

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.

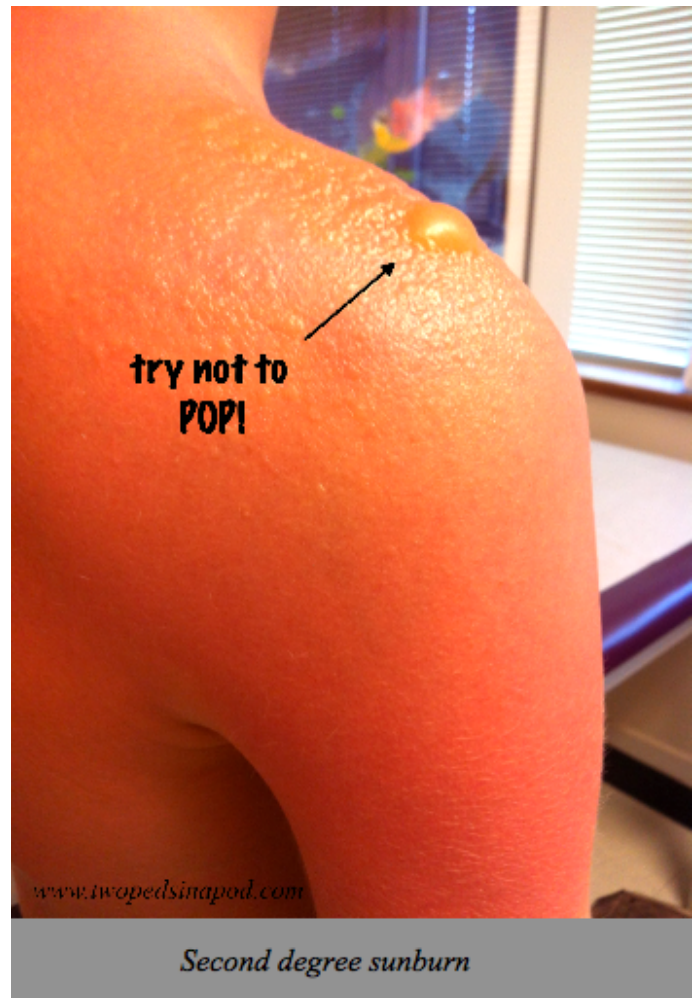
Some splinters are just too difficult for parents to remove. If you are not comfortable removing it yourself or if your child can't stay still for the extraction procedure, head over to your child's doctor for removal.

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.

