



## Mild Head Injury

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 Referrals .....303-799-1248  
 Business Office .303-799-1765

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 Referrals .....303-637-6836  
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**Spring and Summer Hours**

**Office Retreat  
 Thursday, April 27th**  
 SE Office urgent visits only  
*Normal hours on  
 Friday, April 28th*

**Memorial Day  
 Monday, May 29th**  
 All offices closed  
*Normal hours on  
 Tuesday, May 30th*

**Independence Day  
 Tuesday, July 4th**  
 All offices closed  
*Normal hours on  
 Monday, July 3rd and  
 Wednesday, July 5th*

**Labor Day  
 Monday, September 4th**  
 All offices closed  
*Normal hours on  
 Tuesday, September 5th*

Spring and summer are injury times. It is no surprise that calls related to injury increase significantly with warmer weather. One of our most common calls has to do with head injury. Here are some guidelines to refer to if your child has a closed head injury.

These guidelines pertain to the otherwise healthy child with minor head trauma, defined as a closed head injury with no loss of consciousness. After a mild head injury, most children will not have problems beyond a cut, bruise, or swelling on the scalp. Some children also have headaches that you can treat with acetaminophen. For this population it is recommended to carefully observe your child to ensure that they continue to act normally.

However, since every child and injury is different, it is a good idea to watch your child for unexpected changes for several days following an injury. While there is nothing wrong with awakening your child periodically through the night for reassurance, it is not necessary unless your care provider instructs you to do so.

**Short-term symptoms to look for**

If you notice any of the following, it might indicate more serious problems and you should get immediate medical attention by contacting the office or going to your local emergency clinic.

**Changes in behavior**

- Drowsy and/or difficult to wake up

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## New Vaccines

We thought we would bring you up to date on the current recommendations for vaccinations for your children. Your child is often curious about whether they will need a "shot" at their well check. Recently there have been a number of changes to vaccine administrations that are worth noting so you as the parent are aware of and can discuss with your child.

We are now recommending that the first **Hepatitis B** vaccine be given in the hospital before discharge.

There is a new vaccine under consideration to protect against **rotavirus** gastroenteritis. If recommended, the vaccine will be given orally at the 2, 4, and 6 month well visits.

**Hepatitis A** vaccine is now universally recommended for all children after 1 year of age. It is a 2-shot series with the doses being given at least 6 months apart. We are recommending this vaccine at 18 months and 2 years. For older children we will catch them up at their next well check. You will need to

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**Annual Retreat April 27th**

*Just a reminder to our established patients and a heads up to our newer patients. Every year Greenwood Pediatrics staff have a day out of the office to review how the offices are working, what we are doing right and what we can change to meet the needs of both our patients and staff. **This year the retreat will be on April 27th.** On that Thursday, the Southwest and Parker offices will be closed. The Mineral office will be open and staffed for urgent visits only. We apologize for any inconvenience. We will be back in full operation on Friday, April 28th.*

# SUMMER SAFETY TIPS

## Fun In The Sun

### Babies Under 6 Months:

- Avoiding sun exposure and dressing infants in lightweight long pants, long-sleeved shirts, and brimmed hats are still the top recommendations from the AAP to prevent sunburn. However when adequate clothing and shade are not available, sunscreen with a SPF of 15 or above is recommended.

### For Young Children:

- The first, and best, line of defense against the sun is covering up. Wear a hat with a three-inch brim or a bill facing forward, sunglasses (look for sunglasses that block 99-100% of ultraviolet rays), and cotton clothing with a tight weave.
- Stay in the shade whenever possible, and avoid sun exposure during the peak intensity hours — between 10 a.m. and 4 p.m.
- Apply sunscreen at least 30 minutes before going outside, and use sunscreen even on cloudy days. The SPF should be at least 15.
- Reapply sunscreen every two hours, or after swimming or sweating.

### For Older Children:

- Use a sunscreen with an SPF of 15 or greater. Be sure to apply enough sunscreen - about one ounce per sitting for a young adult.
- See above recommendations for sun avoidance and reapplying sunscreen every two hours.

