



The last day of school is one that kids eagerly await for months and a day that can make many parents anxious. Summertime often brings changes to your child's daily schedule, including travel and outdoor activities that can lead to insect bites, sunburn or other injuries. To help prepare for the final school bell, here are some things to remember to help make this summer as healthy and safe as possible for your kids.

Traveling safely in the neighborhood or around the world

Summer is a time many families hit the road and take to the skies. No matter if the trip is just around the block or across the country, parents should take riding in a motor vehicle very seriously. With an estimated 1,800 deaths and more than 280,000 injuries

each year, motor vehicle crashes are the leading cause of unintentional injury-related death in children.

The best thing parents can do while riding in the car is to make sure their children are properly restrained according to their age. That

includes making sure:

- A newborn under 1 year of age (or below 20 pounds) is in a properly-installed rear-facing car seat.
- A child between ages 1 and 4 (or below 40 pounds) is in a properly-installed forward-facing car seat.
- A child between ages 4 and 8 (and below 80 pounds) is in a booster seat.
- A child 8 years and older (or above 80 pounds) is in the routine of always wearing a seat belt while riding. One thing you can do to reinforce this is to set a good example by wearing your own seat belt.

When traveling on airplanes, parents should check their rear or forward-facing car seat to see if it is approved for use in airplanes. Children who weigh more than 40 pounds can ride in an airplane safely just wearing their seat belt. ❖

Learn More

If you are traveling abroad, make sure your child is up-to-date on all needed immunizations. Travel to some parts of the world may require your child to be vaccinated for diseases native to that region, such as yellow fever in many parts of Africa, Central America and South America. For more information, contact your child's pediatrician or contact Cook Children's Infectious Disease Services at 682-885-1485.



Keeping bugs from ruining the fun

Whether it's participating in sports, going swimming or just playing at the park, outdoor enthusiasts love Texas summers. Unfortunately, the climate is quite agreeable for many insects, too. Any outdoor event can be spoiled by flies, ticks and other bug bites. In Texas, parents should pay extra attention to mosquitoes and fire ants.

Mosquitoes have received lots of attention over the past few years because they can

carry West Nile Virus.

Although the risk of contracting the illness is low (only 108 cases of human exposure in Texas in 2004), the best way parents can protect their children is keep mosquitoes from biting. To do this, children should avoid playing outdoors at dawn and dusk when mosquitoes are most active. Dress children in long sleeves and pants for further protection. Children can also use bug repellents with DEET

(N,N-diethyl-meta-toluamide on the label), but the American Academy of Pediatrics asks parents not to allow any repellent that is more than 30 percent DEET on any child. DEET should never be used on newborns under 2 months of age.

Fire ants can also pose a particular danger because each colony can have hundreds of ants that respond aggressively to threats. A fire ant bite can cause immediate swelling and irritation around the affected area; a white pustule can appear after two or three days. To relieve the swelling, put ice or a cool washcloth on the affected area for 10 minutes at a time. In rare cases, an ant bite can also trigger allergic reactions. If your child shows signs of an allergic reaction, including hives on the skin around the bite, swelling in the face or difficulty breathing, take your child to an emergency room or call 911. ❖



Keeping kids active and safe at home

For many working parents with older children, summer vacation can cause a power struggle. Although many children want to assert their independence, parents may fear for their children's safety and worry how to keep them active. One solution experts recommend is for parents to create a safe home environment and allow children to make some of their own decisions regarding free time and activities. That way, parents can give kids some freedom and slowly allow them to gain more responsibility.

For their children's protection, parents should introduce them to several adults



in the neighborhood whom they can turn to in case of a sudden emergency at home. Children should also get in the routine of calling parents to let them know daily plans, when they're going to a friend's house, leaving the house and returning home.

Make a first-aid kit available that includes bandages, medications and thermometers. Periodically inspect the kit, discard expired medications and replace items when needed. Parents should also teach children how to use its contents. ❖



Slip! Slop! Slap! Wrap! Chill the threat of sunburn

Protecting themselves from the sun is an important habit for children to develop. Sun exposure is the cause of most skin cancers, and it is estimated that 80 percent of lifetime sun exposure takes place before age 18.

To keep from getting pink, the American Cancer Society recommends that parents remember *Slip! Slop! Slap! Wrap!* Slip on a shirt, slop on sunscreen, slap on a wide-brim hat and wrap sunglasses over eyes.

Experts also recommend putting on sunscreen half an hour before going outdoors and reapplying it every two hours. Many pediatricians recommend that parents keep children under 6 months old out of the sun because they can burn easily, and newborns should avoid some sunscreen ingredients. If an infant is outdoors, parents should be extremely cautious and should cover the child with protective, light-colored clothing. ❖



Fever 101 — A Parent's Guide

By Anne Glankler

It's midnight, and your child feels warm to the touch. You take out the trusty digital thermometer and get a 103.5-degree Fahrenheit reading. Frantically, you go straight to the medicine cabinet, pull out the Tylenol, then dial your pediatrician's office, hoping to get reassurance that a trip to the emergency department isn't warranted. You're scared, anxious and afraid that this is an indication of a serious problem.



For so many parents, this scenario is all too familiar. But in most cases, fever isn't dangerous. The fear of fever is a myth that has been around for as long as there have been children. Although it is scary when your child's temperature continues to rise, fever itself won't cause harm and is actually a good thing. It is how the body fights off an infection.

A normal body temperature is usually around 98.6 and will fluctuate throughout the day; it's usually a little lower in the morning and higher in the evening. Fever occurs when the body's internal thermostat raises its temperature above the normal level. Most causes of fever are benign, viral infections that are just a common part of childhood, especially if your child is in a child-care or preschool setting.

According to Noel "Kip" Frizzell, M.D., of Pediatric Consultants in Memphis, "the best thing that parents can do is get to know their child's normal behavior and gauge the situation from there."

Dr. Frizzell offers three general rules to ask yourself when your child has a temperature:

- Is your child's breathing labored?
- Is your child having any forceful vomiting?
- Is your child crying inconsolably?

If you answer "yes" to any of these questions, he says it's probably best to call your pediatrician's office. Dr. Frizzell says that it is more important to see a child with a temperature of 99.9 accompanied with any of the three symptoms than a child who has a temperature of 103.5 and none of them.

Dr. Frizzell stresses that if you have an infant under the age of 3 months with a rectal temperature of 100.4, you need to call your pediatrician immediately. Fever in newborns can be serious and does require an exam to ensure that the infant does not have another potentially harmful condition.



The one thing you can do for your child when he has a fever is make him as comfortable as possible. You can provide relief by administering a dosage of acetaminophen or ibuprofen (children should not be given aspirin) if the child is 6 months of age or older. Most children with a temperature below 102 degrees don't need medication, but if you notice that your child is uncomfortable, it won't hurt to go ahead and medicate him. You should also keep your child dressed in light clothing, keep the house at a comfortable temperature, offer plenty of fluids and make sure your child is resting.

Although it is scary when your child's temperature continues to rise, fever itself won't cause harm and is actually a good thing. It is how the body fights off an infection.

Knowing your child's normal behavior and the symptoms that are accompanying the fever is the most important information for you to consider. As long as you don't notice any of the three red flags, a trip to the doctor's office probably isn't necessary. Just remember to stay on top of the situation and monitor your child closely. "The majority of our after-hours calls are about fever," says Dr. Frizzell. "It's a very broad concern for all parents, but in most situations, it's not a result of something serious." ♦

Fever Basics

When Does Fever Begin?

