Ready for school: backpacks, packing lunches, when to keep your kid home for illness, and more

Now that you just read how to drop your kid off at school on the first day, you may be backpack shopping, pondering what to send your child for lunch, and knowing that your child will have difficulty waking up early for school. Never fear! Your Two Peds can help you and your kids get ready for school.

First, make sure your child’s backpack fits correctly and is not too heavy. Our guest blogger, a pediatric physical therapist, provides tips to help lighten the load.

Help your child get back on a school-friendly sleep schedule. If your child is still in summer vacation sleep mode, we provide ways to help get your child's sleep back on track.

If your child brings lunch to school, you may need some hints on what to pack and how to beware of junk food disguised as healthy food. And this post provides suggestions for healthy snacks.

Need suggestions on how to motivate your child to want to learn? Two former school principals share their wisdom in this post.

Finally, you should know when to keep your child home for illness. This post also contains some surprising truths about when you can send your child back to school during as well as after certain maladies.

Julie Kardos, MD and Naline Lai, MD

Poison ivy: stop the itch

Teach your child to recognize poison ivy: “leaves of three, let’em be!”

Recently we’ve had a parade of itchy children troop through our office. The culprit: poison ivy.

Myth buster: Fortunately, the rash of poison ivy is NOT contagious. You can “catch” a poison ivy rash ONLY from the plant, not from another person.

Another myth buster: You can **not** spread the rash of poison ivy on yourself through scratching. However, where the poison (oil) has touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch:

Hopping into the shower and rinsing off within fifteen minutes of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.

Hydrocortisone 1%- This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day

Calamine lotion – a.k.a. the pink stuff- This is an active ingredient in many of the combination creams. Apply as many times as you like.

Diphenhydramine (brand name Benadryl)- take orally up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti-itch properties. Some doctors recommend giving it twice a day- ask your pediatrician.

Oatmeal baths – Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)

Do not use alcohol or bleach– these items will irritate the rash more than help

The biggest worry with poison ivy rashes is the chance of infection. Just like with an itchy insect bite, with each scratch, your child is possibly introducing infection into an open wound. At night, turn up the air conditioning and put your child into pajamas that cover up the poison ivy. Kids who don't scratch in the day often scratch subconsciously at night. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen.

