



Healthy Kids West Virginia

West Virginia Child Care Nurse Health Consultants Newsletter

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Attention Deficit Hyperactivity Disorder~ By : Christy Freed, RN

Attention Deficit Hyperactivity Disorder is one of the most prevalent chronic conditions in children, with nearly 4.5 million children in the United States with the disorder. Undiagnosed ADHD can lead to poor performance at school, behavior problems, and difficulty forming social relationships. It is important to understand the signs of ADHD so that diagnosis can be made as early as possible and treatment strategies initiated.

The child with ADHD has difficulty with inattention, impulsivity, and/or hyperactivity. The symptoms must be beyond what is expected for their age and severe enough to cause problems in daily functioning in more than one setting (for example home and school). There are 3 subtypes of ADHD: Predominantly Hyperactive-Impulsive type, Predominantly Inattentive type, and Combined type.

Predominantly hyperactive-impulsive type ADHD is characterized by an unusu-

ally high activity level and a tendency to act without thinking. Symptoms include constant fidgeting or squirming, an inability to sit still, difficulty taking turns, disorganization, talking a lot, and a tendency to interrupt and blurt out answers. Sometimes these children may be destructive and have conduct problems, though not always.

A child with Predominantly Inattentive type ADHD may seem "spacey" or "daydreamy." There is difficulty with paying attention and staying on task. This inability to focus often causes difficulty with learning, though children with ADHD often have average to above average intelligence. Because these children lack the hyperactivity component and are often not disruptive in class their symptoms are sometimes not noticed until grades suffer. In some instances it is not until



3rd or 4th grade once academic demands are greater.

Combined type ADHD involves the presence of symptoms of both of the previous two types.

If ADHD is suspected a complete evaluation should be done. Evaluations are frequently done by the child's pediatrician and often include interviewing the child and parents, and having the parents, teachers, and others that are familiar with the child fill out evaluations or questionnaires. Because other problems such as learning disabilities, anxiety, depression, and conduct disorders can co-exist with ADHD it is important to evaluate for these if indicated.

If you suspect that your child may have ADHD make an appointment to meet with their teacher. Teachers are familiar with the signs and symptoms of ADHD and can give you a perspective on how your child is in the school setting. Then make an appointment to discuss your concerns with your pediatrician.



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Any topics you would like to see or ideas you would like to share in the Healthy Kids West Virginia newsletter? Let us know by emailing or calling Sarah, Glenna or Christy. Our contact information can be found on the back page.

Any topics that you feel would make a great training? Feel free to let us know. We are always looking for new ideas! Feel free to make copies of this newsletter to distribute to

other child care providers and parents.

Check out our website ~



www.wvearlychildhood.org



Dealing With Rotavirus By: Glenna Bailey, RN

According to the Centers for Disease Control, rotavirus is one of the leading causes of severe diarrhea in children under the age of two. This viral disease causes inflammation of the stomach and intestines resulting in severe diarrhea and vomiting. The incidences of rotavirus are most prominent in the cooler months such as late fall and early spring.



Symptoms usually last from 3 to 8 days and in severe cases can lead to dehydration. Dehydration can be especially

dangerous for infants and young children. Symptoms of dehydration in children include dry mouth, fussiness, decreased urine output, crying with no tears, and dry skin that has a loss of elasticity.

Rotavirus is spread through the fecal-oral route so special attention should be paid to hand washing and sanitation of hard surfaces and toys. Surface sanitation should include cleaning and rinsing with detergent and water and then applying a diluted bleach solution (1 tablespoon of bleach to 1 quart of water) that completely wets the surface for at least 2 minutes.

According to the American Academy

of Pediatrics, children with rotavirus should be excluded if their stool is not contained in the diaper, if toilet-trained children are having accidents or if the frequency of stools is 2 or more stools above what is normal for that child. Also exclude if the stool is all black or very pale and if the child has symptoms of dehydration. As with all conditions the child should be excluded if the child cannot participate in daily activities and/or the staff determines that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group. Children can be readmitted to the group setting when these issues are resolved.

