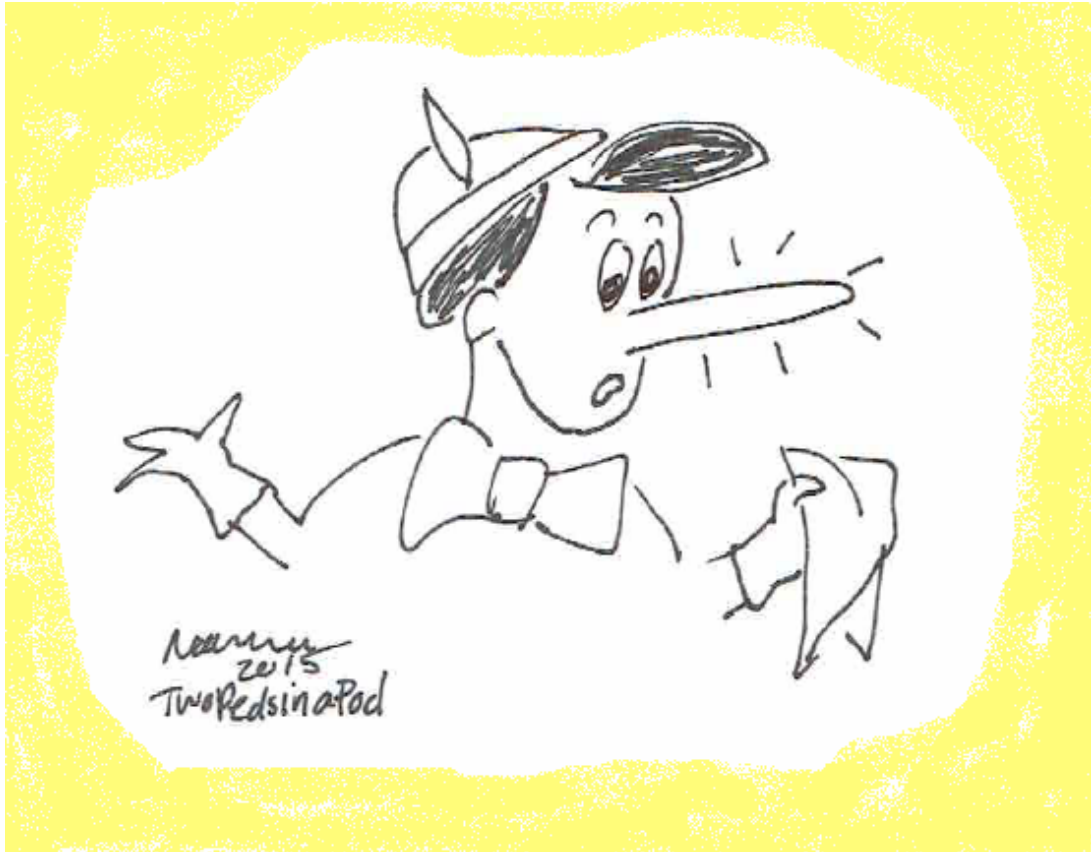


How to treat your kid's allergies: sorting out over the counter medications



Gepetto always said his son had allergies, but the villagers knew better

It's not your imagination. This is a particularly bad spring allergy season. We didn't need media outlets to tell us that there are more itchy, sneezy, swollen eyed kids out there this year.

It is worth treating your child's allergy symptoms- less itching leads to improved sleep, better ability to pay attention in school, improved overall mood, and can prevent asthma symptoms in kids who have asthma in addition to their nose and eye allergies.

Luckily, nearly every allergy medication that we wrote prescriptions for a decade ago is now available over-the-counter. As you and your child peer around the pharmacy through itchy blurry eyes, the displays for allergy medications for kids can be overwhelming. Should you chose the medication whose ads feature a bubbly seven-year-old girl kicking a soccer ball in a field of grass, or the medication whose ads feature a bubbly ten-year-old boy roller blading? Its it better to buy a “fast” acting medication or medication that promises your child “relief?”

Here is a guide to sorting out your medication choices:

Oral antihistamines: Oral antihistamines differ mostly by how long they last, how well they help itchiness, and their side effect profile. During an allergic reaction, antihistamines block one of the agents responsible for producing swelling and secretions in your child’s body, called histamine. Prescription antihistamines are not necessarily “stronger.” In fact, at this point there are very few prescription antihistamines. The “best” choice is the one that alleviates your child’s symptoms the best. As a good first choice, if another family member has had success with one antihistamine, then genetics suggest that your child may respond as well to the same medicine. Be sure to check the label for age range and proper dosing.

First generation antihistamines work well at drying up nasal secretions and stopping itchiness but don’t tend to last as long and often make kids very sleepy. **Diphenhydramine (brand name Benadryl)** is the best known medicine in this category. It lasts only about six hours and can make people so tired that it is the main ingredient for many over-the-counter adult sleep aids. Occasionally, kids become “hyper” and are unable to sleep after taking this medicine. Opinion from Dr. Lai: dye-free formulations of diphenhydramine are poor tasting. Other first generation antihistamines include **Brompheniramine (eg. brand names Bromfed and Dimetapp)** and **Clemastine (eg.**

brand name Tavist).

Second and third generation antihistamines cause less sedation and are conveniently dosed only once a day. Cetirizine (eg. brand Zyrtec) causes less sleepiness and it helps itching fairly well. Give the dose to your child at bedtime to further decrease the chance of sleepiness during the day. **Loratadine (brand name Alavert, Claritin)** causes less sleepiness than cetirizine. **Fexofenadine (brand name Allegra)** causes the least amount of sedation. The liquid formulations in this category tend to be rather sticky, the chewables and dissolvables are favorites among kids. For older children, the pills are a reasonable size for easy swallowing.