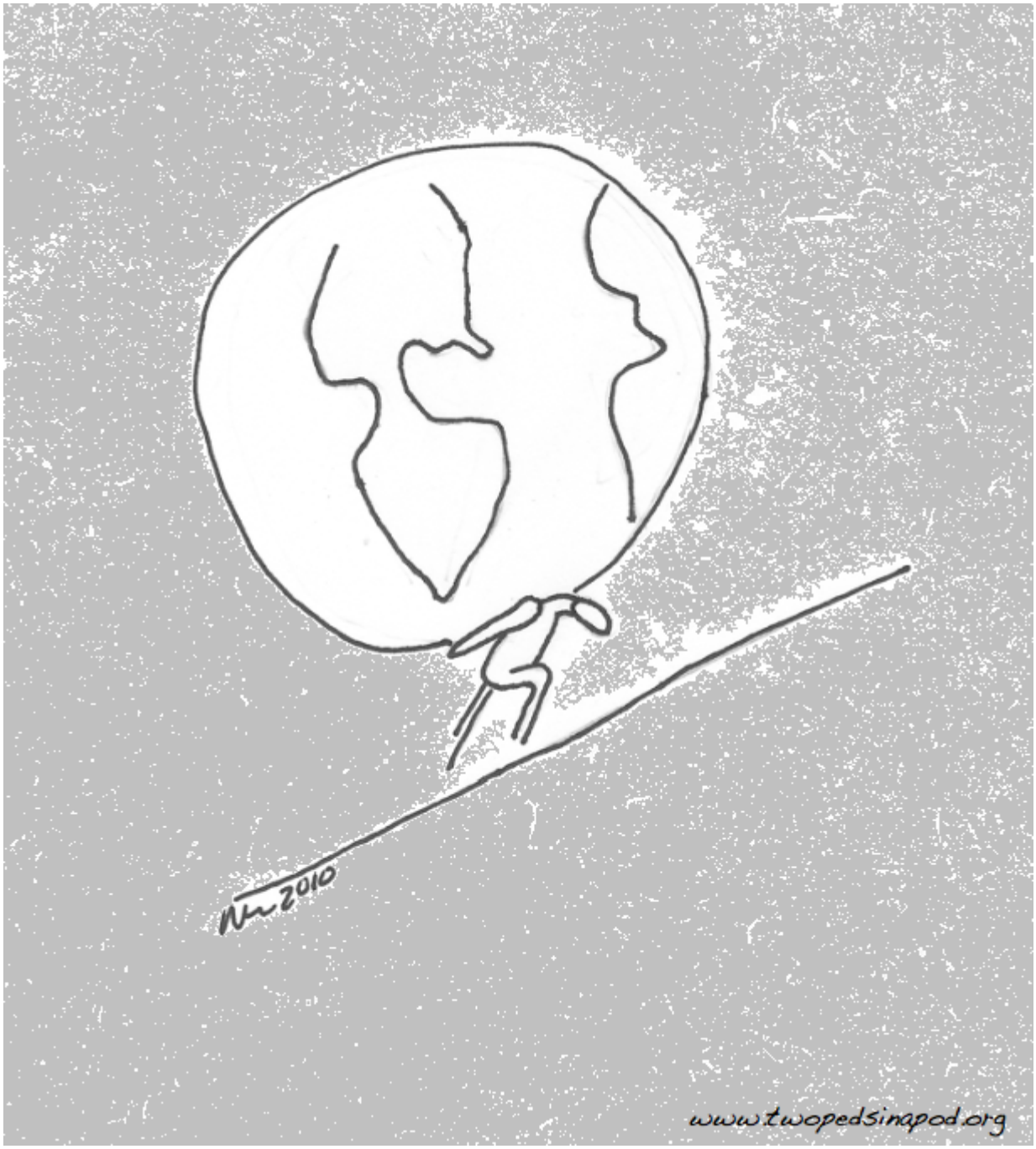
However, infections cause pain – if there is pain associated with a poison ivy rash, think infection. Allergic reactions cause itchiness- if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to "settle in," an infection will not occur immediately after an exposure to poison ivy. Infection usually occurs on the 2nd or 3rd day of scratching. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

Naline Lai, MD and Julie Kardos, MD

Discussing suicide: how much should I tell my kids?



In the wake of chef Anthony Bourdain and designer Kate Spade's deaths from suicide, you may be wondering how to address the topic of suicide with your child. We bring back

psychotherapist Dina Ricciardo's post for guidance:

"Hi, it's me, Hannah. Hannah Baker." So begins the first episode of *13 Reasons Why,* a thirteen installment Netflix series that focuses on the aftermath of the suicide of a 17-year-old high school student. Based on the novel by Jay Asher, the series has sparked quite a bit of debate and concern among parents and mental health professionals. At its best, the series has served as a conversation starter; at its worst, it has glamorized suicide and the fantasy of revenge. At the end of the day, however, an important question remains: How do we talk with our kids about suicide? While many difficult topics have become increasingly safer to discuss, suicide is one that is still shrouded in secrecy and shame. In fact, it is so difficult to talk about that I had a hard time writing this post. Finding the right words about something that often remains unspoken is not an easy task. So if circumstances require it, how are we to explain suicide to our children?

According to the American Foundation for Suicide Prevention, research has shown that over 90% of people who died by suicide had a diagnosable, though not always identified, brain illness at the time of their death. Most often this illness was depression, bipolar disorder, or schizophrenia, and was complicated by substance use and abuse. Just as people die from physical illnesses, they can die as the result of emotional ones. If we can change the narrative about suicide from talking about it as a weakness or character flaw to the unfortunate outcome of a serious, diagnosable, and treatable illness, then it will become easier for us to speak with honesty and compassion.

