



SWIMMERS EAR

Causes: When water gets trapped in the ear canal, the lining becomes wet and swollen; Chlorine found in swimming pools can sometimes kill normal bacteria allowing other bacteria to over grow.

Symptoms: Itching or pain in the ear canal, ear feels “plugged up” and slight clear discharge may be seen.

Treatment At Home: Symptoms should improvement in 3 to 7 days

- Avoid use of cotton swabs or Q-Tips to prevent impaction of ear secretions
- Vinegar Ear Rinse
 - Have child lie on their side with affected ear facing upwards upward
 - Rinse the ear canal with equal parts white vinegar & rubbing alcohol solution. Wait 5 minutes, then remove the vinegar/rubbing alcohol solution by turning the head to the side and moving the ear
 - If swimmers ear is a repeat problem, rinse the ear canal with the equal parts white vinegar- rubbing alcohol solution after all swimming activity
- Doing all of the above restores the normal acid pH of the ear canal and reduces swelling

NOTE: DO NOT USE THIS INTERVENTION IF CHILD HAS EAR TUBES OR HOLE IN EARDRUM



5-2-1-0

5 - Strive for a goal to eat 5 fruits and vegetables everyday (one fruit is better than no fruit)

2 – Watch/play less than 2 hours of television, video games, and computer each day combined

1 - Physical activity for 1 hour a day. You can walk, run, skip, jog, push ups, ride your bicycle, skateboard, swim; whichever activity you decide, make it fun and include everyone in the family!

0- Zero sugar drinks, meaning no soda or artificial juices to include “slushies.” If you do choose to indulge in a sugary beverage, make sure there is some nutritional value (i.e. apple or orange juice, etc). Be sure to look at the amount of carbohydrates and sugars each drink contains, if it has them put it down.

Incorporating 5-2-1-0 into your life will ensure you to have a healthy lifestyle



Safety First—Recognizing signs of Sprains – Breaks

Sprains- Most sprains can be managed with appropriate home care. If you suspect your child has suffered a sprain (injury followed closely by swelling, tenderness, and bruising) it is important to take action right away. This will not only help your child injury heal faster, but can also help to provide comfort and pain relief.

1. The best thing to do is **RICE:**

Rest- Minimize or discontinue use of the affected limb to promote healing

Ice- 15-20 minutes per session, 3 times a day to reduce swelling

Compression- Utilize a common ACE Wrap to wrap the affected area to reduce swelling and provide stability. Ensure wrapping starts from the end of the limb and moves towards the trunk and is “snug,” but neither too tight nor too loose.

Elevation- Elevate the extremity for the first 24-48 hours.

2. Give Ibuprofen or Tylenol for first 48 hours for pain control and inflammation relief.

Note:

- Pain and swelling usually peak within the first 2 to 3 days after an injury and should start to decrease after this period.
- If swelling worsens over 3 days or persists greater than 7 days, the child should be seen by their medical provider.
- Normal activities can be resumed as tolerated, but if pain or discomfort persists child needs to follow up with medical provider.

Breaks- Often times a break is recognized because it *LOOKS* like a broken bone. I.e. crooked or deformed, dislocated joint, amputation, bone sticking thru the skin, or skin beyond the injury is pale or blue. However, the tricky thing with breaks is that they may or may not have major bleeding that cannot be stopped. If you see any blood immediately apply pressure to the site. If your child is experiencing ANY of the signs of a break listed above, please proceed to the nearest ER for assistance.



Rashes

Rashes can be concerning, but most of the time there is nothing to worry about. There are eight very common causes of rashes that many parents may be able to recognize and are as follows: Diaper rash, hand-foot-mouth disease, Impetigo, Athlete's foot, Insect bites, Poison ivy, Ringworm, Newborn rashes (such as cradle cap), or rashes appearing after a viral infection. If a child has a rash and is without fever, they are ok to interact with other children and attend day care as most contagious rashes almost always have a fever present.

