

Health Topics for Your Preschooler

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Sleep

According to the American Academy of Sleep Medicine, it is recommended for children ages 3-5 to get 10-13 hours of sleep. A good bedtime is 7:00 p.m. to 8:30 p.m., depending on what time they usually have to wake up to get ready for school. To make sure they're getting enough rest (so that you are, too!) it's best to maintain a bedtime routine and keep their bedtime consistent.

Easier said than done, right? Here are some tips:

- Allow them to be active during the day to get the energy out.
- Avoid electronics 2 hours before bedtime.
 - This includes TV! Phones, gaming consoles, and tablets should also be avoided.
 - Try not to keep electronics in your child's room.
- A warm glass of milk can be calming and start a bedtime routine.
 - Careful not to give them too much! They might have to get up in the middle of the night to go to the bathroom.
- Have your child brush their teeth at the same time each day.
 - This conditions them to associate toothbrush time with bedtime.
- Make sure sleeping conditions are quiet and dark.
 - A nightlight can ease anxiety if needed.
- Turn a fan on.
 - Cooler temperatures make it easier to fall asleep. It may also serve as soothing white noise.
- Use aromatherapy with a diffuser or a sleeping spray with lavender to signal bedtime.
 - Smell is a good trigger for memory and getting your child to associate it with bedtime.

Learn more at: <https://www.nationwidechildrens.org/specialties/sleep-disorder-center/sleep-tips-for-children>

Food

Maintaining a healthy weight/diet

By now, you've already been to the doctor and seen the growth chart for your child's age and where they fall. But how do you keep them on the right track?

- **Fruit: 1-1½ cups** is the MyPlate recommendation.
 - 1 cup of frozen or canned fruit = 1 cup of fruit
 - ½ cup of dried fruit = 1 cup of fruit
- **Vegetables: 1-2 cups** is the MyPlate recommendation.
 - 1 cup of raw, cooked, or canned vegetables = 1 cup of vegetables
 - 2 cups of leafy greens = 1 cup of vegetables
- **Grain: 3-5 ounces** is the MyPlate recommendation.
 - 1 slice of bread = 1 ounce of grains
 - 1 ounce of cereal = 1 ounce of grains
 - ½ cup of cooked rice, pasta, or cereal = 1 ounce of grains
- **Protein: 2-5 ounces** is the MyPlate recommendation.
 - 1 ounce of fish or poultry = 1 ounce of protein
 - 1 egg = 1 ounce of protein
 - ¼ cup of cooked beans or peas = 1 ounce of protein
- **Dairy: 2-2½ cups** is the MyPlate recommendation.
 - 1 cup of dairy or non-dairy milk/yogurt = 1 cup of dairy
 - 1 cup of fortified soy milk/yogurt = 1 cup of dairy
 - 1½ ounces of hard cheese = 1 cup of dairy
- **Water: 4-5 cups** is the American Academy of Pediatrics recommendation.

Now that we've seen what they *should* have, let's look at what they *shouldn't* have:

- Limit the amount of salt in the diet. Use more salt-free seasoning for flavor.
- Limit sugary foods and sugary drinks, including 100% fruit juice and soda.

Create a personal plan and learn more at: <https://www.myplate.gov/myplate-plan>

Picky eaters

It is not unusual for children at this age to be picky eaters. You may have to offer them a food over 20 times. Exercise patience and consider these tips:

- Introduce new foods gradually. They will be more likely to accept it among familiar foods, and in small amounts.
- Positive reinforcement works! Praise them for trying a new food, but don't punish them for not trying a new food.
- Keep a healthy and balanced diet daily. Do not give them a "cheat day". Preschoolers benefit from routine.

Learn more at: <https://www.myplate.gov/life-stages/preschoolers>

Allergies

Many children at this age have allergies, so it is important to avoid certain foods:

- **Dairy**
 - Instead of: milk, butter, cheese, cream cheese, sour cream, yogurt
 - Try: soy milk, shortening, vegetable oil, tofu, canned coconut milk
- **Nuts**
 - Instead of: peanuts, peanut butter, or walnut, cashews, or hazelnuts
 - Try: sunflower seed butter, sesame butter
- **Soy**
 - Instead of: soy, tofu, edamame, miso, soy sauce
 - Try: seitan, coconut aminos, liquid aminos, fish sauce
- **Wheat**
 - Instead of: bread, tortillas, bread crumbs, crackers, flour
 - Try: gluten-free options, rice cakes, rice or tapioca flour
- **Seafood**
 - Instead of: crab, fish, shrimp, lobster, clams, scallops, snails, squid
 - Try: artificial crab meat, seitan, tofu

Learn more at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/food-allergies-in-children>

Communication

Communicating is an important part of learning and something that your child can improve upon both at school and at home. All kids go at their own pace, but there are some things you can do to help your child's communication skills:

- Talk about what they did at school.
 - A general "How was your day?" or "What did you do today?" can start a conversation and allow them to get their feelings out.
- Read books together.
 - It gives you something in common and opens up opportunities for reading comprehension or finding out their interests.
- Keep reading materials (books, magazines, etc.) easily within reach so that your child can read them whenever they want.
 - These encourage reading skills.

