

Summer 2015



The summer is a great time to plan your child's physical exam. This yearly physical allows your child's doctor the opportunity to monitor growth, emotional health, & overall development. Most sports, camps, and colleges require a recent physical for admission. Our physicians require a physical examination within the past 12 months in order to clear a patient for participation in sports or camp activities.

[Here's the link to our basic Pre-Participation Physical Examination form.](#)

*Remember to complete the pre-participation history form BEFORE submitting the form to us.

*We encourage you to check with your insurance company to familiarize yourself with when preventive visits are allowed on your plan.

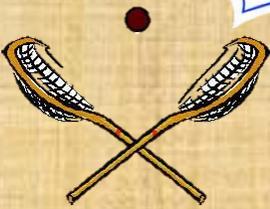
Our summer schedule is open. CALL TODAY!



A Good Night's Sleep

Dr. Swick and Dr. Jellinek, *Pediatric News* July 2014

A good night's sleep is in everyone's best interest for daily functioning and healthy development.



School-age children who are not getting adequate sleep also may appear more irritable, forgetful, and inattentive, and they may have problems with academic, athletic, and social performance. These are years in which children start to have more independence and responsibility for their bedtime routines. They may have greater access to screens in the evening, and may be in charge of setting an alarm or turning their light out. These are also years in which children are more likely to experience anxiety as they face and manage a host of new challenges. Anxiety can be very disruptive of restful sleep, and will in turn cause more problems about which these children get anxious. Alongside their greater responsibility, school-age children still need basic and consistently enforced ground rules about sleep in order to build independence. Clearly at this age, reading before bedtime is a good option.

Parents should help their school-age children to start their homework early, and to enjoy screen time, but not within an hour of bedtime, and to follow a consistent (and more independent) routine before bed. Do they have a consistent bedtime? Do they take a shower or bath each night? (A hot shower or bath naturally cues the body that is it time for sleep as the body's core temperature rises and then drops.) Do they read before lights out? Is the house quiet at their bedtime? Parents should also find out if their children have worries that are making it difficult to go to sleep. Are they worried about a test or big game? Or about bigger issues of safety? Parents can help children discuss their worries and address those that are addressable; usually, this is enough to help children learn to master their worries. When a school-age child's anxiety does not improve with open discussion, then it may be helpful to have a more formal evaluation for anxiety with a mental health clinician.

(Article continues on next page.)

A Good Night's Sleep continued

Adolescence is a time in which sleep patterns naturally shift, while the need for sleep remains robust. Teenagers become tired later and need to sleep in until later in the morning, just at the same time that school demands impinge on sleep with an early start to the day and more extensive homework at night. Older adolescents may go out with friends and shift their bedtime routine by 4 or more hours for two nights out of every seven, which is as profoundly disruptive to restful sleep as traveling across four time zones and back every week. These are years in which more independence can again lead to more screen use in the evening, whether for writing a paper on a computer or texting a friend late into the night.

An adolescent who is sleep deprived may have low energy, be forgetful and distractible, and see their academic and athletic performance suffer. They may appear more withdrawn or moody. This is an age in which serious mood problems, such as depression, are more likely to emerge, and are associated with sleep problems. But these problems will not improve with simple sleep hygiene interventions, teens who do not get better after these interventions may need a psychiatric evaluation.

The strategies that might help adolescents are not much different from those for younger children. It is important with adolescents, however, to explain why they should exercise regularly, have a consistent bedtime routine, and not bring their cell phone to bed. While parents should still be able to set and enforce ground rules, they also need to be equipping their adolescents to understand and manage their sleep independently, which they will need to do soon enough. Encouraging self-regulation between 13 and 17 is essential as college or independence approaches, and efforts at control are hard to enforce and send the wrong message.