Allergy eye drops: Your choices for over-the-counter antihistamine drops include **ketotifen fumarate (eg. Zatidor and Alaway)**. For eyes, drops tend to work better than oral medication. Avoid products that contain vasoconstrictors (look on the label or ask the pharmacist) because these can cause rebound redness after 2-3 days and do not treat the actual cause of the allergy symptoms. Contact lenses can be worn with some allergy eye drops- check the package insert, and avoid wearing contacts when the eyes look red. Artificial tears can help soothe dry itchy eyes as well.

Allergy nose sprays: Simple nasal saline helps flush out allergens and relieves nasal congestion from allergies. **Flonase**, which used to be available by prescription only, is a steroid allergy nose spray that is quite effective at eliminating symptoms. It takes about a week until your child will notice the benefits of this medicine. Even though this medicine is over-the-counter, check with your child's pediatrician if you find that your child needs to continue with this spray for more than one allergy season of the year. Day in and day out use can lead to thinning of the nasal septum. Avoid the use of nasal decongestants (e.g., Afrin, Neo-Synephrine) for more than 2-3 days because a rebound runny nose called rhinitis medicamentosa may occur.

Oral Decongestants such as phenylephrine or pseudoephedrine can help decrease nasal stuffiness. This is the “D” in “Claritin D” or “Allegra D.” However, their use is not recommended in children under age 6 years because of potential side effects such as rapid heart rate, increased blood pressure, and sleep disturbances.

Some of the above mentioned medicines can be taken together and some cannot. Read labels carefully for the active ingredient. Do not give more than one oral antihistamine at a time. In contrast, most antihistamine eye drops and nose sprays can be given together along with an oral antihistamine.

If you are still lost, call your child’s pediatrician to tailor an allergy plan specific to her needs.

The best medication for kids? Get the irritating pollen off your child. Have your allergic child wash her hands and face as soon as she comes in from playing outside so she does not rub pollen into her eyes and nose. know that spring and summer allergens/pollen counts are highest in the evening, vs fall allergies where counts are highest in the mornings. Rinse outdoor particles off your child’s body with nightly showers. Filter the air when driving in the car and at home: run the air conditioner and close the windows to prevent the “great” outdoors from entering your child’s nose. If you are wondering about current pollen counts in your area, scroll down to the bottom of many of the weather apps to find pollen counts or log into the American Academy of Allergy Asthma and Immunology’s website.

Naline Lai MD and Julie Kardos, MD

© 2018 Two Peds in a Pod®

Contribute to our Two Peds Mother's Day post!



Dr. Kardos, on a visit home from medical school, with her mom and grandmothers, 1991.

A flash of surprise spread across her face. "You mean my mother was right? I can't believe it!" the mom in our office exclaimed.

Many times as we dispense pediatric advice, the parent in our office realizes that their own mother had already offered the same suggestions.

This Mother's Day, we're asking readers for anecdotes about times where maybe, just maybe, your mom or your grandmother was right after all. If you have a photo available of your mom or grandmother with your child that you don't mind sharing as well, we would love to post them along with your anecdotes this Mother's Day.

Please send them along to us at twopedsinapod@gmail.com before Mother's Day weekend.

Naline Lai, MD and Julie Kardos, MD

How to tell if your toddler has autism

According to a 2012 National Center for Health Statistics data brief, about half of all children in the United States with an autistic spectrum disorder are diagnosed at age five or older. However, many parents are suspicious much



sooner. As part of autism awareness month, we bring you clues in toddler development that can alert you to a potential issue. This post follows up on our earlier post "How can I tell if my baby has autism?"

Pediatricians often use a questionnaire called the M-CHAT (Modified Checklist for Autism in Toddlers) as a screening tool. This test can be downloaded for free. In our office we administer the M-CHAT at the 18-month well child visit and again at the two-year well visit, but the test is valid down to 16 months and in kids as old as 30 months. Not every child who fails this test has autism, but the screening helps us to identify which child needs further evaluation.

At 15-18 months of age, children should show the beginnings of pretend play. For example, if you give your child a toy car, the toddler should pretend to drive the car on a road, make appropriate car noises, or maybe even narrate the action: "Up, up, up, down, down, rrrrooom!" Younger babies mouth the car, spin the wheels, hold it in different positions, or drag a car upside down, but by 18 months, they perceive a car is a car and make it act accordingly. Other examples of pretend play are when a toddler uses an empty spoon and pretends to feed his dad, or takes the T.V. remote and then holds it like a phone and says "hello?" You may also see him take a baby doll, tuck baby into bed, and cover her with a blanket.

Eye contact in American culture is a sign that the child is paying attention and engaged with another person. Lack of eye contact or lack of "checking in" with parents and other caregivers can be a sign of delayed social development.

Kids periodically try to get their parents to pay attention to what they are doing. Lack of enticing a parent into play or lack of interest in what parents or other children are up to by this age is a sign of delayed social development. Ask yourself, "Does my child bring me things? Does he show me things?" Also, although they may not share or take turns, toddlers should still be interested in other children.

Many typical two-year-olds like to line things up. They will line up cars, stuffed animals, shapes from a shape sorter, or books. The difference between a typically-developing two-year-old and one that might have autism is that the **typically-developing child will not line things up the exact same way every time.** It's fine to hand your child car after car as he contently lines them up, but I worry about the toddler who has a tantrum if you switch the blue for the green car in the lineup.

Two-year-olds should speak in 2-3 word sentences or phrases that communicate their needs. Autism is a communication

disorder, and since speech is the primary means to communicate, **delayed speech may signal autism**. Even children with hearing issues who are speech-delayed should still use vocal utterances and gestures or formal sign language to communicate.

Atypically terrible “terrible twos.” Having a sensory threshold above or below what you expect may be a sign of autism. While an over-tired toddler is prone to meltdowns and screaming, parents can often tell what triggered the meltdown. For example, my oldest, at this age, used to have a tantrum every time the butter melted on his still-warm waffle. Yes, it seemed a ridiculous reason to scream, but I could still follow his logic. Autistic children are prone to screaming rages beyond what seems reasonable or logical. Look also for the child who does not startle at loud noises, or withdraws from physical contact because it is overstimulating.

