



Web About Us Our Services Healthy Kids Forms Lactation Services

May 2015

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Office Hours

Three Chopt Location
Monday - Friday
7:30 A.M. - 7:30 P.M.
Saturday

Leaves suddenly back on the trees, flowers in bloom, lawns growing an inch just minutes after they've been mowed--and RVA covered in layers of sticky yellow dust. Yes, it's allergy season again! This month, we give you some tips to help your family navigate the pollen haze. We will also help you dose those allergy meds accurately by covering some suggestions for medication administration. We'll help you get through the "sneezin' season"!

Seasonal Allergies

Seasonal allergies affect many families during the spring and early summer season. Runny nose, itchy or watery eyes, sneezing, stuffy nose and mouth breathing that last 2 weeks or longer and occur at around the same time each year are



common indicators of intermittent allergic rhinitis. Seasonal allergies are common in children, affecting approximately 40% of the pediatric population, by some estimates. We commonly think of these allergies as 'outdoor' allergies, triggered by increases in the pollen or mold count in the local environment. Some patients, however, experience allergy symptoms year round. These allergies, sometimes thought of as 'indoor allergies' may be exacerbated by dust, animal dander, second hand smoke or indoor mold. These allergies are classified as 'persistent allergies'. [Continue Reading](#)

Dosing Errors

9:00 A.M. - 12:00 P.M.

Bell Creek Location

Monday - Thursday

8:30 A.M. - 6:30 P.M.

Friday

8:30 A.M. - 5:00 P.M.

Billing Office

Monday - Friday

9:00 A.M. - 4:30 P.M.

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Helping you to understand which medications are right for your child and helping you learn how to administer them are important parts of our role as pediatric health care

providers. Dosing errors for children's medications are easy to make as the amount of medicine needed varies by factors such as age, weight and the concentration of medicine. Electronic medical records have provided several improvements in prescription writing over the days of the scribbled note on a prescription pad. Technology provides many error checks for physicians and pharmacists, in addition to the convenience of an electronically transmitted prescription sent directly to the pharmacy. [Continue Reading](#)

Practice News and Notes

We are pleased to announce the launch of our new website, found at www.PARpeds.com. We are grateful for the dedication and hours of work by Dr. Grabill in crafting the site and for the feedback and recommendations



provided by you that helped shape the content. Our hope is to use the new website as a better means of communicating with you (the patients and parents), and keeping you up to date on the latest in pediatric medicine and information involving our practice. Look for continual updates and new features in the coming months. Our redesigned page features mobile-friendliness, expanded information and updates on our office, patient forms, online bill pay (coming soon!) and links to articles and tips that will help continue to foster our partnership in your child's well-being and health.

The school year is fast coming to a close, and we are gearing up for checkup season! Please call our office to schedule your child's checkup appointment. We are now scheduling Well Child Check-ups through the month of July. When scheduling your child's appointment, please keep in mind that many school/athletic/camp programs have specific timing requirements for these exams. For all students participating in VHSL high school or middle school sports, physicals must be May 1 or later.

Remember to bring any college, school or camp forms that you need completed with you to the appointment, if possible. Be aware that many college programs have specific requirements for labs or tests that must be completing before enrolling. Providing the form at the appointment will assist us in helping your fulfill these requirements in time for the start of school.

Seasonal Allergies (cont.)

Allergies can have a significant impact on children and families. Behavior, sleep and appetite can all be

affected by allergy symptoms. In addition, the incidence of allergic rhinitis has been noted to be on the rise in the US. Many factors may contribute to the increase, with studies suggesting associations between allergies and environmental pollution, early-life exposure to tobacco smoke, as well as genetic predispositions. Recent studies have also noted an association between diet/nutrition and allergies, noting that a diet high in fat and low in fresh fruits and vegetables correlate with asthma and allergies.

Fortunately, there are many ways to help manage allergic rhinitis and ease the burden and frustration that allergies may cause. Treatments include many simple steps you can take at home, over-the-counter medications, prescription medications and sometimes help from a pediatric allergist.

Avoidance is the first step in allergy management. This is far easier to do, in theory, with allergies to foods than with allergies to ubiquitous tree or grass pollens. During the months when air borne allergens are most prevalent, keep windows closed and use air conditioners. Be sure to keep filters clean and regularly changed. Encourage your children to wash hands and faces when coming in from outdoor play. Spraying the nose with saline spray is a gentle and effective way of washing allergens from the nose. If possible, have your child change clothes and deposit them in a laundry basket outside of your child's sleeping space. Have your child bathe or shower nightly, washing hair as well. This will prevent spread of pollens to your child's bedding. Avoid allowing your child to play in freshly mown grass, piles of leaves or dry grass. If possible, avoid outdoor activities during days when the pollen count is high. For more tips on controlling allergens inside and outside your home, [click here](#).

