

COMMON INFECTIONS & PHYSICAL PROBLEMS IN SCHOOL AGE CHILDREN

The information shared below is common mainstream pediatric content. This should **not** take the place of proper medical care. You should always contact your health care provider for instructions.

Fever – Fever is described as a temperature greater than 100 F and is a symptom, not a disease. Fever is the body's normal response to infection and plays a role in fighting infections. Fever turns on the body's immune system. Most fevers are caused by viral illnesses and antibiotics are not used to treat viral infections. If the doctor determines that your child has a bacterial infection, then most generally an antibiotic will be prescribed for the infection, not the fever. In general, the height of the fever doesn't relate to the severity of the illness. **Home care** - encourage extra fluids and light clothing (unless the child is shivering), acetaminophen (generic Tylenol) or ibuprofen (generic Advil) can help lower the fever, and lukewarm sponge baths. Never give aspirin or aspirin containing medications unless instructed by your physician. Please read the label before giving any medication. Some may contain aspirin such as Pepto-Bismol. Several studies have linked aspirin to Reye's syndrome. Contact your physician when: the child complains of a stiff neck (bring chin to chest), difficult to awaken, purple spots on the skin, breathing difficulty, cannot swallow, burning or pain upon urination, severe pain, tender abdomen, bluish lips, fever is over 105 F, any fever that lasts 24 hours without an obvious cause or location of the infection, any fever lasting more than 72 hours, previous history of febrile seizures, or any other concerns or questions.

Chicken Pox – Multiple small red bumps that progress to thin-walled water blisters, break open and then scab over within 24 hrs. New sores erupt as older ones scab over. A fever usually accompanies the illness. The child is contagious until all sores are scabbed over. **Home care** – cool bath, calamine lotion, non-prescription antihistamine such as Benadryl, acetaminophen for fever or discomfort (no aspirin containing products because of the link with Reye's syndrome), trim fingernails to prevent scratching and infection, good hand washing with antibacterial soap such as Dial or Safeguard.

Otitis Media (middle ear infection) – A bacterial infection of the middle ear (the space behind the eardrum). The pain is due to pressure and bulging of the eardrum from trapped, infected fluid. Antibiotics are the course of treatment. Even if your child feels better in a few days, continue to give the antibiotics as prescribed. A follow-up exam is usually indicated in 2 to 3 weeks.

Otitis Externa (swimmer's ear – external ear infection) – Swimmer's ear is an infection of the skin lining the ear canal. The symptoms include: painful ear canals, pain when the earlobe is moved up/down, pain upon pushing the area just in front of the ear/along the jaw line. The key to prevention is keeping the ear canal dry when your child is not swimming by turning the head side to side and pulling gently on the ear lobe to allow the water to run out. Antibiotic eardrops are indicated for treatment. Preventative eardrops for swimmer's ear are usually indicated for recurrent problems.

Pinkeye – Redness of the sclera (white part of the eye), yellow drainage (sometimes eyelids are matted together upon rising in the a.m.), and itching or burning. Prescription antibiotic eye drops are the course of treatment. Bacterial eye infections are very contagious and spread easily. Your child will be contagious and not allowed to attend school until after 24 hours of treatment. Good hand washing is important to prevent the spread of infection to the other eye and other children or family members.

Fifth Disease (Hawaiian Blush) – Bright red or rosy rash on both cheeks that lasts for 1 to 2 days ("slapped cheek" appearance). There is no fever or a low-grade fever. The rash on cheeks is followed by pink lacelike rash on extremities that comes and goes several times over 1 to 3 weeks. The rash may come and go for up to 5 weeks, especially after warm baths, exercise, and sun exposure. The disease is contagious during the week before the rash begins; therefore a child who has the rash is no longer contagious and does not need to stay home from school. Inform any women who are pregnant that may have been exposed. **Home care** – no treatment is necessary. The rash is harmless and causes no symptoms that need treatment.

