

# FAMILY GUIDE

for Healthy, Safe, and Successful Children



South Carolina  
**PTA**<sup>®</sup>  
*everychild.one voice.*<sup>®</sup>







Fellow Parents and Friends,

On behalf of the Parent-Teacher Association (PTA) of South Carolina, I would like to welcome you to the *Family Guide for Healthy, Safe, and Successful Children*. We hope you will find this publication helpful and refer to it often.

This guide could not have been possible without the dedication and support of our friends at Greenville Hospital System University Medical Center. Their support of parents and our community is well represented in the many hours spent developing this booklet with one goal in mind – providing a valuable family resource.

For over 108 years, the PTA has represented all that is good with advocacy for our children. History shows that the PTA has been responsible for improving children’s nutrition programs, labor laws, hot school lunches, health services, and the list goes on. Today the PTA focuses on adding to a rich past by promoting safe schools, homework assistance programs, school bus safety, school funding, services for students with special needs, parent involvement, Internet safety, and much more! With more than six million members nationwide and 140,000 members in South Carolina, the PTA is the leading parent involvement and children’s advocacy group speaking for *every child with one voice*.

For more information about how the PTA can help you and your school, call 1-800-743-3PTA (3782) or visit us at [www.scpta.org](http://www.scpta.org). Additional resources can be found on the National PTA Web site at [www.pta.org](http://www.pta.org).

Sincerely,

A handwritten signature in cursive script that reads "Charles J. Saylor". The signature is written in black ink and is positioned above the printed name.

Charles J. "Chuck" Saylor

President

South Carolina PTA



Dear Fellow Parents,



The *Family Guide for Healthy, Safe, and Successful Children* is packed with important practical information that you can use to make your children healthier, safer, and more prepared for school success. We are indebted to the South Carolina PTA for helping make this information available to you.

Especially important are the entries on obesity and illegal drugs as they are major health issues facing our children. Also, read the topics on safety and preventable injuries carefully. If you could see what we doctors do in the emergency room, many unintentional injuries to children would never happen. While the Children's Hospital at Greenville Hospital System University Medical Center prides itself in providing state-of-the-art and patient-centered medical care, we would rather not see children come to us with preventable injuries.

Each year in this country, thousands of children are killed by injuries, the majority of which could be prevented. More than 60,000 children are permanently disabled. These children will suffer a lower quality of life and a decreased probability of school success. What's most compelling is that almost all of these injuries could be avoided with education and active parental supervision. While childhood injuries cost us millions in medical care, the average cost of a life-saving safety device is \$10 to \$15.

All of us want our children to be safe, healthy, and successful. Please read this publication carefully and follow its guidelines. Keep it handy so that you can refer to it often as your child grows. Our Web site at [www.ghs.org/childrens](http://www.ghs.org/childrens) has additional information on health and safety. The condition of our children today determines what our state will be like tomorrow.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Schmidt, III'.

William F. Schmidt, III, M.D., Ph.D.

Medical Director and Academic Chair, Pediatrics

Children's Hospital, Greenville Hospital System University Medical Center



The Children’s Hospital at Greenville Hospital System University Medical Center and the Parent-Teacher Association of South Carolina are pleased to provide you with this complimentary family guide. **Our goal** is to share information that will help ensure the health, safety, and academic success of our state’s most valuable resource – **your children.**

To make the best use of this practical, easy-to-use reference guide requires that you take an active role in your child’s physical, mental, social, and emotional development. Doing so will help you identify possible problems early on and determine when they are serious enough to seek professional advice, such as a doctor’s care, visit to a guidance counselor, or conference with your child’s teacher.

Section 1 addresses common **medical emergencies.** Section 2 offers tips and guidelines to handle a variety of **health concerns.** Section 3 presents ways to **keep children safe.** Finally, Section 4 discusses strategies that **promote success in school and beyond.** Entries in each section end with a short list of resources for additional information.

When it comes to pediatric care, **GHS Children’s Hospital** is the Upstate’s most comprehensive provider of health services, with the area’s only dedicated children’s hospital. The hospital includes several distinctions: the region’s largest, most advanced neonatal intensive care unit and the only pediatric ICU and children’s ER (the state’s first), South Carolina’s first outpatient surgery center for children, and the area’s largest number of pediatric subspecialists. In addition, Safe Kids Upstate, led by the GHS Children’s Hospital, is one of the country’s premier children’s advocacy groups.

As such, we take great interest in preventing injuries. However, if you do require our services, we strive to provide high-quality, family- and patient-centered medical care, assistance with your educational programs, and partnerships to **enhance the well-being of your children.** If the Children’s Hospital can be of service in any way, please call us toll free at 1-877-GHS-INFO (447-4636). Or visit our Web site, [www.ghs.org/childrens](http://www.ghs.org/childrens).

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# SECTION 1:

**Common Emergencies**



# 9-1-1: HELP CHILDREN MAKE THE CALL

## **Did You Know?**

Making a pretend emergency call is a great way to teach children what to do in a real emergency. Parents can pretend to be an emergency operator and let children practice what to say when they call for help. Practice every few months, but make sure children know to call 9-1-1 only in a true emergency.

## **What Is an Emergency?**

When a person is hurt, cannot wake up or move, or when smoke or fire is in the home or building.

## **What Can Children Do in an Emergency?**

- Stay safe.
- Tell an adult. If no adult is around, call 9-1-1.

## **How Do You Call 9-1-1?**

- Remain calm.
- Dial 9-1-1 (or "0" for the operator).
- Tell the emergency person what is wrong. Speak clearly. Say where you are calling from, who needs help, the type of emergency, and whether the person is awake and breathing.
- Give your name, address, and phone number.
- Don't hang up until the other person does.

## **Tips for Caregivers**

- Teach your children about the importance of 9-1-1 and the dangers of using it the wrong way.
- Talk about different kinds of emergencies: drowning, poisoning, fire, fainting, etc.
- Describe different types of emergency workers and how they can help.
- Take children to visit open houses at fire departments and hospitals.
- Use toys, such as play phones and toy cars, to practice what to do in an emergency.

## **Is Your Family Prepared?**

- Place a 9-1-1 sticker and emergency phone number list near all phones in your home.
- Memorize your home address and phone number.
- Make sure your house number can be seen from the street.
- Know the phone number of another adult to call in case of an emergency.
- Take CPR and first-aid classes.
- Have a first-aid kit at home and in the car (for a list of what should go in a first-aid kit, go to [www.safekidsupstate.org](http://www.safekidsupstate.org))
- Keep your family's special medical needs and health insurance information handy.

# ALLERGIES & ASTHMA

## **Did You Know?**

The GHS Children's Hospital supports a summer camp as well as a monthly group for upstate children with chronic respiratory conditions. Call 864-331-1340.

## **What Is an Allergy?**

An allergy is a reaction (via skin, eyes, stomach lining, nose, throat, or lungs) to a usually harmless substance that the body mistakes as damaging. "Perennial" allergies may be life-threatening and include food, mold, chemicals, dust, animal dander, medicine, and feathers. "Seasonal" allergies occur mainly with pollen; 40 percent of U.S. children have seasonal allergies.

## **Common Allergic Reactions**

- Itchy, runny, stuffy nose
- Sneezing
- Itching in ears or roof of mouth
- Red, itchy, watery eyes
- Red, itchy, dry skin
- Itchy rash, hives, or welts
- Shortness of breath, coughing, wheezing (these reactions may indicate asthma as well)

## **Allergy Tips**

- Avoid items that trigger allergic reactions.
- Keep allergy-relief medicine handy. Antihistamines (such as Benadryl®) help ease itching, congestion, vomiting, and motion sickness. Severe reactions may require self-injectable epinephrine (adrenaline) to be carried at all times.
- Alert family, friends, coaches, school nurse, pharmacist, etc., of a child's allergy.
- For seasonal allergies, close windows and doors, limit outside activities, dry clothes inside, and bathe before bedtime when pollen is high.

## **What Is Asthma?**

Asthma is a chronic disorder that reduces air flow to the lungs and typically results in chest tightness, wheezing, and breathing problems. Asthma and colds are the most common reasons for school absences. Typical asthma triggers are respiratory infections, allergens, exercising too hard, breathing cold air, and emotional distress. The exact cause of asthma is not completely known.