- 100.4 degrees Fahrenheit, measured rectally
- 99.5 degrees measured orally
- 99 degrees measured under the arm

What Method Gives The Most Accurate Reading?

A digital thermometer administered rectally will give you the most accurate temperature.

What Does Fever Mean?

Fever is the body's natural defense against infection. Most causes of fever are benign viral infections.

When Should I Call The Doctor?

Call the doctor if you have an infant under 3 months of age with a rectal temperature of 100.4 or if your child is experiencing any of the following:

- Labored breathing
- Forceful vomiting
- Inconsolable crying

You should also call your doctor if an older child has a temperature higher than 104 degrees.

What Should I Do If My Child Has A Temperature Of 104 But Is Acting Fine?

If your child is not exhibiting any of the behavioral red flags, medicate your child with a dosage of acetaminophen or ibuprofen if your child is 6 months old or older. Continue to monitor your child's behavior and call the doctor if the fever has not gone down after 24 hours with medication.





Is It Depression?

Effective treatments are available for children and teens

HAVE YOU NOTICED that your child just doesn't seem herself lately? She's irritable. She sleeps in until noon on the weekends and looks tired. Her grades are slipping. She no longer wants to participate in softball — and even shrugs off her previously favorite family pizza night.

Is it just a phase or could it be something more?

"Depression in children and adolescents is often just as debilitating as in adults, so it's best for parents not to write off behavioral changes that they are concerned about as simply 'the blues,' 'moodiness' or 'the teen years,'" says Rainbow child & adolescent psychologist Norah Feeny, PhD.

"While each of these behaviors in and of themselves is not necessarily alarming, in combination, they may certainly point to a serious problem worthy of attention."

Many experts once doubted whether children could actually suffer from depression. But in fact, the National Institutes of Mental Health now estimates that the disease affects

2.5 percent of children and 8.3 percent of adolescents. In school-age children, the condition affects boys and girls alike. In the teenage years, however, girls are twice as likely to be depressed — a rate that continues into adulthood.

While depression is a serious disease, Dr. Feeny says, parents need to keep in mind that effective treatments are available.

When and how to seek help

Even if you notice your child exhibits several symptoms of depression — which include sadness, lack of interest, irritability and changes in behavior — you may still be reluctant to broach the subject. It's normal to worry about embarrassing your children or pushing them away.

Dr. Feeny suggests it is best to express calm concern, conveying observations and changes in behavior without being accusatory. This conversation should ideally take place before any visit to a new health care professional.

"It is important for parents to let their child know that suffering from depression is not only common and treatable — but also nothing to be ashamed of," she says. Unlike simply being in a bad mood, depression is a condition that is thought to be caused by any of a combination of factors including environmental stressors or losses, genetics and unhelpful patterns of thinking.

Effective treatment options

If symptoms of depression last for more than two weeks, you should schedule an appointment with your child's pediatrician. He or she may then refer you to a psychologist or social worker for talk therapy, or a child and adolescent psychiatrist, who can prescribe medications if needed. Alternatively, depending on your level of concern and how long your child has been struggling with symptoms of depression, you could schedule an appointment with a psychiatrist or psychologist right away.

While there are no simple blood tests that can determine depression, mental health experts diagnose depression by taking a thorough history (talking with patients and their families), a physical examination, and in some cases, blood tests to rule out a medical condition, such as a thyroid deficiency, which can mimic depression. Parents and children may also be asked to complete questionnaires or structured interviews that ask specifically about depression symptoms. Such tools can be very helpful in determining, or ruling out, a diagnosis of depression.

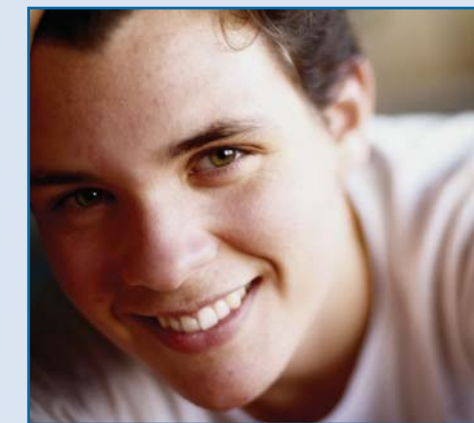


Norah Feeny, PhD
child & adolescent
psychologist, Rainbow
Babies & Children's Hospital

If depression is diagnosed, your treatment provider should then work with you and your

child to devise an effective treatment plan. In many cases, particularly with moderate to severe depression, a combined approach of medication and talk therapy may be best, Dr. Feeny says.

Indeed, a recent national study of more than 400 adolescents (including 33 in the Cleveland area) found that a combination of the medication fluoxetine (Prozac) and cognitive behavioral psychotherapy appears to be the best approach for alleviating depression and reducing suicidal thinking in adolescents.



The findings, from the large multicenter "Treatment for Adolescents with Depression Study" (TADS), conducted in part at University Hospitals of Cleveland, showed that Prozac was beneficial to many teens with moderate to severe depression, but that adding cognitive behavioral talk therapy was even more effective.

Weighing risks and benefits

Currently, Prozac is the only antidepressant approved by the U.S. Food & Drug Administration (FDA) for use in children and teenagers. However, doctors often exercise their judgment in prescribing what they feel is best for their patients — a practice known as off-label prescribing.

Dr. Feeny notes that there has been much media attention and concern recently about the increased risk for suicidal behaviors associated with the use of antidepressants in children and teens. In September, the FDA held hearings on the issue and recommended that its strongest "black box" warning be placed on the labels of all antidepressants, cautioning of this risk. Indeed, the TADS results were consistent with the recent FDA findings in identifying an

approximately two-fold increase in risk for self-harm behaviors associated with antidepressant medication. However, these behaviors are uncommon, occurring on average in 4 percent of youth treated with an antidepressant compared to 2 percent treated with placebo.

With that in mind, Dr. Feeny believes that parents shouldn't immediately rule out the use of antidepressants for depressed youth.

"It's a decision that needs to be made carefully with your treatment provider, weighing the risks and benefits," she says. "Untreated depression also has serious consequences, among them suicidal behavior. Again, taking the risks and benefits into account, the combination of Prozac and cognitive behavioral psychotherapy is the best-supported short-term treatment for depression in teens."

Dr. Feeny recommends that both health care providers and parents carefully monitor children or teens who take antidepressants. This should consist of frequent visits and supportive care, and ideally include cognitive behavioral therapy. Parents ought to keep an eye out for increased agitation and take any talk of suicide seriously.

Will my child outgrow depression?

Depression can resolve on its own. But there is no telling whether that may take weeks, months or even years. Typically, episodes of depression in children and teens last seven to nine months.

"Concerned parents shouldn't simply hope for the problem to disappear," Dr. Feeny says. "Even if it does, depression is often a recurrent problem and may become harder to treat with time. Also, depression in children and teens is a risk factor for depression, suicide and psychosocial impairment in adulthood."

Living with untreated depression may leave a child or teen vulnerable to destructive behavior, including eating disorders, and alcohol and drug abuse. Or, worst-case scenario, they may try to take their own lives.

"The sooner you can address a perceived problem and find your child help, the better," she says. ♦

For More Information

To learn more about depression treatments available at Rainbow Babies & Children's Hospital, please call 216-844-RAINBOW.

Taking a Stand Against Scoliosis

Early detection eases this spinal problem

HAVE YOU EVER ADMIRERD a ballerina's perfectly arched body? Her graceful maneuvers exaggerate the spine's natural curve. Sometimes, however, the spine bends from side to side in an unnatural "S" shape called scoliosis.