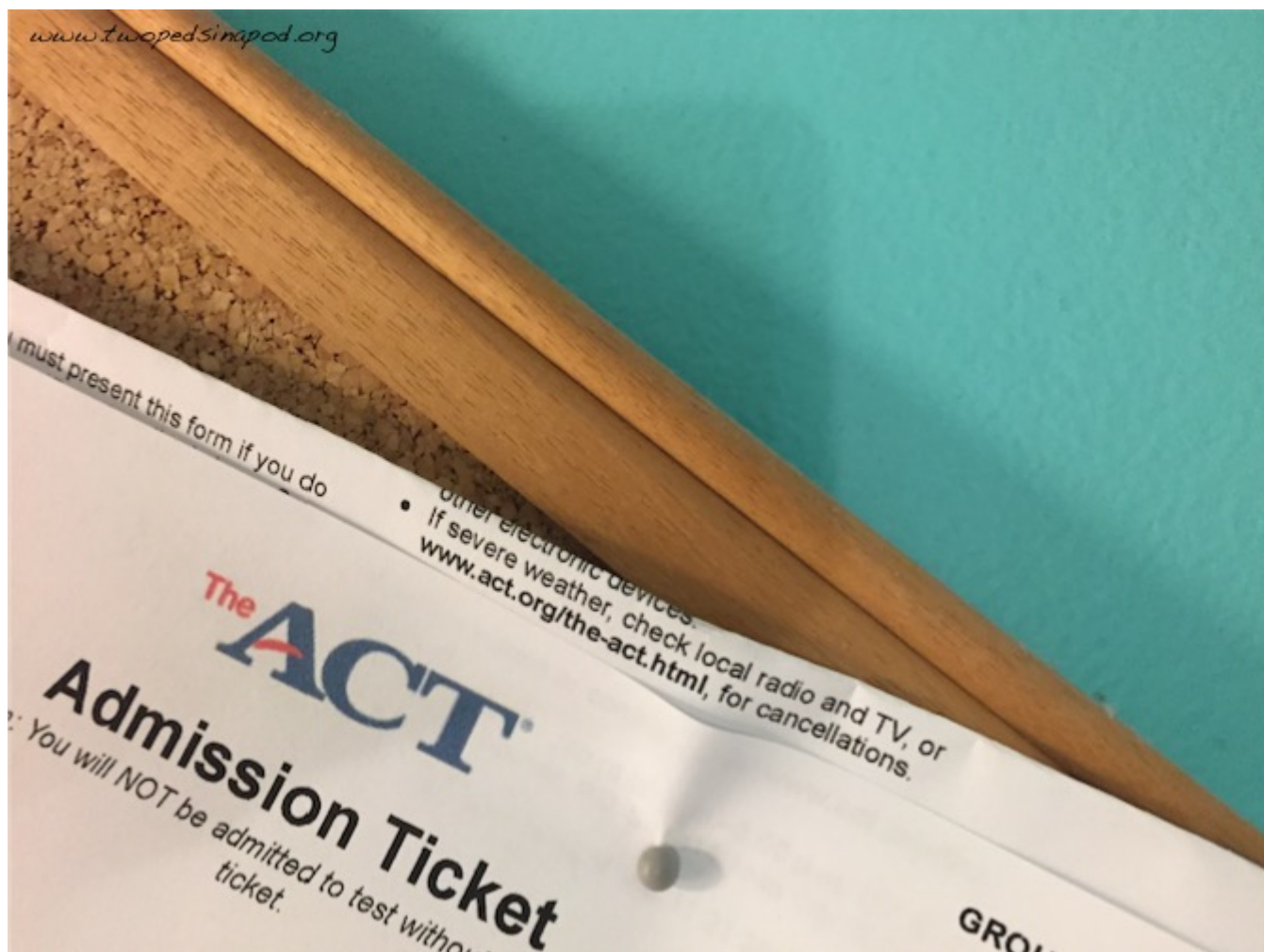
Of course, prevention is easier than burn treatment. Always apply sunscreen with an SPF of at least 15 to your children,

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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**Taking the stress out of
tests: conquering test
anxiety**



This test ticket hangs from the bulletin board of one of Dr. Lai's kids. Whether its the ACT, SAT or a ten question quiz, testing can provoke anxiety. Today 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.

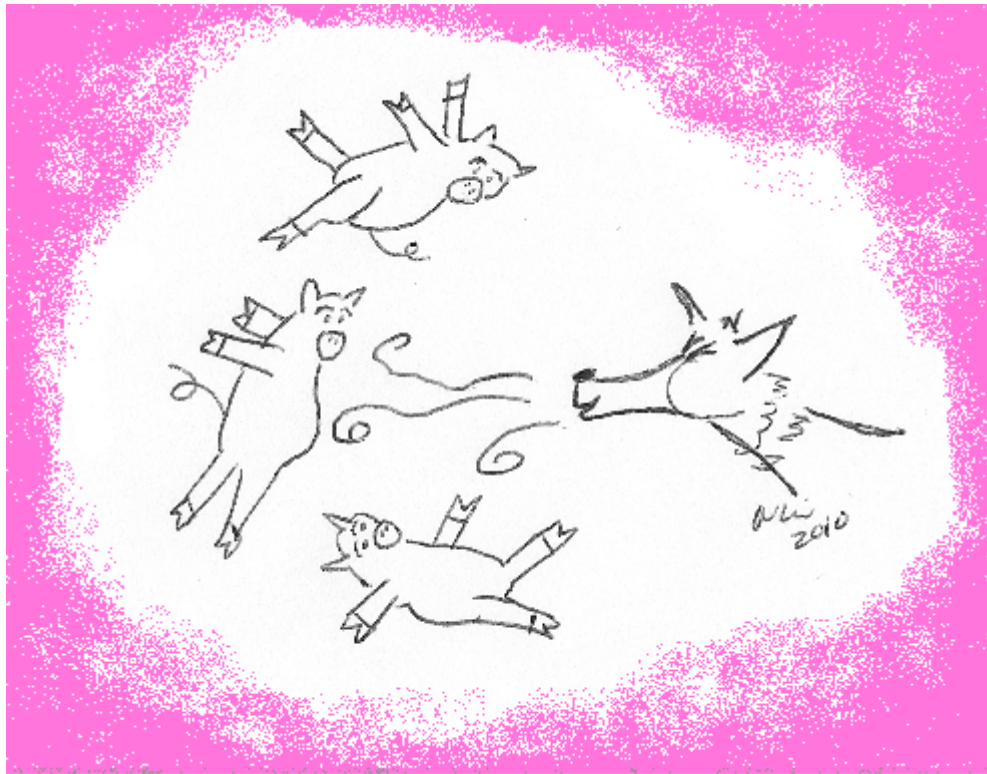
Jessica Collins, Psy. D.

