

GERM WARFARE EQUIPPING PARENTS TO GO INTO BATTLE

From the moment their newborn baby is placed in a sterile hospital nursery, parents worry about their children being exposed to germs and becoming sick. We may feel as if we are fighting a never-ending battle in "germ warfare."

PARENTAL ATTITUDES

Parent's attitudes about germs, sick children and spreading a contagious illness vary from extremely casual to very conservative. Parents who tend to be casual about their children's runny nose, cough or diarrhea may feel it is good to expose young children to as much as possible so they will build up immunities. Worst offenders are those parents who fool themselves into believing their obviously sick child is fine. The conservative group may keep their children home during each illness and may resent those parents who tend to be more casual.

All parents at some time may consider self-interest and convenience, as opposed to contagiousness, when making a decision about exposing one of their sick children to others. You might resent the parent who exposes your child to an infection, but when your child has a slight temperature the night before the first day of school, for example, or vomits on the eve of his birthday party, your standards may become more relaxed, too. Often parents are more conservative with their first child and become more relaxed with experience and more children.

OBSERVATION AND EDUCATION

All parents feel badly when their child has "given" an illness to another child. It is important to observe your child, educate yourself about common childhood illnesses and practice preventative measures!

Parents must be keen observers of their children to notice subtle changes signaling the onset of an illness. An unexplained change in energy level, loss of appetite, droopy eyes, crankiness or sudden change in disposition may be some of these signals. In some cases a child is contagious before he develops symptoms.

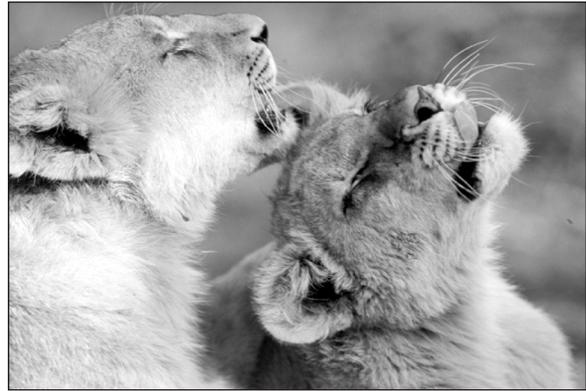


Photo by Howard G. Buffett

The following is a general guideline for common childhood illnesses:

COLDS - For several days before symptoms develop and as long as a child has symptoms (runny nose, coughing, sneezing), colds are contagious. Children with colds are most contagious during the first three days of symptoms, especially if a fever is present.

Cold viruses are primarily spread in the wet droplets of a sneeze. The germs of the cold virus can survive several hours on one's hands, on tissues and on surfaces such as toys, doorknobs and clothes. Touching the active virus and then rubbing eyes, nose or mouth will spread the virus to a new person.

FEVER - The presence of fever does not always mean a child is contagious, nor does the absence of a fever mean he is not contagious. In general, children can return to interactive activities if they are fever free for 24 hours and, just as important, if they look and feel better at that time.

EAR INFECTIONS - These tend to run in families, but are not in themselves contagious. The upper-respiratory infection that often accompanies the ear infection, however, is contagious. Again, kids can return to activities once they are fever free and they feel better.

VOMITING AND DIARRHEA - In many cases, a child who vomits or who has diarrhea also has a contagious stomach virus. Children with diarrhea are contagious for about two-three days. Influenza is most contagious the first day of symptoms

PREVENTION

Wash your hands.

Since germs often travel on our hands, the greatest preventative and protective measure we can do as parents is to wash our hands and teach our children to wash theirs.

Remember to wash your hands often during the day and especially before meals and after diapering. When teaching your very young child to wash his hands, give him a toy or object to "scrub" while he is at the sink. This will lengthen the amount of time spent at the sink and assure the use of soap! You may want to have a different color towel for each family member and wash the hand towels often. When hand washing is inconvenient, diaper wipes are a good substitute.

Don't share food, drinking cups or eating utensils.

Keep your body healthy.

Get enough sleep
Eat properly
Exercise regularly
Reduce stress
Maintain a smoke-free environment

WHEN CHILDREN GET SICK SNEEZES, SNIFFLES, RASHES, COUGHS AND MORE

Temperature of 103.5 degrees. Cough. *"My tummy hurts."* Runny nose. Diabetes. Asthma. Red bumps. Itching. *"I don't feel very good."* Our children are very precious to us. We don't like to see them suffer. We want to protect them from all the "bad things" in life. In reality, parents cannot keep their children from getting sick. All children will face the common temporary illnesses of childhood such as colds, fevers, coughs, diarrheas and rashes. Some children will also face acute life-threatening illnesses and still others will face chronic illnesses such as asthma or diabetes. Each type of illness will stir up strong emotions within parents and will have an effect on their relationship with each child.

