


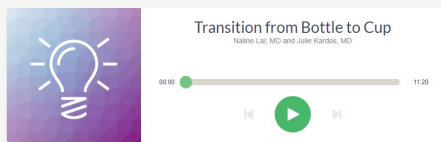
Press

Awards



- Bucks Happening List 2017 (learn more)
- Parents Best of the Web Award (learn more)
- 5 Pediatric Healthcare Blogs You Should Read (learn more)
- Top 100 Pediatric Blogs and Websites by Pediatricians (learn more)
- Philadelphia Magazine's Top Doctors for 2018 (learn more)

Interviews, Podcasts, and Other Media Coverage

<p>Two Peds appeared on NPR's Here & Now with host Robin Young Dr. Kardos and Dr. Lai spoke with host Robin Young on Here & Now, NPR's live midday news program. Listen in as they discuss topics including how Two Peds in a Pod is different from sites like WebMD, how fads like "booby bracelets" and "erasing" are linked to children's health, and more. (Click on the audio player and skip to 33:22.)</p>	 https://www.twopedsinapod.org/wp-content/uploads/2009/05/hereandnow_1019.mp3
<p>Two Peds records a continuing education podcast series for physicians Dr. Kardos and Dr. Lai help educate their peers through a podcast entitled "Stuff I Never Learned in Residency." Listen to a sample podcast in which they talk about helping parents transition their babies from bottles to cups. The podcast is offered by Hippo Education, which delivers cutting-edge medical education to clinicians around the world.</p>	

Two Peds appeared on local television

Ever wonder how much sleep your child needs? Watch this interview now and find out. Dr. Kardos and Dr. Lai talked about the importance of sleep on Parent Connections, a show run by CBCares on CBTv local access cable for Central Bucks School District.



Publications

How to Know If Your Toddler Has Autism

“Do not be afraid of looking for a diagnosis. He will be the same child you love regardless of a diagnosis. The only difference is that he will receive the interventions he needs.” Two Peds authored this article on MedPage Today’s kevinmd.com.

Visual Diagnosis and Treatment in Pediatrics, Third Edition

Dr. Lai served as an associate editor for this pediatric visual diagnosis book, which helps clinicians quickly identify distinguishing characteristics, treatment guidelines, and more.

Smart Medicine: Two Peds Are Better Than One

“It’s our dream to be able to go beyond the 30 patients we see everyday. We can talk to people during the day in our offices, but we knew if we had a site we could educate a lot more.” Read more in this interview with Dr. Kardos and Dr. Lai in Philadelphia magazine online.

Top 10 Ways to Prevent Colds and Flu

“When serving food to your children and their friends, avoid a community bowl. Don’t put all the popcorn into one bowl for sharing. Instead, make individual bowls of popcorn.” For

more common sense advice on preventing the spread of germs, read this article penned by Two Peds on mom365.com.

Speaking Engagements

We speak at venues ranging from living rooms and libraries to children's museums and convention centers, addressing concerns of parents and teachers as well as fellow physicians.

For example:

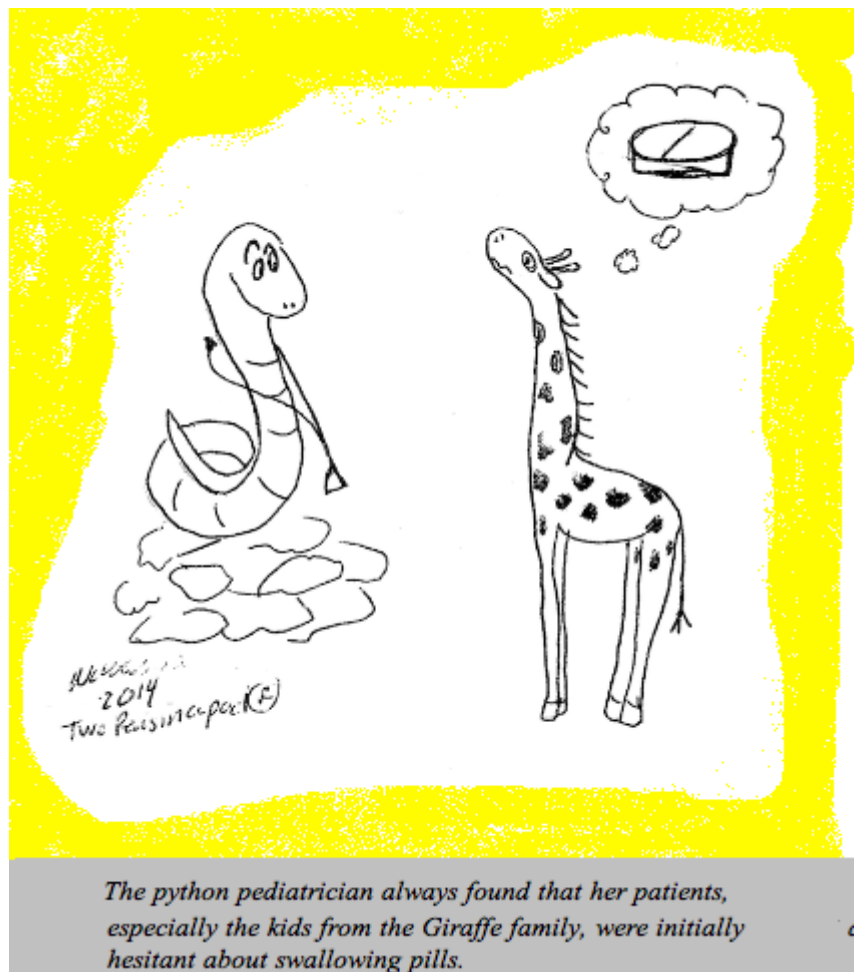
- Two Peds spoke to early childhood teachers about looking for signs that a child is in respiratory trouble at the Delaware Valley Association for the Education of Young Children's 2012 Early Childhood Conference
- Two Peds moderated the adolescent session of the Atlantic Regional Osteopathic Convention at a Jersey Shore medical conference, then shared some advice we learned at the conference