By three years, children make friends with children their own age. They are past the “mine” phase and enjoy playing, negotiating, competing, and sharing with other three-year-olds. Not every three year old has to be a social butterfly but he should have at least one “best buddy.”

Regression of skills at any age is a great concern. Parents should alert their child’s pediatrician if their child stops talking, stops communicating, or stops interacting normally with family or friends.

It’s okay to compare. Comparing your child to other same-age children may alert you to delays. For example, I had parents of twins raise concerns because one twin developed communication skills at a different pace than the other twin.

Although you may wonder if your child has autism, there are other diagnoses to consider. For instance, children need all of their senses intact in order to communicate well. I had a patient who seemed quite delayed, and it turned out that his

vision was terrible. He never complained about not seeing well because he didn't know any other way of seeing. After my patient was fitted with strong glasses at the age of three, his development accelerated dramatically. The same occurs for children with hearing loss—you can't learn to talk if you can't hear the sounds that you need to mimic, and you can't react properly to others if you can't hear them.

If you or your pediatrician suspect your child has autism, early, intensive special instruction, even before a diagnosis is finalized, is important. Every state in the United States has Early Intervention services that are parent-prompted and free for kids. The sooner your child starts to work on alternate means of communication, the quicker the frustration in families dissipates and the more likely your child is to ultimately develop language and social skills. Do not be afraid of looking for a diagnosis. He will be the same child you love regardless of a diagnosis. The only difference is that he will receive the interventions he needs.

Julie Kardos, MD and Naline Lai, MD

©2018, 2013 Two Peds in a Pod®

“Ya Gotta Have Heart!” Heart Murmurs Explained



Conversation hearts murmuring

When the Tin Man was a child in Oz, I'm sure his pediatrician never told his parents, "Has anyone ever said your child has a heart murmur? I hear one today."

I know that when I tell parents about a heart murmur in their child, their hearts skip and jump. But not all heart murmurs are bad.

What is a heart murmur?

A heart murmur is an extra sound that we pediatricians hear when we listen to a child's heart with a stethoscope. A normal heart beat sounds like this: "lub, dub. lub, dub. lub, dub." A heart murmur adds a whooshing sound. So what we hear instead is "lub, *whoosh*, dub" or "lub, dub, *whoosh*."

The “whoosh” is usually caused by blood flowing through a relatively narrow opening somewhere in or around the heart. Think of your blood vessels and heart like a garden hose. If you run the water (blood) very hard, or put a kink or cut a hole in the hose, the whoosh of the water grows louder in those locations.

Heart murmurs signal different issues at different ages.

In a newborn, some types of heart murmurs are expected. Normal newborn hearts contain extra holes that close up after the first hours or days of birth. One type of murmur occurs as the infant draws in his first breath and holes in the heart, present inside the womb, begin to seal. As the holes get narrower, we sometimes hear the “whoosh” of blood as it flows through the narrowing opening. Then these holes close completely and the murmur goes away.

However, some murmurs in infancy signal “extra holes” in the heart. As pediatricians, we experience our own heart palpitations when moms want to leave the hospital early with their infants who are less than 48 hours old. We worry because many infants who have abnormal hearts may not develop their abnormal heart murmurs and other signs of heart failure until the day or two after birth.

Preschool and early school-age children often develop “innocent” heart murmurs. “Innocent” implies that extra blood flows through their hearts, but the hearts are structurally normal. These murmurs are fairly common and can run in families. However, there are some significant heart problems which do not surface until this age. For this reason, remember to schedule those yearly well child checkups.

For teens, during the pre-participation sports physical, pediatricians listen carefully for a murmur that may indicate that an over grown heart muscle has developed.

What else can cause a heart murmur?

Holes are not the only culprit behind a murmur. The whoosh sound can also arise when a person is anemic and blood flows faster than normal. In anemic kids, the blood flows faster because it lacks enough oxygen-carrying red blood cells and the heart needs to move blood faster in order to supply oxygen to the body. The most common cause for anemia is a lack of eating enough iron-containing foods. Subsequently, we hear these flow murmurs in children whose diets lack iron, in teenagers who grow rapidly and quickly use up their iron stores, and in girls who bleed too much at each period. Replenishing the iron level makes a heart murmur from anemia go away.

Even a simple fever can cause a heart murmur on physical exam. The murmur goes away when the fever goes away.

Pediatric health care providers can often distinguish between “innocent” heart murmurs and not-so- innocent heart murmurs by the sound of the murmur itself (not all “whooshes” sound alike). If any question exists, your child will be referred for more testing, which could include a chest x-ray, an EKG (electrocardiogram), an ECHO (echocardiogram, or ultrasound of the heart), or evaluation by a pediatric cardiologist.

If your child’s pediatrician tells you that your child has a heart murmur, “take heart.”

Many times a murmur comes and goes or just becomes part of your child’s baseline physical exam. Even if your child has a serious heart problem, most cases respond well to medication, surgery, or both. While not all heart problems cause heart murmurs, and while not all murmurs signal heart problems, the presence of a heart murmur in a child can signal that your child needs further testing.

Unless, of course, your child is the Tin Man. In this case, extra sounds indicate that your child needs more oil!

Julie Kardos, MD and Naline Lai, MD

©2010, 2018 Two Peds in a Pod®

Raising emotionally healthy boys



photo by Lexi Logan,
www.lexilogan.com

The recent Parkland shooting in Florida is causing many to wonder how to support the emotional health of boys in their families and communities. We welcome therapist Dina Ricciardo's words of wisdom— Drs. Kardos and Lai

Your son is crying. A mad dash across the playground has led to a spectacular trip and fall, complete with a bloody knee and hands full of dirt. Part of you wants to hold him on your lap and console him until he stops crying. The other part of you wants to firmly wipe away his tears and tell him to be brave. Which part of you is right?

