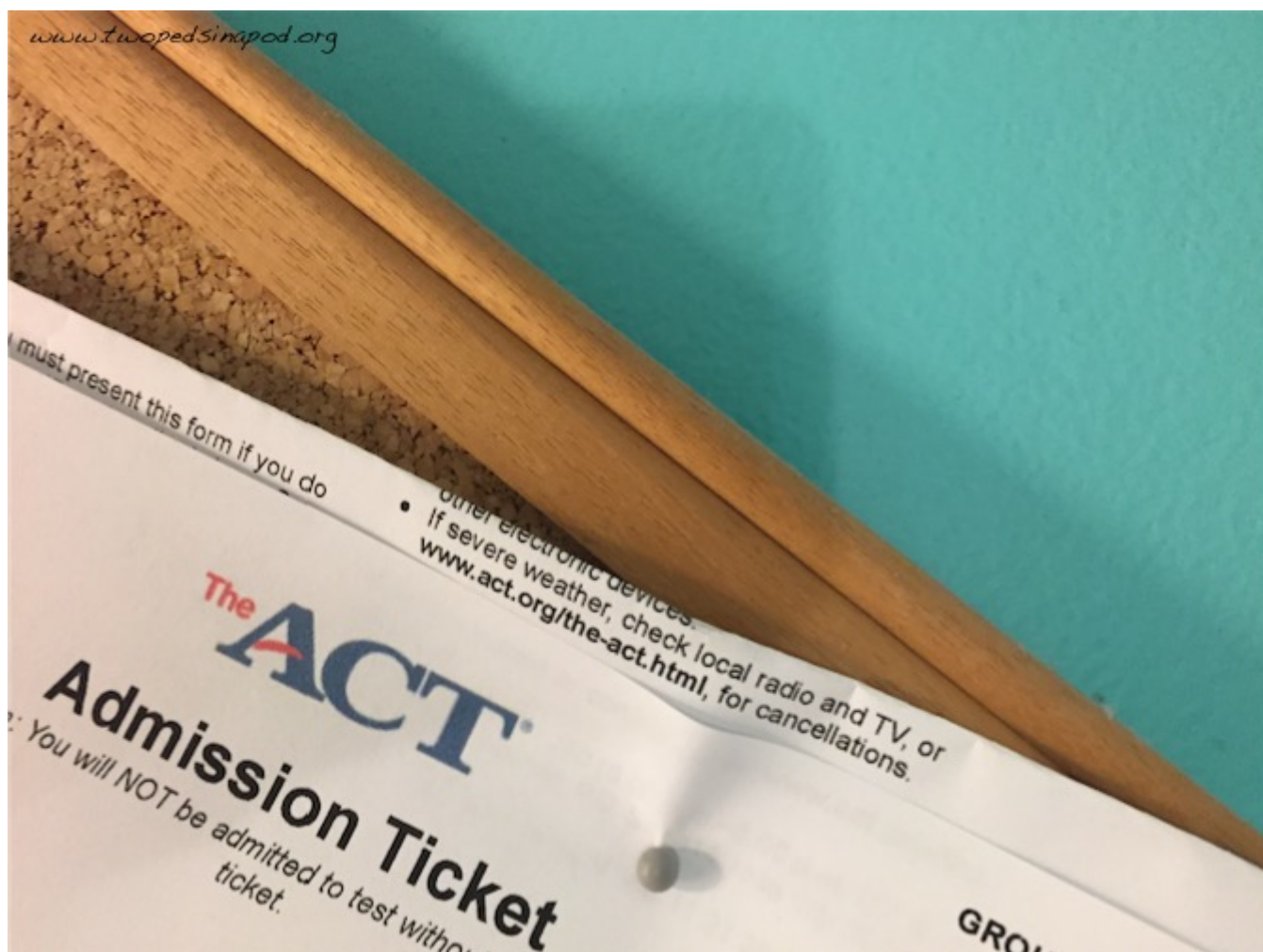


Taking the stress out of tests: conquering test anxiety



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.

