

ALLERGIES

The most intense times of year for most children's allergies tend to be in the Spring (mid March-end June) and Fall (mid August until the first hard frost). In the spring, the usual culprits are the blooming trees and pollen and in the fall the usual allergens are ragweed and mold.

If you suspect your child has allergies during these times of year, it is best to try and start his or her allergy medication early(a week before onset of that season), so that it will kick in when the amount of allergen exposure is at its highest. If you wait until your child is showing very obvious symptoms, the allergy medicine may not work as quickly or as effectively.

Signs of allergies include itchy nose, itchy eyes, runny nose, watery eyes, sneezing, coughing, headache, swollen red eyes, stuffy nose, scratchy throat. Some children may even get more dry skin or worsening of their eczema. If your child has a "tight" cough where he is having coughing fits, wheezing, or difficulty breathing, especially if this is SUDDEN ONSET, then you need to contact the office for your child to be seen.

If your child is not having trouble breathing but has very uncomfortable symptoms, then there are a few over the counter medications that you can try:

- ZADITOR : For itchy, red, or watery eyes. For ages 2y and up.
- CLARITIN: for itchy eyes combined with runny nose or other nasal symptoms such as sneezing or wet cough from drainage running down the back of the throat, especially at night. Give at nighttime. Ages 2-5y give 5 mg once a day 6y and up give 10mg once a day
- ZYRTEC: works like Claritin, but can use in younger ages also. Ages 6-24 months : 2.5mg once a day Ages 2-6y: 5mg once a day 6y and greater : 10mg once a day
- BENADRYL can be used, but it does not last 24hrs like the above, and it can make a child sleepy. If you have tried the above for 1-2 weeks without relief, you can also ADD Sudafed to what the child is already taking. This helps especially with nasal congestion. We do not recommend using the Sudafed for more than 5-7 days. After that, your child should see a doctor.
- SUDAFED dosing : 4-6y : 15 mg every 12 hrs 6-12y : 30 mg every 12 hrs Greater than 12y : 60 mg every 12 hrs

Cough

We know how frustrating it can be when your child is coughing and no one is getting enough sleep. Coughs are very common. Unfortunately, cough itself is not a diagnosis. It is a symptom of another problem. Certainly, the most common cause of cough is an upper respiratory infection, or common cold. Usually this type of cough starts at about day 3-4 of a cold and can last until day 10 or 14. **After that, if a cough persists it is important to have your child evaluated.**

Allergies, asthma, acid reflux, recurrent infections, sinus infections, pneumonia, all can cause cough in children.

We know that it is tempting to want to use over the counter cough and cold preparations for your child. Not getting a good night's rest can add to the irritability of your child during the day. Try some simple solutions first. A humidifier may help your child's cough. Either cool or warm mist is fine. If using warm must be careful to keep away from your child. If your child has more of a "barky" or croup-like cough, cool air as in cool outside night air or air from the freezer may help. If your child has the croup, he or she may have stridor, or the struggling sound they make to get a breath in. This tends to get worse as the child is crying or upset. Try to calm your child. If they are still having the stridor sound when asleep or calm, call your pediatrician.

Before using any over the counter medication for your child's cough, please check with your pediatrician. If your child is over the age of 1y, you can try some honey. Also, some studies have shown that rubbing Vicks Vapor rub on the feet and covering them with socks helps calm a cough down within 5-10 minutes. There is no need to suppress cough during the day. For older children, you can try a simple cough suppressant, such as dextromethorphan, or something to thin the mucus, such as mucinex. These may help your child get through those first 2 weeks. After that, your child should be evaluated.

If your child has asthma or a history of wheezing in the past, he or she should be evaluated before any of those over the counter medications are tried. If your child has a cough that does not subside easily (cough fits) or difficulty breathing with cough, you should call your doctor.

Bug Bites

In some people, a simple bite by a mosquito or other insect, can cause a large inflamed area. This can be a sensitivity to insect bites, but usually is not an allergy. If an area surrounding a mosquito bite becomes enlarged in less than a day and warm and swollen, most likely it is not infected. Bacterial infections usually take at least 48 hrs to show signs of infection, and when you press on the area these infections are usually painful, whereas bug bites are not.

If a bug bite becomes swollen, it is best to use cool compresses, an antihistamine such as Benadryl, and some ibuprofen such as motrin. The swelling may persist for several days, but if the area becomes painful or if you see pus or red streaking, your child should be seen by a physician.

Poison Ivy

There is a small percentage of people that do not react to poison ivy or any of the plants in that family. For the majority of people, this rash can develop within 24-72 hours of coming into contact with the oil of a rhus plant, such as poison ivy, oak, or sumac. The rash appears as pimple-like areas that can also form in straight lines and have some weeping. On the face, you may just see a sun-burned appearance and swelling of the cheeks and eyelids.

