

Education

Passive Smoking

What is passive smoking?

Nonsmoking children who live in homes with smokers are exposed to cigarette smoke. This situation is called "passive smoking."

The smoke comes from two sources: secondhand smoke and sidestream smoke. Secondhand smoke is the smoke exhaled by the smoker. Sidestream smoke is the smoke that rises off the end of a burning cigarette. Most of the smoke in a room is sidestream smoke. Sidestream smoke contains 2 or 3 times more harmful chemicals than secondhand smoke because it does not pass through the cigarette filter. At its worst, a child in a very smoky room for one hour with several smokers inhales as many bad chemicals as he would by actually smoking 10 or more cigarettes.

In general, children of smoking mothers absorb more smoke into their bodies than children of smoking fathers because they spend more time with their mothers. Children who are breast-fed by a smoking mother are at the greatest risk because chemicals from the smoke are in the breast milk as well as the surrounding air.

How does passive smoke harm my child?

Children who live in a house where someone smokes have more respiratory infections. Their symptoms are also more severe and last longer than those of children who live in a smoke-free home.

The impact of passive smoke is worse during the first 5 years of life, when children spend most of their time with their parents. The more smokers there are in a household and the more they smoke, the more severe a child's symptoms are.

Passive smoking is especially hazardous to children who have asthma. Exposure to smoke causes more severe asthma attacks, more emergency room visits, and more admissions to the hospital. These children are also less likely to outgrow their asthma.

The following conditions are worsened by passive smoking:

- pneumonia
- coughs or bronchitis
- croup or laryngitis
- wheezing or bronchiolitis
- asthma attacks
- flu (influenza)
- ear infections
- middle ear fluid and blockage
- colds or upper respiratory infections
- sinus infections
- sore throats
- eye irritation
- crib deaths (SIDS)
- school absenteeism caused by illness.

How can I protect my child from passive smoking?

- **Give up smoking.** You can stop smoking if you get help. Sign up for a stop-smoking class or program. If you need some self-help reading materials, call your local American Lung Association or American Cancer Society office. If you want your child not to smoke, set a good example by not smoking yourself. It is even more important to give up smoking if you are pregnant. The unborn baby of a smoking mother has twice the risk for prematurity and newborn complications. You must also avoid smoking if you are breast-feeding because harmful chemicals from the smoke get into the breast milk. For more information call the National Cancer Institute on their toll-free line: 1-800-4-CANCER.
- **Never smoke inside your home.** Some parents find it very difficult to give up smoking, but all parents can change their smoking habits. Smoke only when you are away from home. If you have to smoke when you are home, smoke only in your garage or on the porch. If you have to smoke inside your house, decide which room in your home will be a smoking room. Keep the door to this room closed and open a window sometimes to let fresh air into the room. Wear an overshirt in this room so your underlying clothing does not collect the smoke. Never allow your child inside this room. Don't smoke in any other parts of the house. Visitors must also smoke only in this one room.
- **Never smoke when you are close to your child.** If you cannot limit your smoking to one room, at least don't smoke when you are holding your child. Never smoke in a car when your child is a passenger. Never smoke when you are feeding or bathing your child. Never smoke in your child's bedroom. These precautions will reduce your child's exposure to smoke and protect him from cigarette burns. Even doing just this much will help your child to some degree.
- **Avoid leaving your child with someone who smokes.** Ask about smoking when you are looking for day care centers or baby sitters. If your child has asthma, this safeguard is crucial.

Pediatric Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books. This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Poisoning

When should I call the Poison Center or my health care provider?

Call **IMMEDIATELY** any time you think your child has swallowed a poison.

Be prepared to answer the following questions:

- What was swallowed?
- How much was swallowed?
- When was it swallowed?
- Does your child have any symptoms?

What if acids, alkalis, or petroleum products are swallowed?

Acidic and alkaline substances and petroleum products include toilet bowl cleaners, oven cleaners, drain cleaners, lye, automatic dishwasher detergent, and Clinitest tablets. They also include ammonia, bleaches, kerosene, gasoline, benzene, furniture polish, and lighter fluid. If your child vomits after swallowing these, more damage to the esophagus or lungs can occur.