Dr. Jessica Collins is a licensed PA psychologist who 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. Currently, Dr. Collins is a clinical psychologist with Children's Hospital of Philadelphia.

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

Don't hold your breath! Understand your child's asthma medications



Few people, and no pigs, knew B.B. Wolf had asthma

Now that spring is finally here, many kids are experiencing the start of spring allergy season, and those allergies are triggering their asthma symptoms.

Perfecting a treatment regimen for a child with asthma can be initially tricky and confusing for parents. But don't panic. There are simple medication schedules and environmental changes which not only thwart asthma flare ups, but also keep lungs calm between episodes. The goal is to abolish all symptoms of asthma such as cough, wheeze, and chest tightness.

For asthma flares

Albuterol (brand names Proair, Proventil, Ventolin) or levalbuterol (brand name Xopenex): **These are the "quick fix" medications.** When inhaled, this medicine works directly on the lungs by opening up the millions of tiny airways constricted during an attack. Albuterol is given via nebulizer or inhaler.

A nebulizer machine aerosolizes albuterol and pipes a mist of medicine into a child's lungs through a mask or mouth piece.

For kids who use inhalers, we provide a spacer. A spacer is a clear plastic tube about the size of a toilet paper tube which suspends the medication and gives the child time to breathe in the medication slowly. Without a spacer, the administration technique can be tricky and even adults use inhalers incorrectly.

Prednisone/prednisolone (brand names include Prelone, Orapred): Given orally in the form of pills or liquid, this prescription steroid medicine acts to decrease inflammation inside the lungs. This kind of steroid is not the same kind used illegally in athletics. While steroids in the short term can cause side effects such as belly pain and behavior changes, the advantages of improving breathing greatly outweigh these temporary and reversible side effects. However, if your child has received a couple rounds of steroids in the past year, talk to your pediatrician about preventative measures to avoid asthma flares and to avoid the long term side effects of continual steroid use.

Quick environmental changes: One winter a few years ago, a new live Christmas tree triggered an asthma attack in my patient. The only way he felt comfortable breathing in his own home was for the family to get rid of the dusty tree. Smoke and perfume can also spasm lungs. If you know Aunt Mildred smells like a flower factory, run away from her suffocating hug. Kids should avoid smoking and avoid being around others who smoke. And have your kids wash hands and face well or shower off after playing outside to keep the outside allergy triggers, such as pollen, off of your child's face. The goal is to alleviate allergy symptoms, which can in turn avoid triggering asthma symptoms.

For asthma prevention

Taking preventative, or **controller** medicines for asthma is like taking a vitamin. They are not “quick fixes” but they can calm lungs and prevent asthma symptoms when used over time.

Inhaled steroids (For example, Flovent, Pulmicort, Qvar) work directly on lungs and do not cause the side effects of oral steroids because they are not absorbed into the rest of the body. These medicines work over time to stop mucus buildup inside the lungs so that the lungs are not as sensitive to triggers such as cold viruses and allergens.

Combination inhalers (such as Advair, Symbicort) contain both a steroid and a longer acting version of the above-mentioned quick fix medications, and are sometimes prescribed to prevent asthma flares.

Monteleukoclast (brand name Singulair), also used to treat nasal allergies, limits the number and severity of asthma attacks by decreasing inflammation. It comes as a tiny pill kids chew or swallow once daily.

