



## The Pediatric Group

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# Spring 2014 Newsletter



### A Bittersweet Farewell to our Friend and Mentor...

In 1978, I was fortunate enough to join Drs. Silverman, Atkin, Katz and Levin. They helped me learn what it meant to be a pediatrician. Over the last 36 years, I have had the pleasure of taking care of many wonderful families. It has been a true joy watching so many great children grow up and mature into healthy adults. So I will, this July, feel more than a little sadness when I retire from the practice of Pediatrics. I know that my current partners Doctors Tesoro, Rose, Zollner, Pulver and our new associate, Dr. Toohey, will take excellent care of your children.

I feel better leaving your children's health in their capable hands. I look forward to hearing about what great persons your children have become.

John M. Cotton, March, 2014



### The Pediatric Group welcomes Dr. Matt Toohey with open arms!

Dr. Toohey grew up in Monmouth County, New Jersey. After primary and secondary education in the Catholic school system, he received undergraduate degrees in Biological Sciences and English from Rutgers University. He attended New Jersey Medical School and completed his Pediatric Residency at K. Hovnanian Children's Hospital at the Jersey shore. He is board certified in Pediatrics and is a member of the AAP Council on Media and Communications.

Dr. Toohey maintains an active interest in patient education, authoring hundreds of articles on common pediatric topics and providing quick references for parents in mobile format. Dr. Toohey is married with three small children. He and his wife enjoy spending time with their children, getting outside and staying active.



## Why Sunscreen is Worth the Extra Effort

After such a harsh winter, we're all dreaming of summertime and beaches! I just want to take a few minutes to go over sun protection.

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. When possible, all children should be dressed in cool clothing that covers the body. Use sun hats and sunglasses that have UV protection. 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.

As of summer 2012, sunscreens are now labeled according to new guidelines by the FDA. The Sun Protection Factor (SPF) rating indicates protection against UVB rays, the type of rays that cause sunburn. The other type of rays, UVA, contribute to skin cancer and skin aging. The new label, "broad spectrum," can be used only if a sunscreen provides protection against both UVA and UVB rays. The FDA new rules do not allow sunscreens to be labeled as "waterproof," "sweatproof," or "sunblock," as all sunscreens need to be reapplied after swimming or sweating. Sunscreens that are labeled as "water resistant" must now pass standard testing and be labeled as effective for 40 min or 80 min while swimming or sweating.

## Renovations Have Begun!

Over the past few months we have been making some changes around the office in order to provide a better experience for our patients. You may notice some of the changes the next time you come in. What used to be the old teenage waiting room has now been converted into an area for vital signs. Children 4 yo and older who are coming in for a check-up will get their hearing and vision tested, and height, weight and vital signs taken in the new area prior to going into the exam room. We've added two new "treatment" rooms in the nursing station area. When your child is done with their check-up and ready for shots or bloodwork, they will go into one of the nursing treatment rooms and you and they will have more privacy. We're also brightening up the office with some fresh (colorful!) paint and new blinds. Our renovations are planned to be complete by May 2014.

Check out the changes next time you're in!

## 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.



## FYI about Pain Reliever Dosing

### Tylenol/Acetaminophen Dosing (160mg/5mL)

Infant's and Children's concentrations are the same

Weight in pounds	Dose in mL	Dose in teaspoons
6 - 11 lb	1.25 mL	1/4 tsp
12 - 17 lb	2.5 mL	1/2 tsp
18 - 23 lb	3.75 mL	3/4 tsp
24 - 35 lb	5 mL	1 tsp
36 - 47 lb	7.5 mL	1.5 tsp
48 - 59 lb	10 mL	2 tsp
60 - 71 lb	12.5 mL	2.5 tsp
72 - 95 lb	15 mL	3 tsp

\*If your child is under 4 months of age and has a fever, please call the office as we may need to see your baby. If the fever occurs overnight and your baby is less than 3 months old, call right away. Otherwise call the office between 8-9 am during the doctor phone hour.