- **First Aid** Do not try to make your child throw up. Give your child 2 or 3 ounces of water (or milk) to drink to wash out the esophagus. Do not give your child too much fluid or it could cause your child to vomit. Keep your child sitting or standing to protect the esophagus. Do not let him lie down. Go to the nearest emergency room. Bring the container the poison was in with you.

What if drugs, chemicals, or plants are swallowed?

Most prescription medicines are a problem if taken as an overdose. Chemicals and many plants are also poisonous. The most dangerous drugs (in overdoses) are barbiturates, clonidine, digitalis products, narcotics, Lomotil, Darvon, Tofranil, and other tricyclic antidepressants. Some dangerous nonprescription medicines are iron and aspirin.

- **First Aid** The National Poison Center hotline number is 1-800-222-1222. This number will automatically connect you with your local poison center. Do not make your child throw up. Syrup of ipecac is no longer used for poisonings. If you have any ipecac in your home, get rid of it by flushing it down the toilet.

What are some harmless substances?

Fortunately, many children will swallow nonedible substances that do not cause any serious problems. In these cases it is not necessary to try to get your child to throw up.

Some examples of nontoxic substances are:

- candles
- chalk, crayons, ballpoint pens, felt tip pens, or pencils (the "lead" is actually graphite)
- hair sprays, hand lotions, or perfumes
- dog/cat food or cat litter
- deodorants, detergents, toothpaste, or hand soaps
- dirt
- greases and oils
- silica granules

- petroleum jelly, shampoos, shaving cream, or suntan lotions.

Call your health care provider to make sure that what your child swallowed is harmless.

Pediatric Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books. This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Poisoning: Prevention

- Remember to keep drugs and chemicals locked up or out of reach of children. Think about where you keep drain cleaners, furniture polish, drugs, and insecticides. These are the most common dangerous poisons.
- Keep alcoholic beverages also out of a child's reach. Alcoholic beverages have caused serious poisonings. As little as 3 ounces of hard liquor can kill a 2-year-old child. Remember that most mouthwashes contain 15% to 25%.
- Whenever you or your child is prescribed a new drug, remember to keep the safety cap on and make sure that you are giving the right dose.
- Don't leave drugs on countertops, especially when you are called away to the door or telephone.
- Don't leave drugs in a purse because children often search them for candy or gum. When you have guests, keep purses out of reach of children.
- Always read the label before giving any medicine. Be sure it's the right drug and that you are giving the correct dosage. Don't give medicines in the dark.
- Know the names of all your houseplants and remove any (for example, Dieffenbachia) that could cause sickness other than vomiting or diarrhea. Teach your child never to put leaves, stems, seeds, or berries from any plant into her mouth without your permission.
- Don't store any chemicals in soft drink bottles. Don't put gasoline into any type of food or beverage container.
- Keep the telephone number of the Poison Control Center handy.
- Remember that kids often get into poisons simply to satisfy their curiosity. Telling a young child not to put something in their mouth is not enough to prevent poisoning. To prevent poisonings, parents have to consistently supervise where young children are and what they are doing.

Pediatric Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books. This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Tooth Decay Prevention

What is tooth decay?

Tooth decay is when the enamel of a tooth is destroyed. It may cause toothaches, lost teeth, malocclusion (poor bite), and costly visits to the dentist. Fortunately, modern dentistry can prevent 80% to 90% of tooth decay.

How can I help my child prevent tooth decay?

Here are some tips for raising cavity-free kids.

Fluoride

Fluoride builds strong, decay-resistant enamel and reduces cavities by 70%. Children 6 months to 16 years old need fluoride. By 16 years, the enamel formation on the 3rd molars is completed. Drinking fluoridated water (containing 0.7 to 1.2 parts fluoride per million) or taking a prescription fluoride supplement is the best protection against tooth decay.

To get enough fluoride from drinking water, a child must drink at least 1 pint of fluoridated water each day. By school age a child should drink 1 quart of fluoridated water per day. Fluoride is safe. Over half of all Americans drink fluoridated water. Fluoride has been added to water supplies for over 50 years.

If fluoride isn't added to your city's water supply or you are breast-feeding, ask your health care provider for a prescription for fluoride drops or tablets during your next routine visit. The dosage of fluoride is:

- 0.25 mg per day for children up to 3 years old
- 0.5 mg per day for children 3 to 6 years old
- 1.0 mg for children over age 6.