In a world where there is a great deal of emphasis placed on the emotional health of girls, our boys are frequently overlooked. While girls are typically encouraged to develop and express a broad range of emotions, boys are socialized from a young age to suppress their feelings. As a result, many boys and men struggle to express fear or sadness and are unable to ask for help. It is time for us adults to stop perpetuating stereotypes and myths about manhood, and help each other raise emotionally healthy boys. Here are five ways for us to do so:

Make his living environment a safe space to express emotions.

Give your son permission to express *all* of his feelings. Boys typically do not have the freedom to show the full range of their emotions in school and out in the world, so it is essential that they have that freedom at home. Nothing should be off limits, as long as feelings are expressed in a manner that is not destructive.

Expose him to positive male role models. Boys need to be exposed to positive male figures who can indoctrinate them into their culture and teach them how to be men. It is an important rite of passage in a boy's development. Take a look around your social ecosystem and ask yourself, "Who would be good for my son?" Other parents, coaches, teachers, and pastors are examples of individuals who can play a positive role in his life.

Understand your unique role. Each parent plays a unique role in the development of a son, and that role changes over time. A mother is a son's first teacher about love and what it looks

like, and this dynamic can breed a particular kind of closeness. As a boy grows and begins to develop his sexuality, however, it is natural for him to pull away a bit from his mother and turn more towards his father for guidance. While this distance can be unsettling for mom, it marks a new phase in a son's relationship with his father, who typically provides a sense of security and authority in a family as well as support for a boy's developing identity. Mothers still play an important role, but that role may look different. As parents, it is important to re-evaluate what our sons need from us at each stage of their development.

Look at the world with a critical eye. Our culture not only glorifies violence, it equates vulnerability in males with weakness and attempts to crush it. That does not mean we have to accept this paradigm. Talk honestly with your son about how and when to be gentle and compassionate, educate him on how the world view softness in men, and never tolerate anyone shaming him when he exhibits these traits. There is no shame in showing vulnerability, it is actually an act of courage.

Take a look in the mirror. Whether you are a mother or a father (or both), be honest with yourself: what are your beliefs about manhood? Do you feel safe expressing all of your feelings, or are some of them off-limits? If you are perpetuating negative stereotypes about men or are not comfortable with a full range of emotions, then your son will follow in your footsteps. Regardless of our own gender, we cannot expect our children to be comfortable with their feelings if we are not comfortable with our own.

There are times when insuring the emotional health of your son will feel like an uphill battle. Keep the conversation open, and do not be afraid to talk with others about the dilemmas of boyhood and manhood. And if you are looking for an answer to the playground dilemma, then I will tell you that both parts of you are right. Sometimes our sons need loving compassion, and sometimes they need a firm nudge over the hump. You know

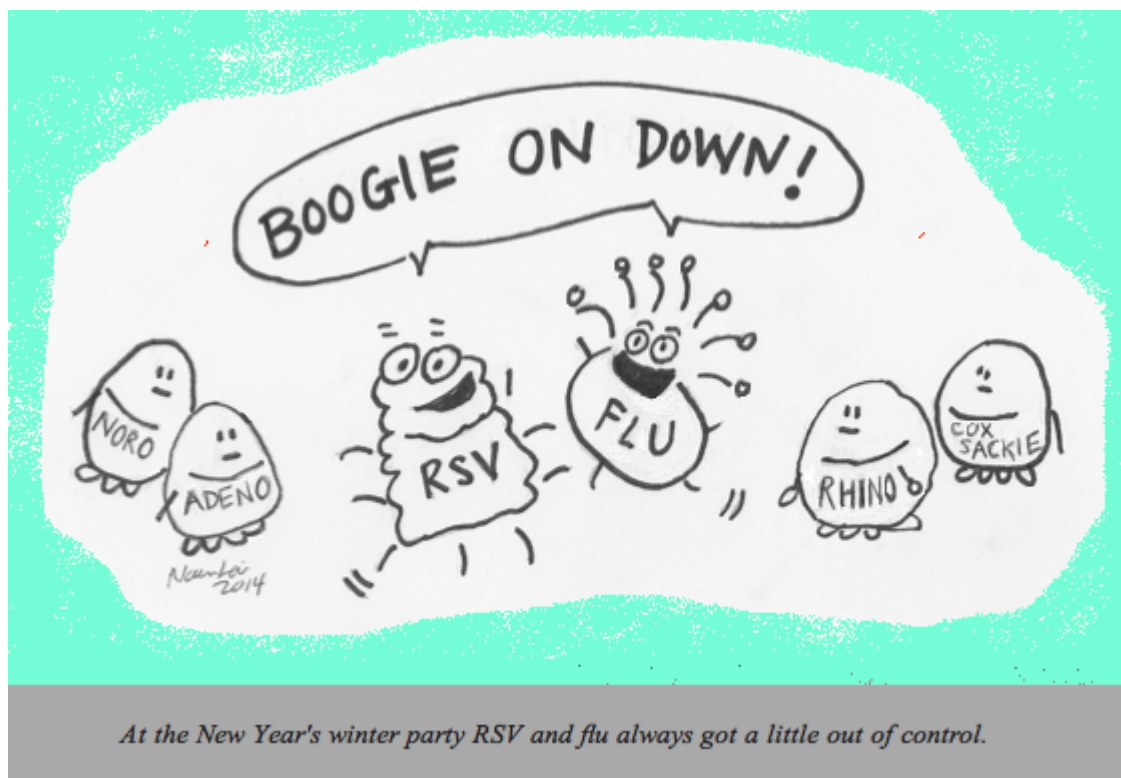
your child better than anyone else, so it is up to you to decide which approach to use and when.