Feel free to invite us in for a house call!

Getting meds in: How to teach your child to swallow pills,

give eye drops and other tips

Does your kid spit out medicine? Clamp her jaws shut at the sight of the antibiotic bottle? Refuse to take pain medicine when she clearly has a bad headache or sore throat?



Sometimes medicine is optional but sometimes it's not. Here are some ways to help the medicine go down:

Don't make a fuss. We mean PARENTS: don't make a fuss. Stay calm. Explain that you are giving your child medicine "for your sore throat," for example. Calmly give her the pill to swallow or the medicine cup or syringe filled and have her suck it down, then offer water to drink. If you make a BIG DEAL or warn about the taste or try to hurry your child along, she may become suspicious, stubborn, or flustered herself. Calmness begets calm.

What if she hates the taste?

- Most medication can be given with a little chocolate syrup or applesauce (yes, Mary Poppins had the right

- idea). Check with your child's pharmacist if your child's particular prescription can be given this way.
- Often, your pharmacist can add flavor to your child's prescription.
 - Check if your child's medicine comes in pill form so she doesn't have to taste it at all.
 - Try "chasing" the medicine down with chocolate milk instead of water to wash away a bad taste quicker.
 - Use a syringe (no needle of course) to slowly put tiny bits of liquid medicine in the pocket between her outer teeth and her cheek. Sooner or later she will swallow. After all, she swallows her own saliva. (A factoid: an adult swallows up to 1.5 liters of saliva a day.)

DO NOT mix the medication into a full bottle or a full cup and expect that your child will finish it all. There is a good chance that the child will not finish the bottle and therefore not finish the medication. If mixing into a liquid, better to suck up the medicine into a measuring syringe and then, if needed, suck up an addition little bit of juice or Gatorade to attempt to hide the flavor and get the full dose in at once.

WHAT IF SHE THROWS UP THE MEDICATION? Call your child's doctor. If the medication was not in the stomach for more than 15 minutes, we will often not count it as a dose and may instruct you give another dose.

WHAT IF SHE CAN'T SWALLOW PILLS? If your child can swallow food, she can swallow a pill. Dense liquids such as milk or orange juice carry pills down the food pipe more smoothly than water. Start with swallowing a grain of rice, a cake sprinkle, or a tic-tac. For many kids, it is hard to shake the sequence of biting then swallowing. Face it. You spent a lot of time when she was toddler hovering over her as she stuffed Cheerios in her mouth, muttering "bite-chew-chew-swallow." Now that you want her to swallow in one gulp, she is balking. Luckily, most medication in pills, although bitter tasting, will still work if you tell your child to take one quick bite and then

swallow. The exception is a capsule. The gnashing of little teeth will deactivate the microbeads in a capsule release system. If you are not sure, ask your pharmacist.

WHAT IF ALL ATTEMPTS AT ORAL MEDICINE FAIL? Talk to your child's doctor. Some liquid antibiotics come in shot form and your pediatrician can inject the medicine (such as penicillin), and some come in suppository form; Tylenol (generic name acetaminophen) is an example. You can buy rectal Tylenol if sore throat pain or mouth sores prevent swallowing or if your child simply is stubborn. Sometimes you just have to have one adult hold the child and another to pry open her mouth, insert medicine, then close her mouth again.

HAVE AN EAR DROP HATER? First walk around with the bottle in your pocket to warm the drops up. Cold drops in an ear are very annoying. (In fact, if cold liquid is poured into the ear a reflex occurs that causes the eyes beat rapidly back and forth). Use distraction. Turn on a movie or age-appropriate TV show, have your child lie down on the couch on her side with the affected ear facing up. Pull the outside of her ear up and outward to make the ear opening more accessible, then insert the drops and let her stay lying down watching her show for about 10 minutes. If you need to treat both ears, have her flip to the other side of the couch and repeat. Another option: treat your child while she sleeps.

AFRAID OF EYE DROPS? If your child is like Dr. Kardos who is STILL eye-drop phobic as a grown-up, try one of two ways to instill eye drops. Have your child lie down, have one person distract and cause your child to look to one side, insert the drop into the side of the eye that your child is looking AWAY from. She will blink and distribute the medicine throughout the eye. Alternatively, have your child close her eyes and turn her head slightly TOWARD the eye you need to treat. Instill 2 drops, rather than one, into the corner of her eye nearest her nose. Then have her open her eyes and turn her head slowly back to midline: the drops should drop right into

her eye. Repeat for the second eye if needed.

