



# Growing Together



## Be safe this winter, inside and out

### Preventing childhood burns

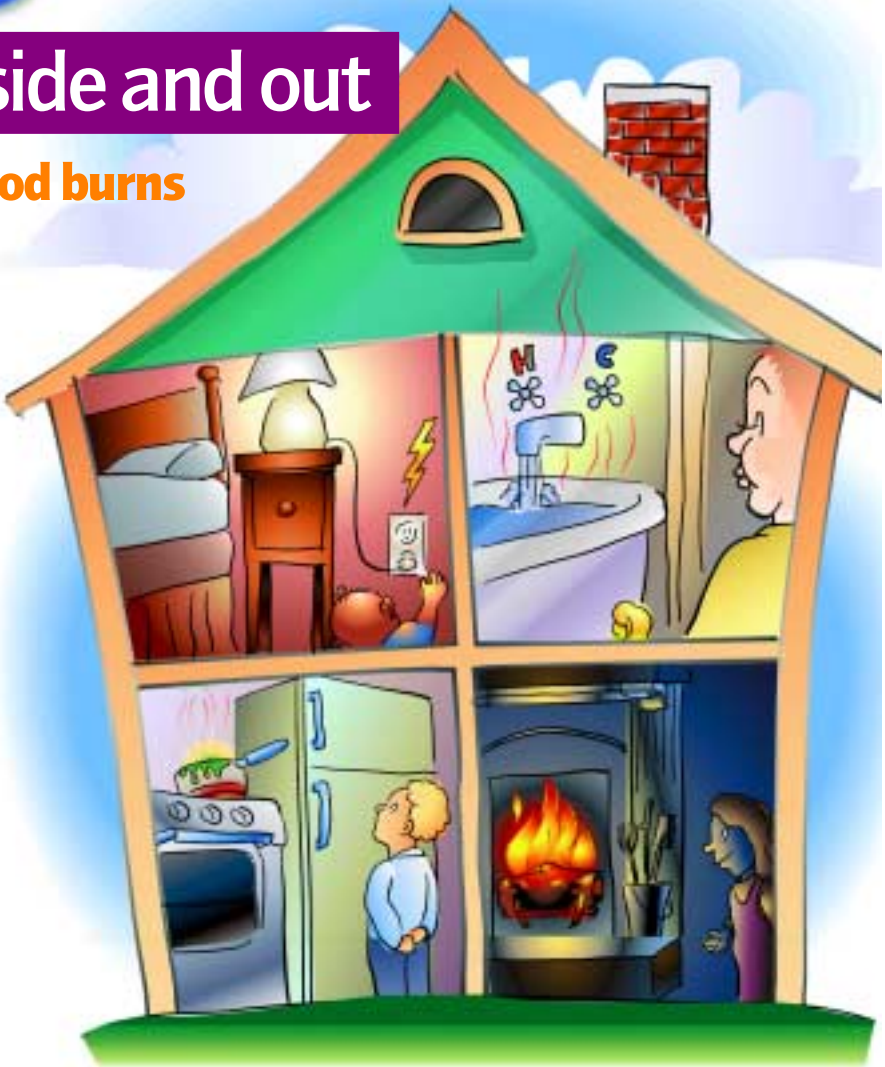
Thousands of children suffer burn-related injuries each year. Children ages 4 and under are at the greatest risk, with an injury rate more than two times that of children ages 5 to 14.

More than 200 children are treated each year in the regional pediatric trauma and emergency center at The Children's Medical Center of Dayton. The majority of children treated are less than 2 years old and suffer from burns caused by hot liquids, curling irons and irons. Flame burns (caused by direct contact with fire) are more prevalent among older children. All children are also at risk for contact, electrical and chemical burns.