Asthma requires a doctor's care to track the condition. Use of bronchodilators, steroids, peak flow meters, and diary records is common. Managing asthma involves a well-monitored combination of long-term control mechanisms and short-term rescue relief.

### **Asthma Tips**

- Drink plenty of fluids.
- Avoid items that trigger attacks.
- Keep the house, especially bedroom, as allergen-free as possible. Wash bedding regularly. Vacuum and dust often. Avoid drapes and carpeting. Use air filters or purifiers. Change furnace and air conditioning filters regularly. Do not smoke.
- Sit up during an attack, rather than lie down.
- Avoid foods or medicines with sulfites (such as shellfish and wine), which bother many people.
- Wear a scarf around the mouth in cold weather to warm the air before reaching sensitive airways.
- Stop exercising when wheezing begins.
- Always keep asthma medication nearby, and use it as soon as an attack starts.

### **Who Is Affected?**

Allergies and asthma are most common in children, but can occur anytime. They tend to run in families.

### **For More Information**

- To help find an upstate doctor, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)
- American Lung Association, 1-800-LUNGUSA (586-4872), [www.lungusa.org](http://www.lungusa.org)

## BITES & STINGS

### **Did You Know?**

In children under 15, bites and stings lead to an estimated 400 emergency room visits in Greenville County yearly. About half involve dog bites. Safe Kids Upstate, led by the GHS Children's Hospital, has information on outdoor safety; call 864-454-1100.

### **What About Animal Bites?**

The most common animal bites in the United States are from household pets. Bites from wild animals are less common but more dangerous because of the threat of rabies, a serious and often fatal infection of the central nervous system.

- If the bite breaks the skin, wash the area thoroughly with soap and water, apply an antibiotic cream, and cover it with a bandage.
- If you have not had a tetanus shot in the last 10 years, get one within 48 hours.
- If the bite creates a deep puncture or the skin is badly torn and bleeding, apply pressure to stop the bleeding and get medical attention right away.
- If you have a fever or signs of infection (swelling, redness, pain, bad smell, or fluid draining from the area), see a doctor at once.

- If you are bitten by an animal that is acting strangely, see a doctor immediately (especially if the animal is a bat, skunk, raccoon, or fox). Strange behavior, including an unprovoked attack, may be a sign of rabies.

### **Preventing Bites**

- Be careful around sick, injured, or fighting animals.
- Do not tease or play roughly with animals, and do not leave small children alone with animals.
- Leave animals alone when they eat or drink.
- Do not keep wild animals as pets or feed them with your bare hands.
- Do not make sudden movements or loud noises around animals.

### **How Can Stings Be Prevented when Outside?**

- Keep food and drink containers tightly covered.
- Do not go barefoot. Look for insects in your shoes by tapping or shaking them before wearing them.
- Do not wear bright colors.
- Wear snug clothing that covers arms and legs.
- Do not wear perfume or hair spray.
- Wear insect repellent.

### **Treating Stings**

- Most insect stings cause pain, swelling, and redness at the site.
- Disinfect the area, keep it clean, and apply ice.
- Keep the sting area lower than heart level.
- If swelling increases, antihistamines (and possibly steroids) may be needed. Take pain medication.
- Occasionally, the site will become infected; antibiotics are needed then.
- Only honeybees leave stingers. Pinching the stinger to remove it will inject more venom into the skin. Instead, gently lift the stinger with a fingernail or knife edge to "flick" it out.

### **Allergic Reactions**

An allergic reaction is treated with epinephrine (adrenaline) and an antihistamine (such as Benadryl®). Several self-injectable epinephrine devices are available by prescription.

If serious stinging occurs, medical attention is always advised, even if you used the epinephrine and seem stable. If epinephrine is not available, contact a doctor at once. If you are allergic to insects, carry epinephrine with you at all times, especially when out of reach of medical care.

### **For More Information**

- To help find an upstate doctor, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)
- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)

# BLEEDING

## Did You Know?

Pressure points are located at the temple, throat, elbow, wrist, groin, thigh, knee, and ankle. These are areas where major arteries may be pressed against the bone to stop blood flow in an emergency.

## How to Control Bleeding

1. Place a sterile gauze pad or a sanitary napkin over the wound. A clean handkerchief or bare hand can work, if necessary.
2. Apply firm, direct pressure for five to 15 minutes. Most bleeding will stop within a few minutes.
3. If blood is flowing from a foot, hand, leg or arm, use gravity to help slow the flow. Raise the limb so that it is higher off the ground than the person's heart.
4. After the bleeding stops, apply a clean bandage.

## Apply Pressure at Pressure Points

If bleeding cannot be stopped, you may have to slow the blood supply by using pressure points. Feel for that person's pulse at one of the points listed above. Then, press until you can no longer feel a pulse. Because applying pressure to these areas can cut off the flow of blood, do so only in an emergency. Alternate between using pressure points and direct pressure every few minutes until help arrives.

## When to Seek Medical Care at Once

- Bleeding cannot be stopped or keeps recurring.
- Bleeding is rapid or blood loss is large.
- Blood loss results in feeling weak or faint.

## How to Stop a Common Nosebleed

1. Pinch all the soft parts of the nose together between your thumb and index finger.
2. Press firmly toward the face, pressing the pinched parts of the nose against the bones of the face.
3. Hold the nose for at least five minutes. Repeat until the bleeding stops.
4. Sit quietly, keeping the head higher than heart level.
5. Apply ice (crushed in a plastic bag or washcloth) to the nose and cheeks.

## How to Care for Cuts and Scrapes

1. Thoroughly clean the wound with soap and water, being careful to remove any foreign objects, such as dirt or bits of grass.
2. Cover the area with a bandage, and keep it clean and dry. First-aid ointment can be applied to help prevent infection.
3. Continue to wash the wound area daily with soap and water, but avoid scrubbing it.

4. Avoid applying products such as hydrogen peroxide, alcohol, or iodine – these do not prevent infection and will delay healing.

Any cut that is wide open, has edges that don't meet, continues to bleed after 15 minutes of continuous pressure, or that is on the head might need stitches. **Do not apply pressure to a head cut that appears to be "pushed in" – cover it with a clean cloth and call 9-1-1.**

## How to Treat Puncture Wounds

First aid for puncture wounds includes cleaning the area well and keeping the wound elevated. Puncture wounds should be left open and are difficult to clean, which increases the risk of infection. Also, these wounds can cause an infection of the bone when the foreign object penetrates deeply enough. Use sterile tweezers to remove the object. However, **do not remove the object if it causes blood to gush or if the wound has been bleeding heavily – call 9-1-1.**

## Will I Need a Tetanus Shot?

If you have not had a tetanus shot in more than five years, you may need a booster shot, especially if the wound involved a dirty or contaminated object. If you have never had a tetanus shot or have had fewer than three shots, you might need tetanus immunoglobulin, a medication that can prevent lockjaw.

## For More Information

- To help find an upstate doctor, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)
- For a list of what should go in a first-aid kit, go to [www.safekidsupstate.org](http://www.safekidsupstate.org)
- Contact your doctor to find out more

# BURNS

## Did You Know?

Safe Kids Upstate, led by the GHS Children's Hospital, provides fire safety workshops in schools, outlet safety caps, and approximately 200 smoke alarms through community partnerships annually. During its 10-year existence, the group has helped cut the county's death rate from residential fires by more than half.

## General Burn Safety

- Set your water heater thermostat no higher than 120°F to prevent scalding.
- Use back burners whenever possible. Turn pot handles away from the stove's edge. Place hot items away from the counter's edge.

- Limit carrying or touching very hot drinks or food to avoid spills. Let hot items cool sufficiently before placing them into your mouth.
- Open microwaved containers carefully as the steam may scald the skin.
- Keep dishtowels, paper towels, placemats, napkins, etc., away from the range.
- Do not handle fireworks.
- Learn how to operate equipment before using it. Turn off equipment before plugging or unplugging it. Pull on the plug, not the cord.
- Do not use electrical equipment on which an object has been dropped or liquid has been spilled. Do not use such equipment if your hands are wet or you are standing in water. Do not rest equipment on power cords.
- Inspect cords, outlets, plugs, and equipment regularly. Replace frayed or damaged cords and wiring, which can set fire to rugs.
- Resist using extension cords or adapters. Use only three-pronged, grounded plugs. Cover sockets with plastic safety caps.
- Know the location of fuse boxes and circuit breakers at home.

