

MINI MEDICAL SCHOOL PRESENTS:

Why don't kids come with manuals?

How to tell your child is sick and
other helpful tips

Fever

- What is a fever?
 - Body's natural response to infection
 - Rectum (bum): higher than 38 degrees
 - Mouth: higher than 37.5 degrees
 - Armpit: higher than 37.3 degrees
 - Ear: higher than 38 degrees



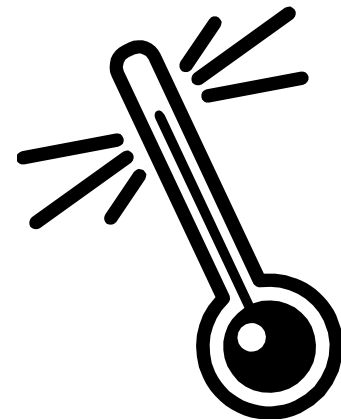
Fever

- How should I check my child's temperature?
 - Under 2 years old:
 - 1st choice = rectum (bum)
 - 2nd choice = armpit
 - Between 2 and 5 years old:
 - 1st choice = rectum (bum)
 - 2nd choice = armpit, ear
 - Older than 5 years:
 - 1st choice = mouth
 - 2nd choice = armpit, ear



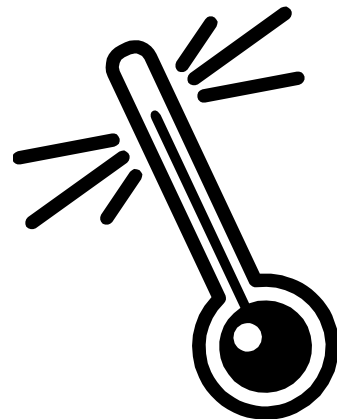
Fever

- How should I check my child's temperature?
 - Rectal (bum) = most reliable
 - Clean thermometer with soap and cool water
 - Cover the silver tip with Vaseline
 - Lay baby on back with knees bent
 - Insert thermometer 2.5cm (1") into rectum
 - Remove after 1 minute and read temperature
 - Clean thermometer



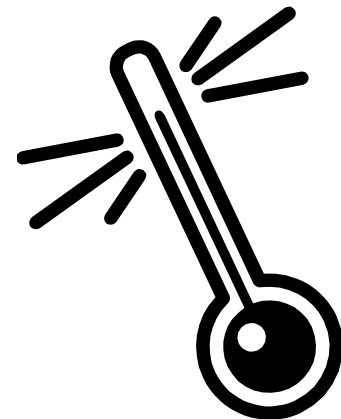
Fever

- How should I check my child's temperature?
 - Oral (mouth)
 - Clean thermometer with soap and cool water
 - Place the tip under child's tongue
 - With child's mouth closed, leave in place for 1 minute
 - Remove and read temperature
 - Clean thermometer



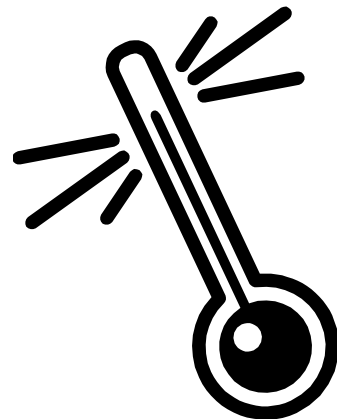
Fever

- How should I check my child's temperature?
 - Armpit
 - Use rectal *or* oral thermometer
 - Clean with soapy cool water
 - Place tip of thermometer in centre of armpit
 - Tuck child's arm snug against body
 - Leave in place for 1 minute
 - Remove and read temperature
 - Clean thermometer



Fever

- How should I check my child's temperature?
 - Ear
 - Use a clean probe for each check
 - Gently tug on the ear pulling it backwards
 - Insert the thermometer until ear canal is sealed off
 - Squeeze and hold down button for 1 second
 - Remove and read temperature



Fever

Remember:

No mercury thermometers!

No fever strips!



Fever



- What can I do to help?
 - Medicine for aches and pains
 - Lots of fluids
 - Lightweight clothing
 - Keep room temperature at 20 degrees
 - Medicine will bring the fever down after about 1 hour, but it will likely come back up
 - *Tylenol* can be given every 4 hours
(*no more than 5 times in 24 hours*)
 - *Ibuprofen (Advil, Motrin)* can be given every 6-8 hours
(*no more than 4 times in 24 hours*)
→ only if older than 6 months and drinking well
 - **Do not give children or teenagers aspirin**



Fever



- When should we go to the doctor?
 - Younger than 6 months
 - Fever lasting more than 72 hours
 - Not drinking liquids
 - Excessively cranky/fussy/irritable
 - Excessively sleepy/lethargic/not responding
 - Fever with a rash or other signs of illness that are worrying you



Common Cold

- What is the common cold?
 - A respiratory infection caused by a virus
- How do I know if my child has a cold?
 - Runny nose, sneezing, stuffy nose
 - Cough
 - Headache
 - Sore throat
 - No appetite
 - Tired
 - Mild fever