#### Why are children at greater risk?

Because young children have thinner skin than older children and adults, their skin burns at lower temperatures and more deeply. A child exposed to hot tap water at 140 degrees Fahrenheit for three seconds will sustain a third-degree burn, an injury requiring hospitalization and skin



grafts. Children, especially those ages 4 and under, may not perceive danger, may have less control of their environment, may not be able to escape a life-threatening burn situation and may not be able to tolerate the physical stress of a burn injury.

#### How and where burn deaths and injuries occur

- Fires resulting from children's play are the leading cause of residential fire-related death and injury among children ages 9 and under.

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**Protecting your child from abduction**

In a child's mind, many child abductors are not strangers. These may be people they have seen before in the neighborhood or around the school. They may be neighbors or others they know well.

To help your child avoid people or situations with which he or she is uncomfortable, teach the following four rules developed by the National Center for Missing and Exploited Children:

1. Don't go out alone.
2. Always tell an adult where you are going.
3. It's your body.
4. Say "no" if you feel threatened.

For more tips, including internet safety, go to: [www.missingkids.com](http://www.missingkids.com)

**Inhaling helium is not safe**

Many have tried it. Many are told it's harmless. But inhaling helium to get a high-pitched, cartoon voice can be dangerous, according to the American Academy of Pediatrics (AAP).

While most kids and teens inhale helium from a balloon, some use a pressurized tank, which is particularly dangerous. Helium acts as a simple asphyxiant, displacing

oxygen in the body and increasing the risk of suffocation when present in high concentrations.

Inhaling helium can result in a cerebral arterial gas embolism caused by air bubbles in the bloodstream, which can lead to a temporary stroke. Symptoms include sudden loss of consciousness, nausea, dizziness, seizures, uncontrolled falling, visual disturbances, headaches and asphyxiation.

**Preventing childhood burns**

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- Among children ages 14 and under, hair curlers and curling irons, room heaters, ovens and ranges, irons, gasoline and fireworks are the most common causes of product-related thermal burn injuries.
- The majority of scald burns to children, especially among those ages 6 months to 2 years, are from hot foods and liquids spilled in the kitchen or other places where food is prepared and served.
- Hot tap water accounts for nearly one-fourth of all scald burns among children and is associated with more deaths and hospitalizations than other hot liquid burns. Tap-water burns most often occur in the bathroom and tend to be more severe and cover a larger portion of the body than other scald burns.
- Burns account for more than half of all fireworks-related injuries and primarily occur to the hands, eyes and head. Fireworks-related injuries peak during the month surrounding July 4, when 60 percent of them occur.
- Nearly two-thirds of electrical burn injuries among children ages 12 and under are associated with household electrical cords and extension cords. Wall outlets are associated

with an additional 14 percent of these injuries.

- The vast majority (95 percent) of microwave burns among children are scald burns. Microwave burns are typically caused by spilling hot liquids or food, and injuries are primarily to the trunk or the face.

**Preventing burns**

- Smoke alarms are extremely effective at preventing fire-related death and injury. The chances of dying in a residential fire are cut in half when a smoke alarm is present. Smoke alarms and sprinkler systems combined could reduce fire-related deaths by 82 percent and injuries by 46 percent.
- Install smoke alarms in your home on every level and in every sleeping area. Test them once a month, replace the batteries twice each year (unless the batteries are designed for longer life) and replace the alarms every 10 years. Ten-year lithium alarms are also available and do not require an annual battery change.
- More than 75 percent of all scald burns among children ages 2 and under could be prevented through some simple steps. Hot tap

water scalds can be prevented



by lowering the setting on water heater thermostats to 120 degrees Fahrenheit or below and by installing anti-scald devices in water faucets and showerheads.

- Never leave a child alone, especially in the bathroom or kitchen. If you must leave the room, take the child with you.
- Keep matches, gasoline, lighters and all other flammable materials locked away and out of children's reach. Never allow children to handle fireworks.
- Use back burners and turn pot handles to the back of the stove when cooking. Keep appliance cords out of children's reach, especially if the appliances contain hot foods or liquids. Cover unused electrical outlets with safety devices.
- Keep hot foods and liquids away from table and counter edges. Never carry or hold children and hot foods or liquids at the same time.

