



Healthy Kids

From our family to yours

A publication of California Pacific Medical Center

Summer 2006

Playing It Safe for More Summer Fun

Preventing burns, bugs and boo-boos ■ An interview with pediatrician David Tejada, M.D.

Each summer brings an influx of children's injuries to the pediatrician's office and hospital emergency rooms. While many of these injuries occur while boating, swimming, bicycling or skateboarding; others come from burns caused by barbecues and fireworks. Parents can avoid having these hazards ruin their children's summer vacation by educating themselves about the potential dangers of common activities.



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- 2 Kids and fiber
- 3 Treating a child's allergies
- 4 Kindergarten readiness
- 6 Car trips with children
- 7 Infant massage therapy

Water safety

"Drowning is a leading cause of unintentional death from injury among young people," says David Tejada, M.D., medical director of Ambulatory Pediatrics at California Pacific Medical Center. "Whenever you are in or near the water, you should supervise young children at all times, especially if they are non-swimmers. It is imperative to enclose outdoor pools within a locked fence. Using flotation devices is fine, but you should never rely on them solely to protect a child from drowning. No one, not even an adult, should ever swim alone.

Dr. Tejada also suggests making sure the water is deep enough when your children are diving — especially in lakes or rivers where the bottom cannot be seen. "It's also important to have your children wear life preservers while waterskiing, boating or rafting," he adds. "And, of course, you need to watch out for the undertow when swimming at the beach."

Sun exposure

"Sunburns are not only very painful, but also can lead to the development of skin cancer in later years," Dr. Tejada notes. "To protect your child, you should apply sunscreen

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Women & Children's Campus Planned for Early 2007

Our family-centered facility is growing. ■ by David Tejeda, M.D., medical director, Ambulatory Pediatrics, and Oded Herbsman, M.D., medical director, Pediatric Unit

California Pacific Medical Center has started renovations to its facility at 3700 California St. in anticipation of our new Women & Children's Campus, which will open in early 2007. At this time, all pediatric and obstetric care will be in one location, in the Laurel Heights area of San Francisco.

Construction has already occurred to expand the Medical Center's Neonatal Intensive Care Unit (NICU) by 10 beds. In June 2006, this new unit opened with 36 newborn intensive care beds. With the new Women & Children's Campus, California Pacific will have the

first Pediatric Emergency Room in San Francisco. This Emergency Room is something our pediatricians are very excited about, as care will be tailored to the specific needs of children and their families. Many other renovations are occurring throughout our current facility, resulting in an improved environment that best serves both our maternity and pediatric patients.

We will keep you informed about the new Women & Children's Campus at California Pacific in future issues of this newsletter. We look forward to growing with you and providing the compassionate, family-centered care that you expect. ★



The Doctor Is In



Your questions about child health answered ■ by Brock Bernsten, M.D., pediatrician

Q: What is a sufficient amount of fiber that a 3-year-old should get? If a child doesn't like eating vegetables, are there any supplements you'd recommend for that age group?

A: The American Academy of Pediatrics (AAP) recommends that a child's fiber consumption (in grams) be equivalent to the child's age plus 5. In this case, a 3-year old would require 8 grams of fiber per day and a 7-year-old would require 12 grams per day. These recommendations start at age 2. Good sources of fiber for kids who do not enjoy vegetables include multi-grain breads, oat-type cereals (such as Cheerios), refried beans, some energy bars, and popcorn for children older than age 3. Children who don't like vegetables may eat them in soups, on pizza or in pasta. Unpeeled

fruits are also a good source of fiber as well. If a child won't eat vegetables, you may want to consider a children's multi-vitamin as a supplement. ★

To Learn More

If you have a child's health question that you want addressed in a future issue of *HealthyKids*, e-mail it to us at: bosquejp@sutterhealth.org, or visit www.cpmc.org/pediatrics. Due to space limitations, we cannot guarantee that all questions will be answered.

