safe & sound

4 Don’t Let Your Child Get Burned

7 A New Tool in Fighting the Rotavirus

8 Winter Blahs: They Can Affect Your Child

In every issue: House Call
New Safety Seat Requirements for Children

**Question:** Can you explain the new child passenger safety seat requirements in Missouri and Kansas? I know new requirements went into effect in 2006.

**Answer:** Children in cars on the streets and highways of Missouri and Kansas are now required to be restrained following the four steps of safety:

**Step 1:** Children younger than 1 year of age and 20 pounds or less must ride in a rear-facing child seat.

**Step 2:** Children ages 1 to 3 must be properly restrained in a forward-facing child seat.

**Step 3:** Children ages 4 to 7 must be restrained in a belt-positioning booster seat unless:
- the child weighs more than 80 pounds
- the child is taller than 4’9”
- only a lap seat belt is available
- the vehicle is not equipped with lap/shoulder seat belt, in which case Missouri law allows a child to be transported in the rear seat, restrained by a lap belt or lap/shoulder seat belt.

**Step 4:** In Kansas—children ages 8 to 13 must be restrained with a seat belt.

In Missouri—children ages 8 to 15 must be restrained with a seat belt.

**The Exemptions**
- When transporting children in the immediate family when there are more children who are not able to be restrained by a child safety restraint appropriate for the child
- In Missouri—the child shall sit in the area behind the front seat of the vehicle unless it is designed only for front seat area.
- Any public carrier for hire (such as a taxi). Students age 4 or older who are passengers on a school bus designed for carrying 11 passengers or more also are exempt.

**Penalty for Violation of CPS Law**
In Kansas there is a $60 fine plus court costs, and in Missouri the fine is $50 plus court costs. Charges are dismissed and/or withdrawn if the driver produces evidence that he or she has acquired a car seat/booster prior to his or her hearing.

**Additional Information**
In Kansas and Missouri, Child Passenger Safety Advocates, State Traffic Safety, and law enforcement officers are conducting public education and low-cost booster seat distribution programs. Please contact the following agencies for more information:
- Safe Kids of Metro Kansas City—(816) 283-6242, ext. 244
- Safe Kids of Johnson County, Kansas—(913) 477-8312
- Western Missouri and Kansas Safety Health Council—(816) 842-5223, ext. 226
- Your local police department (traffic division)
- Kansas Highway Patrol—(913) 782-8100
- Missouri Highway Patrol—(816) 622-0800
- Children’s Mercy Hospital Car Seat Program—(816) 234-1607 or toll free at 1-866-491-1607

---

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.
Contact Lenses: Kids Can Handle Them

Your child wants contact lenses. But can your child handle the responsibility? Yes, say experts—especially if disposable lenses are used.

“Disposable lenses have decreased the incidence of infections from contact lens wear, and provide more flexibility for the beginning contact lens wearer,” says Timothy Hug, OD, Chief, Optometry, Children’s Mercy Hospitals and Clinics.

Why Daily-Wear Lenses for Children Are Best
Research suggests that children as young as age 10 can easily learn to insert and remove any type of contacts on their own. The advantage of disposable lenses is that they’re thrown away on a scheduled basis. One cautionary note: They’re so comfortable that some children forget to take them out at night. If your child falls asleep with lenses in, a drop of artificial tears in each eye will help “unstick” the lenses so they can be removed.

Parents Should Use Caution When Kids Use Extended-Wear Lenses
Without proper care, contact lenses can become your child’s eyes’ worst enemies. That’s because bacteria and viruses can cling to contact lenses. This can lead to an infection, eye ulcers, or even vision loss.

Children who wear contacts overnight—even extended-wear lenses—are at the greatest risk of developing a serious eye infection. Just one to three nights of overnight wear can lead to an infection.

These precautions can help keep your child’s eyes healthy:
- Make sure your child washes his or her hands before handling lenses.
- Have your child rinse his or her storage case out each day with sterile saline or disinfecting solution. Then, leave it open to dry or wipe it out with a clean tissue.
- Keep all follow-up appointments with your child’s doctor.
- If your child develops vision problems or has red, painful, or watery eyes, seek medical attention.

Eye Services Expands Contact Lens Care
In July, the Children’s Mercy Ophthalmology Section expanded contact lens service for routine eye care. Previously, contact lens services were only available for patients with medical conditions requiring a contact lens fit, such as infant aphakia and corneal scarring.