Roseola – Fine pink rash mainly on the trunk of the body lasting 1 to 2 days, high fever preceding 2 to 4 days before the rash appeared, and most often affects children age 6 months to 3 years. *Home care* - no particular treatment is necessary, roseola is contagious until the rash is gone, children who have been exposed may come down with roseola in about 12 days.

Scarlet Fever – A strep throat infection accompanied with a rash. The rash presents with: reddened and sunburned- looking skin, increased redness in skin folds, rough feeling to the skin-somewhat like sandpaper and a flushed face. The sore throat and a fever usually precede the rash by 24 hours. Antibiotics are the course of treatment. The child is no longer contagious after he/she has been on antibiotics for 24 hours.

Vomiting and Diarrhea – Most vomiting is caused by a viral infection and is often associated with diarrhea. Dietary changes usually speed recovery. *Home care* - clear fluids for 8 hours then bland foods for the next 8 hours. Usually the child can be back on a normal diet within 24 hours. Watch for signs of dehydration: decreased urination, crying produces no tears, dry mucous membranes (eyes, mouth).

Athlete's Foot – A fungal infection that grows best in warm, damp skin that presents with a red, scaly, cracked rash between the toes that itches and burns and an unpleasant foot odor. *Home care* – anti-fungal cream (over the counter) such as Tinactin. Continue the cream for at least 7 days after the rash has cleared. Cotton socks, keeping the feet dry, and wearing open toed shoes helps to improve the infection.

Eczema – An inherited type of sensitive skin that can be a chronic condition which comes and goes. It most commonly affects the creases of elbow, wrists, knees, ankles, feet, and neck. The rash is red and extremely itchy and can appear raw and weepy if scratched. *Home care* – children with eczema have dry skin. Hydrate the skin by applying moisturizer after a bath and using a humidifier in your home. Use a nondrying soap such as Dove. Cotton clothes can help by allowing the skin to breathe. Avoid scratchy materials such as wool. Triggers that can cause the condition to flare up: excessive heat or cold, sweating, dry air, chlorine, harsh chemicals and soaps. The use of a steroid cream such as a hydrocortisone cream can aid the healing process of the affected areas. Consulting your physician is necessary if the condition hasn't greatly improved in 7 days or if the rash becomes infected.

Impetigo – An infection of the skin caused by a staph or strep bacteria. Open sores, cuts, scrapes, insect bites, chicken pox lesions can become infected. The areas do not heal, usually increase in size, and then become covered with honey-colored crusted scabs. The scabs may drain pus. *Home care* - remove the crusts by soaking in warm soapy water and gently rub (a little bleeding is common when you remove the entire crust) and then apply an antibiotic ointment such as Neosporin or Bacitracin (over the counter). Apply for 7 days or longer if necessary. The use of an antibiotic soap such as Dial or Safeguard is necessary. The bacteria live under the crusts and until these are removed, the antibiotic ointment cannot get through to the bacteria. Contact your physician if the condition does not improve within 24 hours of home care.

Ringworm – A fungal infection of skin that is often transferred from puppies or kittens that presents with a mildly itchy ring-shaped pink patch (about ½ - 1 inch in size) that has a scaly, raised border with a clear center. *Home care* - responds well to appropriate treatment with anti-fungal cream such as Tinactin or Micatin cream (over the counter). Continue treatment for 1 week after the ring is gone. Ringworm of the skin is not contagious enough to worry about. After 48 hours of treatment, it is not contagious at all. Your child does not need to miss any school. You can simply cover the area loosely with a band aid or patch for the first 48 hours. Contact your physician if the area has not cleared up in 4 weeks, the ringworm continues to spread, or if the scalp becomes involved (an oral antibiotic is needed).

Pinworms – Infection is caused by swallowing pinworm eggs. Symptoms include anal itching and irritation especially at night. To check the child, wait a few hours after bedtime and examine the anal area with a flashlight for very small(1/4 inch long), thin, white worms that move. Call your physician in the a.m. for a prescription and instructions on treating clothing, bedding, and family members. Prevention: good hand washing before meals and after use of the bathroom, keep fingernails trimmed, and discourage nail biting.