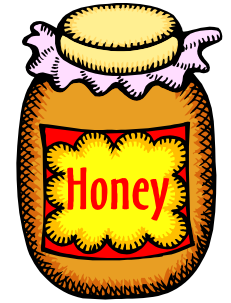
Common Cold



- What can I do if my child gets a cold?
 - Lots of fluids
 - Lots of rest
 - Small, nutritious meals
 - Tylenol by mouth or rectal suppository
 - Ibuprofen (Advil, Motrin) by mouth or rectal suppository (*only if drinking well and >6 months*)
 - Lots of hand washing to decrease spread of infections



Common Cold



- What can I do if my child gets a cold?
 - Pasteurized honey before bed (older than 1yr)
- Gargle warm water
- Suck on cough candies if older than 3 years
- Suction mucus from nose if struggling to breastfeed
- Saline nose drops/nose spray
- Play/participate in normal activities if they are feeling well enough



Common Cold

- Is there anything I ***shouldn't*** give my kid when they have a cold?
 - ***Younger than 6 years*** old should ***not*** be given cough or cold medications bought over the counter at the pharmacy
 - Includes cough syrups, decongestants, antihistamines, etc
 - ***Never*** use more than one product at the same time



Common Cold

- Is there anything I *shouldn't* give my child?
 - Do not use nasal drops or sprays that contain medications
 - Do not combine natural health products with prescription or non-prescription drugs without talking to your doctor
 - Includes vitamins, minerals, herbal remedies, homeopathic medicines, traditional medicines, probiotics, amino acids, essential fatty acids



Common Cold



- When should I go to the doctor?
 - Severe coughing so much they are choking or vomiting
 - Thick green/yellow mucous for more than 2 weeks
 - Wake up with eyes stuck shut with dried yellow pus
 - Not eating or drinking
 - Much more sleepy than normal, not wanting to play or feed, fussy and cannot comfort them
 - Cough that lasts more than 1 weeks
 - Worried about more serious infections (ex croup, pneumonia, bronchiolitis, etc.)



Common Cold



- When should I go to the doctor?
 - Babies younger than 3 months:
 - Having trouble breathing
 - Fever
 - Vomiting
 - Not eating



Common Cold

- Go to the hospital *immediately* if:
 - Child is having trouble breathing or is breathing rapidly
 - Blue lips or fingernails



Signs of Severe Breathing Trouble

Normal



The Flu

- Respiratory infection caused by *influenza virus*
- Feel sick faster and feel worse than with a cold
- Symptoms
 - Sudden fever
 - Chills and shakes
 - Muscle aches
 - Headaches
 - Severe fatigue
 - Dry cough
 - Sore throat
 - Loss of appetite



The Flu

- Newborns and babies may have high fever without any other signs
- Younger children may have:
 - Upset stomach
 - Stomach-ache
 - Vomiting
 - Diarrhea
 - Earache
 - Red eyes



The Flu



- When should I go to the doctor
 - If your child has other medical illnesses that affect their lungs, heart or immune system
 - Not feeling better after 5 days with new or ongoing fever
 - Chest pain
 - Coughing up bloody sputum
 - Coughing so hard they are choking or vomiting
 - Not drinking much fluid
 - Has not peed at least every 6 hours while awake
 - More sleepy than normal, does not want to play, fussy or cannot be comforted
 - Vomiting for more than 4 hours *or* severe diarrhea



The Flu

- Call 9-1-1 if:
 - Severe breathing trouble
 - Blue lips
 - Limp or unable to move
 - Hard to wake up or not responding to you
 - Stiff neck
 - Seem confused
 - Have a seizure



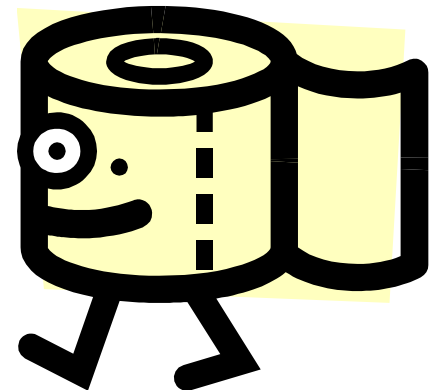
Strep Throat

- Symptoms:
 - Severe sore throat
 - Fever
 - No cough
 - Enlarged, tender lymph nodes
 - Headache
 - Stomach-ache
- Scarlet Fever
 - Same bacteria can cause a red rash all over the body
- Treatment
 - Antibiotics
 - Tylenol/Advil



Diarrhea

- What is diarrhea?
 - More bowel movements than normal in a day
 - Stools are less formed/more watery than normal
- What causes diarrhea?
 - Viruses (ex rotavirus)
 - Food poisoning
 - Bacteria
 - Parasites (ex giardia)



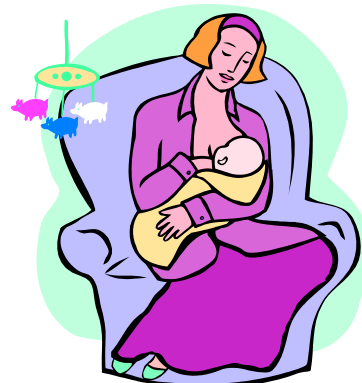
Diarrhea

- How do I keep my kid from getting diarrhea?
 - Regular handwashing, especially after changing diapers
 - Keeping sick children home from daycare, playgroups, etc.
 - Rotavirus vaccine



Diarrhea

- What can I do to help?
 - Make sure your child keeps drinking lots of fluids to prevent dehydration
 - Continue to breastfeed as your child requires
 - Continue to bottlefeed regular formula (not diluted with water)
 - Oral Rehydration Solutions if not bottle or breastfeeding (ex Pedialyte)