HATE CREAM? Some kids need medicated cream applied to various skin conditions. And some kids hate the feeling of goop on their skin. These are often the same kids who hate sunscreen. Again, distraction can help. Take a hairbrush and “brush” the opposite arm or some other area of the body far away from the area that needs the cream. Alternatively, apply the cream during sleep. Another option- let your child apply his own cream- this gives back a feeling of control which can lead to better compliance with medicine. It also will help him to feel better faster. IF your child is complaining about stinging, try an ointment instead. Ointments tend to sting less than creams.

Of course, as last resort, you can always explain to your child in a logical, systematic fashion the mechanism of action of the medication and the future implications on your child’s health outcome.

If you choose this last method, you should probably have some Hershey’s syrup nearby. Just in case.

Julie Kardos, MD and Naline Lai, MD

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When a pet dies



Photo by Lexi Logan

We welcome Bereavement Counselor Amy Keiper-Shaw who shares with us how to discuss the death of a pet with your child.

—Drs. Lai and Kardos

When I first graduated from college I worked as a nanny. One day the mom shared with me that their family goldfish recently died. As this was her daughter's first experience with death, we schemed for nearly 20 minutes to find the best way to talk to her child. The mom and I thought it could be an excellent teaching moment.

We pulled the girl away from her playing to explain that the fish had died. We told the girl we'd help her have a funeral if she wanted, and we would find a box (casket) to bury the fish so she could say her goodbyes. We explained what a casket

was and what a funeral was in minute detail. After our monologue we stopped, we asked if she had any questions.

After a slight pause she asked, "Can't we just flush it?"

The lesson I learned from that experience, and still use to this day, is to keep things simple, and know my audience. Sometimes as parents we overcompensate for our own fears and make situations more challenging than they need to be.

Here are some tips on how to talk to your children about pet loss:

Tell your child about the death, and then pause. Ask her what she thinks death means before moving on with further explanations. This will help you know if she has questions or if she has enough information for the moment. Children often need a small amount of information initially and will later come back to you several times later to ask more questions after they process the information.

Remember to express your own grief, and reassure your child that many different feelings are ok. Be sure to allow children to express their feelings. If your child is too young to express herself verbally, give her crayons and paper or modeling clay too help express grief.

Avoid using clichés such as: Fluffy "went to sleep." Children may develop fears of going to bed and waking up. The phrase "God has taken" the pet could create conflicts in a child and she may become angry at a higher power for making the pet sick, die, or for "taking" the pet from them.

Be honest. Hiding a death from a child can cause increased anxiety. Children are intuitive and can sense if something is wrong. When the death isn't explained they make up their own explanation of the truth, and this is often much worse than the reality of what occurred.

Children are capable of understanding that life must end for

all living things. Support their grief by acknowledging their pain. The death of a pet can be an opportunity for a child to learn that adult caretakers can be relied upon to extend comfort and reassurance through honest communication.

Developmental Understanding of Death

Two and three-year-olds

Often consider death as sleeping, therefore tell them the pet has **died** and will not return.

Reassure children that the pet's failure to return is unrelated to anything the child may have said or done (magical thinking).

A child at this age will readily accept another pet in the place of a loved one that died.

Four, five, and six-year-olds

These children have some understanding of death but also a hope for continued living (a pet may continue to eat, play & breathe although deceased).

They can feel that any anger that they had towards the pet may make them responsible for the pet's death ("I hated feeding him everyday").

Some children may fear that death is contagious and could begin to fear their own death or worry about the safety of their parents.

Parents may see temporary changes in their child's bladder/bowels, eating, and sleeping.

Several brief discussions about the death are more productive than one or two prolonged discussions.

Seven, eight, and nine-year-olds

These children have an understanding that death is real and irreversible.

Although, to a lesser degree than a four, five, or six-year-old, these children may still possibly fear their own death or the death of their parents.

May ask about death and its implications (Will we be able to get another pet?).

Expressions of grief may include: somatic concerns, learning challenges, aggression, and antisocial behavior. Expression may take place weeks or months after the loss.

Adolescents

Reactions are similar to an adult's reaction.

May experience denial which can take the form of lack of emotional display so they could be experiencing the grief without outwards manifestations.

Resources:

Petloss.com– a gentle and compassionate website for pet lovers who are grieving the death or an illness of a pet- they have a Pet Loss Candle Ceremony every week

Your local veterinarian- often your veterinarian has or knows of a local pet loss group

Handsholdinghearts.org– our group of counselors offer grief support to children, teens, and their families centered in Bucks County Pennsylvania.

