

Miscellaneous

Pain therapy

In this topic I write about Tylenol™{ XE “Tylenol™” } use. Some of the following comments are regarding pain management{ XE “pain management” } .

If your child seems to be in pain for any cause what do you do? Surprisingly, many parents do little or nothing. I am not sure why. Some parents says that they are worried that they will treat pain when none exists. I say, “So What.”

If there is a pain, how do you help your child feel more comfortable? Some parents use a reassuring voice. Some parents use a reassuring caress. Some parents use medications like Tylenol™. Some parents call the doctor. Probably the least effective method to relieve pain will be a phone call to the doctor. Even if you know the cause of the pain, help your child feel as comfortable as you can. Helping relieve your child’s pain will not complicate matters.

How can you tell if your child is in pain? Even within a few days to a couple of weeks most parents can recognize a painful cry from a tired, mad, or lonely cry. In time you recognize body positions, facial expressions, sounds, and behavior. When these conditions last more than 5 or 10 minutes you should do something, even if it is to only acknowledge that you believe they are in pain.

I know that calls to the doctor might relieve parental anxiety —parent-feeling-for-the-child pain. Of course, a call might help determine if the pain requires physician attention and action. Take some action to relieve the pain first, and if the pain persists or is reoccurring then a call to the doctor’s office is in order.

Let me re emphasize. Even if you know that the pain was caused from an injury, illness, teething, or stress, it is always safe to give Tylenol™.

Before I leave the subject about pain relief and the use of Tylenol™ or other over-the-counter pain relievers, let me answer another common parental concern. Parents worry that if they use Tylenol™ too frequently when their child complains about pain or appears to be in pain, they will develop some dependency or do harm. There is no evidence that if you use aspirin-free medications like Tylenol™ as recommended that your child will develop any addiction or dependency even psychologically.

When your child has relenting pain, reoccurring pain, or pain that interferes with normal activity or sleep, you should call my office.

Everyone will experiences pain at one time or another. There is no harm in allowing yourself the opportunity to lessen it, if possible.

Infant sleeping position

Parents and care givers might consider placing healthy infants on their sides or backs when putting them down to sleep{ XE “sleeping position” }. Recent studies suggest that there might be an increased incidence of Sudden Infant Death Syndrome{ XE “Sudden Infant Death Syndrome” } in infants who sleep on their stomachs. There is no information that sleeping on the back or sides is harmful to normal infants.

There are some infants who should be placed on their stomachs when they sleep.

- 1) Premature infants with severe breathing problems
- 2) Infants who have problems with severe spitting up or vomiting
- 3) Infants with certain abnormalities of their upper airway

There might be other reasons for infants to be placed on their stomachs for sleep. You should discuss your particular concern or circumstances with me.

Even though there might be an increased risk for SIDS for some infants who sleep on their stomach rather than on their back or side, the real risk for SIDS for children sleeping on their stomach is extremely low. If that is the most comfortable position for them or the one they return to, don’t be alarmed.

Family Resources{ XE “family resources” }

Valley Health and Support Organizations

Support Groups

(Check the telephone book before dialing because these numbers might not be current)

Adolescent Support Group, 221-8874

Adult Children of Alcoholics and Adult Children Anonymous, 449-9107

Adult Survivors of Incest, 435-8402

Alcoholics Anonymous, 221-6907

All About Support Groups, 222-9471

Arthritis Support Group, 264-2013

Battered Women's Support Group (YWCA Program) 237-4706; 24 hour line, 237-47

Brain Tumor Support Group, 449-2000

Breast Cancer Support Group, 449-5333

Breast Implant Support Group (San Joaquin Silicone Survivors), 798-1747

Caregiver Support Group. 449-3626

Co-Dependency Group, 248-1548

Co Dependents Anonymous, 222-2066

Compassionate Friends (for parents whose children have died), 229-1388 or 23

Depression, Therapy/Support Group, 266-2694

Diabetes Support Group (Take A Break), 298-7103

Diabetes Support Group (for Latinos), 298-7103

Fibromyalgia Support Group, 348-9268 or 298-0878

Family and Friends of HIV+, 264-2437

Gamblers Anonymous, (800) 522-4700

The Gift of Life Family Support Group, 497-8328, 233-CARE

Grief Support Group, 449-5600

Neuro-psychological Trauma Head Injury Victims Support Group (for adults recovering from mental health problems), 486-1770

