



## Office Highlights

### Update: Our New Marlton Office Building

*Construction on our new Marlton office building began in November, 2010. Built on the same site as the original Farm Pediatrics, our new office will be located on the first floor of a spacious two-story building. Despite the freezing temperatures and snow this past winter, construction has moved along swiftly. In fact, many an infant, toddler and child (and even adults) have enjoyed gazing out of the current office windows at the ongoing construction work. We hope to be settled in our new office sometime in the final quarter of 2011 and look forward to welcoming you there.*

### Physicals

*The American Academy of Pediatrics recommends well child exams at one week, one month, as well as at 2, 4, 6, 9, 12, 15, 18, 24, 30, and 36 months of age followed by yearly physicals from three through eighteen years of age. We have extended our office hours to accommodate these well exams. Additionally, you may request to be placed on our cancellation list, even if you have an already scheduled appointment. If you have any questions or need help with this, please speak to a member of our front desk staff.*

## Autumn Health Update

### The Flu Vaccine

Although influenza is a wintertime illness, autumn is the time to consider immunization. The United States Health Department and the American Academy of Pediatrics strongly recommend the flu vaccine for everyone over six months of age. It is imperative that those who are at high risk of complications from the disease receive the flu vaccine. The high-risk population includes: those with chronic lung disease (moderate to severe asthma, cystic fibrosis) and severe heart disease, those with chronic kidney disease and diabetes, and children receiving chemotherapy. Influenza is usually ushered in by fever and associated with achiness, malaise, and cough. Because of the increasing number of children with asthma, administration of the flu vaccine is more important. As of 2009, the state of New Jersey is requiring influenza vaccination for all children from six months to five years of age.

Children over eight years of age need just one vaccine this season. For those eight and under (down to six months of age) who have had at least two "seasonal" flu vaccines in the past, only one vaccine will be needed for this fall and winter. Otherwise this age group requires two immunizations, separated by at least one month, in order to have adequate coverage against the flu. This year the H1N1 (Swine Flu) vaccine is not offered as a separate immunization. Rather, it has been incorporated into the seasonal flu vaccine.

Because of the wider scope of required and recommended vaccinations, we try to immunize your children during sick visits as well as during well child exams beginning in September. We will also set aside numerous appointment slots exclusively for flu shots during routine daytime and evening office hours. If needed, we will set aside "flu clinics" for influenza vaccination administration later in the fall or early winter. Please call the office to schedule an immunization appointment for your child(ren).

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# Food Allergy

Food allergy is estimated to affect 5% of children under the age of five years and 4% of teens and adults. This number has increased by 18% from the mid 1990s.

The most common immediate symptoms include hives with or without generalized flushing, swelling of the eyes, nasal congestion, sneezing, tongue swelling, an itchy throat, hoarseness, cough, wheezing, difficulty breathing, nausea and/or vomiting, rapid heart rate, lowered blood pressure with or without fainting, and dizziness. Respiratory symptoms are the most common presentation of a severe (anaphylactic) food allergy, occurring 70% of the time. Often, but not always, asthma, eczema, or other allergy-related conditions coexist with food allergy. The most common offending food is milk. Sometimes, allergy testing via blood tests or scratch tests in an allergists' office are helpful in the diagnosis of food allergy. However, a food challenge (in a controlled location—usually the allergy office, in case of emergency) is the most reliable means of obtaining a definitive diagnosis of a particular food allergy.

Prevalence	Infant/Child	Adult
Milk	2.5%	0.3%
Egg	1.5%	0.2%
Peanut	1%	0.6%
Tree nuts	0.5%	0.6%
Fish	0.1%	0.4%
Shellfish	0.1%	2%
Wheat/soy	0.4%	0.3%
Sesame	0.1%	0.1%
Overall	5%	3%-4%

Most food allergy reactions are not acute. These can be treated with avoidance of the food and with nutritional counseling. Additionally, an antihistamine (Benadryl) may help with the symptoms of non-severe reactions.

Anaphylaxis is a severe, potentially fatal, reaction that can occur due to an exaggerated adverse reaction to food. The mainstay of treatment for an anaphylactic reaction is immediate intramuscular epinephrine. Antihistamines can be used after the injection is given. Similarly, bronchodilators and oxygen therapy may also benefit the child with severe respiratory symptoms.

# New Rear-Facing Car Seat Recommendations

The American Academy of Pediatrics now recommends that children ride in rear-facing car seats until two years of age. (Previous recommendations stated until one year of age).

This recommendation is based on a 2007 analysis of five years of U.S. crash data which shows one year-olds are five times less likely to be injured in a crash if they are in a rear-facing car seat. Toddlers have relatively large heads and small necks. In a front-facing car seat, the force of a crash can jerk the child's head causing spinal cord injuries.

Older children who have outgrown front-facing car seats should ride in booster seats until the lap-shoulder belt fits them. Booster seats help position adult seat belts properly on children's smaller frames. Children usually graduate from booster seats when their height reaches 4 feet 9 inches.

The key factor is height, not age. Evidence shows older children can suffer abdominal and spine injuries in a crash because of poorly fitting seat belts. Explaining the science behind the rules may help parents persuade elementary school kids to use booster seats.

*[Pediatrics April, 2011]*

Epinephrine is easy to administer. It is manufactured as a single dose within a pen-like device that is "clicked" under the skin of the person in need. A set of instructions with pictures is included with the device. Most importantly, you must have the epinephrine readily available: at home, in the car, at school, on field trips, and on the ball field. In the instance of a true anaphylactic reaction, even if the epinephrine has been administered, you should call 911.

Please make sure that your epinephrine device is up-to-date and that you have enough of them. If you have any further questions or need a refill, please let us know.

