

# NEWS TO USE

## Spring 2009

Pediatric & Adolescent Associates

[www.paalex.com](http://www.paalex.com)

*PAA turns 50 years old in 2009!!  
You can help us celebrate later this year!  
Look for more information in our  
Summer News to Use  
and at [www.paalex.com](http://www.paalex.com)*



***Your Child's Physical – Schedule now!***

Please schedule your child's checkup at least two months in advance. Don't wait until summer to make an appointment for a back-to-school physical. Summer is our busiest time for doing checkups and appointments are filled quickly!

# Sun Safety

Spring means that we will all be outside enjoying the nice weather! While this is wonderful news to us all, this means exposing our skin to UV rays. The best way to prevent skin cancer is to prevent sunburns. When we are outside, it is important to use sunscreen. Sunscreen should be used to protect the skin, but this is not a reason to stay in the sun longer. We must also remember that most of the sun's rays can come through clouds, so sun protection must be used even on cloudy days.

## **Here are some reminders about sun safety for your family!**

- The sun's rays are the strongest between 10am and 4pm, so try to keep out of the sun during these times.
- Choose a sunscreen with an SPF of 30 or higher, preferably water-resistant or waterproof.
- Apply sunscreen 30 minutes before exposure to the sun to give it time to penetrate the skin. Rub sunscreen in well, giving special attention to the areas most likely to become sunburned, such as the nose, ears, cheeks and shoulders. Apply carefully around the eyes avoiding the eyelids.
- Reapply sunscreen every 2-3 hours as well as after swimming or profuse sweating. A "waterproof" sunscreen stays on for a bout 30 minutes in the water.
- Most people apply too little sunscreen. The average adult requires 1 oz of sunscreen per application.
- Babies under 6 months old should be kept out of direct sunlight-in the shade of a tree, umbrella or stroller canopy. Dress babies in lightweight clothing that covers the arms and legs and use brimmed hats. It is okay to apply sunscreen on these infants if sun exposure is unavoidable.
- Test the sunscreen on a small area on your child's back or leg to make sure there is no allergic reaction.



## **Kids Benefit From Team Sports**

Organized sports offer our kids exercise, enhanced self-esteem and increased confidence. They teach self-discipline, teamwork, leadership and cooperation, as well as how to share, handle stress and take on competition.

Carefully match your child with the right sport. Kids need to choose what they want to play, and should have fun. Age, however, must be considered. Children 5 to 7 need to get involved in sports that help develop hand-eye coordination, agility, strength and coordination. This may include tee-ball, soccer, gymnastics, swimming, cycling, skating or any other non-contact sports. Most 8 to 10 year olds are mature enough to understand the concept of contact sports. Good choices are basketball, baseball and wrestling. Although hockey and football are also options, many kids this age aren't mentally or physically ready for rough, collision sports.

## **Safety First!**

Kids - always remember to protect your self from serious injury during play! Always wear helmets and other body protection when doing things like bicycle riding, skateboarding, and skating!

# Car Seat Safety



One of the most important jobs you have as a parent is keeping your child safe when riding in a vehicle. Each year thousands of young children are killed or injured in car crashes. Proper use of car safety seats helps keep children safe. But with so many different car safety seats on the market, it's no wonder many parents find this overwhelming.

The chart below is a quick guide on where to start your search. However, it's important to read more about the features and how to use your car safety seat.

Age	Type of Seat	General Guideline
Infants	<a href="#">Infant seats</a> and rear-facing <a href="#">convertible</a> seats	All infants should <i>always</i> ride rear-facing until they are at least 1 year of age <i>and</i> weigh at least 20 pounds.
Toddlers/Preschoolers	<a href="#">Convertible</a> seats	It is best to ride rear-facing as long as possible. Children 1 year of age <i>and</i> at least 20 pounds can ride forward-facing. <b>The American Academy of Pediatrics recommends keeping your baby rear-facing as long as possible into the second year of life.</b>
School-aged children	<a href="#">Booster</a> seats	Booster seats are for older children who have outgrown their forward-facing car safety seats. Children should stay in a booster seat until adult belts fit correctly (usually when a child reaches about 4' 9" in height and is between 8 and 12 years of age).
Older children	<a href="#">Seat belts</a>	Children who have outgrown their booster seats should use a seat belt that fits correctly. This means the shoulder belt lies across the middle of the chest and shoulder, not the neck and throat and the lap belt low and snug across the upper thighs, not the belly. Your child should be tall enough to sit against the vehicle seat back with knees bent without slouching. Make sure that your child does not tuck the shoulder belt under his/her arm or behind his/her back. Your child should ride restrained in the back seat until 13 years of age.

