

PAA New to Use Newsletter

Fall 2006

September October November



Yeah! This is such a great time of the year! Back to school, football games, soccer, apple cider, raking, Keeneland racing and Halloween!

This is an exciting time for families but also an increasingly busy season with action packed schedules to follow. Take time to pay attention to the quality of your family lifestyle. Make it a healthy one! Fall marks the start of many new programs, classes, sports and activities to enjoy with your child. Encourage your kids to get involved, try something new, and make someone smile!

SCHOOL PHOBIAS

Returning to school after summer vacation is an exciting time for most children!

Buying school supplies, meeting new teachers, and renewing old friendships can be a lot of fun. For a small percentage of children, however, the start of a new school year brings about feelings of dread and anxiety and they may actually develop a phobia about going to school.



A school-phobic child may not voice concerns about school, but will present with vague physical symptoms that intensify when it is time to leave for school. He may miss a considerable amount of school with symptoms that people typically get when they are worried, such as abdominal pain, dizziness, nausea, headaches, vomiting, or diarrhea. After school and on weekends, the child seems to feel better and appears to be healthy.

Sometimes starting a new school, having a stern teacher or encountering a bully may seem to contribute to the child's fear of going to school. Usually, though, the child is afraid of leaving home in general and seems to have a fear of separating from the parents. He may lack the self-confidence that he needs in order to handle the normal stresses of school without his parent's help.

The cure for school phobia is actually very simple. If daily school attendance is enforced, the problem will usually correct itself in a short period of time. If a phobic child is allowed to repeatedly miss school, the problem will become worse. Having your child face his fears by requiring daily attendance will cause his physical symptoms to

dramatically improve. He will develop confidence that he can separate from Mom and Dad and handle school and he will one day even enjoy school! As you begin to make school attendance nonnegotiable, mornings may be difficult for awhile. Be optimistic and reassure your child that he will feel better after he gets to school and gets involved in what is going on there.

Of course, if your child develops a new physical symptom, has fever, or actually seems to be ill, you may need to keep him home. If your child is frequently complaining of vague symptoms and you are not sure how to handle them, you may want to have him checked by one of our pediatricians to rule out an actual physical cause. If you suspect your child may be anxious about going to school, please discuss that with the doctor during your office visit. It might be helpful for you to keep a diary of the child's complaints and the time of day and the day of the week they occur.

Although dealing with school-phobic children can be challenging, persistence will pay off and most children will develop the confidence they need to handle school and other life stresses.

Ear Infections

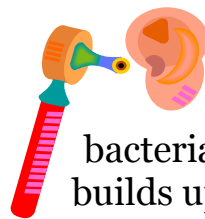
Do you remember having an ear infection? Even if you don't remember, you probably had one. You might remember having a bad earache or fever. Most kids have at least one ear infection before they are 2 years old.

What Is an Infection?

An infection (say: in-fek-shun) happens when germs like bacteria and viruses

sneak inside the body and cause trouble. Your ears are divided into three parts: outside, middle, and inside. Between your middle ear and your throat there is a tube called the Eustachian (say: you-stay-she-un) tube. This tube keeps pressure from building up by letting air move in and out of your middle ear. When you were young, especially before you turned three, this tube was very small and soft.

Sometimes this tube does not work very well. If you have allergies or catch a cold, the auditory tube can get blocked up and let germs get trapped in the middle ear. Then the germs can grow inside your middle ear and cause an infection.



After the bacteria take over, your ear makes lots of pus, a thick liquid that contains bacteria-fighting cells. When the pus builds up, your ear starts to feel like a balloon that is ready to pop, which can really hurt.

How Do I Get an Ear Infection?

You do not catch ear infections from other people, and you cannot give your ear infection to somebody else. Most ear infections happen from a cold, but cold viruses do not usually cause the infections. Most often infections are caused by bacteria and cause a problem if they get trapped in your middle ear because of a blocked auditory tube.

One reason why older kids and grown-ups usually do not get ear infections as often as little kids is because the auditory tubes become bigger as a person becomes bigger and don't get blocked as easily.

Babies with ear infections might cry more than usual, tug at their ears, or stop eating or drinking. Kids might have a fever or have trouble hearing.

Your doctor may prescribe an antibiotic for you to take for 10 days.

Be sure you finish the entire prescription. If you stop the medicine too soon, some of the germs that caused the ear infection might still be growing and can cause the infection to start all over again.