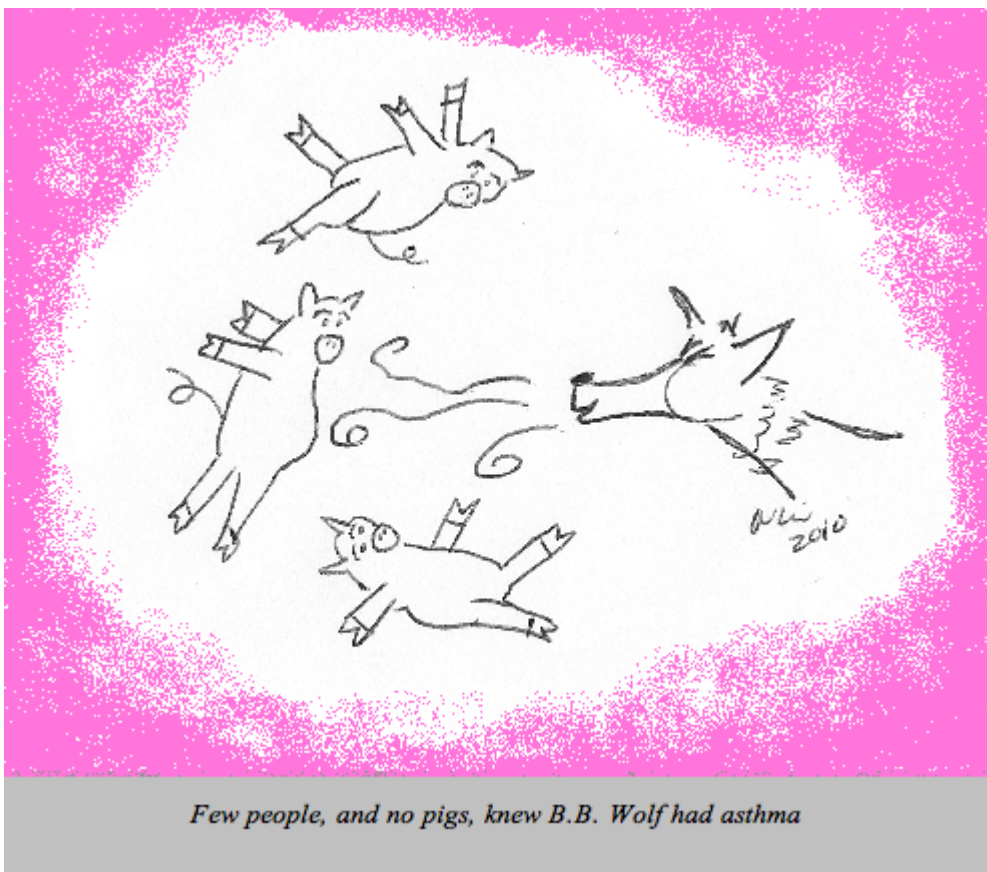
Jessica Collins, Psy. D.

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



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.

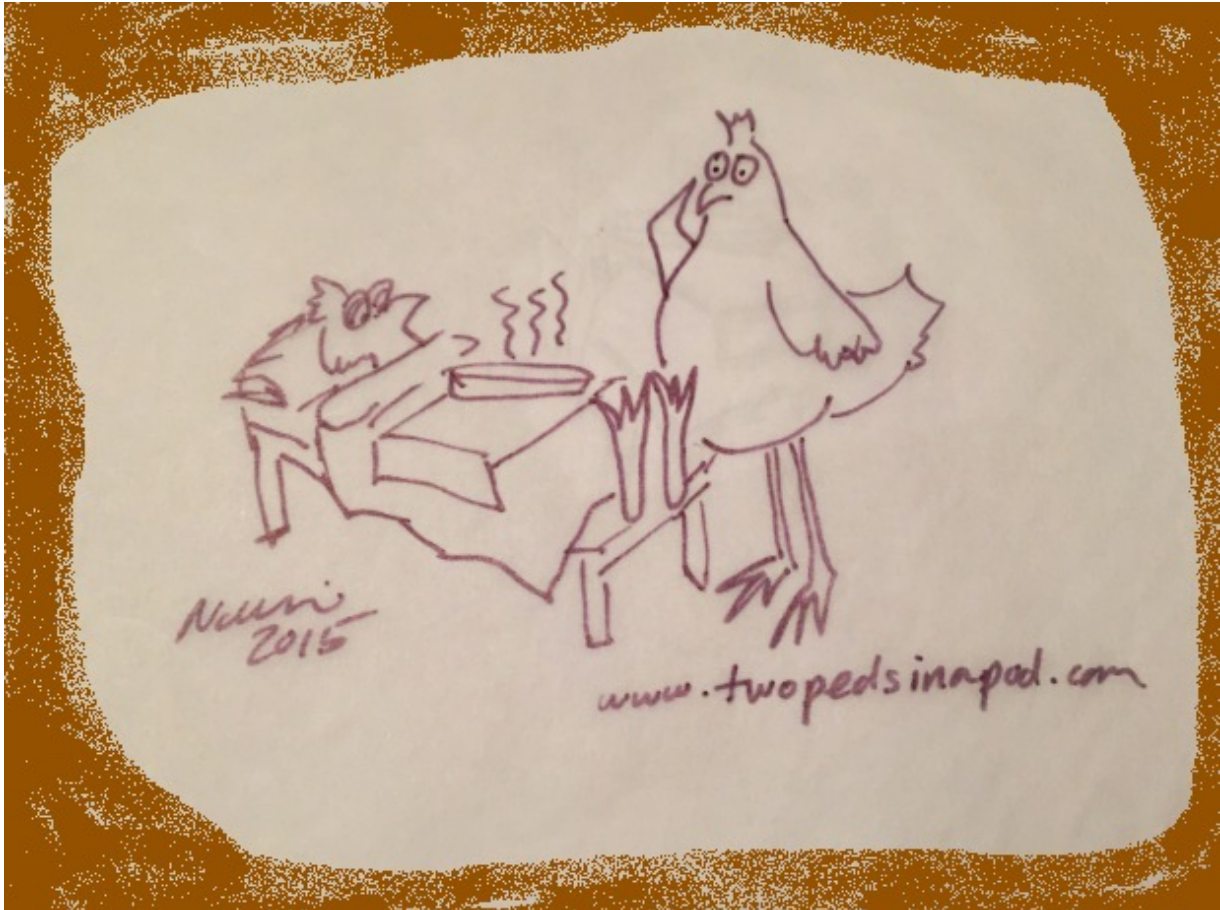
Kids are allowed to attend school and daycare with ringworm once treatment is started. Wrestlers are advised to cover the rash for the first three days of treatment.