## Bug Safety

- Don't use scented soaps, perfumes or hair sprays on your child.
- Avoid areas where insects nest or congregate, such as stagnant pools of water, uncovered foods and gardens where flowers are in bloom.
- Avoid dressing your child in clothing with bright colors or flowery prints.
- To remove a visible stinger from skin, gently scrape it off horizontally with a credit card or your fingernail.
- Insect repellents containing DEET are the most effective.
- The concentration of DEET in products may range from less than 10 percent to over 30 percent. The benefits of DEET reach a peak at a concentration of 30 percent, the maximum concentration currently recommended for infants and children. The higher concentration simply refers to how much longer an application will last. **DEET should not be used on children under 2 months of age.**
- The concentration of DEET varies significantly from product to product, so read the label of any product you purchase.
- Apply insect repellent sparingly and only during peak insect hours (between dawn and dusk). Always wash it off your child's skin before bed.

*These summer safety tips are from the American Academy of Pediatrics (AAP).*

## Bicycle Helmets

This is our yearly reminder that everyone (this means adolescents and parents as well) should be wearing an approved protective helmet if they are involved with riding bicycles, skateboards, scooters, roller blades, roller skates or being pulled in a trailer behind a bike.

Although it makes inherent sense that helmets would be protective against head injury, we continue to see and talk with families that choose not to wear helmets. It is important to realize that most severe head injuries from cycling accidents are preventable and we just want to see our patients, and their families, be as safe as possible.

When riding in the spring time make sure you watch the paths for dirt or gravel. This can act like oil or ice and can easily throw you off your bike.

If you have any questions about helmets, a great web site is [www.helmets.org](http://www.helmets.org) from the Bicycle Helmet Safety Institute.

Happy riding!



As spring rolls around many children may experience nasal stuffiness, sneezing, runny noses, and itchy nose, eyes, and/or ears. If your child is experiencing any of these symptoms it is most likely that he or she is suffering from seasonal allergies.

Otherwise known as hay fever, seasonal allergies can affect anyone regardless of age, gender, race or socioeconomic status. When allergies strike, the body reacts to an airborne particle such as pollen or mold by releasing histamines and other chemicals. The histamines then inflame the nose and airways and the inflammation triggers the symptoms of hay fever.

The most common trigger of allergies throughout the spring months are grasses, weeds, and flowering trees. Since it is almost impossible to avoid all environmental allergens, here are some suggestions to make your child more comfortable.

Once your child develops seasonal allergies you can expect them to return each year at the same time. **Seasonal**

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## New Vaccines (from page 1)

schedule a follow up appointment 6+ months later for the second dose.

The adolescent tetanus booster now includes protection against whooping cough (**Tdap**). This vaccine will be offered at the 11 or 12 year well check. In older children it will be offered if they have not had a tetanus booster in the previous 5 years. The advantage of this new booster is the addition of the pertussis or whooping cough component. We continue to see cases of whooping cough and this vaccine will reduce your child's risk. Subsequent tetanus boosters are recommended every 10 years.

**Menactra** is a meningococcal conjugate vaccine which decreases the risk for meningococcal disease, or meningitis. We are offering this single dose vaccine starting at 11 years old. This replaces the older meningococcal vaccine that we offered to graduating seniors going on to college and living in a dorm. It is a superior vaccine with longer lasting coverage of this bacterial illness.

### Vaccinations Needed for Travel

We frequently get calls asking for advice on vaccinations needed for travel to various parts of the world. The source we use that is also readily available to you is [www.cdc.gov/travel/](http://www.cdc.gov/travel/)

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Please plan ahead and give the offices plenty of time to get your child scheduled for a camp physical. It is not uncommon for us to get increasing requests in the next few months for these visits. **If you know your child will need an exam, plan ahead and make their appointment now.**

Unfortunately, walk in or emergent camp physicals cannot be guaranteed. There is typically a two- to three-month wait for a well child visit. Don't jeopardize your child's experience. Plan ahead and act now. Thank you!

This site will answer all of your questions. If you have questions that you can't find the answers to, you can call our office or call Tri-County Travel Immunization Clinic at 303-451-0123. We do not stock all vaccines, but if we don't have a specific vaccine we will direct you to a resource.