### **Fire Safety: 10 Steps to Protect Your Family**

1. Test smoke alarms monthly.
2. Have two escape routes from the house, conduct practice drills regularly, and know where to meet your family once you are outside.
3. If there's a fire, leave the house right away. As you leave, stay low and crawl.
4. Always feel doors before opening them. Do not open a hot door – find another way out.
5. Call the fire department from a phone outside the home.
6. Maintain heating equipment; check fireplaces regularly.
7. Keep matches, lighters, candles, grills, space heaters, irons, curling irons, and kerosene lamps out of children's reach.
8. Never smoke in bed or leave burning candles or cigarettes unattended.
9. Do not store gasoline, paint thinner, or ammonia inside the home.
10. Teach children to "stop, drop, and roll" if their clothes catch on fire.

### **Sun Safety Tips**

- Apply one ounce of sunscreen (SPF 15 or greater) 15 to 30 minutes before going out in the sun. Re-apply every few hours and right after swimming, even in cloudy conditions. Be sure to wear lip balm with sunscreen protection, too.
- Dress your child in light-colored fabrics that cover exposed skin, such as arms and legs. Wear sunglasses and a hat with a brim.
- Limit outdoor activities during the middle of the day, when the sun's rays are strongest.
- Be careful in high altitudes, where the sun's rays are quite strong. People also often forget that snow is a strong reflector of ultraviolet rays.

### **Avoid Electrical Burns and Shock**

- When lightning is in the area, do not handle electrical equipment (such as TVs) or phones because lightning can follow the wire.
- Know what transmits electricity easily (metals, water, body tissues, and fluids) and what resists electricity (rubber, plastic, wood).
- Avoid touching people and electrical equipment at the same time. Also, do not go near downed power lines or electrical wires.

### **When to Seek Medical Care at Once**

- Third-degree burns: Skin is charred and black and white, underlying tissues are affected, skin swells, and there is little or no pain.
- Severe second-degree burns: Burns on the hands, feet, genitals, face, or joints that are swollen, painful, red, and blistering with a weepy, watery surface. Such burns anywhere on the body that cover an area larger than three inches in diameter need medical care.

### **For More Information**

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- U.S. Fire Administration: Write to 16825 S. Seton Avenue, Emmitsburg, MD 21727, or visit [www.usfa.fema.gov](http://www.usfa.fema.gov) for tips on safely using alternate heating sources

## CHOKING

### **Did You Know?**

Most cases of choking occur at home and tend to increase over the holidays. Safe Kids Upstate, led by the GHS Children's Hospital, provides detailed tips for home and holiday safety; call 864-455-1100.

### **Identifying a Choking Victim**

Choking is a major cause of death and injury in children. Children can choke on small objects, such as pebbles, buttons, paper clips, balloons, coins, beads and parts of toys, and some foods, such as nuts, grapes, popcorn, hard candy, hot dogs, and food with pits. When someone is choking, the airway may be partially or completely blocked by a piece of food or another object. If the airway is partially blocked, the person may still be able to breathe, but with great difficulty. If a choking person is coughing, let

him or her try to cough up the object. A person who is getting enough air to cough or speak is getting enough air to breathe. However, **if the person is unable to cough up the object, call 9-1-1.** If a baby does not stop coughing in a few minutes or if the infant coughs weakly, makes a high-pitched sound while coughing, or cannot cry, call 9-1-1.

**How to Give the Heimlich Maneuver**

1. Stand behind the victim.
2. Wrap your arms around the victim’s waist.
3. Make a fist with one hand and place the thumb side against the middle of the victim’s stomach, just above the navel but below the rib cage.
4. Grab your fist with your other hand and give quick upward thrusts into the stomach until the object is forced out or the victim becomes unconscious.
5. If the victim is pregnant or too big for you to reach around, give chest thrusts. Chest thrusts are like stomach thrusts, but with your fist placed against the center of the breastbone.
6. If the person stops breathing, start CPR at once.

**How to Clear a Blocked Airway in a Baby**

1. Position the infant face down on your arm, with your hand supporting its head.
2. With your other hand, strike the infant between the shoulder blades five times.
3. Turn the infant face up, place two or three fingers in the center of the breastbone, and give five chest thrusts, about one inch deep.
4. Turn the infant face down again and repeat back blows, followed by chest thrusts.
5. Stop as soon as the object is coughed up or the baby starts to breathe or cough.
6. Watch the infant and make sure that he or she is breathing freely again.

**Tips to Prevent Choking**

- Chew food thoroughly before swallowing.
- Don’t laugh and eat at the same time.
- Never run or play sports with objects in the mouth.

**For More Information**

- [www.ghs.org](http://www.ghs.org)
- [www.safekidsupstate.org](http://www.safekidsupstate.org)
- American Heart Association Upstate Division, 864-801-9550, [www.americanheart.org](http://www.americanheart.org)
- American Red Cross Upstate chapter, 864-271-8222

# DEHYDRATION & HEAT ILLNESSES

**Did You Know?**

The GHS Children’s Emergency Center treats hundreds of heat-related illnesses during warm weather months.

**Warning Signs**

Because children produce more heat and less sweat with activity than do adults, they are more susceptible to dehydration and heat illnesses, especially when the heat index is above 87°F. Children also are less likely to take breaks when having fun or drink enough. Common warning signs of heat illness include thirst, headache, dizziness, irritability, fatigue, nausea, weakness, and muscle cramps.

**Dehydration Is Preventable**

Following a drinking schedule ensures that your children drink enough to stay hydrated. It’s a good idea to weigh your children before and after physical activity to see if they’re drinking enough to replace the fluid they lost through sweat.

<i>When</i>	<i>Kids &lt; 90 lbs.</i>	<i>Kids &gt; 90 lbs.</i>
Hour before activity	3-6 oz.	6-12 oz.
During activity, every 20 minutes	3-5 oz.	6-9 oz.
After activity (per 1/2 lb. lost)	Up to 8 oz.	Up to 12 oz.

**The Best Fluid to Drink**

Children usually don’t drink enough water to stay fully hydrated. Juices have too much sugar, so it takes longer for the fluid to be absorbed into the body, which may cause stomach upset. A sports drink, such as Gatorade®, helps youngsters stay better hydrated because it contains flavor and sodium that encourage drinking, and it replaces electrolytes that children lose through sweat.

**Checklist to Keep Children Hydrated**

- **Before Practices and Games.** Make fluids part of your children’s pre-game routine. Because studies show that many children come to practices and games dehydrated, make sure they drink plenty of fluids before hitting the field.
- **During Practices and Games.** Pack a squeeze bottle for practices and games and remind children to drink on a schedule. If possible, plan their activities for cooler times of the day and have them take rest breaks in cool areas. Avoid wearing heavy clothing.

- **After Practices and Games.** Check to see if your children have replaced all of the fluids they lost through sweat by weighing them before and after physical activity. You can also teach young athletes to monitor their hydration levels by checking the color of their urine. If it looks like lemonade, they're probably drinking enough. If it looks like apple juice, they may need to drink more.

### **Heat Cramps, Exhaustion, and Stroke**

- **Heat Cramps.** The mildest form of heat injury, it consists of muscle cramps and spasms following intense activity in high heat.
- **Heat Exhaustion.** This condition results from severe loss of water and salt from excessive heat and sweating, leaving the body unable to cool itself properly. If left untreated, it can progress to the life-threatening condition of heat stroke.
- **Heat Stroke.** This emergency situation occurs when the body's heat-regulating system is overwhelmed by excessive heat. Additional symptoms of heat stroke are high fever, rapid heart rate, warm and dry skin, loss of appetite, seizures, and coma. **Call 9-1-1.** Move the child to a cool place, remove excess clothing, drench the skin with cool water, fan the skin, place ice bags on the armpit and groin areas, and give cool fluids if the child is alert and able to drink.