Other things that may help the earache are pain relievers like Tylenol, a warm water bottle on the side of your head, or medicine drops the doctor can give you for your ears.

How Can I Keep Myself From Getting One?

The best way to keep from getting an ear infection is to keep from catching a cold. If possible, stay away from people who have colds. Wash your hands frequently and try not to touch your nose and eyes.

Cigarette smoke can keep your auditory tubes from working properly, so stay away from smoky places if you can.

Have a healthy start to your school year and your ears will be thanking you!

Does my child have ADHD?

Many parents worry about this question. Almost all children have times when their behavior gets out of control. They may become too noisy, impatient, refusing to wait their turn, unable to sit still, and impulsive, causing injury to themselves or others. At other times they may daydream, failing to

pay attention or finish what they start. Your child may be reacting to stress at school or at home. She may be bored or going through a difficult stage of life. It does not mean she has ADHD, (attention-deficit/hyperactivity disorder).

True ADHD symptoms appear on a regular basis and can interfere with learning. That's why a teacher is sometimes the first to notice inattention, hyperactivity and/ or impulsivity, and brings these symptoms to the parent's attention. How is your child doing in school? Are there any problems with learning that you or your child has seen? Is your child happy at school? Is your child having problems completing schoolwork? Are you concerned with any behavior problems in school, at home or when your child is playing with friends?

Here is a short list of common behaviors and symptoms of ADHD:

- Doesn't seem to listen
- Is easily distracted from work or play
- Is disorganized and often loses important things
- Is in constant motion, as if "driven by motor"
- Cannot stay seated
- Rubs, jumps and climbs when this is not permitted
- May run out into the street without looking for traffic first
- Interrupts others

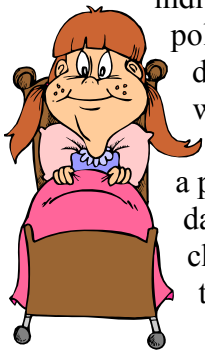
If your child has shown symptoms of ADHD on a regular basis for more than 6 months, it is important to discuss this with one of our physicians. We can help to determine whether your child may benefit from further evaluation involving guidelines used by teachers and health care professionals.

These answers can be managed by a team involving the child, parents, teachers, physician and other clinicians working together to achieve the right treatment plan for your child. Call our office if you have concerns that your child may have ADHD. You have a VERY important role in their treatment!

“When do I keep my sick child home?”

Usually there's no need to keep a child home with a mild cold or an ear infection, unless the child is too uncomfortable to make it through the day. Going back to school too soon can be a tough transition for a sick child. Kids are playing hard at recess and losing a little sleep time. They may begin experiencing headaches, stomachaches, fatigue, or a general bad feeling. Then suddenly they're exposed to all these other kids and fall viruses.

As a general rule, parents should check with their child's school or daycare center to find out their individual policies on illness. These policies differ and could affect your decision as a parent. Most schools will not give a child any type of medication without permission or a prescription on file, and some daycares have actually been known to check children's throats for redness as they come in the door.



The most important thing is to make sure your kids' needs are met. Usually there is no need to keep children home with a mild cold or an ear infection, unless the child is too uncomfortable to make it through the day or the illness will interfere with learning.

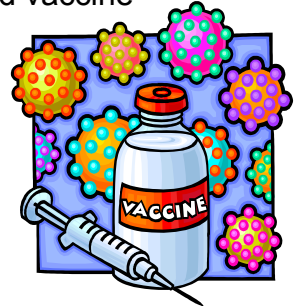
The following symptoms may mean that an illness is contagious, and that your child should stay home:

- Repeated diarrhea, vomiting, or fever (above 100.4 degrees Fahrenheit) within the past 24 hours;
- Thick mucus or pus draining from the eye;

- Sore throat, especially if combined with fever or swollen neck glands;
- Rashes unrelated to diapering, heat or other known, non-contagious causes;
- Unusual fatigue, paleness, lack of appetite, confusion, irritability.

Flu Vaccine is coming!

The Flu shot is an inactivated vaccine given as a shot into the muscle. The flu vaccine can prevent influenza but is not 100% protection against the flu. Protection develops about 2 weeks after getting the shot and may last up to a year.



