Pedia Tracks

Tracking What's New For You! **Fall 2014**

Halloween

These well-muscled super heroes took time out of their busy schedules last Halloween to visit the Eagan office and make sure it was villain-free. Thank you, gentlemen, for your vigilance.

Apology to PediaTrack Readers:

In the summer issue of PediaTracks, we promised to run an article on tantrums in the fall issue. Sadly, space doesn't permit. Instead, that article will be in the upcoming winter issue.

Inside This Issue

National Child Health Day

Monday, October 6th, is National Child Health Day in the United States. President Calvin Coolidge initiated this observance in 1928, as a growing awareness of the great injustices of child labor was coming into national focus. At that time, children were still working long hours in mines, factories and on farms, using dangerous equipment and in unsafe conditions. Federal Child labor laws, however, were not passed until 10 years later, despite the efforts of many women's organizations, labor unions and lawmakers.

Parents and children no longer have this issue to worry about but there are plenty of other dangers lurking here in the 21st century. Kids today are just as vulnerable to infectious diseases as ever and diseases that were nearly eradicated with the discovery of vaccines are on the rise, due to the number of unimmunized children.

Few children in America today are overworked and there are fewer underfed children now but poor nutrition is demonstrated in the staggering number of obese children. Obesity has become a national epidemic, with children developing type 2 diabetes and cardiopulmonary diseases as well. There are signs that the obesity trend is slowly reversing but the problem is still with us and needs our continued vigilance.

Another concern for kids today is teen pregnancy and sexually transmitted diseases. Infant mortality rates, premature births and low-birth weight infants are much higher for teens than the general population. Girls carrying babies to term require even greater pre- and post-partum medical attention than adult women. In the same vein, sexually transmitted diseases are rampant in kids aged 16 and up. Prevention for both of these issues is always preferred. Nevertheless, these are difficult and delicate societal issues that parents need to address.

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Another very real danger for today's children is the prevalence of drug and alcohol use. Parents need to be informed and savvy on this subject as well as in close touch with their tweens and teens. Kids at this age want privacy but parents must stay involved in their kids' lives to guard against this serious problem.

Parents and children today face health concerns that are different from those of 100 years ago but every bit as urgent. Now more than ever, children need guidance and support to become healthy, well-adjusted adults. Celebrate National Child Health Day by making sure your children see a health care provider and dentist annually; eat healthy meals and snacks and spend more time with active physical play than in front of a screen.

When to keep kids home from daycare or school

Even though the 2014-15 school year has just begun, the PYAM providers are already seeing plenty of sick kids. It is inevitable. There are a number of viral and bacterial infections that are active in late summer into fall and at the same time hundreds of kids are thrown together in classrooms, lunchrooms, and gymnasiums creating a perfect prescription for the rapid spread of illness.

This all raises the question, "What criteria should parents follow to decide when to keep a child home?" For better or worse, in most American families today, both parents work outside the home, making the choice to keep a child out of school even more complicated.

Here are some guidelines to use in determining when it is appropriate to keep kids home:

1. Fever. This one is a deal-breaker— any temperature over 100.5° is cause to keep a child home. Fevers are not a disease in themselves but rather a symptom of illness and with many infections, a person is most contagious when febrile. Even with no other symptoms a child with a high fever needs to be at home until the fever has subsided for 24 hours. If any fever persists more than two or three days, get in touch with your provider.

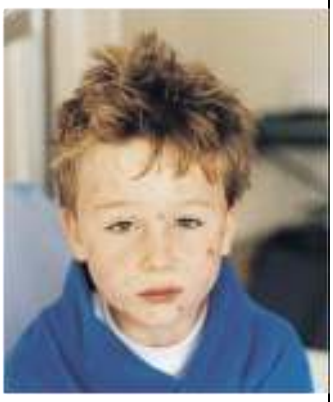
2. **Vomiting and Diarrhea.** This one is obvious, for everyone's sake, a child with these symptoms needs to be away from others. Again, keep kids home until these symptoms subside.

3. **Cough.** This one will require you to follow your parental instincts and determine how bad the cough is and how much it is affecting your child. Kids can safely attend school with a mild, intermittent cough that has no other symptoms, doesn't interfere with breathing, and doesn't keep her awake at night. If the cough is productive and phlegm is present or if there is fever or any other symptoms keep the child home.