Dina Ricciardi, LSW, ACSW

©2016, 2018 Two Peds in a Pod®

Dina Ricciardi is a psychotherapist in [private practice](#) treating children, adolescents, and adults in Doylestown, PA. She specializes in disordered eating and pediatric and adult anxiety, and is also trained in Sandtray Therapy. Ricciardi is a Licensed Social Worker and a member of the Academy of Certified Social Workers. She can be reached at dina@nourishcounseling.com.

What to do with the flu, and what about elderberry?



So you just read our post “Does my child have the flu or a cold” and you’ve decided that your child likely has the flu (short for influenza). Now what do you do? When do you call the pediatrician? Does your child need medication?

First take a deep breath. Then, make sure your child is breathing easily. She may be coughing a lot but as long as her breathing is unlabored, and you see no retractions (see 6 second video in our coughing post), her lungs are most likely OK. Kids who are short of breath can become agitated or lethargic. A little tiredness from illness is normal, but extreme lethargy is not.

Think about it. Is your child’s mental state OK? Is she thinking clearly, walking well, talking normally, and consolable? She may be more sleepy than usual but when awake she should be rational and easily engaged.

Hydrate! A high fever and cough increases a child’s hydration needs. Make up for lost fluids by aiming to give her at least one and one-half times the amount she usually drinks in a day. For example, if she typically drinks 24 ounces of water or milk per day, try to give at least 36 ounces of fluid per day. Offer your child ANYTHING she wants to drink, including soup, juice, lemonade, electrolyte replenishers (e.g. Gatorade or Pedialyte), decaffeinated tea or a little flat decaffeinated soda.

If your child is not eating, avoid hydrating solely with plain water. Kids need salt to keep their blood pressure up and sugar to keep their energy levels up. And yes, milk is **great** to offer. **If milk doesn’t cause your child to make more mucus when she is healthy, then it won’t affect her nose or lungs when she is sick.** Even chocolate milk is fine! For infants, give breastmilk or formula—no need to switch. The goal is to produce PEE. Well hydrated kids pee at least every 6-8 hours. Other signs of dehydration include dark urine, dry mouths/lips, the inability to produce tears, sunken eyes,

and sunken soft spot (in an infant).

Offer food as well. My grandmother used to say, “Feed a cold, starve a fever.” I loved my grandmother, but she was incorrect about this advice. Food = nutrition = improved germ fighting ability. However, don’t argue with your sick kid about eating if she is not hungry. Just know that drinking extra is a MUST.

Placate pain. She may have muscle aches, a headache, or a sore throat. Relieve her discomfort with ibuprofen (Motrin, Advil) or acetaminophen (Tylenol). Offer some ice pops and a movie on the couch. If she is in severe pain, is unable to move normally, or is inconsolable, call your child’s doctor. Unable to move or inconsolable = very bad.

It’s OK to play and move about. Your child with flu might spend a large portion of her day on the couch or in bed but it’s fine to let her play and have some activity. Some walking around and playtime helps her exercise her lungs. “Moving” her lungs with a cough actually prevents pneumonia by preventing germy mucus from lodging in the lungs. Also, seeing that your child can walk around, despite her aches and discomfort, will reassure you that she is handling her illness.

Does every kid with flu need to see a doctor? No. Some kids have medical problems that predispose them to complications of illness and doctors will want to see those kids more often. Most otherwise healthy kids get through the flu, as long as they drink enough and can be kept comfortable. The fever from flu usually lasts from 4-7 days and can go quite high, but you know from reading our fever post that the number alone is not what you fear. What matters is how your child is acting.

Some reasons your child should see a doctor:

- difficulty breathing
- change in mental state or you cannot console her
- your child is dehydrated
- a new symptom that concerns you

- the fever goes away for a day or two and then returns with a vengeance
- fever goes on more than 4-7 days, but you can certainly call the doctor to check in by day 3-5
- a rash appears during the flu illness (this can be a sign of overwhelming bacterial infection, not the flu)
- new pain (eg. ear pain from an ear infection) or severe pain
- your gut instinct tells you that your child needs to see a doctor

What about Tamiflu (brand name for oseltamivir) ? Some areas of the United States are experiencing a shortage of this anti-flu medicine. Oseltamivir can lessen the severity of flu symptoms and perhaps shorten how long the flu lasts by about a day. Since most people recover in about the same amount of time without the medication, the CDC (Centers for Disease Control) and the AAP (American Academy of Pediatrics) issued treatment guidelines. Kids with certain lung, heart, neurologic, or immune system diseases, kids with diabetes, and kids under the age of two years may be medication candidates. You can check the exhaustive list [here](#). The other two medications that cover the two main types of flu are not available in oral form.

Better than Tamiflu is the flu vaccine. Remember the saying, "An ounce of prevention is worth a pound of cure?" A 2017 study showed that the flu vaccine prevented kids from dying of the flu. Vaccinated kids who do end up with the flu tend to have less severe illness. The vaccine prevents several types of the flu, so even if your child gets flu and did not receive the flu shot this season, it's not too late. Take her to get it after her fever is gone. Also put in a reminder to yourself to schedule a flu vaccine appointment for your child next September, in advance of next winter's flu season.

Over-the-counter flu medications do not treat the flu, but they can give side effects. In fact, cough and cold medicines should not be given to children younger than four years,

according to the American Academy of Pediatrics. Instead, try these natural remedies:

- If older than one year, you can give honey for her cough and to soothe her throat.

- Run a cool mist humidifier in her bedroom, use saline nose spray or washes, have her take a soothing, steamy shower, and teach her how to blow her nose.

- For infants, help them blow their noses by using a bulb suction. However, be careful, over-zealous suctioning can lead to a torn-up nose and an overlying bacterial infection. Use a bulb suction only a few times a day.

