. Looking ahead, in the spring a three- year-old may start participating in team sports (although they often go the wrong way down the field) or in other classes such as dance or swimming lessons. Give your relatives the gift of a shin guards and soccer ball with a shirt. Offer to pay for swim lessons and package a gift certificate with a pair of goggles.

3-4 years: Now kids engage in elaborate imaginary play. They enjoy "dress up" clothes to create characters- super heroes, dancers, wizards, princesses, kings, queens, animals. Kids also enjoy props for their pretend play, such as plastic kitchen gadgets, magic wands, and building blocks. They become adept at pedaling tricycles or even riding small training-wheeled bikes. Other gift ideas include crayons, paint, markers, Play-doh®, or side-walk chalk. Children this age understand rules and turn-taking and can be taught simple card games such as "go fish," "war," and "matching." Three-year-olds recognize colors but can't read- so they can finally play the classic board game *Candyland*, and they can rote count in order to play the sequential numbers game *Chutes and Ladders*. Preschool kids now understand and execute the process of washing their hands independently... one problem... they can't reach the faucets on the sink. A personalized, sturdy step stool will be appreciated for years.

5-year-olds: Since 5-year-olds can hop on one foot, games like Twister® will be fun. Kids this age start to understand time. In our

world of digital clocks, get your nephew an analog clock with numbers and a minute hand... they are hard to come by. Five-year-olds also begin to understand charts— a calendar will also cause delight. They can also work jigsaw puzzles with somewhat large pieces.

8-year-olds: Kids at this point should be able to perform self help skills such as teeth brushing. Help them out with stocking stuffers such as toothbrushes with timers. They also start to understand the value of money ([here is one way to teach kids about money](#)). The kids will appreciate gifts such as a real wallet or piggy bank. Eight-year-olds engage in rough and tumble play and can play outdoor games with rules. Think balls, balls, balls- soccer balls, kickballs, baseballs, tennis balls, footballs. Basic sports equipment of any sort will be a hit. Label makers will also appeal to this age group since they start to have a greater sense of ownership.

10-year-olds: Fine motor skills are quite developed and intricate arts and crafts such as weaving kits can be manipulated. Give a “cake making set” (no, not the plastic oven with a light bulb) with tubes of frosting and cake mix to bake over the winter break. Kids at this age love doodling on the long rolls of paper on our exam table. Get your kid a few rolls of banner paper to duplicate the fun. Buy two plastic recorders, one for you and one for your child, to play duets. The instrument is simple enough for ten-year-olds or forty-year-olds to learn on their own. Ten-year-olds value organization in their world and want to be more independent. Therefore, a watch makes a good gift at this age. And don't forget about books: reading skills are more advanced at this age. They can read chapter books or books about subjects of interest to them. In particular, kids at this age love a good joke or riddle book.

Tweens: Your child now has a longer attention span (30-40 minutes) so building projects such as K'nex models will be of interest to her. She can now also understand directions for performing magic tricks or making animal balloons. This is a time when group identity becomes more important. Sleepovers and scouting trips are common at this age so sleeping bags and camping tents make great gifts. Tweens value their privacy – consider a present of a journal with a lock or a

doorbell for her room.

Teens: If you look at factors which build a teen into a resilient adult, you will see that adult involvement in a child's life is important.

<http://www.search-institute.org/research/developmental-assets>

We know parents who jokingly say they renamed their teens "Door 1" and "Door 2," since they spend more time talking to their kids' bedroom doors than their kids. Create opportunities for one-on-one interaction by giving gifts such as a day of shopping with her aunt, tickets to a show with her uncle, or two hours at the rock climbing gym with dad.

Encourage physical activity. Sports equipment is always pricey for a teen to purchase- give the fancy sports bag he's been eyeing or give a gym membership. Cool techy trackers like Fitbit will always be appreciated or treat your teen to moisture wicking work-out clothes.

Sleep! Who doesn't need it, and [teens often short change themselves on sleep and fall into poor sleep habits](#). Help a teen enjoy a comfortable night of rest and buy luxurious high thread count pillow cases, foam memory pillows, or even a new mattress. After all, it been nearly 20 years since you bought your teen a mattress and he probably wasn't old enough at the time to tell you if he was comfortable. Since a teen often goes to bed later than you do, a remote light control will be appreciated by all.

