

September

October

November

PAA
“News to Use”
Fall 2005



New Physician Joining PAA!

We are very happy to announce the addition of a physician to PAA. **Brian Gillispie, DO, FAAP** will join our practice effective November 21, 2005. Dr. Gillispie is originally from Jessamine County and has spent the last 3 years as a pediatrician in Frankfort. He completed his residency at the University of Kentucky Children’s Hospital in 2002 and is Board Certified in Pediatrics. Please welcome Dr. Gillispie to our practice. Patient appointments will be available with him beginning November 21st.

**PAA website
undergoes a
facelift!**



Have you visited our website lately? The address is **www.paalex.com**. It has been completely redesigned and updated! On it you will find information about our office and physicians, staff, services, office hours and policies. You will also find lots of useful information, answers to common health questions, over the counter medicine doses, past issues of our PAA newsletters, downloadable brochures and health forms, and links to other helpful resources. *Please visit www.paalex.com today.*

Flu Shots

We have started giving flu vaccine to children over 6 months of age. As of September 1, 2005 we are not aware of any shortages of the vaccine. Parents are encouraged to have their children vaccinated. It is especially important that children with asthma, cardiac disease, immuno-suppressive disorders, and other serious chronic conditions be protected. We offer both versions of the vaccine:

- Flu Mist (intranasal vaccine spray) will be available this year and can be given to healthy children 5 years of age and older. Children with history of wheezing or reactive airway disease cannot receive Flu Mist.
- The injectable vaccine is available for children 6 months and older.

We expect to have flu vaccine available beginning in late September and will schedule flu clinics when it arrives. Please call our office at (859) 277-6102 periodically to check on availability or to schedule a shot visit.

Shortages: We cannot control the availability of the flu vaccine. In recent years, there have been major shortages of the flu shots. If a shortage occurs again this year, we will follow the recommended guidelines of the Centers for Disease Control (CDC) for distribution of the available shots. Those guidelines can be found at **<http://www.cdc.gov/>**

Help your child get off to a great start to school!

START EACH DAY WITH A NOURISHING BREAKFAST! IT'S FUEL FOR THE BRAIN.



EATING DURING THE SCHOOL DAY

- Most schools regularly send schedules of cafeteria menus home. With this advance information, you can plan on packing lunch on the days when the main course is one your child prefers not to eat.
- Thanks to the efforts of nutritionists, pediatricians and parents, legislation was passed last year that should improve the quality of the foods and drinks offered at school. Make sure that your school stocks healthy choices and limits access to junk foods and soft drinks.
- Restrict your child's soft drink consumption. Each 12-ounce soft drink contains approximately 10 teaspoons of sugar and 150 calories. Drinking just one can of soda a day increases a child's risk of obesity by 60%.

BEFORE AND AFTER SCHOOL CHILD CARE

- During middle childhood, youngsters need supervision. A responsible adult should be available to get them ready and off to school in the morning and watch over them after school until you return home from work.
- Children approaching adolescence (11- and 12-year-olds) should not come home to an empty house in the afternoon unless they show unusual maturity for their age.
- If alternate adult supervision is not available, parents should make special efforts to supervise their children from a distance. Children should have a set time when they are expected to arrive at home and should check in with a neighbor or with a parent by telephone.
- If you choose a commercial after-school program, inquire about the training of the staff. There should be a high staff-to-child ratio, and the rooms and the playground should be safe.

DEVELOPING GOOD HOMEWORK AND STUDY HABITS



- Create an environment that is conducive to doing

homework. Youngsters need a permanent workspace in their bedroom or another part of the home that offers privacy.

- Set aside ample time for homework.
- Establish a household rule that the TV set stays off during homework time.
- Be available to answer questions and offer assistance, but never do a child's homework for her.
- To help alleviate eye fatigue, neck fatigue and brain fatigue while studying, it's recommended that youngsters close the books for 10 minutes every hour and go do something else.
- If your child is struggling with a particular subject, and you aren't able to help her yourself, a tutor can be a good solution. Talk it over with your child's teacher first.

Common Colds and Young Children

Your child probably will have more colds, or upper respiratory infections, than any other illness. In the first 2 years of life alone, most youngsters have 8 to 10 colds. If your child is in childcare or if there are older school-age children in your house, she may have even more because colds spread easily among children who are in close contact with one another. Colds are extremely contagious, particularly during the first day or two of the infection, when many of the symptoms may not yet be evident. Also, colds tend to be more prevalent in the fall and winter, when children are in school and are in closer contact with each other and the cold viruses. Fortunately, most colds go away by themselves and do not lead to anything worse.

Colds are caused by viruses. A sneeze or a cough may directly transfer a virus from one person to another, often by hand-to-hand contact. Take steps to keep your child's cold from spreading to others in your household. Teach your youngsters to wash their hands before meals. Encourage them to cover the mouth with a tissue when they sneeze or cough, and then dispose of the tissue immediately. Keep them from sharing eating utensils and drinking glasses.

If your baby is under 3 months old, the best prevention against colds is to keep her away from people who have them. This is especially true during the winter, when many of the viruses that cause colds are circulating in larger numbers. A virus that causes a mild illness in an

older child or an adult can cause a more serious one in an infant.

Ordinarily, you won't need to take your baby to the doctor when he has an upper respiratory infection. If he is 3 months or younger; however, call the pediatrician at the first sign of illness. With a young baby, symptoms can be misleading and colds can quickly develop into more serious ailments, such as bronchiolitis, croup, or pneumonia.