Avoid allergy triggers and respiratory irritants such as smoke. Even if you smoke a cigarette outside, smoke clings to clothing and your child can be affected. Treating allergy symptoms [with appropriate medication](#) will help avoid asthma attacks as well.

Treat acid reflux appropriately. Sometimes asthma is triggered by reflux, or heartburn. If stomach acid refluxes back up into the food pipe (esophagus), that acid could tickle your child’s airways which lie next to the esophagus.

Avoid respiratory viruses and the flu. Teach your child good hand washing techniques and get yearly flu shots. Parents should schedule their children’s flu vaccines as soon as the vaccines are available.

Some parents are familiar with asthma because they grew up with the condition themselves, but these parents should know

that health care providers treat asthma in kids differently than in adults. For example, asthma is one of the few examples where medicine such as albuterol can be dosed higher in young children than in adults. Also, some treatment guidelines have been improved upon recently and may differ from how parents managed their own asthma as children. For example, a doctor friend now in his 50's said his parent used to give him a substance to induce vomiting during his asthma attacks. After vomiting, the adrenaline rush would open up his airways! Please don't do that. We can do better.

Hopefully now that allergy season has descended upon us, this information helps you to keep your child's asthma under good control and helps you to know which medicine to reach for when it flares up.

Julie Kardos, MD and Naline Lai, MD

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**Today's Picture Puzzler-
What's causing this eyelid
swelling?**



What's causing this child's eyelid swelling?

"When the moon hits your eye like a big pizza pie..."

Actually, that's not amore, but that's a stye on this child's upper eyelid.

A stye (medical term = hordeolum) pops up seemingly overnight, although sometimes the child feels some tenderness at the eyelashes a day or two before it appears. Styes are tiny infections of eyelid glands that are self-limited and easily treated with warm wet compresses. We instruct patients to apply a clean, warm, wet cloth to the stye for 5-10 minutes four times per day.

Styes tend to improve after a few days but can take up to two weeks to completely resolve.

Persistent styes may actually be chalazions. Chalazions, the result of a dysfunctional eyelid gland, are firm and are not tender. They tend to "point" toward the inside of the eyelid rather than outward.

Insect bites may also masquerade as styes. However, insect

bites are itchy rather than painful.



stye: the view from the inside

Reasons to call your child's doctor:

- the entire eyelid is red, painful, and swollen
- pain is felt inside the eye itself
- child is sensitive to light
- child has vision changes
- the inside white part of your child's eye becomes red
- stye lasts more than two weeks despite treatment with warm compresses

Julie Kardos, MD and Naline Lai, MD

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With special thanks to Dean Martin

Spot the rash of ringworm

Although it's called ringworm, this rash isn't caused by a worm. In fact, it barely looks like a worm. Otherwise known as tinea corporis, the patch of ringworm is usually a flesh or light-pink colored, slightly scaly oval with raised, red edges.



Caused by a fungus, sometimes the patch is itchy. The same organism also causes athlete's foot (tinea pedis), jock itch (tinea cruris), and scalp infections (tinea capitis).

Ringworm falls into the mostly-harmless-but-annoying category of skin rashes (cover it up and no one will notice). Your child's doctor will diagnose the rash by examining your child's skin. To treat the rash, apply antifungal medication until the rash is gone for at least

48 hours (about two to three weeks duration). Clotrimazole (for example, brand name Lotrimin) is over-the-counter and is applied twice daily. You will find it in the anti-athlete's foot section.

On the scalp, ringworm causes hair loss where the rash occurs. Treatment is not so straight forward. Ringworm on the scalp requires a prescription oral antifungal medication for several weeks. The fungus on the scalp lives not only on the skin, but also in hair follicles. So, topical antifungals fail to reach the infection.

Ringworm spreads through direct contact. Wrestling teams are often plagued with this infection. Cats may carry ringworm. If your family cat has signs of feline ring worm such as patches of hair loss, take him to the vet for diagnosis.

If your child's "ringworm" fails to improve after a week of applying antifungal medication, have your child's doctor examine (or re-examine) the rash. Other diagnoses we keep in mind include eczema and granuloma annulare. If the rash continues to enlarge we consider Lyme disease.