Diarrhea

- Oral Rehydration Solutions
 - Mixture of fluids, salts and sugar that the body loses when vomiting/having diarrhea
 - Give small amounts often while vomiting
 - 1 tsp every 5 minutes
 - 1 tbsp every 10-15 minutes
 - Increase gradually as tolerated
 - Use a bottle, cup, medicine dropper, teaspoon, or frozen popsicles



Diarrhea

- Oral Rehydration Solutions
 - 1st 4 hours:
 - <6 months → 30-90mL (1-3 oz) every hour
 - 6-24 months → 90-125 mL (3-4 oz) every hour
 - >2 years → 125-250 mL (4-8 oz) every hour
 - Recovery Stage (4-24 hours)
 - Continue oral rehydration solutions until diarrhea less frequent
 - Start breastfeeding, formula, whole milk, or small frequent snacks once vomiting less often

Diarrhea

- What can I do?

- Initially avoid:

- Plain water
 - Sugary drinks, sodas, sweet treats
 - Broth
 - Rice water
 - Over the counter medicines to stop diarrhea

- Restart normal diet after 24-48 hours

- Expect 1-2 more stools each day at first

- Expect 7 – 10 days before stools are fully formed

- Wash hands regularly, wash toys, etc. to prevent spread between siblings/friends/family



Diarrhea

- Go to the hospital *immediately* if:
 - If your child is younger than 6 months
 - Stools are black or bloody
 - Continuous vomiting more than 4-6 hours
 - Diarrhea with a fever higher than 38.5 degrees



Diarrhea

- Go to the hospital *immediately* if:
 - *Any* signs of dehydration
 - Less than 4 wet diapers in 24 hours
 - Increased thirst
 - No tears when crying
 - Dry skin, tongue, and mouth
 - Faster heart beat
 - Sunken eyes
 - Greyish skin
 - Sunken soft spot



Diarrhea



- When should I go to the doctor?
 - Worsening stomach pains
 - Chronic diarrhea (lasting more than 2 weeks)



Ear Infections

What is an ear infection?

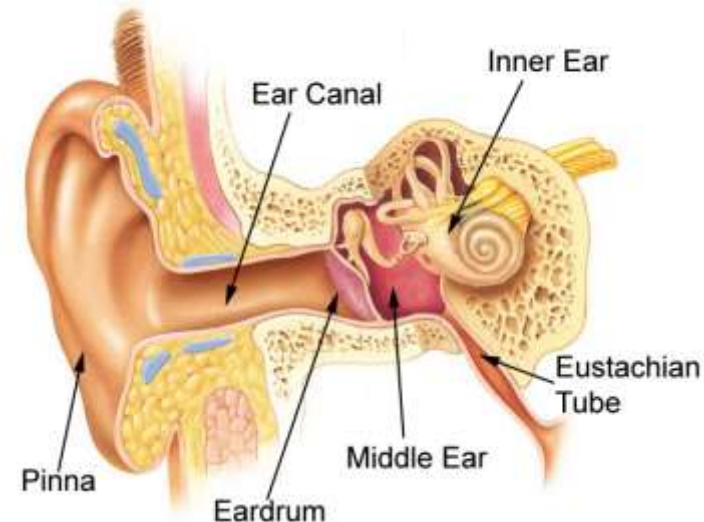
– Infection of the outer or middle parts of the ear

What causes an ear infection?

– Pressure builds up in the middle part of the ear

– Fluid collects in the middle ear

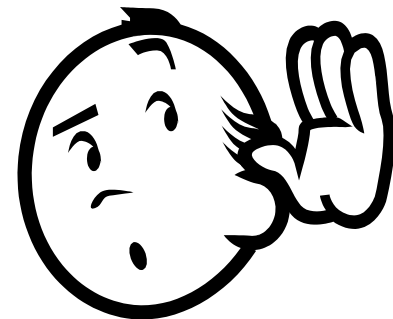
– Bacteria grow in the fluid
causing an infection



Ear Infections



- How do I know if my child has an ear infection?
 - Earache
 - Fever
 - Fussy
 - Not sleeping
 - Pulling at ears
 - Hard to hear quiet sounds





Ear Infections



- What makes my kid more likely to get an ear infection?
 - Born prematurely
 - Younger children
 - Attend daycare
 - Allergies
 - Exposed to cigarette smoke
 - Not breastfed
 - Bottle fed, especially while lying down



Ear Infections



- How are ear infections treated?
 - Tylenol or ibuprofen for fever and pain
 - Antibiotic drops if it is an infection in the outer part of the ear
 - Antibiotics for infections inside the ear if:
 - Younger than 6 months
 - Other serious medical problems
 - High fever
 - Severe pain
 - Infection is not getting better after 2-3 days
 - Surgery – “Tubes” in the ear drum
 - Lots of infections
 - Trouble hearing because of fluid in ear



Ear Infections



- When do I go to the doctor?
 - If your child is younger than 6 months
 - If your child has other serious medical problems
 - Your child seems ill, has a high fever, or very severe pain
 - Your child is vomiting again and again
 - Fluid is coming out of the ear



Febrile Seizures



- Convulsions caused by seizure
 - Body stiffens, jerky movements of head, arms and legs
 - Eyes roll up into head
- Ages 6 months -5years
- Last 30 sec to 2 minutes
- More common if family members have had febrile seizures
- If your child has had one they are likely to have another

