



Pediatric Associates of Norwood & Franklin Healthy Kids Newsletter Summer 2007

BEE STINGS

The two greatest risks from most insect stings are allergic reaction (which occasionally, in some individuals could be fatal) and infection (more common and less serious) If your child has been stung by a bee, wasp, hornet, or yellow jacket, follow these simple instructions. Bees leave behind a stinger attached to a venom sac. Do not try to pull it out as this may release more venom causing increased pain and swelling; instead gently scrape it out with a blunt-edged object, such as a credit card or dull knife and wash the area carefully with soap and water. This should be continued several times a day until the skin is healed. To help with pain and swelling you can apply a cold or ice pack, wrapped in cloth for a few minutes or apply a paste made of baking soda and water and leave over the sting site for 15 to 20 minutes. Additionally, you can contact our office to speak with one of our phone triage nurses who will answer your questions and concerns and provide detailed instructions for further care if necessary. **Call our office right away or seek immediate medical attention if your child is stung in the mouth or nose as swelling may block airways and if any of the following symptoms are present, as they could indicate a severe allergic reaction:** large areas of swelling, abnormal breathing, tightness in throat or chest, dizziness, hives, fainting, nausea or vomiting, persistent pain or swelling. If you take you child directly to the emergency room, please contact our office as soon as things settle down to inform us of what happened and how he or she is doing.

WASP



YELLOW JACKET



BUMBLE BEE



HONEY BEE



IS YOUR CHILD WEARING A HELMET?



With the warm weather here, children will be itching to ride their bicycles, scooters, inline skates, and skateboards. It's time to remind them of the importance of protecting themselves while having fun. Massachusetts Law requires that Children twelve and under wear bicycle helmets. Head Injury is the leading cause of death in bicycle crashes.

Important Safety Tips

- ◆ Always wear a helmet
- ◆ Ensure that bicycle helmets are the appropriate size for your children.
- ◆ Do not ride bikes, scooters, skateboards, etc. at night or in traffic.
- ◆ Always wear reflective clothing
- ◆ Make sure shoelaces are tied
- ◆ Only ride on smooth, dry pavement
- ◆ Adults should wear helmets too—you'll be safer and a good role model.

Additional Resources for Helmet Safety

www.helmets.org
www.kidshealth.org



TICKS AND LYME DISEASE

A tick is a small arthropod that attaches to the skin and sucks blood for 3-5 days. It does not hurt or itch. The deer tick that spreads Lyme disease is about the size of a sesame seed. The wood tick that can spread rocky-mountain spotted fever is up to 1/2 inch in diameter. Despite their tiny size, ticks have caused a great deal of unnecessary worry, even panic, recently.

Prevention

Lyme disease is very easily treated with common antibiotics. Nevertheless, the best approach to ticks is prevention. If you are hiking in a wooded area, wear long pants tucked into socks, and a long sleeved shirt. Wear bug repellent on socks and shoes. Check for ticks every few hours and check the entire body once per day. A shower may help remove some ticks. Be sure to check the scalp, neck, armpit and groin. Removing ticks promptly may help prevent the spread of infection. In general, ticks need to be attached for at least 48 hours to spread the infection. Wash your dog with anti-tick soap during the spring and summer and also check animals for ticks regularly.

Removing Ticks

Removing ticks is straightforward; an adult at home can do it. Use tweezers and grasp the tick as close to the skin as possible. Apply a steady upward traction until it releases its grip. Try not to squeeze too hard or jerk suddenly because you may crush or break the tick. If the body is removed, but the head

is left in the skin, remove it with a sterile needle as you would a splinter. Do not apply a hot match to the tick as you may burn the child's skin. Also this method has not been shown to cause the tick to detach but may cause it to vomit infected secretions into the wound! Keep the wound clean.

Symptoms

The symptoms of Lyme disease are divided into three stages. The first stage occurs between 3 and 31 days after the tick bite, but usually between 7-14 days. It consists of the rash, called erythema migrans. This starts as red bump and spreads into a large circle, at least 2 inches across. The average diameter of the circle is 7 inches. Your child may also have a fever, headache, joint pains and a mild stiff neck. These symptoms may come and go for several weeks. If these symptoms are not noticed or treated, Lyme disease may present in the second stage. At this point you may notice many more areas of the red, round rash all over the body. They tend to be smaller, but multiple at this point. Another symptom is Bell's palsy a temporary one sided facial weakness. Months or even years later, Lyme disease may present with arthritis, especially of the knee. Common antibiotics are very effective at eliminating this disease, even in the late stage.

Laboratory Testing

The laboratory tests for Lyme disease are not perfect. They have many problems with both false positives and false negatives. As a result, the diagnosis is best made based on your child's symptoms. Sometimes, people

ask to have the tick tested. This is possible, but not recommended. Because the transmission rate of Lyme disease by an infected tick to a person is <5%, we do not treat based on this information. Even if the tick is a deer tick and known to be infected, treatment is reserved for patients with symptoms.

Treatment

Children generally are treated with Amoxicillin or Doxycycline. The symptoms may take several weeks to resolve, even with the right medicine. Treatment almost always prevents development of later stages of the disease.

Call our office immediately if you can't remove the tick or the tick's head or if you child has a fever or rash within two weeks following the bite.



KEEPING SKIN SAFE AND HEALTHY

CHICAGO - Warmer weather is here, and that means it's time for hundreds of thousands of young people to visit beaches and local tanning salons. But whether the tan comes from a salon, or the sun, young people are not doing their skin any favors.

The American Academy of Pediatrics (AAP) wants to warn high school and college students that chronic sun exposure eventually can cause signs of premature aging - including wrinkles, sagging cheeks and skin discoloration.