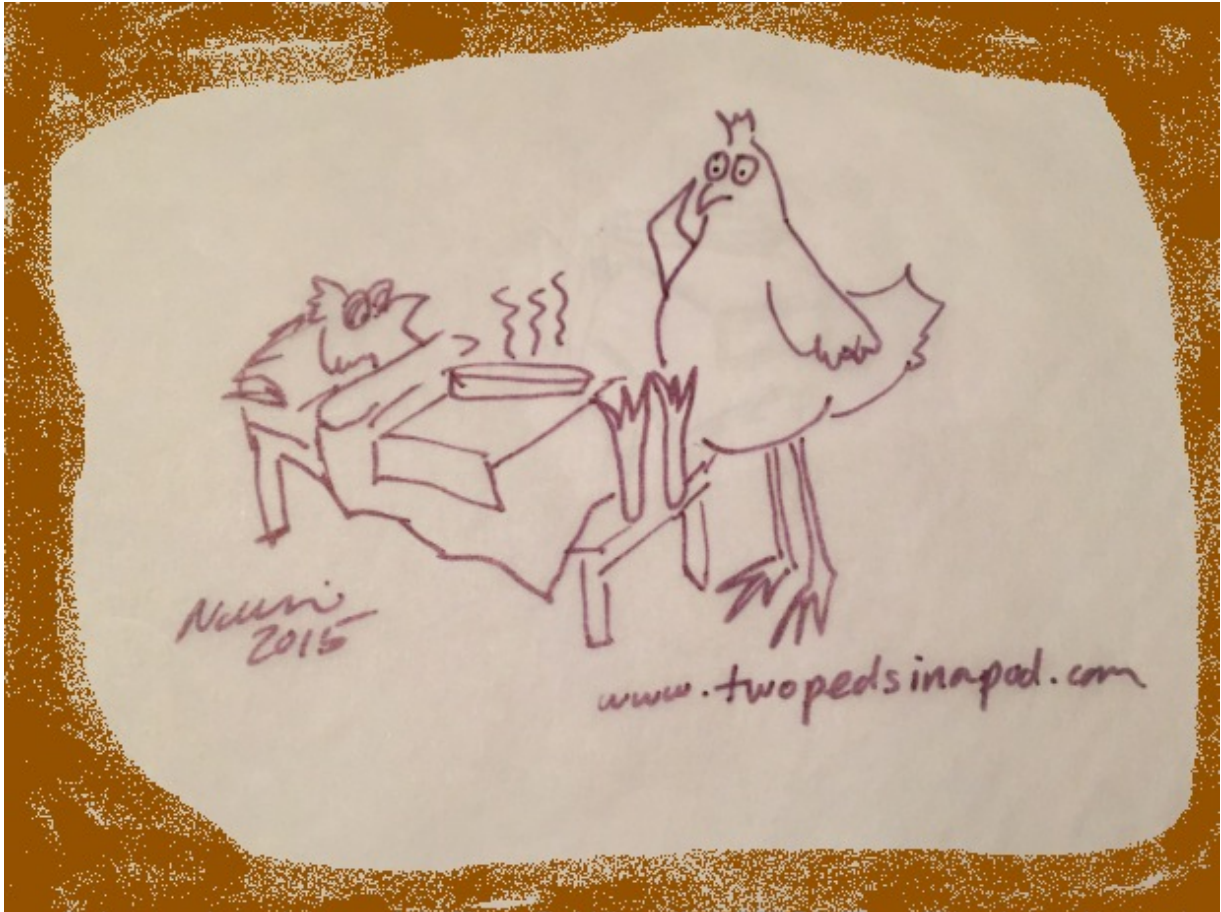
Kids are allowed to attend school and daycare with ringworm once treatment is started. Wrestlers are advised to cover the rash for the first three days of treatment.

The sooner you start to treat ringworm, the more quickly it resolves. Just remember, "the early bird catches the..." oh, never mind.

Naline Lai, MD and Julie Kardos, MD

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Flu or a cold? How to tell the difference



“Now what kind of soup did the doctor recommend? Was that tomato soup? Mushroom barley?”