Mixing fluoride with milk reduces absorption of the fluoride to 70%. For this reason you should give fluoride to your child when he or she has an empty stomach.

Bottled water usually doesn't contain enough fluoride. Call the bottled water producer for information. If your child drinks bottled water containing 0.6 or less parts fluoride per million, ask your provider for a fluoride supplement.

One concern about fluoride is white spots or mottling on the teeth (called fluorosis). This can occur when a child has 2 mg or more fluoride per day. Children may get too much fluoride if they receive fluoride supplements when fluoride is already present in the city water supply. Occasionally they can get extra fluoride by eating their toothpaste. A ribbon of toothpaste contains about 1 mg of fluoride. Therefore, people of all ages should use only a drop of toothpaste the size of a pea. This precaution, and encouraging your child not to swallow most of the toothpaste, will prevent fluorosis.

Toothbrushing and flossing

The purpose of toothbrushing is to remove plaque from the teeth. Plaque is the invisible scum that forms on the surface of teeth. Within this plaque, mouth bacteria change sugars to acids, which in turn etches the tooth enamel.

Toothbrushing should begin before a child is 1 year old. Help your child brush at least until after the age of 6 years. Most children don't have the coordination or strength to brush their own teeth adequately before then. If your child is negative about tooth-brushing, have him brush your teeth first before you brush his.

Try to brush after each meal, but especially after the last meal or snack of the day. To prevent mouth bacteria from changing food caught in the teeth into acid, brush the teeth within the first 5 to 10 minutes after meals. If your child is in a setting where he can't brush his teeth, teach him to rinse his mouth with water after meals instead.

Brush the molars (back teeth) carefully. Decay usually starts in the pits and crevices in these teeth. Dental floss is very useful for cleaning between the teeth where a brush can't reach. This should begin when your child's molars start to touch. In the early years, most of the teeth have spaces between them.

A fluoride toothpaste is beneficial at all ages starting at 1 year. Adults and children tend to use too much toothpaste. An amount the size of a small pea is all that you need.

Diet

A healthy diet from a dental standpoint is one that keeps the sugar concentration in the mouth at a low level. The worst foods for your teeth contain sugar and also stick to the teeth.

If your child is a baby, prevent baby-bottle cavities by not letting your infant sleep with a bottle of milk or juice. After the

first teeth appear give your baby a bottle of water if your child must have a bottle at night. It is better to put your child to bed after he or she is finished with the bottle.

Avoid letting your child carry around a bottle or sippy-cups during waking hours. Young children who use milk, juice or other sweetened liquid for comforting, are prone to severe dental decay.

Discourage your child from eating foods such as hard candy or sticky sweets (for example, caramels or raisins). When a child eats these foods his or her teeth are in contact with sugar for a long time. Since no one can keep children away from candy completely, try to teach your child to brush after eating it. Avoid frequent snacks and offer foods that contain sugar with meals only.

Dental sealants

The latest breakthrough in dental research is dental sealing of the pits and fissures of the biting surfaces of the molars. Fluoride does little to prevent decay on these surfaces. A special plastic seal can be applied to the top surfaces of the permanent molars at about age 6. The seal may protect against decay for 10 to 20 years without needing replacement. Ask your child's dentist about the latest recommendations.

Dentist visits

The American Dental Association recommends that dental checkups begin at the age of 3 years (sooner for dental symptoms or teeth that look abnormal).

Pediatric Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books. This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Smoke, Heat, and Carbon Monoxide Detectors

The leading cause of deaths and injuries to children at home is accidents. Fires are one of the most dangerous of such accidents. Most fatal home fires occur at night, while people sleep. If you are asleep or become disoriented from toxic gases produced by a fire, you may not even realize that there is a fire. A smoke or heat detector can sound an alarm and alert you to the danger in time to escape.

Carbon monoxide is a colorless, odorless gas that is made by many household appliances (furnaces, dryers, ranges, ovens, and heaters). Usually, carbon monoxide and other gases are vented to the outside. But, if something goes wrong and carbon monoxide leaks into your home, it could be deadly. The alarm of a carbon monoxide detector will go off in time to get out before a normal adult starts feeling sick.

The following are some common questions and answers about smoke, heat, and carbon monoxide detectors.