What about black elderberry (sambucus)? Articles abound on social media about the benefits of black elderberry in fighting flu symptoms. However, if you read a credible source such as the National Institute of Health information site about complementary and alternative medicine, you will find, “Although some preliminary research indicates that elderberry may relieve flu symptoms, the evidence is not strong enough to support its use for this purpose.” The research was not conducted with kids, so unfortunately we cannot recommend this unproven treatment for flu.

Take heart. While the groundhog predicted 6 more weeks of winter this year, history shows that the groundhog is usually wrong.

Julie Kardos, MD and Naline Lai, MD

©2018 Two Peds in a Pod®

My kid has a terrible cough: Is he ok?



photo by Lexi Logan

We are seeing a lot of coughing kids in the office these days. In general we like coughs. Coughs keep nasty germs from lodging in the lungs. It is hard for parents to tell if a cough is from a cold, an asthma flare, pneumonia, allergies, or something else. Regardless of what is causing your child to cough, even if you think your child has a simple cold, it's important to recognize when your child is having difficulty breathing. Share this information with all of your child's caretakers, including teachers. Too often we get a child in our office with labored breathing which started during school hours but was not recognized until parent pick-up time.

Signs of difficulty breathing:

- Your child is breathing faster than normal.

- Your child's nostrils flare with each breath in an effort to extract more oxygen from the air.
- Your child's chest or her belly move dramatically while breathing—lift up her shirt to appreciate this.
- Your child's ribs stick out with every breath she takes because she is using extra muscles to help her breathe—again, lift up her shirt to appreciate this. We call these movements “retractions.”
- You hear a grunting sound (a slight pause followed by a forced grunt/whimper) or a wheeze sound at the end of each exhalation.
- A baby may refuse to breast feed or bottle feed because the effort required to breathe inhibits her ability to eat.
- An older child might experience difficulty talking.
- Your child may appear anxious as she becomes “air hungry” or alternatively she might seem very tired, exhausted from the effort to breathe.
- Your child is pale or blue at the lips.

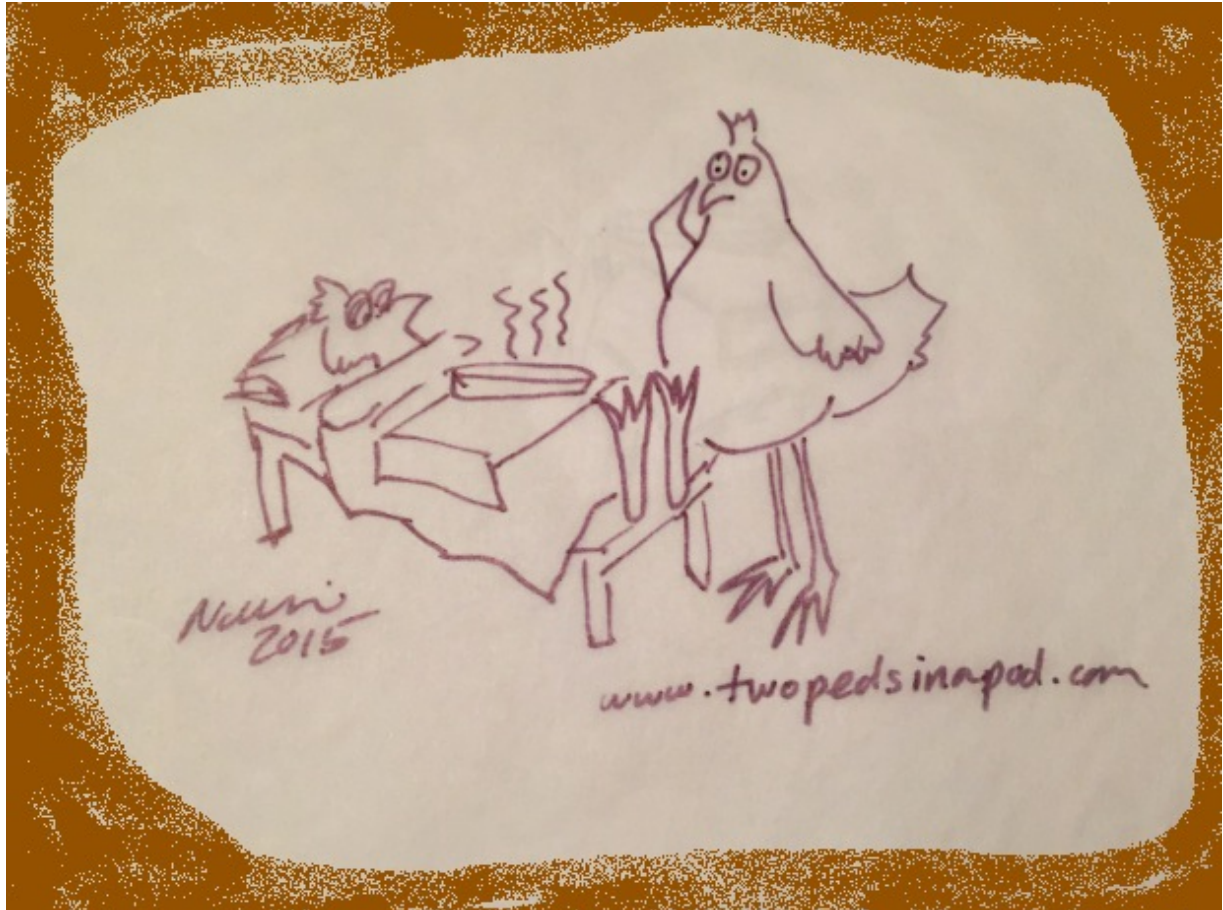
In this video, the child uses extra chest muscles in order to breathe. He tries so hard to pull air into his lungs that his ribs stick out with each inhalation. Try inhaling so that your own ribs stick out with every breath- you will notice it takes a lot of effort.