Happy New Year and welcome to Flu Season 2017! Parents ask us every day how they can tell if their child has the flu a cold. Here's how:

Colds, even really yucky ones, start out gradually. Think back to your last cold: first your throat felt scratchy or sore, then the next day your nose got stuffy or then started running profusely, then you developed a cough. Sometimes during a cold you get a fever for a few days. Sometimes you get hoarse and lose your voice. Kids are the same way. In addition, they often feel tired because of interrupted sleep from cough or nasal congestion. This tiredness leads to extra crankiness.

Usually kids still feel well enough to play and attend school with colds, as long as they well enough to participate. The average length of a cold is 7-10 days although sometimes it takes two weeks or more for all coughing and nasal congestion to resolve.

Important news flash about mucus: the mucus from a cold can be thick, thin, clear, yellow, green, or white, and can change from one to the other, all in the same cold. The color of mucus does NOT tell you if your child needs an antibiotic and will not help you differentiate between a cold and the flu.

The flu, caused by influenza virus, comes on suddenly and makes you feel as if you've been hit by a truck. Flu always causes fever of 101°F or higher and some respiratory symptoms such as runny nose, cough, or sore throat (many times, all three). Children, more often than adults, sometimes will vomit and have diarrhea along with their respiratory symptoms, but contrary to popular belief, there is no such thing as "stomach flu." In addition to the usual respiratory symptoms, the flu causes body aches, headaches, and often the sensation of your eyes burning. The fever usually lasts 5-7 days. All symptoms come on at once; there is nothing gradual about coming down with the flu.

So, if your child has a runny nose and cough, but is drinking well, playing well, sleeping well and does not have a fever and the symptoms have been around for a few days, the illness is unlikely to "turn into the flu."

Remember: colds = gradual and annoying. Flu = sudden and miserable.

Fortunately, a vaccine against the flu is available for all kids over 6 months old (unfortunately, the vaccine isn't effective in younger babies) that can prevent the misery of the flu. In addition, vaccines against influenza save lives by preventing flu-related complications that can be fatal such as pneumonia, encephalitis (brain infection), and severe dehydration. Even though we are starting to see a lot of flu, it is not too late to get the flu vaccine for your child, so please schedule a flu vaccine ASAP if your child has not yet received one for this season. Parents and caregivers should also immunize

themselves- we all know how well a household functions when Mom or Dad have the flu... not very well!

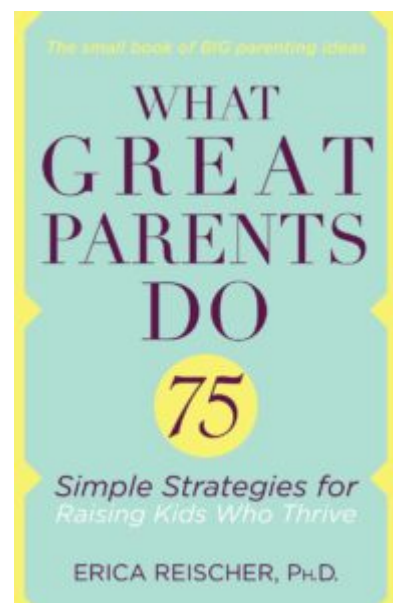
Be sure to [read our guest article on ways to prevent colds and flu](#) and our thoughts on [over the counter cold medicines](#). Now excuse us while we go out to buy yummy-smelling hand soap to entice our kids to wash germs off their hands. After that you'll find us cooking up a pot of good old-fashioned chicken soup, just in case...

Julie Kardos, MD and Naline Lai, MD
revised from our 2009 and 2015 posts

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Motivating Kids - Sticker charts aren't always the answer

As we think about how to keep our parenting New Year's resolutions, we find interesting advice from a fellow board member of Happy Healthy Kids. In her new book, WHAT GREAT PARENTS DO: 75 Simple Strategies for Raising Kids Who Thrive, Dr. Erica Reischer, a California based psychologist and parent educator cautions against motivating kids solely through reward economies such as sticker charts. – Drs. Lai and Kardos



Here's an excerpt:

“REWARD ECONOMY” IS a term I coined for the arrangements that many parents make with their children to motivate “good” behavior, such as paying for chores or routinely using sticker charts that trade good behavior for prizes or rewards (even if the reward is something wholesome like books). I call them reward economies because they can create a transactional system in which children learn to trade their desirable behavior for a reward.