Adolescence is the age of abstract thinking and self awareness- Google "wall decals" and find a plethora of inexpensive ways to jazz up his or her room with inspiring quotes.

Enjoy your holiday shopping.

Naline Lai, MD and Julie Kardos, MD

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Sinus infection or a cold?



Holes in your head – sinus infections

You have a hole in your head.
Actually, you have several.
You, your children, and everyone else.

These dratted air pockets in your skull can fill with pus and cause sinus infections. Scientists hypothesize they once helped us equilibrate in water while swimming. Now, sinuses seem only to cause headaches.

Sinuses are wedged in your cheek bones (maxillary sinuses), behind your nose (ethmoid sinuses) and in the bones over your forehead (frontal sinuses). When your child has a cold or allergies, fluid can build up in the sinuses. Normally, the sinuses drain into the back of your nose. If your child's sinuses don't drain because of unlucky anatomy, the sludge from her cold may become superinfected with bacteria and becomes too thick to move. Subsequently, pressure builds up in her sinuses and causes pain. A sinus infection of the frontal sinuses manifests itself as pressure over the forehead. The pain is exacerbated when she bends her head forward because the fluid sloshes around in the sinuses. Since frontal sinuses do not fully develop until around ten years old, young children escape frontal sinus infections.

Another sign of infection is the increased urge to brush the top row of teeth because the roots of the teeth protrude near the maxillary sinuses. Kids with sinusitis sometimes complain that their teeth hurt. Bad breath caused by bacterial infested post nasal drip can also be a sign. Occasionally kids with sinus infections develop swelling above or below the eyes, giving a puffy look to their faces.

The nasal discharge associated with bacterial sinus infections can be green/yellow and gooey. However, nasal drainage from a cold virus is often green/yellow and gooey as well. If your child has green boogies on the third or fourth day of a cold, does not have a fever, and is comfortable, have patience. The color should revert to clear. However, if the cold continues past ten days, studies have shown that a large percentage of the nasal secretions have developed into a bacterial sinus infection. To further confuse things for parents: a child can have a really yucky thick green/yellow runny nose and have "just a cold" or they can have clear secretions and have a sinus infection. In this case, the duration of symptoms is a clue to whether your child's runny nose is from a cold or from a sinus infection.

Because toddlers in group childcare often have back-to-back colds, it may seem as if he constantly has a bacterial sinus

infection. However, if there is a break in symptoms, even for one day, it is a sign that a cold has ended, and the new runny nose represents a new cold virus. Pediatric trivia: the average young child gets 8-10 colds per year, and colds last up to 10-14 days, sometimes even as long as three weeks. However, a cold seems better after 10 days even if some cough or mild nasal congestion lingers. Sinusitis is the cold that seems WORSE after ten days.