**Source: National SAFE KIDS Campaign (NSKC). Burn Injury Fact Sheet. Washington (DC): NSKC, 2004. Dayton Children's leads the Greater Dayton SAFE KIDS Coalition.**

Do you have a health or safety topic you would like to see addressed in HealthBeat? If so, please send your suggestions to HealthBeat, c/o marketing communications at the address below. If you prefer, call **937-641-3666** and ask for Susan Brockman.

*Growing Together* is published quarterly for parents and families in the Miami Valley area by The Children's Medical Center of Dayton, One Children's Plaza, Dayton, Ohio 45404-1815.

Visit our web site at [www.childrensdayton.org](http://www.childrensdayton.org) – your online source of child health and safety information.

## Is it a cold or the flu?

It's that time of year – when sneezing, coughing, runny noses and cries of “I don't feel good” have parents asking “Is it a cold or the flu?”

Fortunately, treatment is pretty much the same for both colds and the flu.

“Children who have a cold or flu need extra bed rest, extra fluids and light, easy-to-digest foods. Children also may take over-the-counter medicines after following directions on the package,” says Sherman Alter, MD, director of infectious disease at The Children's Medical Center of Dayton.

Children who have the flu may have a higher fever, coughing that may be severe, aches and pains, and exhaustion. Children with the common cold usually have a lower fever, runny nose and less coughing

### Prevention

- To protect your kids, teach them to practice good hand-washing. All family members should wash their hands frequently to prevent the spread of infection.
- Use tissues or your sleeves to cover coughs and sneezes. Make sure tissues are disposed of properly.

- Use disposable paper cups in the bathroom and kitchen.
- Keep sick children home from school or day care to control the spread of disease.
- Never give a child aspirin to treat cold or flu symptoms. Aspirin use in children and teens – especially to treat a fever – has been associated with Reyes syndrome.

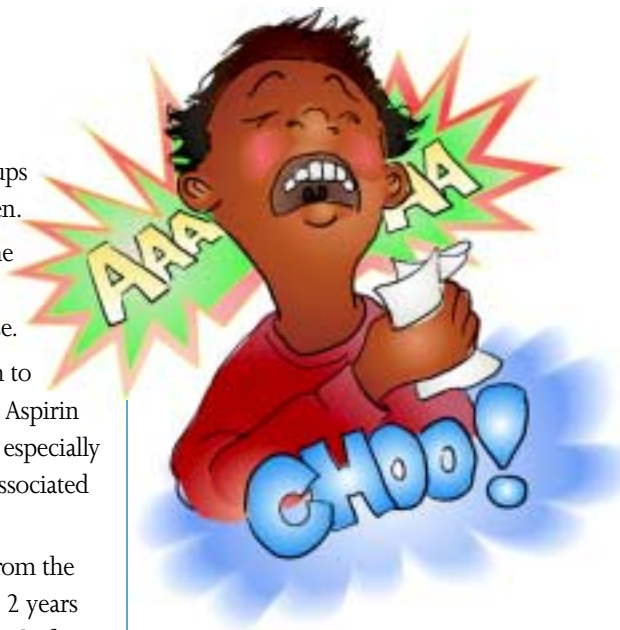
Serious complications from the flu are rare. Children under 2 years of age, however, may be at risk if exposed to the flu, Dr. Alter says. “They have smaller airways and do not tolerate illness as well as older children or adults.”

Most of the time, cold and flu symptoms can be treated at home with over-the-counter medications to relieve symptoms. If you have concerns, do not hesitate to call your pediatrician or family doctor.

### Flu misconceptions

Here are two common misconceptions related to the flu. Knowing the facts will help you get the best care for your child.

- **No such thing as “stomach flu.”** Many people use the term “stomach



flu” to describe gastrointestinal illness with nausea, vomiting or diarrhea. These symptoms can be caused by many other viruses, bacteria or even parasites. While these symptoms may sometimes be related to the flu – particularly in children – they are not symptoms of influenza.