Telling the truth about any death is important. While it is natural for us adults to want to protect our children from pain, shielding them from the truth or outright lying will undermine their trust and can create a culture of secrecy and shame that can transcend generations. We can protect our

children best by offering comfort, reassurance, and simple, honest answers to their questions. It is important to recognize that we adults typically offer more information than our children require. We should start by offering basic information, then let them take the lead on how much they actually want to know.

For young children, your statements may look something like this: “You have seen me crying, that is because I am sad because Uncle Joe has died.” They may not even ask how the death occurred, but if they do, you can say “He died by suicide. That means he killed himself.” The rest of the conversation will depend on the child’s response. With older children, the narrative can follow a similar theme yet use more sophisticated language. The older the child, the more likely they are to ask direct questions. Some examples of honest answers are “Do you know how people have illness in their bodies, like when Grandma had a heart attack and our neighbor had cancer? People can get illness in their brains too, and when that happens, they feel confused, hopeless, and make bad decisions. Uncle Joe didn’t know how to get himself help to stop the pain.” If they ask how the suicide occurred, you can say “With a gun” or “She cut herself.” Sometimes you will have to say “I don’t know. I wish I knew the answer.” Whatever the age of your child, do your best to use simple, truthful language.

Regardless of age, children converse about and process death differently than adults. If you tell your child about a suicide, it is likely that he/she will want to talk about multiple times over the course of days, weeks, or even years. Keep the dialogue open, and check in with them periodically if they have questions. If you find that you or your family is in need of the support of a professional, you might want to consider a bereavement group or a trained professional who specializes in grief. These resources are available through online directories, local hospitals, and the Psychology Today

therapist finder. Overall, be aware that providing truthful information, encouraging questions, and offering loving reassurance to your children can allow your family to find the strength to cope with terrible loss.

(Excerpts taken from The American Foundation for Suicide Prevention's "Talking to Children about Suicide", www.afsp.org.)

Links:

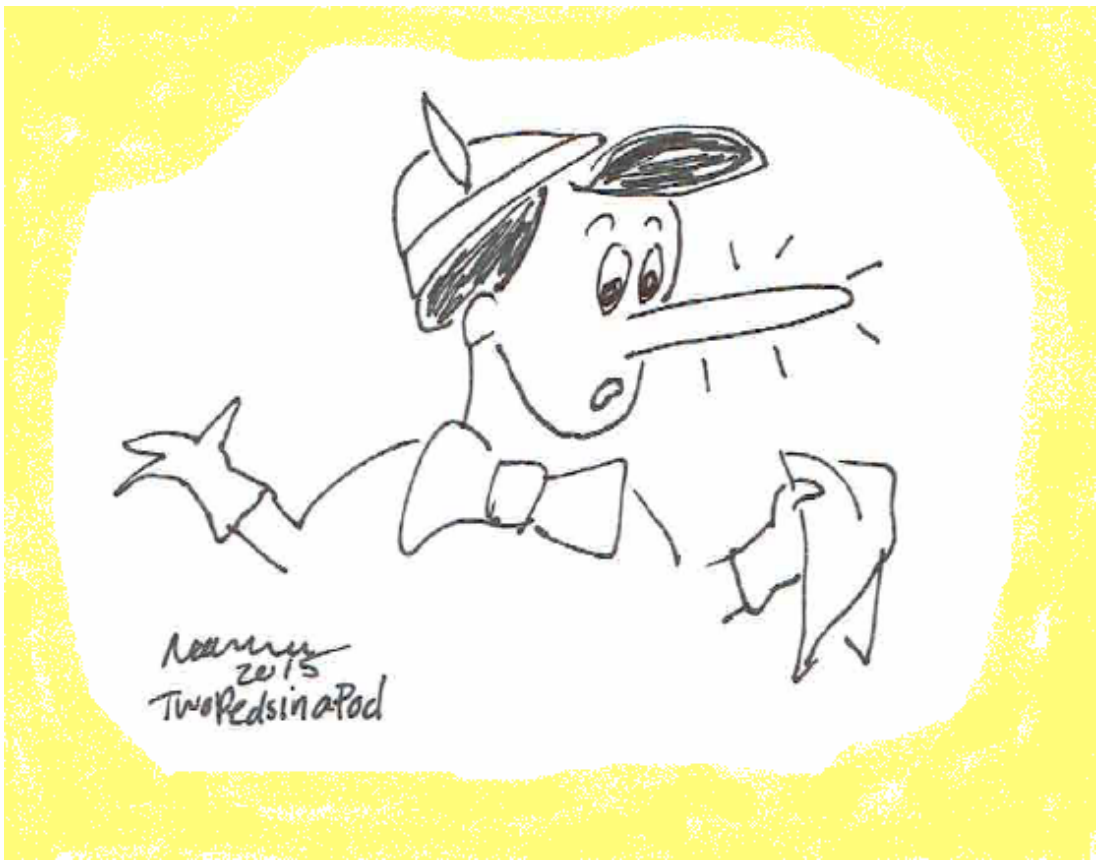
Sesame Sreet Workshop's When Families Grieve
The Dougy Center for Grieving Children and Families
The American Foundation for Suicide Prevention
Hands Holding Hearts (Bucks County, PA)
The Jed Foundation