With the expansion of ophthalmology to serve all three Children’s Mercy locations, plus the addition of two new doctors, the care of the contact lens patient has become a new focus for the department.

The Ophthalmology Section, utilizing the optometrists already on staff, is providing contact lens services for patients interested in “routine” contact lens wear. This includes patients who are interested in wearing contact lenses for the first time, or patients who are already wearing contact lenses, but could not previously be seen at the hospital. The optometrists will provide the fitting, follow-up, and initial trial contact lenses. The patients may then purchase their contact lenses through the hospital, or request a prescription to fill elsewhere.

Patients with nearsightedness, farsightedness, or even astigmatism, can successfully wear contact lenses today.

The optometrists available for the contact lens program include: Tim Hug, OD, Dan Smith, OD, and Amy Sullivan, OD. Appointments can be made for contact lens services through the ophthalmology appointment line at (816) 234-3046.
Don’t Let Your Child Get Burned

Flames and fires aren’t the top cause of burns in children—hot liquids and steam actually cause 70 percent of burns in kids.

Hot water from a faucet can burn a child in just a second or two. Help prevent these burns by adjusting your water heater thermostat to “low-medium,” or below 120 degrees Fahrenheit. Many water heaters are automatically set at 140 degrees Fahrenheit or hotter.

Here are some other ways to banish burns:
- Test water temperature before bath time. Put your child in the tub facing away from the faucet, so the faucet is out of reach.
- Don’t set hot drinks on the edges of tables or on tablecloths, where they could be tipped over.
- Keep hot-steam vaporizers out of your child’s reach.

What if your child gets a minor burn from hot liquid? Hold the tender area under cool running water for 15 minutes. Don’t use ice, ointments, or butter on the burn, but do cover it with a dry gauze bandage. If you are in doubt about the severity of a burn, treat it as severe and get emergency help. Also seek medical attention for burns on an infant, or burns on your child’s face, hands, or feet.

Another Common Source of Burns
While hot water, steam, fire, and flames are all very common causes of burns in children, the pediatricians at Children’s Mercy Hospitals and Clinics want parents to be aware of another very common culprit of burns in children—one that’s probably in your house!

“One of the most common sources of burns that we see today is from curling irons,” says Kenneth Wible, MD, Section Chief, General Pediatrics; Medical Director, Pediatric Care Center, Children’s Mercy Hospitals and Clinics; and Associate Professor of Pediatrics at the UMKC School of Medicine.

“Small children often are fascinated by what mother is doing. If the iron is left where the cord can be pulled or the iron picked up, they will often grab the hot end and burn the palm of their hand.

“These burns can be tricky because they are prone to secondary infection. If they are not properly managed, they can lead to serious or even crippling complications,” Dr. Wible continues.

Hot Tips for Cooling Minor Burns

A minor burn that causes your child’s skin to redden, and possibly blister, can usually be treated at home. Keep these quick tips on hand if your little one gets a burn.

- Soak the burn in cool—not cold—water for about 10 minutes. To avoid skin damage, never put ice, butter, or oil on a burn.
- Dry the skin with a clean cloth, and cover the burn with a sterile, nonstick dressing. Consider applying an antibiotic ointment to the burn before bandaging.
- Avoid breaking blisters or scratching burned skin. Does your child’s burn hurt? Over-the-counter acetaminophen can provide pain relief.

When burns are deep or cover a large area, seek immediate medical attention. Do the same when a burn occurs on the face, hands, or feet.
Keep Poison Out of Sight—And Reach—Of Young Ones

Every year, millions of young children accidentally swallow bleach, detergent, drain cleaner, and other poisonous household chemicals. In fact, any interesting-looking substance—including medicines—can be a target of your tot’s desire to taste and explore.

“It is estimated that there are 5 to 7 million potential poison exposures per year in the U.S.,” says Gary Wasserman, DO, Section Chief, Medical Toxicology, Children's Mercy Hospitals and Clinics, and Professor of Pediatrics at the UMKC School of Medicine. “The majority of these occurrences are in the age group younger than 6 years old, and especially in toddlers 12 to 36 months of age. Prevention is the key to protecting children from poisons.”

Suggestions to Keep Your Child Safe from Poisons
Luckily, there’s plenty you can do to make your home poison-proof. Here are some tips:

- Store harmful products in a cabinet with a lock or child-safety latch. Or place them on a high shelf so they’re out of sight and reach.
- Store household cleaners separate from food areas.
- Keep products in their original, labeled containers. Never use milk cartons or soda bottles to store household products.
- After you’ve finished using a cleaning solution, seal the container tightly and immediately put it back where it belongs.
- Discard out-of-date drugs.
- Always prepare and use products according to label instructions.