### **Children and Hot Cars**

Parents may mistakenly think that they can safely leave a child in a vehicle for a "quick" errand. When left in a hot vehicle, a youngster's body temperature may increase up to five times faster than that of an adult's. When the outside temperature is 80°F, temperatures inside a car can reach dangerous levels in just a few minutes.

### **For More Information**

- For more information on heat illness and dehydration, visit [www.DefeatTheHeat.com](http://www.DefeatTheHeat.com)
- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- To help find an upstate doctor, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)

# DENTAL EMERGENCIES

### **Did You Know?**

Always keep the following items on hand in case of a dental emergency:

- Oil of cloves
- Aspirin or a substitute
- Gauze
- Cotton
- Floss
- Paraffin

### **Tips on Handling Dental Problems**

- **Toothache.** Rinse the mouth well with warm water and gently floss between the teeth to remove trapped food. Use an ice pack on the outside of the cheek if there is swelling, and take a pain reliever. Never place an aspirin directly on the tooth or gum. Do not chew gum or consume very hot or cold drinks or foods. Avoid sweets, spicy food, and soft drinks. Gargle with warm salt water every hour.
- **Broken Tooth.** Rinse with warm water, apply an ice pack to the cheek, and get to a dentist as soon as possible.
- **Knocked-out Tooth.** Rinse the tooth lightly in running water, but don't scrub it. Touch it as little as possible. Put the tooth back in the socket, and hold it firmly in place. If you cannot re-insert the tooth, keep it in a glass of water or milk to keep the nerve clean and moist. Get to a dentist within 30 minutes, if possible, to improve the chances of saving the tooth.
- **Object Wedged Between Teeth.** Gently remove the object with floss – do not use a sharp instrument.
- **Lost Filling.** Place a small piece of cotton soaked in oil of cloves in the cavity. Or cover the cavity with paraffin, and take aspirin as needed.
- **Bitten Tongue or Lip.** Apply direct pressure to the bleeding area with a clean cloth. Apply an ice pack to minimize swelling. If the bleeding does not stop, call your doctor or seek emergency care.
- **Possible Fractured Jaw.** Immobilize the jaw by any means, such as a handkerchief, necktie, or towel tied around the head, and go to a hospital emergency room right away.

### **For More Information**

The above tips are temporary emergency measures. Please contact your dentist for more information. If you do not have a dentist, contact the local or state dental society for a referral, or ask the hospital emergency room to recommend a dentist.

- To help find an upstate dentist, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)

# EMERGENCY ROOM (ER) SITUATIONS

## **Did You Know?**

Greenville Hospital System University Medical Center has Greenville's only Level I (most advanced) Emergency Trauma Center, and the Upstate's only dedicated Children's Emergency Center (CEC) and Pediatric Intensive Care Unit. The CEC was the state's first children's ER, begun in 1994, and treats more than 25,000 children under age 19 from a 10-county area every year.

## **When Should You Visit the ER?**

A true emergency is when you believe a severe injury or illness threatens your child's life or may cause permanent harm – in those cases, your child needs immediate medical care. Talk with your child's doctor in advance about what constitutes an emergency.

## ***The following situations require immediate medical attention:***

- Choking on objects
- Croup (a seal-like cough with green mucus)
- Asthma
- Allergic reactions
- Breathing problems as a result of traumatic injury or infection
- Skin or lips that turn blue
- Bleeding as a result of traumatic injury
- Bleeding that does not stop
- Severe dehydration
- Heart failure
- Acting strangely or becoming withdrawn or unresponsive
- Rhythmic jerking and loss of consciousness (a seizure)
- Unconsciousness
- Confusion, headache, vomiting, or loss of consciousness after a head injury
- Broken bones
- Severe burns
- Penetrating injury (knife or gunshot)

## **For More Information**

The American Academy of Pediatrics recommends *A Guide to Your Child's Symptoms*. This easy-to-read book includes everyday problems as well as common emergencies. Check the Web site at [www.aap.org](http://www.aap.org) to place an order.

- [www.ghs.org](http://www.ghs.org)
- Phone your physician for advice

# FALLS

## **Did You Know?**

Safe Kids Upstate, led by the GHS Children's Hospital, provides a variety of safety workshops that help reduce falls – the leading cause of childhood injury. Most falls occur at home or on the playground – at least one child a day comes to the Children's Emergency Center at the GHS Children's Hospital with injuries that occur on a playground.

## **Protect Your Child from Falls at Home**

- Never use baby walkers.
- Never leave young children alone on changing tables, beds, sofas, and other furniture.
- Always strap children into high chairs, swings, and strollers.
- Move chairs, cribs, beds, and other furniture away from windows and draperies.
- Install window guards that can be opened by adults on the first six floors of residential buildings; install permanent window guards on higher floors.
- Remember that children can fall from windows open as little as five inches.
- Never rely on window screens to prevent falls.
- Never let children play alone on fire escapes, high porches, or balconies.
- Use safety gates at the top and bottom of stairs.
- Keep hallways and stairs well-lit and clear of clutter.
- Never let children play on stairs.
- Do not let children jump off furniture.

## **Prevent Falls at Play**

- Always watch children while they are playing.
- Remove drawstrings, scarves, and necklaces from children.
- Make sure children use age-appropriate equipment and follow playground rules.
- Make sure equipment works properly and is inspected regularly for tripping hazards, and broken, rusty, sharp, or missing parts. Report safety hazards to the person or group responsible for the site.
- Check the surface under playground equipment. It should be "soft" to cushion falls. The best surfaces are sand, pea gravel, mulch, wood chips, or shredded rubber. Avoid asphalt, concrete, grass, and soil surfaces.
- Make children wear helmets every time they bike.
- Have children wear helmets, knee pads, elbow pads, and wrist guards while in-line skating or skateboarding.
- Urge skaters to take lessons, avoid skating at night, and skate on smooth, paved surfaces free of motor vehicles.

The National Program for Playground Safety recommends that the playground supervision ratio at school be equal to the indoor classroom ratio. PTAs can work with your school to set up a schedule for volunteers to help with recess duties. Volunteers should take playground safety training so they understand their responsibilities and the playground rules.

### **For More Information**

Adapted or reprinted with permission from the National PTA at [www.pta.org](http://www.pta.org)

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- National Program for Playground Safety, 1-800-554-PLAY (7529), [www.uni.edu/playground](http://www.uni.edu/playground)
- [www.nrpa.org](http://www.nrpa.org)
- Ask your school if a local certified playground inspector is available in your area
- *Handbook for Public Playground Safety* (can be ordered on the Web site below)
- U.S. Consumer Safety Commission, 1-800-638-CPSC (2772), TTY: 1-800-638-8270, [www.cpsc.gov](http://www.cpsc.gov)
- To help find an upstate doctor, visit GHS' Web site at [www.ghs.org](http://www.ghs.org) or call toll free 1-877-GHS-INFO (447-4636)

## POISON PREVENTION

### **Did You Know?**

Safe Kids Upstate, led by the GHS Children's Hospital, provides poison prevention tips, stickers to denote hazardous items, safety devices, and home safety workshops at schools for parents and children; call 864-454-1100.

### **Poisoning Proofing Checklist**

"Danger time" for poisonings occurs in late afternoon in the kitchen. Bathroom poisonings also are common. Consider these questions:

- Are all household products, such as detergents, drain cleaner, and dish soap removed from under the sink?
- Are medicines removed from counter and open areas, refrigerator tops, or windowsills? (Never call "medicine" or "vitamins" *candy*.)
- Are cleaners, household products, and medications in original safety top containers?
- Are child safety locks on all drawers or cabinets?
- Are household cleaners stored separately from food?
- Are all sprays, powders, cosmetics, hair care products, mouthwash, toothpaste, etc., out of reach?

- Are insect spray, weed killers, gasoline, turpentine, and paint products in a locked area?
- Are alcoholic beverages out of reach and in a locked area?
- Are ashtrays empty and out of a child's reach?
- Are plants out of a child's reach?