- **Hold the antibiotics.** Antibiotics do not help. The influenza is caused by a virus and antibiotics have no effect on viruses. The flu may make someone more susceptible to later bacterial pneumonia, but that is a completely different illness. Antiviral medication may be helpful in treating the flu. Talk to your child's doctor about the best treatment.

## Carbon monoxide – the silent killer

Every year, physicians at The Children's Medical Center of Dayton see children die from carbon monoxide poisoning.

“We tell parents to have furnaces and wood-burning stoves examined every year by a professional to ensure they are operating safely,” says Thomas

Krzmarzick, MD, director of the regional pediatric trauma and emergency center at Dayton Children's. He also recommends that motor vehicles be completely

removed from any attached garages when warming them up.

If you have a carbon monoxide detector, make sure it is checked at least once a year. As with smoke detectors, doing this when the time changes makes it easy to remember.

Symptoms of carbon monoxide poisoning include:

- Flu-like symptoms
- Headache
- Dizziness
- Weakness or clumsiness
- Blurry vision

- Fatigue
- Loss of consciousness

### What to do

- If you have an alarm, treat all activations as the real thing.
- Leave the house immediately.
- Leave the door open on the way out.
- Call the fire department from a neighbor's house.
- Get medical help.
- Do not return to the house until inspected by a professional.



## Capsule endoscopy

A new procedure that is  
easy to swallow

On the morning of September 30, 2004, 12-year-old Joshua Rankin perched on a bed in the Almost Home unit at The Children's Medical Center of Dayton. A half-dozen professionals clustered around his bed waiting for a procedure called a capsule endoscopy to get underway.

**Joshua is prepared for the capsule endoscopy – the first performed at Dayton Children's. The FDA approved this innovative procedure just 10 months ago.**

Joshua, the son of Michelle and Robert Rankin of Dayton, was diagnosed four years ago with a rare disorder called Peutz-Jegher syndrome that affects about one in 25,000 individuals. It is one of several genetic disorders associated with gastrointestinal polyps.

Joshua is now being cared for by Adam Mezoff, MD, a pediatric gastroenterologist at Dayton Children's.

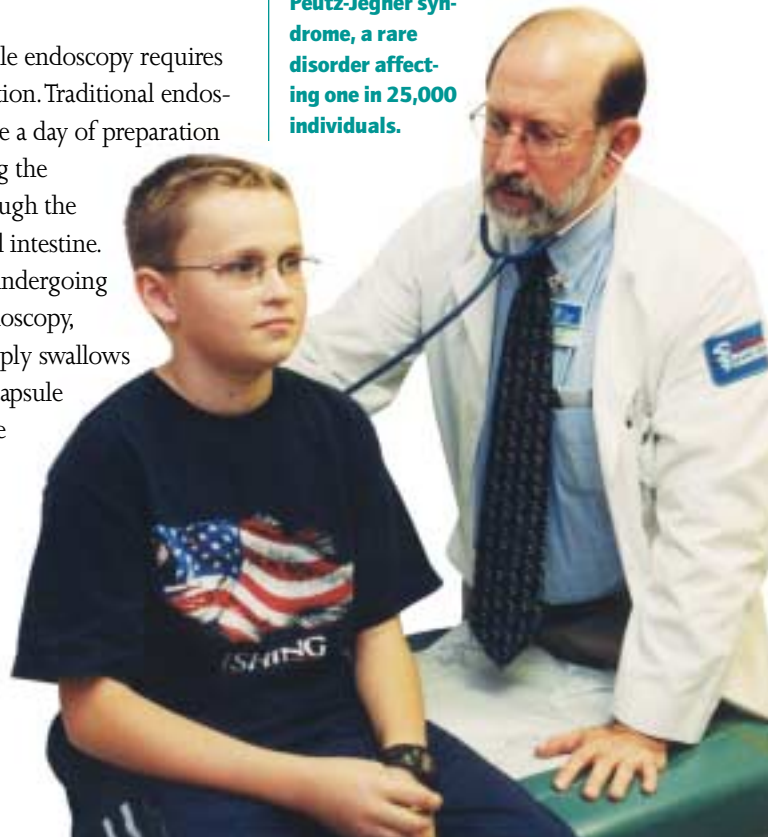
Joshua and others with Peutz-Jegher syndrome have regular blood tests and undergo numerous endoscopies to deal with dozens and even hundreds of polyps that develop in their intestines.