Healing for Survivors of Sexual Abuse Support Groups, 442-3600

Huntington's Disease Support Group, 225-6748

Impotence Support Group, 449-5333

Incest Victims, (800) 422-4453

La Leche League of Fresno Support Group (breast-feeding mothers), 291-0490

Lactation Support Group, 449-5210

Life After Loss Support Group, 449-2000

Lupus Support Group (Fresno), 227-5836

Manic-depressive Illness Support Group, 297-1041

Mastectomy Support Group, 449-5333

Moms Support Group, 449-5210

Mothers of Sons/Daughters lost to or living with HIV/AIDS, 222-9471

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Muscular Dystrophy Support Group, 221-6991

Narcotics Anonymous, 255-5881
Nar-Anon, 275-1692

Pills Anonymous Support Group, 449-8000
Post-Polio Support Group, 438-4136 or 229-2107
Prostate Cancer Support Group, 449-5333
Pulmonary Support Group, 221-5634

Sexually Free Support Group (for men struggling with sex addiction), 227-1066
SHARE (for parents who have lost a child), 449-5210
Spinal Cord Support Group, 442-6414
Stress and Depression Support Group, 294-7178
Survivors of Sexual Abuse, 294-7178
Survivors of Suicide, 435-7669

Torticollis Support Group (neurological disorder), 299-1579

Valley Parkinson's Support Group, 227-3048
Victims of Violent Crime Support Group, 294-7178

Other Help Organizations:

AIDS Testing, 445-3434
Adults with Mild Developmental Disabilities, 488-1103
African-American Outreach Project (parents of special needs children), 229-2000
Alcoholism and Drug Abuse Council, 248-1548
Alisa Ann Ruch California Burn Foundation (San Joaquin Chapter), (800) 242-2876
Alzheimer's Association (Fresno/Madera Chapter), 229-2891. Support Groups
co-sponsored with: Alzheimer's Disease Center, 233-3363; Clovis Senior Cent
297-2480; Madera Rehab/Convalescent Center, 673-9228; Valley Caregivers
Resource Center, 225-6748.
Alzheimer's Disease Education and Support Groups, contact Mary Parsons; 233-7041
Kerman Senior Center, 846-8643; Madera, 675-3119; Oakhurst, 642-3806; Merced
358-5581; Coalinga, 935-5001.
American Cancer Society, 243-0112.
American Diabetes Association (ADA), 298-7103
American Lung Association, (800) 586-4872 or 222-4800
American Red Cross (Fresno/Madera Chapter), 486-0701
Arthritis Association, 264-2013
ARC (Association of Retarded Children), 291-0611
Autism Society of America, 227-8991

Better Breather Club, 222-4800, (800) 586-4872

California Association of the Physically Handicapped, 267-6777
California Eye Institute, 449-5000
California Eye Institute, 449-5000
Center for Independent Living of Fresno, 276-6777
Central Valley AIDS Team, 264-2437
Christian 12-step classes, 432-8419
Community Hospice, 221-5608
Community Health Education, 221-5628
Consumers Against Abusive Health Care, 265-6677
County Mental Health Program, (800) 359-6939; Madera Clinic, 673-3508; Oakhurst

Clinic, 683-4809; Yosemite Women's Center, 661-0296

Domestic Violence, 486-8451

Eating Disorders Treatment, 486-8451

Economic Opportunities Commission Tobacco Education program, 263-1265

Epilepsy Foundation of Central California, 490-1414

Exceptional Parents Unlimited (EPU/Down Syndrome referrals), 229-2000

Footsteps, 449-5600

Fresno Area Auxiliary of the Myasthenia Gravis Foundation California Chapter
(neuromuscular disease), 291-3725