Did You Know.... That drug companies are phasing out infant drops of many over-the-counter medications such as Tylenol? This change is to standardize dosing and prevent medications errors. The old infant formulas, which are 3X more concentrated, are being phased out and replaced by the standard formula. Since there may be a time when both products are on the shelves, take care to always read the labels and assure that you are administering the proper dose.



Hearing and Vision Loss in Children By: Christy Freed, RN

Vision and hearing loss are not uncommon in children and often go undiagnosed until they result in learning difficulties. If you suspect that your child could have hearing or vision loss discuss your concerns with your pediatrician. Pediatricians can do screenings in their office and refer to a child ophthalmologist or otolaryngologist as needed.

Signs of hearing loss include:

- Child does not react to loud sounds
- Child is unable to detect where a sound is coming from
- Child may start to babble, but soon stops
- Babbling does not develop into understandable speech
- Child does not react to voices, especially when he or she is not being held
- Child does not follow commands or misunderstands directions
- Child may start acting frustrated

Signs of vision loss include:

- Eyes that look crossed, turn out, or don't focus together
- White, grayish-white, or yellow-colored material in the pupil
- Eyes that flutter quickly from side-to-side or up-and-down
- Bulging eye(s)
- Persistent eye pain, itching, or discomfort
- Redness in either eye that doesn't go away in a few days
- Eyes that are always watery
- Drooping eyelid(s)
- Excessive rubbing or squinting of the eyes
- Eyes that are always sensitive to light
- An infant older than 3 months that is unable to track an object
- Inability to make steady eye contact



Take Care of Yourself: How to Keep Your Work From Breaking Your Back
By: Glenna Bailey, RN

Working as a child care provider means that you spend many hours a day bending, lifting and moving objects. These everyday activities can cause injury to your back if you don't use care in how you perform them. Here are some tips from the American Physical Therapy Association on ways to work safely and prevent injury.

Bending down is one of the most frequent movements during the day. Bending from the waist applies tremendous force to the discs of the lower back. To prevent injury, bend at your hips and knees while keeping you back straight. Keep your feet shoulder-width apart and move your body as a unit. Lifting children can be particularly

hard on the lower back. The APTA recommends the use of the half-kneel lift. Stand close to the child to be lifted.



Keep your back straight and put one foot slightly in front of the other foot and lower yourself to one knee.

Grasp the child with both arms and hold them close to your body. Push with your legs and return to the standing position. Use this same technique to place a child on the floor. Avoid twisting your body while lifting. Complete your lift then move your feet in the direction you want to move.

When holding or carrying a child, always hold them close and centered on

your body. Holding in one arm and balanced on your hip increases the pressure on the lower back and can contribute to injury.

When pushing a wheeled object stay as close to the object as possible, keeping your back straight and your shoulders back. Use your legs as the pushing force, not your arms. Pushing is always preferable to pulling.

Finally, don't be afraid to ask for help. If you are moving a heavy object ask someone to help you. Have the children pick up their toys and put them away. Practicing good body mechanics is a good habit to develop and can help keep you safe and strong.

Healthy Holiday Recipe ~ Hungry Girl's Miracle Mashies



Hungry Girl Miracle Mashies
Mixing potato and cauliflower is a great way to get true mashed potato taste and texture with a healthier spin!

Makes 5 Servings

Ingredients:

- 1 large potato (about 13 oz) 1/4 tsp of salad
- 3 cups cauliflower florets pepper & add. salt to taste
- 3 tbs fat free half and half Option: 1/2 tsp crush garlic
- 1 tbs light buttery spread

Bring a large pot of water to a boil. While waiting for the water to boil, peel and cube the potato.

Once water is boiling, add peeled potato cubes and cauliflower. Wait for the water to return to a boil, and then reduce heat to medium. Cook for 15 - 20 minutes (until potatoes and cauliflower are very tender).

Remove the pot from heat and strain out all of the water. Transfer contents to a large bowl, and add half & half, butter/buttery spread, salt, and (if you like) crushed garlic. Mash it all together with a potato masher, until completely blended. Season to taste with pepper and additional salt. Enjoy!