For more tips, check out: <https://kidshealth.org/en/parents/comm-4-to-5.html>

Raising a bilingual child

Some parents worry about their child becoming confused between their native language(s) and English, especially when they start school. However, there are plenty of children who know more than one language and benefit from it. Here's how you can maintain growth in both:

- Talk with them and read to them in your native language.
 - Exposure to both helps them learn without sacrificing one or the other!
- Determine what approach works best for you.
 - Some parents have one speak your native language and the other use English, some have the native language spoken at home and English at school—it all depends on yours and your child's comfort

Learn more at: <https://www.linguisticsociety.org/resource/faq-raising-bilingual-children>

Hygiene

Toothbrush guidelines

Don't be discouraged if your preschool child isn't quite ready to brush their teeth by themselves! Depending on their fine motor skills, some kids start at 3 and others at 6.

- Whether your child is brushing their own teeth or you're doing it for them, use a pea-sized amount and a low-fluoride toothpaste.
- There are special types of toothpaste that are not harmful to swallow, which are especially helpful if your child is just beginning to do this on their own.
- If they are starting to learn how to brush their own teeth:
 - Do it with them! Preschoolers love to copy others.
 - Make sure that they get all parts of their teeth clean—front, sides, and back.
 - Time with an hourglass or a song to make it more engaging!

Handwashing guidelines

The key to avoiding illness is to teach kids to wash their hands correctly and appropriately. Make sure they know to wash their hands at these times:

- Before eating
- Before touching food
- After using the bathroom
- After sneezing or coughing into their hands

Miscellaneous

- Get your child into the habit of coughing and sneezing into their elbows or a tissue.
- Teach them to flush the toilet after each use.
- Make sure they are not sharing cups, utensils, hairbrushes, hats, etc.

Learn more at: <https://www.healthdirect.gov.au/personal-hygiene-for-children>

Developmental expectations

This is by no means a complete list, but it is a brief summary of the things that most children at these ages can do. If you are concerned that your child is not meeting these milestones, talk to your doctor.

3 years old

- Calms down within 10 minutes after you leave them alone
- Notices and plays with other kids
- Asks "who" "what" "where" and "why" questions
- Says first name when asked
- Draws a circle after being shown how
- Avoids touching hot items after being warned
- Can dress partially on their own, like putting on loose pants
- Uses a fork

4 years old

- Roleplays during play
- Comforts others who are sad
- Likes to help when they can
- Says sentences of 4+ words
- Answers questions like, "What is a coat for?"
- Names a few colors of items you point to
- Draws a person with 3+ body parts
- Catches a large ball most of the time
- Holds crayon between fingers and thumb, not in a fist

5 years old

- Follows rules or takes turns when playing with other kids
- Does simple chores at home, like clearing the table after a meal
- Tells a story with at least 2 events
- Answers simple questions about a story after being told

- Uses or recognizes simple rhymes
- Counts to 10
- Pays attention for 5-10 minutes during activities
- Hops on 1 foot

See a more specific list and learn more at:

<https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

Autism screening

Autism is also known as autism spectrum disorder or ASD, and it is a condition that affects how people behave and interact with others. If you recognize that your child is not meeting the milestones above or notice the symptoms below, it might be beneficial to ask your doctor about a medical autism screening.

- Avoids eye contact
- Appears disinterested in conversation
- Does not respond to own name or call for attention
- Displays expressions or gestures that do not match what they're saying
- Speaks in a usually flat voice
- Does not use imaginary play
- Appears disinterested in making friends
- Demonstrates at least some of the following behaviors:
 - Repeats words or phrases (also known as echolalia)
 - Fixates heavily on very specific topics
 - Shows very specific interests, such as the moving wheels of a toy car instead of playing with the car itself
 - Becomes upset by small changes in routine
 - Shows sensitivity to sensory input (bright lights, loud sounds, certain fabrics or textures of food)

Learn more at: <https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd>

Regular check-ups

Starting at 3 years old, your child should have regular check-ups with their doctor on a yearly basis. However, these types of check-ups are not the only kind, and this section goes into more detail about the other kinds of examinations your child should have.

Eye exams

Vision screenings can be done at school, but they are not as in-depth as a full eye exam performed by a doctor, which involves various eye charts and symbol naming. Between 3 and 5, your child should have a full eye exam to make sure that their vision is developing properly and that they have no eye disease.

- Plan for the exam to take about 1 hour
- Talk about the exam before going, and encourage your child to ask questions
- An initial eye exam should be scheduled between 3-5 (preschool age), while a second one should be scheduled after 5 years old, before the child goes to grade school

Learn more at: <https://www.aoa.org/healthy-eyes/eye-health-for-life/preschool-vision?sso=y>

Ear exams

Hearing tests are usually done at 4 and 5 years for preschoolers. This is a non-invasive procedure where the doctor plays a range of tones and checks for a response from your child to check for any hearing loss, which affects speech, language, and learning. Prepare your child for the exam the same way you would for an eye exam.