Books on pet loss for children:

Badger's Parting Gifts (children) by Susan Varley

Lifetimes by Brian Mellonie & Robert Ingpen

The Tenth Good Thing About Barney (children) by Judith Viorst

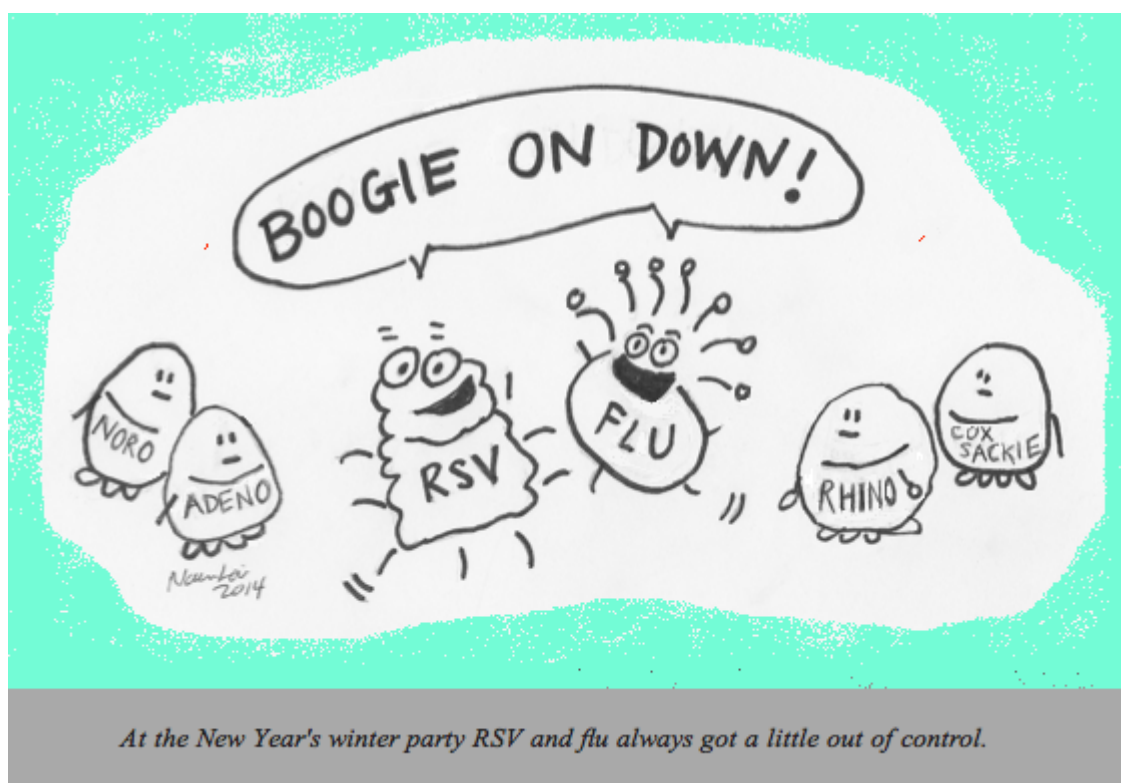
Amy Keiper-Shaw, LCSW, QCSW, GC-C

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Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of

Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs Handsholdinghearts, a resource for children who have experienced a significant death in their lives.

What to do with the flu, and what about elderberry?



So you just read our post “Does my child have the flu or a cold” and you’ve decided that your child likely has the flu (short for influenza). Now what do you do? When do you call the pediatrician? Does your child need medication?

First take a deep breath. Then, make sure your child is breathing easily. She may be coughing a lot but as long as her breathing is unlabored, and you see no retractions (see 6

second video in our coughing post), her lungs are most likely OK. Kids who are short of breath can become agitated or lethargic. A little tiredness from illness is normal, but extreme lethargy is not.

Think about it. Is your child's mental state OK? Is she thinking clearly, walking well, talking normally, and consolable? She may be more sleepy than usual but when awake she should be rational and easily engaged.

Hydrate! A high fever and cough increases a child's hydration needs. Make up for lost fluids by aiming to give her at least one and one-half times the amount she usually drinks in a day. For example, if she typically drinks 24 ounces of water or milk per day, try to give at least 36 ounces of fluid per day. Offer your child ANYTHING she wants to drink, including soup, juice, lemonade, electrolyte replenishers (e.g. Gatorade or Pedialyte), decaffeinated tea or a little flat decaffeinated soda.

If your child is not eating, avoid hydrating solely with plain water. Kids need salt to keep their blood pressure up and sugar to keep their energy levels up. And yes, milk is **great** to offer. **If milk doesn't cause your child to make more mucus when she is healthy, then it won't affect her nose or lungs when she is sick.** Even chocolate milk is fine! For infants, give breastmilk or formula—no need to switch. The goal is to produce PEE. Well hydrated kids pee at least every 6-8 hours. Other signs of dehydration include dark urine, dry mouths/lips, the inability to produce tears, sunken eyes, and sunken soft spot (in an infant).

Offer food as well. My grandmother used to say, "Feed a cold, starve a fever." I loved my grandmother, but she was incorrect about this advice. Food = nutrition = improved germ fighting ability. However, don't argue with your sick kid about eating if she is not hungry. Just know that drinking extra is a **MUST**.