### **What to Do if Poisoning Occurs**

- Keep emergency medical numbers by each phone, including the National Poison Control Center hotline number, **1-800-922-1117**.
- If poisoning occurs, call immediately! Take the product to the phone with you.
- Keep a bottle of ipecac syrup (one per child and replace it annually) and activated charcoal on hand to induce vomiting if a child does swallow a poison. Use only on the advice of a poison control center or healthcare professional.
- If poison gets in a child's eyes, flush them with water. Gently hold the child's eyelids open and pour lukewarm water into them for 15 minutes. Do not let the child rub the eyes. Do not put a child's head directly under a faucet.
- Rinse skin that has come in contact with poison for 15 minutes under cool running water.

### **Carbon Monoxide Poisoning: A Special Warning**

Carbon monoxide is especially dangerous because it is a tasteless, odorless gas that children are particularly susceptible to because they use oxygen faster than adults. Any gas, oil, wood, propane, or kerosene heating system can be a source of carbon monoxide. A doctor can perform a simple blood test to find the level of this gas in the bloodstream.

### ***Symptoms of Carbon Monoxide Poisoning***

- Headaches
- Dizziness
- Fatigue
- Nausea
- Diarrhea
- Symptoms that go away when someone leaves the house and reappear upon return
- Symptoms that affect everyone in the house

### ***Protect Your Family from Carbon Monoxide Poisoning***

- Install carbon monoxide detectors – at least one detector near bedrooms on every floor.
- Have an expert check all venting systems to be sure exhaust gases can escape from your home.
- Check appliances regularly. A yellow-colored flame signals a higher-than-normal amount of carbon monoxide.
- Never leave a car running in a garage, even if the garage door is open. Never use charcoal grills inside the home, outside an open window, or in a garage.

- If a detector sounds and no one feels sick, open the doors and windows and turn off appliances. Call a repair person to find the source of carbon monoxide. If a detector sounds and someone does feel sick, leave the house at once and call the fire department.

### **For More Information**

In case of an emergency, call the National Poison Control Center hotline number, 1-800-922-1117, or the local poison control number (1-803-777-1117 in Columbia)

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- To help find an upstate doctor, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)

- Sudden lifting of spirits, which could mean the person seems relieved that his or her problems will soon be over

### **For More Information**

- [www.ghs.org](http://www.ghs.org)
- Suicide Prevention Line, 864-271-8888
- American Foundation of Suicide Prevention, 1-888-333-2377 (information line), [www.afsp.org](http://www.afsp.org)
- GHS Marshall I. Pickens Hospital, 455-8988 or 1-888-852-8520
- Depression Awareness Recognition & Treatment, 1-800-421-4211
- Substance Abuse and Mental Health Services Administration (SAMHSA), [www.samhsa.gov](http://www.samhsa.gov)

## SUICIDE

### **Did You Know?**

Suicide is the third-leading cause of death among young people age 15 to 24. Twenty children a year under age 14 are seen in emergency rooms for suicide-related reasons in Greenville County. Children's services at GHS Marshall I. Pickens Hospital can help address the triggers listed below; please call 455-8988 or 1-888-852-8520.

### **Suicide Triggers**

- Depression, which is the leading cause of suicide, or other mental health condition, such as bipolar disorder or schizophrenia (see page 25)
- Loss of an important person or a job
- Use of alcohol and drugs
- Change in dosage of a prescribed medication
- Rejection or ridicule by others
- Family problems, such as divorce
- Disease, especially with significant pain

### **Signs and Symptoms**

Most people who commit suicide give clues to their intentions. A person who has attempted suicide before may be at high risk to try again. Take threats seriously, particularly if they are accompanied by the following signs.

- Changes in personality or behavior, such as sleep patterns (sleeping too much or sleeplessness)
- Loss of appetite, libido, interest in work, or contact with family and friends
- Making a will or giving away personal items
- Acquiring a gun, rope, medication, or other means to commit suicide

# SECTION 2:

## Medical Concerns



# ABUSE OF CHILDREN

## **Did You Know?**

In Greenville, the Sexual Trauma program accepts referrals to evaluate children who have been subjected to sexual trauma longer than 72 hours ago. Call your school or doctor for information on abuse treatment centers in your area.

## **What Is Child Abuse?**

Child abuse is the intentional injuring of a child by an adult or older child. Abuse can be physical, mental, emotional, verbal, or sexual. Neglect is also a form of abuse.

Abusers usually are people the child knows and trusts – relatives, friends, or neighbors. They typically have easy access to the child because they take care of or visit the child and are trusted by the parents.

## **Physical Abuse**

Very young children may suffer from Shaken Baby Syndrome, which happens when a baby is violently shaken, thrown, or slammed. This movement causes the brain to hit the sides of the skull forcefully, leading to bleeding in the eyes and brain. The shaking usually happens when frustrated caregivers cannot get an infant to stop crying.

In older children, excessive bruising, broken bones or dislocations, etc., and secrecy as to how these injuries occurred may indicate possible physical abuse.

## **Sexual Abuse**

Child sexual abuse is any form of sexual activity with a child by an adult or by another child who has power over the child. It is possible for a child to be sexually abused by a younger child. Sexual abuse includes showing a child pornographic materials, placing the child's hand on another person's genitals, touching a child's genitals, and penetration. Note that penetration does not have to occur for it to be sexual abuse. Statistics show that one of four females is sexually abused by age 18, with about 75% of abusers being family members. One of five males is sexually abused by age 18.

## **Emotional Abuse**

Emotional abuse is the most common form of abuse. Many people don't even realize that they are being emotionally abused. Such abuse can be purely verbal, but it is more than just insults. It is a pattern of behavior that insults, threatens, isolates, humiliates, degrades, and/or controls another person. The abuser may not intend to cause harm or even be aware that he or she is being abusive.

Insults, criticisms, threats, rejection, neglect, blame, aggressive demands or expectations, emotional manipulation and control, isolation, punishment, terrorizing, ignoring, and teasing can all be forms of emotional abuse. Harassment, physical and sexual abuse, and witnessing abuse of others can be, too.

## **Child Neglect**

Neglect is the failure to provide for a child's needs, for example, proper food, housing, heating and cooling, or medical care.

## **For More Information**

*If you are the victim of or witness abuse, don't blame yourself. Talk with people you trust and seek services.*

*If you are or think you may become an abuser, contact one of the groups listed below at once.*

- Childhelp® USA National Child Abuse Hotline, 1-800-4-A-CHILD® (422-4453), TDD: 1-800-2-A-CHILD
- National Sexual Assault Hotline, 1-800-656-HOPE (4673), [www.rainn.org](http://www.rainn.org)
- GHS Marshall I. Pickens Hospital, 455-8988 or 1-888-852-8520
- National Domestic Violence Hotline, 1-800-799-SAFE (7233), 1-800-787-3224 TDD, or [www.ndvh.org/](http://www.ndvh.org/)
- [www.goodtouchbadtouch.com](http://www.goodtouchbadtouch.com)

# ALCOHOL USE

## **Did You Know?**

One-fourth of ninth graders have taken part in binge drinking (having five or more on one occasion) in the past month; more than that percentage have ridden in a car with someone who has been drinking. Nearly half of all 10th graders have been drunk. In Greenville County, approximately 40 percent of traffic fatalities among youth age 15 to 19 involve alcohol and/or drugs.

## **Tips to Prevent Underage Drinking**

- Let your child know how you feel about drinking.
- Make clear your no-tolerance position.
- Tell the child what the health and legal dangers may be in underage drinking.
- Listen to your child and answer any questions he or she may have about alcohol. Start as early as third grade.
- Discuss and role play how to handle situations where peers pressure the child to drink.
- Pick a code word that your teen can use when phoning you to get your help out of a bad situation.

