

# BLUE FISH

## P E D I A T R I C S

Biannual Newsletter

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## Having a Safe Summer

Summer can be a great time for you and your family to travel abroad, take a road trip, or maybe take a quick trip to Galveston to relax and unwind at the beach. Blue Fish would like to remind you of some quick helpful tips that will go a long way in reducing stress and ensuring your family stays healthy while you enjoy your summer.



### Sunscreen

- Use products with broad UVR (UVA + UVB) protection 20 minutes before exposure.
- We recommend you use at least SPF 30 for all children 6 months and older.
- Titanium dioxide and zinc oxide provide the broadest UVR protection.
- Apply appropriate amount and reapply often (at least every 2 hours).
- Babies under 6 months should be kept out of the direct sun. Use wide brimmed hats and loose fit clothing to shield them. We recommend the use of sunblock only on face, hands, and feet as needed.



### Mosquito Repellent

- **Do not** apply mosquito repellent to infants under 2 months of age. (May use Avon's Skin So Soft instead.)
- **Do not** apply over cuts or wounds.
- **Do not** apply to young children's hands or near eyes or mouth.
- **Do not** apply under clothing.
- Whenever possible, dress children in light colored clothing that covers both arms and legs.
- Avoid over application. Use just enough to cover exposed skin and clothing.
- For application to child's face, apply to adult hand and then rub on face.
- Repellent containing DEET (10-30% concentration) is safe for use on infants.
- 10% DEET is effective for up to 2 hours of protection.
- 30% DEET is effective for up to 6 hours of protection.
- Picardin is an effective synthetic alternative that provides protection for up to 2 hours.
- Oil of Lemon or Eucalyptus is an effective plant based insect repellent that provides protection for up to 90 minutes. Do not use on children less than 3 years old.
- Mosquito netting which can be treated with permethrin or deltamethrin over bedding, strollers, and car seats also provides protection.
- After returning indoors, wash treated skin with soap and water.



## Management of Insect Bites/Rash

- For comfort, give a **SHORT** daily lukewarm bath of 5-10 minutes with a mild soap. **Aveeno Oatmeal bath treatment** is a good choice.
- Apply the following medicine to the bites:
 

**For the face –Hydrocortisone ½%-1%** (Over-The-Counter) 2x/day. Use this no longer than 2 weeks.

**For the body –Hydrocortisone 1%** (Over-The-Counter) 2x/day. Use this no longer than 2 weeks.
- To keep the bites/rash from becoming infected, apply an **antibiotic cream (OTC)** (such as Neosporin) to the bites 2x/day. The antibiotic cream can be used at the same time as the hydrocortisone cream.
- Keep the fingernails as short as possible. This will reduce injury to the skin from scratching, as well as keep unwanted germs/dirt/debris from being harbored under long nails.
- When the child is itchy/scratching take **Loratadine (Claritin OTC)** or **Cetirizine (Zyrtec OTC)** in the morning and/or take **Diphenhydramine HCl (Benadryl OTC)** at night. For dosing see charts at right.
- If there are signs of an infected skin lesion, please bring the child in a.s.a.p.
  - Tenderness
  - Whitish discharge or pustule formation
  - Fever (temperature >100.4 Fahrenheit)
  - Redness (increasing over time, initially all bites will have some redness)
  - Swelling (increasing over time, initially all bites will have some swelling)
  - Generally looking worse

## Children’s Loratadine (Claritin OTC) or Cetirizine (Zyrtec OTC)

Age	Dose
Children 1 year and older to 2 years old	2.5 ml or 2.5 mg daily, do not take more than 5 mg in 24 hours
Children 2 years and older to 6 years old	2.5-5 ml or 2.5 - 5 mg daily, do not take more than 5 mg in 24 hours
Children 6 years and older	5-10 ml or 5 - 10 mg daily, do not take more than 10 mg in 24 hours