Flu Mist is a live, weakened vaccine that is sprayed into the nostrils. Flu Mist will be available for healthy children 5 years of age and older, with no wheezing or reactive airway disease. You cannot get the flu from the flu vaccine.

Influenza is a potentially serious disease caused by a virus that spreads from infected persons to the nose and throat of others. Influenza can cause fever, cough, sore throat, headache, chills and muscle aches. The American Academy of Pediatrics recommends that ALL children between 6 months and 59 months of age get the vaccine. High risk children are kids 6 months or older with asthma, heart disease, immunosuppressive disorders, HIV, sickle cell anemia, chronic renal dysfunction, diabetes, or disease requiring long term therapy.

Most kids will only need one shot unless they are under the age of 9 and getting the vaccine for the first time. This group of kids will need 2 doses 30 days apart, again, only if receiving first flu shot under the age of 9.

We are tentatively expecting to receive our first shipments of injectable Flu vaccine in early OCTOBER. We will be scheduling several Saturday Flu shot clinics during the month as

we learn about vaccine availability. We have Flu Mist available now in the office.

Your child may receive the flu vaccine during a scheduled sick or well visit. You do not need to see a physician to get the flu vaccine. You may call our office to schedule an appointment with a nurse.

Halloween Safety Tips

Halloween is an exciting time of year for kids, and to help ensure they have a safe holiday; here are some tips from the American Academy of Pediatrics (AAP).

ALL DRESSED UP:

- Plan costumes that are bright and reflective. Make sure that shoes fit well and that costumes are short enough to prevent tripping, entanglement or contact with flame.
- Consider adding reflective tape or striping to costumes and Trick-or-Treat bags for greater visibility.
- Because masks can limit or block eyesight, consider non-toxic makeup and decorative hats as safer alternatives. Hats should fit properly to prevent them from sliding over eyes.
- When shopping for costumes, wigs and accessories look for and purchase those with a label clearly indicating they are flame resistant.
- If a sword, cane, or stick is a part of your child's costume, make sure it is not sharp or too long. A child may be easily hurt by these accessories if he stumbles or trips.
- Obtain flashlights with fresh batteries for all children and their escorts.
- Teach children how to call 9-1-1 (or their local emergency number) if they have an emergency or become lost.

CARVING A NICHE:

- Small children should never carve pumpkins. Children can draw a face with markers. Then parents can do the cutting.
- Votive candles are safest for candle-lit pumpkins.
- Lighted pumpkins should be placed on a sturdy table, away from curtains and other flammable objects, and should never be left unattended.

HOME SAFE HOME:

- To keep homes safe for visiting trick-or-treaters, parents should remove from the porch and front yard anything a child could trip over such as garden hoses, toys, bikes and lawn decorations.
- Parents should check outdoor lights and replace burned-out bulbs.
- Wet leaves should be swept from sidewalks and steps.

- Restrain pets so they do not inadvertently jump on or bite a trick-or-treater.

ON THE TRICK-OR-TREAT TRAIL:

- A parent or responsible adult should always accompany young children on their neighborhood rounds.
- If your older children are going alone, plan and review the route that is acceptable to you. Agree on a specific time when they should return home.
- Remind Trick-or-Treaters:
 - Stay in a group and communicate where they will be going.
 - Carry a mobile phone for quick communication.
 - Only go to homes with a porch light on.
 - Remain on well-lit streets and always use the sidewalk.
 - If no sidewalk is available, walk at the far edge of the roadway facing traffic.
 - Never cut across yards or use alleys.
 - Never enter a stranger's home or car for a treat.
 - Only cross the street as a group in established crosswalks (as recognized by local custom).
 - Don't assume the right of way. Motorists may have trouble seeing Trick-or-Treaters. Just because one car stops, doesn't mean others will!
 - Law enforcement authorities should be notified immediately of any suspicious or unlawful activity.

HEALTHY HALLOWEEN:

- A good meal prior to parties and trick-or-treating will discourage youngsters from filling up on Halloween treats.
- Consider purchasing non-food treats for those who visit your home, such as coloring books or pens and pencils.
- Wait until children are home to sort and check treats. Though tampering is rare, a responsible adult should closely examine all treats and throw away any spoiled, unwrapped or suspicious items.
- Try to ration treats for the days following Halloween.

9/06 American Academy of Pediatrics

Happy Fall!
Happy Halloween!
Happy Thanksgiving!