Dina Ricciardi, LSW, ACSW

Guest blogger 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.

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

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

Worry wart: how to treat a wart

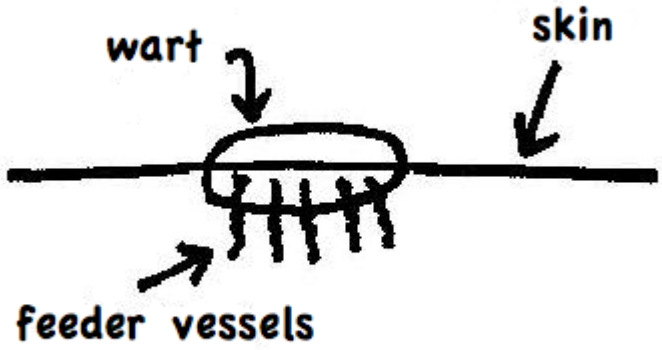
Nope, warthogs don’t actually have warts. But kids often do!

Emma’s dad and I both peered at the filamentous growth dangling from his nine year old’s right nostril. “Yes,” I said, “it’s definitely a wart.”

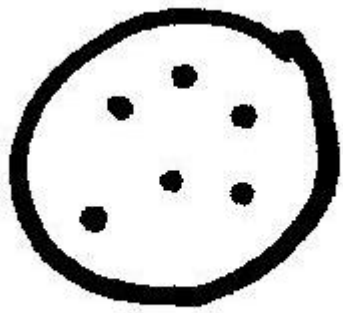
Emma’s dad offered, “When I was a kid, I heard the way to get rid of a wart was to cut a potato in half, rub it on the wart, and bury the potato in the backyard. Legend had it, by the time the potato disintegrates, the wart will be gone.”

“I wish it were so easy,” I replied.

Warts are caused by skin-dwelling viruses. On the feet, warts can sometimes be mistaken for calluses. One distinguishing feature is that warts sit in the skin like this:



Fine “feeder” blood vessels extend from the wart into the skin. Therefore, if you scrape off the top layer of a wart, a dotted pattern usually appears from above. The dots will not appear in a callus. View from above:



There are simply no glamorous ways to get rid of warts. Most treatment modalities destroy warts by pulverizing the home they live in, a.k.a. your skin. Your doctor may be armed with various agents such as liquid nitrogen or dimethyl ether propane, which produces a chemical “freeze” and dries up the wart. Another agent called cantharidin (otherwise known as

“beetle juice”) is a caustic liquid derived from the blister beetle. Application of beetle juice causes the warts to blister.

Some doctors will even manually take a scalpel and cut out the warts.

Like I said, there are no glamorous treatments. However, more gentle creams which stimulate the immune system, such as Imiquimod (Aldara) show some promise in children. Other compounds such as 5-fluorouracil can be topically applied or injected and treatments such as pulsed dye laser therapy have mixed reviews.