TEMPORARY ILLNESSES OF CHILDHOOD

While these illnesses are not life-threatening, they do disrupt the routine of the household and place added demands on parents. Your response to your child's illness is probably influenced by your personality and your attitude toward illnesses. Some parents may be casual about their children's sniffles and coughs believing they need to be exposed to illnesses to build up immunities. Other parents choose to keep their children home whenever they display symptoms of illness.

In most cases, parents are the frontline medical evaluators of their own children. It is important to be an "expert observer" of your child. Some symptoms should send a red-flag message to parents to keep the child home. They include:

- breathing difficulties
- severe pain
- fever
- diarrhea
- vomiting
- extreme lethargy
- severe cough
- rash of an unknown origin

WHAT DO OUR CHILDREN WANT AND NEED FROM US WHEN THEY ARE SICK?

They want basically the same thing adults want when they are sick—reassurance, diversion, sympathy, nurturing and the continual presence of another human being whose sole purpose is to help them get better.

Reassurance comes in a variety of forms from cuddling a baby to words of comfort for a preschooler that they will feel better in a couple of days.

Reassuring the patient does not mean lying to him even when he needs a shot or unpleasant tasting medicine! Your well-meaning lie may cause your child to lose trust in you.

Diversion for a sick child requires parents to pull creative tricks out of their magical bag. A sick child's attention span is shorter and what caught their attention when well may not interest them at all when they are sick. Some "tricks" to try:

Provide a change of scenery often. You may want to move his sick bed to different rooms of the house and change his bedding often. Don't forget to fluff the pillows.

Offer a warm bath with bubbles and music.

Allow TV or video viewing. Encourage your child to watch shows that will make her laugh.

Offer new books, toys or activities. You may want to develop a sick day box filled with "things" to be played with only when your child is sick. You will need to add to this box on a regular basis.

Present meals in a special way to encourage your sick child to eat. Use a special bowl, cup, straw or spoon.

Allow your child to play as much as he desires. Besides a diversion, play is a self-healing activity that helps a child release tension and makes him happier. His play may be at a lower level developmentally than he has been at in a well state.

Part of caring for sick children requires parents to keep their own anxieties about their child's illness under control. These feelings are often contagious and easily passed on to the ill child. Be cautious about what you say about your child's condition when he can hear you.

With each illness he may show some signs of regression in behavior during and immediately after the illness. Your child may:

become overly sensitive and cry more -cling to you.

become more aggressive in his interactions with siblings.

wet his pants after being toilet trained.

return to sucking his thumb or pacifier.

want to be held and carried as he was as a baby.

This regressive behavior is normal and allows your child to conserve her energy and gather more attention from those around her to aid in the healing process. Parents must understand this behavior and then encourage and support her to want to "grow up" again.

ACUTE ILLNESSES OR EMERGENCIES

No parent feels totally prepared for a life-threatening illness or emergency involving her child. These emergencies severely test parent's abilities to cope and to maintain stability. The anxiety that surfaces during the crisis becomes a source of adrenalin needed to meet the demands of the emergency. Coping with such a situation may have an effect on your relationship with your child and on how you view yourself as a parent. A parent's response to an illness has an influence on the child's ability to cope with the current situation as well as future illnesses.

Because parents love their children so deeply, any illness, but especially an acute illness or emergency, calls up protective behavior. Being protective is part of being a parent; however, crisis situations may lead to over-protectiveness.

In 1964, doctors first described a condition known as vulnerable child syndrome. Parents who focus on their child's vulnerabilities and ignore her strengths may foster in that child a self-image of weakness. This self-image of weakness will affect her ability to cope with future illnesses as many other challenges in life. This syndrome is often identified in children whose parents have seen them through a life-threatening situation. These close calls may cause parents to see their child as overly fragile long after the crises are past. Difficulty in conceiving, difficulty in carrying a baby to term or a hereditary illness may also cause parents to exhibit these same strong emotions.

In addition to viewing their child as weak and fragile, parents may also be tempted to relate every behavior to her illness. Temper tantrums, for example, are not a result of your child's illness. Every child will exhibit this behavior while dealing with the issues of limits and independence. In the midst of or after her illness, she will continue to progress through the normal developmental stages and display the appropriate behavior of each stage.

