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in every issue: HOUSE CALL
Question: With a 2-year-old traveling around the house, I am afraid of her getting into anything. While I will continue to be cautious with everything, are there any common household items that I can be less stressed about if she happens to get into them?

Answer: For little ones, putting items in their mouth is second nature—they learn by exploration, sampling, questioning, and trial and error—but it’s still dangerous. Many everyday household products can be poisonous. Some major hazards include drain cleaners, furniture polish, medicine, alcohol, paint thinner, windshield-wiper fluid, and pesticides. However, some products aren’t quite as toxic as you might think. They just have a bad reputation. Below are a few examples of these milder-than-imagined substances:

**Bleach**
The strong smell and stain-fighting power of this chemical lead many to believe it is incredibly toxic. It’s true that, if swallowed, concentrated bleach may irritate or even scar the mouth and esophagus. But it’s typically not fatal. However, never mix bleach with other cleansers, toilet bowl agents, or ammonia—those combinations create a toxic gas that is very dangerous.

**Hand Sanitizer**
Internet rumors have been circulating that children become intoxicated after licking sanitizers off their hands. While it’s true that drinking a bottle of hand sanitizer, which contains alcohol, is dangerous for children, licking a small amount will not harm them.

**Silica Gel**
Packets or bags of these small beads are often packaged with new goods. Items such as leather shoes, electronics, and medicine contain them to help reduce humidity. Although the packets are believed to be dangerous—as a potential breathing obstruction—and often marked with a skull-and-crossbones design, silica gel is nontoxic if eaten. However, the dust inside can irritate the breathing tubes.

**Some Vitamins**
While any vitamin has the potential to cause side effects, such as an upset stomach, most are not highly toxic. For example, even large amounts of B vitamins rarely cause harm. Large doses of vitamin C are safe, too, unless taken every day for a long time. It is the fat-soluble vitamins, A, D, K, and E, that have the best absorption: however poisoning is rare, except with chronic ingestions. But be careful with multivitamins or other pills that contain iron (especially prenatal forms) or calcium. Overdoses of these supplements can be very serious, especially for children.

While these products are not as dangerous as many think, it’s always best to play it safe. Keep potentially harmful items locked up and away from children’s reach. If a child swallows a toxic substance—or one you’re uncertain about—call the Poison Control Center at 1-800-222-1222 right away.

Do you have a question for the pediatric experts at Children’s Mercy Hospitals and Clinics? Submit your question by sending an e-mail to thassen@cmh.edu or writing the editor: Telisa Hassen, Community Relations, Children’s Mercy Hospitals and Clinics, 2401 Gillham Road, Kansas City, MO 64108. We will answer as many inquiries as possible.
Does Your Child Have a Sleep Disorder?

As many as 30 percent of children have a sleep disorder at some point. Many conditions go away on their own, but others may need treatment. Certain problems are more likely to affect children at certain ages. Parents can help their children by recognizing the symptoms and talking with their doctor if they are concerned about their children’s sleep habits.

Infants, Toddlers, and Preschoolers
Many sleep problems in young children are relatively harmless and disappear over time. Some children rock and repeatedly “bang” or roll their heads until they fall asleep. Others may walk or talk in their sleep.

In addition, young children often experience nightmares and night terrors. Nightmares are vivid, scary dreams that usually happen late in the night. Less common are night terrors, which occur earlier during sleep. During a night terror, children may breathe fast, sweat, cry, or scream upon waking. Nightmares and night terrors tend to go away on their own.

Another problem fairly common among young children is bed-wetting. It can have many causes, from genetics to body processes that are not fully developed. Most children outgrow this problem.

School-Age Children
Another set of sleep problems affects children once they reach school age. One such disorder, sleep apnea, is serious and requires treatment. Children with this potentially life-threatening disorder stop breathing for brief periods during their sleep. Extra tissue in the airway may add to the problem.

Symptoms of sleep apnea include heavy snoring and struggling to breathe while sleeping. Because this condition causes disturbances in the sleep pattern, children with sleep apnea may also be very sleepy during the day. They may nap more frequently or fall asleep at school.

Teen-Agers
Staying up late and sleeping in, to a certain degree, are considered normal among teen-agers. However, in teens with delayed sleep phase syndrome, this behavior is taken to the extreme. Teen-agers with this condition may feel wide awake in the late evening and not go to sleep until 3 or 4 a.m. Warning signs include academic failure, tardiness, truancy, and falling asleep during classes. Teens with this condition often sleep until the afternoon on the weekends.