Febrile Seizures

- What do I do?
 - Stay calm!
 - Lay on their side on a flat surface
 - Move them away from anything that could injure them
 - Allow their body to move, wiping away vomit or saliva if needed
 - Do not put anything in their mouth or try to restrain them
 - Keep them on their side once the seizure has finished
 - Allow them to sleep afterwards, waking them up slowly



Febrile Seizures

- When should we go to the Doctor?
 - Go to the hospital *immediately* if:
 - your child is younger than 6 months
 - the seizure lasts more than 2 minutes
 - See your family doctor within a few days after *any* seizure for a complete physical exam

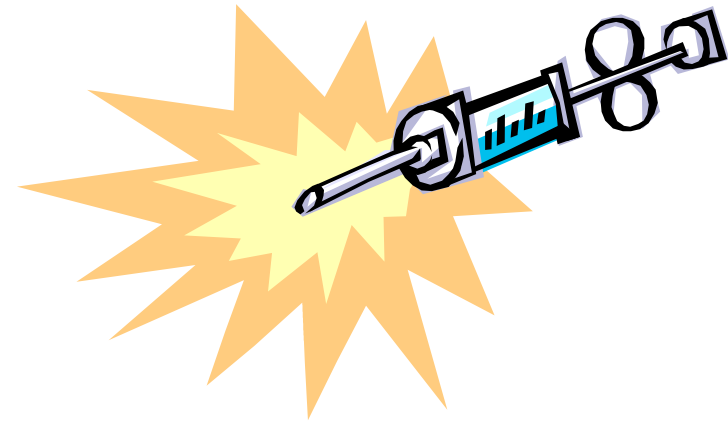




What can we do to keep our children healthy



- Wash your hands regularly with soap or an alcohol sanitizer
- Exclusive breastfeeding for the 1st 3 months
- Keep your kids up to date with all of their immunizations (vaccines)
- Avoid pacifiers for the first 3 years
- Limit exposure to daycare, especially during the first 5 years
- No smoking



How can we do to keep our child healthy



- Try to keep babies under 3 months away from people who are sick
- Teach your kids to cover their nose and mouth when they sneeze or cough
- Avoid sharing cups, utensils, or towels
- Avoid sharing toys that children put in their mouths until they are cleaned
- If your child is sick, keep them home from daycare
- Hand washing, toy and general cleaning at daycares

Head Injury

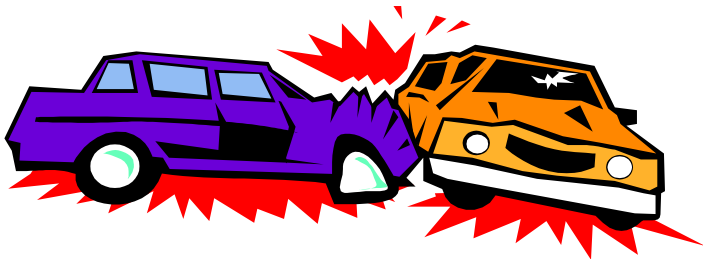


- What is a ***closed head injury***?
 - The head gets hit and hurt, without anything going through the skull
 - Car accidents
 - Bicycle accidents
 - Pedestrian accidents
 - Sports
 - Child abuse
 - Includes:
 - Broken bones (face, skull)
 - Bleeding in/around the brain
 - Brain injury/swelling (concussion)



Head Injury

- Causes of severe head injuries:
 - High speed motor vehicle collisions
 - Falls from high heights
 - Hit by high speed, heavy or sharp objects
 - Child Abuse (ex strong shaking)



Head Injury

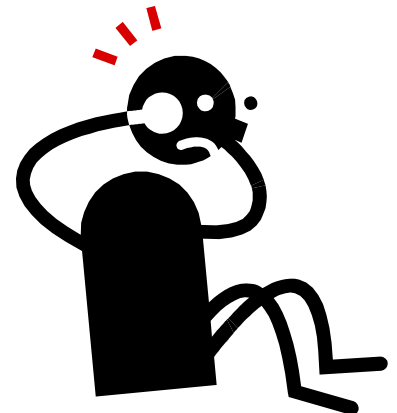
- What is a concussion?

<http://www.youtube.com/watch?v=zCCD52Pty4>

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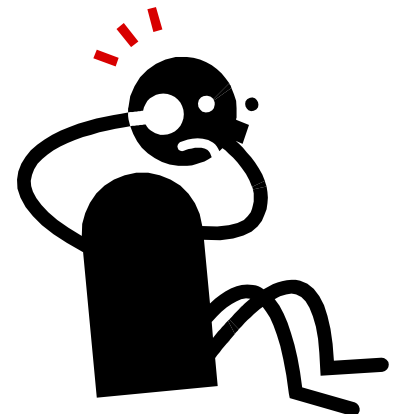
Head Injury

- Symptoms of a head injury
 - Headache
 - Bothered by light or noises
 - Swelling, bleeding, and/or bruising of the scalp
 - Dizziness that doesn't go away or keeps coming back
 - Problems walking or clumsiness
 - Problems talking/slurred speech