Why all the excitement this September morning? Joshua was the first patient at Dayton Children's to undergo a capsule endoscopy. This

advanced procedure was approved by the FDA just 10 months ago for use in children.

The capsule endoscopy requires little preparation. Traditional endoscopies require a day of preparation and threading the "scope" through the large or small intestine. The patient undergoing a capsule endoscopy, however, simply swallows a high-tech capsule about the size of a mini Tootsie-Roll and waits for the capsule to complete its journey through the small

**Adam Mezoff, MD, a pediatric gastroenterologist, is treating Joshua for Peutz-Jegher syndrome, a rare disorder affecting one in 25,000 individuals.**



**More about gastroenterology and nutrition**

The pediatric experts in this department care for infants, children and teens with diseases of the esophagus, stomach, intestines, pancreas and liver. Conditions treated include chronic diarrhea, inflammatory bowel disease, constipation, esophageal reflux, pancreatitis, peptic ulcer disease, hepatitis, eating disorders and persistent vomiting. The department also conducts clinical research to improve the care of children.

**Staff**

Adam Mezoff, MD  
Sonia Michail, MD  
Daniel Preud'Homme, MD

**To see a doctor**

Talk to your pediatrician or family doctor. He or she can make a referral.



Joshua, Robert and Michelle Rankin of Dayton continue to visit Dayton Children's department of gastroenterology for follow up care.

intestine – usually about eight hours. Along the way, a tiny camera snaps two pictures a second, which provides direct visualization of the small bowel.

“It was awesome,” says Michelle Rankin, Joshua’s mother. “Joshua had no trouble with the procedure.” One of the highlights for Joshua was the sample capsule – just like the one he swallowed – that he was given as a souvenir.

From the images produced, Dr. Mezoff learned that Joshua had several large polyps that needed to

be dealt with. These were in the part of the bowel that cannot be visualized by traditional endoscopies.

“The capsule endoscopy permitted us to find Josh’s polyps without surgery, which would have been necessary if this test was not available,” he explains.

“While this doesn’t replace traditional endoscopies, it provides an exciting tool for better diagnosis and treatment of certain gastrointestinal disorders, which was not possible before its invention,” he explains.

Today, just over three months since the procedure, Joshua is doing well and continues regular follow-up visits to Dr. Mezoff. Although his eight hours of fame are over, he continues to impress his friends with the sample capsule he took home September 30.

**Online support for families**

Dayton Children’s is now offering an online service to parents and families of patients. CaringBridge, available through Dayton Children’s website, allows families of patients to create a web page for their child so that family members and friends can send messages of support and stay updated on a child’s care and treatment. This is particularly valuable to families whose child has been diagnosed with a chronic medical condition or requires lengthy hospitalizations. To learn more about this service, go to [www.childrensdayton.org](http://www.childrensdayton.org). Follow links from the home page.



# Brush up on disease prevention

*What is the number-one infectious disease? You may be surprised by the answer.*



It’s dental caries – or tooth decay – according to Gordon Womack, DDS, a pediatric dentist on staff at The Children’s Medical Center of Dayton.

“Tooth decay can usually be prevented, but it’s still the most common chronic disease in children between the ages of 5 and 17 years,” he says. In his practice at Dayton Children’s, Dr. Womack treats around 1,000 children every month for tooth decay. While many children can avoid tooth decay through simple preventive measures, parents may not always know the importance of early dental care.