Over-the-counter remedies exist in a milder form. Commonly used wart removers such as Compound W, Dr Scholl’s Clear Away Wart, and Duofilm all contain salicylic acid. The acid slowly dries up the warts. When applying salicylic acid, after a few applications make sure you peel the dead crusty top layer off the wart. Without peeling, future medicine will not reach the wart. These methods can take weeks to months to work, but they do work.

And don’t forget the duct tape. Duct tape, the great all-purpose household item, has also been shown to speed up the resolution of warts. Scientists hypothesize the constant presence of the adhesive somehow stimulates a natural immune response. If you try duct tape, have your child wear the duct tape over the wart for several days in a row and then give a day off. If the wart is on a hand or foot, the tape tends to fall off during the day: just re-apply some tape at bedtime. Effects should be seen within a couple of months if not sooner. Now, the original study that showed duct tape was helpful, was followed by a study which showed duct tape was not helpful. Some hypothesize that the results differ because silver sticky duct tape was used in the initial study, while the later study used less sticky duct tape. So be sure to use the old-fashioned silver duct tape.

The prevention of warts is tricky. Some people just seem genetically predisposed. However, your best bet for keeping warts away is to keep your child's skin as healthy as possible. Warts tend to gravitate towards areas of skin broken down by friction such as feet or fingers. Liberally apply moisturizing creams daily to prone areas. After a summer of wearing flip-flops and walking on the rough cement by the side of a swimming pool in bare feet, many children end up with warts on the bottom of their feet. I know a teen whose warts on the tips of her fingers stemmed from months of guitar strumming.

Turns out that even without treatment, 60% percent or more of all warts will disappear spontaneously within two years.

Coincidentally, I think that's also the time it takes for a potato half to disintegrate.

Naline Lai , MD and Julie Kardos, MD

When a pet dies

Photo by Lexi Logan

We welcome Bereavement Counselor Amy Keiper-Shaw who shares with us how to discuss the death of a pet with your child.
–Drs. Lai and Kardos

When I first graduated from college I worked as a nanny. One day the mom shared with me that their family goldfish recently died. As this was her daughter's first experience with death, we schemed for nearly 20 minutes to find the best way to talk to her child. The mom and I thought it could be an excellent teaching moment.

We pulled the girl away from her playing to explain that the fish had died. We told the girl we'd help her have a funeral if she wanted, and we would find a box (casket) to bury the fish so she could say her goodbyes. We explained what a casket

was and what a funeral was in minute detail. After our monologue we stopped, we asked if she had any questions.

After a slight pause she asked, “Can’t we just flush it?”

The lesson I learned from that experience, and still use to this day, is to keep things simple, and know my audience. Sometimes as parents we overcompensate for our own fears and make situations more challenging than they need to be.

Here are some tips on how to talk to your children about pet loss:

Tell your child about the death, and then pause. Ask her what she thinks death means before moving on with further explanations. This will help you know if she has questions or if she has enough information for the moment. Children often need a small amount of information initially and will later come back to you several times later to ask more questions after they process the information.

Remember to express your own grief, and reassure your child that many different feelings are ok. Be sure to allow children to express their feelings. If your child is too young to express herself verbally, give her crayons and paper or modeling clay too help express grief.

Avoid using clichés such as: Fluffy “went to sleep.” Children may develop fears of going to bed and waking up. The phrase “God has taken” the pet could create conflicts in a child and she may become angry at a higher power for making the pet sick, die, or for “taking” the pet from them.

Be honest. Hiding a death from a child can cause increased anxiety. Children are intuitive and can sense is something is wrong. When the death isn’t explained they make up their own explanation of the truth, and this is often much worse than the reality of what occurred.
Children are capable of understanding that life must end for

all living things. Support their grief by acknowledging their pain. The death of a pet can be an opportunity for a child to learn that adult caretakers can be relied upon to extend comfort and reassurance through honest communication.

