

SPRING 2007

Carolinas kids

◀ A PUBLICATION OF LEVINE CHILDREN'S HOSPITAL ▶

**SPOTTING
THE SIGNS
OF AUTISM**

**Keep
your kids
moving!**

**BABY'S
COMING!**

Help your child be
a super sibling

**Care that
COUNTS**

Levine
 Children's
Hospital

Our world revolves around children.

Parents' pages

Play safe—wear a helmet

Wearing a helmet could have prevented many of the more than 309,000 sports-related head injuries treated in emergency rooms last year, say experts at the American Association of Neurological Surgeons. When buying a helmet for your child, getting the right kind and fit is key. Try on several before purchasing. Look for a manufacturer's sticker citing the Consumer Product Safety Commission standard. Choose a helmet designed specially for your child's sport. Skateboarding helmets, for example, are made to withstand multiple

blows, but bicycle helmets aren't. For more information about child safety and injury, visit www.levinechildrenshospital.org.



Take away tonsils for better behavior?

When you hear the term "sleep apnea," chances are you picture an overweight, middle-aged man. But children can also suffer from the condition, which causes frequent, brief interruptions in breathing. Not surprisingly, these sleep-deprived kids often experience learning disabilities, attention disorders, anxiety and depression and may exhibit hyperactivity and aggressive tendencies. Some studies suggest that removing the tonsils and adenoids of affected children not only cures the apnea, but also calms their behavior problems.

The skinny on rashes

Arash signals something is wrong, serious or not, and a timely diagnosis will ease your child's discomfort and aid healing. See your child's doctor if your child has:

- a rash with a fever or other symptoms (irritability, malaise, runny nose) that suggest illness
- ring-shaped, red or

- scaly patches on the body or scalp
- spreading blisters that turn crusty or scaly
- a rash while taking a prescribed medication
- many small, itchy, red lumps and track marks in the skin
- a rash that persists, spreads, worsens or becomes intolerable

To find a pediatrician for your child, call **704-355-7500**.

Does your child's school make the grade?

Having the right supplies in your child's classroom encourages healthy habits. Mobilize other parents to help make sure your child's classroom is stocked with:

- liquid soap
- paper towels
- tissues
- toilet paper
- moist, disposable wipes
- step stools for the sinks
- antibacterial spray cleaner or cleaning wipes

Fast fact . . .

A 12-ounce soft drink contains about 10 teaspoons of sugar and about 150 calories. Just one can of soda a day increases your child's risk for obesity by 60 percent.



Moms want to know ...

How do I get my child to take medicine?

No matter how healthy your child may be, it's probably inevitable that sooner or later your little one will suffer a bug that calls for taking a liquid medicine. Some children are quite cooperative, but others need a little coaxing (or a lot!) to get the stuff down the hatch. And let's face it—some medicines truly do taste yucky. Summon your patience and persist-

ence and try these tips for helping the medicine go down:

- **Use the right utensil.** Measure the correct dose with a cylindrical dosing spoon or cup. (Don't use a regular kitchen spoon.) With a calibrated dosing syringe, you can squirt the medicine inside baby's mouth, making it less likely to be spit out.
- **Try a mix-in.** Stir the medicine dose into a small bit of soft food like yogurt, applesauce or pudding. Use only a small amount of food and make sure your child eats it all. But check with your doctor or pharmacist

to be sure it's OK to mix the food and medicine.

- **Add a flavor.** Many grocery or pharmacy chains offer a slew of flavorings such as chocolate, bubble-gum or grape that can be added to prescription medications.
- **Try a different form.** Ask the doctor whether the medicine comes in quick-dissolve tablets that melt in the mouth or tablets you can crush and add to a spoonful of ice cream.
- **Chill it.** Refrigerating medication can make it more palatable. Check with your pharmacist to ensure it won't alter the drug's effectiveness.
- **Offer a reward.** When your child's sick, a little bribery isn't a terrible thing. Offer to give a treat, read an extra story or play a board game. Keep it small—a usual course of antibiotics can mean 20 doses. ●

Milestones

Prepping your child to be a big brother or sister

Although you've been through pregnancy and childbirth before, you may have some concerns about how your toddler or preschooler may handle your having a new baby. Helping your child understand what to expect can help smooth the transition to becoming a big brother or sister.

- **Explain what a new baby means.** Point out other babies and their big siblings. Use picture books or children's stories and show pictures from when your child was a baby to help get the idea across. Explain that the baby will need much attention but you'll always have plenty of time and



love for him or her.