**Start early**

“Helping your children develop proper dental hygiene begins early,” he emphasizes. Parents are encouraged to start cleaning baby’s mouth within a few days after birth by wiping the gums with a damp washcloth or gauze pad after baby feeds to remove plaque. This also helps the child become more comfortable with regular dental hygiene as he or she gets older.

Regular cleaning is even more important after the first tooth appears. This usually occurs at 6-12 months of

*continued on page 6...*

### Flu tips for professionals

If you are a professional caregiver, you may be able to receive credit by completing the online education module on influenza. This module – *Deja Flu – What's old and new with influenza* – can be completed on Dayton Children's website ([www.childrensdayton.org](http://www.childrensdayton.org) – follow link from home page).

Although it is designed for professionals, the module is a good source of information for interested parents and families.

Take a few minutes today to learn more about the latest flu vaccines and treatment.

## Dental care

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age. At that time, the first dental appointment should be scheduled. “As soon as teeth appear, decay can occur,” says Dr. Womack. The first appointment will include an exam and a time to ask your dentist questions about caring for your child’s teeth.

### The role of sugar and starches

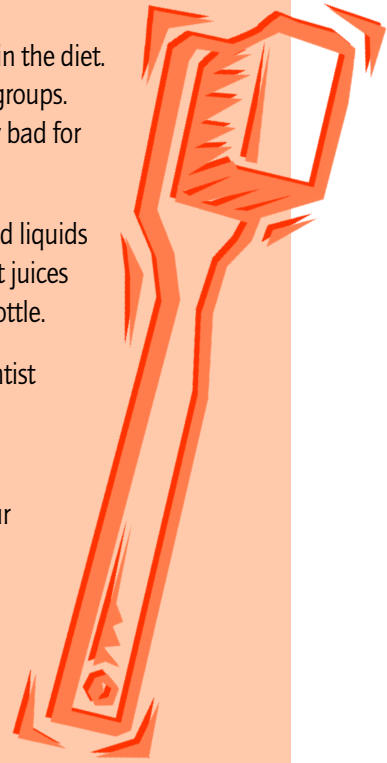
Baby-bottle tooth decay is a serious form of tooth decay seen in young children. This occurs when infants are allowed to nurse continuously from a bottle of milk, formula, sugar water or fruit juice during naps or at night. The sugar in these “bathes” the teeth, increasing the chance for decay.

Parents may have the misconception that baby teeth (or primary teeth) don’t matter – after all they will eventually be replaced by permanent teeth, right? While they will be replaced eventually, some primary teeth remain intact until a child is 10-13 years old. This is a long time to deal with the pain and embarrassment of decayed teeth and bad breath.

“Eating a diet high in sugar and starches is one of the key causes of tooth decay,” says Dr. Womack. It is important that children brush after meals at least twice a day to prevent

## Important Dental Care Tips

- Ask your dentist to recommend a toothbrush for your child. Children need smaller brushes specifically designed for them. Use toothpaste when your child is old enough not to swallow it.
- Fluoride is important in preventing tooth decay. Depending on fluoride levels in your drinking water, children may need fluoride treatments. Talk to your child’s dentist.
- Reduce the amount of sugars and starches in the diet. Eat a variety of foods from the five major food groups. Snacks high in sugar and starch are particularly bad for your child’s teeth. Avoid snacks just before bed.
- Don’t use the baby bottle as a pacifier. Avoid liquids containing sugar such as sweetened water, fruit juices and soft drinks. Don’t put baby to bed with a bottle.
- Begin regular checkups with a pediatric dentist as soon as teeth erupt.
- Some medications are high in sugar. If your child must take regular medications, talk to your child’s dentist about preventing tooth decay.
- Injuries to the teeth or gums should be evaluated by your child’s dentist. Even injuries that appear minor can affect the buds of developing permanent teeth.



sugar from staying on the teeth too long. This leads to the development of bacteria that accumulate on teeth to form plaque. The bacteria in plaque produce acids that cause tooth decay.