- Explain that alcohol has a tranquilizing effect on the brain, even at low levels, and can impair coordination and judgment.
- Note that alcohol is more addictive and harmful to bodies that have not fully matured (which does not occur before the early 20s).
- Do not let teens go to unchaperoned parties.
- Talk to your child's friends and parents and agree not to tolerate alcohol use.
- Greenville Family Partnership, especially the GLAD program for teens to develop their own code of drug-free standards, 864-467-4099, [www.redribbonworks.org](http://www.redribbonworks.org)
- Alateen, 1-800-356-9996
- GHS Marshall I. Pickens Hospital, 455-8988 or 1-888-852-8520
- [www.ghs.org](http://www.ghs.org)
- Partnership for a Drug-free America®, [www.drugfreeamerica.org](http://www.drugfreeamerica.org)
- [www.TheAntiDrug.com](http://www.TheAntiDrug.com)
- 4Girls Health, [www.4girls.gov](http://www.4girls.gov)

### **Risk Factors**

- Family history of substance abuse
- Depression
- Low self-esteem
- Not fitting in or being out of the mainstream

### **Warning Signs**

#### *Physical*

- Fatigue
- Sleep problems
- Change in eating habits
- Repeated health complaints
- Red, glazed eyes
- Lasting cough

#### *Emotional*

- Personality changes
- Mood swings
- Irritability
- Irresponsible behavior
- Low self-esteem and motivation
- Poor judgment
- Depression
- Withdrawal
- Paranoia
- General lack of interest

#### *Social*

- Friends involved with drugs or alcohol
- Problems with the law
- Dramatic change in dress, appearance, activities, habits, and friends
- Excessive need for privacy
- Unexplained need for money
- Frequent arguments with or withdrawal from family members
- Drop in grades
- School absences/tardiness; discipline problems, bad attitude, breaking rules

### **For More Information**

- National Institute on Drug Abuse (NIDA), [www.teens.drugabuse.gov](http://www.teens.drugabuse.gov)
- Substance Abuse and Mental Health Services Administration (SAMHSA), [www.samhsa.gov](http://www.samhsa.gov)  
Drug Treatment Helpline: 1-800-662-HELP (4357), 1-800-66A-YUDA (Spanish)

## COLD & FLU GUIDE

### **Did You Know?**

Colds are the most common reason children visit the doctor and stay home from school. Because more than 100 rhinoviruses can cause colds, no vaccination or shot is available to prevent colds.

### **What to Look For**

#### *If It's a Cold ...*

Symptoms usually appear two or three days after exposure to a source of infection. Your child is most contagious for the first three or four days after symptoms appear and may be contagious for up to three weeks. Although about one in four colds lingers for as long as two weeks, most clear up within a week. Symptoms include a slow onset, no or mild fever, sore throat, stuffy nose, sneezing, and cough.

Medicine can't cure the common cold, but it can relieve symptoms. Never give aspirin to children younger than 12, and anyone under age 19 should avoid taking aspirin during viral illnesses to reduce the risk of Reye's syndrome, which is a rare but life-threatening condition.

#### *If It's the Flu ...*

Flu (influenza) symptoms tend to develop quickly (one to four days after exposure to the virus) in cold-weather months and are usually more severe than the sneezing and stuffy noses that come with a cold. Chills, high fever, headache, and achy muscles help differentiate flu from a cold. After five days, the fever and most symptoms usually have disappeared, but a cough and weakness may linger. All symptoms are usually gone within one to two weeks. Children are contagious as long as they have symptoms.

Usually offered in the fall, the flu vaccine reduces the chance of catching the flu by up to 80 percent. But it protects against only a few viruses, so it doesn't

guarantee that your child will not get the flu. Those who get the shot and still contract the flu usually have mild symptoms.

***Certain children are at increased risk of flu-related complications. Those meeting the following descriptions should receive the flu shot:***

- Age 6 to 23 months old
- Have chronic medical conditions, such as asthma
- Age 6 months to 18 years and on long-term aspirin therapy

***Children who should NOT get the flu shot include the following:***

- Under 6 months of age
- Allergic to eggs and egg products
- Have experienced a severe reaction to a past flu vaccine
- Have Guillain-Barré syndrome
- Are sick with a fever

#### **What Will Help My Child Feel Better?**

- Drink plenty of fluids to prevent dehydration.
- Get plenty of rest.
- Decrease nasal congestion with saltwater drops in the nostrils (available at pharmacies).
- Increase air moisture with a cool-mist humidifier.
- Soothe rawness by placing petroleum jelly under the nose.
- Relieve sore throat with hard candy or cough drops (if older than age 3).
- Reduce aches and pains with a warm bath or heating pad.
- Use steam from a hot shower to open airways.

#### **When to Go to the Doctor**

See your child's doctor if you think your child might have more than a cold, is getting worse instead of better, or experiences any of the following:

- A cough that continues to produce lots of mucus, especially if accompanied by fever
- Shortness of breath
- Extreme tiredness
- Inability to keep food or liquids down or poor fluid intake
- Increasing headache or facial or throat pain
- Severely painful sore throat that interferes with swallowing
- Fever of 103°F or higher
- Chest or stomach pain
- Swollen glands (lymph nodes) in the neck
- Earache

#### **Prevention Tips**

- Avoid large crowds.
- Avoid anyone who smokes or who has a cold or the flu (virus particles can travel up to 12 feet through the air when an infected person laughs, coughs, or sneezes, and secondhand smoke can make your child more likely to get sick).
- Wash hands thoroughly and often, especially after blowing the nose.
- Cover the mouth and nose with a tissue when coughing or sneezing.
- Avoid picking up tissues used by other people.
- Do not share towels, glasses, cans, bottles, or eating utensils.

#### **For More Information**

- To find an upstate doctor, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)

## DIABETES

#### **Did You Know?**

The GHS Children's Hospital has the Upstate's only pediatric endocrinologist, who is a national leader in the use of insulin pumps.

#### **Type 1 Diabetes**

Type 1 diabetes is a disease of the immune system, which is the body's system for fighting infection. In people with type 1 diabetes, the pancreas does not make insulin, so they must take insulin daily. Type 1 diabetes can happen at any age, but it occurs most often in children and young adults.

#### ***Symptoms (usually develop over a short time)***

- Increased thirst and urination
- Constant hunger
- Weight loss
- Blurred vision
- Extreme fatigue

If not diagnosed and treated with insulin, a person with type 1 diabetes can slip into a coma and die.

#### **Type 2 Diabetes**

Type 2 diabetes used to be found mainly in adults who were overweight and over age 40. Now, as more children and adolescents in the United States become overweight and inactive, type 2 diabetes occurs more

often in young people. Type 2 diabetes is also more common in certain racial and ethnic groups, such as African Americans, American Indians, Hispanic/Latinos, and some Asian and Pacific Islander Americans. People with type 2 diabetes may need to take oral medication, insulin, or both.

#### ***Symptoms (may develop slowly or quickly)***

- Similar to those of type 1 diabetes
- Nausea
- Frequent infections
- Slow healing of wounds or sores

#### ***Risk Factors***

Being overweight, being older than 10, and having a family member with type 2 diabetes are risk factors for the disease. High blood pressure and dark, thick, velvety skin around the neck or armpits are physical signs of type 2 diabetes.

#### **Living with Diabetes**

Families should work with a healthcare provider to develop a personal diabetes plan for their child and discuss ways to manage high and low blood sugar.

#### **For More Information**

- National Diabetes Education Program (NDEP), 1-800-438-5383, [www.ndep.nih.gov](http://www.ndep.nih.gov)
- National Diabetes Information Clearinghouse, 1-800-860-8747, [www.niddk.nih.gov/health/diabetes/diabetes.htm](http://www.niddk.nih.gov/health/diabetes/diabetes.htm)
- CDC Division of Diabetes Translation, Public Inquiries/Publications  
Toll-free: 1-877-CDC-DIAB or 1-877-232-3422  
[www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)
- American Diabetes Association, 1-800-DIABETES or 1-800-342-2383, [www.diabetes.org](http://www.diabetes.org)
- Juvenile Diabetes Foundation International 1-800-223-1138, [www.jdf.org](http://www.jdf.org)
- [www.ghs.org](http://www.ghs.org)
- GHS Diabetes Self-management Program, 864-455-4003
- GHS Pediatric Endocrinology, 864-454-5100

# DOCTOR: CHOOSING ONE FOR YOUR CHILD

#### **Did You Know?**

Children's healthcare needs are different, so it's important to choose a medical professional who can provide the specialized care your child needs. GHS, for example, has the most pediatric subspecialties in the state. For help in finding an upstate pediatrician or pediatric subspecialist, visit [www.ghs.org](http://www.ghs.org) or call toll free 1-877-GHS-INFO (447-4636).

#### **Pediatrician or Family Practice Doctor?**

A pediatrician is a doctor who specializes in treating children from birth to age 18 (or perhaps as old as 21). He or she also helps parents with concerns about growth and development, nutrition, and discipline.

