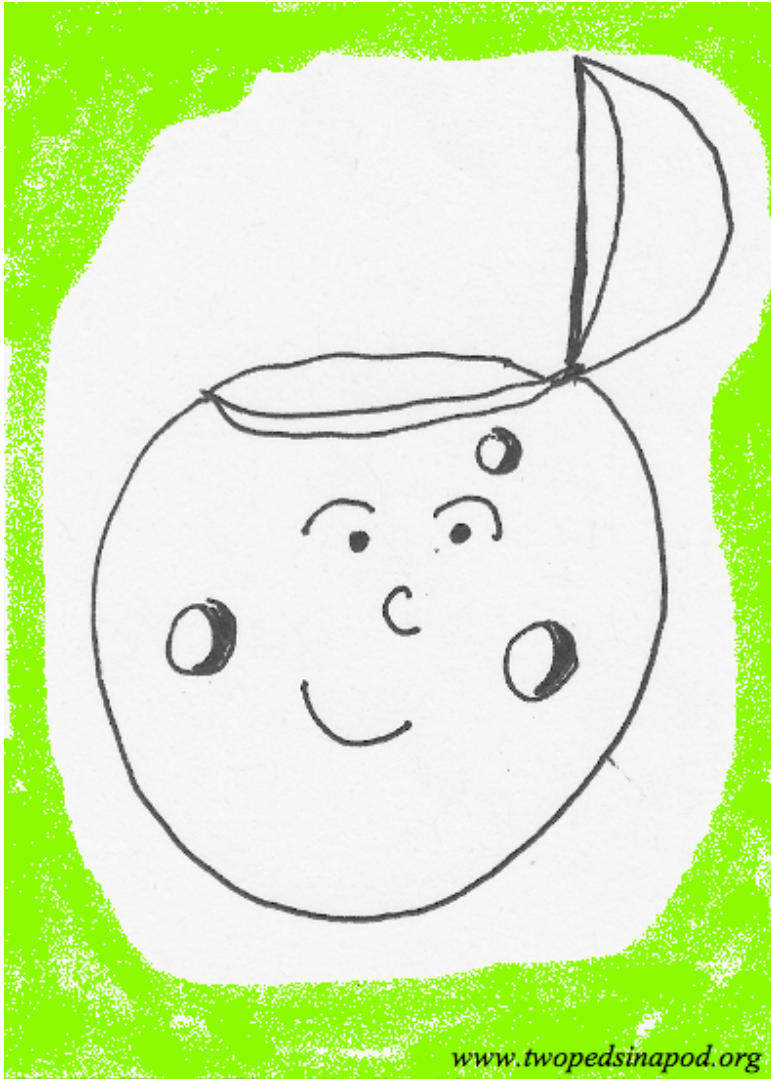


Sinus infection or a cold?



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.