## Important Reminders for Parents:

- **Be a good role model and always wear your seatbelt.**
- **Never leave your child alone in and around cars.**
- **Always read and follow the manufacture's car seat/booster seat guidelines.**

## *Allergy Season is Here!*

“Ah-choo!” Hay fever season is fast approaching with the coming of spring. This common allergy can cause an itchy nose and eyes, sniffing and sneezing, a clear runny nose and sometimes ear discomfort. These symptoms can return every year as the plants lose their pollen. Other things that can trigger allergic reactions are animal dander, smoke, molds, or anything else your child may be allergic to. There are many things you may want to avoid to prevent symptoms, but if necessary you can treat with an antihistamine. Benadryl is an effective over the counter drug, but may cause drowsiness. A combination antihistamine decongestant can be used if this is a problem. Symptoms clear up faster if antihistamines are taken at the first sign of sneezing or sniffing. Prescription medications are not needed for most allergies.

### **How do antihistamines work?**

In allergic reactions, special allergy cells in the body release a chemical called histamine. Histamine causes rashes, sneezing, itching, runny nose and other allergic ailments. It does this by causing the blood vessels to widen and leak, nerves to itch, secretions to pour from the lining of your nose or lungs, and a variety of other ways. So, if we can stop histamine from working, we can help allergies. **Antihistamines** do just that! They are chemicals that look enough like histamine to fool the cells of the body, but not enough to make the cells do the nasty things that cause allergy symptoms. In other words, antihistamines stop the histamine from working in the body.

Over the counter antihistamines are approved for use in children when treating allergies. These medicines include Claritin, Zyrtec and Benadryl. All of these come in the form of liquid, tablets and dissolvable/chewable tablets. Follow the dosage instructions on the package.



## Keeping a Child Home from School

It can be difficult to decide whether or not to keep your child home from school when they are not feeling well. This not only means your child missing schoolwork, but can mean a parent missing work or paying for childcare.

Here are some suggestions when making this decision.

- Does your child have a fever? A fever over 101 means your child should stay home.
- Does he/she feel well enough to participate in class? Some sick children still feel well enough to get something positive out of school while others may feel wiped out and may not benefit.
- Is the illness contagious to others? If your child has a contagious illness, he/she should stay home. It is not fair to take those germs to school.

If you are not sure if your child should stay home from school or if you think they should be evaluated, please contact our office.

## Travel Time!

Parents often call our office at this time of year when they are planning trips to visit family or vacations. Here are some common questions/answers that may help you.

- What can I do to help my baby/child be comfortable when flying on a plane?  
We recommend a pacifier, bottle, sippy cup or drink with a straw upon take off and landing to help relieve pressure in the ears.
- What can I give my child who gets car sick?  
We do not prescribe patches nor do we recommend Dramamine/Benadryl for children with motion/car sickness. Instead, offer your child a small snack and drink periodically while traveling. If your child is prone to car sickness, encourage them to look out the window instead of reading or playing video games. Place the child in the middle of the back seat allowing them to see out the front window and you may need to crack the window to allow fresh air on the child's face as needed.
- My child has an earache and we are out of town. Can you call in an antibiotic?  
We will not call in antibiotics without seeing your child. It is not good medical practice to treat a child without examining them first. We recommend that you have your child seen at a local ER or UTC if you are out of town. We would be happy to make an appointment and recheck them when you are back in town.

# Let's Get To The "Bottom" Of This

Diaper rashes can literally be a pain. Almost all babies get diaper rashes at one time or another. Most of them are due to the wetness, bacteria, digestive enzymes and ammonia that come with wearing diapers. The rash can usually be associated with bowel movements. That's because the bacteria from the bowel movement mixes with certain chemicals in the urine. Sounds complicated but can be treated very easily. Usually the rash is better within about 3 days, if not it may be yeast. Here's how to tackle them...



## Diaper Rash Remedies

- change diapers frequently
- cleanse with warm, wet cotton balls or soft washcloth as baby wipes are irritating and can leave a film of bacteria on the skin
- tub soaks in warm water two or three times a day (with proper supervision!)
- leave bottom open to air as much as possible
- apply Maalox or Mylanta (to offset the acidity) to affected area, allow to dry and apply thin layer of Vaseline (this provides a good protective shield)

If the rash to the bottom is red and bumpy it usually means a yeast infection, so call our office during regular office hours and describe the rash. We may need to call in an anti-yeast medication called Nystatin cream to be used on the bottom until the rash is cleared up.

If there is no improvement, or if worsening (i.e. cracked or bleeding wounds) or new symptoms, call the office; sometimes we advise bringing your child in for a visit.

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### Pediatric & Adolescent Associates, PSC

3050 Harrodsburg Road  
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**Monday - Friday:** 8:00AM - 5:00PM

**Saturday:** 8:00AM - 12:00PM

**Sunday:** By Appointment

**Holidays:** Call 276-2594

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**Monday – Friday:** 8:00AM – 5:00PM

**Saturday:** See PAA Main Office

**Sunday:** See PAA Main Office

**Holidays:** See PAA Main Office