Question: What is the problem with letting children ride all-terrain vehicles (ATVs)?

Answer: ATV injuries and deaths among children are increasing at an alarming pace. Between 1982 and 2004, more than 2,000 children were killed in ATV crashes, including 130 in 2004 alone. That same year, 44,700 children were treated in emergency rooms for ATV-related injuries, many of these quite serious.

Children are at a much higher risk of injury than adults. In fact, although children represent only 14 percent of all ATV users, they account for 28 percent of all deaths and 33 percent of all injuries.

Here at Children’s Mercy, we are on track to treat a record number of ATV-related injuries this year. From January through October 2005, we’ve treated 62 children with severe injuries from driving or being a passenger on an ATV. The economic cost of these injuries is great as well. In March 2005, the journal Pediatrics published a study that estimated total hospital charges for children’s ATV injuries over a two-year period exceeded $74 million.

Children Are Not Equipped to Drive ATVs

Most ATV serious injuries and deaths to children are the result of overturning or collision with a stationary object, which implies the inability to control the vehicle properly. Children lack the judgment, coordination, and strength to operate ATVs safely.

Those who work in the Emergency Department understand how dangerous ATVs are for children. I know that when the ambulance crew tells me, “12-year-old in an ATV crash,” it is highly likely that our team will soon be treating a child with multiple traumas and severe injuries.

The parents of children injured in an ATV crash often were not aware of the risk posed by ATVs nor had they considered the amount of developmental maturity it takes to safely operate an ATV. They may see ATVs as fun, go-cart-like toys and fail to realize the potential dangers. This lack of education, coupled with inadequate state or federal safety regulation of a potentially dangerous vehicle, creates the environment for high injury rates.

Guidelines for ATV Operation to Keep Children Safe

To keep your children safe, follow the recommendations of the American Academy of Pediatrics:

- Children younger than 16 should not operate ATVs.
- A driver’s license should be required to operate an ATV.
- Anyone driving an ATV should wear a helmet and protective gear.
- Do not carry passengers on ATVs.

You, literally, hold the key to your child’s safety in your hands.
t snowed all night and the television has just announced that school is closed. Your children can’t wait to get outside to build a snowman or go sledding.

Before you turn them loose in that wintry wonderland, here are a few tips from the nurses at the Children’s Mercy Health Information Line about what parents can do to avoid cold weather injuries.

- Children should be dressed in several loose layers of warm clothing, including thermal underwear and a water-resistant outer layer.
- Don’t forget a hat. Children lose up to 50 percent of their body heat through their heads, so hats are vital.
- Mittens are warmer than gloves, but may limit what your children can do with their fingers. Have your children wear lightweight, stretchy gloves under their mittens.
- Watch your fashion conscious teens when they leave the house. Mittens may be nerdy, but they are better than frostbite.
- Pay attention to the wind chill; if it is below zero, the time spent outside should be limited. In freezing temperatures, exposed skin can suffer frostbite within minutes, so check your children frequently for wet clothing, painful fingers and toes, or any shivering.

But if regardless of your best efforts, your children come back inside with red noses, soggy boots, and only one mitten, here is what to do:

- Remove all wet clothing at once.
- Check little fingers, toes, ears, and noses for signs of frostnip or frostbite. Never rub cold-damaged skin.
- The quickest way to warm your children is to simply stick them in a warm—not hot—bath. Normal color and sensation to their skin should return within 30 minutes. If any skin remains hard, pale, waxy looking, or numb after a bath, they need medical attention right away.

Can Your Child Get Well at Home?

Home health care has become more popular, allowing more people—including children—to get medical care in the comfort of their homes. Your child may get home health care after a hospital stay or developing a serious condition or disability. Many parents prefer to have their children recover at home with their families for comfort and support.

Home health care may also be appropriate for children:
- just diagnosed with diabetes or asthma
- needing physical therapy after surgery
- needing IV medications at home.

“Home health care has evolved so much over the past 20 years,” says Mitzi Scotten, MD, Medical Director of Children’s Mercy Home Care and Assistant Professor of Pediatrics at the UMKC School of Medicine. “It is a comfort for parents when they realize that expert health care and management is available for their child even after going home from the hospital.”