*[Journal of Allergy and Clinical Immunology, 2010]*

# Children's Books: The Body, Its Parts, And How It Works

From the simple head-shoulders-knees-and-toes to the fairly encyclopedic texts, children's books vary tremendously with regard to explaining the body's structure, growth, development and capabilities. Simple books that show faces and body parts appeal to young children as they learn the names for their own body parts.

Books for school-age children go further, elaborating on anatomic details and delving into the body's inner and outer workings. For preteens and teens, there are books about the human body that focus on sex and sexuality. Below is a list of books for specific age groups accompanied by short reviews.

## THE VERY YOUNG CHILD

***Eyes, Nose, Fingers, and Toes: A First Book All About You*** by Judy Hindley. A light-hearted introduction to the parts of the body and what they do in short rhythmic verses. (Ages 1-3)

***My First Board Body Book***, edited by Iris Rosoff et al. This is a glossy, durable board book that identifies the parts of the body babies and toddlers use in a typical day. The five senses, counting from 1 to 10, and photos of seasonal toddler attire are introduced. (Ages 6 months to 2 years)

***The Body Book***, by S Rotner and S Calcagnino. This is a colorful book of photographs of body parts that is likely to appeal to a young audience. (Ages 1-3)

## THE YOUNG CHILD

***My First Body Book*** by C and M Rice. Using photographs and illustrations, this book presents a mix of interesting anatomic and physiologic facts that are interspersed between common questions and answers, trivia and worthwhile experiments. The overall effect should foster enthusiasm and interactivity. (Ages 4-8)

***The Amazing Pull-Out Pop-Up Body in a Book*** by David Hawcock. The pages of this book not only introduce information and trivia about the human body, but they can also be unfolded to make a life-size paper version of the human body. (Ages 4-8)

***The Magic School Bus: Inside the Human Body*** by Joanna Cole. An eccentric teacher, her class of elementary school-age children, and a magic school bus take a fun-filled adventure through the human body. (Ages 4-8)

***Why Don't Haircuts Hurt? Questions and Answers About the Human Body*** by M and G Berger. In age-appropriate, question and answer format, the book is certain to intrigue both school-age children and their parents. (Ages 4-8)

***You and Your Body: It's Science!***, by Sally Hewitt. The content of this book is presented in an interesting manner with small information boxes encouraging interactivity interspersed throughout this visually appealing book. (Ages 3-6)

## THE OLDER CHILD

***Blood and Gore, Like You've Never Seen!*** by Vicki Cobb. This book lives up to its claim of allowing children to travel throughout the landscape of the human body magnified thousands of times. The author takes dry facts about the body and spices them up with interesting age-appropriate descriptions and colorful pictures. (Ages 8-12)

## PRETEENS AND EARLY TEENS

***Girl Stuff: A Survival Guide to Growing Up: Answers to Every Girl's Questions—Especially the Ones She's Afraid to Ask!*** by E Haden Guest and M Blackstone. The authors present a puberty-centric understanding and acceptance of their bodies. They mention how puberty affects boys, but the focus is clearly on providing information to girls in a casual, approachable way. (Ages 8-13)

***The Care and Keeping of You: The Body Book for Girls*** (America Girl Library) by Valorie Schaefer. This is an informative book about advancing into adolescence with a lot of self-help suggestions with regard to hygiene, safety and social interactions. A popular book for this age group, it is easily referenced by girls and parents alike. (Ages 9-15)

***Grossology: The Science of Really Gross Things!*** by Sylvia Branzei. This book answers a variety of questions about the everyday functioning of the human body through the use of subject matter that is, albeit gross, reported to be scientifically accurate. This is likely to be of interest to many children, especially those not easily enticed by reading or scientific learning. (Ages 7 and up)

***Human Body: The Usborne Internet-Linked Library of Science***, by K Rogers and C Henderson. These authors combined a huge amount of factual information about the human body with a great layout of photos and illustrations. Then they added a set of related Internet links on each page to take learning beyond the pages of the book creating a technologically vogue version of a basic science textbook on the human body that is far more likely to appeal to young readers. (Ages 8-13)

## PRETEENS AND PARENTS

***The What's Happening to My Body? Book for Boys: A Growing Up Guide for Parents and Sons***, by Lynda Mandaras. The author, a puberty-education instructor, presents a straight-forward comprehensive narrative of the physical, asocial, and emotional changes experienced by boys moving through puberty. She addresses myths, slang, and misconceptions as well as the basics. (Ages 7-13, parents)

# Advice To Children: Tips For Making And Keeping Friends

Young children face a great deal of unnecessary anxiety through the socialization process at school. The consequences often involve rejection, teasing, and bullying causing sadness, isolation, lack of confidence, and poor self-image. Below are tips that parents can pass on to their early elementary school-aged children to help manage anxiety.

1. Watch other kids in class and on the playground. See if you can find some who play without teasing or fighting. They would probably make good friends.
2. Take part in games on the playground where kids line up to take turns.
3. Find out as much as you can about what other children like. Then talk to them about the things they like.
4. Do not try to make other kids be your friends, especially the most popular ones. Is there someone who seems shy? Maybe that person is waiting for you to act friendly first.
5. Do not wander around the playground by yourself and hope someone will ask you to play. Instead, ask to join in or choose a game and ask someone to join you.
6. When you play with others, compliment them, take your turn, and be a good sport.
7. Do not show off or get into trouble to get noticed.
8. Ask other kids questions about what they like to do. Consider asking them about their favorite things, like games or sports or hobbies. This will give you something to talk about.
9. Be friendly, share things, and do not tease. Treat other kids the way you want them to treat you.
10. Kids like other kids who like themselves. Be confident.

*[Contemporary Pediatrics, 2008]*



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autumn from the staff at*

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