The problem with reward economies is not that they don’t usually work to produce the desired behavior—if you have the right reward, these systems often appear to work well. As research has shown, the problem is that, over time, reward economies may negatively affect children’s motivation and may also create an expectation in children that they should be compensated for activities that are part of being a responsible and helpful member of the family.

One telltale sign that you’ve inadvertently created a reward economy in your family: When you ask your kids to do something outside of their regular tasks and to-dos, such as *“Please go fold the laundry,”* and they reply, *“What will you give me?”* Another sign: You tell them you’ll give them a reward/prize/sticker if they do something like helping to clean the kitchen, and they respond, *“No, thanks,”* and don’t feel obliged to help since they aren’t accepting the “compensation” you are offering.

Although sticker charts and similar systems seem like a good solution in the short term—we get helpful and cooperative behavior—in the long term we may be inadvertently creating a bigger problem: children who see their role in the family as a job for which they receive compensation. Moreover, reward economies often don’t give children many opportunities to develop self-discipline and self-mastery, which are critical life skills.

You might be wondering what could possibly be motivating about

many of the things we ask our kids to do: homework, chores, etc. My response is this: Kids who learn how to do what needs to be done—even if they don't feel like doing it—develop a strong sense of autonomy, competence, and self-mastery. There are similar benefits for kids who learn how to stop themselves from doing something desirable in the here and now in order to achieve an even more desirable future outcome (e.g. delayed gratification, as with the well-known marshmallow study).

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TRY THIS:

If you currently use sticker charts or similar reward systems, and you decide to stop, start by letting your kids know that you are going to make that change. (Sticker charts, however, can be used to good effect as a simple tracking chart, to help kids visualize their to-dos and track their progress. The key difference between a reward chart and a tracking chart is that the latter does not involve earning rewards. So kids might put a sticker on their chart to show that they finished cleaning their room, with the sticker being just a satisfying visual symbol of completion.) If they are in the middle of earning something important to them, let them finish and get their prize (that is, follow through on the commitment you made to them when you offered the incentive).

Your primary tools for rewarding good behavior going forward will be your acknowledgment and praise. For tasks your kids don't like or don't want to do, use empathy, reason, and especially rehearsals.

If your kids seem to ignore you when you make a request, first be sure they have actually heard you. Give them a reason to go with your request and, if you have to ask a second time, add fair warning of consequences. Other useful tools are scaffolding and rehearsals. In scaffolding, parents provide support and assistance in many different areas of their

children's lives (scaffolding), while avoiding doing the work itself (building). You may also have to be more involved in following up.

For example: "Sweetie, in five minutes, it will be time to clean up your toys in the living room." "Noooo... I don't want to." "I know you don't want to, honey. You wish you could just keep playing (empathy). At the same time, we all share the house, so you need to do your part to keep it clean (request/reason)." "Nooo..." (Or silence/ignoring)

Now go over to your child and try to involve her in cleaning up. Try reframing to make the activity more appealing (e.g., sing a cleanup song or have a cleaning contest). If she still refuses to help, matter-of-factly restate your request, and then give fair warning of consequences.

"Honey, it's time to clean up now. I know you would rather leave your toys on the floor. If you don't help clean up, then I will keep the toys that I find in the living room for [insert appropriate time frame for your child's age] since you aren't being responsible for them (fair warning)."

If necessary, follow through on your consequence of keeping the toys for the time you specified.

To avoid a repeat of this situation in the future, stage a rehearsal with your child in which she will practice cleaning up in a "pretend" scenario.

If she does help, be enthusiastic and specific in your praise: "Look we did it and the living room looks so organized! Even though you didn't want to clean up, I'm really proud of you for being a helper and putting all your cars in the box." Remember to praise your child for any part that she did well, even if she didn't meet all your expectations. Praise reinforces good behavior.

..... .

Rewards can, however, be useful occasionally for helping children reach milestones (such as toilet training) or for motivating them to participate in unpleasant activities (such as getting shots at the doctor's office). The key is to avoid using rewards frequently or systematically as a way of managing the regular activities of family life, unless you are getting specific guidance from a professional to do so.