High Fiber Foods

Food	Grams of Fiber
Fruits	
Pear with skin	4.6
Raspberries (1 cup)	5.1
Vegetables	
Broccoli (1 stalk)	5.0
Carrots (1 cup)	4.6
Beans (cooked)	
Kidney beans (1/2 cup)	7.4
Lima beans (1/2 cup)	2.6
Whole Grains	
Whole-wheat cereal (1 cup flakes)	3.0
Whole-wheat bread (1 slice)	1.7



Good sources of fiber for kids who do not enjoy vegetables include oat-type cereals.

Source: AAP

Allergies: How to Spot Them, How to Treat Them

Differentiating between a summer cold and allergies ■ An interview with Russell Leong, M.D., allergist

If your child is sneezing and has a runny nose and watery eyes, how do you know whether it's a summer cold or allergies?



Although colds and respiratory allergies can produce similar symptoms, colds are more prevalent during fall and winter months and generally last only one or two weeks. Allergies are more common in the spring and summer and can last longer — as long as your child is exposed to whatever is causing the allergic reaction.

“Allergies are reactions of the body’s immune system to various organic proteins called allergens,” says Russell Leong, M.D., an allergist at California Pacific Medical Center. “The immune system overreacts and produces antibodies to ‘attack’ the allergens. Many children suffer from seasonal respiratory allergies caused by pollen from plants. Those seasonal allergies often are compounded by reactions to perennial allergens such as dust mites, molds and pet dander. One way to determine whether your child’s symptoms are due to allergies is to conduct skin or blood tests to determine whether there are specific antibodies to specific allergens.”

Dr. Leong notes that the tendency to develop allergies is often inherited, so children whose parents have allergies have a higher likelihood of being allergic. In addition to respiratory allergies caused by airborne “environmental” allergens, many children also have allergic reactions to various foods, chemicals, medicines, or insect bites and stings.

“Allergies produce multiple symptoms, including itchy eyes and nose, hives or rashes, sneezing or wheezing, nausea, diarrhea and, rarely, vomiting,” Dr. Leong says. “In rare cases, a severe allergic reaction may cause anaphylaxis,

which is characterized by difficulty in breathing or swallowing, swelling of the lips or tongue, and perhaps dizziness or fainting. If your child shows any of those symptoms, it is imperative to seek immediate medical help.”

“The three forms of treatment (see below) are not mutually exclusive,” Dr. Leong observes. “Immunotherapy, although a time-consuming process, works well for long-range relief. If your child suffers from severe allergies — including systemic reactions to bee stings — you may consult an allergist about therapy that may include immunotherapy or desensitization injections.” ★



Allergies are more common in the spring and summer and can last as long as your child is exposed to whatever is causing the allergic reaction.

Russel Leong, M.D., allergist

“Treatment for allergies includes avoidance of allergens, medications to ease symptoms, and immunotherapy to reduce sensitivity.”

Allergy Treatments

Treatment for allergies falls into three general categories:

- ▶ **Avoidance.** Avoid contact with the specific substance causing the allergic reaction.
- ▶ **Medications.** Antihistamines, decongestants and nasal sprays can provide effective treatment. Anti-inflammatory drugs and bronchodilators may be used for asthma. Epinephrine, delivered by injection, is used to treat anaphylaxis or severe allergic reactions.
- ▶ **Immunotherapy.** A series of injections of small amounts of allergen, in gradually increasing doses, allows the body to build up a tolerance over time.



Is Your Child Ready for Kindergarten?

Age isn't always an indicator of readiness ■ An interview with Suzanne Giraud, Ed.D., director, Child Development Center at California Pacific Medical Center



In California, children must be 5 years old on or before Dec. 2 of the school year to be eligible for kindergarten. But just because your child is old enough, does that mean he or she is really ready?



Dr. Giraud suggests that parents evaluate a checklist of various kindergarten-readiness skills before sending their child to school.

"Parents need to look at their children's developmental age, rather than chronological age, when determining whether or not they are prepared for kindergarten," says Suzanne Giraud, Ed.D., director of the Child Development Center at California Pacific Medical Center.