<https://www.twopedsinapod.org/wp-content/uploads/2016/01/retractions.m4v>

For those whose children have sensitive asthma lungs, review our earlier asthma posts. [Understanding Asthma Part I](#) explains asthma and lists common symptoms of asthma, including cough, and [Asthma Medicine Made Simple](#) tells how to treat asthma, summarizes commonly used asthma medicine, and offers environmental changes to help control asthma symptoms.

Julie Kardos, MD and Naline Lai, MD
 ©2012, 2014, 2016 Two Peds in a Pod®

Does my child have a cold or the flu?



“Now what kind of soup did the doctor recommend? Was that tomato soup? Mushroom Barley?”

Headlines remind us daily that the US is officially in the midst of flu season. We are also in the midst of a really yucky cold season. We have seen numerous kids in our offices with bad colds and others with flu.

Parents ask us every day how they can tell if their child has a cold or the flu. While no method is fool proof, here

are some typical differences:

The flu, caused by influenza virus, comes on suddenly and makes you feel as if you've been hit by a truck.

Flu almost always causes fever of 101°F or higher and some respiratory symptoms such as runny nose, cough, or sore throat (many times, all three). Children, more often than adults, sometimes will vomit and have diarrhea along with their respiratory symptoms, but contrary to popular belief, there is no such thing as "stomach flu." In addition to the usual respiratory symptoms, the flu causes body aches, headaches, and often the sensation of your eyes burning. The fever usually lasts 5-7 days. All symptoms come on at once; there is nothing gradual about coming down with the flu.

Colds, even really yucky ones, start out gradually.

Think back to your last cold: first your throat felt scratchy or sore, then the next day your nose got stuffy or then started running profusely, then you developed a cough. **Sometimes during a cold you get a fever for a few days.** Sometimes you get hoarse and lose your voice. The same gradual progression of symptoms occurs in kids. In addition, kids often feel tired because of interrupted sleep from cough or nasal congestion. This tiredness leads to extra crankiness.

Usually kids still feel well enough to play and attend school with colds.

The average length of a cold is 7-10 days although sometimes it takes two weeks or more for all coughing and nasal congestion to resolve.

Important news flash about mucus:

The mucus from a cold can be thick, thin, clear, yellow,

green, or white, and can change from one to the other, all in the same cold. The color of mucus does NOT tell you if your child needs an antibiotic and will not help you differentiate between a cold and the flu. Here's a post on sinus infections vs. a cold.

Remember: colds = gradual and annoying. Flu = sudden and miserable.

If your child has a runny nose and cough, but is drinking well, playing well, sleeping well and does not have a fever and the symptoms have been around for a few days, the illness is unlikely to "turn into the flu."

Fortunately, a vaccine against the flu is available for all kids over 6 months old

This flu vaccine can prevent the misery of the flu. In addition, vaccines against influenza save lives by preventing flu-related complications such as pneumonia, encephalitis (brain infection), and severe dehydration. Even though we are starting to see a lot of flu, it is not too late to get the flu vaccine for your child. Please schedule a flu vaccine ASAP if your child has not yet received one for this season. Parents and caregivers should also immunize themselves. We all know how well a household functions when Mom or Dad have the flu... not very well! Sadly there have been 20 children so far this flu season who died from the flu. In past years many flu deaths were in kids who did not receive the flu vaccine, so please vaccinate your children against the flu if you have not already. Unfortunately, the vaccine isn't effective in babies younger than 6 months, so it is important to vaccinate everyone who lives or cares for a baby this young.

Be sure to read our article on ways to prevent colds and flu. As pediatricians, we remind you to WASH HANDS, make sure your child eats healthy, gets enough sleep, and avoid crowds, when possible. As moms, we add that you might want to cook up a pot

of good old-fashioned chicken soup to have on hand in case illness strikes your family.

Julie Kardos, MD and Naline Lai, MD

©2018 Two Peds in a Pod®

Understand and prevent ear infections



We wonder: do elephants get big ear infections?

“An ear infection,” we often hear parents say, “how can that be? I am so careful not to get water into her ear.”

Let us reassure you: parents do not cause ear infections. Germs cause infections. So please: no parent guilt!

When we doctors say “ear infections,” we usually refer to **middle ear** infections. Where exactly is the middle ear? When we look into the ear we peer down a tunnel called the ear canal. This part of the ear is considered the **outer ear**. At the end of the tunnel is a sealed door called the “ear drum” The medical term for ear drum is “tympanic membrane.” We’ll stick with “ear drum.” Behind the ear drum is the middle ear. As long as the ear drum (the door) leading into the middle ear is closed, water cannot enter the middle ear. Only if a child has ear tubes, or if the ear drum is ruptured, can water from a pool or bath enter the middle ear.

Now picture yourself opening the door and walking through to the middle ear. When you stand in the middle ear you will see tiny bones which help with hearing. The middle ear is the space that fills with fluid and gives you the uncomfortable sensation of pressure when you have a cold. It is the same space that gives you discomfort when you are descending in an airplane.

In the floor you will see a drain. This drain, called the Eustachian tube, helps drain fluid out of the middle ear. “Popping” your ears by swallowing opens this drain when you are descending on a flight. If fluid (usually from congestion from a cold or from allergies) sits long enough in the middle ear, it can become infected and the resulting pus causes pressure and pain. Sometimes the pressure becomes so great that it causes the ear drum to rupture and the painful infection will then drain out of the ear. Parents are often surprised to learn that this rupturing can occur both in untreated AND treated ear infections.

Beyond the middle ear is the **inner ear**, which houses nerves needed for hearing. Because children do not tend to get infections here, you may never *hear* about this part of the ear

from your pediatrician (pun absolutely intended).

So, why do people talk about preventing ear infections by preventing water from getting into the ear? There is a type of ear infection called “swimmer’s ear,” formally known as “otitis externa,” which occurs in the outer ear. Swimmer’s ear usually results from a bacteria which grows in a damp environment. The water that causes this damp environment typically comes from a swimming pool, but can also come from lake, ocean, or even bath water. Swimmer’s ear can also be a result of anything that causes ear canal irritation such as eczema, hearing aids, or even beach sand. You can read more about this malady and it’s treatment and prevention [here](#).

