



# The Mortar & Pestle

## Volume 3 Issue 6

### Stafford Pharmacy and Home Healthcare

#### Special Edition: Children's Health

## YOUR PHARMACIST AND YOUR CHILD'S HEALTH

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If you have questions about your child's health, **ask your pharmacist!** Your pharmacist is your medication expert and can provide advice and information on a wide range of health issues. Your pharmacist is always available to answer questions and help you find ways to make your child more comfortable when he or she is not feeling well or has to take medicine.

### Your pharmacist can provide you with the following services:

- Pharmacists are trained to assess your child's symptoms and determine if he/she should be seen by a physician or other health professional. If you are unsure of whether or not to take your child to the doctor, your pharmacist can help you decide
- Ensure that the medication the doctor prescribed is the appropriate drug, the correct dosage, and proper duration to ensure optimal effectiveness
- Provide you with information on medications (prescription and over-the-counter), natural health products, vitamins, and other health related products so that they are used correctly
- Teach you how to properly administer medications to your children

### As a parent you can help your pharmacist help your child by:

- When possible, using only one pharmacy. This helps to ensure that all information on file is up to date and can prevent serious medication errors. When you build a relationship with a pharmacist over time, the pharmacist is better able to care for your family.
- Telling your pharmacist about all the medications, vitamins, and herbal products your child uses
- Alerting the pharmacist to any allergies or medical conditions your child has
- Knowing and informing your pharmacist of what condition the doctor is treating
- Knowing your child's current weight, as medications are dosed based on weight in infants and children.
- Asking questions. Never assume anything when it comes to medications and your child, and never leave the pharmacy with questions about your child's medicine. If you forget something, call when you arrive at home.

### Important tips for administering medication to your child:

- Always administer medication based on weight, NOT age. Weight based dosing is the most accurate and preferred method. Know your child's current weight and inform your pharmacist.
- Write down the name of the child, time, and which medication you have given. When your child is sick, minutes can seem like hours. Writing down this information will ensure you know exactly when the last dose of each medication was given. This simple task can help prevent accidental overdose.
- Always use measuring devices intended for use with medications. If you don't have any, ask your pharmacist to provide one for you. Never use household spoons or cups as these are inaccurate and may result in accidental overdose.
- Never pretend medicine is candy
- Store medications in a cool, dry place out of the reach of all children. A locked/child-proof cupboard in your bedroom or a high kitchen cupboard is an ideal location.
- If you have any questions about a medication, visit or call your pharmacist before you administer it to your child

## COPING WITH THE COMMON COLD

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### **What is a cold?**

The common cold is a viral infection of the nose and throat. There are over 200 different viruses that can cause a cold to develop.

### **What are the symptoms of the common cold?**

The most common symptoms of a cold are nasal congestion, runny nose, sneezing, coughing, and possibly a low grade fever.

### **How often do children come down with a cold?**

To many parents, it may seem like their babies are sick all of the time. This is because on average, infants and children can have up to 7-10 colds per year (more if they attend daycare), each one lasting 7-14 days. If your baby catches 10 colds per year and each one lasts 14 days, your child could possibly be sick 140 days (over 1/3) of the year, and that would still be considered normal!

### **Should I take my child to the doctor to get a prescription for antibiotics if I suspect a cold?**

In most cases no. The common cold is caused by a virus. Antibiotics work to treat bacterial infections, NOT viral ones. Most colds resolve on their own after 7-10 days. It is possible, however, that your child may develop a secondary bacterial infection (such as a sinus or ear infection) on top of a cold. If you notice any of the following symptoms you should have your child seen by a doctor:

- Fever of  $>39.5^{\circ}\text{C}$  (if baby is  $<3$  months fever of  $>37.8^{\circ}\text{C}$ ) or fever lasting longer than 3 days
- Symptoms worsening or lasting longer than 10 days
- Difficulty breathing (flaring of nostrils, rapid breathing, strained neck muscles, bluish lips or finger tips)
- Earache (pulling at ear) or drainage from ear

### **How do you help your little one feel better when she is sick?**

A few measures that don't involve medicine can help your child feel significantly better. If possible, try these options first. Medications should only be used as a last resort. Here are some non-drug measures that can help your little one feel better:

- Saline drops (2-3 drops per nostril as needed) help to relieve congestion. Use of these drops, followed by a nasal aspirator (such as the **Hydrasense Nasal Aspirator**), can help your child breathe better.
- Ensure your child is well hydrated by breast/formula feeding often. Have older babies and children drink more sugar-free fluids (water is preferred)
- Run a cool mist humidifier in your child's room

When it comes to medication, children are not simply miniature adults. There are many physiological differences between babies, toddlers, young children, and adults, which means that what is safe for one age group may not be for another.

In 2008, Health Canada made the decision that cough and cold products should not be used in children under the age of 6. The reasons behind this change were many, including:

- Lack of evidence that cough and cold products were effective in this age group
- Evidence of misuse, overdose and rare-side effects raised concern about children's safety
- Inability of children to communicate side effects of these medications



When it comes to medications to help treat cold symptoms in children under the age of 6, there are only two available over-the-counter: acetaminophen and ibuprofen. These can both be used for pain (sore throat/headache etc.) and fever (temperature of  $>37.2$  °C) when treating common cold symptoms. Ibuprofen can be used to treat inflamed, swollen nasal passages associated with congestion. See the chart below for more information on these medications.