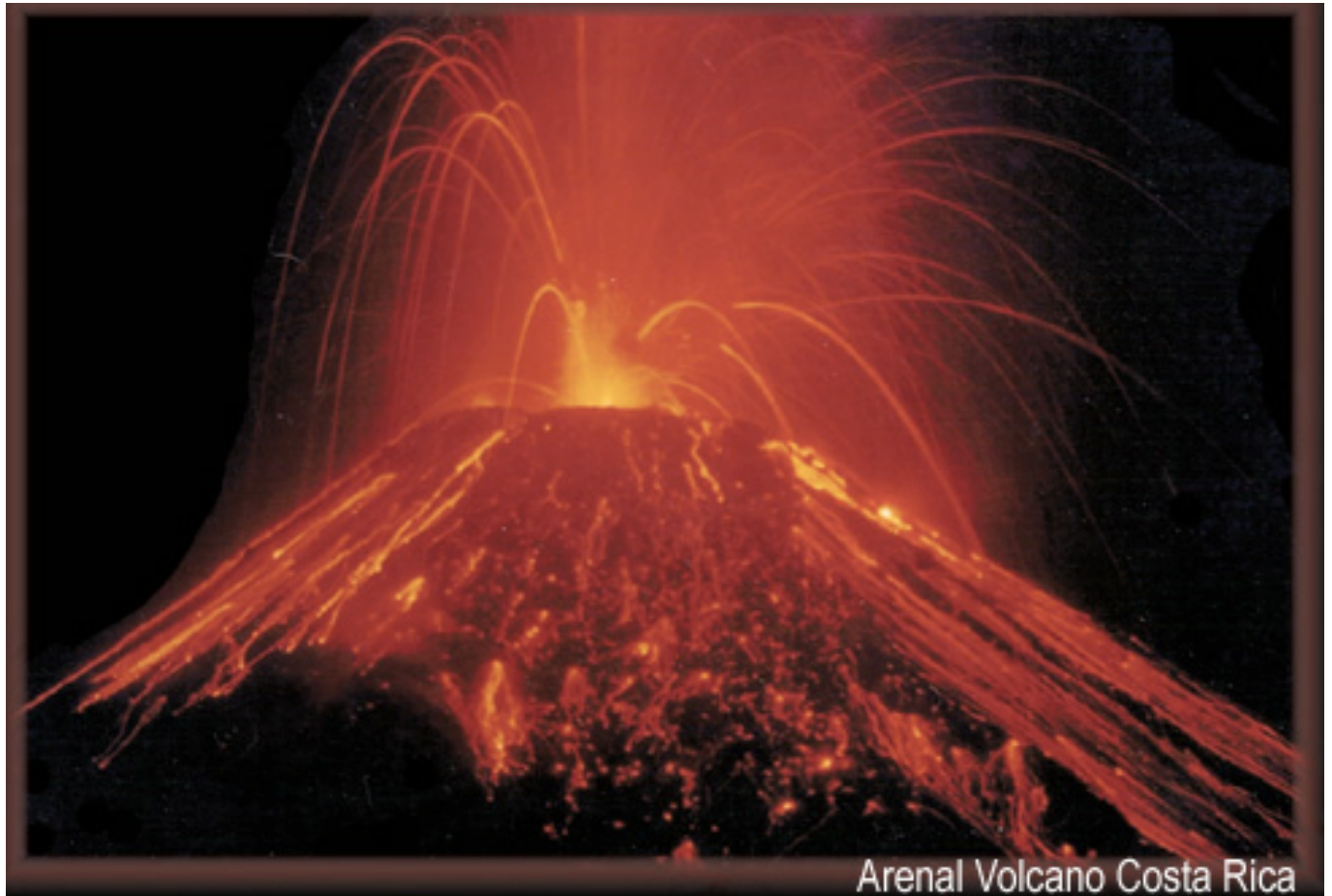
Who knows. Someday we'll discover a purpose to having gooey pockets in our skulls. In the meantime, you can tease your children about the holes in their heads.

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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Treat your child's sore throat



The giraffe always felt his sore throat lasted longer than everyone else's sore throat.

Many times parents bring their children with sore throats to our office to "check if it's strep." Some are disappointed to find out that their child does NOT have strep. Moms and Dads lament, "But what can I do for him if he can't have an antibiotic? At least strep is treatable."

Take heart. Strep or no strep, there are many **ways to soothe your child's sore throat:**

- **Give pain medication** such as acetaminophen (brand name Tylenol) or ibuprofen (brand names Advil or Motrin). Do not withhold pain medicine before you bring her in to see her pediatrician. Too many times we hear "We wanted you to see how much pain she is in." No need for this! Pediatricians are all in favor of treating pain as quickly and effectively as possible. Pain medicine will not interfere with physical exam findings nor will it interfere with strep test results.
- **Give lots to drink.** Some kids prefer very cold beverages, others like warm tea or milk. Avoid citrus

juices since they sometimes sting sore throats. Frozen Slurpies, on the other hand, feel great on sore throats. Tell your child that the first three sips of a drink may hurt, but then the liquid will start to soothe the throat. Watch for signs of dehydration including dry lips and mouth, no tears on crying, urination less than every 6 hours and lethargy.