Keep in mind that wherever the plant oil touches the skin that is not washed in time, the rash will appear in that order. The rash is not contagious. It erupts at different times because this was the order that the oil came into contact with the skin. One person cannot "catch" poison ivy from another. However, the oil can remain on unwashed clothing, sheets, socks, shoes and hats and can re-infect the person or affect another person that is handling those items. Wash all original clothing and sheets from the day of exposure.

The rash can be weepy and itchy or painful and in certain areas can swell. if it is mostly on the arms, legs or torso, try oatmeal baths or calamine lotion and benadryl for the itching. If there is some swelling, you can also try some hydrocortisone cream. If the face or groin area also is affected, then you should call your pediatrician.

Rash

The most common cause of rash in kids age 5y and younger is a viral illness. Most of these types of rashes come on quickly and can be accompanied by cough or a runny nose or mild fever. Usually these rashes are non-painful and not very itchy. If your child has a very red rash that does not look like welts or hives and they are not running a high fever or acting ill, it is okay to observe them. The rash will most likely go away within a couple of days, but may appear to look more red and bright when the skin is warmed, such as with baths and physical activity.

If the rash appears to look like large red raised welts, such as hives, this could still be a rash caused by a virus. However, if your child also has a fever, discolored or blistered welts, is on a new medicine or antibiotic, or is ill appearing, with or without facial or other swelling, then he or she should see the physician.

If the rash seems to be contained primarily to one area and it seems to be growing quickly, is warm to the touch and contains a pustule or pimple with pus underneath, you should make a call to your doctor.

Strep Throat

Strep throat can be tricky. It can take on many different clinical forms, meaning that just because your child has a red throat and "white spots" does not mean that it is strep. In fact, most cases of sore throat are caused by a virus, and not strep. The worry regarding strep and "catching it early" is that if left untreated by antibiotics, the body can mount an immune response that causes rheumatic fever. Therefore, it is important to diagnose strep and treat it. However, there is a good 3-5 day window where strep can be diagnosed and treated.

Many colds can start off with a sore throat the first several days, especially in the morning, and then the runny nose and cough and nasal congestion start. Therefore, if your child has cold symptoms and a sore throat, it is unlikely to be strep. Strep usually comes on suddenly and quickly without any real preceding symptoms. It is usually accompanied by a headache, abdominal pain, vomiting, and sometimes rash and fever. If you suspect that your child has strep, it is important to have him or her tested.

One reason is to have the correct diagnosis that will allow you to know how long your child will be contagious. And, it will allow us to track how many true strep infections your child has had. If your child is treated without being tested, in the future it will be hard to tell if they are a carrier or have a true infection, and it may lead to many unnecessary antibiotics and doctor visits. We recommend treating the symptoms and discomfort until your child can be seen in the office by a physician and tested. A physical exam along with the strep test is the best way to determine whether your child has true disease.

Vomiting and Diarrhea

There is nothing worse than having a child that is vomiting and seems to not be keeping anything down. Try not to panic. Many viral gastrointestinal illnesses begin with vomiting and then the vomiting eases up and the child may have diarrhea. Your child most likely will not be hungry. Don't worry. It is expected that during this illness he or she will lose a little bit of weight. They will make up for it later. The most important thing during this time is fluids.

Some examples of fluids to try are: pedialyte, gatorade, popsicles, soda pop, jello, soup, slushies.

The most important thing to remember is that your child will be very thirsty because they are losing a lot of extra fluid from vomiting and diarrhea. When you offer fluid in a cup or bottle, they will want to drink a whole bunch of it at once. This can stretch their irritated stomach too quickly, and most likely they will end up vomiting the majority of that up. Go **SMALL** and **FREQUENT**! Small amounts will be tolerated better. As they do well with small amounts offered by a medicine syringe or straw, you can slowly increase the amount.

REMEMBER to wait 10-15 minutes after a child has vomited before putting anything into their stomachs, because it needs some time to calm down. If your child has a hard time taking even fluids because their stomach hurts, you can try small amounts of tums or liquid antacids. Look at our Over the counter medication doses on our website for more info. This can be given up to 3 times a day. If your child is older than 1 year and they are producing urine at least once every 6-8 hours, then most likely you are keeping up with hydration. If he or she has signs of lethargy (not waking up to drink), sunken eyes, dry sticky mouth, racing heart beat, or moaning or fast breathing, you should call the doctor right away.

Diarrhea can last up to 7-10 days sometimes. If it lasts longer than that, your child should be evaluated.

Burns

Remove only clothing that can be easily removed.

Immerse the burned area in cold water for 10 minutes if possible. If the area is extensive, cover it with a paper towel soaked in cold water.

If blisters form, do not break them.

Pain is caused by air coming into contact with the burned skin. Keep it covered and give your child Ibuprofen. Do not apply any ointment to the burn. Complete the above steps in making your child comfortable, and call the office for further recommendations.

HEAD INJURIES

- **Scalp Injuries** : Examples include cuts, scrapes, bruises, and bumps. These are common in children, especially toddlers.

The scalp has a great blood supply. For this reason, minor injuries can cause large bumps ("goose eggs"), and small cuts can bleed a lot.

