



The Pediatric Group Newsletter

Spring 2017

Spring is often seen as a time of transition as the earth sheds the chill and snow of winter and gives way to the breathtaking beauty of new life ...

Nothing that dramatic is happening at The Pediatric Group, but there are some changes.

After four years with us, Dr. Deborah Pulver will be stepping aside at the end of April. A mother of two small children, Dr. Pulver has accepted a position with a group that practices closer to her home in Pennsylvania. This will allow her to more easily manage her family and career. Dr. Pulver has been an integral part of our pediatric family here at The Pediatric Group and we will miss her and wish her well.

Drs. Tesoro, Rose and Zollner continue their practice at the Pediatric Group with Brooke Pletcher, CPNP, our advanced practice nurse. Brooke, a lovely young woman with great depth of knowledge and experience, has been well received by the Princeton community since joining our practice in April of 2016, and will continue to see patients and provide care with us.

For those of you who remember our retired practitioners, I recently had conversations with Drs.

Atkin, Katz, Cotton and Patrick-Miller. Dr. Katz is enjoying retirement in Florida, pursuing his passions of golf and tennis. He sends regards to all his friends here in Princeton. Drs. Cotton and Atkin are collaborating to organize a medical lecture series for adults. Dr. Cotton is well, and often makes appearances at Princeton Hospital's Pediatric Department Meetings. Dr. Patrick-Miller left the group he was practicing with in Indiana, and is now working as a locums tenens physician in El Paso, Texas. He plans to retire soon to the island of Bonaire. He and Dr. Cotton send best wishes to all of their former patients.

It is our pleasure to continue to provide care for the patients of central New Jersey and look forward to continuing to serve you.

In this issue of our periodic newsletter, we will explore a few common concerns that parents have this time of year: fevers, how to manage them and when to worry;

preparing for spring allergies, how we can help and what to do; insects, injuries and the sun, what's new and how to protect your family.

Fevers: What to Know and When to Worry

Few winters in memory have been so characterized by communicable infectious diseases as this one. Sometimes whole classes were absent because of gastrointestinal symptoms caused by the rapidly spreading Norovirus. Flu was particularly contagious this year and spread easily through classrooms and families, sometimes despite vaccination. Influenza A hit New Jersey in late December and recently has faded, only to be quickly replaced by influenza B, which at the time of this writing, is still going strong. Fever, headache, sore throat, cough, body aches, and fatigue constitute the main symptoms that define influenza or "the grippe" as it used to be called.

Naturally, with all of the fever producing illness in the community, parents have questions about making their children comfortable and when to worry about the fever. That is why it makes sense to

Don't forget about our **doctor's call-in hour.**

Every morning from 8-9 AM, seven days a week, the doctors and Brooke answer the phones directly.

take another look at this common complaint.

Fever, by itself, is seldom dangerous to children. Healthy children can tolerate temperatures up to 105 degrees rectal without sustaining any long term negative effects. To physicians and parents, fever is a sign that the body is fighting something. With the production of safe and effective vaccines such as the HIB (hemophilus influenza type B) and PCV (pneumococcal) vaccines, children are much less likely to acquire life threatening fever-producing illnesses early in life. Most of the time, fever is a sign that a viral infection is present. Fortunately, most viruses are self-limited, lasting a few days before signs of resolution begin to occur. Our job as parents and caretakers is to make the children comfortable while their symptoms resolve.

Parents often worry that their child's fever will get too high and cause problems, but for most healthy children, the fever will settle without becoming too high. This is not always the case for children with neurologic or developmental diseases in whom the temperature may exceed a safe level. One of the most important things to do when a child has fever is to not over-bundle them. Let the heat dissipate through thin clothing. And don't place young children ever in confining hot spaces unattended, such as a steamy bathroom or a parked car in the summer.

Why do we get fevers in the first place? Well, it turns out that fevers are actually good for us. Studies have shown

that viruses do not survive well in hot environments. Treating too aggressively to reduce a fever will probably prolong the symptoms of a virus. And the human body is much heartier than the virus; we survive the discomfort of fever as the virus dies. When should we treat a fever? As a general rule, we should treat the child not the number. If a child is cranky, fatigued, not eating well and can't sleep, it is reasonable to provide relief in the form of medication. On the other hand, if the child is tolerating the fever well, whether it is 100 degrees or 103 degrees F, there is little reason to offer medication. Remember, treating the fever does not shorten the illness, and may in fact prolong it.