"You can have two 5-year-olds, born on the same day, and one is ready while the other is not," she explains. "Kids develop at their own pace. Some children may be academically precocious, yet lack the social skills necessary for kindergarten. Others may be adept at social skills but haven't mastered the fine-motor skills required. It is often the case that boys, especially, may not be quite ready for school at age 5."

Kindergarten readiness skills

Dr. Giraud suggests that parents evaluate a checklist of various kindergarten-readiness skills:

Self-care

- ▶ Proficiency in dressing, including putting on shoes, zipping zippers and

- ▶ putting on a coat and buttoning it
- ▶ Ability to use the bathroom unaided and mastery of bladder control

Social skills

- ▶ Ability to obey rules
- ▶ Willingness to share
- ▶ Capacity to work and play in a group
- ▶ Command of language skills sufficient to communicate well with others

Attention span

- ▶ Ability to listen to someone reading a 15-minute story from start to finish
- ▶ Capable of sitting in a chair for 20 to 25 minutes at a time
- ▶ Willingness and ability to attend to teacher instructions

Fine-motor skills

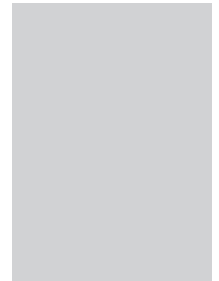
- ▶ Facility with pencils and crayons
- ▶ Adeptness at using scissors

Pre-academic proficiency

- ▶ Ability to recite the alphabet and recognize letters
- ▶ Ability to count and recognize numbers
- ▶ Familiarity with shapes and colors
- ▶ Indication of interest in books and reading
- ▶ Competence in listening to and following instructions

"It's a good idea for parents to visit the school and observe kindergarten classroom activities to see if their children will be able to handle the demands," Dr. Giraud notes. "If your child can already read, but can't sit still, you might want to consider other means of educational enrichment.

"If you push your child too hard in kindergarten, you may encounter behavioral or educational problems in later years," she adds. "The best thing you can do if your children are not ready for kindergarten is give them the gift of time — wait another year before enrolling them in school." ★



Suzanne Giraud, Ed.D., director of the Child Development Center

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Sports Physicals: A Winning Game Plan



Medical exam helps ensure children are ready for athletics ■ An interview with Robert Langston, M.D., pediatrician, California Pacific Medical Center

News headlines about the sudden collapse of a young athlete on the playing field are enough to strike fear into the heart of any parent whose child participates in recreational athletics.

Fortunately, the incidence of major injuries, sudden collapse or death among young athletes is extremely low. Nevertheless, a pre-participation sports physical exam is a good idea to help determine whether it's safe for your child to participate in a sport.

"A sports physical can help ascertain whether or not a child has any particular health problems that would preclude participation in various sports activities," says Robert Langston, M.D., a pediatrician at California Pacific Medical Center.

Dr. Langston notes that the doctor should ask detailed questions about your child's medical history, including:

- ▶ Previous injuries
- ▶ Chronic conditions such as asthma or diabetes
- ▶ Congenital heart problems
- ▶ History of fainting, especially if during or shortly after exercise
- ▶ Family history of cardiovascular disease, unexplained sudden death or fainting during or shortly after exercise.

"The physician also should perform a thorough physical exam, listening to

the heart, checking blood pressure and pulse, evaluating muscle mass and flexibility, assessing all the joints for strength and range of motion, and testing for vision or hearing problems," Dr. Langston explains.

"It's also important to consider the child's physical and emotional maturity to make sure the sport is appropriate for the child's level of development. Young boys who want to play football, for example, may not have sufficiently developed muscles and joints for a high-contact sport. Likewise, behavioral immaturity may impinge on the child's ability to participate in group activities," he says.