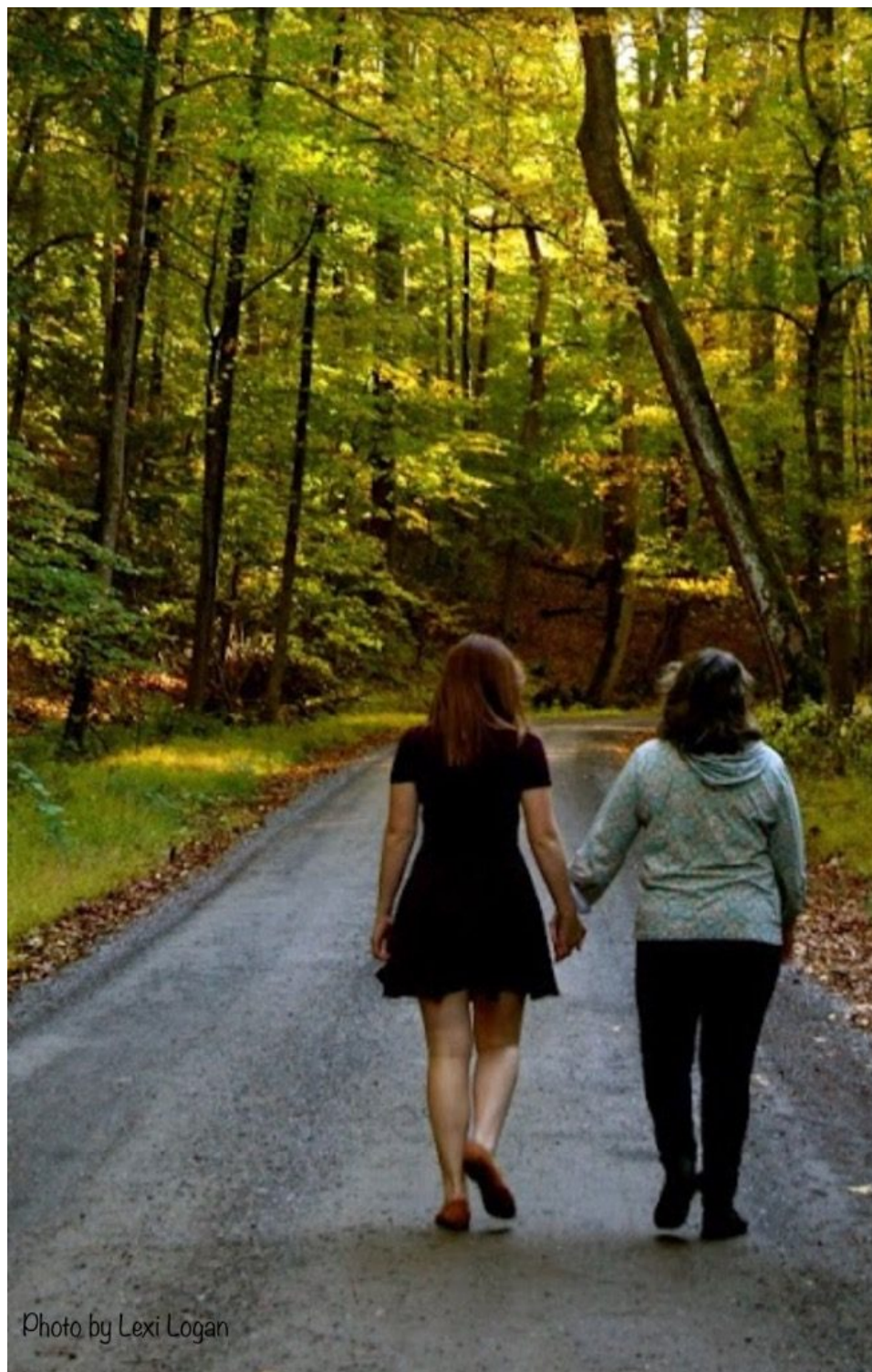
- **Provide soft foods** if your child is hungry. For example, noodles feel better than a hamburger on a sore throat. And ice-cream or sherbet therapy is effective as well.
- **Try honey** (if your child is older than one year) – one to two teaspoons three times a day. Not only can it soothe a sore throat but also it might quiet the cough that often accompanies a sore throat virus. Give it alone or mix it into milk or tea.
- **Kids older than three years** who don't choke easily can suck on lozenges containing pectin or menthol for relief. Warning: kids sucking on lozenges may dupe themselves into thinking they are hydrating themselves. They still need to drink and stay hydrated.
- **Salt water gargles** are an age-old remedy. Mix 1 teaspoon of salt in 6 ounces of warm water and have your kid gargle three times a day.
- **Magic mouthwash:** For those older than 2 years of age, mix 1/2 teaspoon of liquid diphenhydramine (brand name Benadryl 12.5mg/5ml) with 1/2 teaspoon of Maalox Advanced Regular Strength Liquid (ingredients: aluminum hydroxide, magnesium hydroxide 200 mg, and simethicone) and give a couple time a day to coat the back of the throat prior to meals. **Do not** use the Maalox formulation which contains bismuth subsalicylate. Bismuth subsalicylate is an aspirin derivative and aspirin is linked to [Reye's syndrome](#).
- For kids three years and older, **try throat sprays** containing phenol (brand name Baker's P&S and Chloraseptic® Spray for Kids). Use as directed.