Placate pain. She may have muscle aches, a headache, or a sore throat. Relieve her discomfort with ibuprofen (Motrin, Advil) or acetaminophen (Tylenol). Offer some ice pops and a movie on the couch. If she is in severe pain, is unable to move normally, or is inconsolable, call your child's doctor. Unable to move or inconsolable = very bad.

It's OK to play and move about. Your child with flu might spend a large portion of her day on the couch or in bed but it's fine to let her play and have some activity. Some walking around and playtime helps her exercise her lungs. "Moving" her lungs with a cough actually prevents pneumonia by preventing germ mucus from lodging in the lungs. Also, seeing that your child can walk around, despite her aches and discomfort, will reassure you that she is handling her illness.

Does every kid with flu need to see a doctor? No. Some kids have medical problems that predispose them to complications of illness and doctors will want to see those kids more often. Most otherwise healthy kids get through the flu, as long as they drink enough and can be kept comfortable. The fever from flu usually lasts from 4-7 days and can go quite high, but you know from reading our fever post that the number alone is not what you fear. What matters is how your child is acting.

Some reasons your child should see a doctor:

- difficulty breathing
- change in mental state or you cannot console her
- your child is dehydrated
- a new symptom that concerns you
- the fever goes away for a day or two and then returns with a vengeance
- fever goes on more than 4-7 days, but you can certainly call the doctor to check in by day 3-5
- a rash appears during the flu illness (this can be a sign of overwhelming bacterial infection, not the flu)
- new pain (eg. ear pain from an ear infection) or severe pain
- your gut instinct tells you that your child needs to see a

doctor

What about Tamiflu (brand name for oseltamivir) ? Some areas of the United States are experiencing a shortage of this anti-flu medicine. Oseltamivir can lessen the severity of flu symptoms and perhaps shorten how long the flu lasts by about a day. Since most people recover in about the same amount of time without the medication, the CDC (Centers for Disease Control) and the AAP (American Academy of Pediatrics) issued treatment guidelines. Kids with certain lung, heart, neurologic, or immune system diseases, kids with diabetes, and kids under the age of two years may be medication candidates.

You can check the exhaustive list [here](#). The other two medications that cover the two main types of flu are not available in oral form.

Better than Tamiflu is the flu vaccine. Remember the saying, "An ounce of prevention is worth a pound of cure?" A 2017 study showed that the flu vaccine prevented kids from dying of the flu. Vaccinated kids who do end up with the flu tend to have less severe illness. The vaccine prevents several types of the flu, so even if your child gets flu and did not receive the flu shot this season, it's not too late. Take her to get it after her fever is gone. Also put in a reminder to yourself to schedule a flu vaccine appointment for your child next September, in advance of next winter's flu season.

Over-the-counter flu medications do not treat the flu, but they can give side effects. In fact, cough and cold medicines should not be given to children younger than four years, according to the American Academy of Pediatrics. Instead, try these natural remedies:

-If older than one year, you can give honey for her cough and to soothe her throat.

-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.

-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.

What about black elderberry (sambucus)? Articles abound on social media about the benefits of black elderberry in fighting flu symptoms. However, if you read a credible source such as the National Institute of Health information site about complementary and alternative medicine, you will find, "Although some preliminary research indicates that elderberry may relieve flu symptoms, the evidence is not strong enough to support its use for this purpose." The research was not conducted with kids, so unfortunately we cannot recommend this unproven treatment for flu.

Take heart. While the groundhog predicted 6 more weeks of winter this year, history shows that the groundhog is usually wrong.

Julie Kardos, MD and Naline Lai, MD
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Top parenting New Year's resolutions 2018



A lot of life's issues boil down to the essentials...eat, sleep, drink, pee, poop, love and learn... for your child and yourself.

We are here to help you to carry out your parenting New Year's resolutions in all of these areas.

1- **Eat** Resolve to help your picky eater become less picky. Become more patient and creative in helping your children eat new foods.

2- **Sleep** Resolve to fix your child's sleep problems. Help create a reasonable bedtime routine for your baby and end night time awakenings, and help your tired teen get better

sleep.

3- **Drink** This year resolve to wean your toddler from the bottle/breast to a cup.

3- **Pee** Resolve to help your child avoid urine accidents and gain a better understanding of bed-wetting.

4- **Poop** For parents of newborns: resolve to help your gassy baby. For parents of toddlers: resolve to end the battle of the potty and encourage your child to potty train in a peaceful, non punitive and non-controlling way. Help solve your child's tendency to hold onto poop, which leads to constipation.

5- **Love and Learn** to understand your child's developmental abilities in order to discipline appropriately and have reasonable expectations. Learn how and when to use "time out." For your teen, learn how to talk with them. Help your child learn to "go it alone," and calm test/school work anxiety.

As for us, we resolve to continue to be your source of dependable pediatric advice. We resolve to keep current with pediatric advances, remain honest, and treat your family with respect and care as we help you grow your children into confident, independent adults.

Wishing you health and peace in the New Year,
Drs. Kardos and Lai

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Non electronic last minute gift ideas



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

Still looking for that gift that does not involve screen time? We're reposting our back-to-basics gift ideas post:

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

3-6 months: Babies start to reach and grab at objects. They enjoy things big enough to hold onto and safe enough to put in their mouths- try bright colored teething rings and large plastic "keys." We often see Sophie the Giraffe accompanying babies for their office visits. New cloth and vinyl books will likewise be appreciated; gnawed books don't make great hand-

me-downs.