Just 2 percent of us have scoliosis, according to the American Academy of Orthopaedic Surgeons. Still, scoliosis worries parents because it can afflict children severely. Experts aren't sure what causes most scoliosis, but if anyone in your family has it, your child has a 20 percent chance of developing it.

Scoliosis often appears during

adolescence, when it's up to eight times more prevalent in girls than boys.

Contrary to popular myth, says Rainbow Babies & Children's Hospital Orthopaedic Surgeon Douglas Armstrong, MD, scoliosis is never caused by something like heavy backpacks.

Experts say it may have something to do with the major growth spurt that

occurs during this period.

A three-year span in puberty worries doctors most, since the curve can worsen up to 25 degrees a year. As growth ends, scoliosis stops worsening.

Scoliosis can't be cured, says George H. Thompson, MD, chief of the Division of Pediatric Orthopaedics at Rainbow Babies & Children's Hospital,

but early diagnosis allows control:

- With a stable curve of 20 degrees or less, the doctor will generally monitor the child with periodic X-rays.
- A curve of 25 degrees or more in a child entering a growth spurt may pose a high risk for worsening. Doctors often prescribe a plastic brace, worn up to 22 hours a day for up to five years.
- For a curve of more than 40 degrees in the lower back or more than 45 degrees in the upper back, the doctor may recommend surgery.

The orthopaedics program at University Hospitals of Cleveland and Rainbow Babies & Children's Hospital is one of the largest spine programs in the United States, Dr. Thompson says. Parents can take comfort in knowing that it offers the highest level of expertise and the most advanced treatment available, he says. This includes several unique approaches not widely offered:

- Rainbow surgeons use video assisted thoroscopic surgery (VATS). This minimally invasive technique is used for doing anterior spine procedures. "In the past, such procedures meant a very invasive procedure — dividing all of the muscles between the ribs," Dr. Thompson explains. "Now, the anterior spine can be reached through tiny portals. This means less pain and scarring."
- Orthopaedic experts at Rainbow are probably most widely known for their success with their Amicar program. This program uses an agent called epsilon aminocaproic acid (EACA), or Amicar, in children undergoing surgery for scoliosis. Dr. Thompson says Rainbow has completed four studies since 1998 that show how use of this agent — previously used primarily in cardiothoracic surgery — significantly reduces blood loss during surgery for scoliosis. "We've essentially knocked the bottom out of blood loss in spine surgery," he says. "It has been so effective that we have decreased the amount of blood we have the kids donate prior to surgery. That's important. It means decreased costs. It means less risk for having some

blood-borne disorders. It shortens the operation because there's less bleeding — and, equally important, it relieves a lot of anxiety for families."



Scoliosis often appears during adolescence, when it's up to eight times more likely in girls than boys.

- While the use of growing rods isn't new, Rainbow's growing rod program has probably implanted more growing rods than anywhere else in the nation, Dr. Thompson says. The use of these rods, he explains, is important to control deformity while, at the same time, allowing growth to occur. "You don't want to fuse the spine of a 6- or 7-year-old because they develop a very short trunk and long legs — and this can affect heart and lung

The orthopaedics program at University Hospitals of Cleveland and Rainbow Babies & Children's Hospital is one of the largest spine programs in the United States. Parents can take comfort in knowing that it offers the highest level of expertise and the most advanced treatment available.

— George H. Thompson, MD

function. Instead, we use growing rods that can be lengthened every six months. It allows us to buy another three to five years of growth until they reach a more suitable age for a formal fusion." Rainbow's team also uses a new technique that better controls the spine and minimizes complications.

"These innovative approaches have truly become win-win situations for kids with scoliosis — bringing advantages including shorter operation times, less blood loss and pain, cost savings and peace of mind," Dr. Thompson says.

If you are concerned your child may have scoliosis, you should request your pediatrician screen for the condition. Many school programs routinely screen children around the fifth through seventh grades. ♦

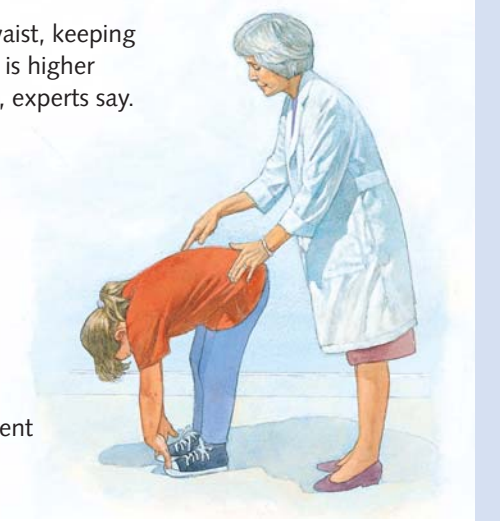
Red Flags

Ask your child to bend forward from her waist, keeping her hands together. If one side of her back is higher than the other, that could suggest scoliosis, experts say.

Watch for these signs after your child turns 8:

- Uneven shoulders
- An uneven waist
- Elevated hips
- Prominent shoulder blade or blades
- Leaning to one side

For more information about scoliosis treatment available at Rainbow Babies & Children's Hospital, please call 216-844-RAINBOW.



George H. Thompson, MD, chief of the Division of Pediatric Orthopaedics, Rainbow Babies & Children's Hospital



Fun in the Sun

By Vin Gupta, M.D.

Summer break is the best three months of the year when you're a kid. The sun is out, school is out, and the swimming pools are open. These things mean increased outdoor time for children and their families. Unprotected exposure to the sun's rays can cause skin damage, eye damage and even cancer.

The American Academy of Pediatrics (AAP) and American Academy of Dermatology (AAD) have determined that chronic sun exposure eventually causes signs of premature aging — including wrinkles, sagging cheeks and skin discoloration. Surprisingly, it is believed that as much as 80 percent of total lifetime sun exposure happens before we turn 18 years of age. All of the skin damage that occurs in childhood is a key factor in the development of skin cancer later in life. With a little planning, you can be sure everyone stays safe from the sun's dangerous rays this summer, and develops safe sun habits that can last a lifetime.



Skin cancer

Although children who have fair skin, moles or freckles, or who have a family history of

skin cancer are more likely to develop skin cancer, all children — no matter what color their skin is — are at risk for skin damage. The deadliest form of skin cancer, called melanoma, often strikes people who suffer deep, intense sunburns.

The best way to prevent skin cancer is to prevent sunburn. Every time you protect your child from too much sun exposure, you are helping prevent skin cancer. In fact, routine use of sunscreen in children can lower their risk of skin cancer by almost 78 percent.

General sun care tips

The first and best line of defense against the sun is stay in the shade whenever possible. Use strollers, sun tents, umbrellas or even trees as coverage. Because it is not always practical to do these things, at least try to avoid sun exposure during the peak intensity hours. Typically, the sun's harmful rays are most intense, and therefore most dangerous, between 10 a.m. and 4 p.m. Try to arrange outdoor activities either before or after this time.

When you or your children are out in the sun, keeping

well-covered is the next best protection from sun trauma. The AAP suggests wearing a hat with a three-inch brim or a bill facing forward. Have your child wear protective clothing, such as long-sleeve shirts and long pants. Keep in mind that most clothing only offers minimal protection, so you can still get sun damage even with regular clothing on. It's best to wear clothes made of tightly woven fabric. If you're not sure about how tight a fabric's weave is, hold it up to a lamp or window, and see how much light shines through. The less light, the better. Loose clothing made of cotton is both comfortable and has a protective tight weave.