### Ibuprofen/Motrin/Advil

#### Dosing

\*Infants concentration is DIFFERENT than Children's concentration

\*DO NOT use in infants < 6 months old

#### Infants Ibuprofen/Motrin/Advil (50 mg/1.25 mL)

Weight in pounds	Dose in mL
12 -17 lbs	1.25 mL
18 - 23 lbs	1.875 mL

#### Children's Ibuprofen/Motrin/Advil (100 mg/5mL)

Weight in pounds	Dose in mL	Dose in teaspoons
24 - 35 lb	5 mL	1 tsp
36 - 47 lb	7.5 mL	1.5 tsp
48 - 59 lb	10 mL	2 tsp
60 - 71 lb	12.5 mL	2.5 tsp
72 - 95 lb	15 mL	3 tsp

## Getting Ready for Camp

Separating from our child is one of the hardest things we parents have to do. We spend our time nurturing, teaching and protecting. Having to delegate that responsibility to someone else is difficult. But separate we must, both to give ourselves some space, and to allow our child to develop independence and self-responsible behaviors. Camp affords opportunities for some activities not always available at home and gives us and our child a break from the daily routine of the balance of the year. Of course, we must select the appropriate age and developmental stage for our child. Some children are ready for overnight camp at a younger age than his/her peers.

Our first chore, after deciding that sleep-away camp is right for our child, is the selection of the camp. Camps come in a variety of flavors: arts and crafts, general sports, specific sports, performing arts, outdoor nature activities, boating and a little of everything. The best way to decide what type of camp to pick is to ask the child what s/he wants to do and to find out whether any of his/her friends are attending a specific camp. Keep in mind that the camp experience is for your child's enjoyment and learning, not for you to hone a particular skill in your child. The ultimate goal of a first camp experience is to foster independence and self-reliance. The more the child is involved in the selection process, the easier his/her adjustment will be.

Safety at camp is always a basic concern. Camps that are certified by a camp association (see <http://camppage.com/other.html>) usually have written policies and procedures in place that ensure safety. You should ascertain that the policies have been approved by a pediatrician or family practitioner with pediatric expertise. Your child should have had a complete physical examination during the year prior to attending camp. This is to assure that he has no physical or emotional issues that may impact his/her adjustment to and participation in camp activities. Fill out the camp application and health form honestly and accurately so that camp personnel have all the information needed to respond appropriately to your child's physical or emotional needs and to prevent any adverse events.

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The examination should include a review of the child's immunizations, in particular those for tetanus, measles, mumps, rubella, varicella, pneumococcus, hemophilus influenza type b and meningococcus. Include on the emergency contact form your 24/7 contact information (cell phone, as well as home and work phone numbers).

Once the preliminaries are done, you should turn your attention to preparing your child for the out-of-home experience. You can arrange sleep-overs at a friend's house (a misnomer because children rarely sleep during these get-togethers!) and family trips away from home, even for a weekend. Children typically experience home-sickness about two weeks after the start of camp. It lasts a few days and resolves as long as a child is comforted and reassured by the camp staff. The camp personnel must prevent teasing by a child's peers, which is likely to make a child more insecure and home sick.

Your drop-off procedure should also be designed to minimize any opportunity for long, drawn-out good-byes. Say "Good-bye" at home where your child feels secure. After that, take on the role of a livery driver. The drop-off should be short and sweet. At drop-off, try to connect your child with a friend going to the same camp or offer to take the friend with you to the drop-off. Expect a few tears (on your part, as well as on the part of your child), but do not let those tears change your separation plans. If things do not go as planned and you realize that your assessment of your child's readiness is inaccurate, you can always cancel the camp attendance. You may have to negotiate a fee refund.

Once the child departs for camp, be sure to write letters and/or email. The content of the communication should dwell on the goings-on at camp, rather than what is happening at home. Citing events that the child is missing may only enhance the likelihood of home-sickness. Packages of entertainment items and food are good to send, as long as they conform with the camp's policies. Camps generally frown upon packages containing items that may attract rodents and your child would be disappointed if the offending material was confiscated. While your child is away, you should start to think about what rules and customs at home may change as a result of the camp experience. If your child becomes more independent, you will not want to undermine this new achievement by continuing restrictions that were necessary for his/her previously less mature state.

As with written communication, when the time comes for visiting day, try to concentrate on camp activities rather than on what is happening at home. Let your child be the tour guide at camp, even if you are familiar with the topography. Remember that, for your child, the nooks and crannies at camp are new discoveries. Allowing him/her to demonstrate mastery of the terrain will be a positive step toward re-enrollment next year. Give your child a ten minute warning before you have to leave, than follow the brief good-bye procedure you used at the initial camp drop-off.

At the end of camp pick-up, be sure to be on time. Being left until last will surely make your child feel stranded and abandoned. Allow sufficient time for him/her to say "Good-bye" to his/her friends and exchange contact information. Once this is done, do not dally. Hop in the car and start the conversation with all the neat things that await your child on arrival home. Always try to talk about what the child will gain, not what s/he is losing. You can always debrief the summer activities once the readjustment to home has been successfully negotiated.

Good luck with the process and enjoy your summer!