Learn more at: <https://kidshealth.org/en/parents/hear.html>

Dental exams

Your child should visit the dentist every 6 months. The dentist may tell you to make more frequent visits, depending on the development of your child's teeth and their comfort level with the setting. Reduce avoidable visits by following the dietary and toothbrushing recommendation sections in this guide (see *Food* on pg. 3 and *Hygiene* on pg. 6).

Learn more at: <https://www.stanfordchildrens.org/en/topic/default?id=a-childs-first-dental-visit-fact-sheet-1-1509>

Vaccine schedule

By the time your child turns 3 years old and is able to attend preschool, they should have:

- 4 DTaP (diphtheria, tetanus, and pertussis) doses
- 3 polio doses
- 1 MMR (measles, mumps, and rubella) dose
- 1 varicella (chickenpox) dose
- 3 hepatitis B doses
- Annual flu vaccine—depending on the time of year your child enrolls

Shots aren't fun for kids, but you can make it easier on them by:

- Bringing a favorite toy or book to distract them
- Being honest and telling them that shots will hurt, but not for long
- Explaining that shots keep you healthy!

Learn more at: <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>

When to keep your child home

It can be difficult to keep up with all the things that would keep your child home, but here are the general rules according to the student handbook:

- If your child is ill, they should be kept at home for 24 hours after their symptoms go away
- **Extreme pain** that leaves your child unable to do typical daily activities warrants at least a day at home and a doctor's check-up
- **Contagious illnesses** (whooping cough, chicken pox, etc.) require your child to stay at home until 24 hours after their symptoms go away, or until the doctor gives the okay
- **Constant cough** warrants at least a day at home and a doctor's check-up
- **Temperature of 100.4 degrees F** requires your child to stay at home until 24 hours after it goes away, or until the doctor gives the okay
- **Vomiting and/or diarrhea** requires your child to stay at home until 24 hours after their symptoms go away, or until the doctor gives the okay
- A **skin rash** requires your child to stay at home until 24 hours after their symptoms go away, or until the doctor gives the okay
- **Exception:**
 - although it might have been previously advised to keep your child at home if they have **head lice**, it is not a highly contagious disease, so it does not require your child to stay at home. See *Head lice* on pg. 17.

Learn more at:

https://resources.finalsite.net/images/v1626099194/rps205com/xgflzdisk6e05bih98i7/StudentHandbook_English.pdf

Common illnesses ***(acute)***

Bedbugs

What is it? Bedbugs are tiny, red-brown bugs that can be found not only in beds, but also in couches, curtains, rugs, or closets. At night, they feed on blood.

What does it look like? Bedbug bites look like little red bumps that look similar to mosquito bites, and they usually occur in groups on your child's body. They will be itchy.

How did my child get it? If you have been traveling recently, take public transportation often, or live in an apartment building, someone around you, or someone who previously lived in your space, brought the bedbugs on clothing or furniture.

Should we see a doctor? It is not necessary to see a doctor unless your child has been scratching the bites and you suspect an infection (fever [above 100.4 F], yellow drainage from the bite).

What should we do about it? Prevent your child from scratching as much as possible. An over-the-counter antihistamine like children's Benadryl or Zyrtec can help with itchiness. Calamine lotion, anti-itch cream, and cool compresses can also help with resisting the urge to itch. Wash bites carefully with soap and water, and avoid vigorous scrubbing.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://kidshealth.org/en/parents/bedbugs.html?ref=search>

Bronchitis

What is it? Bronchitis is swelling within the breathing tubes that lead to the lungs, which can make it harder to breathe.

What does it look like? The most common sign is a cough that can be dry or have mucus, fever (above 100.4 F) and chills, chest congestion or pain, wheezing, and a sore throat.

How did my child get it? Bronchitis is most likely caught from another child who has it and coughed or sneezed around your child. This is the viral kind. However, it can also be caused by allergens like dust or tobacco.

Should we see a doctor? It is recommended to see a doctor to rule out other causes for symptoms, such as pneumonia or asthma. As of February of 2022, it is also necessary to rule out COVID-19.

What should we do about it? Do not give antibiotics to your child unless the doctor specifically prescribes them. Make sure that they get plenty of rest and drink lots of fluids.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://www.cedars-sinai.org/health-library/diseases-and-conditions---pediatrics/a/acute-bronchitis-in-children.html>

Chickenpox *(aka varicella)*

What is it? Chickenpox is a viral illness that causes a fever (above 100.4 F) and itchy red spots on your child's body.

What does it look like? Your child will have an initial fever and may have a sore throat and/or stomachache. The red spots will first appear like pimples or bug bites, but will grow to be fluid-filled blisters that pop and scab over. The chickenpox rash usually occurs more on the face and the torso, although there will be sores all over the body.