Medication (generic name/brandname)	Ages	Uses	Time Between Doses	Max .# doses/24 hrs	Administer	Do not use in:
<b>Acetaminophen</b> Tylenol®, Tempra®	0+ months	fever, pain	4-6 hours	5	With or without food	Those with liver disease, kidney disease or allergies to any ingredient.
<b>Ibuprofen</b> Advil®, Motrin®	6+ months	fever, pain, inflammation	6-8 hours	4	With food	Those with an allergy to aspirin or any ingredient. Caution in those with asthma.

\*Aspirin should never be used in anyone under the age of 18 due to the risk of Reye's Syndrome, a serious condition that may result in death.

All medications should be used sparingly in children, as they are not without side effects. Ask your pharmacist to help you identify which medication will work best for your child, and how to administer the correct dose.

## YOUR CHILD AND ANTIBIOTICS

When your child is sick, your first instinct is to find a way to make him feel better. So, you rush him to the doctor, expecting a magic medicine (antibiotic) to make him feel better. When you leave without a prescription you may be disappointed and frustrated with your doctor when in fact you shouldn't be.

Antibiotics only kill bacteria, not viruses. Unfortunately, viruses cause most childhood ailments including the common cold, cough, most sore throats, flu, fifth disease, and hand, foot, and mouth disease; therefore, antibiotics won't work for these conditions. When your child doesn't have a bacterial infection, giving an antibiotic only results in negative side effects. Additionally, if antibiotics are used when they aren't needed, antibiotic resistance can develop. This reduces their effectiveness in treating other infections. It is therefore imperative that antibiotics be used only when required so that they continue to work to fight serious infections down the road.

Here are a few tips to prevent antibiotic overuse:

- When you visit your doctor, never ask for an antibiotic. If your child needs one, he will prescribe one without being asked. It has been shown that doctors are more likely to prescribe an unnecessary medication if asked by the patient, or even if they think the patient wants one.
- Remember, if your child has a virus, symptoms will pass with time. Ask your doctor or pharmacist about non-drug solutions or over-the-counter medications that can help ease symptoms and make your child feel better.
- The best way to prevent the spread of infections is to wash your hands



Despite our best efforts, our children will likely require therapy with an antibiotic at some point. Common bacterial infections that **may** require antibiotic therapy include ear and sinus infections, strep throat, and tonsillitis.

If your child does require an antibiotic, you should consider also giving a probiotic to minimize antibiotic side effects, such as diarrhea and upset stomach. Antibiotics also kill the good bacteria in your gut that are required for normal function. Replacing these good bacteria with a probiotic such as **Florastor Kids** can minimize these unwanted effects.



## SUN SAFETY

The sun can be a great thing; it makes us warm and can help plants grow. But it can also hurt us and cause unwanted effects such as sunburn, premature skin aging, and even cancer. Sunlight has three types of ultraviolet (UV) radiation: UVA, UVB, and UVC. UVA is responsible for phototoxicity, photoaging, immunosuppression, and skin cancer. UVB is the primary source of sunburns, and also causes immunosuppression and cancer. UVC is the most dangerous, but fortunately is filtered by the atmosphere and doesn't reach the earth's surface.

Certain people are at higher risk of developing skin cancer. Those with light colored skin, hair, and eyes, and anyone who experienced sunburns as a child (especially those that presented with blistering) belong to this group. This makes it critical to limit sun exposure and prevent sunburns, especially during the early years. Babies sunburn easier and have more sensitive and thinner skin than adults. It's up to you to protect your baby. A baby can't tell you when he or she is too hot or beginning to sunburn, and can't move out of the sun into the shade without your help. There are many things that you can do to prevent the harmful effects of the sun on your children while allowing them to enjoy the outdoors. These include:

- 1) Have them avoid playing out in the sun during peak hours (between 10am and 4 pm) if possible.
- 2) Cover them up with protective clothing or provide cover in the shade. Dressing your children in pants, long sleeved shirts, gloves, a wide brimmed hat, and sunglasses will protect them from the sun. Loosely woven, white, or wet clothing offers less protection than tightly woven fabric. You can also create shade using stroller hoods/covers, umbrellas, trees, buildings, etc.
- 3) Ensure they are wearing sunscreen. Sunscreen is not recommended for infants less than 6 months old; at this age it is best to just avoid direct sun exposure. If sun exposure is unavoidable, a broad-spectrum SPF 30 sunscreen for babies can be applied to small exposed areas (e.g., face, back of hands). For those over 6 months of age ensure sunscreen is used properly. When using sunscreen it is important to use enough and to rub it in well. It should be applied at least 20 minutes before sun exposure and should be reapplied every 2 hours for optimal protection. Be sure to apply it to all exposed areas, especially your child's face, nose, ears, feet, and hands, and even behind the knees.

For infants, a physical sunscreen is best, as it is minimally absorbed into the skin and less likely to cause sensitization. Physical sunscreens begin to work to protect your baby immediately after application, whereas chemical sunscreens need 30 minutes to start working. We recommend "Neutrogena Pure & Free Baby" as it is a lotion based sunscreen for easy application. Not only are the active ingredients physical, but it is hypoallergenic, waterproof, SPF 50, and has broad spectrum coverage. Broad spectrum means it will protect against both UVA and UVB radiation. It is also dermatologist recommended.

For older children we recommend the lotion based sunscreen "Hawaiian Tropic Kids" for its ease of application. It is broad spectrum, SPF 60, waterproof, and is pediatrician tested. It also comes with a small travel size bottle, which is great for leaving in your purse or travel bag so that you have it with you all of the time.

Remember, the effectiveness of any sunscreen may be increased if it is applied 30 minutes before exposure and reapplied every 2 hours, particularly if swimming.

If you have questions about sun safety, using sun screen, or treating a sunburn, ask your pharmacist for advice!

### **Volume 3, Issue 6**

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