- **Include your child in the preparations.** Let your child pick out items for the new baby's room, especially if they'll be sharing living quarters. Bring your child to doctors' appointments to hear the baby's heartbeat. Plan to have the birth announcement come from the new big sibling with special cards or pictures.
- **Play up the role of big sibling.** If you're having your baby at Carolinas

Medical Center (CMC), CMC-Pineville, CMC-University, CMC-Union or CMC-Lincoln, schedule a sibling tour. A tour of the maternity center helps alleviate the fears of "where mommy is." Children also feel more like participants in the event.

- **Make major changes before the new baby arrives.** Now may be a good time to, for example, begin toilet training, move your child from a crib to a bed, change bedrooms or start preschool—well in advance of baby's arrival. If your child isn't ready, try to postpone any big changes until after the new baby is settled at home.
- **Expect some regressive behavior.** Don't be surprised if your older child regresses with a little misbehavior, thumb sucking, potty-training accidents or baby talk. These problems are usually temporary. ●



Subspecialty care that **counts**

Our experts are here for your child

Carolinas kids SPRING 2007
4 A PUBLICATION OF LEVINE CHILDREN'S HOSPITAL 4

1000 Blythe Blvd., Charlotte, NC 28203

Carolinas Kids is published as a community service of Levine Children's Hospital at Carolinas Medical Center. If you are interested in receiving an e-mail when a new issue of *Carolinas Kids* is available, visit www.levinechildrenshospital.org.

The information contained in this publication is not intended as a substitute for professional medical advice. If you have medical concerns, please consult your healthcare provider.

Copyright © 2007 Carolinas HealthCare System

If your pediatrician finds that your child has a complex or chronic healthcare issue, he or she will most likely refer your child to a pediatric subspecialist. Pediatric subspecialists are board-certified physicians who undergo extensive clinical training to specialize in the treatment of a condition, disease or aspect of pediatric care. For a family dealing with a child's illness or injury, their extra knowledge can open up new avenues in care.

Levine Children's Hospital's staff includes many specialized, board-certified physicians. Caring for children



Levine Children's Hospital subspecialties

Adolescent Medicine	Neonatology
Allergy/Immunology	Nephrology
Anesthesiology	Neurology
Cardiology	Neurosurgery
Cardiovascular Surgery	Oncology
Child Development/ Child Psychiatry	Ophthalmology
Child Maltreatment	Orthopedics
Critical Care	Otolaryngology
Dentistry	Palliative Care
Emergency Medicine	Physical Medicine and Rehabilitation
Endocrinology	Plastic Surgery
Gastroenterology	Pulmonary Medicine
General Pediatrics	Radiology
Hematology/Oncology	Sports Medicine
Hospitalists	Surgery
Infectious Disease	Transplant
Medical Genetics	Urology



from infants to adolescents, the hospital provides diagnosis and treatment in more than 30 subspecialty areas. "We have more pediatric specialists than anyone in the region," says **Leonard G. Feld, MD, PhD**, chief medical officer. Following are a few of the pediatric subspecialists at Levine Children's Hospital.

Pediatric Cardiology

Herbert J. Stern, MD, director of pediatric cardiology, and his colleagues at the Sanger Clinic are an experienced team of pediatric cardiologists who utilize the latest, cutting-edge technology. They have performed the most pediatric diagnostic catheterizations in the state over the past 15 years. Levine Children's Hospital is the only facility in the region to provide the following advanced cardiac services:

- pediatric heart transplants
- pediatric open-heart surgery
- pediatric catheterization laboratory
- extracorporeal membrane oxygenation (heart-lung bypass to support premature babies and children with respiratory/cardiac failure)

Pediatric Emergency Medicine



Randy Cordle, MD, director of pediatric emergency medicine, is a board-certified pediatric emergency medicine specialist. Levine Children's Hospital has the only dedicated children's emergency department in the area open 24 hours a day, seven days a week.

Pediatric Nephrology



Susan Massengill, MD, director of the pediatric nephrology and hypertension program, leads a talented team of board-certified pediatric nephrologists. These physicians provide outpatient and inpatient evaluation and management for kidney-related problems, such as:

- hypertension
- kidney stones
- lupus and vasculitis
- bone and mineral disorders
- kidney transplantation
- dialysis
- chronic urinary tract infections

Pediatric Pulmonary Medicine

Hugh R. Black, MD, completed his pediatric pulmonology fellowship at the University of North Carolina. Dr. Black and his team are specially trained to care for pediatric patients with acute or chronic respiratory problems, including:

- asthma and allergies
- apnea or a lapse in breathing
- cystic fibrosis

Pediatric Surgery



Board-certified subspecialists **Daniel A. Bambini, MD**, Robert Attorri, MD, and Duncan Morton, MD, have more than 60 years of combined experience as pediatric surgeons. They perform surgeries on babies to adolescents while using the latest technology and expertise. This team partners with pediatric anesthesiologists and pediatric radiologists to provide a continuity of care for all children. ●



Learn more!