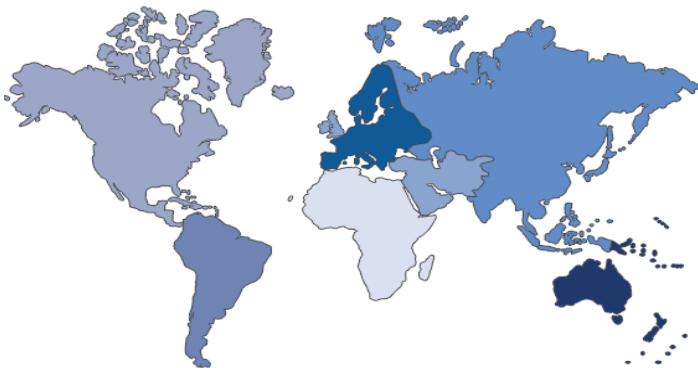
## Children’s Diphenhydramine HCl (Benadryl (1+ Year Old))

Weight	Dose - Liquid	Dose - Chewable
	(12.5mg/5mL)	(12.5 mg)
20-24 pounds	3.75 ml every 6 hours, do not take more than 3 teaspoons in 24 hours	N/A
25-37 pounds	5 ml every 6 hours, do not take more than 4 teaspoons in 24 hours	1 tablet every 6 hours, do not take more than 4 tablets in 24 hours
38-49 pounds	7.5 ml every 6 hours, do not take more than 6 teaspoons in 24 hours	1½ tablets every 6 hours, do not take more than 6 tablets in 24 hours
50-99 pounds	10 ml every 6 hours, do not take more than 8 teaspoons in 24 hours	2 tablets every 6 hours, do not take more than 8 tablets in 24 hours
100+ pounds	N/A	4 tablets every 6 hours, do not take more than 16 tablets in 2 hours



## Air Travel

- If possible, use a car seat. Check with your airline since they may require you to pay for an extra seat.
- We do not advise using Benadryl or other OTC medications to help your child fall asleep. Your children should be allowed to fall asleep naturally.
- Parents who use sleep medication themselves should make sure that one adult, who is not under the influence of medication, is always available to attend to the children.
- During takeoffs and landings, try to breast/bottle feed or allow your children to chew on gum. This helps to equilibrate the middle ear pressure and prevents unwanted ear pain.
- Infants should not be fed more than usual because higher altitudes cause gases to expand and infants may experience distension during air travel.
- Children should have sufficient quiet entertainment for the length of the journey. (Taking new toys they haven't seen before always helps.)
- In case your child gets separated during the journey, personal information, including the child's name, address where the family is staying, and contact phone numbers should be put in the child's pocket. This information should not be displayed in plain view.



## Traveling Abroad

Traveling abroad can be a mind-opening and life-enriching experience. But as pediatricians know, children are not small adults and caring for youngsters who travel internationally requires special attention. When traveling with children, parents should actively prepare to meet their children's health needs, plan to observe their children more closely, and be especially equipped to deal quickly with common health problems that arise while the family is away from home. This newsletter provides some general tips. More information is available upon request or on the web at:

<http://www.cdc.gov/travel>

### General Preparation

Prior to leaving review your health insurance to determine the extent of coverage when out of the country. Evacuation insurance (SOS, MEDEX, CMI, etc.), which covers emergency evacuation and access to health-care providers 24 hours a day, can be purchased before travel. Local travel clinics and the website listed above offer names and contact information of reliable sources of medical care at many destinations.

Children with a chronic disease should travel with enough medication for the entire trip, and the family should be prepared to handle common complications. If the child is likely to require hospital care, parents should restrict travel to a short distance from a reliable medical center. They can purchase special travel insurance that allows the family to return home early without penalty if a medical problem arises.



## Vaccines

Ideally, medical preparation for travel should begin 2 months before departure to allow enough time for vaccinations that may require several doses and for initiation of necessary prophylaxis. Infants are at higher risk of becoming ill during travel because of their immature immune system and incomplete immunization status. If the destination poses a high risk of vaccine-preventable diseases and the timing of the trip is flexible, parents should postpone travel with children until they can complete the primary vaccine series and receive one early dose of measles-mumps-rubella (MMR) vaccine (if not already given).

Different areas of the world have health risks that are specific to their region. Please visit the Centers for Disease Control website (<http://www.cdc.gov/travel>) to obtain information about these health risks.