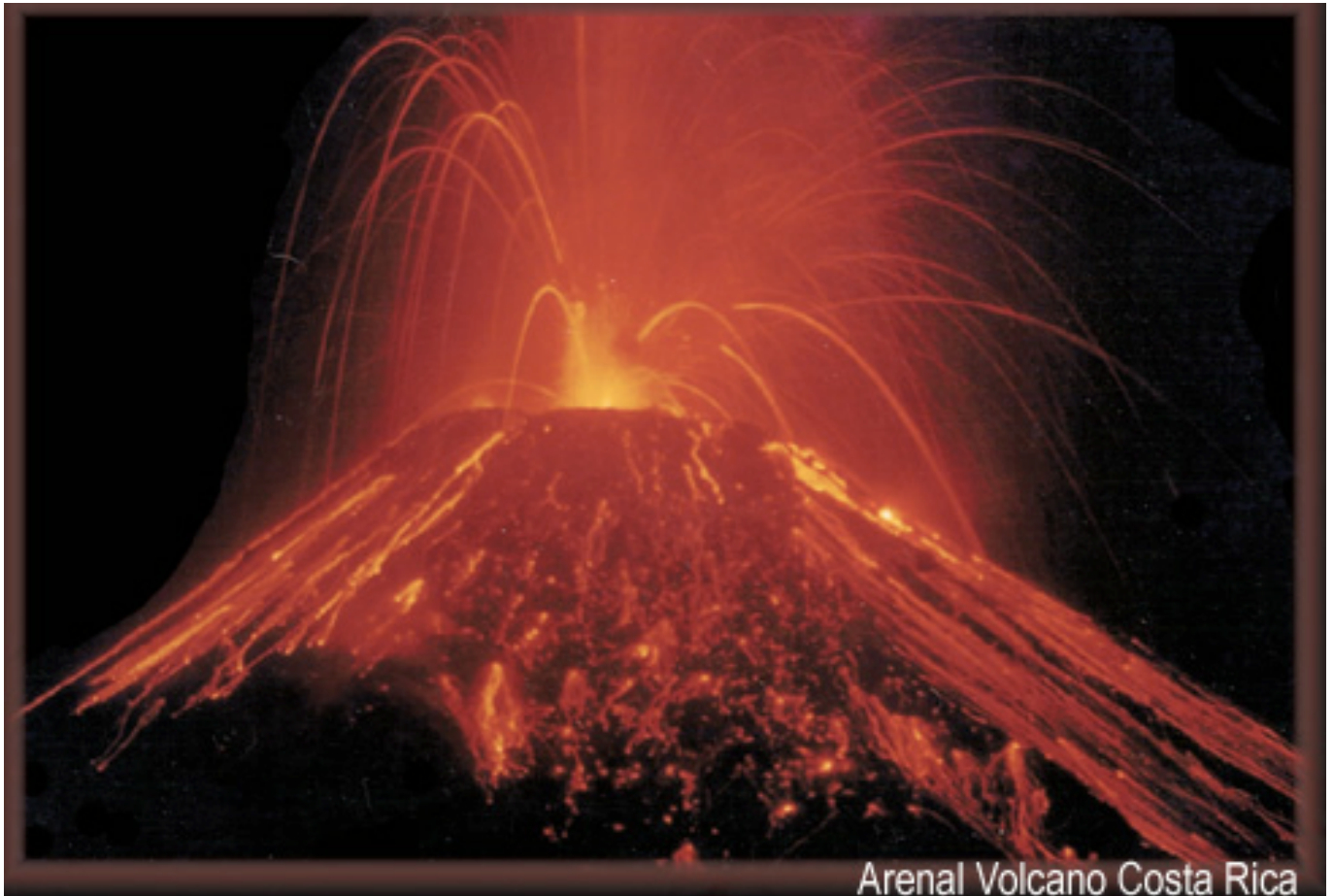
Hydrate your child well when she has a sinus infection. Your child's body will use the liquid to dilute some of the goo and the thinner goo will be easier for her body to drain. Since sinus infections are caused by bacteria, your pediatrician may recommend an antibiotic. The usual duration of the medicine is ten days, but for chronic sinus infections, two to four weeks may be necessary. Misnamed, "sinus washes" do not penetrate deep into the sinuses; however, they can give relief by mobilizing nasal secretions. When using a wash, ask the pharmacist for one with a low flow. Although the over the counter cold and sinus medicines claim to offer relief, they may have more side effects than good effects. Avoid using them in young children and infants. One safe and reliable way to soothe the nasal stuffiness of a sinus infection is to use simple saline nasal spray as often as needed.

Who knows. Someday we'll discover a purpose to having gooey pockets in our skulls. In the meantime, you can tease your children about the holes in their heads.

Naline Lai, MD and Julie Kardos, MD

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How to treat your vomiting child



“Mommy, I threw up.”

Few words are more dreadful for parents to hear, especially at 2:00am (my children’s usual time to start with a stomach bug). In my house, I am the parent who, after the vomiting, comforts, changes pajamas and sheets, washes hands and face, and sprays the disinfectant. My husband scrubs (and scrubs, and scrubs) the rug. Little kids never throw up neatly into a toilet or into the garbage can. Sometimes even big kids can’t seem to manage to throw up conveniently.

What should you do when you have a vomiting child?