Head Injury

- Symptoms of a head injury
 - Confusion, problems remembering
 - Nausea and/or vomiting
 - Feeling tired *or* trouble sleeping
 - Mood changes
 - Behaving differently (lethargic, hard to wake, extreme irritability, abnormal behaviours)
 - Seizures (convulsions)
 - Blacking out



Head Injury



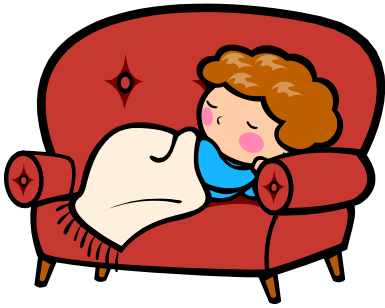
- When should we go to the doctor?
 - Have had a recent head injury
 - Fall from higher than 5 feet
 - Hit very hard *or* by something moving very fast
 - Younger than 6 months
 - Cut bleeding for more than 10 minutes with constant pressure *or* large cut
 - Bloody/watery fluid coming out of nose, ears
 - Severe headache, or headache is getting worse
 - Vomit more than once *or* vomiting 4-6 hours after injury



Head Injury

- When should we go to the doctor?
 - Unable to walk, talk, or see normally
 - Develop a stiff neck
 - Confusion or memory loss
 - Not behaving normally
 - Cranky/irritable *or* can't stop crying
 - Any body part is numb
 - Seizure , Black out (lose consciousness)
 - Look worse
 - Drowsy or difficult to wake up
 - Suspicion of child abuse





Head Injury



- What can I do to help my child?
 - Lie down and rest (body and mind)
 - Drink only clear liquids if are throwing up
 - If there is bleeding, hold *constant pressure* with a clean cloth/gauze for *10 minutes*
 - *Ice, cold pack or frozen vegetables* on lumps or swollen areas x *20 minutes* (not directly on skin)
 - Pain medicine (Tylenol, Ibuprofen/Advil/Motrin)



Head Injury

Head injuries can be severe, causing long-term effects, or even fatal

– The more head injuries someone has, the worse the effects can be

If your kid is hit or hits their head during a game:

– Remove from play

– Monitor for signs of brain injury

– Follow up with a doctor before going back to play



**Accidents: You can prevent
them!**

Leading Causes of Death in Canadian Children by Age

	Less than 1 year	1-4 years	5-9 years
1	Perinatal Conditions	Unintentional injuries	Unintentional injuries
2	Congenital Malformations	Malignant Neoplasms	Malignant Neoplasms
3	SIDS	Congenital Conditions	Congenital Conditions
	10-14 years	15-19 years	
1	Unintentional injuries	Unintentional injuries	
2	Malignant Neoplasms	Suicide	
3	Suicide	Malignant Neoplasms	

Top Causes of Accidents

1. Traffic Collisions
2. Drowning
3. Burns
4. Falls
5. Toxins



*WHO data 2008

1. Traffic Collisions

- Car seats are mandatory in British Columbia
- Deaths are sometimes due to misuse or non-use of child restraints in motor vehicles
- The back seat is the safest place for children



Car Seats

- The back, middle seat is the safest for one kid. Check manufacturer's instructions and warranty. Must have CMVSS sticker and be less than 10 years old
- Check out <http://www.bestchance.gov.bc.ca> for more info



Infant Seats

- Rear-facing seats should be used until infant weighs 9kg (20lbs), is at least 1 year old and able to walk



Child Seats

- Forward facing seats may be used in kids between 9-18kg (20-40lbs)



Booster Seats

- For children age 4+ and over 18 kg (40lbs)
- Boosters for use with lap and shoulder belt ONLY
- Lap belt only? No booster seat!



Pick-up Trucks

- Children should not travel in the back of a pick-up truck.



2. Drowning Prevention

- Infant and toddler drownings happen close to the home. Therefore constant arms-length supervision is recommended as well as PFD use.
- Residential pools should be fenced on all four sides with a self-closing, self-latching gate.



Drowning Prevention

- Children <5 do not have ability to master water survival skills and independent swimming, lessons should focus on building confidence and educating parents



3. Burn Prevention

- Use smoke alarms. BC requires a working smoke alarm in every dwelling and near each sleeping area.
- Adequate supervision of children, escape plan, initial treatment of burns



Other burns

- No sun exposure in kids under 6 mo. Sunscreen, sun-protective clothing in older kids. Limit sun exposure at peak times
- “Fire-starting” might be a plea for help



4. Fall Prevention

- Constant child supervision, especially around open windows. Don't place furniture close.
- Install locks on windows, operable window guards on upper floors (screens not sufficient).



Fall Prevention

- Encourage ground level play areas, parks, playgrounds etc. Discourage playing on fire-escapes, balconies etc.
- Falls down stairs, off chairs and furniture are more dangerous than falls off of a bed.



5. Toxins and Poisoning Prevention

- Immunizations
- Store medications, plants, paints and household chemicals out of reach of children. Use cabinet locks if necessary.