Many patients will respond to simple environmental control measures. However, many will still need medications for relief of symptoms. The shelves at the pharmacy are crowded with medicines and it may be difficult to know where to start. For specific guidance, please consult our providers for appropriate medications and dosages for your child.

Oral antihistamines are an excellent first line treatment. These include over the counter medications such as cetirizine (Zyrtec™), fexofenadine (Allegra™) and loratidine (Claritin™). These are available in liquid or dissolvable tablets, which most children find easy to take. They are generally given in the morning, though they may be used at bedtime if they make your child sleepy. These medicines are helpful to control itchiness and runny nose. Avoid taking fexofenadine (Allegra™) with fruit juices, as this may make the medicine less effective. For itching and watery eyes, antihistamines are also available as an over the counter eye drop, ketotifen (Zaditor™) or olopatidine and azelastine, available by prescription. Dry eyes are sometimes a side effect of these medicines.

The second medicines that may be considered for allergy symptom relief are intranasal corticosteroids. These medicines are sprayed into the nose once or twice daily and help to alleviate the swelling and congestion as well as the itchiness and runny nose. Commonly used medications include mometasone, beclomethasone, and ciclesonide and are available by prescription. Fluticasone propionate (Flonase™) is now available over the counter, as is triamcinolone (Nasacort AQ™). Adding in or changing to these medications may be helpful if oral antihistamines aren't providing relief after using them for 2 weeks. Patients will sometimes complain of brief stinging in the nose or some taste of medicine once dosed. These medicines typically help within a few hours, but may need a week or more to see full effect. When administering these medicines, be sure to direct the spray away from the nasal septum to avoid nosebleeds. A good trick is to think about putting the applicator in the nose and then 'aiming it toward the ear'.

Of note, nasal decongestant sprays, which are available over the counter are NOT recommended. These products such as phenylephrine or oxymetazoline (Afrin™) work in ways that may temporarily relieve congestion but shut down receptors in the nose after a few days resulting in increased "rebound" congestion and possibly dependency.

If these measures do not provide improvement in allergy symptoms, other prescription medicines may be needed. Montelukast (Singulair™) is a medication of a class known as 'mast cell stabilizers'. These medicines may be combined with over-the-counter treatments or used alone. They may also be useful in the management of asthma. Occasionally, courses of oral steroids may be needed. Sinusitis and ear infections are sometimes complications of allergic rhinitis, for which antibiotics may be prescribed. Some allergies are very persistent and severe or may have complications such that they need to be treated by an allergy specialist with treatments such as immunotherapy ('allergy shots').

Hopefully, your family will now be better prepared to enjoy the spring and summer season without the aggravation of the runny noses and the sneezes. Please call our office for more help or guidance in management of your child's allergy symptoms.

Dosing Errors (cont.)

It is important for the parent or caregiver to understand which medicine is being given to the child and have a brief understanding of how that medication will work. They need to also understand when the medicine is to be given and for how long. Most importantly, parents need to be aware of the best ways to dose medications.

The American Academy of Pediatrics recently released a policy statement on how to correctly dose medications. They favor using only metric units to express how much medicine is to be given rather than common household words such as 'teaspoon'. Often, these terms or abbreviations such as 'tsp' can be commonly mixed up between teaspoon and tablespoon, or similar errors. As one tablespoon is equivalent to THREE teaspoons, it is easy to see why this common mistake may be so dangerous.

The AAP also stressed the importance of dosing the medicine using a device specifically designed for medicine administration, such as a dose syringe or a medicine cup. Household spoons used for eating or measuring spoons used for cooking should not be used to dose children's medication. Use only devices labeled with milliliters and one that is easy to read.

Verify the concentration on the bottle of any medication that you give your child. Often the same medication marketed for infants is much more concentrated than the same medication labeled for children. Regulations have helped standardize concentrations for some medications, such as acetaminophen (Tylenol™) but variations in concentrations still occur for many other commonly used medications.

Please contact our office if you are confused or unsure about how to administer your child's medication. The following may be helpful for you to avoid errors and ensure your child's medicine is given appropriately:

Commonly used measurements:

Household measurement	Metric equivalent
½ tsp	2.5 milliliters (mL)
¾ tsp	3.5 milliliters (mL)
1 tsp	5 milliliters (mL)
1 and ½ teaspoon	7.5 milliliters (mL)
2 teaspoons	10 milliliters

Commonly used abbreviations:

Prescription says:	Medicine to be given:
QD	One time per day
BID	Two times per day
TID	Three times per day
QID	Four times per day
QHS	At bedtime

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