Your Child Swallowed Something Poisonous, Now What?
Here’s what you should do if a child swallows something you know or suspect is poisonous:

- Call your local Poison Center. Don’t know the number? Dial toll-free, 1-800-222-1222 to have your call routed locally.
- Dial 911 for emergency help if your child collapses, is having difficulty breathing, or has a convulsion.

The American Academy of Pediatrics no longer recommends using syrup of ipecac in the home to induce vomiting.

National Poison Prevention Week is March 18 to 24, 2007
When it comes to chapped lips, the weather is often to blame. Chapping is commonly caused by low humidity, excessive sunlight, windy conditions, and extremely hot or cold weather. During these types of weather, the outer layer of your child’s lips may lose moisture and flake off.

Lip Balm May Ease Your Child’s Chapped Lips
To help heal—and prevent—chapping, try these tips:
- Apply petroleum jelly to your child’s lips to help retain moisture.
- Use a lip balm or lipstick with a sunscreen or sunblock.
- Make sure to advise your child to avoid licking his or her lips.

If your child’s lips don’t stop peeling, your child’s pediatrician may prescribe a cream to help your child’s lips heal.

Other Reasons Lips Dry Out
Besides the weather, other factors may cause your child’s lips—as well as the corners of his or her mouth—to crack. These include infections and certain medications.

Allergic reactions also can cause lips to become red, swollen, or scaly. Such reactions may be triggered by toothpastes, cosmetics, foods, and even reed musical instruments, such as the clarinet.

If you think something other than the weather is causing your child’s chapped lips, you may want to make an appointment to see your child’s doctor. And if you think he or she may be allergic to something, have your child stop using it and bring it to the appointment.
Throughout the world, nearly every child has had rotavirus by the age of 3; it is the second-leading cause of death in children from infectious disease worldwide. Rotavirus is very contagious, and efforts at hygiene and sanitation do not stop its spread. In addition to causing a profuse diarrhea, rotavirus also causes fever and vomiting. This makes it much harder to keep sick infants hydrated.

**Vaccine Available for Your Child**
A new vaccine is always exciting news for anyone who cares for children. Our newest weapon to fight this childhood disease is the RotaTeq Vaccine. It has been added to routine early childhood vaccinations to protect infants from rotavirus.

**When You Should Talk with Your Child’s Doctor**
A potential complication with earlier forms of the vaccine was intussusception—a painful type of bowel obstruction where the intestine telescopes into itself. This is very rare in current vaccines, but is still listed as a potential complication. If your child cries very hard at 10 to 15 minute intervals as though your child’s tummy hurts, call your doctor’s office immediately. Side effects are similar to other immunizations and include mild vomiting and diarrhea within seven days of the vaccination. Getting the vaccine is much safer than getting the disease.

A child who has severe, ongoing digestive problems, is currently sick (except very mild illness), or who is immune-compromised due to HIV/AIDS, cancer, or chemotherapy, or using steroid medications should be cleared by his or her doctor before receiving the vaccine. As with all medicines, allergic reaction to any of the components of the vaccine will prevent the child from receiving the vaccine.
Winter Blahs: They Can Affect Your Child

Does your child seem to sleep and crave sweets more during the winter than in the summer?

It could be that he or she is suffering from seasonal affective disorder (SAD), a type of depression that lasts through the winter and goes away in the spring and summer.

What to Look For

As many as 1 million children and teens in the U.S. may suffer from SAD, which is caused by a lack of sunlight in winter months.

Recognizing SAD in children can be hard because the symptoms may be milder than those in adults. Often, it takes years before a child is diagnosed because parents are unaware of a seasonal pattern.

SAD symptoms include:

- crankiness or irritability
- tiredness or loss of energy
- problems in school
- oversleeping
- overeating, especially carbohydrate cravings.

How You Can Help Your Child

After being diagnosed by a doctor or therapist, children may be treated with light therapy. The child sits near a light box for a certain length of time every day. If light therapy does not work, medications may help. Because children and teens with SAD can be tired and unfocused, parents should help keep them organized during the winter. For example, kids may do demanding and time-consuming activities, such as a school play, during the spring. On a daily basis, parents can help their child wake up in the morning and make sure that he or she gets enough light, either natural or artificial.