Depending on your child’s needs, a range of services can be provided in the home. However, some patients may need to stay in a hospital for special, supervised care. Parents also need to consider how caring for someone at home will affect the rest of the family.

If you are thinking about home care for your child, talk with your doctor.

Children’s Mercy Home Care offers the only exclusively pediatric home care services program in the Kansas City area. For information, visit www.childrensmercy.org or call (913) 696-8999.
How to Treat and Care for Kids with Heart Defects

Over 30,000 babies are born each year in the United States with a congenital heart defect. Narrowing of heart valves. Holes in the heart. Missing heart valves. These are just a few of the heart defects that can happen while a fetus is growing. Most congenital heart defects block or misdirect blood flow to and from the heart.

Signs and Symptoms
Some infants are born with such a mild defect that it isn’t detected until later in childhood. Some of the signs parents and doctors may notice in a child include:
- chest pain
- trouble breathing when playing
- fatigue
- blacking out
- irregular blood pressure.

Infants with a severe defect have more noticeable symptoms when they’re born, such as:
- trouble feeding
- bluish skin

- difficulty breathing
- irregular heartbeat
- enlarged heart.

Causes for the Defects
Congenital heart defects can result from a number of factors. The risk rises if:
- the baby is born with Down syndrome or other genetic disorders
- the mother has diabetes or a family history of congenital heart disease
- the mother contracts a virus, such as rubella, early in her pregnancy
- the expectant mother is exposed to alcohol, certain medications, or illegal drugs.

But most of the time, the cause of these heart defects remains a mystery.

The types of defects include:
- atrial septal defect (ASD), a hole in the wall that separates the upper chambers of the heart
- ventricular septal defect (VSD), a hole in the wall dividing the heart’s lower chambers
- patent ductus arteriosus (PDA), an opening that allows too much blood to reach the lungs
- heart valve problems that affect blood flow
- tetralogy of Fallot, a combination of four heart defects
- hypoplastic left heart syndrome, which occurs when the left side of the heart doesn’t develop correctly.

In the past, many children with heart defects such as these had little hope for a healthy future. But today the outlook is brighter, thanks to advances in medicine.

Mending Children’s Hearts
Doctors can detect heart problems earlier and more accurately than ever before. When a defect is found, children and their families do have options.

For example:
- Medicines may help children with PDA. Minimally invasive procedures using catheters—thin tubes that are passed through blood vessels to the heart—can close PDA and repair atrial and ventricular septal defects.

Prenatal Consultation
With the many technological advances today, some forms of congenital heart disease are discovered during pregnancy. If a prenatal diagnosis is made, it may be helpful to consult with a cardiac surgeon so that possible outcomes and procedures could be explained. However, specific courses of actions can only be determined after the birth of your baby.
Special Care for Infants and Children

Because their hearts are working harder, infants with heart defects tend to burn more calories than those without a heart problem. It’s important to work with a doctor to make sure these infants are getting enough food. Parents may need to add more feedings throughout the day instead of adding more food to each feeding. This is because these infants get tired more easily.

Infants and children with heart defects also may have weaker immune systems. So it’s important they get their vaccinations.

In addition, children—as well as adults—with heart defects are at risk for getting a heart infection called endocarditis. To help prevent this, doctors may prescribe antibiotics before surgery and dental work.

Some minor heart defects are OK if left untreated and may even disappear on their own. But others are likely to get worse without medication, surgery, and lifelong treatment. Some defects need to be surgically repaired as soon as the baby is born. Other problems can wait until the child is older.

Many children who are diagnosed with mild congenital heart defects can enjoy physical activities, including sports such as tennis, baseball, and cycling. But others may have to limit their participation in athletics and gym classes.

If a child gets the right treatment for the type of defect, he or she has a good chance of growing up strong and healthy.

For more information on the cardiac services provided by Children’s Mercy Hospital, please visit our Web site at www.childrensmercy.org.
It’s No Accident: Sports Safety for Young Female Athletes

Every year about 3 million sports-related injuries force American children and adolescents—many of them girls—to take time off from their game. Fortunately, you can help ensure your young female athlete’s safety by following some simple guidelines.