After the crisis is over, parents can resist overreacting to every one of their child's illnesses through education and routinely ask the doctors to explain their child's illness at the office appointment. Suggested questions include:

How do you know my child has this condition?

What is the cause of it?

What is the illness' expected course?

What can be done at the moment?

What about the future?

Is this illness related to the past crisis?

Parents should also express any fears they have concerning their child's condition to their doctor.

In the midst of an acute illness or emergency, parents often feel helpless. A common reaction is to seek someone or something to blame for their child's condition. Inherent in caring about a child is the feeling that anything that goes wrong is the responsibility of the adult. If parents blame themselves, it becomes a deep sense of guilt. Often they blame a spouse, partner or close family member. Many relationships are affected when a family is in crisis.

WHEN CHILDREN ARE SICK DIABETES, ASTHMA, MIGRAINE HEADACHES AND MORE

CHRONIC ILLNESSES

While temporary and acute illnesses are most likely short-term situations, chronic illnesses are long term. They are often for the rest of the individual's life. The normal feelings of fear and guilt are felt by parent and child; however, because of the length of a chronic illness these feelings are more intense.

FROM THE CHILD'S PERSPECTIVE

CHILDREN'S NEEDS . . . Children want and need basically the same thing adults want and need when they are sick – reassurance, diversion, sympathy, nurturing and the continual presence of

another human being whose sole purpose is to help them get better.

Reassurance comes in a variety of forms from cuddling a baby to words of comfort for a pre-schooler. Reassuring the patient does not mean lying to him even when he needs a shot or unpleasant tasting medicine! Your well-meaning lie may cause your child to lose trust in you.

Because of the long-term nature and demand of some chronic illnesses, parents must be constantly available to their child. This situation can easily result in fatigue and burnout. As soon as you feel comfortable, teach another adult family member or friend the care routine necessary for your child, freeing you for occasional time away.

FROM A PARENT'S PERSPECTIVE

FEELING OVERWHELMED . . . Many parents harbor an unconscious feeling of guilt, struggling with a vague feeling that they are somehow to blame for the child's illness. However, the origin of many chronic illnesses is still a mystery to medical science. Most of them are a result of a combination of many factors.

Parents of children with chronic illnesses also struggle with fearful feelings about what the future holds for their child and the family.

They are often overwhelmed and consumed by the issues surrounding the illness—medication, visits to the doctor, insurance forms, finances. These issues may cause parents to lose perspective about the overall growth and development of their child and forget what is "normal." Instead they may see their child as a "vulnerable child."

A child with a chronic illness will still go through the various stages of development and display the same general behaviors at each age. Behaviors you may view as negative, such as temper tantrums, are not related to your child's chronic illness. They are a normal part of her development. Parents must be mindful of the fact that the timetable for these stages may be somewhat affected by the chronic condition.

FEELING PROTECTIVE . . . A sick child naturally touches parent's deepest instincts to protect and comfort. Because of this a parent unknowingly may talk about or care for him in a way that communicates that he is weak, frail and sick. Children see themselves reflected in their parent's eyes. One result of this may be the child's avoidance of important developmental tasks, such as separating from parents to go to school.

One of the greatest challenges for parents is to "let go" of the child's chronic illness whenever it's safe to do so. The illness is the child's and he must learn to manage it. Obviously this happens gradually as he matures and is ready to accept some responsibility for his own care.

As a parent, you must set fair limits for all your children, including your child with a chronic illness. This will help you avoid unhealthy feelings of sympathy for her. You should also not allow others to feel sorry for her. This challenge of "letting go" is easy to talk about and understand the importance of, but emotionally difficult to act on.

TEACHING YOUR CHILD TO COPE . . . Parents can assist their child in learning to cope with and manage her illness by increasing her involvement with the care and treatment. As an older infant or toddler, she may want to play with the objects associated with her medical care. You can allow this exploration with safe boundaries. When age appropriate, you can provide the structure to help her remember what should happen each day with a calendar and charts. You can help her learn to identify when she feels an episode (a migraine headache or an asthma attack, for example) coming on.

Letting your child take responsibility for managing her illness will add to her sense of control. Rather than being "victimized" by her illness, growing to see herself as weaker and more dependent, she can become more self-confident and powerful. Like other challenges, the management of an illness can be an important opportunity for your child to develop strength of character.