Strep throat does not cause cough, runny nose, ulcers in the throat, or laryngitis. If your child has these other symptoms in addition to her sore throat, you can be fairly sure that she does NOT have strep. For a better understanding of strep throat see our posts: "[Strep throat Part 1: what is it, who gets it and why do we care about it](#)" and "[Strep throat Part 2: diagnosis, treatment, and when to worry.](#)"

Any **sore throat that prevents swallowing or prevents your child from opening his mouth fully, pain that is not alleviated with the above measures, fever of 101F or higher for more than 3-4 days, or a new rash** all merit a prompt visit to your child's doctor for further evaluation. Please see our prior post on [how to tell if you need to call your child's doctor for illness.](#)

Julie Kardos, MD and Naline Lai, MD
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Is my teen listening? Tips on talking to your teen



My twins just got their driving learner's permits (yikes!), and Dr. Lai's son is a few months away from getting his. We know that we will have many talks with our sons about driving. But is my teen listening? Books and community lectures on the topic of "how to talk to teens" abound, and in the office we hear exasperated parents searching for ways to talk effectively to their teens and bemoan "She never listens to me, maybe she will listen to you." In this post, we give you

tips on talking to your teen.

Here's the secret: **while teens wear their "bored face" or may act as if they do not hear their parents, in fact they are listening.** Below are suggestions on talking to your teen in ways your teen will find palatable.

1-Express your opinion as your opinion, such as "I believe..." or "Your dad and I feel..." which implies to your teen that you understand that he or she may have a different opinion.

2-Remember that while teens do have opinions, they lack life experience. Use anecdotes: "I remember when I was in high school, a friend of mine found himself in this situation..." Anecdotes are less confrontational than directly warning your child about a situation that you are concerned he may be in.

3-Join your teen when she watches TV. Comment on the characters or plot theme, and ask what your teen would do, or if she thinks that the show reflects reality. Criticize the character if you disagree with the way the character is reacting to a situation and allow your teen to hear your thought process. She will file your thoughts away for future consideration even if she disagrees with you at the time. Encourage dialogue from your teen.