Fresno County Alcohol And Drug Advisory Board, 445-3272

Fresno County Commission on Alcoholism (for Spanish-speaking), 268-6475

Fresno Mayor's Committee for Employment of People with Disabilities, 486-7332

Fresno Auxiliary of Northern California Chapter of National Friendship Center of
the Blind, 266-9496

Hemophilia Foundation, 291-3970, 224-2368

Hospice of Fresno (Saint Agnes), 449-5600

Inflammatory Bowel Disease (IBD), 449-2000

Look Good Feel Better, 243-0112

Lost Chord Club of Central California, 237-1540

Mended Hearts (heart patients), 224-4647

Metro Program (Drug and Alcohol), 268-6475

Multiple Personality Disorder Group, 221-8874

National Multiple Sclerosis Society, 226-2005

Panic Anxiety Self-Help Group, 237-8304

Phobia Treatment Program, 294-7178

Rational Recovery (self-help group for alcoholism), 294-1366

Self-Help for the Hard of Hearing, 434-6141

Take Off Pounds Sensibly, 222-8434

Total Awareness Head-Trauma Center, 488-1103 or 486-1770

United Ostomy Group, 449-2000

Valley Caregiver Resource Center (serves the care giver of a brain-impaired adult),
447-2140; Hanford, (800) 541-8614

Men's Issues

Magnet Couples for mixed HIV status gay male couple, 264-AIDS

Man to Man, for Gay/Bisexual men, 264-AIDS

Men's Awareness Group, 248-1548

Men's HIV+ Therapy Group, 264-AIDS

Men's Issues Support Group, 625-1523
Men's 12-step Awareness Group, 248-1548

United Ostomy Group, 449-2000

Valley Caregiver Resource Center (serves the care giver of a brain-impaired adult),
447-2140; Hanford, (800) 541-8614

Youth Organizations

Adolescent Support Group, 221-8874
Foster Friends, 237-8304
Children Whose Parents Have HIV/AIDS, All About Care, 222-9471
D.A.R.E. (Drug Abuse Resistance Education, 488-3383
Disabled Student Services (CSUF Volunteer Book Readers), 278-2903
Disabled Students Program and Services (for students with physical and/or learning disabilities), 442-8237
Comprehensive Youth Services, 229-3561
Childhelp Independent Order of Foresters, (800) 422-4453
Children's Group (5-11 years), 248-1548

Women's Issues

Battered Women's Support Group (YWCA program) 237-4706; 24 hour line, 237-4701
Breast Cancer Support Group, 449-5333
Breast Implant Support Group (San Joaquin Silicone Survivors), 798-1747
Breast Cancer/Reach To Recovery, 243-0112
Breast Cancer/Volunteer Visitors, 243-0112
Breast Feeding Clinic, 449-5210
La Leche League of Fresno Support Group (for breast-feeding moms), 291-0490
Lactation Support Group, 449-5210
Menopause Support Group, 449-2000
Rape Counseling Service, 497-2900
Relationship Issues Group, 222-0146
Remarried Couples Group, 221-8874
Women for Sobriety Support Group (for women concerned about their drinking),
561-3266
Women's HIV+ Therapy Group, 264-AIDS
Women's Support Group (for women with HIV/AIDS), 222-9471
Women's Support Group (Clovis), 294-7178
Remarried Couples Group, 221-8874
Women for Sobriety Support Group (for women concerned about their drinking),
561-3266
Women's HIV+ Therapy Group, 264-AIDS
Women's Support Group (for women with HIV/AIDS), 222-9471
Women's Support Group (Clovis), 294-7178
Women's Therapy Groups, 227-7086
YWCA Marjaree Mason Center (domestic violence), 233-4357

Sexuality

Adult Survivor's of Incest, 435-8402
Magnet Couples, for mixed HIV status gay male couples, 264-AIDS