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!

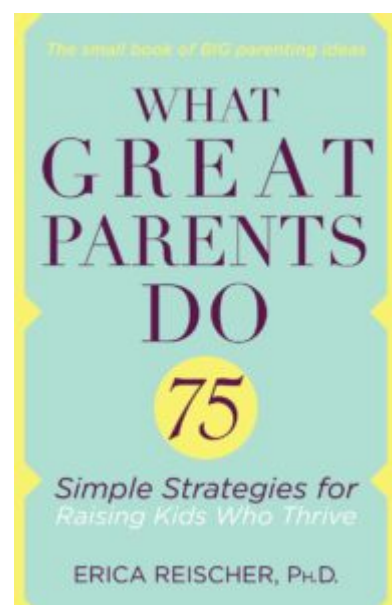
Be sure to [read our guest article on ways to prevent colds and flu](#) and our thoughts on [over the counter cold medicines](#). Now excuse us while we go out to buy yummy-smelling hand soap to entice our kids to wash germs off their hands. After that you'll find us cooking up a pot of good old-fashioned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

.....

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?

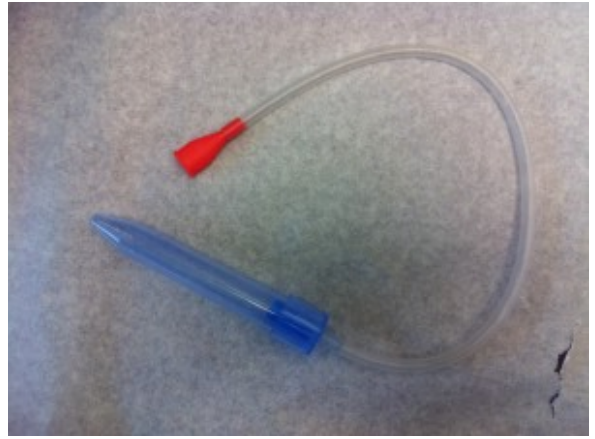
Don't despair, even if you can't kill a cold virus, there are plenty of things you can do to make your child feel better:

- -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

Fever: what's hot, what's not, and what to do about it



Photo by Lexi Logan

Parents ask us about fever more than any other topic, so here is what every parent needs to know:

Fever is a sign of illness. Your body makes a fever in effort to heat up and kill germs **without harming your body.**

Here is what fever is NOT:

- Fever is NOT an illness or disease.
- Fever does NOT cause brain damage.
- Fever does NOT cause your blood to boil.

- Unlike in the movies and popular media, fever is NOT a cause for hysteria or ice baths.
- Fever is NOT a sign of teething.

Here is what fever IS:

- In many medical books, fever is a body temperature equal to or higher than 100.4 degrees Fahrenheit.
- Many pediatricians consider 101 degrees Fahrenheit or higher as the definition of fever once your child is over 2 months of age.
- Fever is a great defense against disease, and thus is a SIGN, or symptom, of an illness.

To understand fever, you need to understand how the immune system works.

Your body encounters a germ, usually in the form of a virus or bacteria, that it perceives to be harmful. Your brain sends a message to your body to HEAT UP, that is, make a fever, to kill the germs. Your body will not get hot enough to harm itself or to cause brain damage. Only if your child is experiencing Heat Stroke (locked in a hot car in July, for example), or if your child already has a specific kind of brain damage or nervous system damage (rare) can your child get hot enough to cause death.