Sunlight going into the eyes increases your children's risk of getting cataracts when they are adults. Your child should wear sunglasses that block ultraviolet-A and ultraviolet-B rays.

When traveling, be especially careful about exposure to the sun at high altitudes. Sun exposure increases 4 percent for each 1,000 feet of elevation above sea level. Remember also that water and sand increase sun exposure by their



reflective effect. And, don't let overcast days give you a false sense of security: over 70 percent of the sun's rays still get through the clouds.



Sunscreen

The sun protection factor (SPF) or filtering power of a sunscreen product determines what percentage of ultraviolet rays get through to the skin. The AAD recommends using a sunscreen with an SPF of 15 or greater for all children over 6 months of age, regardless of skin or complexion type. Apply the sunscreen in a thick coat at least 30–45 minutes before going outside to let it soak into the skin. Then reapply sunscreen every two hours (or more often if your

child is swimming or sweating heavily). Even sunscreens that are "waterproof" should be reapplied every two hours.

Put the sunscreen everywhere the sun's rays might touch your child, even on the top of the head, rims of the ears, nose, the back of the neck and the bottom of the feet. Some newer sunscreens will appear brightly tinted when you apply them and then fade to clear after a few minutes — using one of these products may help reassure you that you've covered every inch of your child's vulnerable skin. Be sure to apply enough sunscreen. Most experts estimate that many parents only use about half of the recommended amount of sunscreen on their children, providing

less protection than parents think. The average adult requires 1 ounce of sunscreen per application.

Use sunscreen not only on the beach, but also while involved



in all outdoor activities, such as mowing lawns, washing cars and playing sports. Sunscreens should be used for sun protection, not as a reason to stay in the sun longer. Keep in mind that no sunscreen blocks 100 percent of ultraviolet radiation.

Use sunscreen not only at the beach, but also while involved in all outdoor activities, such as mowing lawns, washing cars and playing sports.

Sun care for babies

The skin of infants is thinner than the skin of older children and more sensitive to the sun. Therefore, babies should be kept out of direct sunlight, and kept in the shade whenever possible.

Dress your baby in lightweight, light-colored clothing

that covers most of the body, and always cover the head with a hat or with a stroller canopy. In general, it is not recommended to put sunscreen on children under 6 months of age. The AAP says that sunscreen is probably safe to use just on small areas of your baby's skin that is exposed to the sun and not protected by clothing, such as the infant's hands and face.

Care for sunburns

A sunburn is actually considered a first-degree burn. The most common symptoms of sunburn are redness, swelling of the skin, and mild pain or itching. If your child gets a sunburn, have her take a cool (not cold) bath or apply cool, wet compresses to the skin. Give your child a pain reliever like acetaminophen (Tylenol); never give aspirin to kids or teens. Do not use petroleum jelly or other ointments because they keep heat and sweat from escaping. Keep your child out of the sun until the burn is healed. The skin may begin peeling several days after the burn. If your child gets a sunburn that results in blistering, fever or severe pain, contact your pediatrician. Do not scratch, pop or squeeze the blisters as infection, scarring or both can occur.

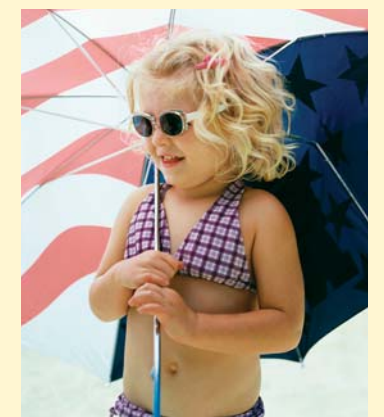
Summary: Slip, slap and slop

Sunburns and suntans are signs that your child's skin has been damaged a bit. The more damage the sun does to your child's skin, the more likely she is to get early wrinkles, skin cancer or other skin problems when she is an adult.

The U.S. Preventive Services Task Force says that, "avoiding

sun exposure or using protective clothing is likely to decrease the risk of skin cancers." In addition, current recommendations from Healthy People 2010 for preventing skin cancer include the following:

- Avoid sun exposure between 10 a.m. and 4 p.m.
- Wear sun-protective clothing when exposed to sunlight.
- Use sunscreen with an SPF of 15 or higher.
- Avoid artificial ultraviolet light sources. Keep in mind that although ultraviolet rays are strongest during the summer, children are at risk for skin damage year round.



Teach your kids to slip, slap and slop:

- **slip** on a shirt,
- **slap** on a hat and
- **slop** on the sunscreen.

Finally, be a role model for your children. Follow all the safety sun tips whenever you are outside — children learn by example. ♦



Vin Gupta, M.D., interim medical director, pediatric intensive care unit, Mercy Children's Hospital



Back to School

The return of the school year is probably the biggest change in a family's everyday routine. With it also comes a ton of preparations, health physicals, immunizations and shopping for new clothes and supplies to help kids get on the right foot back to school. Here are several tips to help kids overcome milestones in their lives, stay healthy and safe and make the transition as easy as possible.



Sending Your Kindergartener to School

Work to reduce some of their anxiety ... and maybe some of yours

It's a moment many parents can anticipate years in advance and never quite prepare for. Starting kindergarten can be an anxious time for a child, and it can be even more so for parents. There are some things you can do to help ease this change in your child's life. These include:

- ✓ Read books with your child to help him or her understand what's going to happen.
- ✓ Try to answer your child's questions about what he or she will experience as honestly and as accurately as possible to ease uncertainty.

- ✓ Get your child into the routine of waking up, preparing for school and eating breakfast before leaving for school prior to the first day.
- ✓ Try to arrange to have your child meet his or her teacher before school begins. Also, discuss where to meet after school or, if your child is attending an after school program, explain how to get there.
- ✓ Once the school year begins, try to keep your child's routine normal and try not to introduce too many changes while he or she makes the adjustment. ♦



Selecting the Right Backpack

Help keep their load from becoming a pain

Homework can already give your kids a headache, but how they carry it between home and school can possibly give them backaches. According to the American Academy of Orthopaedic Surgeons, children carrying too much in backpacks can result in muscle fatigue, strain, poor posture or excessive slouching. In a recent year, it is estimated that more than 13,000 injuries related to backpacks were treated in hospital emergency rooms. Among the things your child can do to keep backpacks from becoming a sore spot include:

- ✓ Use a backpack with padded, wide straps to ease the burden on shoulders and the collarbone. For heavier weights, use a hip strap.
- ✓ When putting on the backpack, teach kids to use proper lifting techniques by bending the knees — instead of bending over.
- ✓ When packing, place heavier items close to your back and try to keep items in place.
- ✓ Make frequent trips to lockers between classes to replace books, rather than carrying too much at one time.
- ✓ Consider buying a backpack with wheels. ♦



Help Make Their Play Smart and Safe

Supervision is the key to playground safety

Whether it's at school or at an after-school program, playing at a playground might be the favorite part of your child's day. Playground activity is an essential part of children's healthy development because it allows them to develop motor, cognitive and social skills. Unfortunately, playgrounds can also be the site of unintentional injuries. Some safety features that parents should pay special attention to on the playground include:

- ✓ A surface of wood chips, mulch, shredded rubber or fine sand at least 9 inches in depth should extend at least 6 feet around all equipment.
- ✓ Swings should be at least 24 inches apart and in groups of two — not three — to allow safe exiting.
- ✓ Slides should be no more than 6 feet high with side rims at least 4 inches high.
- ✓ Climbing equipment should have slip-resistant surfaces and grips.
- ✓ Good supervision. A lack of supervision is associated with 40 percent of playground injuries. Having an adult around to make sure rules are followed and equipment is used correctly can

be your playground's most important safety feature.