A family practice physician treats people of all ages.

Both must complete four years of medical school and three additional years of training to become specialized in their field.

#### **Choosing a Doctor for Your Child**

There are many items to think about when choosing a physician. Many practices invite parents to visit the office, learn about the doctors and staff, and ask questions. (There may be a charge for this visit.) Listed below are some important factors to consider when choosing a doctor for your child:

#### **Location**

- Is the office near your home, childcare provider, or workplace?
- Does the practice have more than one office?

#### **Office**

- What are the office hours? Are there evening and/or weekend hours?
- How long does it take to get an appointment?
- How long do you have to wait before you are seen?
- Is there a separate waiting area for sick children?
- Does the office staff seem friendly and interested in children?

#### **Physician**

- What is the doctor's training and experience? Does he or she have a specialty or area of interest?
- Will your child see the same doctor each visit?
- How do you contact the doctor after hours or in an emergency?
- Does the doctor work with a children's hospital (the best place for treating sick children)?

### **Billing and Payments**

- Is the physician listed as a provider on your insurance plan?
- Is treatment at this hospital covered by your insurance plan?

### **For More Information**

- Talk with the doctor and the office staff to see if you are comfortable with their personalities, manners, and philosophy of caring for children.
- Talk with other parents to find out their opinions, experiences, and recommendations.
- Call the American Board of Medical Specialists to find out whether a doctor is board certified, 1-866-275-2267.

## EATING DISORDERS

### **Did You Know?**

Up to one in 10 young women may have an eating disorder. Call toll free 1-877-GHS-INFO (447-4636) or visit [www.ghs.org](http://www.ghs.org) or to find a child and adolescent psychiatrist or call GHS Marshall I. Pickens Hospital, 455-8988 or 1-888-852-8520.

### **How Can Friends and Family Help?**

Eating disorder prevention should begin at a very young age and continue throughout adolescence. Early messages can be as simple as teaching children how to feel good about their body and how to handle teasing – and how not to tease others – about weight. Eating nutritious foods, eating at regular times, promoting self-esteem, and getting exercise all help prevent eating disorders.

Family and friends should be aware of what they say and the effect their words have. If they see that a friend has an eating disorder, they can let the friend know they care. Then they should turn to an adult who can do something – a teacher, a nurse, a parent. Children should never feel that by taking action, they are betraying their friend.

### **Symptoms of Bulimia Nervosa**

- Binge eating (eating large quantities of food in short periods), often in secrecy
- After binges: vomiting or taking laxatives, fasting, or exercising compulsively
- Extreme concern with weight and body shape

Note: Teens with bulimia may spend a long time in the bathroom and may run water to hide signs of throwing up.

### **Health Consequences**

Bulimia can cause damage to the heart, stomach, esophagus, bowels, and teeth.

### **Symptoms of Anorexia Nervosa**

- Extreme concern with weight and body shape
- Intense fear of weight gain
- Feeling fat despite dramatic weight loss
- Loss of menstrual periods

### **Health Consequences**

- Muscle loss and weakness
- Weakening of heart muscle
- Brittle bones
- Severe dehydration with possible kidney failure
- Fatigue and general weakness
- Dry hair and skin
- Hair loss on head but growth of downy hair all over the body

Note: Teenagers who are anorexic typically are perfectionists and high achievers in school. At the same time, they have low self-esteem. To feel a sense of control over their life, they starve themselves.

### **For More Information**

- National Eating Disorders Association (NEDA), 1-206-382-3587, [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)
- National Association of Anorexia Nervosa and Associated Disorders (ANAD), 1-847-831-3438, [www.anad.org](http://www.anad.org)
- Walsh, T., & Devlin, M. (1998). Eating Disorders: Progress and Problems. *Science*, 280, 1387-1390
- GHS Marshall I. Pickens Hospital, 455-8988 or 1-888-852-8520
- For help in finding psychiatric aid in the Upstate, call toll free 1-877-GHS-INFO (447-4636) or visit GHS' Web site below
- [www.ghs.org](http://www.ghs.org)
- 4Girls Health, [www.4girls.gov](http://www.4girls.gov)

To learn how to prevent eating disorders, visit the National Eating Disorders Association Web site for these practical prevention tips:

- "Ten Things Parents Can Do to Prevent Eating Disorders" challenges parents to closely examine their dreams and goals for their children and to pass on healthy, positive attitudes.
- "Prevention Guidelines and Strategies" lists 50 things that parents, educators, coaches, and others can do to help protect young people from eating disorders, including 21 pointers specifically developed for men and fathers.

# HAND HYGIENE

## Did You Know?

Proper hand hygiene is the best way to stop the spread of colds and infections.

When you wash your hands, use either ...

### Soap and Water

1. **Wet** hands with water; add soap.
2. **Rub** hands to work up a lather; keep rubbing for 15 to 20 seconds (the time it takes to sing "Happy Birthday" twice).
3. **Rinse** hands well under running water.
4. **Dry** hands completely.

### OR

### Waterless Hand Gel (any antibacterial brand will do)

1. **Release** gel into palm.
2. **Rub** hands until gel covers them. (You can use the smallest amount that will cover your hands.)
3. **Air-dry** hands.

### When to Wash Your Hands

- After you cough, sneeze, or blow your nose. (If no tissue is available, try to sneeze or cough into your arm, not hand.)
- After contact with a sick person.
- Before handling or eating food.
- After going to the bathroom.
- After changing diapers.
- Before and after treating a wound.
- Before handling contact lenses.
- After handling an animal, chemicals, foreign objects, or after being outside.

Also remember to keep hands away from your eyes, mouth, and nose to prevent spreading germs.

# HOSPITAL: CHOOSING ONE FOR YOUR CHILD

## Did You Know?

Surgery and routine care provided at children's hospitals are safer, have fewer complications, and result in lower death rates than care given to children at adult hospitals. GHS Children's Hospital is the only dedicated pediatric hospital in the Upstate. It also has the region's only in-hospital school program (with Greenville County Schools) so hospitalized children need not fall behind in their studies.

## What's the Difference Between a "Regular" and a "Children's" Hospital?

Children are not pint-sized adults: Their developing bodies work differently and require specialized medical care. Staff members at a children's hospital are specially trained to work with young patients.

## What Should I Look for When Choosing a Children's Hospital?

- **Experience:** The more procedures a physician or hospital performs, the better the results. No other hospital in the region treats more children than GHS Children's Hospital – approximately 120,000 each year.
- **Credentials:** Every physician on the medical staff at GHS Children's Hospital is board certified or eligible for certification in pediatrics and/or pediatric subspecialties.
- **Services:** GHS Children's Hospital employs physicians board-certified in more than 30 pediatric subspecialties. The Children's Hospital also includes the Upstate's only Children's Emergency Center, pediatric intensive care and hematology/oncology units, and the area's most advanced neonatal intensive care services.
- **Facilities:** GHS Children's Hospital has state-of-the-art medical equipment and child-sized instruments to deliver appropriate care.
- **Patient Satisfaction:** For four years in a row, three out of four people surveyed have chosen GHS Children's Hospital as the region's most preferred hospital to care for a sick child, according to a leading consumer healthcare survey.
- **Research and Education:** GHS Children's Hospital is home to the largest Medicine-Pediatrics residency program in the state. Its Pediatric residency program is more than 30 years old. Faculty are involved in clinical research and trials. In addition, GHS recently achieved university medical center status through its affiliation with the University of South Carolina School of Medicine.

## For More Information

- To find an upstate pediatrician or pediatric subspecialist, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)

# ILLEGAL DRUG USE

## **Did You Know?**

In addition to underage alcohol and tobacco use, other illegal drugs children may use include heroin, LSD, ecstasy, marijuana, GHB, methamphetamine, and ketamine. In Greenville County, approximately 400 teenagers are arrested for illegal drug use annually. Although not illegal, common household chemicals may be inhaled to get “high” as well. More than seven percent of ninth graders in Greenville County Schools report having used inhalants. At GHS, call Marshall I. Pickens Hospital, 455-8988 or 1-888-852-8520, for help with drug abuse problems.