Home Care Treatment for most rashes:

1. Avoid possible irritating causes to include but not limited to chemicals, specific plants, cosmetics, detergents and fiberglass.
2. Clean with soap x 1 to remove irritating substance then warm water thereafter.
3. Apply cold wet wash cloth for 15-20 minutes every 3-4 hours to help reduce itching.
4. Apply over the counter Hydrocortisone cream for itching that is more than mild and consider use of over the counter Benadryl for comfort.
5. Cut or file fingernails to avoid secondary skin infections.
6. If rash is circular and red, localized to one area and you suspect **Ringworm**: apply an antifungal cream such as over the counter Lotrimin or Lamisil athletes foot creams. Applying cream 3-4 times per day and up to 1-2 weeks after the rash has subsided. **DO NOT** apply hydrocortisone cream.
7. Child does not need to miss school or child care.
8. If there is no improvement after home care is tried or if rash spreads or persists greater than 1 week, please make an appointment for a medical evaluation. Please note, most Rashes last 2-3 days but may last up to 1 week depending on the cause.

Localized Rash that require clinical evaluation

(Red or pink rash localized or clustered to include small or large spots that are solid red.)

1. Purple/ red colored spots or red dots that look pin point and no fever or history of friction/injury then child needs to be seen at clinic.
2. Rash with bright red area around the area and may note red streaks
3. Rashes that is painful or tender
4. Newborn <1 month with rash that looks like blister
5. Rash that looks like boil or infected sore" bulls eye"
6. Rash to genital area in teenagers
7. If rash is bleeding, has discharge, pus, inside the mouth, a fever is present with the rash contact the clinic for further instruction. If a rash is purple or blood colored, without a fever, contact the clinic immediately.
8. If rash develops after taking a new drug for the first time, contact the clinic or nearest ER immediately.



Diaper Rash

The key to preventing diaper rash is to change diapers **frequently** to prevent skin contact with stool or urine, limiting exposure time. Should your child develop a diaper rash, here are some tips for home treatment:

1. Allow infants skin to be open to air after every diaper change for at least 5 to 10 minutes or longer.
2. Avoid diaper wipes or rinse wipes in warm water before using. You can also rinse the baby's skin with warm water during each diaper change.
3. Rinse baby's bottom with mild soap such as Dove after stools.
4. If bottom is very raw, soak in warm water for 10 minutes 3 times per day. Add 2 tablespoons of baking soda to the tub of water.
5. Apply anti-fungal cream such as over the counter Lotrimin 3 times per day.
6. Apply liberal amounts of A&D ointment after every diaper change to create a barrier between excrement and your infant's skin.

Note: With proper treatment, improvement should be noticeable within three days. Should your child's diaper rash not improve or if symptoms should worsen, please contact your health care provider for a medical evaluation.



Diarrhea

Diarrhea Treatment can vary depending on the age of the child. But regardless of age, the main concern is **hydration status**. Signs of dehydration includes: inability to make tears, sunken in eyes, extreme lethargy, and inability to make urine. If your child can do the following the likely hood of him or her being dehydrated is unlikely:

Typical Course of Action for Treatment of Diarrhea 6 months to 12 months

A few loose stools is normal and could show signs of the body getting rid of germs, so supportive interventions are the most important.

1. Provide child with fluids such as water and half-strength Gatorade
2. Avoid soft drinks and fruit juices
4. Expected duration is 5 to 14 days

Please contact the clinic if patient has any of the following...

1. Greater than 7 loose stools a day
2. Stools have a bloody or mucous appearance
3. If child shows signs of dehydration such as significant decrease in urine output, scant or no tear production child's mouth is dry, or patient fontanel is sunken

Typical Course of Action for Treatment of Diarrhea for a 2 years of age or older

1. Two to four loose stools is normal and could show signs of the body getting rid of germs
2. Parents instructed to offer patient unlimited fluids such as water and half-strength Gatorade.
3. Avoid soft drinks and fruit juices.
4. Increase starchy food intake such as cereals, oatmeal, bread, noodles, mashed potatoes, rice, carrots, applesauce and strained bananas because they are absorbed best.
5. Offer patient yogurt with probiotics "active cultures," 2 to 6 ounces a day and consider adding to other foods.
6. Expected course of action is 5 to 14 days. If patient has greater than 7 loose stools a day contact the clinic immediately.

Note:

Also, consider using barrier cream such as A&D ointment for your child's bottom to prevent skin breakdown, no matter the age. Allow for plenty of rest if he or she is tired and encourage playful behavior if the child shows interest in playing. And be sure to use good hand-washing before and after coming in contact with any stool.