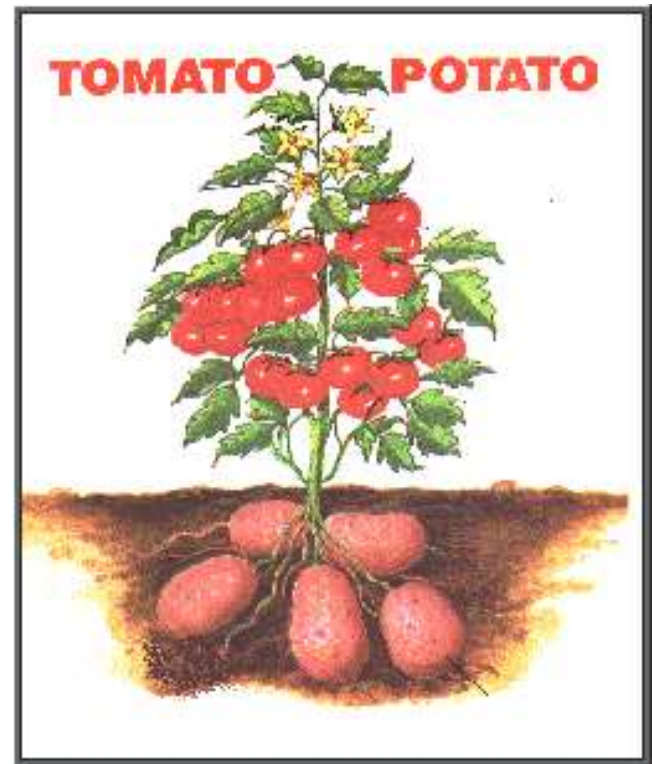
Poisonous Plants

- Poison Information: [24-Hour Line: 1-800-567-8911](tel:18005678911) or [604-682-5050](tel:6046825050)
- Calla Lily
- Daffodil
- Daisy
- Gladiola
- Marijuana
- Milkweed



Poisonous Plants

- Poison Information: [24-Hour Line:](#)
1-800-567-8911 or **604-682-5050**
- Lilly-of-the-Valley
- Mistletoe, Morning Glory
- St. John's Wort
- **Tomato**- unripe fruit
- Tobacco
- **Potato** – green part



Poisonous Plants

- Seeds or pits of the following:
- Apple
- Apricot
- Cherry
- Crabapple
- Nectarine
- Peaches



Toxins and Poisoning Prevention

- Keep hazardous materials in original containers. Use child-resistant caps
- Name medications as such, not candy.
- Baby-proof your home, do a crawl test.



Snow Sports

- Injuries happen in beginners most often
- Helmets prevent head injuries
- Wrist guards are helpful for beginner snowboarders



Snowmobiles and ATVs

- Snowmobiles: No kids under 6
- No operators of ATVs or snowmobiles under age 16
- If they have to ride – wear a helmet!



Trampolines

- Trampoline injuries are increasing
- Breaks happen despite supervision or enclosure.
- Health Canada and Pediatrics Societies discourage use



Bicycle Riding

- Wear helmets that fit all the time.
- Throw helmet out if cracked
- Change every 5 years
- Teach children rules of road, safety and how to stay visible



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Bicycle helmet fit



A properly fitting bicycle helmet should rest just above the eyebrows and not slide around on the head. The straps of the helmet should be adjusted to form a "Y" just under the ear of the child. The chin strap should be snug enough to pull down on the helmet when the child opens the mouth wide.

Playgrounds

- Supervise children.
- Use age appropriate equipment, consider heights and surface.
- Check child – clothing can be a hazard



Choking Risks

- Foods, coins and toys.
- Anything cylindrical, airway sized or compressible is dangerous.
- Balloons, balls and marbles are culprits.
- Hot dogs, hard candy, nuts, seeds, whole grapes, raw carrots, apples, popcorn, peanut butter, chewing gum, sausages and marshmallows.



Safest?



How do I learn more?

- <http://www.caringforkids.cps.ca>

Information from Canada's Pediatricians



Infant Safety and Sudden Infant Death Syndrome

Frequently Asked Questions

Infant Safety

1) Do I place my baby on their front or back to sleep?

A child's crib should be empty – no pillows, blankets, stuffed toys, or padding.

This reduces a child's risk of Sudden Infant Death Syndrome (SIDS).

Answer: Place your child on their back to sleep.



Infant Safety

2) What is SIDS?



Answer: SIDS is the sudden death of a child under 1 year of age during sleep due to causes that remain unexplained despite thorough investigation.

Infant Safety

3) What increases my child's risk of having SIDS?

Answer:

- Overheating. Dress your infant in a one piece sleeper that you would be comfortable wearing to sleep
- Cigarette smoke. Keep your home completely smoke free
- Position. Place your child on their back to sleep in their crib, not on the sofa with parent



Infant Safety

4) What protects my child from SIDS?

Answer:

- Sharing your room and allowing your child's crib to be within arm's distance of yours when they are first home up until they are 6 months old
- Never placing your infant on loose bedding, waterbeds, air mattresses or pillows for temporary sleeping



Normal Child Development

Concepts

Is my child normal?

- Children grow and develop at different rates depending on maturity at birth, their environment, their genetics and any health conditions
- Children should always improve. It's a problem if your child loses motor skills, words, or abilities they previously had.



Is my child normal?

- Why do we monitor children's growth and development?
- Research has shown that **early** intervention can make a positive difference in a child's life
- Refer to milestones at:
<http://www.rourkebabyrecord.ca/parents/default.asp>.
- CDC website is great too!