If your child's playground equipment is not well maintained or safety hazards exist, report it to the organization or individual responsible for the playground site. This might be a school, city council, park authority or neighbors. ♦

For more information on playground safety, call the Tarrant County SAFE KIDS Coalition at Cook Children's Medical Center at 682-885-4244.



Fall Sports Safety

Be extra mindful about concussions

Youth sports offer a number of benefits for children and improved health and regular exercise are just the beginning. Recreational activities can also raise self-esteem and help foster teamwork with teammates. However, sports can increase your child's chances of injury. An estimated 11 to 13 million children in the U.S. are treated for sports-related injuries annually.

No matter what sport your child plays, the National Youth Sports Safety Foundation offers several tips to help prevent injuries. These include having a physical exam before participating in a new sport, wearing all required safety gear and warming up and stretching prior to practicing or participating in games. Parents should also check to make sure first aid is always available for their child at games and practices.

As the fall sports season arrives, parents with children in the following fall sports should pay attention to some additional details:

Football — The most common football injuries are sprains and strains. As players get older and stronger, serious injuries — like knee injuries, broken legs and concussions — can become more common. Parents should make sure coaches and trainers on their child's team are familiar with the signs of concussion because they can become serious or deadly if repeated.

Volleyball — In addition to concussions, common volleyball injuries can include dislocations, wrist or finger sprains, and fractures. Players should get in the routine of calling for the ball, which reduces the chances of colliding with their teammates. Equipment that can help protect volleyball players includes kneepads and lightweight shoes with ankle and arch supports. ♦



Anticipating a New Arrival

Health and safety details to expect during your pregnancy



Do you want to know your unborn baby's gender? Have you selected names? Where should you register? What's the fastest way to the hospital? When you are expecting a child, there are numerous things to consider and some details regarding your newborn's health and safety you may have never thought about. Thinking about these details ahead of time can make the days and weeks around your delivery a little easier.



Evaluating your needs

Even before you become pregnant, it is important to review your lifestyle in preparation for the baby you will bring into the world. Your pregnancy will be a life-altering event. Evaluating your health, mental well-being and your relationships can be the first step in deciding how you'll care for your child after delivery.

Your health. Get a complete checkup and make sure you are up-to-date on immunizations. It can make a difference in the health of your child. For example, German measles is a fairly common illness that can be dangerous to an unborn child, but it can be prevented if you get

immunized for the illness before you're pregnant. Also, it is never too early to start eating healthy and exercising in anticipation of your delivery. However, you'll want to talk to your physician before beginning any program.

Your mental well-being.

Starting a family is an exciting part of your life, but it may also bring concerns about lifestyle, finances and other changes. You'll want to think about the time necessary to recover from your pregnancy and how caring for a baby will take time and energy, possibly altering your lifestyle. Review your finances and your insurance plans to learn how having a baby may change your current financial status.

Your relationships. The birth of your baby will be the start of a wonderful new relationship. You'll have concerns about what kind of parent you will be. This is normal, but once your baby is here, you'll find that some things just come naturally. You may wish to investigate a parenting class to learn more. After birth, you will

spend much of your free time with your baby and this may affect your other relationships. Friends and family should understand these demands and take them into account.



Selecting a pediatrician

After your baby arrives, there are a number of immunizations and checkups your baby will need. During your pregnancy, you should consider which pediatrician you want for your child. Although every pediatrician is a specialist in the health care of infants, children and adolescents and is committed to helping parents raise healthy children, personalities differ. By knowing whom you will use before delivery, you'll have one less thing to think about when your baby arrives.

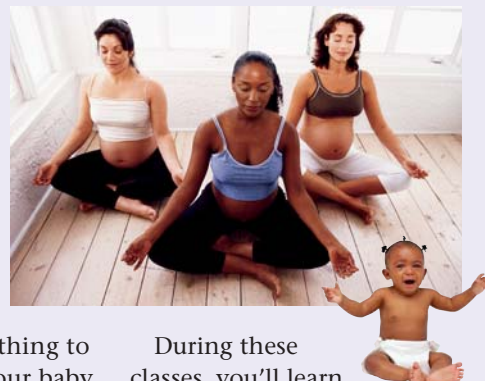
You may have a pediatrician in mind who has been recommended by a family member or a friend. You also

can call any of the Cook Children's Physician Network pediatricians throughout the area to schedule a time for a new baby consultation. There are more than 30 Cook Children's Physician Network offices in Tarrant, Denton and Hood counties. To find a pediatrician near you, call 1-800-934-COOK (2665).

Childbirth education classes

It's not too early to begin preparing for your delivery day. Many Cook Children's Physician Network pediatricians work with area hospitals to conduct new baby classes. Check with your Lamaze coach, obstetrician or a hospital where you plan to deliver to find out when childbirth classes are scheduled.

These classes offer an excellent time for parents to learn about their baby's development and what to do during the birthing process, as well as to spend time together before the new baby arrives.



During these classes, you'll learn breathing and relaxation techniques to be used during labor and delivery. Medications are also typically discussed. The use of



medications varies widely, depending on each mother's needs.

The coach's role is extremely important during the birthing process. These classes also allow you to review the stages of labor to the benefit of both you and your coach.

Choosing an infant car seat

Texas law requires that a child under 4 years of age and under 36 inches tall be restrained in a federally approved safety seat at all times when riding in a motor vehicle. However, when

infants are first born, they should ride in a rear-facing safety seat instead of the traditional forward-facing child safety seats. Sitting in a rear-facing seat better protects an infant's neck and spinal cord from car crash forces. When the child is at least 1 year old



and weighs at least 20 pounds, the child can then move to a forward-facing child safety seat.

Approximately 80 percent of all child car seats are inappropriately installed. To help parents make sure their child is secure, Cook Children's Medical Center and Tarrant County SAFE KIDS offer routine child car seat checks by certified car seat technicians. Expectant parents may attend a car seat check so their seat is safely installed before their child arrives. Otherwise, after the child is born the parents should bring the baby to a car seat check to provide a good individualized fit for his or her car seat.

For more information and to schedule your child car seat safety check, call 682-885-2634. ♦

Mother's Journal

To help you during your pregnancy, Cook Children's offers a "Mother's Journal" for use in tracking important dates and helping keep your baby healthy. The journal can also act as a reminder for upcoming appointments and assist in documenting important information. To get your copy of the journal, call 682-885-4242.

Autism

What it is
What to watch for

Most parents have heard the term "autism," and may even know that it is a developmental disorder. But many parents don't know exactly what signs may suggest a child has autism. Others may be surprised to know that Mercy Children's Hospital provides services to help kids and families coping with this situation.

Autism is a brain-based neurological disorder that results in developmental deficits. The most notable impact is on the individual's social interaction and communication skills, as well as leisure or play activities. Autism is four times more likely in boys than girls, but mercilessly cuts across all social, ethnic and racial boundaries, lifestyles, family incomes and educational levels.

Some form of autism affects as many as 1.5 million Americans. And the number is growing.

"Symptoms of autism may not be recognized initially," says Karen Ratliff-Schaub, M.D., chief of Developmental/Behavioral Pediatrics at Mercy Children's Hospital. "It is usually identified between the ages of 2 and 6. The characteristics of autism can be manifested mildly, severely or any degree in between. Two children with the diagnosis of autism can look very different [and have] skills and deficits that vary."