What should we use to treat fever? Acetaminophen (as Tylenol or other brands) and ibuprofen (as Children's Motrin and other brands) are most commonly used to treat fever. While they are equally effective at reducing fever when used at the proper dose, acetaminophen last about four hours and ibuprofen lasts about six hours. Both drugs have antipyretic properties, that is they reduce fever. But ibuprofen is also an anti-inflammatory agent, that is it can reduce the chemicals in the body that cause swelling or inflammation. For this reason it is also effective at treating body aches, pains and strains. We need to be careful, though, when using this medication to treat fever. Because of its anti-inflammatory properties, it can make children "feel better than they really are" allowing them to be more active than they should when they are ill. Ibuprofen also should not be used in children under six months.

We, therefore, recommend using acetaminophen during the day for fever, and either acetaminophen or ibuprofen at night. There is no reason to use both and alternate doses as fever, as stated earlier, is probably beneficial in that it hastens recovery.

Fever can indicate a more serious infection, such as a bacterial infection of the lungs (pneumonia) or urinary tract system (UTI). Viral fevers are typically worse at night, whereas fevers caused by bacterial infections can occur any time. If a child has a high fever that does not improve with treatment, or if the fever persists for more than 72 hours, or if at any time during the fever you are concerned about your child's welfare, you should contact one of us to have your child evaluated.

Spring Allergies: How to Prepare and What to Do

Before we begin it is important that anyone who suffers from regular moderate or severe Spring allergies should be starting their allergy medicine right now before they begin suffering from symptoms. It is much easier to control symptoms before they start than to rescue someone who is already suffering.



Millions of Americans suffer from spring allergies every year. New Jersey, the "garden state", has more than its share

of sufferers. Allergies start in early spring when the grasses begin to grow and release

We still complete your school forms free of charge. We will try to have them back to you within 24 hours, but during the summer rush, please allow up to 72 hours.

their pollen, and continue into May and June as the trees open up and drop a golden dusting on everything. July is often a month of relief for regular sufferers, though not all. Symptoms can begin again in August as rag weeds and later molds dump their pollens and spores.

The first best way to reduce symptoms of allergies is to reduce contact with allergens (pollen). While this is not always practical, there are steps you can take to make symptoms bearable. First, keep windows closed during allergy season. Use air conditioners in your homes and cars and change air filters regularly. Stay indoors as much as is possible and practical. When you come in from outdoors, change your clothes and shower (including washing your hair) to get pollen off your body. This is especially important to do before lying in bed, otherwise you could be sleeping with the pollen. Keep pets out of children's bedrooms and off their beds; animals can carry pollen on their coats. And bathe pets regularly.

Many good medicines for treating allergies are now available over the counter. Long acting antihistamines such as loratadine (as Claritin or other brands), cetirizine

(as Zyrtec or other brands) and fexofenadine (as Allegra and other brands) are available in many forms. These should be taken at night when they will be most effective at reducing morning symptoms, often the worst part of the day for allergy sufferers. All of these can cause drowsiness though not as often as short acting

antihistamines such as diphenhydramine (as Benadryl and other brands). Antihistamines block the leading body chemical, histamine, that is released upon exposure to allergens in those who are susceptible. Antihistamines generally work quickly and can be used regularly (recommended) or intermittently as needed.

Recently, many inhaled corticosteroids (as Flonase, Rhinocort, Nasacort and other brands) have become available over the counter without a prescription. Corticosteroids are an important tool for treating and controlling allergy symptoms. They work by blocking not only histamine but several other active chemicals that cause allergy symptoms. Corticosteroids do not enter the blood stream but act topically when inhaled nasally, so are generally safe. They do not work quickly and should not be used only as needed. They work cumulatively, so should be taken regularly once started and continued throughout the allergy season. Symptoms generally start to resolve after a week on therapy.

Itchy or burning eyes often accompany nasal symptoms of itchiness, runny nose and sneezing during allergy

season. The eye symptoms can improve with use of antihistamines, corticosteroids or both, but sometimes linger even when those agents are used. Eye drops (Zaditor and other brands) that reduce redness and itchiness are available over the counter and can help. Many other drugs are available by prescription.