4. **Mild sore throats.** Many viruses produce sore throats but kids can go to school if there is no fever, abdominal pain or vomiting. If the sore throat persists, is extremely painful and there are other symptoms present, than have your child checked for strep. Children need to be home for at least 24 hours on antibiotics when they have tested positive for strep.

5. **Constipation.** When the pain and discomfort of this condition are severe, they can warrant keeping a child home from school. That having been said, constipation is something that proper diet and lifestyle will nearly always correct and prevent. If your child has bouts of frequent or severe constipation, talk to your provider to start up a program that keeps your family regular.

6. **Rashes.** This one is a little tricky since many daycares and schools will call parents to take children home if they have any rash present. The thing is though, that many rashes are quite benign and resolve on their own. Large patches of rash that are extremely visible will probably get your kid removed from school. Then the only recourse you have is to take her into your provider, get a diagnosis, and note stating that she is not contagious and can return to school. Certainly any rash that is associated with difficulty breathing,



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swallowing, or a high temperature should get you in touch with your provider immediately to seek his advice.

7. **Stomach aches and headaches.** These are the two most difficult symptoms for parents to assess since can't be visually quantified. What is comes down to in the end, is knowing your child well enough to tell if he is truly unwell or just seeking to escape an uncomfortable situation at school. Children don't mean to lie, but if they are very upset about something they will feel ill and want to stay home. Your job as a parent is to stay on top of how things are going for your children at daycare or school. Listen to complaints about teachers, difficult classes and bullying. Any of these situations can make your child fearful of going to school. If the headaches and stomach aches continue over time, you will want to bring the child in to discuss things with your provider. While their symptoms do not derive from an illness, the underlying cause is quite real.

In general, common sense is the most useful tool to make the determination of keeping a child home. When you do have concerns and the situation isn't obvious, call your PYAM provider for advice, that's what they are here for.

Remember that when you keep an ill child home from daycare or school you are actively preventing the unnecessary spread of disease

Vaccines for Influenza and other diseases

Less than 100 years ago, 500,000 Americans died of the flu pandemic which killed 20 million people worldwide between 1918 and 1919. (The story of that pandemic is in the box at on the back page)

Most would agree that the influenza season of 2013-2014 was a very hit or miss affair—mostly miss. The only dissent would come from the unfortunate individuals who came down with a full-blown case, but most of us were immunized or simply lucked out. That happens.

The dangerous thing about influenza, though, is that it can limp along for several years, infecting only a small portion of the population, producing mild symptoms and then suddenly, without warning, a virulent, highly infectious strain arrives sickening thousands, killing hundreds. That also happens.

Fortunately, most people alive today have not lived through an epidemic or seen people suffer and die from infectious diseases like smallpox and influenza. That is unfortunate, though, because without first-hand experience many people don't understand the risks. It is ironic because **it's the very use of vaccines that has prevented the epidemics our ancestors knew only too well.**

Parents need to remember that diseases don't make choices about when or where they will strike. They simply move through populations and do what they will do. Parents however can make the choice to protect their children with preventative vaccines.

The Providers of PYAM don't enjoy scare tactics. They have, however, seen what influenza and other diseases can do to the human body. In a regimen to keep your children safe and healthy, vaccines are recommended, even for Influenza. Check our website for details.
www.PYAM.com

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Kids. Kids in Cars. Kids in Cars Riding Safely.

Dr. Seuss, Richard Scary and many other writers and illustrators of children's books often depict kids and animals driving around in outlandish vehicles, much to the delight of youngsters. Child automobile safety is not to be taken lightly though, *since automobile accidents are the number one cause of infant and childhood death in the country*. To put it another way, children are more likely to die in car accidents than from cancer and other diseases, drowning, and self-inflicted or other injuries.

Kind of sobering, isn't it? Perhaps even more regrettable is that many motor vehicle deaths can be prevented with the use of a certified, properly- installed, age-appropriate child car seat.

Let's look at some common myths and misconceptions about the use of car seats for infants and children and see how well they stand up to the facts.

#1 I am a safe driver and that is enough to keep my kids safe without car seats.

Every parent believes he is a safe, cautious driver who always obeys the rules of the road. But if this was the case many state troopers and police officers would be out of work since traffic violations and motor vehicle accidents consume a fair amount of their time. It would seem that even if *you are a safe driver,* there are others out there who are not. You can drive carefully and defensively and still end up in a serious accident.

#2 Car seats are just too expensive.