When your body has succeeded in fighting the germ, the fever will go away. A fever reducing agent such as acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin) will decrease temperature temporarily but fever WILL COME BACK if your body still needs to kill off more germs.

Symptoms of fever include: feeling very cold, feeling very hot, suffering from muscle aches, headaches, and/or shaking/shivering. Fever often suppresses appetite, but thirst should remain intact: drinking is very important with a fever.

Fever may be a sign of any illness. Your child may develop fever with cold viruses, the flu, stomach viruses, pneumonia,

sinusitis, meningitis, appendicitis, measles, and countless other illnesses. The trick is knowing how to tell if your child is VERY ill or just having a simple illness with fever.

Here is how to tell if your child is VERY ill with fever vs not very ill:

Any temperature in your newborn infant **younger than 8 weeks old that is 100.4 (rectal temp) degrees or higher** is a fever that **needs immediate attention** by a health care provider, even if your infant appears relatively well.

Any fever that is accompanied by moderate or severe **pain, change in mental state** (thinking), **dehydration** (not drinking enough, not urinating because of not drinking enough), **increased work of breathing/shortness of breath**, or **new rash** is a fever that **NEEDS TO BE EVALUATED** by your child's doctor. In addition, a fever that lasts more than three to five days in a row, even if your child appears well, should prompt you to call your child's health care provider. Recurring fevers should also be evaluated. Additionally, if your child is missing vaccines, call your child's doctor sooner rather than later.

Should you treat fever?

As we explained, fever is an important part of fighting germs. Therefore, we do NOT advocate treating UNLESS the side effects of the fever are causing harm. Reduce fever if it prevents your child from drinking or sleeping, or if body aches or headaches from fever are causing discomfort. If your child is drinking well, resting comfortably or playing, or sleeping soundly, then he is handling his illness just fine and does not need a fever reducing agent just for the sake of lowering the fever.

A note about febrile seizures: Some unlucky children are prone to seizures with sudden temperature elevations. These are called febrile seizures. This tendency often runs in families

and usually occurs between the ages of 6 months to 6 years. Febrile seizures last fewer than two minutes. They usually occur with the first temperature spike of an illness (before parents even realize a fever is present) and while scary to witness, do not cause brain damage. No study has shown that giving preventative fever reducer medicine decreases the risk of having a febrile seizure. As with any first time seizure, your child should be examined by a health care provider, even if you think your child had a simple febrile seizure.

Please see our “How sick is sick?” blog post for further information about how to tell when to call your child’s health care provider for illness.

Julie Kardos, MD and Naline Lai, MD

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Ear wax in your child: what to do with the goo



Babies are gooey. Spew tends to dribble out of every orifice and the ear is no exception.

"My, the wax just keeps pouring out of your ears"

Devin's mother tipped her four month old baby's head sideways in the office the other day and asked me what to do about the oily, yellow wax smeared around the opening of his ear canal. Despite the copious amount of wax on the outside, Devin's ear canals were clear. "But the wax is simply disgusting," said Devin's mom, "Can I clean his ears? "

If you can get the wax with a wash cloth, it's fair game. Otherwise, leave it alone. It doesn't matter if you use a wash cloth or cotton swab. The special shaped cotton swabs with the safety tips are unnecessary. Rest assured, you will not go too deeply into the ear canal if you only scrape off what is visible.

Now suppose your pediatrician does say the wax should be removed. Place an over-the-counter solution such as Debrox in the ears (children and adults can use the same formulation) – three to four drops one or two times a day (during sleep is easiest for babies and toddlers) for a few days. The solution softens wax. For maintenance, mineral oil and olive oil are favorite remedies. Place one drop daily in ears. In the office some pediatricians can use a water irrigation system (like a water squirter in your ear) to wash out the wax. The worst side effect is that the child's shirt sometimes gets wet. Irrigation is a very effective for removing wax in a school-aged or teenaged child who complains of difficulty hearing.

Some say wax evolved to help keep bugs and other debris from reaching deep into our ear canals. Case in point: one of my least favorite memories during residency is of picking out pieces of a cockroach entrapped in a child's earwax!

Keep in mind the amount of wax you see on the outside of the ear is not indicative of the actual amount inside the ear canal. Chances are, the wax is not hard and does not block the ear drum. Even if there is a large amount of wax, it is unlikely to greatly affect a baby's hearing unless the wax is stuck against the ear drum. Equally normal is that some babies

and children don't seem to produce any ear wax. If you are concerned about your child's ear wax or about her hearing, have your pediatrician take a peek with a light.

If you find you are constantly cleaning your kid's waxy ears, take heart. At least there won't be any roaches "bugging" them.

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PS: Medical vocabulary FYI: light used to look into ears= otoscope. Medical term for ear wax= cerumen.