We LOVE Hungry Girl ~ All credit for this recipe and picture goes to her! For more recipes check out her website at www.hungry-girl.com and her cooking shows on Food Network and Cooking Channel.



WEST VIRGINIA EARLY CHILDHOOD
Training
CONNECTIONS
AND RESOURCES

WV Early Childhood Training Connections and Resources (WVECTCR) is a statewide program designed to provide professional development opportunities for the early care and education community. Through an extensive network of information, training and technical assistance, resources, and collaboration, WVECTCR strives to improve the quality of early education services for young children and their families.

www.wvearlychildhood.org

Ask the Nurse... MRSA By: Sarah Hicks, RN

A child in our care was diagnosed with MRSA. Does this child need excluded?

Not necessarily. The child should be excluded if he/she is unable to participate and staff determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group, if the child meets other exclusion criteria, for example, fever with behavior change, or if the lesions cannot be covered so that the contact of others and surfaces with drainage does not occur.

Having a MRSA infection, or harboring MRSA bacteria (carrier) is not reason for exclusion, unless other exclusion criteria are met. MRSA is spread by close skin-to-skin contact, crowded conditions, poor hygiene and direct contact with open sores or boils. You can control the spread through good hygiene practices, including proper hand washing, and doing good cleaning and disinfecting. Source: American Academy of Pediatrics



Did you know.. that there is a really cool hand washing song available for free from Henry The Hand? It's called "Doin' the Handwash" and is set to the tune of "Doin' the Hand Jive". There are also handwashing posters and fun information available to get kids to start washing those hands! Find it at www.henrythehand.com.

Have You Been Screened? By: Sarah Hicks, RN

As Child Care Nurse Health Consultants, we stress the importance of child health, but a healthy child needs a healthy teacher, cook, director.... You see my point, right? Are you seeing a health care provider regularly? Are you being screened appropriately based on your age and medical history?

Just as you are advocates for children, nurses are advocates for health. A large part of our job is education, and empowering people to take charge of their health. The first step is to call and make an appointment with a health care provider if it has been a while since your last visit. The second step is to be aware of what types of screenings may be appropriate for you based on your age and medical history by asking your health care provider at your appointment.

20 and 30 Somethings

Blood Pressure screenings every 2 years unless it is considered elevated or you have other chronic issues such as diabetes, kidney problems, heart disease then yearly checks are recommended. Also a Cholesterol screening is recommended if you are at higher risk for heart disease such as family history, poor diet, or obesity. Blood Sugar Screening for Diabetes may also be ordered if you have high blood pressure or family history

Get your Dental Exams twice a year for cleanings and examination, and Eye exams at least every two years.

Perform self-breast exams monthly, and a through exam should be performed by your health care provide at least every 3 years. Pelvic exams and Pap tests begin within 3 years of intercourse or by age 21 and should happen at least every 2 years to check for cervical cancers. At age 30, if your Pap tests have been negative 3 times in a row, you provider may recommend getting them once every 3 years. Men should do monthly testicular exams.

Between 40-65??



Blood pressure and diabetes screening recommendations continue as before. Cholesterol screenings are now recommended every 5 years. Dental and Eye Exams also continue on

the same schedule as before.

Colon Cancer screenings may begin at age 50 (or earlier if risk factors), and may involve stool testing, colonoscopies or sigmoidoscopies.

Monthly self breast exams continue and provider screenings should now occur yearly. Mammograms are recommended every 1-2 years for women over 40 (maybe younger and more frequently depending on risk factors). Pelvic exams and pap tests can be done once every 2-3 years unless there is risk factors indicating more frequent testing. Men can continue to do monthly testicular exams.

Over 65??

Blood pressure checks are now yearly and Cholesterol screenings are now every 3-5 years (or more frequently is high risk). Diabetes screenings are recommended if you have an elevated blood pressure or family history. Dental and Eye exams should continue as before. Hearing tests may be scheduled.