For further information on pediatric dental care, visit the website for the American Academy of Pediatric Dentistry – [www.aapd.org](http://www.aapd.org).

## K99.1 FM Miracle Marathon makes a million miracles happen

The K99.1 FM Miracle Marathon ended with a total of \$208,166 raised during the three-day event the week of Thanksgiving. K99.1 FM’s Miracle Marathon has now reached the million-dollar milestone and raised \$1,021,821 for The Children’s Medical Center of Dayton in just seven years.

“We are very grateful to Jim Day and Nancy Wilson for their caring and commitment to the children cared for by Dayton Children’s. We appreciate the tremendous support

of everyone at K99.1 FM for reaching this incredible amount,” says Debbie May, Children’s Miracle Network manager at Dayton Children’s.

An exciting part of this year’s annual Miracle Marathon is the Children’s Miracle House which is a custom home being built at Stonehill Village in Beavercreek by builders Matt and Jackie Kaiser of American Homecraft. The Kaisers are supporting this project in part because of a

personal experience with their goddaughter, who was a patient at Dayton Children’s.

The Miracle House should be complete in January and is for sale. Proceeds from the sale will benefit Dayton Children’s. Visit K99.1 FM’s website at [www.k99online.com/mornings/miraclehouse.html](http://www.k99online.com/mornings/miraclehouse.html) to see how the house is progressing. For more information about the house, contact Dayton Children’s development office at **937-641-3406**.

# Preparing your child for a hospital visit

Whether coming to the hospital for a procedure or an overnight stay, children will have many questions and experience many emotions. One of the most important things parents can do before their children's hospital visit is to prepare them. Children who are prepared will be less fearful on the big day.

**T**he most important thing to remember is to always be honest," says Karen Muller, child life manager at The Children's Medical Center of Dayton. "If you aren't sure how to answer a child's question, tell the child you're not sure, but will find out."

Whether the child is coming to Dayton Children's for an overnight stay or having day surgery, preparation will be similar.



Getting an IV may be scary for some children. Rita Falkenbach (above) helps this young man relax by using a distraction technique. Child life specialists like Rita are available to children of all ages being cared for at Dayton Children's.

Children of different ages need different preparation. According to Muller, some of the best ways to get children ready for a trip to the hospital include:

- **Infants:** Calm parents equal a calm baby. Make sure you understand what is going to happen. Make a list of questions and get answers from your child's doctor.

- **Preschool (2 to 4 years old):** Parents should talk to preschool children one day before a hospital visit, and two to four days before an overnight stay. Preschool children like to know why they are going to the hospital. They will also want to know what they will feel, such as stinging or hot feelings, during a procedure. Preschool children may also be comforted by bringing a stuffed animal or a favorite book.

- **School-age:** Prepare school-age children a week before their hospital stay. Children this age like to ask questions about the procedure and why they are going to the hospital.

They also like to know who will be staying with them during their visit.

- **Adolescents:** Adolescents also like to know why they are going to the hospital, but want to be more involved than younger children. Parents should let them help plan their hospital stay.

For parents and children who want to become better acquainted with Dayton Children's before a procedure, a presurgical tour is offered on Mondays and Wednesdays at 7:00 pm.

The child life department provides therapeutic play activities to help ease the stress of hospital visits. They also provide services such as support and diversion during hospital procedures. Kids at Dayton Children's may also benefit from Paw Prints (a pet therapy program), CyberZone (computer access for kids) and Children's Clown Crew.

For more information about preparing your child, contact Karen Muller at **937-641-3303** or the Family Resource Center at **937-641-3700**.

## It's OK to cry

Many parents are concerned their child will cry during a procedure. Don't worry. According to Karen Muller, manager of child life at Dayton Children's, crying is not only OK – it can be helpful.