6-12 months: Around six months, babies begin to sit up. Intellectually, they begin to understand “cause and effect.” Good choices of gifts include toys with large buttons that make things happen with light pressure. Toys which make sounds, play music, or cause Elmo to pop up will be a hit. For a nine-month-old old just starting to pull herself up to a standing position, a water or sand table will provide hours of entertainment in the upcoming year. Right now you can bring winter inside if you fill the water table with a mound of snow. Buy some inexpensive measuring cups and later in the summer a toddler will enjoy standing outside splashing in the water.

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

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

Yes, older toddlers are also dexterous enough to swipe an ipad, but be aware, electronics can be a double edged sword– the same device which plays karaoke music for your daddy-toddler sing-along can be

transformed into a substitute parent. The other day, a toddler was frightened of my stethoscope in the office. Instead of smiling and demonstrating to her toddler how a stethoscope does not hurt, the mother repeatedly tried to give her toddler her phone and told the child to watch a video. Fast forward a few years, and the mother will wonder why her kid fixates on her phone and does not look up at the family at the dinner table. Don't train an addiction. A device can be entertainment, learning, and communication but it is NOT a source of comfort.

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

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

stool will be appreciated for years.

5-year-olds: Since 5-year-olds can hop on one foot, games like Twister® will be fun. Kids this age start to understand time. In our world of digital clocks, get your nephew an analog clock with numbers and a minute hand... they are hard to come by. Five-year-olds also begin to understand charts— a calendar will also cause delight. They can also work jigsaw puzzles with somewhat large pieces.

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

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

Tweens: Your child now has a longer attention span (30-40 minutes) so building projects such as K'nex models will be of interest to her. She can now also understand directions for performing magic tricks or making animal balloons. This is a time when group identity becomes more important. Sleepovers and scouting trips are common at this age

so sleeping bags and camping tents make great gifts. Tweens value their privacy – consider a present of a journal with a lock or a doorbell for her room. It’s already time to think about summer camps. Maybe you can convince the grandparents to purchase a week for your child at robotics camp or gymnastics camp this year.

Teens: If you look at factors which build a teen into a resilient adult, you will see that adult involvement in a child’s life is important. We know parents who jokingly say they renamed their teens “Door 1” and “Door 2,” since they spend more time talking to their kids’ bedroom doors than their kids. Create opportunities for one-on-one interaction by giving gifts such as a day of shopping with her aunt, tickets to a show with her uncle, or two hours at the rock climbing gym with dad.

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

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

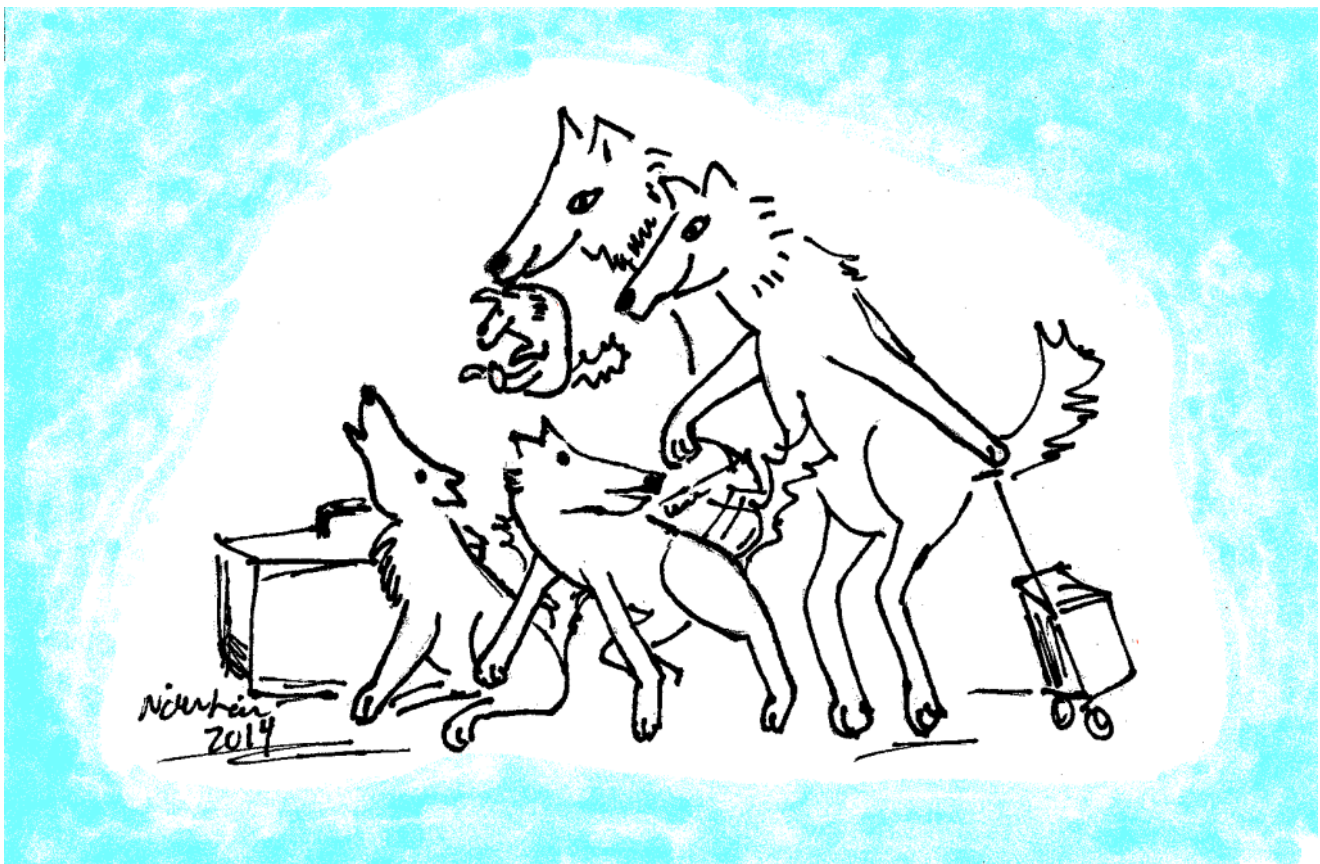
Adolescence is the age of abstract thinking and self awareness– Google “wall decals” and find a plethora of inexpensive ways to jazz up his or her room with inspiring quotes.