Other teen-agers may develop narcolepsy. The cause is unknown, but scientists believe it runs in families. The main symptom is overwhelming daytime drowsiness, even after a good night’s sleep. Teens with narcolepsy often have irresistible urges to sleep during the day, and they may do so at inappropriate times and places. These “sleep attacks” can occur with or without warning.

Children’s Mercy Comprehensive Sleep Disorders Clinic: 816-234-1699
Parents and children alike dread a bout of gastroenteritis—not because the medical name is a mouthful. This ailment, better known as the stomach flu, causes diarrhea and sometimes vomiting. The most common form, viral gastroenteritis, passes easily from person to person. So it can sweep through a day-care center or school classroom and then through each child’s home. You can limit the spread and aid your family’s recovery by responding right away to signs of illness.

Is It Really the Flu?
The name “stomach flu” is misleading. Gastroenteritis affects the intestines, not the stomach. And, although viruses cause at least 70 percent of cases, the influenza (flu) virus isn’t one of them. Gastroenteritis occurs when other viruses, or less often bacteria or protozoa, infect the intestines. The infection damages or inflames the intestinal lining. This keeps the intestines from absorbing as much water as usual from whatever your child eats or drinks. Also, fluid leaks from the damaged cells. The excess water and fluid cause loose, liquidy stool.

Besides diarrhea, gastroenteritis may cause the following symptoms:
- Vomiting
- Stomachache
- Fever
- Decreased appetite

In most cases, symptoms last only a couple of days, but sometimes they last up to 10 days.

Doctors usually diagnose gastroenteritis by examining a child and asking questions. They ask about the child’s contact with others who are ill, the degree of diarrhea or vomiting, and the child’s other symptoms.

What You Can Do
Normally gastroenteritis goes away on its own. In the meantime, it’s important to prevent or treat dehydration and to keep your child eating as healthy a diet as he or she can manage.

Dehydration is the loss of fluids along with salts or minerals, called electrolytes, which the body needs to function. It’s the most common problem, and the most dangerous, that can result from gastroenteritis. Anyone with diarrhea or vomiting...
STAYING HYDRATED with the STOMACH FLU

In the event your child experiences mild to moderate dehydration, symptoms may include dry mouth, thirst, decreased or dark yellow urine, decreased tears when crying, pale or ashen skin, decreased skin turgor (skin is slow to flatten after being pinched), restlessness or irritability, and sunken eyes.

In severe dehydration, these signs intensify. The child becomes unusually sleepy or lethargic and drinks little or nothing. Urine and tears stop. You may notice pulse and breathing rates increase. Severe dehydration is an emergency. Get medical help right away.

When treating mild to moderate dehydration at home, avoid giving your child sugary fluids, such as cola, apple juice, or sports drinks. These don’t have the right electrolyte balance, and the sugar actually may worsen diarrhea. Instead, oral rehydration solutions, such as Pedialyte or Infalyte, contain fluids along with a specific balance of electrolytes to keep your child hydrated. You can get them without a prescription at drugstores and grocery stores. Be sure to follow the directions on the package.

If your child refuses the solution, he or she may not be dehydrated enough to need it. However, if your child doesn’t like the taste, offer sips so that the child can get used to it, or try another flavor or a freezer-pop version. If your child cannot keep the solution down due to vomiting, give just 1 teaspoon every one to two minutes. This may decrease vomiting. Then give more solution. If it still won’t stay down, call your child’s doctor.

<table>
<thead>
<tr>
<th>SYMPTOMS CHECKLIST</th>
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<tbody>
<tr>
<td>If you suspect that your child has gastroenteritis, call your child’s doctor when any of these are true:</td>
</tr>
<tr>
<td>□ Your child shows signs of dehydration (see column on the right).</td>
</tr>
<tr>
<td>□ Your child’s stool contains blood or pus or is black.</td>
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<tr>
<td>□ The condition doesn’t improve within 24 hours.</td>
</tr>
<tr>
<td>□ Your child has a fever more than 101.4 degrees Fahrenheit.</td>
</tr>
<tr>
<td>□ Your child has severe abdominal pain.</td>
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who doesn’t adequately replace lost fluids is at risk. Infants and young children with these symptoms are especially prone to dehydration. In severe cases, dehydration can be deadly.