It is true that some child and infant car seats are expensive but there are many new models on the market that are affordable for most people. **Evenflo** and **Cosco** offer models that range from $50 to $100. In addition, low income families can contact Safe Kids.org. or state Medicaid programs for assistance in obtaining a safe car seat.

#3 Car seats can only be used by one child and then have to be discarded.

This argument is false. Here are the facts. If a car seat is in use during an accident parents need to follow the manufacturer guidelines for crash replacement which can be found in the manual that came with the seat.. Otherwise, the seat can be used by your child and any subsequent children until its expiration date. It is true that you shouldn't buy or sell a used car seat at a garage sale or a store like Once Upon a Child. Only accept a used car seat from a trusted friend or relative who can honestly tell you that the seat hasn't been compromised in an accident and has been cared for properly.

#4 Kids over the age of two years can't fit in the recommended rear-facing seats.

Not true, just look at the photos included in this article.

Some seats even adapt to larger kids with longer legs. Some children prefer to sit cross-legged, while others like to rest their legs up against the back of the back seat. Either way, Kids always find ways to be comfortable. Furthermore, children in rear-facing seats up to the age of four years are less likely to break limbs or suffer debilitating spinal injuries than children of the same age in front-facing seats.

#5 Children are so flexible they don't break bones or sustain injuries like adults do in crashes.

Float that one by the next ER nurse or doctor you run into! This argument is simply ridiculous. Kids are flexible, yes, but those small bones, thinner skulls, and immature spines need maximum protection. Here's why:
Infant and toddlers' vertebrae are connected by cartilage (not bone, like an adult's.) This cartilage gradually converts to bone over the first several years of a child's life and the first four years are the most critical. The reason this matters is that the loosely-connected vertebrae can sustain permanently crippling or life-ending damage with less trauma than an adult's in a crash. The development of the spinal column isn't fully completed until children are at least 8 years old.

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Federal and State laws governing child safety restraints

While there are no federal laws regarding infant and child safety seats, the federal government does set standards that all states must meet and also sets the criteria that all manufactured car seats must meet.

Minnesota

Beginning July 1, 2009, Minnesota state law requires that children age 7 and under be restrained in an appropriate, federally approved car seat or booster seat, unless the child is 4'9" or taller. Car seats must be installed and used according to manufacturer's instructions.

Minnesota law no longer requires use of rear-facing seats, in the back seat, for infants under one year of age but requires parents and caregivers to use age appropriate child car seats properly and also says that compliance with car seat safety law is a minimum safety standard, and suggests that children remain in a booster seat to 80 pounds and remain in the back seat until age 13.

Wisconsin

Wisconsin state law requires that children under age 4 and under 40 pounds be restrained in an appropriate, federally approved car seat. The law in Wisconsin further requires that children use a car seat or booster seat until they reach the age of 8, weigh more than 80 pounds, or are taller than 4'9". All other drivers and passengers must wear a seat belt.

All children under age 8 must ride in the back seat if the vehicle is equipped with one. There are no exemptions allowing a child to be removed from the car seat during travel for diapering or feeding.

Birth to 2 years

Infants from birth to 2 years of age must sit in rear-facing seats in the back seat of a vehicle. Device must include a five point harness system.

2 years to 4 years

Children within this age range can use front-facing seats or rear-facing seats in the back seat of the vehicle. The PYAM providers prefer rear-facing models for their extra protection; children can remain in those seats until they exceed the manufacturers recommended size range or until the age of four years. These seats must have a five point harness system.

4 years to 8 years, less than 80 pounds and shorter than 4'9"

Kids in this age group must be in a booster seat in conjunction with the factory installed seat belt only in the back seat of a vehicle. Children must meet two criteria to discontinue use of a booster seat—age 9 or older and taller than 4'9".

Children should not be seated in front passenger seat until over the age of 12 years due to the known dangers of airbag deployment to persons under the height of 5'4"

Parents have many choices available to them in choosing car safety seats for their children. Not selecting a seat that is appropriate for your child's size and age shouldn't be one of them—protect your little ones and not so little ones.

Car Seats for the Littles, Inc is a community-driven, education oriented organization, staffed by Child Passenger Safety Technicians and created with the goal of sharing injury-prevention information in a manner easily accessible to the widest range of individuals.

See also: **Safe Kids.org**

PediaTracks thanks Car Seats for the Littles for their help in providing information for the article.