How did my child get it? Your child was in contact with someone else who had chickenpox and touched their mucus, spit, or fluid from the blisters. They also may have been in contact with someone who had shingles (adult chickenpox).

Should we see a doctor? Call your doctor first if you suspect chickenpox so that they can tell you what to watch out for and what medicines to use, if any. Avoid bringing your child to the actual office before warning staff that your child may have chickenpox. It is highly contagious.

What should we do about it? Your child's skin will be very itchy and sensitive, so prevent itching as much as possible. Use calamine lotion on spots that are not on the face, and put gloves on your child when they sleep to avoid scratching then.

Use cool compresses for the first few days to relieve itching and avoid the roughness of a shower. You may also give your child baths with oatmeal products, which soothe the skin.

Your child should stay home until *all* the blisters have popped and scabbed over. Then, they will be unable to pass it on to other children.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/chickenpox-in-children>

Cold/Flu *(common cold, influenza)*

What is it? Colds and flu infections are very similar conditions caused by viral infections. They also have similar signs and symptoms, but colds are generally milder than the flu.

What does it look like? Your child may show any of the following: fever (above 100.4 F), chills, nausea, cough, sneezing, lack of appetite, tiredness, and runny nose.

How did my child get it? Both of these can be caught from being coughed or sneezed on by another child who has a cold or the flu, but could also be from indirect contact (touching an object that was also touched by a child with a cold or the flu).

Should we see a doctor? A cold is not a serious illness. A flu only begins to be concerning if the fever does not break after 72 hours (3 days) or if the child does not appear to be getting better. As of February 2022, it is necessary to rule out COVID-19.

What should we do about it? You may consider children's acetaminophen (Tylenol) for fever and pain as directed. Keep your child hydrated and allow them to get rest. Keep them at home for at least 24 hours after fever and other symptoms reside to avoid spreading to other children.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at:

<https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=90&contentid=P02966>

Constipation

What is it? Constipation happens when your child is not able to poop because the stool is too hard and dry to pass.

What does it look like? Your child may be off of their bathroom schedule (not pooping for a few days), could experience belly pain or bloating, or not feel very hungry.

How did my child get it? There are many possible causes of constipation, including a diet that is high in junk food and low in fruits and vegetables, not drinking enough water, not getting enough exercise. There are also other potential causes like an underlying chronic condition.

Should we see a doctor? Constipation is a generally minor and brief problem, but contact your provider if it continues for more than 2 weeks, results in stool leaking out of the anus, causes tears in the skin of the anus, causes vomiting, or is followed by a fever (above 100.4 F).

What should we do about it? Most of the time, finding the source will lead you right to the treatment. A diet low in fiber can be fixed with an increased intake of fiber (see *Food* on pg. 3). Lack of exercise can be fixed with less TV time and more active play. Follow the doctor's orders in the case of another condition causing it.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at:

<https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=90&contentid=P01986>

COVID-19 *(aka COVID, coronavirus)*

What is it? COVID-19 is the virus of the pandemic that began in early 2020. It causes different symptoms in different people, but it generally affects kids less severely than adults.

What does it look like? You could see classic flu-like symptoms (see *Cold/Flu* on pg. 15), as well as headaches, nausea and vomiting, and diarrhea. A telltale sign is loss of taste and smell, but not everyone will experience this. Some will show some or none at all, which is why testing after possible exposure is important.

How did my child get it? COVID is airborne, which means that someone with COVID coughed, sneezed, or may have even talked near your child, causing droplets to come into contact with your child's eyes, nose, or mouth. Even if contact was not direct, your child may have picked it up from particles that remained on chairs, doorknobs, etc.

Should we see a doctor? Call your doctor. They will decide whether your child can be treated at home or must come in to be checked/tested.

What should we do about it? Most kids have a mild version and only need treatment for a cold/flu (see *Cold/Flu* on pg. 15), but your doctor will have more specific advice. Be sure to get the family tested to decide who needs to stay home to avoid further spread. Follow the most recent CDC guidelines for quarantine.

I have other questions. See the CDC website ([cdc.gov](https://www.cdc.gov)) for the most updated information or consult with your doctor!

Learn more at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-in-babies-and-children>

Diarrhea/Vomiting

What is it? Diarrhea and vomiting can both be a symptom of another illness, and they both cause the loss of water and the imbalance of certain nutrients in the body, such as sodium, potassium, and magnesium.

What does it look like? Diarrhea is frequent loose, watery stools. Vomiting is frequent or consistent throwing up. You may notice that your child gets thirstier and spends longer in the bathroom, or visits it more frequently.

How did my child get it? If it is the result of an illness, then the transmission depends on the type of illness. However, diarrhea and vomiting can also simply be caused by food poisoning.

Should we see a doctor? If your child has unexplained diarrhea or vomiting for more than 24 hours, consult a doctor.