You should call if any of the following occurs in your infant under 3 months:

- He develops a persistent cough.
- He loses his appetite and refuses several feedings.

Treating Diarrhea and Dehydration

Children should continue to eat a normal diet including formula or milk while they have MILD diarrhea. Give Lactose-free formulas if diarrhea lasts more than 24 hrs. or if it seems to get worse with regular formula. Breastfeeding should continue. In children with moderate to moderately severe diarrhea, (eight or more stools per day) avoid milk and juices for 2-3 days. If your child is eating solid foods, continue with the regular diet. Avoid foods and drinks with lots of sugar (such as Jell-O, juices, soft drinks and Kool-Aid) Sugary drinks can actually make the diarrhea worse. Special fluids are not usually necessary for children with MILD illness. Stay away from fried or fatty foods.

Children with moderate diarrhea can be cared for easily at home with dietary management to prevent dehydration. Give liquids as soon as diarrhea starts. The best liquid to give is an oral rehydration solution such as Pedialyte or Infalyte. These solutions replace the water and salts lost to diarrhea. You can find these solutions at the grocery or drug store.

If a child is not vomiting, these fluids can be used in very generous amounts until the child starts making normal amounts of urine again. We would like to

see your child have urine output at least every 6 to 8 hours. If your child is under 2 years of age, give ½ cup of rehydration solution for every watery stool. If your child is over 2 years, give ½ cup to one cup for each watery stool. If your child is vomiting, give one tsp. of the solution every 15 minutes until the vomiting stops, then gradually return to the regular amount. Give the solution until the diarrhea stops.

Do not give anti-diarrheal medications unless advised by the pediatrician. More frequent stools are often the best way of ridding the body of the virus. Interfering with the body's natural defense process can prolong the illness.

Take steps to prevent infection. Hand washing is the most important means of preventing diarrhea from spreading. Teach your child to wash their hands before eating and after using the toilet. It's a good idea to dry hands with paper towels instead of a common hand towel that can breed germs. Wash your hands and exposed arms after caring for your child, especially after diaper changes.

If your child develops severe diarrhea, he may require IV fluid replacement to correct dehydration. Immediately seek your pediatrician's advice for the appropriate care if symptoms of severe illness occur.

Call your child's doctor if:

- The diarrhea is not improving after 24 hours.
- The diarrhea gets worse.
- The diarrhea has blood in it.
- Your child with diarrhea is vomiting and cannot keep any fluids down.
- Your child has a severe stomachache.
- Your child has a fever. (102 degrees or higher)
- Your child shows any signs of dehydration:
 - Decreased urination
 - Sunken eyes
 - No tears when crying
 - Extreme thirst
 - Unusual drowsiness or fussiness
 - Your child is under 6 months of age

Treatment of children with vomiting

1. Try nothing by mouth for 2-3 hours. This allows the stomach to empty and recover before introducing additional intake.
2. Start ½ ounce to 1 ounce of clear liquids every 15 minutes for 2 hours. Slowly increase the volume as tolerated, but giving only enough to maintain hydration. Water, Pedialyte or Infalyte are the best liquids to give your child.
3. Keep the child on clear liquids for about 12 hours. After 12 hours without vomiting, You may progress to bananas, rice cereal, applesauce, toast or crackers if your child is hungry. Infants may resume milk or formula in small volumes if they are hungry. After 24 hrs. you may return to a regular diet. If your child is not improving with the above measures, call our office.

EXCUSES, EXCUSES!!

According to the 2005-2006 Student Code of Conduct adopted by the Fayette County Schools Board of Education, students who are absent from school are required to have a legitimate excuse. The code states: **AFTER** a total of 10 cumulative full-day absences due to illness, students are required to present a written statement from a medical professional for each **ADDITIONAL** absence for the school year in order to be excused. It also states that after a total of 10 tardies due to illness, students are required to submit a written statement from the doctor.

According to these requirements then, your student **does not need a note from us to receive an excused absence from school until after he/she has already missed 10 days of the school year due to illness.** Please do not call our office to request a note for days missed due to

illness. The policy states that parental notes are sufficient for the first 10 absences or tardies. Check out your Student Code of Conduct (each student should have received one the first week of school) for details regarding the required content of parental notes and the time frame in which they will be accepted.

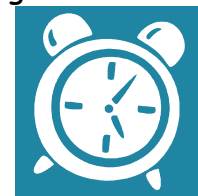
If your student has already missed 10 days of school due to illness and is sick again, we will need to see him or her in order to write an excuse.

Make sure your child is getting plenty of rest, is eating well, is washing his hands and is not eating or drinking after other students so that he will be less likely to catch the “bugs” that are going around at school! We hope your student has a happy and healthy school year!

Tips to remember for after hours and weekend sick visits:

We strive to accommodate our patients' needs and offer flexible hours so that your child may be seen as soon as possible. During the regular office hours Monday through Friday we have a large medical staff to serve our children.

After 5:00 p.m. on weekdays and on weekends, our staffing is reduced. When scheduling



your appointment during these times, please be patient as **you may have a longer wait to see the doctor or nurse.** We typically see more acutely ill children after regular hours, which often require more tests and treatments per patient. Please consider these factors when choosing the best time suited for you to bring your child to the office.