The Right Sport for the Right Child
The American Academy of Pediatrics recommends that children wait until age 8 to participate in contact sports, including basketball and soccer, and age 10 to participate in collision sports.

“Allowing your child to participate in a sport that she is not developmentally ready for can lead to fractures and other serious injuries,” says Donna Pacicca, MD, Orthopaedic Surgery at Children’s Mercy Hospitals and Clinics and Assistant Professor of Orthopaedic Surgery at the UMKC School of Medicine. “Once an appropriate sport is chosen, your child should practice at the coach’s pace—not the child’s—and follow guidelines to avoid overdoing it—for example, pitchers should do pitch counts by their age and avoid curve balls until age 15.”

Coaching Is Key
Make sure your child’s sport is supervised by a trained teacher or coach. A good coach:
- emphasizes participation, fun, and skill development over winning
- matches players of equal size
- teaches players how to minimize the risk of injury and requires the use of safety equipment
- limits practice times to an appropriate length
- encourages drinking plenty of water.

What Parents Should—and Shouldn’t—Do
- Don’t pressure your child to win at all costs. Focus on fun and safety.
- Take her physical complaints seriously; don’t require your child to “play through the pain.”
- Watch for warning signs of pain in your child, including a limp or other favoring of a part of the body, a loss of enthusiasm for the sport, or a decline in performance.

How Children’s Mercy Can Help Your Female Athlete
Children’s Mercy offers specialization in pediatric and adolescent orthopaedic injuries, with special expertise in female athletes.

The physicians of the Children’s Mercy Orthopaedic Clinic have extensive training in the musculoskeletal functioning of a growing body. Their training and understanding of the unique needs of female adolescents can be imperative to proper treatment, according to Dr. Pacicca.

“A lot of problems girls may have during their adolescence are often mistaken as complaints about minor aches and pains,” explains Dr. Pacicca.

For example, adolescent females often have hard-to-diagnose conditions such as patellofemoral syndrome, which is characterized by a variety of problems, including nonspecific knee pain associated with certain activities and positions of the knee. Although these conditions statistically occur most in adolescent females, they are not merely growing pains, but sometimes continue into adulthood.

Other conditions common in female adolescents, such as ACL ruptures, may be the result of the way girls learn how to run and walk. Dr. Pacicca says that girls tend to overuse their quadriceps and under-develop their hamstrings, which causes strain in the ligaments of the knee.

“We focus on balanced muscle strengthening exercises for physical therapy instead of quadriceps-focused exercises that may make the injury worse,” says Dr. Pacicca.

Dr. Pacicca recommends that primary care physicians refer patients with acute knee injuries, such as ligament or meniscus tears, to be seen right away. Patients with mild degrees of chronic knee pain should also be referred to a specialist.

The Children’s Mercy Orthopaedic Clinic offers special sports emphasis on Monday afternoons and all day Thursdays at Children’s Mercy Hospital, and Wednesday afternoons at Children’s Mercy South. For more information, call (816) 234-3700. Feb. 1 is National Girls and Women in Sports Day!
Infant Massage
Infant massage is one of the most natural and pleasant methods of providing early nurturing contact. This class will teach massage and nurturing touch techniques to support intimate interaction between parent and baby/child and assist in development of trusting relationships. FREE.

Thursday, January 12 or March 9
Noon to 1 p.m.
YMCA at Children’s Center Campus
3101 Main Street, Kansas City, MO

Tuesday, January 24
9 a.m. to 4:30 p.m.
Children’s Mercy Hospital—
HHC 537/540
2401 Gillham Road, Kansas City, MO

Creating a Healthy Home
Learn healthy habits in regards to the home environment, as well as things to do to prevent respiratory infections or other environmentally borne illnesses. FREE.

Monday, January 23
6 to 7 p.m.
Children’s Mercy Hospital—
Byways Room
2401 Gillham Road, Kansas City, MO

Stress Busters
This course is designed to help parents and children cope with stressful situations and teach techniques on relaxation and good communication habits. FREE.

Thursday, February 9
11 a.m. to noon
Platte County Community Center
North YMCA
3100 Running Horse Road,
Platte City, MO

Healthy Meals, Healthy Kids
Participants will get practical information on combining proper diet and exercise to create a healthier lifestyle. FREE.