As soon as your child is willing to eat, provide his or her normal diet, including breast milk or formula—the sooner the better to reduce diarrhea. For children on solid foods, give a balance of the following:

- Complex carbohydrates—including whole grains, beans, and starchy vegetables
- Lean meats
- Fruits
- Milk and yogurt—whole milk for children younger than age 2 and low-fat for older children

Avoid giving your child foods high in fat or sugar.

To limit transmission, make sure everyone in the household washes their hands for at least 20 seconds after using the bathroom or changing diapers, and again before eating. Be sure not to share food or utensils. Disinfect surfaces that might be contaminated with germs, such as kitchen counters or diaper-changing areas.
Take to the Ice Skating Rink Safely

The carefree feeling of gliding around the ice rink can be a real treat for most kids. But some precautions are necessary to ensure your child’s safety.

“Parents need to prepare their children for this sort of activity,” says Scott Colliton, MD, General Pediatrician at Children’s Mercy Hospitals and Clinics and Assistant Professor of Pediatrics at the UMKC School of Medicine. “Proper equipment, as well as a basic knowledge of skating, is a must.”

The best way to help your child have fun on the ice is to follow the pointers below, provided by the American Academy of Pediatrics and Children’s Mercy Hospital.

1. Enroll your children in a skating class. This is the best way for them to learn the basics: how to fall, stop, glide, and go backward and forward. They also will learn the rules of the rink and skating etiquette.

2. Buy or rent good-quality skates. Make sure they have leather boots and removable stainless steel blades. It’s important to be able to remove and readjust the blades if your child’s feet fall inward or outward while skating.

3. Make sure your child’s skates fit well so they give proper support. Four- and 5-year-olds should wear skates that are the same size or a half-size bigger than their normal shoe size. They have wide feet and need the room.

4. Kids age 6 and older should wear skates a half size smaller than their normal shoe size. Their toes should hit the end of the boot but not feel cramped in. Be sure the laces are tied tightly, but don’t cut off circulation.

5. Tie long hair back. Long hair can easily blow in a child’s face and obstruct vision.

6. Dress your children appropriately. Even if skating indoors, there is still a chill in the air, so dress children warmly and in layers. But keep the socks to only one pair. Two pairs make the feet feel bulky and they won’t be able to feel the edges of the blade under their feet.

7. Have skates sharpened regularly. Dull blades make a skater more prone to losing his balance and falling. They also make it more difficult for a child to choose his direction.

By following these guidelines, you will help your child to safely enjoy one of winter’s favorite activities.

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Here is the recommended skating wardrobe for your child:

- One-piece snowsuits for toddlers
- Waterproof ski jackets
- Waterproof ski pants
- Mittens or gloves
- Waterproof socks
- Hat
- Short scarf
- Long underwear
- Turtleneck or flannel shirt
- Sweater or sweatshirt

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Children’s Mercy Hospitals and Clinics Awards

2007 has been an award-winning year for Children’s Mercy Hospitals and Clinics, with our hospitals and staff receiving numerous local and national honors.

- *KC Magazine* and *KC Business* named Children’s Mercy as one of the Top 10 Companies in Kansas City and the *Kansas City Business Journal* named us one of the Top 10 Best Places to Work in Kansas City among large employers.
- Our Pediatric Emergency Department was chosen by *Child Magazine* as one of the Top Five Pediatric Emergency Departments in the country.
- The Children’s Mercy Critical Care Transport Program was named Transport Program of the Year by the Association of Air Medical Services.
- Children’s Mercy was again honored with the National HRSA Medal of Honor for Excellence in Organ Donation.
- Children’s Mercy was the only pediatric hospital and one of only 31 hospitals nationwide to receive the Commission on Cancer’s (COC) Outstanding Achievement Award, which recognizes the significant commitment by the administration and personnel at the hospital in providing high-quality cancer care and in exceeding the standards set by the COC’s Approvals Program.
2007 has been an award-winning year for children’s mercy hospitals and clinics, with our hospitals and staff receiving numerous local and national honors.

- KC Magazine and KC Business named children’s mercy as one of the top 10 companies in Kansas City and the Kansas City Business Journal named us one of the top 10 Best Places to work in Kansas City among large employers.