Ask a Provider about Seasonal Allergies

Dr Douglas McMahon

Hay Fever Season has Arrived!

Achoo! Have you noticed yourself sneezing more, getting itchy and watery red eyes? How about a runny or blocked nose or an itchy throat after being outside? If you answered yes, chances are you may be experiencing allergies...specifically, Hay fever. Hay fever is in full swing by-mid August and will go until the first frost.

Did you know that it is called 'Hay fever' because people used to get symptoms of nasal congestion, runny nose, itchy eyes, and fatigue around the time that the hay was being baled? As we now know it is not the hay that most people are allergic to but rather weed pollen. Weeds are everywhere and often difficult to avoid. They can be in your yard, parks, and often near the side of the road. Ragweed is the number one culprit in Minnesota this time of the year.

Because ragweed (left) and giant ragweed (right) produce inconspicuous flowers people don't realize that these two plants are major contributors to hay fever. Goldenrod (pictured above right) is innocent on all counts of Hay fever. Plants that require insect pollinators like bees, butterflies, and hummingbirds produce pollen that is not designed to be airborne and those pollens don't trigger an allergic response.

While you should try to avoid contact with weed pollen, we know it can be difficult, especially in Minnesota, so here are 6 tips to reduce your exposure to weed pollen:

1. Keep your house and car windows closed, especially in the evening when pollen counts are the highest.
2. Shower in the evening, making sure you wash your hair, if you have been outside for awhile during the day.
3. Watch pollen counts! You can easily check the daily forecast at the following websites: www.allergymn.com or www.pollen.com
4. Clean your bedding regularly, in hot water and avoid drying clothes outside.
5. Keep on your medications and next year start them a bit before the season starts.
6. Consider long term treatments such as allergen immunotherapy.

Unfortunately, allergies can occur at any age, but there are millions of people with allergies that live normal lives. Getting the right treatment can reduce irritating symptoms. In some cases, treatment may also help prevent other allergic conditions, such as asthma.

Don't let allergies slow you down!

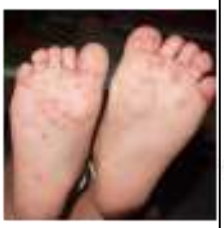
Pediatric and Young Adult Medicine is happy to announce that Allergist and Asthma specialist Dr Doug McMahon shares space with our providers in both the Eagan (Thursday 8am-6pm) and Maplewood (Tuesday & Friday 8am-5pm) offices. For appointments, please call **612-444-3247**.

Hand Foot and Mouth Disease

Everyone knows that school kids pass things around—notes, pens, strep infections, head lice. **HFMD or Hand, Foot and Mouth Disease** can be added to that list. This non-life-threatening malaise takes many parents by surprise since it is not generally well-known. Because outbreaks of this viral infection occur mainly in the spring and fall of the year, PYAM providers thought this would be a good time to acquaint parents with the disease. Unusually, the summer of 2014 saw huge numbers of kids with HFMD.

Symptoms of HFMD

- Usually affects children under the age of ten occurring 3-6 days after exposure.
- Fever (100° to 102° F), poor appetite, malaise and often, a sore throat
- A couple of days after the fever starts, painful sores can develop inside the mouth and on the tongue
- A rash with flat or raised red spots can develop on the palms of the hand, soles of the feet and also buttocks and genital area.
- The red spots can become blister-like. The rash on the body does not itch or cause discomfort but the sores inside the mouth can be very painful.
- Symptoms of HFMD do not follow a distinct pattern and vary from one child to the next. Some might have no rash and only have the oral ulcers; some might have the rash while others have no symptoms at all.
- The rash might consist of as few as three spots or it can be quite dense in nature.



Diagnosis

HFMD is usually diagnosed by a provider who bases her diagnosis on physical symptoms and the history of the illness. Specimens are not usually sent to labs because results can take two to four weeks while the disease runs its entire course in seven to ten days.

Treatment

Because HFMD is caused by a virus, providers can't prescribe an antibiotic for your child—antibiotics only work on bacterial infections. The course of treatment usually relies on measures to keep the child comfortable until the symptoms resolve on their own. Dehydration is the chief concern since little ones can refuse liquids when their mouths hurt.