Developmental Understanding of Death

Two and three-year-olds
Often consider death as sleeping, therefore tell them the pet has **died** and will not return.

Reassure children that the pet's failure to return is unrelated to anything the child may have said or done (magical thinking).

A child at this age will readily accept another pet in the place of a loved one that died.

Four, five, and six-year-olds
These children have some understanding of death but also a hope for continued living (a pet may continue to eat, play & breathe although deceased).

They can feel that any anger that they had towards the pet may make them responsible for the pet's death ("I hated feeding him everyday").

Some children may fear that death is contagious and could begin to fear their own death or worry about the safety of their parents.

Parents may see temporary changes in their child's bladder/bowels, eating, and sleeping.

Several brief discussions about the death are more productive than one or two prolonged discussions.

Seven, eight, and nine-year-olds
These children have an understanding that death is real and irreversible.

Although, to a lesser degree than a four, five, or six-year-old, these children may still possibly fear their own death or the death of their parents.

May ask about death and its implications (Will we be able to get another pet?).

Expressions of grief may include: somatic concerns, learning challenges, aggression, and antisocial behavior. Expression may take place weeks or months after the loss.

Adolescents
Reactions are similar to an adult's reaction.

May experience denial which can take the form of lack of emotional display so they could be experiencing the grief without outwards manifestations.

Resources:
Petloss.com– a gentle and compassionate website for pet lovers who are grieving the death or an illness of a pet- they have a Pet Loss Candle Ceremony every week

Your local veterinarian- often your veterinarian has or knows of a local pet loss group

Handsholdinghearts.org– our group of counselors offer grief support to children, teens, and their families centered in Bucks County Pennsylvania.

Books on pet loss for children:

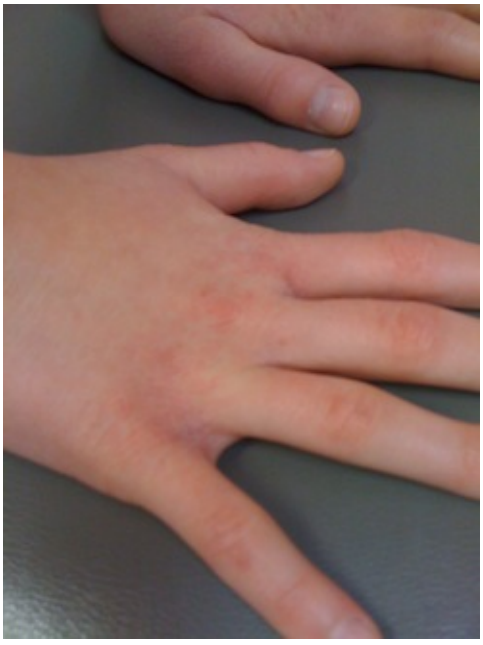
Badger's Parting Gifts (children) by Susan Varley
Lifetimes by Brian Mellonie & Robert Ingpen
The Tenth Good Thing About Barney (children) by Judith Viorst

Amy Keiper-Shaw, LCSW, QCSW, GC-C

Amy Keiper-Shaw is a licensed grief counselor who holds a Masters Degree in clinical social work from the University of

Pennsylvania. For over a decade she has served as a bereavement counselor to a hospice program and facilitates a bereavement camp for children. She directs Handsholdinghearts, a resource for children who have experienced a significant death in their lives.

Home remedies for dry, chapped hands



Raw hands- recognize your kid?

Even when it isn’t flu season, we pediatricians wash our hands about sixty times a day, maybe more. This frequent washing, in combination with cold winter air, leads to dry, chapped hands. Here are the hands of a patient. Do your children’s hands look like these?