To summarize:

Ear infection = middle ear infection

Swimmer’s ear = outer ear infection

Cause of ear infections = germs

So, are you to blame for either type of ear infection? No, but there are associated factors which you can modify.

Wash hands to decrease spread of cold viruses.

Limit exposure to second hand smoke.

Give all vaccines on time – pneumococcal bacteria and the flu virus can cause ear infections—we have vaccines against these germs.

If your child suffers from allergies, talk to your child’s doctor about decreasing triggers in the environment and/or taking medications which might prevent middle ear fluid build-up from allergies.

Some kids who contract a lot of ear infection need help to stop further infections. Ear tubes, or “myringotomy” tubes, promote middle ear fluid drainage before an infection occurs. Ear, nose, throat doctors (also known as ENTs or otolaryngologists) poke a hole in the ear drum leading to the middle ear and place a small tube in the hole. Through the

myringotomy tubes, or “ear tubes,” fluid runs from the middle ear out into the outer ear canal before the fluid becomes infected. This drainage prevents middle ear infections from occurring.

To prevent swimmer’s ear, dry your children’s ears with a towel or blow gently with a hairdryer on cool setting after they are done swimming for the day.

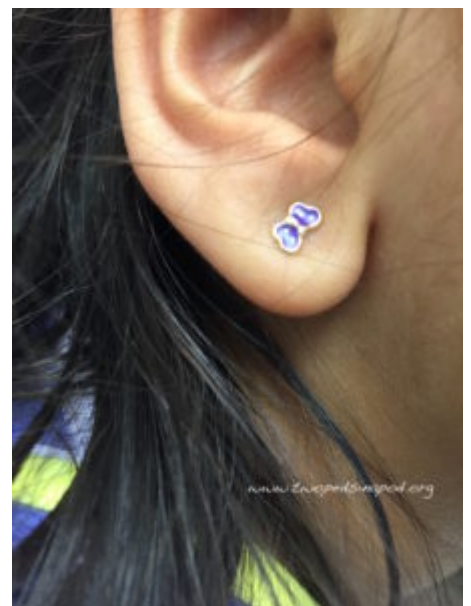
We wrote this post because of the many questions we often hear about ear infections and ear anatomy. Hope the information wasn’t too eerie. Or is that EARie?

Naline Lai, MD and Julie Kardos, MD

©2018 Two Peds in a Pod®, updated from 2013

When can I get my child’s ears pierced?

“When can I have her ears pierced?” is a question I hear fairly often in the office. Usually, I hear this question from parents of young girls, so for this post the operative pronoun will be “she.”



There really isn’t one correct medical answer to this

question. I have heard pediatricians tell patients to wait until after their babies receive their first tetanus vaccine (at two months of age) but I have never heard of a case of tetanus from ear piercing, at least not in the United States. But, I wouldn't take a younger-than-two-month-old to the mall where strangers could infect her with germs.

And yes, the mall is where I send my patients for ear piercing. If I pierced 100 ears per day, then I would feel comfortable performing this procedure. If I pierce a set of ears once a month, I am hardly an expert. Just as I would refer your child to an Ear, Nose and Throat specialist for too many ear infections for further evaluation, I refer all ear piercing families to the mall where the experts use sterile technique many times daily and are in fact qualified experts.

That said, some pediatricians do pierce ears and pride themselves on delivering the art, as well as the science, of medicine. If your pediatrician likes to perform ear piercing in the office, then consider it a convenience as well as a safe practice.

So when is the best time to pierce ears? I suggest to parents that they may wish to wait until their daughter is old enough to decide for herself if she wants her ears pierced. Some parents want to pierce earlier. Either way, here are some tips and points to consider:

- **Piercing hurts.** Take it from this pediatrician who was twenty-three (in medical school, after a really difficult neuroanatomy exam) when she had her ears pierced. It is fine to pre-medicate with ibuprofen (brand names Advil, Motrin) or acetaminophen (Tylenol). She will still feel the sting of piercing but the pain medicine may help prevent some of the throbbing which occurs afterwards.
- **Some of the same techniques used to help**

ameliorate the sting of vaccines can also help ameliorate the sting of ear piercing. Keep in mind, after the pain of piercing with the first ear, your child may balk at piercing the second.

- **Follow the instructions for ear cleaning.** It takes around 6 weeks for the wounds to heal completely.
- **Avoid dangling earrings.** They can get caught on clothing or bedding and also are a choking hazard because babies/toddlers can more easily pull out the earrings and then put them into their mouths. At recess a hoop earring can snag as a child runs.
- **Some kids are allergic to gold as well as nickel.** If you notice the skin around the hole becoming red, itchy, or scaly, or swollen, your child is probably having an allergic reaction to metal. The only cure is to remove the earrings.
- **Avoid piercing the cartilage of an ear.** Infections occurring in the cartilage tend to be more serious than in the lobe of the ear.

Warning: Pediatricians remove embedded earring backs on an all too frequent basis. Even years after a piercing, the skin on the back of an ear may overgrow. This malady tends to occur in kids around eight years old or older when parents are no longer taking earrings out for their children. Check your child's ears frequently to make sure the holes are clean and the earring parts are where they should be: in the hole in the ear, not embedded in an earlobe. Watch out, an earring can look fine from the front and you may even be able to twirl it around, but the earring back may be burying itself into the skin.

Ear piercing for some families is cultural; for others, cosmetic. Piercing your child's ears as a baby may lead to some interesting debates later about piercing other body parts. But that's a topic for another post.

Julie Kardos, MD and Naline Lai, MD

©2018 Two Peds in a Pod®, updated from our prior post.



Earring embedded in
the back of an
earlobe.