Children with chronic health problems such as obesity, diabetes, asthma or heart conditions require special attention and may be referred to a specialist for further evaluation, Dr. Langston says. "Their health problems may not preclude all sports activities," he adds. "For example, the physician might recommend swimming — as opposed to a contact sport — for a child who has exercise-induced asthma or who is seriously overweight." ★

Playing It Safe continued from page 1

with an SPF of 15 or above about 15 to 20 minutes before going outdoors. It is important that any sunscreen protect against both UVA and UVB rays, and be reapplied at least every two hours and after swimming." Since kids less than 6 months of age should not wear sunscreen, alternatives such as long-sleeved white shirts, a hat with a visor or brim and avoidance of direct sunlight can provide adequate protection.

Fire safety

"Summer campfires and barbecues are frequent sources of burn injuries, so it's important to keep small children away from all sources of fire, including matches, lighters and hot barbecue grills," Dr. Tejada warns. "Remember, too, that fireworks are not only illegal, but also very dangerous. Be sure your children attend only professionally managed fireworks displays."



Biking and skating safety

"Wearing a helmet is the single most important safety factor in bicycling and skating, because severe head injuries — although not common — can be deadly," Dr. Tejada warns. "Another word of advice is to make sure your children follow the rules of the road, such as riding on the right side of the street and making a complete stop at stop signs and stoplights. Finally, remind your children that people driving cars often have trouble seeing bicycle riders and skaters. My brother once cautioned me to look out for cars at intersections, rather than just watching for the light to turn green. It's not the light that's going to hit you."

By paying attention to these potential hazards, you and your children can enjoy the pleasures of summer without the worry of injuries. If you have further questions, please talk to your pediatrician about these and other safety tips. ★

Traveling With the Tots



Planning and preparedness help ease family trips ■ By Colleen Panina, M.D., pediatric hospitalist

Whether traveling to the beach or mountains, we have all experienced the thrill and agony of traveling with children. Phrases such as “Are we there yet?” or “I’m bored” seem to reverberate in parents’ ears until the destination is reached.



Colleen Panina, M.D.

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Set a good example — always wear your own seatbelt. Help your child form a lifelong habit of buckling up.
”

To make your travel experience more safe and enjoyable, the American Academy of Pediatrics (AAP) offers tips for parents. The bottom line is that good planning and preparedness can make a great trip.

Packing essentials

Before the trip, plan on packing fun snacks, rounding up favorite “comfort objects” and mapping out mandatory stops to stretch legs and smooth frazzled nerves.

- ▶ Pack a bag stocked with essentials: extra absorbent diapers, wipes, “comfort objects” (blanket, stuffed animals, pacifiers), change of clothing for child and extra shirt for parent in case of spills.
- ▶ Provide toys, stickers and books to entertain the kids, as well as a wrapped surprise gift or two. A portable DVD player can work wonders.
- ▶ Dried fruit, such as apricots or banana chips, travels well. Mandarin oranges are also small, tasty and easy to carry. Pita bread makes a delicious snack. And because it’s already flat, it can’t squish.

Travel safety tips

Safety during the trip is essential. Your child’s safety seat should be properly secured and be comfortable.

- ▶ The safest place for all children to ride is the backseat.
- ▶ All infants should ride rear-facing until they have reached at least 1 year of age and weigh at least 20 pounds. That means if your baby reaches 20 pounds before her first birthday, she should remain rear-facing until she turns 1 year old.



If the seatbelt does not fit your child correctly, he should stay in a booster seat or a forward-facing safety seat until the adult seatbelt fits.