Man to Man, for Gay/Bisexual Men, 264-AIDS
Survivors of Sexual Abuse, 294-7178
Sexually Free Support Group (for men struggling with sex addiction), 227-1066

Veterans

Chapter No.1 Disabled American Veterans and Service Office, 485-3281
Disabled American Veterans Thrift Stores, 701 Van Ness Ave., 237-0273; 2421 E.
Clinton Ave., 229-2380
Fresno Veterans Center, 363 N. First St., 487-5660
Veterans Administration Medical Center, 2615 E. Clinton Ave., 225-6100
Veterans Crisis Programs, 128 Yosemite Ave., 266-4950
VFW Post 8900, 3585 N. Blythe Ave., 275-4061

Teething and fever

This question comes up so frequently and persists no matter what. Teething never causes a temperature of 101° or more. Teething is a natural process before a tooth emerges and drooling and chewing are noticeable from infancy. During these first two years, infants and toddlers are continually exposed to infections (usually viral). There is a natural coincidence of events because they both appear about the same time. It is understandable why parents connect them. If a fever is present when you teethe{ XE “teething and fever” }, it must be the teething causing the fever? Wrong! If your child has a temperature of 101° or greater, your child has an infection. If that fever last more than a couple of days call during office hours so we can arrange an exam to rule out a treatable cause.

Irregular heart beat

Parents might notice an irregular heart beat{ XE “irregular heart beat” } in their child. Usually, you or your child will be unaware of irregular beats. In the newborn period the atria of the heart can be the source of the unrhythmic beat. (This is one of the two smaller chambers of the heart.) These nonsynchronous heart beats don’t signify any heart disease and will disappear within days or weeks. I will pick up this irregular beat during the newborn exam and evaluate the heart with an electrocardiogram{ XE “electrocardiogram” }. The EKG{ XE “EKG” } is read by a pediatric cardiologist. If the baby has no symptoms I will observe and wait for it to disappear. Consultation with the cardiologist is necessary when symptoms of persisting cough, poor feeding or blue lips and face are noticed.

The second occasion for an irregular beat is during middle childhood. The child or you fortuitously notice a skipped heart beat. This is called a sinus arrhythmia{ XE “arrhythmia” } (irregular heart beat). It is a rhythm change with a normal breath. The beat speeds up while breathing in. To test this the child holds his breath and the rhythm continues normally, but a breath breaks up the rhythm and a skipped beat is detected. This is harmless and can be ignored unless symptoms of shortness of breath or unexplained cough appear.

Another situation when an irregular beat is detected is during older childhood, adolescence or as a young adult. The child or adolescent notices an irregular beat while at rest. It is startling for them and they will show concern. The only symptom is anxiety although the adolescent may be matter a fact about the irregularity. There should be no chest pain, shortness of breath or fatigue. There may be no obvious cause, but commonly use of too much caffeine can be a trigger for the arrhythmia. Other factors can be emotional stress, stimulants, smoking, medications and illegal drug use.

Nintendo or Sega disease

Nintendo{ XE “Nintendo disease” } games are tremendously popular with young children and adults, but, occasionally, some side effects appear. Medical journals have received letters from doctors describing different disorders caused by excessive Nintendo playing.

One conditions associated with game playing is over-use injuries to the muscles, ligaments and tendons from over-use. Fingers and thumbs can develop tendonitis from repetitive pressing and releasing control buttons. When complaints begin, parents should establish a “time-out.” Rest will improve and correct most problems. A few hours up to a few days can be needed. If pain is intense or swelling occurs, start with Tylenol™ or aspirin. A similar problem can be seen with neck or shoulder strain from holding the controller and cocking the head upward to see the screen. You can correct this by having your child sit farther back and resting the controller on a pillow or table.

Other problems such as loss of sleep and nightmares don’t appear to be associated with Nintendo game playing. A competitive child will become agitated from repetitive trials and failures. Examine the game and try to determine if it is designed for your child’s age group or find a substitute game that can be more easily mastered.