Perhaps more importantly, however, is that children with autism can learn, show improvement and function productively with appropriate intervention and treatment.

What parents should watch for

Studies have shown that the earlier autism is diagnosed, the better the success rate of intervention. With that in mind, parents should be aware that the National Institute of Child Health and Human Development has identified five behaviors that can signal that a developmental evaluation is appropriate.

An evaluation may be appropriate if a baby:

- does not babble or coo by 12 months;
- does not gesture (wave, point or grasp) by 12 months;
- does not say single words by 16 months;
- does not say two-word phrases on his own by 24 months; or has lost language or social skills at any age.

Other indications may include:

- insistence on sameness, or a resistance to change
- using gestures instead of words
- repeating words or phrases instead of normal language
- throwing tantrums
- little or no eye contact
- spinning objects, or an inappropriate attachment to objects
- oversensitivity or undersensitivity to pain
- no fear of danger
- acting as if he is deaf although actual hearing tests show normal ranges

Karen Ratliff-Schaub, M.D.

Chief of Developmental/
Behavioral Pediatrics at
Mercy Children's Hospital



Autism frequently affects a child's ability to communicate. Those mildly affected may just have difficulty starting or maintaining a conversation. Others may talk at people instead of with them, as if delivering a monologue that others cannot interrupt, while others may have very limited use of language and rely on alternative methods of communication. It is a myth that children with autism cannot show affection. While some children with autism may mentally process stimulation differently, they can and do give and show affection.

According to Dr. Ratliff-Schaub, there is no definite medical test for diagnosing autism. A comprehensive clinical developmental evaluation is needed. It is vital that parents provide a developmental history and behavioral information in order to make an accurate diagnosis of autism. ♦

Innovative Autism Program with Home Visits Now Available

Thanks to a grant from the St. Vincent Mercy Medical Center Foundation, Mercy Children's Hospital is expanding its autism therapy services to include the Clinic Home Intensive Program (CHIP).

"Over the course of four weeks, CHIP teaches parents the most effective ways to work with their children and makes home visits to help them develop an intensive, structured, ongoing intervention program in their own home," says Dr. Ratliff-Schaub, CHIP medical consultant.

During the same time, occupational and speech therapists work with children three hours a day, four days a week utilizing a variety of therapies and systems. Dr. Ratliff-Schaub adds, "By combining home-based and clinical therapy, we are able to develop interventions that are effective in diverse environments."

For information about CHIP, including eligibility requirements and cost, contact Leslie Bamhart, M.S.W., L.I.S.W., at 419-251-8069.

Models used for illustrative purposes only.



Terry's Trials and Triumphs

Terry Jagodzinski says "Mama" and "Daddy." And that's all this lovable, huggable 3-year-old can say.

Terry has moderate to severe autism and is receiving regular treatments at Mercy Children's Hospital. But Terry can communicate, and there is hope that eventually he will be able to talk.

"Terry thinks in pictures, not words," observes Michelle Nagel, speech therapist. "He has a binder with pictures so he can find the pictures he wants and point them out. Because children with autism have weaker auditory skills, putting things into a picture format eases frustration for both the child, and the parent or caregiver. He will identify his needs using the picture

communication system designed for him."

Mercy Children's Hospital Occupational Therapist Patty Cunningham says that the nervous system in people with autism does not process information as it does in individuals who don't have the disorder. "Their responses are not always appropriate," she says. "Children with autism are sensitive to sound and have a heightened response. The visual system is their strength, so therapists tap into this strength by using picture schedules, picture choice boards and using pictures to make requests, for example."

The therapists work together, playing off each other's areas of expertise to help the child advance in his skill development.

"Having a team approach using sensory skills helps to form language," Ms. Nagel says. "Therapy activities work on large motor skills — such as climbing — and incorporate language into them."

Terry comes to Mercy Children's Hospital's Pediatric Therapy Center twice a week for speech and occupational therapy. During therapy he works on a number of skills and behaviors appropriate for his developmental age.

"The therapy has been amazing," says Terry's dad, Patrick. "He now has more eye contact and he uses his PECS [Picture Exchange Communication System] and some signs, which gives us the ability to communicate with him, which we couldn't do before."



Terry Jagodzinski thinks in pictures instead of words. He points to pictures in his picture-filled binder to communicate with others.

For more information about autism, visit the following Web sites:

www.cec.gov/ncbddd/dd/aic

www.autism-society.org

www.nichd.nih.gov/publications/pubs/autism

www.firstsigns.org

www.asno.org

For more information about the Developmental/Behavioral Therapy program at Mercy Children's Hospital, call Mercy HealthLink at 419-251-4000, or visit www.mercyweb.org/childrens on the Web.

FAMILY ADVISORY COUNCIL



Making a Difference

Whether it's the first or the fifth time, being admitted to a children's hospital can be an overwhelming and emotional experience for families. Families are taken from the comfort of their home and are thrust into an unfamiliar world filled with strangers, intimidating medical terminology, and frightening equipment—all while caring for a sick child. Recognizing that these family members have a unique perspective on the hospital experience, the **Penn State Children's Hospital Family Advisory Council (FAC)** was established in 2002 to enhance how the hospital responds to the needs of patients and their families. Jointly supported by the Pennsylvania Department of Health's Family Consultant Program and the Children's Miracle Network, the FAC is a dedicated network of family members and Children's Hospital staff who promote comprehensive and compassionate health care through a family-centered approach.

"As a family member of FAC, having this opportunity to share concerns with the Children's Hospital staff and working together on solutions has allowed me to see how truly dedicated the hospital is to providing the best in family-centered care," says **Eileen Austin, FAC secretary** and parent. "Our children are in good hands!"

Since September 2002, the FAC has focused on the spiritual and emotional needs of children and their families. The

council has already built an impressive list of accomplishments, including:

- The creation of a part-time pediatric chaplain position exclusively for the Children's Hospital.
- A family prayer book that is now available in the Children's Hospital so family members can add the name of their child without leaving the seventh floor.
- Informational handouts that are provided to families of admitted patients listing the hospital's support services, along with a directory of local churches and service times.

Striving to increase staff education about the family experience, the FAC recently developed the Family Faculty Program. In this lecture series, family members share their child's hospitalization story while providing examples of what was done well and what could have been done better during their child's treatment. Other ongoing projects of the FAC include educating families about the roles of staff members and providing beepers so family members can comfortably leave a child's bedside.

A. Craig Hillemeier, M.D., medical director and chairman, Children's Hospital, says, "The group has helped us tremendously over the past two years with identifying key areas to focus our attention on, and we couldn't be more grateful for their support and commitment to making Children's Hospital a better place for everyone." ❖



The Family Advisory Council was established to enhance how the hospital responds to the needs of patients and their families.



To Learn More

Parents and caregivers who are interested in joining the council may contact Patti Agosti, FAC chairperson, at (717) 531-7671.



Children's Hospital Establishes Advisory Council of Teens

The Advisory Council of Teens (ACT) was created by the Child Life department in Spring 2004. Currently, there are eight ACT members ranging in age from 14 to 27 who are current or previous patients at Penn State Children's Hospital. The purpose of this council is to strengthen the services of the Children's Hospital by providing recommendations from a pediatric patient's perspective. Due to the uniqueness of each individual's experience and diagnosis, each ACT member contributes significantly to the council.