1. **Q. What are the types of alarms or detectors?** A: There are 3 types of detectors:
 1. Heat detectors, which sound an alarm to warn of an abnormally high temperature near the detector.
 2. Smoke detectors, which sound an alarm at the first trace of smoke.
 3. Carbon monoxide detectors, which sound an alarm if the carbon monoxide level in the home is too high.
2. **Q: What is the power source for these detectors?** A: Some detectors operate on batteries. Others are either plugged into a wall outlet or wired directly into the house.
3. **Q: What are the pros and cons of the battery powered alarms?** A: An advantage of battery alarms is that they are not affected by a fire that cuts off the electricity to the house. Also, they can be put anywhere, even where there are no electrical outlets or wires. The disadvantages are that the batteries need to be changed about once a year and the beep signaling a low battery can be annoying.
4. **Q: What is the best type of battery to use?** A: Lithium batteries can last up to 5 or 6 years, reducing the chance that the detector will have a dead battery when you need it most. However, lithium batteries are a lot more expensive.
5. **Q: What are the pros and cons of the detectors powered by household current?** A: You do not have to change batteries and there is no annoying beep when the battery is low. However, fires that affect the household current will make the alarm not work. Also, detectors must be placed where wiring or outlets are available.
6. **Q: Do I have to do anything to maintain my detectors?** A: Yes. You should test them once a month by holding a candle 6 inches away and blowing smoke toward the detector. The alarm should sound in 20 seconds. Some alarms have test buttons, but to be sure the detector works, you must use the smoke-testing method. To test your carbon monoxide detector, just use the test button. For all types of detectors, replace batteries at least once a year and when they are low. Use the correct kind of battery. You must clean the unit at least once a year by vacuuming the detector. Never paint the detector.
7. **Q: With so many brands of detectors on the market, how do I choose one?** A: Be sure to buy a detector that has the label of a testing laboratory, for example, Underwriter's Laboratory (UL). Follow the installation and maintenance recommendations of the manufacturer. Buy the type that best suits your household needs and budget.
8. **Q: How many smoke, heat, or carbon monoxide detectors should I buy for my house?** A: Install a smoke or heat detector outside each bedroom area and one on each floor of the house. For extra protection, you can also put them in bedrooms, the dining room, furnace room, utility room, attic, garage, and hallways. Carbon monoxide detectors should be just outside of or in each bedroom.
9. **Q: Where should the detectors be placed?** A: All types of detectors should be mounted on the ceiling. Smoke rises so to detect the first traces of smoke a detector could also be mounted high on a wall (4 to 12 inches from the ceiling).
10. **Q: How much will it cost to install smoke, heat, or carbon monoxide detectors?** A: You can buy detectors for about \$7 to \$60 each. Packaged fire detection systems may cost \$300 and up.

The extra time provided by a detector alarm may allow your family to escape unharmed from a fire or carbon monoxide poisoning. The extra time and money spent on buying, installing, and maintaining your detectors could save your lives.

Pediatric Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Written by E. Christophersen, PhD, author of "Pediatric Compliance: A Guide for the Primary Care Physician." This content is

reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Normal Development: 11 Years Old

Physical Development

- May experience growth spurt if female (usually a year or two later for males).
- May tire easily and appear lazy.
- May look out of proportion.
- Is preoccupied with and self-conscious about appearance.
- Appetite may fluctuate sharply.
- Enjoys observing or participating in competitive sports.
- Is keenly interested in learning about body changes.
- May be curious about drugs, alcohol, and tobacco.

Emotional Development

- May be experiencing sudden, dramatic, emotional changes associated with puberty.
- Vacillates between maturity one moment, immaturity the next.
- Tends to conceal feelings.
- Is hard on self and ultrasensitive to criticism.

Social Development

- Wants parents' help, but may resist when offered.
- Is critical of parents.
- Is concerned with prestige and popularity.
- Likes to belong to a group and be like others.
- Becomes quite faddish.
- Prefers to spend time on weekends with friends.
- Friendships may change due to different levels of maturity.
- Is very aware of the opposite sex.

Mental Development

- Has an increasing attention and concentration span.
- Strives to succeed.
- Has strong opinions.
- Begins to understand other peoples' motives.

These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones

earlier and other milestones later than the general trend.

If you have any concerns related to your child's own pattern of development, check with your health care provider.

Pediatric Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Written by Donna Warner Manczak, PhD, MPH and Robert Brayden, MD. This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.