One doctor described a child’s problem with fecal incontinence. The youngster was withholding the natural urge to go because he or she did not want to leave the game. The solution was to remind the child about the “pause” button and emphasize its use.

One problem with Nintendo games is few learning programs exist. This, will probably be overcome as developers of software try to compete with Personal Computers from Apple, IBM, and Atari. Nintendo games do give children a chance to develop eye-hand coordination. Memory skills are necessary in order to avoid past pit-falls and advance farther into the game. My advice is to ration Nintendo time as you might TV viewing time. Fresno days are generally perfect for outdoor play. Cardiovascular exercise is important for all ages. Nintendo games are not bad, if the preceding suggestions are followed.

Baby sitting reminders

As I was tossing out old notes and papers, I noticed one of the American Academy of Pediatrics flyers on parent safety tips when they leave their child(when) with the baby sitter{ XE “baby sitter reminders” }. I want to pass on some of their guidelines.

The first suggestion is to show the sitter important phone numbers to call in case of an emergency. These numbers or some that you believe are useful include: Neighbor, Physician, Fire or Paramedic (911), Police and Poison Control. Also consider the number you can be reached at or a number where you check in periodically, if you travel.

Parents should: Check the baby sitter’s references, training and general health in advance. Allow the sitter to spend time with you before “sitting” to become acquainted with the children and their routine. Show the sitter around the house pointing out fire escape routes and potential problem areas. He or she should be instructed to leave the house immediately in case of fire and call the fire department from the neighbor’s house. You need to discuss feeding, bathing and sleeping arrangements for the children. Leave a flashlight. Tell the baby sitter where you can be reached and the hour of your return.

Always phone for help whenever you are concerned or in doubt. Never open the door to anyone who has not been cleared by the parents. Never leave the children alone in the house-even for a minute. Never give any medicine or food unless instructed to do so. Always remember your primary job is to care for the children. Tender loving care usually quiets an unhappy child.

Poisoning

Children almost always swallow poisons{ XE “poisons” } accidentally.

Most poisoning can be prevented. Keep all potentially harmful substances out of reach. Medications, insecticides, caustic chemicals, cleaners, fuels and polishes are dangerous. Drain cleaners are very dangerous. They are strong alkali materials that destroy the lining of the mouth, throat, stomach, and intestine when ingested.

Treatment must be rapid to be effective. It is most important to determine the chemical your child swallowed or was exposed. Call my office or the *Poison Control Center*{ XE “Poison Control Center” } at 445 1222 as soon as possible. I can direct you as to the best course of action. Try to find out the name or type of poison. If you are heading to the emergency room, bring the container of the suspected poison with you.

Teenagers may attempt suicide by taking overdoses of common medications. All suicide attempts should be considered a call for help. Even if the drug does not seem harmful or the attempt is thwarted, follow-up is essential. Successful suicides are often preceded by unsuccessful attempts.

After a potential poison is swallowed, treatment at home may require vomiting to remove the substance before it does damage. Vomiting can complicate care or recovery. Movement up and down the esophagus can re-expose the lining to the caustic solution or increase the chances it will be inhaled into the airway. Milk or water may be needed. Never start treatment without consulting me or the or *Poison Control Center* first.

Vomiting is a safe way to remove some substances, safer even than “pumping” the stomach. Syrup of ipecac{ XE “syrup of ipecac” } is a safe way to induce vomiting. It is essential to keep 1 to 2 ounces at home when you have children under 4 years of age in the household. One tablespoon should be followed by as much water as possible. If there is no vomiting within 20 minutes after drinking the Ipecac, you should give another tablespoon. Unfortunately, children who accidentally ingest poisons are more likely to ingest poisons again in the future.

Potentially dangerous poisoning is best managed in Valley Children’s emergency room. Children who are conscious will be treated differently than unconscious children. If your child is unconscious or is not aware of his or her surroundings, bring them to the emergency room immediately.