- ▶ Remember, seatbelts are made for adults. If the seatbelt does not fit your child correctly, he should stay in a booster seat or a forward-facing safety seat until the adult seatbelt fits. This is usually when the child reaches about 4 feet 9 inches in height and is from 8 to 12 years of age.
- ▶ The AAP and the Federal Aviation Administration (FAA) now recommend that all passengers have their own seat on an airplane. For safest travel, a child less than 2 years old should no longer sit on an adult’s lap but be restrained in her own car safety seat on the airplane.
- ▶ Set a good example — always wear your own seatbelt. Help your child form a lifelong habit of buckling up. ★

Some Other Resources for Travel Safety Tips:

- ▶ http://www.cdc.gov/travel/child_travel.htm — This Web site provides information about vaccine recommendations for international travel, management of travelers’ diarrhea and insect protection, and provides a health kit for the pregnant traveler (see the CDC’s Yellow Book mentioned on the site).
- ▶ www.aap.org/advocacy/releases/summertips.htm — The AAP outlines policy statements ranging from lawn mower safety to fireworks safety to boating safety.
- ▶ www.faa.gov/passengers or 800-FAA-SURE — The FAA provides information about air travel with children, including possible discounts available for parents traveling with children under 2 years of age.

Massage Therapy Soothes Newborns and Infants



It's relaxing for parents and babies alike ■ An interview with Cherry Jones, MFT

Chances are you've enjoyed the benefits of therapeutic massage. The soothing strokes ease your tensions and promote a sense of inner calm. Now, through classes offered by Newborn Connections at California Pacific Medical Center, you can learn how to give your baby that same blissful experience.



"Massage allows parents and their babies to slow down, relax and enjoy the bonding experience," says Cherry Jones, a marriage and family therapist who also is certified in infant massage. "Research on infant massage indicates it lowers the baby's level of the stress



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Cherry Jones, marriage and family therapist, certified in infant massage.

Massage Classes

► Newborn Massage

(up to five weeks old)

One-time class session held first Monday of every month
10:30 a.m.–noon

► Infant Massage

(six weeks to 10 months)

One-time class session held second Sunday of every month,
2:30–4 p.m.

All classes are at the California Campus of California Pacific Medical Center. Classes are open to mothers, fathers and other family members, as well as expectant women and their partners. The \$50 class fee covers the entire family. Pre-registration is required. For more information or a class schedule and registration form, call Newborn Connections at 415-600-2229.

hormone cortisol and enhances the level of the calming hormone oxytocin. Massage also has physical benefits for babies — muscle stimulation and development of both soft tissues and the brain. In addition, massage helps babies with digestive problems such as gas or colic and may bolster the immune system.”

Newborn Connections' classes provide hands-on instruction in proper techniques for newborn and infant massage. "Parents learn how to understand their babies' tolerance for varying levels of stimulation," Jones explains. "It also helps relieve new parents' anxieties and relaxes them, as well!" ★

Research on infant massage indicates it lowers the baby's level of the stress hormone cortisol and enhances the level of the calming hormone oxytocin.

Child-Focused Hospitals Advance Pediatric Research

Child-focused hospitals are working on promising research studies that could lead to a new generation of health care for all children as well as for adults. From the development



of new vaccines to cutting-edge breakthroughs in gene therapy, research centers are working to find ways to prevent childhood disease and save the lives of children fighting chronic illnesses.

More than one-third of child-focused hospitals operate child health research centers and 70 percent perform basic science and health services research. Virtually all child-focused hospitals — including California Pacific Medical Center — participate in lifesaving research. Many hospitals are building new research facilities and expanding research investments to ensure pediatric research continues to move forward.

The National Association of Children's Hospitals and Related Institutions (NACHRI), of which California Pacific Medical Center is a member, supports research efforts across the country by



increasing public awareness of the benefits pediatric research offers to all children. NACHRI also encourages greater federal funding for pediatric research in child-focused hospitals.

Because research in adult diseases receives the majority of federal funding, child-focused hospitals depend on the philanthropic community.

Private grants and individual donations are helping bring new medicines, treatments and health care practices to the bedside, as well as helping draw top scientists to research centers. For example, pediatric research funds have led to important advancements in the treatment of birth defects and heart conditions.

Maintaining the highest ethical standards in their research activities, child-focused hospitals are helping make the health care future of our children brighter than even before. ★

To Learn More

For more information about pediatric research, visit www.childrenshospitals.net.

www.cpmc.org

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