4-Say good-night to your teen in his room. Stay and visit a bit. Just like when they were young, teens often choose bedtime to bring up an event or dilemma from earlier in the day. (Hopefully they are getting to bed before you do.)

5-If your teen actually does choose to ask your advice, avoid jumping in immediately with a solution. Remember to pause and ask first how he thinks he could solve the problem or what he has already tried. Then you can encourage your teen's ideas if you think they have merit and praise his insights, or you can offer your suggestions as further options.

6-Attend your teen's sporting events or concerts. Your child

is the same one who at age four looked for you in the stands during the T-ball game. The event will give you both something to talk about later. Just refrain from yelling out anything embarrassing. Or anything at all!

7-Preface your rules with “So you are safe.” Teens stomach house rules better when they hear you are concerned about their safety rather than about being the boss. For example, “So I know you are safe, please call or text me if you are running late,” rather than “You will be punished if you break curfew.”

8—Put down your phone when talking to your teen, and insist that he does the same. When you are using your phone, your teen feels ignored (think back to trying to talk on the phone when your teen was a toddler) and thus you encourage him to ignore you back.

9- Car trips are excellent times for talking to your teen, so volunteer to drive him rather than always relying on the other teen’s parent. Maybe it’s the lack of eye contact, but when you drive your teen somewhere, you are not otherwise distracted- your teen might be encouraged to talk to you in the car. Do not, however, invite possible heated conversation while YOUR TEEN is behind the wheel- especially when he is still learning to drive!

In addition to strengthening bonds with our kids, routine talking with our teens encourages them to talk to us when they need help, to consider our advice, and to learn from our own life experiences. In turn we impart communication skills and independence as teens learn to problem-solve and avoid life-altering mistakes. Talking with our teens encourages positive attention. Again, remember your teen as the toddler who might have thrown a toy or hit his brother to get your attention.

Dr. Lai’s friends joke that they renamed their children “Door 1” and “Door 2” when they became teenagers because the parents

spent a lot of time talking to closed doors. But her friends kept talking, because they knew, even behind closed doors, teens do listen.

Julie Kardos, MD and Naline Lai, MD

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thanks to therapist Dina Ricciardi for her input

Getting back to basics: How do vaccines work?



Recent comments by politicians have brought vaccines back into the public eye. In this post, we get down to basics.

Did you ever wonder how a vaccine works?

To understand how vaccines work, I will give you a brief lesson on the immune system. Trust me, it is interesting. Let me give you an example of me. When I was eight, I had chicken pox. It was a miserable week. I started out with fever and headache, then suffered days of intense body itching from blister-like spots, and ultimately, because I scratched off some scabs, ended up with scars. During this time, my immune system cells worked to battle off the chicken pox virus. Immune cells called memory cells also formed. These cells have the unique job of remembering (hence the name "memory cells") what the chicken pox virus looks like. Then, if ever in my life I was to contact chicken pox again, my memory cells could multiply and fight off the virus WITHOUT MY HAVING TO GET SICK AGAIN WITH CHICKEN POX. So after I recovered, I was able to play with my neighbor even while he suffered with chicken pox.

I returned to school where other children in my class had chicken pox, but I did not catch chicken pox again. Even now, as a pediatrician, I don't fear for my own safety when I diagnose a child with chicken pox, because I know I am immune to the disease.

This is an amazing feat, when you think about it.

So enter vaccines. A vaccine contains some material that really closely resembles the actual disease you will protect yourself against. Today's chicken pox vaccine contains an altered form of chicken pox that is close to but not actually the real thing. However, it is so similar to the real thing that your body's immune system believes it is, in fact, real chicken pox. Just as in the real disease, your body mounts an immune response, and makes memory cells that will remember what the disease looks like. So, if you are exposed to another person with chicken pox, your body will kill off the virus but YOU DON'T GET SICK WITH THE CHICKEN POX. What a beautiful system! Rather than thinking about a vaccine as a foreign substance, think of it as a substance that is able to

strengthen your body's natural immune system.