If you are traveling to a developing country, please be aware that insects may carry life threatening diseases (malaria, dengue, filariasis, Japanese encephalitis, Chagas disease, etc.). Barriers—including clothing, netting, and insecticides—are essential for preventing exposure to insects that can lead to infection.

### Available vaccines/prophylaxis (at travel clinics):

- Typhoid
- Japanese Encephalitis
- Rabies
- Yellow Fever
- Measles-Mumps-Rubella (available at Blue Fish)
- Malaria (we write this prescription)

## General Medical Advice

- Prevent fungal and parasitic infections by keeping feet clean and dry. Do not go barefoot.
- Do not handle animals.
- Use sunscreen with an adequate SPF rating (Please refer to *Sunscreen* on page 1).
- Use mosquito repellent with either DEET, Picardin, or oil of lemon eucalyptus (Please refer to *Mosquito Repellent* on page 1).
- Wear proper clothing and head wear to prevent sunburn and insect bites.
- Use bed netting treated with Permethrin or Deltamethrin.

## Where to get vaccinated

### International Medicine Center

Memorial Hermann Memorial City  
9230 Katy Freeway, Suite 400  
Houston, TX 77024  
713-550-2000

### Texas Children's Hospital Travel Medicine Clinic

Texas Children's Clinical Care Center  
6701 Fannin Street, Floor 17  
Houston, TX 77030  
832-822-1038

<https://www.texaschildrens.org/departments/travel-medicine>

### Passport Health

9601 Katy Freeway, Suite 315  
Houston, TX 77024  
713-467-6575

### Houston Travel Medicine Clinic

Bonnie Word, MD  
St. Joseph Professional Building  
2000 Crawford St., Suite 1105  
Houston, TX 77002  
713-652-4900  
<http://www.houstontravelmedicine.com>

### Baylor Travel Medicine

3701 Kirby Dr., Suite 100  
Houston, TX 77098  
713-798-7700



## Food

The most common causes of gastrointestinal infection to travelers are transmitted by fecal-oral route. Although encounters with these pathogens are often inevitable, careful attention to hand washing and avoiding unsafe foods can prevent exposure and decrease the intensity of the exposure, which may avert clinical illness.

Hand hygiene is critical and special care must be taken to wash hands with soap and water before meals. Alcohol-based hand sanitizers are effective but should be used in only small amounts, and no more than necessary to avoid ingestion.

### Avoid:

- uncooked foods or vegetables from which the outer skin has not been removed
- undercooked meat and seafood
- milk (unless you know it is pasteurized)
- sandwiches and other dishes topped with lettuce, tomatoes and onions
- fruits that have been peeled at outdoor stands because they are often dipped in water to keep them appearing moist
- sauces placed on hot food because they are often made with raw vegetables

## Drink

Travelers must be extra vigilant when it comes to what they drink. Safe water can be bought in sealed bottles. Check that the seal is not broken because local vendors sometimes “recycle” old water bottles and fill them with tap water. If sealed bottles are unavailable, purchase carbonated water.

Water that has come to a rolling boil for at least one minute (longer than three minutes at high altitude) is considered safe. Treating water with iodine kills bacteria and viruses but may not kill all parasites. Water filters remove bacteria—and filters with an absolute pore size from 0.1 to 1 micrometer and labeled as reverse osmosis remove most parasites such as *Giardia* and *Cryptosporidium*—but cannot filter out viruses. Iodine must be added to filtered water to kill viruses. *Pregnant women should not consume iodinated water.*

### Avoid:

- drinking tap water (not even for brushing teeth)
- juice and drinks mixed with tap water
- ice made from tap water





## Sample First Aid traveling kit

- Child's health records
  - Immunization records
  - Chronic medical conditions
  - Names and dosages of medications
  - Blood type (if already known)
  - All allergies
- Prescription medications
  - Medication for unexpected exacerbation of chronic condition
  - Epinephrine pens (if indicated)
  - Malaria medication (not for young children, speak with your child's physician if you have questions or concerns)
- Extra pair of prescription glasses
- Basic first aid supplies
  - Bandages
  - Moleskin for blisters
  - Water-resistant tape
  - Gauze
  - Steristrips (for closing wounds)
- Over the counter medications
  - Acetaminophen or ibuprofen
  - Antihistamine
  - Antibiotic ointment
  - Topical antifungal preparation
  - Cortisone cream
- Skin barrier protection for children in diapers
  - Petroleum jelly
  - Zinc oxide
- Insect repellent containing DEET
- Sunscreen
- Thermometer
- Oral rehydration packets
- Flashlight