"For some children, crying is a positive way to cope with what is going on. It helps the children release their stress and anxiety," she says.

If you are with your child during a medical procedure, there are many things you can do to help your child.

- Let the child cry.
- Congratulate them on how well they did – even when they cry.
- If permitted, hold your child's hand.
- Bring a favorite toy, CD, book, video game or blanket. These help your child or teen focus on something besides the procedure.
- B-R-E-A-T-H-E...and help your child breathe too. You may want to bring a party blower or bubble soap and bubble wand.

Child life specialists are available to parents and families at Dayton Children's. They can be found in many areas of the hospital helping children and their families cope.

*Growing Together* is published quarterly for parents and families in the Miami Valley area by The Children's Medical Center. The purpose of *Growing Together* is to show how Dayton Children's and families are working together to keep all children healthy and safe. Additional copies of *Growing Together* are available by writing to Dayton Children's c/o marketing communications, One Children's Plaza, Dayton, Ohio 45404-1815 or by calling 937-641-3666. Your suggestions and comments are also appreciated.

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## newsbriefs

**Kids' "POWER"** The Children's Medical Center of Dayton and the Junior League of Dayton have partnered to offer "POWER" (Program of Wellness, Education and Resources) to children and families in the community. "POWER" is a mobile advocacy program that will teach children and their families the importance of health and safety through a variety of outreach methods. Dayton Children's is excited about this partnership with the Junior League, which will bring pediatric health and safety information to even more children and families in the region. Be sure to read the next issue of *Growing Together* for more information about "POWER."

**"A Minute for Kids"** Dayton Children's will be asking parents and families to take "A Minute for Kids" beginning in January 2005. Kohl's is partnering with Dayton Children's to implement a six-month program to provide health and safety information to parents and families through radio spots on several local stations, printed materials and special promotions. As a leading advocate for children, Dayton Children's recognizes the importance of prevention and education in protecting children from injury and unhealthy habits. Tune in to WDHT102.9 FM, Z93 FM, K99.1 FM, Lite 99.9 FM, Mix 107.7 FM and

KISS 94.5 FM and visit our website – [www.childrensdayton.org](http://www.childrensdayton.org) – to learn more about this program.

### New specialist joins the NICU

Jerod M. Rone, MD, has joined the staff of the regional newborn intensive care unit (NICU) at Dayton Children's.

Dr. Rone is board certified in pediatrics, neonatal-perinatal care and by the National Board of Medical Examiners. He completed a neonatology fellowship at Cincinnati Children's Hospital Medical Center.

Dr. Rone joins Don Granger, MD, and M. David Yohannon, MD, as a member of Dayton Infant Care Specialists at Dayton Children's.

### Family Resource Center extends hours

The Family Resource Center (FRC) at Dayton Children's has extended its hours to better serve the needs of parents, families, health care professionals, schools, etc. The FRC is now open Monday 9:00 am – 8:00 pm; Tuesday-Friday 9:00 am – 4:00 pm and Saturday 9:00 am – 2:00 pm. The FRC is a consumer health library offering literature searches, books, pamphlets, videotapes, etc. on pediatric health and safety topics. For families of patients, the FRC offers internet access, fax and phone use. All services are **free**. The FRC is supported by the Little Exchange of Oakwood. The center can be reached at **937-641-3700** or on our website – [www.childrensdayton.org](http://www.childrensdayton.org) – see Resources.

## FREE online updates from Dayton Children's

Join a community of parents who have subscribed to *FamilyWise*, the FREE e-newsletter from Dayton Children's. Delivered directly to your e-mailbox every month, *FamilyWise* offers the latest health information from the pediatric experts at Dayton Children's as well as reviewed articles from respected health care sources from around the country.

### Discover other features as well:

- FREE health reminders of immunizations and exams for children up to age 18.
- Links to health-related websites.

Subscribe today – it only takes a minute. Go to [www.childrensdayton.org](http://www.childrensdayton.org). Follow links from home page.



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