Before chicken pox vaccine, about 100 children per year in the US died from complications of chicken pox disease. Many thousands were hospitalized with pneumonia, skin infections, and even brain damage (encephalitis) from chicken pox disease. Now a small injection into the arm can prevent a disease by creating the same kind of immunity that you would have generated from having the disease, only now you have one second of pain from the injection instead of a week of misery and possible permanent disability or death. I call that a Great Deal!

I used the example of chicken pox because the vaccine was invented during my own lifetime. However, I could have used the example of polio, which, prior to its vaccine development in 1955, paralyzed 10,000 children per year in the United States, or measles, which infected 4 million children per year and killed 3000 per year in the United States before doctors began to give children a vaccine against measles in 1963.

All vaccines operate by this principle: create a safe environment for your immune system to make memory cells against a potentially deadly disease. Then when you are exposed to someone who actually has the disease, you will not "catch" it. Your body will fight the germs, but you do not become sick. If everyone in the world were vaccinated, then the disease itself would eventually be completely eradicated. Even if MOST people were vaccinated, this disease eradication can occur, because the majority of immunized people protect the few who are too young or too ill to receive vaccines themselves. This happened with small pox, a disease that killed 50 percent of infected people. There is no longer small pox because nearly everyone on earth received the small pox vaccine. Now we do not need to give small pox vaccine because the disease no longer exists. This is a huge vaccine success story.

Friedrich Nietzsche said "What doesn't kill us makes us

stronger.” We pediatricians feel this is unacceptable risk for children. We would rather see your child vaccinated against a disease in order to become immune rather than risking the actual disease in order to become immune. The vaccines that we give children protect against diseases that can cause serious, lifelong disability or death.

Hopefully this blog post answers your questions about how vaccines work. For more details or more in-depth explanations, I refer you to the AAP (American Academy of Pediatrics) website www.aap.org, the Immunization Action Coalition, Children’s Hospital of Philadelphia’s Vaccine Education Center, and the book *Vaccines: What You Should Know*, by pediatricians Dr. Paul Offit and Dr. Louis Bell.

Julie Kardos, MD and Naline Lai, MD

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For more information about vaccines, please see our prior posts: Should I vaccinate my child?, Closure: there is no link between the MMR vaccine and autism, Fact or Fiction: a flu vaccine quiz for all teachers, babysitters, parents, and anyone else who breathes on children, Do vaccines cause autism?, Measles outbreak: would you recognize measles in your child?, A vaccine parable , and Are my teen’s vaccines up to date?

In need of school snack ideas?



It's only a few weeks into the school year and we are running out of snack ideas for our kids. We looked back and found a couple of our favorite posts for snacks by guest bloggers Dr. Roxanne Sukol and Health Coach Mary McDonald . Click here if you are in the same boat:

Packing your child's school lunch: Beware of junk food disguised as healthy food

Overhauling the Sports Snack Stand

Julie Kardos, MD and Naline Lai, MD

2015 Two Peds in a Pod®

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.

2015 Two Peds in a Pod®

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.

2015 Two Peds in a Pod®

Tender red dots- spotted in the summer



What is it? Pictured below are the toes of one of my best friend's toddler. She is happy, has no fever, and plays nearly everyday in the neighborhood pool. The round shiny pink bumps and dots on her toes appeared yesterday morning and haven't changed much in a day. They don't seem to bother her very much... answer below.

It's Swimming pool pulpitis- a fancy word for a reaction of the pulp (the meaty tip) of fingers or toes. Mostly seen on the finger tips, the pulpitis is usually caused by irritation of the fingers by the rough side of the swimming pool as kids pull themselves in and out. Kids are sometimes annoyed by the dots, but they go away on their own as soon as the kids decide to use the ladder. In this case, this little swimmer irritated her toes, not her fingers, while "monkey walking" along the side of the swimming pool in the water.

Naline Lai, MD with Julie Kardos, MD

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