The ACT members have provided numerous ideas and suggestions, some of which have been implemented. One of their biggest projects was purchasing and painting mailboxes, which are now posted outside of the pediatric rooms

down the south and west hallways on the seventh floor. These mailboxes not only will be used for general mail, but also for special announcements from the Child Life department, as well as providing another means of communication between patients and families.

The council has also created "communication boards" to help staff and families locate each patient. Using dry erase boards, the members thought of the most common places a patient would go during the day and wrote them in permanent marker on the board. They then made magnets out of clay with the intent that the patient and/or family member moves

the magnet to the appropriate location prior to leaving the room.

Other accomplishments of ACT include: Creating a logo, "Been there, done that ... now let's make a difference!" created by Kohl Cleckner, which was printed on members' T-shirts; holding a rolling bake sale to raise money for the council;

creating an ACT web site for other hospitals to use; posting a bulletin board outside of the teen lounge to inform families and staff of what the council is doing; and many other projects that the council works on monthly.

This group serves as the pediatric "voice." These teens volunteer their time to help make the stay of patients and their families less stressful and more enjoyable. ❖



When Your Child's Face Looks Different

New program helps treat children with port wine stains and other vascular birthmarks

EACH OF US IS UNIQUE. Short or tall. Brown eyes, hazel eyes or blue eyes. Blond, brunette or redhead. Skinny, pudgy or somewhere in between.

Yet, if your child has a visible birthmark that makes her stand out from her peers, you may have some concerns: Will her classmates poke fun? Will she suffer from low self-esteem?

"These are all very natural feelings for parents to have," says Joan Tamburro, DO, of the Department of Dermatology at Rainbow Babies & Children's Hospital and University Hospitals of Cleveland. "There are no right or wrong reactions to having a child who has a vascular

birthmark. For some parents, it is no big deal. They may work with their child as they grow up to understand and celebrate their distinctiveness. But others may choose to seek treatment to make their child's birthmark less noticeable."

State-of-the-art technology

This past spring, under the leadership of Dr. Tamburro, Rainbow Babies & Children's Hospital launched a new Pediatric Vascular Laser Program to

provide state-of-the-art care for reducing the appearance of vascular lesions.

Dr. Tamburro, who joined the staff from Indiana University in August 2004 to head up the new program, is now using a new Candela Vbeam laser to treat patients with vascular lesions, including port wine stain birthmarks and hemangiomas.

"This new program is exciting news for parents of children with vascular lesions," says Dr. Tamburro, who also specializes in treating children with atopic

Images are courtesy of Candela Corp.



These images illustrate a port wine stain before and after use of the Candela Vbeam laser.

dermatitis, acne and infectious diseases of the skin. "In the past, the only available help was to cover birthmarks with heavy makeup. But this laser, which has been used with success for the past 15 years, is the gold standard in the industry, and offers patients the safest treatment available and minimizes the risk of scarring."

The Vbeam uses 595 nm wavelength at 0.45 to 40 ms (user-selectable) to target vessels more gently.

Dr. Tamburro says the laser is most beneficial for minimizing flat vascular lesions, such as port wine stains, although it can be used for those that are raised, such as hemangiomas. While most hemangiomas regress completely on their own, Dr. Tamburro notes that an increasing number of parents seek laser treatment — but timing is of the essence.

"With hemangiomas, it is particularly important that children are treated when they are 1 to 2 months old," she explains. "Otherwise, we miss the window when the birthmark is the flattest. As the birthmark continues to raise, the laser becomes less effective since it can no longer reach through to the blood vessels."

Highest level anesthesia care

Children with port wine stains are most often treated between 4 to 6 months of age on an outpatient basis, using Rainbow's Pediatric Sedation Unit.

The Sedation Unit, founded in 1996, allows children to safely receive sedation and pain medications outside of an operating room setting for invasive and non-invasive procedures, such as laser treatment of vascular birthmarks.

In the Sedation Unit, a pediatric intensivist credentialed to administer sedation and a pediatric intensive care unit nurse care for children.

"They put a topical cream on their skin so they won't feel the prick of the needle, then the IV is placed and sedation is administered, and they fall asleep quite nicely," explains Sedation Unit Medical Director Lia Lowrie, MD. "Once the procedure is done and they recover, we give them cookies and juice, and they are supported by our child life specialists, who are specially trained to help make the hospitalization experience more manageable through a wide array of developmental, educational and recreational interventions. The child is carefully monitored until fully recovered and ready to go home with her family. The Sedation Unit — an environment still quite unique across the country — has been a resounding success in sedating thousands of children with excellent results."

What results can I expect?

While laser treatment won't completely eliminate vascular birthmarks, it can help reduce them dramatically, Dr. Tamburro says. Depending on the individual patient, those with port wine stains can achieve up to 95 to 98 percent lightening with use of the Vbeam laser. The laser is limited to treating vessels about 1.5 mm in depth. If a hemangioma is deeper than this, it may not respond to the therapy. Also, blue vessels may not respond as well as red ones — and the Vbeam isn't recommended for darkly pigmented skin.

Treatment with the Vbeam may consist of multiple sessions. Each child's situation will vary, and your child's treatments will be discussed with you. The exact number of treatments needed may not be known in advance.

"The procedure itself is very fast," Dr. Tamburro says. "For instance, a whole face could be treated in 20 minutes."

Following treatment, the area may continue to sting slightly or feel like a warm sunburn. Applying ice packs post-operatively can help alleviate discomfort.

"For those who desire to minimize birthmarks, this is truly exciting and life-changing technology," she says. ❖

What Is a Vascular Birthmark?

Vascular birthmarks are discolorations of the skin caused when blood vessels don't form correctly. They can be flat or raised, and appear red, pink or bluish.

What causes them?

Overall, vascular birthmarks are seen in more than half the population, but the exact cause is unknown. They typically aren't inherited, and are not caused by anything the mother ate or did while pregnant.

Are there different kinds?

Yes, there are many kinds of vascular birthmarks. The most common types are salmon patches, port wine stains and hemangiomas.

Salmon patches are patches of pink or red skin. These typically small, poorly defined patches are seen in 30 to

40 percent of all newborns. They are most commonly found at the nape of the neck, on the forehead between the eyebrows or on the eyelids. Those that disappear by age 2 are called "angel kisses" and those that remain into adulthood are referred to as "stork bites."

Port wine stains are present at birth, affecting three in 1,000 babies. They most often occur on the face, but can appear anywhere on the body. They are usually flat and pink, but may deepen to purple or dark red as the child grows older.

Hemangiomas are raised, bright red spots that most commonly occur on the face, scalp, chest or back. They are usually not present at birth, but develop within the first few days or weeks of life. Most hemangiomas disappear by age 5 or 10.

To Learn More

For more information about the new Pediatric Vascular Laser Program, please call 216-844-RAINBOW.



Brady White was born with tuberous sclerosis, a genetic condition that causes lesions of the skin and central nervous system, tumor growth and seizures.

Webcast Surgery Makes Lives Better For Patient And Viewers

By Ashley Bampfield

Brady White is a fun-loving 10-year-old. He enjoys playing basketball and riding his bike. He also likes to swim and play Playstation 2. But activities like basketball were not always an option because of complications from seizures.

Brady was born with tuberous sclerosis, a genetic condition that causes lesions of the skin and central nervous system, tumor growth and seizures. About one in 6,000 children is born with the condition, according to the Tuberous Sclerosis Alliance. Brady was diagnosed with the condition as a baby, and his mother, Tina Clayton, began the first of many treatments. She gave him daily shots in the leg at 18 months to help control the seizures, and he started taking a variety of medications.