## Health Forms

In the summer, Blue Fish Pediatrics experiences an influx of requests for health forms to be filled out for summer camps and the following school year. So that we can provide the best service to you and the rest of our patients, please plan ahead and try to schedule your well child check-up at least six weeks in advance.

Please allow at least five business days for any school/camp forms you may need. Our office does provide an express service if the form is needed more immediately for a small charge.

You can call us to schedule an appointment with our front office staff.

## Water Safety

Water is one of the most ominous hazards your child will encounter. Young children can drown in only a few inches of water, even if they've had swimming instruction. Swimming lessons are not a fool-proof way to prevent drowning in young children.

New evidence shows that children ages 1 to 4 may be less likely to drown if they have had formal swimming instruction. The studies are small, and they don't define what type of lessons work best, so the AAP is not recommending mandatory swim lessons for all children ages 1 to 4 at this time. Instead, the new guidance recommends that parents should decide whether to enroll an individual child in swim lessons based on the child's frequency of exposure to water, emotional development, physical abilities, and certain health conditions related to pool water infections and pool chemicals.

The AAP does not recommend formal water safety programs for children younger than 1 year of age.

<http://www.healthychildren.org/English/safety-prevention/at-play/Pages/Water-Safety-And-Young-Children.aspx>



## Bike Safety Tips

- A helmet protects your child from serious injury, and should always be worn. And remember, a helmet at all times helps children develop the helmet habit.
- When purchasing a helmet, look for a label or sticker that says the helmet meets CPSC safety standard.
- A helmet should be worn so that it is level on the head and covers the forehead, not tipped forward or backwards. The strap should be securely fastened with about 2 fingers able to fit between chin and strap. The helmet should be snug on the head, but not overly tight. Skin should move with the helmet when moved side to side. If needed, the helmet's sizing pads can help improve the fit.
- Do not push your child to ride a 2-wheeled bike without training wheels until he or she is ready. Consider your child's coordination and desire to learn to ride. Stick with coaster (foot) brakes until your child is older and more experienced for hand brakes. Consider a balance bike with no pedals for young children to learn riding skills.
- Take your child with you when you go shop for the bike, so that he or she can try it out. The value of a properly fitted bike far outweighs the value of surprising your child with a new one. Buy a bike that is the right size, not one your child has to "grow into." Oversized bikes are especially dangerous.
- Your child should ride on the right, facing the same direction as traffic, and should be taught to obey all stop signs and other traffic control devices. Children should never ride at night.

<https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/Pages/Summer-Scooter-Bicycle-and-Playground-Safety-from-the-AAP.aspx>

## Summer Check-ups & Physicals

For well child visits this summer, we encourage you to make your appointment sooner than later. Please do not delay calling to schedule this appointment until the week before school starts; otherwise it is highly likely you will not be seen until after school starts. Here is a reminder of our office policy regarding School and Camp forms:

- 1. You must be up to date on your check ups:** In order for our doctors to fill out a school/camp form, your child must be up to date on his/her checkups. For example, children over two years old must have been seen for a well check within the last 12 months.
- 2. Forms can be mailed in, faxed in, emailed in, or handed in:** Forms do not need to be handed to our office in person. They can be emailed, faxed, or sent to us by mail. We prefer email when possible.
- 3. Allow at least one week:** Please allow our office at least one week (5 business days) to process and return your form. Forms allowed this lead time will be processed free of charge.
- 4. Express processing:** Forms requiring same day express processing will be subject to a \$30 per form fee. Please call your office for more information.

If you have any questions or concerns, feel free to contact your respective office.

**Stay Safe and Have a Great Summer!**

**From all of us at**

**Blue Fish**