To prevent dry, chapped hands:

• **Don’t stop washing your hands**, but do use a moisturizer afterwards. Also use warm but not hot water. Hot water removes protective oils from skin.
• According to the American Academy of Dermatology, **hand sanitizer can prevent the drying** that accompanies frequent hand washing. However, we can tell you from experience that once your hands are already chapped and cracked, the alcohol content in the sanitizers stings sensitive skin. So if your child’s hands are already chapped, stick with water and soap.
• **Wear gloves or mittens** as much as possible outside even if the temperature is above freezing. Remember chemistry class—cold air holds less moisture than warm air and therefore is unkind to skin. Gloves will prevent some moisture loss. Having difficulty convincing your child to wear gloves? Point out that refrigerators are kept around 40 degrees Fahrenheit or below. Tell your kids that if they wouldn’t sit inside a refrigerator without layers, then it would be wise to wear gloves.
• Before exposure to any possible irritants such as the chlorine in a swimming pool, **protect the hands by layering heavy lotion (e.g. Eucerin cream) or petroleum based product (e.g. Vaseline or Aquaphor) over the skin.**

To rescue dry, chapped hands:

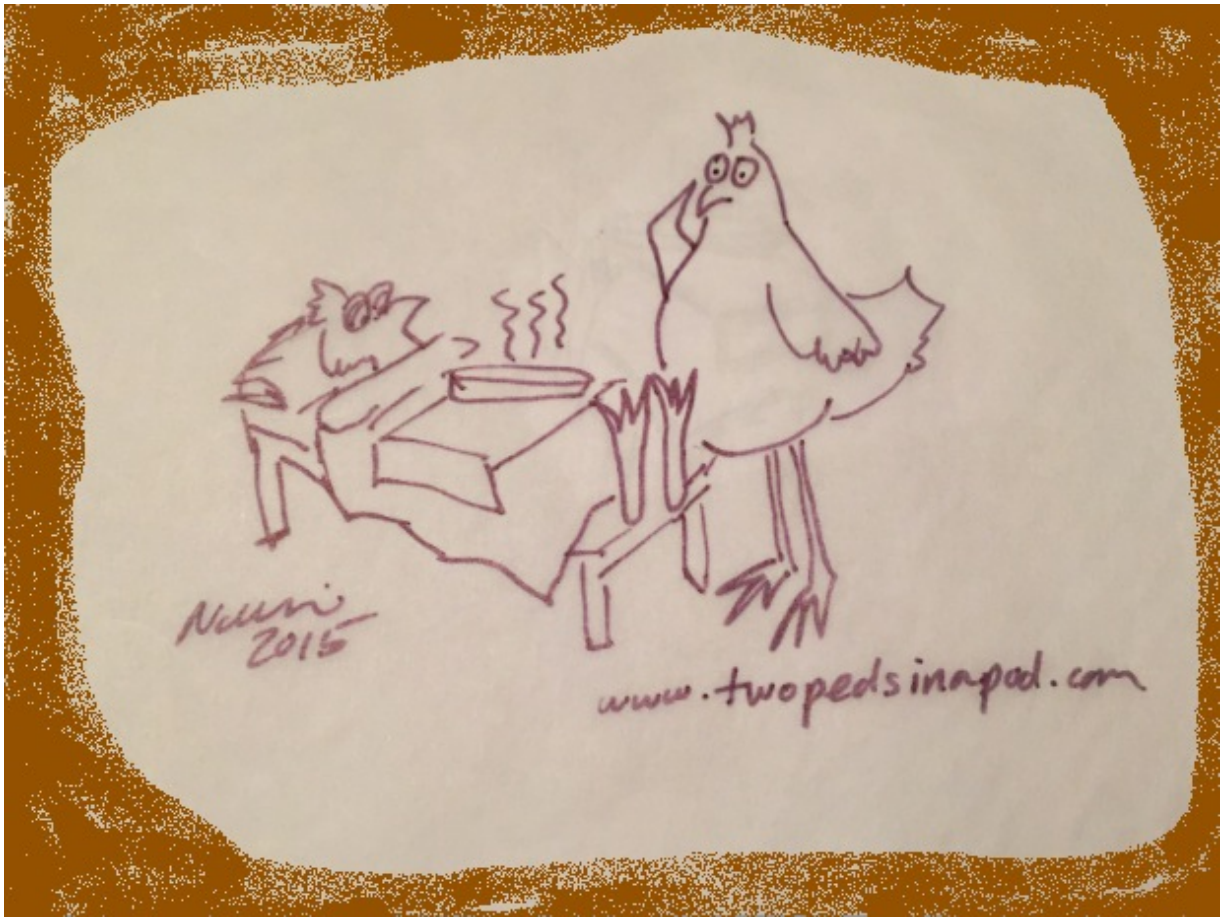
• Prior to bedtime, smother hands in **1% hydrocortisone ointment.** Avoid the cream formulation. Creams tend to sting if there are any open cracks. Take old socks, cut out thumb holes and have your child sleep at night with the sock on his hands. Repeat nightly for up to a week. Alternatively, for mildly chapped hands, use a **petroleum oil based product such as Vaseline or Aquaphor** in place of the hydrocortisone.
• If your child has underlying eczema, **prevent your child from scratching his hands.** An antihistamine taken orally such as diphenhydramine (Benadryl) or cetirizine (Zyrtec) will take the edge off the itch. Keep his nails trimmed to avoid further damage from scratching.