What to do:

- Clean cuts and scrapes and apply pressure to decrease or stop bleeding.
- If bleeding does not stop, or the cut is gaping, please seek medical care, preferably at a Pediatric urgent care or emergency room.
- If the wound is dirty, please make sure a tetanus shot has been received in the last 5 years.
- Observe the child closely for 2 hours after any head injury. If your child vomits more than once, has a change in behavior, or any new neurologic symptom, please call us for advice.
- Tylenol may be given for comfort.
- For large bumps, an ice pack may be applied for 20 minutes. This is sometimes impossible in a toddler. :)

The most common scenario is a toddler who falls down a few stairs or off a chair. They usually cry a lot at the time, and ten minutes later they are running around and acting fine. If behavior is markedly different or if any of the symptoms listed on the next few pages are present, please call one of us after hours.

- **Skull Fractures:**

Rare in children. Only 1-2% of head injuries in kids result in a fracture of the skull.

The most common symptom is a headache at the site of the injury. Sometimes you can feel the break in the bone. It can feel like bubble wrap when you touch it. This feeling is rarely there the first day. Most skull fractures heal easily.

What to do:

- Please seek medical care if you suspect a skull fracture in your child.

- **Concussions**

A concussion is a brain injury caused by a bump, blow, or jolt to the head or body. Concussions often (but not always!) occur during sporting events when a player hits his head on the ground, a piece of equipment, or a body of another player. Only 15-20 percent of concussions result in loss of consciousness, or passing out.

Following a severe hit to the head, if your child reports any of the following symptoms, he or she may have a concussion: appears dazed or confused, moves clumsily, answers questions slowly, has mood or behavior changes, has amnesia for event prior or after the fall, has a severe headache, nausea or vomiting ,complains of dizziness, balance issues, changes in vision or sensitivity to light or noise.

What to do:

- If a concussion occurs during a sporting event, remove the child from play immediately. A child with symptoms should not return to play. After the event, offer Tylenol and observe. "Resting" the brain will give it time to heal. Refrain from TV, computer, loud music, texting, or use of any screens. The child should be observed closely for the next 24 hours. Please wake your child at least once during the night to check for ability to arouse, orientation, and mental status. Do not send your child to school the next day and please seek medical advice before returning to normal activity.

- **Severe Brain**

Injury Rare in children.

Symptoms include difficult to awaken from sleep, confusion, slurred speech, weakness in arms or legs, change in vision or crossing of the eyes, and unsteady walking

What to do:

- Call 911 if you notice any of these symptoms in your child.

Ear Infections

Ear infections can be very painful for a child. It is important to remember that it is not emergent to have an ear infection treated right away. It takes antibiotics up to 48hrs to begin to heal enough for a child to stop having pain from an ear infection.

So, if you suspect an earache, try to control the pain until your child can be evaluated by a physician.

There are many types of ear infections. For the purpose of treatment, it is important for the doctor to determine what type of ear infection your child has. That is why antibiotics should not be called over the phone. However, for the purpose of pain relief, the treatment is generally the same. If your child is allowed to take ibuprofen, this should be given as needed for the

discomfort. Otherwise, acetaminophen. A warm washcloth or heating pad can help relieve some discomfort also. There are some over-the-counter ear herbal drops such as Similisan and others that can be safely used until your child can be seen. One major worry for parents is that the eardrum will rupture. Be rest assured, if this happens, the infection will drain out and the hole should heal up within several days. In fact, if the eardrum ruptures, this will relieve a lot of pressure and pain temporarily for your child. Wipe the drainage away and treat the pain.

Call the doctor when the office opens and we will take a look.

Pink eye

Schools and daycare centers become very concerned when they see a child with red or pink eyes. The truth is, not all pink eyes are the "pink eye" that they are worried about spreading through the school. Red eyes can be caused by a number of things. These include allergies, viral infections, bacterial infections, sinus infections, trauma or foreign body, deep eye infection(cellulitis), autoimmune reaction or chronic disease.

Most of the time, however, pinkeye is due to a bacterial infection. This DOES NOT always mean that antibiotic drops will fix the problem. In fact, often the eye is just a symptom of a bacterial infection going on elsewhere, most commonly the sinuses, ears, or deep in the eye tissue. Hence, it is preferred that "pink eye" is examined by a physician, especially if it is not improving with antibiotic drops within a day or two. Pink eye will not hurt your child. We understand that many times parents panic that their child will not be able to attend school the next day if they are not being treated. We ask that you wait until normal business hours to call and discuss this problem.

HOWEVER, if your child has a swollen eye along with it being pink, and when you press on it, it is painful and they are running a high fever, it is recommended that you call right away. Oftentimes, children will have some yellow crusty or mucus discharge that comes from their eye(s). This can occur if a child has a cold, allergies or if tears have accumulated and thickened. If the white part of the eye itself is not red or pink, we ask that you wipe the eye discharge gently with a warm washcloth and observe for several days unless something changes.