- Our Pediatric emergency department was chosen by Child Magazine as one of the top five Pediatric emergency departments in the country.

- The children’s mercy critical care transport Program was named transport Program of the year by the Association of Air Medical Services.

- Children’s mercy was again honored with the National HRSA medal of honor for excellence in organ donation.

- Children’s mercy was the only pediatric hospital and one of only 31 hospitals nationwide to receive the Commission on Cancer’s (COC) Outstanding Achievement award, which recognizes the significant commitment by the administration and personnel at the hospital in providing high-quality cancer care and in exceeding the standards set by the COC’s approval program.

Parents keep their eyes open all the time for dangers that might befall their kids. “Watch for cars near that busy street!” “Don’t play with matches!” But some hazards are not as obvious as others. Hidden hazards around the home can pose dangers, too. Once you know about them, you can take steps to keep your kids safe.

Each year, more than 33 million people sustain injuries from products in their homes, according to the U.S. Consumer Product Safety Commission (CPSC). Some result from products you might never suspect are a threat.

“Most injuries to young children occur in the home,” says Denise Dowd, MD, Chief, Injury Prevention at Children’s Mercy Hospitals and Clinics and Associate Professor of Pediatrics at the UMKC School of Medicine. “Childproofing your home is essential.”

Read on for the CPSC’s top five hidden home hazards—and tips for avoiding them.

**Magnets**

The tiny magnets in toys, jewelry, and other products are powerful. Kids may swallow magnets that fall out. Inside the body, two or more magnets can attract each other or they also can attract any metal that is swallowed. This can cause serious trouble, like holes, blockages, or infection in the intestines.

Take action: Regularly inspect items with magnets to ensure they’re not loose, and keep these items away from children younger than age 6.

**Recalled Products**

Each year the CPSC recalls hundreds of products, from toys to tools, for safety reasons. This gets an item off the store shelves, but if it’s already in your home, you need to know.

Take action: Pay attention to recall announcements. Check the CPSC Web site regularly, or sign up there for CPSC’s e-mail alert—go to www.cpsc.gov.

**Tip-Overs**

Children can be crushed when a heavy item like a bookcase, television, or dresser falls on them.

Take action: Make sure all such items are stable. Use anti-tip brackets to secure these items to the wall or floor.

**Windows and Window Coverings**

Looped cords for blinds or ties for drapes can strangle a child. Kids playing near open windows can fall out. Don’t be fooled—bug screens do not prevent falls from occurring.

Take action: Remove looped items or cut the loops, and tie down cords where kids can’t reach them. Install guards that keep kids from opening windows far enough for them to fall out of.

**Pool and Spa Drains**

The suction from a pool or spa drain can trap a child against the drain or pull in the child’s hair.

Take action: Check that drain covers are intact and in place every time before using the pool or spa. Consider getting a safety vacuum release system, which shuts off the pump if a drain gets blocked.

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**Top Five Hidden Home Hazards**

The number one safety device at home is a working smoke detector.
Are the natives at your house getting restless this winter? You can cure cabin fever—feeling cooped up and cranky from sitting indoors too long—with a healthy dose of active playtime.

To encourage your kids to play more, the first thing to do may be to cut down on TV and computer use. A recent study in Archives of Pediatrics and Adolescent Medicine found that children who park themselves in front of a TV or computer screen for recreation three or more hours per day were less fit than children who spent fewer than three hours a day doing those same activities. To stay fit, kids need at least an hour a day of active play.

So help keep your family healthy and happy this season. Try these tips:

- Learn to ski downhill or cross country.
- Build a snowman or snow fort.
- Celebrate a winter birthday with a family trip to ice skate, toboggan, or snowboard. Don’t forget helmets and wristguards for snowboarders.
- Don’t turn on the TV during or after dinner. After eating, take a family walk instead.
- Replace Saturday morning cartoons with sledding.
- Instead of staying indoors with a video game, go out and make snow angels.
- When you watch TV, lead your family in push-ups or jumping jacks during the commercials.
- For family exercise time, go outside for a fun snowball fight.
- For indoor exercise, buy a jump rope and take turns jumping for five minutes at a time.
- Or have a contest to see who can keep a hula hoop spinning the longest.
- Put on some lively music and invite your family to dance.