After you finish cleaning your child and her immediate environment, I suggest that you **CHANGE YOUR OWN CLOTHES AND WASH YOUR HANDS!** The most common cause of vomiting in kids is a stomach virus, and there are so many strains, we do not develop immunity to all of them. And trust me,

stomach viruses are extremely contagious and often spread through entire households in a matter of hours. Rotavirus, a particularly nasty strain of stomach virus, is preventable by vaccine, but only young babies can get the vaccine. The rest of us are left to fend for ourselves.

Stomach viruses usually cause several episodes of vomiting and conclude within 6-8 hours. Concurrently or very soon thereafter, the virus makes an exit out the other end in the form of diarrhea, which can last a week or so.

A hint to get through a long night: If your kid is too young to vomit into the nearest trash can, make a nice nest for her with many towels on the bathroom floor. For the older kids, put layers of towels on the pillow.

The biggest problem children face when vomiting is dehydration.

Kids need to replace fluids lost from vomiting. Pedialyte® or other oral rehydration solutions (ORS) such as Kaolectrolyte® or CeraLyte® are useful and well tolerated beverages for rehydrating kids. They contain salt, sugar, electrolytes and water, all substances that kids need when they throw up and have diarrhea.

For babies however, try to “feed through” with breast milk or formula unless otherwise directed by your child’s doctor.

Most oral rehydration guidelines are based on diarrheal illnesses such as cholera, so you will find slight variations on how to rehydrate. Basically, they all say to offer small frequent amounts of liquid. I counsel parents to wait until no throwing up occurs for 45 minutes to an hour and then start offering very small amounts of an ORS (we’re talking spoonfuls rather than ounces) until it seems that the vomiting has subsided.

In her house, Dr. Lai uses the two vomit rule: her kids go back to bed after the first vomit and she hopes it

doesn't occur again. If vomiting occurs a second time, she starts to rehydrate.

Continue to offer more fluids until your child urinates- this is a sign that her body is not dangerously dehydrated. Refusing to drink? Children of all ages do better with straws, and you'd be surprised how much you can get in with a medicine syringe (available at pharmacies).

Can't immediately get out to the store?

The World Health Organization has recommended home based [oral rehydration solutions](#) for years in third world countries. Also, while the oral rehydration solutions are ideal, any fluid is better than none for the first hours of a stomach bug. You can give older kids watered down clear juices, broth or flat ginger-ale with lots of ice. Now, some kids hate the taste of Pedialyte®. Plain, unflavored Pedialyte® splashed with juice often goes down better than the flavored varieties. For some reason, plain water tends to increase nausea in sick kids and copious amounts of plain water can lower the salt in a child's bloodstream. So, offer a fluid other than plain water while your child is vomiting.

Even if your child drinks the Pedialyte®, once the stomach symptoms have subsided, don't forget that Pedialyte®, while excellent at "filling the tank," has no nutrition. The gut needs nutrition to overcome illness. Start to offer small amounts of food at this point. Easy-to-digest foods include complex carbohydrates such as rice, noodles, toast with jelly, dry cereal, crackers, and pretzels. Additionally, give protein such as bits of turkey or baked chicken or tofu.

Thicker fluids such as milk and orange juice do not sit as well in upset bellies, nor do large quantities of anything, food or drink. So offer small bits of nutrition

fairly frequently and let kids eat as their appetite dictates. Warning- just when everything blows over, toddlers in particular may go a day without vomiting, then vomit one more time as a last hurrah.

Vomiting from stomach viruses typically does not cause severe pain.

A child curled up whimpering (or yelling) on the floor with belly pain might have something more serious such as appendicitis, kidney stones, or a urinary tract infection. Call your child's doctor about your child's vomiting if you see any of the following:

- Blood in vomit or in stools
- Severe pain accompanying vomiting (belly pain, headache pain, back pain, etc.)
- No urine in more than 6 hours from the time the vomiting started (dehydration)
- Change in mental state of your child- not responding to you appropriately or inconsolable
- Vomit is yellow/green
- More fluid is going out than going in
- Illness not showing signs of letting up
- Lips and mouth are dry or eyes sunken in
- Your own gut tells you that something more is wrong with your child

Of course, when in doubt, call your child's doctor .

Hope this post wasn't too much to stomach!

Julie Kardos, MD and Naline Lai, MD

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