Colon Cancer Screenings may consist of a colonoscopy, stool testing, or sigmoidoscopy as recommended by your provider.

Continue monthly self breast exams and mammograms every 1-2 years. Bone density scans may be ordered to check for osteoporosis. Pelvic and Pap exams may be suspended if there has been 3 negative results in 10 years. Men should continue their monthly testicular exams.

These are just some common guidelines to follow, but remember that every person is unique in their medical history and family history. Based on that history, some screenings may need to be done more frequently or other screenings that haven't been mentioned may be required. That is why it is so important to find a health care provider that you can establish a relationship with, and have good trust in knowing that they will recommend what screenings are needed and when. Stay Healthy my friends!

Movement Ideas To Share!

(Please copy and distribute to families and other Child Care providers)

Infants

Listening Fun

- Use rice, pasta or a bell to fill a plastic container - make sure the container is well sealed. Shake to your baby's side or behind baby and see if they can find it. Older infants can also hold the container and shake it themselves.



Toddlers

Homemade Box Train

Materials

2 medium-sized brown packing boxes (about 18 inches or less across)
Brightly colored thick yarn

Directions

This activity helps toddlers learn about their body strength. Cut the flaps off 2 good-sized boxes, and be sure to remove any protruding staples.

Pass a cord of sturdy yarn, about 12 to 15 inches long, through 2 holes at the end of one box.

Link the second box to it using another piece of yarn. Your toddler will love to pull this mini-train around the house.

Extensions

- Challenge your toddler to throw things into the train.
- Challenge your toddler to push the train from behind instead of pulling it.
- Put something heavy into the train so your toddler can experience resistance. Remove the items to show the difference in strength required.

Repeat and talk about putting things in and taking them out, about it being too heavy or just right.

Preschoolers

Monkeys in the Trees



- Some kids are trees and they have to stay in one spot and sway to the music, but their branches can't touch anyone. The other kids are whatever jungle animal you call and they "monkey" around the trees. Then they switch places. Can be done to music.



School-Age

Shaving Cream Skating

- Cut open several large garbage bags and tape them to the gym floor. Everyone takes their socks and shoes

off and you squirt some shaving cream on a few areas of the garbage bags. Play "The Skaters Waltz" by Strauss and "skate" in the shaving cream. Of course have a large bin of warm water and lots of paper towels to wash their feet. Clean up is a breeze....just pull the tape off the floor.

Do you have any cheap or free movement ideas you'd like to share? Let us know, and we'll include it this section of the newsletter in the next issue.

Check out <http://www.aahperd.org/headstartbodystart/> for more movement ideas!

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How Can a Child Care Nurse Health Consultant (CCHC) Help Me?

- Help providers develop strategies for caring for children with special health needs
- Develop or update health and safety policies for child care providers
- Provide health education and wellness programs
- Provide up-to-date information on the latest guidelines, policies and information regarding child health and safety
- Offer support through telephone consultations or on-site visits
- Conduct child care staff training
- Provide Medication Administration training
- Provide communicable disease information
- Develop health care plans for children with special needs
- Provide health and safety education for parents and children

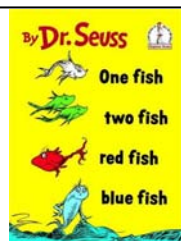


Get to know your CCHC ~ What were your favorite books as a child?



Glenna Bailey

As a young child I always loved the Dr. Seuss books especially One Fish, Two Fish, Red Fish, Blue Fish. Years later it was the Nancy Drew books. I belonged to a book club and I got two new Nancy Drew books a month. I was always a great day when my two new books arrived.



Sarah Hicks

I loved the Frog and Toad Books and The Berenstain Bear Books in elementary school. I also liked to read Nancy Drew and Sweet Valley Twins books as I got to be in middle school. Now I enjoy listening to my 7 year old daughter read to me from the Junie B Jones and Ivy and Bean Series.



Christy Freed

I loved the American Girl books. My oldest daughter is just getting old enough to be interested in them. It is a lot of fun to be able to share with her something I remember enjoying as a child.