The AAP also says that long-term sun exposure is a key factor in the development of skin cancer. Most "non-melanoma" skin cancers (the most common cancer in America) are caused by unprotected sun exposure in childhood and adolescence -- specifically ultraviolet or "UV-A" and "UV-B" rays. Research shows that bulbs at tanning salons emit ultraviolet rays too. Sophie J. Balk, MD, FAAP, chair of the AAP Committee on Environmental Health says, "There is really no such thing as a safe tan - all tans cause skin damage."

The deadliest form of skin cancer, called "melanoma," killed about 7,800 people in the United States last year, and that number is expected to rise this year. Melanoma often strikes people who suffer deep, intense sunburns, particularly in childhood and adolescence.

But it's not too late for high school and college kids to prevent further damage to their skin - and they don't have to give up their warm weather fun either. Just remember these tips:

- The first, and best, line of defense against the sun is covering up. Wear a hat with a three-inch brim or a bill facing forward, sunglasses (look for sunglasses that block 99-100% of ultraviolet rays), and cotton clothing with a tight weave.
- Stay in the shade whenever possible, and avoid sun exposure during the peak intensity hours - between 10 a.m. and 4 p.m. The risk of tanning and burning also increases at higher altitude.
- Sunscreen with an SPF (sun protection factor) of 15* or greater should be effective for most people. Be sure to apply enough sunscreen - about one ounce per sitting for a young adult.
- Reapply sunscreen every two hours, or after swimming or sweating.

Some self-tanning products contain sunscreen, but others don't, so read the labels carefully. In addition, tanning oils or baby oil may make skin look shiny and soft, but they provide no protection from the sun.

* Dr. Friedman recommends using a Sunscreen with at least 35 SPF to provide added coverage due to the potential for inadequate application of even layers over the body.

News Release from the American Academy of Pediatrics

REPTILE AND AMPHIBIAN DANGER



If your child or teen has a reptile or amphibian as a pet or plans to catch some this summer while at camp, they could be at increased risk of Salmonella infection.

More than 90 percent of reptiles are neutral carriers of the Salmonella bacteria. "Parents of children 5 years old or younger should not own reptiles or amphibians," says Marian Rogers, RN, infection control nurse at the Children's Medical Center of Los Angeles. This is because children have a tendency to touch

surfaces and immediately put their hands in their mouths without washing them first. Parents need to use caution when visiting farms and having direct contact with farm animals, including animals at petting zoos and fairs. Make sure that children wash their hands thoroughly with soap and running water or with hand sanitizing gel immediately after touching animals. To help prevent Salmonella infection, avoid the following animals: Reptiles, including lizards, snakes, and turtles. Amphibians, including frogs, toads,

newts, salamanders and baby chicks.

You can reduce the risk for infection by following a few simple guidelines:

1. Wash hands with soap & water immediately after handling reptiles.
2. Do not allow children less than 5 years of age to handle reptiles.
3. Do not allow reptiles near areas where food or consumption occurs.
4. Do not come in contact with the feces of a reptile, use a glove or scoop to clean the reptiles enclosure.

www.reptilia.org

OUT WITH OLD MEDICINES

As you may have heard, the American Academy of Pediatrics (AAP) recommends that ipecac syrup — a staple of medicine cabinets for years — should be thrown away. But what about other medicines that you may have left over from previous infections, injuries, or illnesses? Experts agree that expired medicines should be destroyed. But how you do it may vary depending on the medicine and where you live. AAP suggests talking to your local pharmacy, waste collection service or Household Hazardous Waster (HHW)* to receive specific recommendations.

Medicine Disposal Tips

- If throwing in the trash, make sure medicines are sealed and that children or animals cannot get into them.
- If flushing down the toilet, make sure the toilet is connected to a sewer system, not a septic tank
- Ipecac should be flushed down the toilet since it is a plant alkaloid and will degrade quickly when flushed.
- visit www.earth911.org or call 800-CLEANUP (800-253-2687) to get local HHW contact information.



WATER SAFETY



Drowning is one of the leading causes of death among youngsters in the United States. The most important rule to remember concerning water safety is to always watch your children carefully around water. Children need constant supervision when around water, which includes the bathtub, ponds, swimming pools, spas, beaches, or lakes. Young children can drown in less than two inches of water and most drowning occur when children are out of sight for less than five minutes.

Important Water Safety Tips

- Obtain swimming instruction for both you and your child and only swim in approved areas preferably with lifeguards..
- Always supervise children near water at all times and check the depth of water before allowing them in.
- Have the entire family learn CPR.
- Invest in proper-fitting, government approved flotation devices, such as swim vests and use them.
- Teach teenagers that water sports can be dangerous and precautions are not just for babies.



Remember to use SUNBLOCK with a minimum SPF of at least 35 this Summer

PROTECTING YOUR EYES

If you play baseball, basketball, or softball even just for fun, be sure to wear eye protection. These sports are known for their high risk of eye injury. Pediatric Associates of Norwood and Franklin joins the American Academy of Pediatrics and the American Academy of Ophthalmology in supporting the following recommendations:

- ◆ Eye protectors that fit properly reduce the risk of major eye injury by 90 percent.
- ◆ Eye protectors should be made of polycarbonate. This is the most shatter resistant lens material.
- ◆ Throw away sports eye protectors that are damaged or yellow from aging.
- ◆ The safest eyewear conforms to the requirements of the American Society for Testing and Materials (ASTM) standard 5803. Such eyewear is approved for racquet sports, baseball fielders, basketball, women's lacrosse and field hockey.
- ◆ If you wear contact lenses, it is especially important to wear protective eyewear for sports.
- ◆ If you wear prescription glasses, talk to your ophthalmologist about the best protection for your eyes.



Helpful Links

www.aap.org

www.aao.org