Enjoy your holiday shopping.

Naline Lai, MD and Julie Kardos, MD

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Guide to traveling with young children for the holidays



*In spite of the long TSA lines, rental car challenges and all the howling,
the wolf family made sure they got to grandmother's house every year.*

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ow much your baby has grown until you attempt a diaper change on a plane. For families, any holiday can become stressful when traveling with young children is involved. Often families travel great distances to be together and attend parties that run later than their children's usual bedtimes. Fancy food and fancy dress are common. Well-meaning relatives who see your children once a year can be too quick to hug and kiss, sending even not-so-shy kids running. Here are some tips for safer and smoother holiday travel:

If you are flying, refrain from offering Benadryl

(diphenhydramine) as a way of “insuring” sleep during a flight. Kids can have paradoxical reactions and become hyper instead of sleepy, and even if they do become sleepy, the added stimulation of flying can combine to produce an ornery, sleepy, tantrum-prone kid. Usually the drone of the plane is enough to sooth kids into slumber.

Know also that **not all kids develop ear pain on planes as they descend**- some sleep right through landing. However, if needed you can offer pacifiers, bottles, drinks, or healthy snacks during take-off and landing because swallowing may help prevent pressure buildup and thus discomfort in the ears. And yes, it is okay to fly with an ear infection.

Before you travel, identify the nearest children’s hospital, urgent care center, or pediatrician who is willing to see out-of-town new patients, so that if your child becomes ill enough to need medical care while you are away from home, you will already know where to go.

Traveling 400 miles away from home to spend a few days with close family and/or friends is not the time to solve your child’s chronic problems. Let’s say you have a child who is a poor sleeper and climbs into your bed every night at home. Knowing that even the best of sleepers often have difficulty sleeping in a new environment, just take your “bad sleeper” into your bed at bedtime and avoid your usual home routine of waking up every hour to walk her back into her room. Similarly, if you have a picky eater, pack her favorite portable meal as a backup for fancy dinners. One exception about problem solving to consider is when you are trying to say bye-bye to the binkie or pacifier.

Supervise your child’s eating and do not allow your child to overeat while you catch up with a distant relative or friend. Ginger-bread house vomit is DISGUSTING, as Dr. Kardos found out first-hand when one of her children ate too much of the beautiful and generously-sized ginger bread house for dessert.

Speaking of food, **a good idea is to give your children a wholesome, healthy meal at home, or at your "home base,"** before going to a holiday party that will be filled with food that will be foreign to your children. Hunger fuels tantrums so make sure his appetite needs are met. Then, you also won't feel guilty letting him eat sweets at a party because he already ate healthy foods earlier in the day.

If you have a young baby, **take care to avoid losing control of your ability to protect your baby from germs.** Well-meaning family members love passing infants from person to person, smothering them with kisses along the way. Unfortunately, nose-to-nose kisses may spread cold and flu viruses along with holiday cheer.

On the flip side, there are some family events, such as having your 95-year-old great-grandfather meet your baby for the first time, that are once-in-a-lifetime. **So while you should be cautious on behalf of your child, ultimately, heed your heart.** At six weeks old, Dr. Lai's baby traveled several hours to see her grandfather in a hospital after he had a heart attack. Dr. Lai likes to think it made her father-in-law's recovery go more smoothly.

If you have a shy child, try to **arrive early** to the family gathering. This avoids the situation of walking into a house full of unfamiliar relatives or friends who can overwhelm him with their enthusiasm. Together, you and your shy child can explore the house, locate the toys, find the bathrooms, and become familiar with the party hosts. Then your child can become a greeter, or can simply play alone first before you introduce him to guests as they arrive. If possible, spend time in the days before the gathering sharing family photos and stories to familiarize your child with relatives or friends he may not see often.