Tuesday, January 24
7 to 8 p.m.
Platte County Community Center
North
3100 Running Horse Road,
Platte City, MO

Tuesday, March 14
7 to 8 p.m.
Clay Platte YMCA, 1101 NE 47th Street,
Kansas City, MO

Online Medical Sites—Are They Good for Your Health?
This class will discuss the benefits and hazards of online health forums and “ask the doctor” sites. It will also discuss other sources of medical information that can be accessed through the Internet. FREE.

Wednesday, January 25 or March 8
5 to 6 p.m.
Wednesday, February 22
10 to 11 a.m.

CPR for Family & Friends
Everyone who cares for a child should know pediatric CPR. This course is taught according to American Heart Association guidelines and covers the skills necessary for providing basic life support to infants and children. Fee: $20 per person.

Saturday, February 25
9 a.m. to noon
Children’s Mercy Hospital—
HHC 535
2401 Gillham Road, Kansas City, MO

Parenting 101
This course is designed specifically for first time parents or those who need a refresher on information dealing with babies. We will discuss basic diapering skills, feeding, bonding methods, and developmental stages of infants. FREE.

Friday, February 17
2 to 3 p.m.
Children’s Mercy Hospital—
HHC 535
2401 Gillham Road, Kansas City, MO

Kid’s CPR
This course is designed for children ages 5 to 8 years old. It is taught according to American Heart Association guidelines and covers the skills necessary for providing basic life support to children. Fee: $20 per person.

Wednesday, February 15
8:30 to 9:30 p.m.
Children’s Mercy Hospital—
HHC 535
2401 Gillham Road, Kansas City, MO

Baby Sign Language
You can communicate with your infant child! This class teaches parents how to get infants to use signs that go along with basic words. FREE.

Monday, January 30
Noon to 1 p.m.
Children’s Mercy Hospital—
Byways Room
2401 Gillham Road, Kansas City, MO

Food Fight: Battling Childhood Obesity
This presentation will discuss local and national statistics regarding obesity in children and give parents tools to help prevent and fight this growing problem. FREE.

Tuesday, January 31
2:30 to 3:30 p.m.
Children’s Mercy South
5808 W. 110th Street,
Overland Park, KS

Pediatric First Aid/Safety
Preventable injuries are the number one cause of death in children ages 14 and under in the United States. Join us to learn how to handle: bleeding, sprains/strains, burns, asthma, seizures, fever, environmental emergencies and poisonings, and more! FREE.

Tuesday, February 7
7 to 8 p.m.
Clay Platte YMCA
1101 NE 47th Street,
Kansas City, MO

Safe Sitter
This course teaches boys and girls, ages 11 to 13, how to handle emergencies when caring for young children. Fee: $15 per person.

Saturday, January 21
9 a.m. to 4:30 p.m.
Children’s Mercy Hospital—
HHC 537/540
2401 Gillham Road, Kansas City, MO

Children’s Mercy Hospital—
HHC 508
2401 Gillham Road, Kansas City, MO

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Sign Up Today!
Call Healthy Kids University at (816) 234-3748 or visit our Web site at www.childrensmercy.org/hku.
Pre-registration is required for all classes.

www.childrensmercy.org
SAFETY FIRST for Baby Sitters

You don’t have to worry about leaving your children after taking these steps to prepare your baby sitter:

- Discuss how to handle common situations, such as diaper changes.
- Acquaint the sitter with your children’s special health needs.
- Walk the sitter around your home. Identify children’s safety issues, such as steep stairs.
- Show the sitter where you have stored emergency supplies and your first aid kit.
- Discuss how to handle common emergencies, such as cuts that don’t stop bleeding.
- Leave emergency phone numbers by the phone. Include fire, police, poison control, and the child’s doctor. Also, write down the name and number of a helpful neighbor or nearby relative.

Children’s Mercy Healthy Kids University offers a Safe Sitter class for boys and girls, ages 11 to 13. Visit our Web site today to sign up for our class, which will be held on Saturday, January 21. www.childrensmercy.org/hku.