- Change to a soft diet avoiding foods that are salty, spicy or citrusy. Don't serve foods that are hard to chew.
- Treat fever and general discomfort with acetaminophen or ibuprofen. Dose per the child's current weight.
- Make sure the child is taking in fluids. Cold drinks, popsicles and sherbets will sooth the sore mouth and help keep kids hydrated.
- Call your provider if the child hasn't urinated in more than eight hours, starts acting very sick, or if fever is present after three days.
- For mouth pain, Use an antacid solution. For younger children, put ½ teaspoon antacid solution in the front of their mouths 4 times a day after meals; for kids over 4 years use 1 teaspoon of antacid solution as a mouthwash after meals

Prevention

HFMD is spread either by saliva, mucus or feces, which explains why it is so common among younger kids. (Older children and adults can contract the disease if they haven't had it previously.) The best preventative measures are diligent hand washing and disinfecting objects that an infected child might have touched, like toys, door knobs, cabinet pulls etc.

While HFMD can make your child uncomfortable for a few days it is generally mild and resolves on its own in seven to ten days.

The Cauliflower Challenge: Are You Up to it?

Consider the lowly cauliflower—for many it is the most despised and least-used vegetable of them all. Why not change your family's attitude by taking the Cauliflower Challenge. This easy-to-prepare dish is the perfect complement to a hot fall meal. It eats like macaroni and cheese but beats the competition with its amazing nutritional value. Did we mention that it *tastes* fantastic, too? The recipe is a only a little more involved than cracking open that little blue and yellow box, but the effort is worth it.

Cauliflower Gratin

1 (3 pound) head cauliflower, cut into large florets
Kosher salt
4 tablespoons (1/2) stick of unsalted butter cut up
3 tablespoons all-purpose flour
2 cups hot milk
½ tsp freshly ground black pepper
¼ tsp grated nutmeg
¾ cup grated Gruyere or cheddar cheese
½ cup grated parmesan
¼ cup bread crumbs (we like Panko)

Directions

Preheat the oven to 375 degrees F. Cook the cauliflower florets in a large pot of boiling salted water for 5-6 minutes, until tender but still firm. Drain.

Meanwhile, melt 2 tablespoons of the butter in a medium saucepan over low heat. Add the flour, stirring constantly with a wooden spoon for 2 minutes. Pour the hot milk into the butter-flour mixture and stir until it comes to a boil. Boil, whisking constantly, for 1 minute, or until thickened. Off the heat, add 1 teaspoon of salt, the pepper, the nutmeg, ½ cup of the Gruyere or cheddar, and the Parmesan.

Pour 1/3 of the sauce on the bottom of an 8 X 11 X 2 inch baking dish. Place the drained cauliflower on top and then spread the rest of the sauce evenly on top. Combine the bread crumbs with the remaining ¼ cup of Gruyere or cheddar cheese and sprinkle on top. Melt the remaining 2 tablespoons of butter and drizzle over the gratin. Sprinkle with salt and pepper. Bake for 25 to 30 minutes, until the top is browned. Serve hot or at room temperature.

While this recipe sounds like a lot of work, it really isn't. Still why not reach for the mac and cheese? Here's why: Cauliflower is very low in Saturated Fat and Cholesterol. It is also a good source of Protein, Thiamin, Riboflavin, Niacin, Magnesium and Phosphorus, and a very good source of Dietary Fiber, Vitamin C, Vitamin K, Vitamin B6, Folate, Pantothenic Acid, Potassium and Manganese.

As you might have already guessed, cauliflower is a close relative of broccoli, cabbage and Brussels sprouts.

A Brief History of
The Flu Pandemic of 1918
Why History Matters

As World War I drew to a close in the spring of 1918, soldiers stationed in army barracks on the east coast of the United States became ill with influenza. However, soldiers who weren't yet ill were deployed to Spain. Those soldiers carried the virus with them, where it met and merged with another strain of influenza. This new super-strain became the most virulent form of Influenza in history. Soldiers returning from Spain brought the new virus back to their home countries where, for the next year, it claimed life after life before suddenly subsiding. World-wide, 20 million people lost their lives from Influenza.

To gain a better sense of the loss of life look at these statistics:

Most years, Influenza claims **36,000** American lives. From 1918 through 1919, that number rose to **500,000**. At the time the entire population of the United States was only 103,208,000. The mortality rate was an unheard of 0.5 %.

117,000 American soldiers died fighting in WWI. That figure pales in comparison to the number of American citizens who died from Influenza. If the study of history teaches us nothing else, it shows that if something happens once, it can happen again.