The medication and the rest of the treatment options offered some relief, but by the time Brady was 8, he was having about one grand mal seizure per month. During these seizures, Brady would fall down, convulse and gasp for air. Each time, an ambulance was called to rush him to the hospital to receive oxygen and overnight treatment.

Pediatric neurologist Ronald Lynn, M.D., has been treating Brady for his condition. After trying different medications and treatments, Dr. Lynn referred Brady for surgical intervention to Frederick Boop, M.D., chief of pediatric neurosurgery at Le Bonheur.

According to the Tuberous Sclerosis Alliance, about one in 6,000 children is born with tuberous sclerosis.

After Brady's evaluation, Dr. Boop determined that vagus nerve stimulation (VNS) would be the best treatment option for Brady's seizures. VNS is often an effective way to reduce the severity and number of the seizures. During the surgery, a small pacemaker-like device is implanted under the skin in the patient's chest with small wires that run to the vagus nerve in the neck. Stimulating the vagus nerve potentially stops or decreases seizures.

Brady's surgery would be special. Tina Clayton agreed to help other parents who have children with seizures by allowing Le Bonheur to broadcast Brady's surgery on the Web.

On Oct. 28, 2004, Le Bonheur got ready for its first live surgical Webcast. The Webcast was about one hour in length, which is a little more time



Brady enjoys shooting hoops. Activities like basketball were not always an option because of complications from seizures.

than it takes to implant the stimulator. Dr. Boop performed the surgery and Stephanie Einhaus, M.D., pediatric neurosurgeon at Le Bonheur, was the moderator. She explained the events as they were happening during surgery. Viewers e-mailed questions and Dr. Einhaus answered them during the Webcast. Dr. Einhaus received about 40 e-mails from parents, physicians and nurses.

After the surgery, Brady was taken to the Neuroscience Unit. "The day and night shift nurses were wonderful," says Clayton. "Dr. Boop was great."

The day after the surgery, Brady participated in the Halloween events at

Le Bonheur. He went trick-or-treating and played games at different booths staffed by Le Bonheur Associates.

Nine months later, Brady is experiencing remarkable improvement. "The VNS has cut Brady's seizures in half," says Ms. Clayton. Brady, who couldn't speak until he was more than 2 years old, has seen great improvement in speech and sentence formation. Brady's teachers have noticed that he is more alert and his grades at school have improved. Before the VNS, Brady was groggy and confused after a seizure. Now he understands when he is having a seizure and is more conscious after the event. ♦

Learn More

Parents can view the surgery at www.lebonheur.org and click on the surgical Webcast icon. The Webcast uses Windows RealPlayer to display the video. The site also includes short biographies of Dr. Boop and Dr. Einhaus, interviews with Dr. Boop and more information about the procedure.



Vagus Nerve Stimulation Surgery At Le Bonheur



Brady's mother, Tina Clayton, agreed to help other parents who have children with seizures by allowing Le Bonheur to broadcast Brady's surgery on the Web. It was Le Bonheur's first live surgical Webcast.

Landmark Webcast



Every Time You Take That Ride, Give Your Brain A Place to Hide

Bike helmets can reduce the risk of head injury by 85 percent

LEARNING TO RIDE A BICYCLE is one of the major events in a child's life. But research shows that many parents don't think enough about their child's safety.

Consider these facts:

- Bicycles are associated with more childhood injuries than any other consumer product except the automobile. Overall, head injuries are the leading cause of death in bicycle crashes, and they account for more than two-thirds of all bicycle-related hospital admissions. Even a fall as little as 2 feet can result in a skull fracture or other traumatic brain injury.
- More children ages 5 to 14 are seen in hospital emergency rooms for injuries related to biking than any other sport.
- Preventing head injuries is easy. The single most effective safety device available to reduce head injury and death from bicycle crashes is a helmet.
- Unfortunately, national estimates report that many children still don't wear a helmet while riding. National estimates report that helmet use among child bicyclists ranges from only 15 to 25 percent.

Whether or not your child wears a bike helmet can make a huge difference in keeping your child safe on the road. Non-helmeted riders are 14 times more likely to be involved in a fatal crash than helmeted riders. It is also estimated that bicycle helmets reduce the risk of both head and brain injuries by 85 percent. That's a major difference when you consider that recovery from a brain injury can include a long hospital stay, lengthy rehabilitation to relearn normal tasks and effects that can last throughout one's lifetime.

Getting the proper fit

When selecting a bike helmet for your child, parents should make sure that the helmet meets or exceeds the safety standards developed by

the U.S. Consumer Product Safety Commission (CPSC). However, even when your child wears a CPSC-approved helmet, it will only provide good protection if it fits properly. To make sure it does, check the following:

- The helmet should rest in a level position low on your child's forehead, one or two finger widths above the eyebrows (see drawing).
- The helmet should fit comfortably and snugly. It should not rock forward and backward or side to side while your child is wearing it.
- The helmet's chin strap should always be buckled, but it should not be too tight. When the strap has the correct fit, the helmet should hug your child's head when his or her mouth is open.

Getting The Right Fit



Incorrect



Correct



Incorrect



Make helmets a necessity ... not an accessory

Bike helmets aren't just for when your child is learning how to ride a bike, either. Parents should help children learn that they are mandatory, regardless of the rider's age. Studies show that helmet ownership and use actually decrease with the child's age.

According to a recent survey, the reasons that children give for not using helmets include that the helmet is uncomfortable, they don't feel cool wearing it and they don't need one because they only ride near home.

"Parents need to stress to children the importance of properly wearing a helmet. Being a good role model and

wearing your helmet whenever you ride can also make a big difference," says Jill Gurtatowski, coordinator for the Tarrant County SAFE KIDS Coalition at Cook Children's Medical Center. "When it comes to safety, most parents say the right things, but they don't always follow through with their actions. Role modeling safe behavior for children is an effective way to teach safe behavior."

Making safe riding a priority

Of course, bike safety involves more than protecting your child's head. It also involves how he or she thinks and behaves while on sidewalks,

Bike helmets aren't just for when a child is learning how to ride a bike. Parents should help children learn that bike helmets are always mandatory, regardless of a person's age.



paths and streets. When children are first riding their bikes, they may not be able to perceive accurately how fast they are moving, and the speed of pedestrians and vehicles around them. As a general rule, cycling should be restricted to sidewalks and paths until children are 10 years old and can show a parent that they know the traffic laws and can obey them. These include:

- Riding on the right side of the road, with traffic, not against it
- Using the appropriate hand signals to turn and stop
- Stopping at all stop signs and stoplights
- Always stopping, looking left, looking right and looking left again before entering a street

Parental supervision plays a vital role in protecting your child from injuries and serious accidents. This is true not only for bicycling, but for swimming or playing on the playground as well. Although riding can give your child a sense of freedom and excitement, many children can go too far and attempt tricks,

stunts and other inappropriate behavior. Just as your child should always wear a helmet, he or she should also know that inappropriate behavior is off-limits.

"Parents need to stress to children the importance of properly wearing a helmet. Being a good role model and wearing your helmet whenever you ride can also make a big difference."

—Jill Gurtatowski,
Tarrant County SAFE KIDS
Coalition coordinator

Monitoring your children's fun also involves periodically checking their bikes to make sure they work properly. This includes not only making sure that tires are properly inflated, but checking gears, brakes and reflectors as well. Even though your children should avoid riding around twilight, the reflectors and wearing bright-colored clothing can help them be seen by motorists. ♦



The single most effective safety device available to reduce head injury and death from bicycle crashes is a helmet.