Erica Reischer, Ph.D.

Adapted from WHAT GREAT PARENTS DO: 75 Simple Strategies for Raising Kids Who Thrive by Erica Reischer, Ph.D. © 2016 by Erica Reischer. TarcherPerigee, an imprint of Penguin Random House LLC.

Erica Reischer, Ph.D., is a clinical psychologist and parent educator who leads popular parenting classes and workshops at UCSF Benioff Children's Hospital, Habitot Children's Museum, and the University of California. Her writing about children and families appears in *Psychology Today*, *The New York Times*, *The Washington Post*, and *The Atlantic*.

How to treat a cold



For kids over one year of age, the Honey Bear offers grrr-eat relief

So many children (and their parents) have colds now. Really yucky colds, often accompanied by fever. Take heart that it's not quite flu season- the yearly flu epidemic has not yet fully hit the United States. Are you staring at the medicine display in the pharmacy, wondering which of the many cold medicines on the shelf will best help your ill child? How we wish we had a terrific medication recommendation for how to treat a cold. Unfortunately, we do not. And antibiotics-as powerful as they can be at killing bacteria- do not cure colds, which are caused by viruses.

Watching your child suffer from a cold is tough. But why give something that doesn't help her get better and has potential side effects?

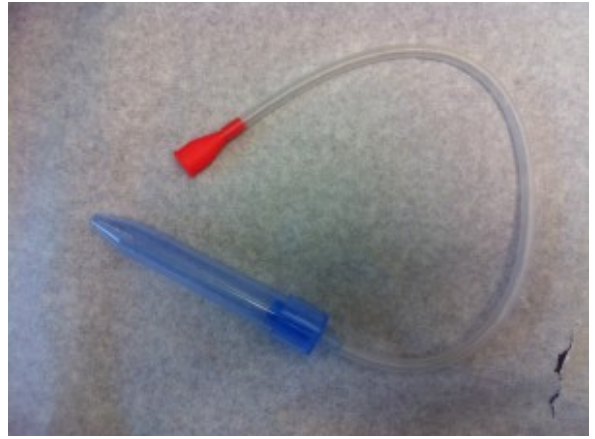
Don't despair, even if you can't kill a cold virus, there are plenty of things you can do to make your child feel better:

- -If she has a sore throat, sore nose, headache, or body aches, consider giving acetaminophen or ibuprofen to treat the discomfort.
- -Give honey for her cough and also to soothe her throat if she is over one year of age.
- -Run a cool mist humidifier in her bedroom, use saline nose spray or washes, have her take a soothing, steamy shower, and teach her how to blow her nose.
- -Break up that mucus by hydrating her well – give her a bit more than she normally drinks.
- -For infants, help them blow their noses by using a bulb suction. However, be careful, over-zealous suctioning can lead to a torn-up nose and an overlying bacterial infection. Use a bulb suction only a few times a day.

The safety and effectiveness of cough and cold medicine to treat a cold has never been fully demonstrated in children.

In fact, in 2007 an advisory panel including American Academy of Pediatrics physicians, Poison Control representatives, and Baltimore Department of Public Health representatives recommended to the U.S. Food and Drug Administration (FDA) to [stop use of cold and cough medications](#) under six years of age.

Thousands of children under twelve years of age go to emergency rooms each year after over dosing on cough and cold medicines according to a 2008 study in [Pediatrics](#) . Having these medicines around the house increases the chances of accidental overdosing. Cold medications do not kill germs and will not help your child get better faster. Between 1985 and 2007, six studies showed [cold medications didn't have significant effect over placebo](#).



The self billed “snot sucker” Nose Frida

So you can ignore the shelf of children’s cough and cold medicine. Instead, buy saline nose drops or spray to help stuffy noses, acetaminophen (Tylenol) or ibuprofen (Motrin, Advil), to treat discomfort, and fluids- and yes, milk is ok during a cold- to prevent dehydration.

Fortunately, when your kids have a cold, unlike you, they can take as many naps as they want.

Naline Lai, MD and Julie Kardos, MD

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updated from our 2011 post

Last Minute Holiday Gifts Ideas

We’re on Happy Healthy Kids!

12 Healthy Gift Ideas