Speech and Language

0-3 months

- Cries and grunts; has different cries for different needs
- Makes a lot of "cooing" sounds

4-6 months

- Babbles using different sounds, "gurgles"
- Lets you know by vocal sounds to do something again

7-12 months

- "Performs" for social attention
- Waves hi/bye (emerging), uses many sounds when playing
- Gives a few very familiar objects on verbal request
- Copies sounds like a "click" or a "cough"

Speech and Language

12-18 months

- Uses a vocabulary of a minimum of 10 spoken words
- Understands "no" and shakes his/her head
- Will reach or point to something wanted while making a sound
- Understands simple directions or questions like "where is your nose?"

18 months-2 years

- Tries to copy your words and can follow a new command
- Uses a variety of 50 or more words and combines 2 words
- Follows directions with 2 objects and one action
- Takes turns in a conversation

When to Worry:

- Stumbling or getting stuck on words or sounds (stuttering)
- Ongoing hoarse voice
- Excessive drooling
- Problems with swallowing or chewing, or eating foods with certain textures (gagging).



When to Worry:

- By age 2½, a child's words are not understood except by family members
- Lack of eye contact and poor social skills for age
- Frustrated when verbally communicating



Hearing

0-3 months

- Startles, cries or wakens to loud sounds
- Moves head, eyes, arms and legs with noise or voice
- Smiles when spoken to, or calms down; appears to listen

4-6 months

- Responds to changes in your voice tone
- Looks around to determine where new sounds are coming from; responds to music

7-12 months • Turns or looks up when her/his name is called

- Responds to the word “no”; “want more”, “come here”
- Knows common words like “cup”, “shoe”, “mom”

Hearing

12 months - 2 years

- Turns toward you when you call their name from behind
- Tries to 'talk' by pointing, reaching and making noises
- Knows sounds like a closing door and a ringing phone

2-3 years

- Listens to a simple story, Follows two step commands

3-4 years

- Hears you when you call from another room
- Listens to the television at the same loudness as the rest of the family
- Answers simple questions

Hearing – When to worry

- Early babbling stops
- Ear pulling (with fever or crankiness)
- Does not respond when called
- Draining ears
- A lot of colds and ear infections
- Loud talking



Vision

0-3 months

- Focuses on your face, bright colors and lights; follows slow-moving, close objects
- Blinks with bright lights or if a fast moving object is close
- Looks at hands and reaches out to touch nearby objects

4-6 months

- Tries to copy your facial expressions
- Reaches for objects when playing
- Grasps small objects close by
- Follows moving objects with eyes only (less moving of head)

Vision

7-12 months

- Plays games like 'peek-a-boo', 'pat-a-cake', 'waves bye-bye'
- Moves around to explore what's in the room; searches for a hidden object

12 months-2 years

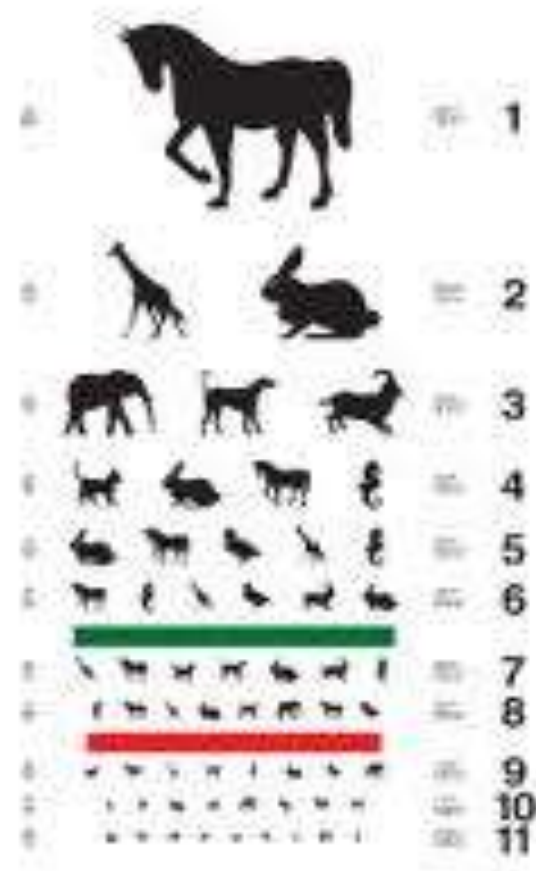
- Moves eyes and hands together (e.g. stack blocks, place pegs)
- Judges depth e.g. climbs up and down stairs
- Follows objects as they move from above head to feet

2-3 years

- Sits a normal distance when watching television
- Follows moving objects with both eyes working together (coordinated)

When to worry - Vision

- Blinking, tearing and/or rubbing eyes often
- Eyes that itch or burn; sensitive to bright light and sun
- Unusually short attention span; will only look at you if he or she hears you
- Turning or tilting head to use only one eye to look at things



When to worry - Vision

- Covering one eye; has difficulty, or is irritable with reading or with close work
- Eyes that cross, turn in or out, move independently
- Holding toys close to eyes, or no interest in small objects and pictures, avoiding tasks with small objects
- Bumping into things, tripping; clumsiness, restricted mobility
- Squinting, frowning; pupils of different sizes



The End

Questions?