• **For extremely raw hands**, your child's doctor may prescribe a stronger cream and if there are signs of a bacterial skin infection, your child's doctor may prescribe an antibiotic.

Happy moisturizing. Remember smearing glue on your hands and then peeling off the dried glue? It's not so fun when your skin really is peeling.

Naline Lai, MD and Julie Kardos, MD

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

Update on teen meningococcal (meningitis) vaccines

Olga Pasick, mom of a teen who died of meningococcal disease, shares her personal experience and information about the updated guidelines.

I wish I had known the importance of vaccination for meningococcal disease before it was too late for my son. Back in September of 2004, David was a happy, healthy 13 year old, who came down with flu-like symptoms one evening. He first felt cold, then spiked a high fever, and vomited throughout the night. In the morning we called the pediatrician to have him seen. Everything ached, and he needed help getting dressed. That's when I noticed purplish spots on his chest and arms. I didn't know how serious that symptom was.

As soon as the doctors saw him, they knew he had meningococcal disease. He was rushed to the ER for a spinal tap and treatment. Unfortunately, the disease spread quickly and his organs failed. David died within 24 hours of first developing those flu-like symptoms from a potentially vaccine-preventable disease. Unbelievable… and heartbreaking.

Meningococcal disease is spread through respiratory droplets, such as coughing or sneezing, or through direct contact with an infected person, such as kissing. About 1 in 10 people are carriers, and don't even know it. It doesn't affect everyone. It is difficult to diagnose because symptoms are similar to

the flu, and include high fever, headache, stiff neck, nausea, vomiting, exhaustion, and a blotchy rash. The disease spreads quickly and within hours can cause organ failure, brain damage, amputations of limbs, and death.

The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend meningococcal vaccination for all 11-18 year olds. The newest recommendation is for permissive use (recommended on a case by case basis) of a type of meningococcal vaccine called meningococcal serotype B. The serotype B vaccine is for ages 16-23, with a preferred age of 16-18. This recommendation joins the long-standing recommendation that all adolescents get meningococcal A, C, W and Y vaccine (this one vaccine protects against these four serotypes) at age 11-12 with a booster dose at 16. The newer serotype B vaccine is particularly important for older adolescents and young adults because it is the most common cause of meningococcal disease in this age group. No vaccine is 100% effective, but it is the best preventative measure we can take.

Because of my experience, I became a member of the National Meningitis Association's (NMA) Moms on Meningitis (M.O.M.s) program. We are a coalition of more than 50 mothers from across the country whose children's lives were drastically affected by this disease, and are dedicated to supporting meningococcal prevention.

Visit the NMA website for more information and to view powerful personal stories of those affected. Talk to your doctor about vaccination. It could save a life. How I wish those recommendations were in place years ago.

Olga Pasick
Wall, New Jersey

Note: In the United States, you may know the meningococcal A, C, W and Y vaccine as either Menactra® or Menveo®. The

serogroup B meningococcal vaccine you may recognize as either Bexsero® or Trumenba®.