What should we do about it? Treat the underlying cause, and provide comfort. Limit their diet to plain foods like the BRAT diet (bananas, rice, applesauce, and toast) to avoid further upset stomach. Limit their beverages to water and Pedialyte or Gatorade, both of which contain electrolytes that they are losing in diarrhea and/or vomiting.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://www.aafp.org/afp/2001/0215/p775.html>

Ear infection *(aka otitis media, acute otitis media)*

What is it? An ear infection occurs when fluid builds up in the space behind the eardrum, which could be due to a cold or allergies. Most clear up on their own.

What does it look like? Your child will have an earache, so they may tell you that it hurts, or they could also rub/tug at the ears and have trouble sleeping. They might start to eat less because pressure from the fluid makes it painful to swallow. They may have a fever. Your child may have trouble hearing. You could see drainage from the ear that is white, yellow, or brown, and is not earwax. This indicates a ruptured ear drum and warrants a doctor's visit.

How did my child get it? If your child has had a cold, the virus that caused it can also cause a buildup of fluid in the ear. Allergies can cause swelling of the adenoids (glands that are behind the nose and above the roof of the mouth), which prevent the ear from draining fluid. Also, if someone else in the family gets frequent ear infections, your child is more likely to do the same.

Should we see a doctor? You should let your doctor know so that they can prescribe pain medication or an antibiotic if needed, especially if your child is showing extreme signs of pain. It is also important to see your doctor to make sure that the infection is gone, as frequent ear infections can cause damage to the ear.

What should we do about it? Follow the doctor's orders in terms of pain medications and antibiotics. Prevent future ear infections by protecting your child from secondhand smoke, controlling allergies, preventing colds, and getting all the required vaccines to prevent illness. Watch for snoring or mouth-breathing, which may be signs of large adenoids that contribute to ear infections.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://my.clevelandclinic.org/health/diseases/8613-ear-infection-otitis-media>

Fifth disease (aka slapped cheek syndrome, erythema infectiosus)

What is it? Fifth disease is a viral illness that causes a rash starting in the face and spreads to the arms, abdomen, and legs. The rash usually lasts 1-3 weeks and most kids recover quickly and without complications.

What does it look like? Fifth disease will start as a fever (above 100.4 F), headache, and cold symptoms (see *Cold/Flu* on pg. 15). It is also known as slapped cheek syndrome because of the red rash that starts on the child's cheeks and looks like a slap mark. Though less commonly, it may also cause swollen glands, red eyes, sore throat, and diarrhea.

How did my child get it? Kids get fifth disease from other kids with fifth disease via spit or snot. It is unfortunately easy to get because children are infectious *before* the rash occurs. By the time it is seen, the child is much less likely to pass it on to someone else.

Should we see a doctor? Call your doctor if you see these symptoms in your child to get medical advice, especially if your child has an already weakened immune system (from cancer, sickle cell disease, etc.).

What should we do about it? Do *not* give your child antibiotics as they will not kill a virus. For the most part, fifth disease is mild and does not require medications.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://kidshealth.org/en/parents/fifth.html>

Hand, foot, and mouth disease *(aka HFM)*

What is it? Hand, foot, and mouth disease is a viral illness that is common among kids 5 and under and while it is not a serious illness, it is highly contagious.

What does it look like? HFM causes sores in the mouth and throat, which may cause your child to not want to eat or drink because it hurts. You may also see a rash of flat red spots or red blisters on the feet and hands, as well as on the buttocks or crotch.

How did my child get it? Your child was likely in contact with unwashed hands, poop, spit, snot, or fluid from the blisters of a child who had HFM.

Should we see a doctor? If your child does not show feel or seem better within a week, contact your provider.

What can I do about it? To manage pain, you can try children's acetaminophen (Tylenol) or children's ibuprofen (Advil, Motrin), but *not* aspirin. You can also give them popsicles or other cold foods to numb the area. Avoid hot, spicy, rough-textured foods and carbonated drinks. Keep them hydrated!

Leave intact blisters clean and uncovered, and treat popped blisters with antibiotic ointment like Neosporin and cover with a band-aid. Wash their skin with lukewarm water and pat dry.

Be diligent about handwashing and disinfect shared toys to avoid further infection.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://kidshealth.org/en/parents/hfm.html>

Head lice *(aka lice)*

What is it? Head lice are tiny insects that live on the scalp and feed on blood.

What does it look like? Your child will scratch their head often and complain of itchiness, and you may be able to see lice (insects) and/or nits (tiny eggs).

How did my child get it? The most common causes are head-to-head contact with another child who has lice, or from sharing items that go on/near the head, such as hats, hairbrushes, hair ties, headphones, and pillows. Lice cannot jump, so just being in the same room as the child will not cause someone else to get it.

Should we see a doctor? Call your doctor to confirm a diagnosis of a head lice infestation, since presence of nits does not always indicate an active problem. They may prescribe medications for an active infestation.

What can I do about it? There are a few remedies you can try at home to take care of lice.

Wet-combing: Start out with wet hair and apply conditioner or olive oil. Comb all of the hair from scalp to tip at least twice per session. Sessions should occur twice a week for at least 2 weeks.