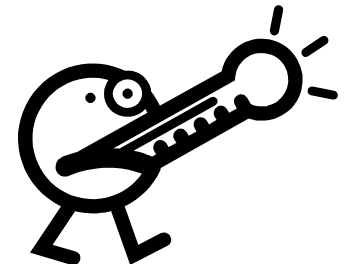
Croup



- Infection of the throat and vocal cords caused by a virus
- Children younger than 5 years old
- Spread the same way as the common cold or influenza virus
 - Touching someone's hand who has the infection
 - Touching something that someone who has the infection touched
 - Being in contact with the virus in the air after a cough or sneeze by someone who has the infection

Croup

- Symptoms:
 - Symptoms of a cold
 - Fever
 - Hoarse voice
 - Barking cough
 - Rapid, noisy breathing
 - Breathing sounds worse when they are breathing faster (ex when crying or excited)
 - Difficulty breathing



Croup

- What can I do
 - Keep child comfortable
 - Lots of fluids
 - Tylenol or Ibuprofen for fever
 - Clear congestion in nose with bulb syringe or saltwater drops
 - Cool mist humidifier
 - Take them outside on a cold day



Croup



- When should I go to the doctor
 - Younger than 6 months with a fever
 - Fever lasting more than 72 hours
 - Symptoms continue or worsen



Croup

- Call 9-1-1 if:
 - Rapid or difficulty breathing
 - Severe sore throat
 - New *or* increased drooling
 - Refusing to swallow
 - Significant discomfort when lying down



Croup

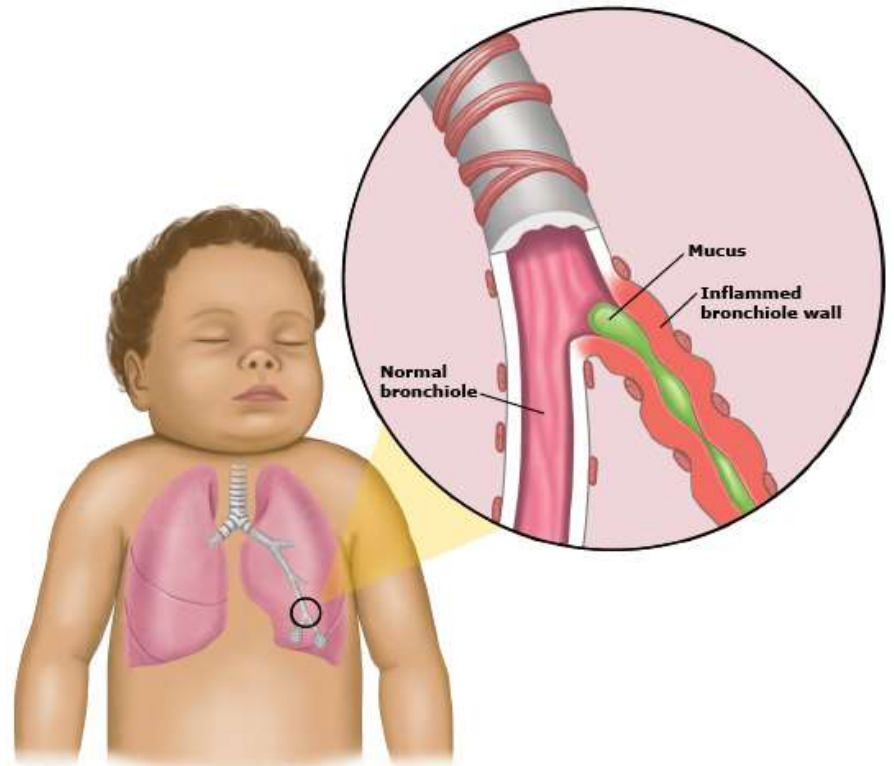


- When should I go to the doctor?
 - Child is having trouble breathing or is breathing rapidly
 - Blue lips or fingernails
 - Severe coughing so much they are choking or vomiting
 - Not eating or drinking
 - Much more sleepy than normal, not wanting to play or feed, fussy and cannot comfort them
 - Cough that lasts more than 1 week



Bronchiolitis

- Infection of the smallest airways
- Caused by viruses
- Symptoms:
 - Nasal congestion
 - Cough
 - Wheezing
 - Difficulty breathing
 - Fever



Bronchiolitis



- What can I do to help?
 - Monitor breathing at home, sleep in same room
 - Prop head up with pillows or a car seat
 - Tylenol or Ibuprofen for fever
 - Saline nose drops/spray to loosen congestion
 - Bulb suction nasal secretions
 - Lots of fluids
 - Warm, clear fluids if older than 1 year
 - No smoking near your child
 - Flu shot to prevent influenza infections



Bronchiolitis



- When should I go to the doctor?
 - Having difficulty breathing
 - Fever and less than 6 months old
 - Difficulty feeding or drinking
 - Fewer wet diapers than normal
 - Signs of dehydration
 - More tired than normal, not waking up or not responding to you
 - Not acting themselves (fussy, crying inconsolably)



Bronchiolitis

- Call 9-1-1 if:
 - Stop breathing
 - Having trouble breathing
 - Working harder to breathe
 - Grunting with breaths
 - Nostrils flaring while breathing
 - Lips or fingernails turning blue



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2. Swimming lessons for Infants and Toddlers (IP 2003-01)
3. Preventing Playground Injuries (IP 2002-01)
4. Recommendations for Snowmobile Safety (IP 2004-02)
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6. Falls from Heights – 2001
7. Reducing the number of deaths and injuries from Residential Fires - 2000

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2. Head injury in children and adolescents (The Basics)
3. Head injury in children and adolescents (Beyond the Basics)
4. Concussion (The Basics)