Parents often ask about seeing an allergist versus their pediatrician for treatment of seasonal allergies. Allergists can be very helpful in treating children with food allergies, chronic rhinitis or asthma, but usually treat common seasonal allergies in a similar way. If you are interested in immunotherapy (allergy shots or recently available oral immunotherapy) to reduce seasonal allergy symptom, you should see an allergist.

If there is anything we can do to help relieve symptoms of allergies, please do not hesitate to contact us.

A word about bicycle safety...



Bicycle riding is a wonderful way for children to get exercise! To be safe they should always wear helmets and protective equipment. The bike should be the right size for your child, not a size that your child will grow into. Training wheels should stay on until your child is ready for removal, at around 5-6 years old, and foot brakes are safer than hand brakes for the younger and less experienced rider. Young children should avoid traffic, and older children should ride with the

traffic, in bike lanes if able, and follow traffic laws.

Safety in the Summer

Summer is coming! That means it's time for fun in the sun! However, summertime brings new challenges for parents. Here are a few summertime safety tips.

Sunscreen: Babies under 6 months old should be kept out of direct sunlight. If a baby cannot be shaded, small amounts of sunscreen can be used. For children older than 6 months, sunscreen should be used. All children should limit sun exposure from 10 am to 2 pm when the sun's rays are the strongest. Sunscreen should be reapplied every 2 hours, and after swimming or sweating. How to pick a sunscreen: - pick one labeled, "broad spectrum" - choose a SPF between 15 and 50. Sunscreens with SPFs higher than 50 have not been shown to be more effective - test the sunscreen on your child's wrist the day before you need it. Sunscreens contain chemicals that can be allergens. If your child has a reaction to a sunscreen, try a different product - avoid sprays and powders. The safety of inhaled particles of sunscreen is unknown

Heat Stress and Exhaustion: Heat stress is a common condition that occurs when children are physically active in warm conditions without adequate hydration. Before outdoor physical activities, children should drink freely and should not feel thirsty.

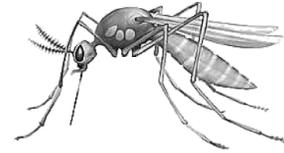


While outdoors, follow these guidelines to stay safe and hydrated: - Kids should always have water or a sports drink available and take a break to drink every 20 minutes while active in the heat. - The intensity of activities that last 15 minutes or more should be reduced whenever heat or humidity reach critical levels. - Children should promptly move to cooler environments if they feel dizzy, lightheaded or nauseous. - Seek medical attention if symptoms persist for longer than 30 minutes or if your child faints.

Water Safety: Pools and beaches are a summertime staple, but you must be cautious with children in or near water. Never leave children alone in or near water, even for a moment. Infants and toddlers should be within arm's length of a supervising adult providing "touch supervision." "Floaties," inflatable swimming aids are not a substitute for a life vest and can give parents and children a false sense of security. If your child is swimming in open water, make sure a lifeguard is on duty. If you have a pool at your home, follow the safety guidelines below: - install a pool fence at least 4 feet high around all four sides of the pool. - Ensure that your drain cover is compliant with the Pool and Spa Safety Act to avoid entrapment from suction

from a pool drain. - Keep rescue equipment poolside. - If a child is missing, look for him or her in the pool first.

Bites and Stings: A few simple steps will drastically decrease the chance of being bitten or stung while enjoying the outdoors. The following steps can help prevent stings and bites: - Dress for protection. This means lightweight long sleeves, long pants and hats to keep the skin covered. - Use insect repellent. DEET is safe for children 2 months and older.



We recommend using between 10% and 30% strength. Picaridin is also a safe alternative. - Check for ticks. Make a habit of checking each other for ticks after outdoor activities from hikes to soccer games. Showering after outdoor activities can wash away a tick before it has a chance to bite. If you do find a tick, don't panic! Carefully remove it by grasping it as close to the skin as possible with a pair of tweezers and pulling straight back. If you think the tick may have been embedded for more than a day, save the tick and call your doctor. If your child is stung by a venomous insect such as a bee or wasp, immediately remove the stinger by scraping along the skin with a credit card. Consider a cold compress, an antihistamine like Zyrtec and a pain reliever like Motrin. Any serious reactions beyond a small localized swelling should be evaluated by a doctor promptly.