Essential oils: Tea tree, anise, and ylang-ylang oil applied to the scalp may suffocate lice. Make sure that your child is not allergic to the oil you choose.

Smothering agents: Apply a generous amount of mayonnaise, olive oil, butter, or Vaseline to the head overnight, with a shower cap to cover it.

To clean household objects, wash clothing, bedding, and stuffed toys in soapy water that is at least 130 F, and dry with high heat. Soak hair accessories in hot, soapy water for 5-10 minutes. For items that can't be washed, seal them in plastic bags for 2 weeks. Vacuum the floor and upholstered furniture as an extra precaution.

Your child can still attend school!

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://www.mayoclinic.org/diseases-conditions/head-lice/diagnosis-treatment/drc-20356186>

Pink eye *(aka conjunctivitis)*

What is it? Pink eye is the inflammation of the tissue that covers the eye and lines the eyelid.

What does it look like? You will see redness in the whites of the eyes or the inner eyelids, more frequent tears, and discharge that could be white, yellow, or green in color. The child may complain of itchy or burning eyes that are more sensitive to light, and/or blurred vision.

How did my child get it? Bacteria or viruses, such as the one that causes the common cold, can be responsible. These are contagious and can be caught from other children on the playground or in class. It could also be from an allergic reaction or an irritant like pool chlorine, which is not contagious.

Should we see a doctor? Although most cases of pink eye are minor, it is still important to see a doctor to determine the appropriate treatment for its cause, since they might differ. Their doctor may recommend staying home from school for a week or two.

What can I do about it? Follow the doctor's prescribed treatment and make your child comfortable. Warm compresses on the eyes may make it easier to dislodge crusty drainage and provide relief. Be diligent about washing your hands before and after touching their eyes, throw away disposable gauze and cotton right away after contact, and wash their pillowcases and towels separately until the infection has cleared up.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://kidshealth.org/en/parents/conjunctivitis.html>

Ringworm

What is it? Ringworm is a fungal infection, not an actual worm, that causes a ring-shaped rash that is rough around the edges but empty in the middle.

What does it look like? The patches caused by ringworm are round and pink, usually ½ to 1 inch in size that slowly increases, is usually only on one side of the body, and will be mildly itchy.

How did my child get it? If you have a pet like a cat or dog, your child may have gotten it through them. Rarely, it can be spread from human to human through skin-to-skin contact. Even more rarely, it can be caused by fungus in soil if your child tends to run around outside barefoot.

Should we see a doctor? Call your doctor if the rash worsens after 1 week on treatment (mentioned in next section), if the rash has not disappeared in 4 weeks, if there is pus draining from the rash, or if there are more than 3 spots or any spots on the scalp.

What should we do about it? A drugstore anti-fungal cream (like Lotrimin or Canesten) can be put on the rash 1 inch beyond its borders. Be sure to keep the cream for at least 1 week after the rash clears. After 48 hours of treatment, ringworm does not spread to others and your child can return to school. There is no law that requires your child to stay home before those 48 hours of treatment, but it is recommended in a school setting because of preschoolers' close proximity with other children.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://www.seattlechildrens.org/conditions/a-z/ringworm/>

Strep throat *(aka strep)*

What is it? Strep throat is a bacterial infection that causes a severe sore throat.

What does it look like? A child with strep throat will have a sore throat, pain when swallowing, a fever, headache, poor appetite, and tummy ache. You might also see tonsils that are bright red and swollen, a tongue that looks like a strawberry, or swollen glands in the neck.

How did my child get it? Your child was exposed to strep throat by another person with it when they coughed, sneezed, or talked near your child or by something that your child touched.

Should we see a doctor? You should see your doctor for a sure diagnosis of strep. They will swab the back of the throat at the appointment and prescribe antibiotics.

What should we do about it? Keep your child comfortable by offering children's acetaminophen (Tylenol) or children's ibuprofen (Advil, Motrin). Push fluids like water, Pedialyte, popsicles, and warm broth or apple juice. Soft foods like mashed potatoes, applesauce, eggs, and bread dipped in broth/soup are best to avoid pain. For older children (above 4), you may give them cough drops.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://www.nationwidechildrens.org/conditions/strep-throat>

Whooping cough *(aka pertussis)*

What is it? Whooping cough is a respiratory infection caused by bacteria, and causes a distinct “whooping” sound at the end of a coughing spell in most kids with the illness.

What does it look like? Coughing spells can last for more than a minute, and your child may have several spells each day, triggered by things such as eating, drinking, sneezing, or cold air. It will most likely produce thick mucus. Besides the cough, you will also see cold and flu symptoms (see *Cold/Flu* on pg. 15) with either a low fever (99.6 to 100.3 F) or none at all.

How did my child get it? Whooping cough is highly contagious and, like several of the illnesses mentioned, it is spread from spit or snot from a person coughing, sneezing, laughing, or talking by your child.