For more information on specialists at Levine Children's Hospital or to find a doctor who's right for your child, visit www.levinechildrenshospital.org.



“Children should get at least **60** minutes of moderate exercise every day.”

Stephen J. Valder, MD
Pediatrician, Providence Pediatrics

5 ways to keep your kids moving

Fit kids are healthy kids, but many are simply not getting the exercise they need. The sedentary nature of modern playtime, with TV, video games and computers, offers little physical activity, and dwindling gym classes are not providing enough exercise. “Children should get at least 60 minutes of moderate exercise every day,” says Stephen J. Valder, MD, a pediatrician at Providence Pediatrics.

Because physical activity typically declines during the teen years, childhood is a pivotal time for ingraining the fitness habit. Try these five healthy strategies from Dr. Valder:

1 Find your child's sport.

When it comes to sports and activities, finding the one that's right for your child is essential. Not all kids enjoy team sports or competitions; other options, such as cycling, martial arts, dancing, cheerleading, tennis, figure skating or horseback riding can help them stay fit.

2 Target a passion.

Find things that your child likes to do and incorporate exercise with them. Artistic children, for instance, might enjoy a nature hike to collect flowers, leaves and rocks for a collage while an avid reader will enjoy a stroll to the library.

3 Join the backyard fun.

Nothing makes a lawn game more vigorous than mom or dad joining in. Play basketball or touch football or teach your child games from your playground days. On hot days, turn on the lawn sprinklers and play tag through them or start a war with garden hoses and water balloons.

4 Rely on foot power.

See how many errands you and your child can accomplish on foot, scooter, in-line skates or bike. Return library books, drop off dry cleaning or buy stamps. Kids usually hate tagging along for errands, but they'll get a kick out of going through the bank's drive-thru on skates.

5 Plan family outings that involve physical activity.

Take a trip to the zoo; enter a 5K walk-run; or go hiking, biking, snorkeling, skiing or camping. ●

Spotting the signs of autism

Most parents look toward their baby's developmental milestones with anticipation. The video camera is charged and ready to capture newly learned skills or those first precious words. But for parents of children with autism, those moments are agonizingly delayed or never come at all.

Autism spectrum disorder is a brain condition associated with developmental delays and disabilities. People with autism generally have problems with social skills, language and behavior. They may not make eye contact, talk, play or interact with others. Some perform odd repetitive movements such as rocking, spinning or hand-flapping or seem sensitive to light, sound and touch. About 40 percent of children with autism don't speak at all.

If your baby fails to show any of these developmental signs, talk to your pediatrician about further evaluation:

- big smiles or other warm, joyful expressions by age 6 months or thereafter
- babbling or cooing by 12 months
- gesturing, pointing or waving by 12 months
- saying single words by 16 months
- saying two-word phrases (without imitating or repeating) by 24 months
- ability to remember learned language or social skills

Older children with autism may display these behaviors:

- a failure to respond to his or her own name
- a resistance to cuddling and holding
- a preference to play alone
- sing-song or robot-like speech
- constant movement
- a fascination with parts of an object, like a toy train's spinning wheels

Although there's no cure, early diagnosis and intervention with intensive communication and behavior therapy, preferably before age 3, offers the best chance for improvement and learning progress.

To assist parents in bringing a child with autism to the hospital, Levine Children's Hospital has implemented a designated phone number that allows parents to inform staff of their child's needs. The staff then prepares for the child's visit by having items the child likes—or eliminating items with which the child may have an issue—to help ensure a smooth visit. To take advantage of this service, call **704-512-3286**. ●



HOUSE CALLS



Eric A. Mair, MD
Pediatric
Otolaryngologist,
on staff at Levine
Children's Hospital

Q My child gets a lot of ear infections. Am I doing something wrong?

A On average, middle-ear infections occur six times by age 5. There are things you can do to reduce their frequency, however, like not smoking around your child and keeping their hands clean to prevent the spread of germs. Also, wean your baby from the pacifier as soon as possible. Studies say pacifiers cause more frequent ear infections.

Other tips: Find a day care setting with six kids or fewer, which may cut down on your child's germ exposure. Ask your pediatrician if your child should get a flu shot (some doctors think they may help kids who get frequent ear infections).

Our world revolves around children.

They are our future, our pride and our joy. At Levine Children's Hospital, they are our purpose for being. Every day, we give our all to serve the children of our region. And in the fall of 2007, we will bring them the largest dedicated children's hospital between Atlanta and Washington, DC. It all revolves around them.

www.levinechildrenshospital.org



Levine
Children's
Hospital
Our world revolves around **children.**