## New Rotavirus Vaccine

*Rotavirus is a common viral infection that causes vomiting and diarrhea in children and often leads to dehydration. Each year, rotavirus is responsible for more than 400,000 doctor visits, more than 200,000 emergency room visits, 55,000 to 70,000 hospitalizations, and between 20 and 60 deaths in US children younger than 5 years of age. Rotavirus vaccine will not prevent gastroenteritis caused by other viruses, but is very effective against rotavirus disease.*

*A new rotavirus vaccine has recently been approved by the FDA. It is a liquid vaccine given orally to prevent severe cases of rotavirus gastroenteritis. This vaccine has been shown to prevent up to 74 percent of all cases of rotavirus gastroenteritis, 98 percent of severe cases, and 96 percent of hospitalizations.*

*Side effects can include diarrhea, vomiting, ear infection, runny nose and sore throat, wheezing and coughing. Some of you may remember a previous rotavirus vaccine that was taken off of the market for complications that included transient bowel obstruction (intussusception). This is not a side effect or complication of the new vaccine.*

*The Advisory Committee on Immunization Practices (ACIP) has recently voted to add rotavirus vaccine to their immunization schedule and it is awaiting final approval by the CDC.*

*The doctors at Greenwood Pediatrics are currently reviewing the data and recommendations regarding this vaccine. If it becomes a routine vaccine recommendation it will likely be given at your infant's two month, four month, and six month well child visits.*

*We will keep you posted.*

## Advisory Committee on Immunization Practices (ACIP)

Just who are these guys that keep recommending vaccines for our kids?

The Advisory Committee on Immunization Practices (ACIP) consists of 15 experts in fields associated with immunization who have been selected by the Secretary of the U. S. Department of Health and Human Services to provide advice and guidance to the Secretary, the Assistant Secretary for Health, and the Centers for Disease Control and Prevention (CDC) on the most effective means to avoid vaccine-preventable diseases. The Committee develops

written recommendations for the routine administration of vaccines to the pediatric and adult populations, along with schedules regarding the appropriate timing, dosage, and contraindications applicable to the vaccines. ACIP is the only entity in the federal government which makes such recommendations.

The overall goals of the ACIP are to provide advice which will assist the Department and the nation in reducing the incidence of vaccine preventable diseases and to increase the safe usage of vaccines and related biological products.

# Steps for Fighting Spring Allergies (from page 2)

**allergies cannot be prevented; however you can prepare for allergy season by learning to control your child's symptoms.** According to the American Academy of Allergy, Asthma, and Immunology, you can minimize exposure to pollen during the spring and summer months by:

- Staying indoors with the windows shut as much as possible, especially on dry, windy days, or when the pollen count is high.
- Driving with the windows closed and the air conditioning on.
- Allergy-proofing your yard by eliminating offending plants, and staying off freshly mowed lawns.
- Keeping pets outside, as they can track pollen inside. If that is not possible, at least keep them out of your child's bedroom.
- Changing your child's clothing after playing outside.
- Taking a bath or at least washing hands after playing outside.
- Drying clothing with a vented dryer, NOT on a clothesline outside.

Oral medications can also help relieve the symptoms of spring allergies. The best drug for relieving the nose and eye symptoms of hay fever is an antihistamine. Give the antihistamine at the first sign of sneezing or sniffing for best results. If your child suffers from allergies on a daily basis throughout the season, give the antihistamine each day. However, if your child only experiences occasional symptoms,

give the antihistamine only when symptoms are present or the pollen count is expected to be high. Doses of common antihistamines are in the back of the Owner's Manual and on the Greenwood Pediatrics website [www.greenwoodpediatrics.com](http://www.greenwoodpediatrics.com).

## Head Injury (from page 1)

- Does not recognize familiar people
- Unable to be comforted
- Confused speech
- Does not know where he/she is
- Not acting like usual self

### Physical changes

- Persistent vomiting
- Weakness or stumbling
- Persistent severe headache
- Seizures
- Complaints of double vision
- Blood or clear fluid from ears or nose

If any of the above signs or symptoms are seen in your child we recommend that you call the office or on call physician to discuss your individual situation. Hopefully this reassures you that as long as your child did not lose consciousness you are safe to watch them.

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