Should we see a doctor? You should call a doctor for a diagnosis, and also for coughing spells that are more frequent or last longer, fever that lasts longer than 72 hours (3 days), or trouble sleeping.

What should we do about it? Make sure that your child coughs and sneezes into their elbow and washes their hands often. Disinfect objects that your child has coughed on using soap or water, or another household disinfectant that kills bacteria. Your child can come back to school after 5 days of antibiotic treatment, or 21 days after the cough starts.

I have other questions. See reference below for more information or consult with your doctor!

Learn more at: <https://kidshealth.org/en/parents/whooping-cough.html?ref=search>

***Common conditions
(chronic)***

Asthma

Children with asthma have a cough, trouble breathing, and a tight feeling in the chest whenever they have an attack. Depending on the type of asthma your child has, attacks can be triggered by colds, allergens, exercise, exposure to smoke, and changes in weather. Do your best to avoid these triggers.

Your doctor will most likely prescribe medications and an inhaler, so make sure that your child takes them exactly as directed and that you clear up any questions or confusion with the doctor. Keep “quick relief” and “rescue” medications on your child should they ever need to use them. You may also want to consider arranging for the school to have these medications as well, since your child will be exercising and may be exposed to allergens at school.

While you are the parent and are responsible for your child’s meds and managing attacks, asthma is a condition that ultimately affects your child and may continue to do so through adulthood. This is why it is important to make sure that they know about their condition and about what to do in case of an emergency. After all, your child knows their body best and will be the first to feel an attack coming on. Teach them to stay as calm as they can, seek immediate help, and know how to use their rescue inhaler if they have one.

Questions? Contact your doctor or read more at:

<https://asthmaandallergies.org/asthma-allergies/asthma-in-infants-and-young-children/>

Cardiac murmurs (aka heart murmurs, dysrhythmias)

Cardiac murmurs are extra or abnormal whooshing sounds heard in your child's heartbeat, apart from the typical *lub-dub*. They are relatively common in preschool-age children and most of them outgrow them. A check-up performed at the doctor's office will determine whether the murmur is normal (alternatively called "innocent") and will naturally fix itself, or if some intervention needs to be made.

If a murmur develops suddenly that was not there before, make a call to visit the doctor. While most of these are normal and not a sign that anything is wrong, murmurs can also be caused by an illness. Infection, fever, anemia, or an issue with the thyroid (an organ in the neck that controls metabolism) can all cause murmurs and do require some sort of treatment or management.

Should the murmur be caused by an illness, you also might see things like lack of appetite, weight gain, shortness of breath, sweating, chest pain, dizziness, cough, or swelling of the legs. If you see any of these, visit the doctor. If the doctor confirms the presence of a new murmur or one that cannot be explained easily, you could be referred to a cardiologist who will conduct tests to determine the situation and how to handle it.

Questions? Contact your doctor or read more at:

<https://www.stanfordchildrens.org/en/topic/default?id=heart-murmurs-in-children-90-P01806>

Diabetes Type 1 *(aka insulin-dependent or juvenile diabetes)*

Type 1 diabetes is a condition where your child's pancreas makes little to no insulin (the hormone that lets your body turn sugar into energy), which means that sugar builds up in the blood. As there is no cure for diabetes, children with this condition will need insulin therapy for the rest of their lives. To manage it, start by arranging a healthy diet, learning how to check blood sugar and give insulin injections, and knowing the symptoms and treatment for hypoglycemia.

A healthy diet means a balanced diet (see *Food* on pg. 3), and it also means counting your child's carbohydrates, or carb-counting. By taking note of how many carbohydrates your child is eating at each mealtime, it will allow you to calculate how much insulin they need at mealtimes. Your doctor will be the one to prescribe an insulin-to-carb ratio, which means that they will tell you how much insulin your child needs for their carb amount.

Blood sugar must be checked before every insulin injection to make sure you are giving the right dose. Follow the directions given by your provider and the instructor manual in the package your glucometer or continuous glucose monitoring system (CGM or Dexcom). The difference between the two is that a glucometer requires a fingerstick (poking your child's finger with a needle) while the CGM does not. Deciding which one to use is up to you, your child's comfort, your doctor's recommendation, and your budget.

There are several types of insulin, and your doctor will describe them in detail when prescribing them for your child. Here's a brief overview:

- **Fast-acting insulin:** regular
 - quickly absorbed into the bloodstream
 - used to control blood sugar during meals, and to correct high blood sugars
- **Intermediate-acting insulin:** NPH
 - absorbs more slowly and lasts longer than fast-acting insulin

- used to control blood sugar during the night and between meals
- unlike other insulins, which are clear, NPH Insulin is cloudy
- **Long-acting insulin:** glargine
 - absorbs slowly, and maintains a more consistent level for a longer time
 - usually used once a day

If your child misses a dose of insulin, receives an inadequate dose, or eats too many carbohydrates or sweets, they could experience high blood sugar, also known as hyperglycemia.