Sometimes you have to remember that **once you have children, their needs come before yours.** Although you eagerly

anticipated a holiday reunion, your child may be too young to appreciate it for more than a couple of hours . An ill, overtired child makes everyone miserable. If your child has an illness, is tired, won't use the unfamiliar bathroom, has eaten too many cookies and has a belly ache, or is in general crying, clingy, and miserable despite your best efforts, just leave the party. You can console yourself that when your child is older his actions at that gathering will be the impetus for family legends, or at least will make for a funny story.

Enjoy your CHILD's perspective of holidays: enjoy his pride in learning new customs, his enthusiasm for opening gifts, his joy in playing with cousins he seldom sees, his excitement in reading holiday books, and his happiness as he spends extra time with you, his parents.

We wish you all the best this holiday season!

Julie Kardos, MD and Naline Lai, MD

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Updated from our 2009, 2014, and 2015 articles on these topics

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



one way to beat allergies

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

Your pediatrician can help sort out if your child suffers from back-to-back cold viruses or from allergies, although it isn't always straightforward. One hint is in genetics. After all, the apple does not fall far from the tree. If one biological parent has allergies, a child has about a forty to fifty percent chance of having allergies. If both parents do, then the kid is doomed to about an eighty percent chance of allergies. Also, if one parent complains loudly that their

nose is runny from allergies and your child's nose starts to run, then it's allergies. If your child has other signs such as a seasonal itchy face, a perpetual runny nose, or a dry sounding cough, your child's doctor might recommend a trial of allergy medicine.

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

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

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

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

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

Diphenhydramine (brand name eg. Benadryl, Banofen): This safe allergy medicine has been around for many years, and for this age, comes as a liquid, chewable tablet, and a melt-on-your-tongue form. The dose for kids younger than 6 years is based on your child's weight, so you can check the correct dose with

your pediatrician. The main side effect is sleepiness, so if symptoms are worse overnight, this medicine is good for bedtime dosing. This medicine lasts 6-8 hours, so your child may need 2 or 3 doses in a 24 hour period to adequately control symptoms. A small percentage of children can become hyper, rather than sleepy, when they take diphenhydramine. If this happens, you will know NOT to give a dose at bedtime.

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

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

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

Of course, you can also try to "wash the outside off" once your allergic kid comes inside. This means washing hands and face with soap and water, and perhaps even changing shirts. Or

you can do what our photographer did with her little one – a dunk in the sink.

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Itching to know: how to treat poison ivy



Teach your child to recognize poison ivy: “leaves of three, let’em be!”

Recently we’ve had a parade of itchy children troop through our office. The culprit: poison ivy.

Myth buster: Fortunately, poison ivy is NOT contagious. You can catch poison ivy ONLY from the plant, not from another person.

Another myth buster: You can **not** spread poison ivy on yourself through scratching. However, where the poison (oil) has

touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch:

Hopping into the shower and rinsing off within fifteen minutes of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.

Hydrocortisone 1%- This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day

Calamine lotion – a.k.a. the pink stuff- This is an active ingredient in many of the combination creams. Apply as many times as you like.

Diphenhydramine (brand name Benadryl)- take orally up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti-itch properties.

Oatmeal baths – Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)

Do not use alcohol or bleach- these items will irritate the rash more than help

The biggest worry with poison ivy rashes is the chance of infection. Just like with an itchy insect bite, with each scratch, your child is possibly introducing infection into an open wound. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and

an infection. Both are red, both can be warm, both can be swollen.

However, infections cause pain – if there is pain associated with a poison ivy rash, think infection. Allergic reactions cause itchiness- if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure to poison ivy. Infection usually occurs on the 2nd or 3rd day of scratching. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

Naline Lai, MD and Julie Kardos, MD

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A guide for parents of one-year-olds

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1 Year - Hands you a book when he wants to hear a story



Learn the Signs.
Act Early.

U.S. Department of Health
and Human Services

Centers for Disease
Control and Prevention

[cdc.gov/Milestones](https://www.cdc.gov/Milestones)

e, you'll realize he has a much stronger will. My oldest threw his first tantrum the day he turned one. At first, we puzzled: why was he suddenly lying face down on the kitchen floor? The indignant crying that followed clued us to his anger. "Oh, it's a tantrum," my husband and I laughed, relieved.

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

Here's the mantra: **Parents provide unconditional love while they simultaneously make rules, enforce rules, and decide when**

rules need to be changed. Parents are the safety officers and provide food, clothing, and a safe place to sleep. Parents are teachers. Children are the sponges and the experimenters. Here are concrete examples of how to provide loving guidance:

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

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

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

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

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

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

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

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

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

When you [feel exasperated by the number of times you need to redirect your toddler](#), remember that if toddlers learned

everything the first time around, they wouldn't need parenting. Permit your growing child to develop her emerging independence whenever safely possible. Encourage her to feed herself even if that is messier and slower. Allow her to fall asleep in her crib and resist only rocking her to sleep. Everyone deserves to learn how to fall asleep independently. You don't want to train a future insomniac adult.

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

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