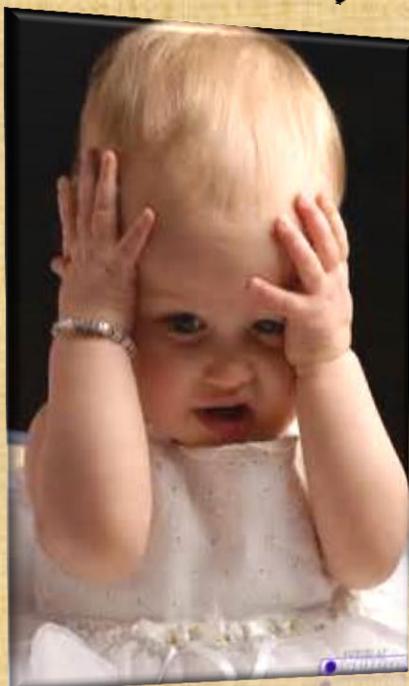


Remember to use sunscreen with an spf of 30 or greater on your child. The American Academy of Pediatrics recommends sunscreen use even for infants if they will be exposed to direct sunlight. For additional protection, infants and children should also wear a hat when out in the sun.



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Puppy Love

By Victoria B. Teague, MD

**Children love dogs.
And dogs can provide a sense of companionship and protection to children.**

However, parents must ensure their child's safety as they consider pet ownership.

Most dogs do not bite. But ALL dogs have the potential to bite.

If you are thinking of getting a pet, consult with a professional about suitable breeds. If possible, spend time with the pet before adopting it. If your child is fearful or apprehensive around the animal, consider waiting until they are older. Children under six years of age are more likely to forget basic pet safety rules, increasing their risk of getting bitten.

For dog owners, never leave an infant or young child alone with the pet, and supervise older children closely. Teach children to never disturb a dog that is eating, sleeping, or caring for puppies. Teach children to never sneak up on a dog, but approach from the front or side. They should never approach an unfamiliar dog without the pet owner's permission. If a dog appears unfriendly, back away slowly and avoid eye contact. Do not turn around and run or scream, as this may agitate the dog even more.

Most animal bites are by dogs or cats that the child actually knows. If your child is bitten, clean the wound immediately with soap and water and contact your pediatrician for further advice. Up to 20% of dog bites become infected, but the risk is decreased with proper wound care. Tetanus immunity is an important protection against infection as well.

Enjoy Rover, but safely!



Sitting Devices Endanger Sleeping Infants

Karen Bardossi

Contemporary Pediatrics

May 7, 2015

Infants who sleep in sitting or carrying devices such as car seats, swings, slings, or bouncers run a risk of suffocation, warns a new study.

Researchers reviewed 47 deaths of children aged younger than 2 years, newborns as well as toddlers, that occurred in sitting or carrying devices and were reported to the US Consumer Product Safety Commission between April 2004 and December 2008. Analyzing data from death certificates, coroners' and medical examiners' reports, and interviews with family members and witnesses, investigators determined that all but 1 of the deaths were attributable to asphyxia by position or strangulation.

Thirty-one infants died in car seats, 5 in slings, 4 in swings, 4 in bouncers, and 3 in strollers. Of the children who died in car seats, 52% died of strangulation on the straps and the rest of positional asphyxia. Children as old as 2 years died in car seats, whereas babies up to 8 months died in other types of devices.

The researchers found wide variations in the time between when a caregiver last saw the child and the child was found dead, from as little as 4 minutes to as long as 11 hours. Mean times were 26 minutes for slings, 32 minutes for strollers, 140 minutes for car seats, 150 minutes for bouncers, and 300 minutes for swings.

Proper restraint and supervision are key to the safety of infants and children aged younger than 2 years in car seats, the researchers conclude. They advise parents not to use car seats as sleeping places outside the vehicle (89% of car seat deaths with a known location occurred outside a car) or place them on a soft or unstable surface, and never to leave a child in a seat with unbuckled or partially buckled straps. A child in a correctly positioned car seat inside a car with properly fastened straps is in little danger of asphyxiation.

Baby slings pose a particular hazard, the researchers point out, because of the ease with which an infant's airway can be compromised without constant supervision. The baby's face should be "visible and kissable" above the edge of the sling at all times, not covered by fabric, and not compressed into his or her chest.

The researchers further advise caregivers to make sure that infants in sitting devices can't turn their heads into soft bedding or slump forward in the seat. They caution that the restraints on strollers, bouncers, and swings may not prevent children from getting into positions that could compromise the airway and warn against putting 2 infants in a swing designed for 1.

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