Hyperglycemia looks like:

- extreme thirst
- peeing more often
- weight loss, even though they are eating their usual amount
- fatigue
- irritability

While insulin is needed to correct high blood sugar, children with diabetes may also experience periods of low blood sugar, known as hypoglycemia, due to a variety of factors. Exercise, missed meals, or an excessive insulin dose are just a few.

Hypoglycemia looks like:

- shakiness
- dizziness
- sweating
- hunger
- fatigue
- irritability

As you can see, hyperglycemia and hypoglycemia have some similar signs and symptoms, so keep an eye out for the others.

If you take your child's blood sugar and determine that it is low (this value will be determined by your doctor), they should quickly eat something with sugar. Although these should be mostly avoided to keep your child from developing a sugar craving, **orange juice, cake icing, or a hard candy** will help give their blood sugar an instant boost. This should be followed up by a carbohydrate-heavy snack, like a peanut butter sandwich.

Questions? Learn more by consulting with your doctor and/or visiting:

- <https://www.jdrf.org/t1d-resources/about/>
- <https://www.cdc.gov/diabetes/basics/what-is-type-1-diabetes.html>
- <https://www.diabetes.org/diabetes/type-1>

Eczema *(aka dermatitis)*

Eczema is a group of common skin conditions that cause a rash that is red, itchy, and irritated. It is not contagious, so your child did not catch it from someone else and will not be able to pass it on to someone else. They may, however, be very uncomfortable because of the rash.

A child with eczema could have triggers such as:

- dry weather
- hot weather
- sweating
- allergies
- chafing
- certain fabrics

Although there is no cure, there are measures that can be taken to make your child more comfortable.

- use a gentle cleanser in the bath, preferably unscented
- use a moisturizer after a shower or bath to lock in moisture
- bleach baths
 - this is a process approved by the American Academy of Dermatology with specific instructions to be followed (see resource at bottom of page)
- over-the-counter products
 - Doctor Roger's, Cetaphil, SEEN, and Honest are gentle on the skin
- prescription medications
 - topical creams or light therapy may be prescribed by your doctor to relieve symptoms

Questions? Learn more at: <https://nationaleczema.org/eczema/children/treatment/>

Seizures

Seizures occur in many children and are often outgrown in adulthood. There are several different kinds of seizures, but it can be separated into two categories:

- focal (partial seizures): this happens when there is abnormal brain activity on only one side of the brain
 - they may or may not faint
 - depending on the type of seizure, your child may have problems with vision or experience seizing within a muscle group
 - they could sweat, become nauseated, or get pale
- generalized seizures: this happens when there is abnormal brain activity on both sides of the brain
 - in this type of seizure, your child will faint
 - depending on the type of seizure, your child may sit still and stare blankly, lose all muscle tone and have a fall, or experience seizing of many of all muscle groups

These can be caused by an imbalance in the chemicals in the brain, a brain tumor, a stroke, or brain damage. They also could be caused by none of the above, in a way that cannot be explained. Triggers include bright lights, lack of sleep, and stress. Watch out for these warning signs that a seizure is approaching:

- breathing that has become irregular or has stopped
- staring
- stiffening of the entire body
- jerky, spasming movement
- falling for no apparent reason
- appearing confused or in a haze

The top concern when a child has seizures is their risk for injury. Whether their seizures cause them to faint or cause them to thrash around without meaning to, they are at risk for injuring themselves.

Consider these prevention measures to keep your child safe:

- Never leave your child alone and near water
 - Keep the drain open in the shower
 - Do not leave the room while they are in the bath
 - Do not let them swim without supervision
 - Wear floating devices
- Wear a helmet during activities like riding a bike
- Stay away from heights
 - Climbing trees could lead to a fall
 - Keep them off of the top bunk in a bunk bed

If your child does have a seizure, follow these steps:

- Lay them on their side. This prevents choking.
- Do not put anything in your child's mouth. This also prevents choking.
- Remove objects nearby that could harm them.
- Do not try to stop their movements or restrain them. This could harm them.
- If any of the following are true, call 911:
 - Your child is having trouble breathing
 - They were hurt during the seizure
 - It lasted more than 5 minutes, or several seizures occurred one after another

Questions? Learn more at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/epilepsy/seizures-and-epilepsy-in-children>

Other resources

This guidebook pulls much of its information from the following sources, in addition to the ones listed below each entry:

- <https://www.aap.org/>
- <https://www.cdc.gov/>
- <https://www.hopkinsmedicine.org/>
- <https://kidshealth.org/>

In searching for other sources on a topic, websites that end in *.gov* or *.org* are more likely to contain relevant, current, and well-supported information. Websites of the National Association of [Topic] or American Organization of [Topic] will also be likely to have good information.

It is also recommended to look into sources of information that are relevant to your location, such as your local hospital or clinic's website. The following sites may be helpful to you, or will help in guiding you to other relevant resources:

- <https://www.crusaderhealth.org/>
- <https://www.swedishamerican.org/>
- <https://www.wchd.org/>

When in doubt, talk to your doctor!