## **Tips to Prevent Illegal Drug Use**

- Let your child know how you feel about illegal drug use.
- Make clear your no-tolerance position and what the consequences will be if such drugs are used.
- Explain the serious health and legal hazards of using these drugs, even once.
- Listen to your child and answer any questions he or she may have about drug use. Start as early as third grade.
- Discuss and role play how to handle situations where peers pressure the child to use drugs – help your child come up with a ready answer if she or he is asked to use drugs.
- Pick a code word that your child can use when phoning you to get your help out of a bad situation.
- Recognize that children who use tobacco and alcohol are more likely to try illegal drugs.
- Limit opportunities where children are tempted to use drugs; for example, do not let teens go to unchaperoned parties.
- Talk to your child’s friends and parents and agree not to tolerate drug use.

## **Risk Factors**

- Family history of substance abuse
- Depression
- Low self-esteem
- Not fitting in or being out of the mainstream

## **Warning Signs**

### **Physical**

- Fatigue
- Sleep problems
- Change in eating habits
- Repeated health complaints
- Red, glazed eyes
- Lasting cough

## **Emotional**

- Personality changes
- Mood swings
- Irritability
- Irresponsible behavior
- Low self-esteem and motivation
- Poor judgment
- Depression
- Withdrawal
- Paranoia
- General lack of interest

## **Social**

- Friends involved with drugs or alcohol
- Problems with the law
- Dramatic change in dress, appearance, activities, habits, and friends
- Excessive need for privacy
- Unexplained need for money
- Frequent arguments with or withdrawal from family members
- Drop in grades
- School absences/tardiness, discipline problems, bad attitude, breaking rules

## **Information About Inhalants**

- Inhalants are cheap, available, and legal to buy.
- Commonly abused inhalants are glue, whiteout, cleaning fluids, nail polish, magic markers, gasoline, air fresheners, and fabric protectors.
- Inhalant use is most common in boys ages 10-14. Many users also are school athletes, honor students, and leaders.
- Children think that these products can’t be dangerous or addictive because they are legal.
- Children who use inhalants are more likely to try alcohol, tobacco, and other drugs.
- Use proper precautions and have adequate ventilation when using chemicals at home.
- Keep track of household, office, and workshop chemicals.

## **For More Information**

- National Institute on Drug Abuse (NIDA), [www.teens.drugabuse.gov](http://www.teens.drugabuse.gov)
- Substance Abuse and Mental Health Services Administration (SAMHSA), [www.samhsa.gov](http://www.samhsa.gov)  
Drug Treatment Helpline: 1-800-662-HELP (4357), 1-800-66A-YUDA (Spanish)
- Greenville Family Partnership, especially the GLAD program for teens to develop their own code of drug-free standards, 864-467-4099, [www.redribbonworks.org](http://www.redribbonworks.org)
- GHS Marshall I. Pickens Hospital at 455-8988 or 1-888-852-8520
- [www.ghs.org](http://www.ghs.org)
- [www.TheAntiDrug.com](http://www.TheAntiDrug.com)

# MENTAL & BEHAVIORAL HEALTH

## Did You Know?

The most common reason people seek mental health treatment is for anxiety or depression. The most common reason to seek a neuro-behavioral consultation is for ADHD (Attention Deficit Hyperactivity Disorder). GHS is fortunate to have one of the Southeast's largest pediatric developmental-behavioral programs.

## What Are Common Anxiety Disorders?

- **Phobias:** Fear of social situations causing people to avoid activities that could be fun or meaningful. In children, they can take the form of a fear of school. People can also develop fear of objects or situations that pose little or no real danger.
- **Generalized Anxiety Disorder:** Constant worrying lasting at least six months about everyday events and activities. People with this disorder almost always expect the worst (even though there is little reason to) and can experience fatigue, trembling, muscle tension, headache, or nausea.
- **Panic Disorder:** Repeated periods of intense fear that strike often and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, stomach distress, and fear of dying. People often think they are having a heart attack.
- **Obsessive-Compulsive Disorder:** Repeated, unwanted thoughts or habitual behaviors that seem impossible to stop or control.
- **Post-traumatic Stress Disorder:** Persistent symptoms that occur after experiencing or witnessing a traumatic event. Symptoms include nightmares, flashbacks, numbing of emotions, depression, anger, feeling irritable or distracted, and being easily startled. Family members of victims can also develop this disorder.

## Treatment

Doctors may use a combination of medication and psychotherapy, which focuses on changing unwanted behaviors or thinking patterns.

## What Is Bipolar Disorder?

Bipolar disorder (manic-depressive illness) is a disorder with severe mood swings, ranging from depression – being unable to eat, sleep, focus, or show interest in usual activities for at least two weeks because of life changes, financial or medical problems, or drug use or medication side effects – to mania – having racing thoughts, excessive energy, and self-destructive behaviors such as reckless driving or buying sprees.

In children, bipolar disorder is difficult to diagnose because its symptoms are often not the same as those for adults. Symptoms may look like ADHD or may be mistaken for normal emotions and behaviors that growing children experience. Consult a trained professional to diagnose your child or adolescent.

## Treatment

For most people, bipolar disorder is a lifelong illness. Although it cannot be cured, this condition can be controlled for most people. Treatment often includes medicines, therapy, and skills training.

## What Is ADHD?

ADHD is the most commonly diagnosed neuro-behavioral disorder of childhood. It affects about six percent of U.S. children and tends to run in families. Signs are usually present by age 7, with the condition being more common in boys. Typical symptoms are inattention, impulsivity, and hyperactivity. Children with ADHD have a high incidence of learning problems. There are three types of ADHD.

## For More Information

- [www.ghs.org](http://www.ghs.org)
- GHS Developmental-Behavioral Pediatrics for learning problems; call 1-877-GHS-INFO (447-4636)
- GHS Marshall I. Pickens Hospital for a child or adolescent psychiatrist, 455-8988 or 1-888-852-8520
- Depression Awareness Recognition & Treatment, 1-800-421-4211
- National Mental Health Association, 1-800-969-6642
- Substance Abuse and Mental Health Services Administration (SAMHSA), [www.samhsa.gov](http://www.samhsa.gov)
- National Institute of Mental Health: ADHD, [www.nimh.nih.gov/publicat/adhd.cfm](http://www.nimh.nih.gov/publicat/adhd.cfm)
- American Psychological Association (Topic: ADHD), [www.apa.org/topics/topicadhd.html](http://www.apa.org/topics/topicadhd.html)

# OBESITY

## Did You Know?

Being overweight is the number one reason for peer rejection. A quarter of U.S. children are obese – a 20 percent increase in the last decade – with the South Atlantic region (which includes South Carolina) experiencing the highest jump in obesity. Those who are obese at age 10 have an 80 percent chance of being an obese adult. A child is “obese” if body mass index (BMI) is greater than the 95th percentile for that child's age, height, and sex. A child is “at risk for being overweight” if the BMI falls between the 85th and 95th percentiles.

## Factors Leading to Child and Adolescent Obesity

- Lack of regular exercise
- Sedentary behavior, such as TV viewing and computer usage
- Poor eating habits: consuming too many fast foods, eating when not hungry, eating while watching TV or doing homework
- Family history of obesity or of being overweight
- Family and peer problems
- Low self-esteem, depression, stress

## Major Health Risks Linked to Obesity

- Heart disease
- High blood pressure
- Diabetes
- Breathing problems
- Sleeping problems

## Tips for Parents

- Use the food guide pyramid to make meal choices rich in fruits, vegetables, and grains.
- Encourage children to help with meal choices and preparation.
- Schedule three healthy meals and two healthy snacks each day. Keep unhealthy foods out of the home.
- Use child-sized plates, utensils, and portions for children.
- Never force children to finish meals.
- Use positive attention for rewards, not food.
- Switch from whole to 2% milk at age 2.
- Serve water to quench thirst after dairy requirements are met.
- Limit sugary beverages (including juice) to six ounces a day.
- Restrict TV and computer time to less than two hours daily.
- Encourage and model a physically active lifestyle.
- Limit fast-food eating to once a week.
- Assign active chores, such as vacuuming, washing the car, or mowing the lawn. Rotate these activities.
- Avoid rushing to finish meals; don't eat while performing other activities, such as watching TV.
- Know what your child is eating at school.
- Bear in mind that 2,200 calories a day is about right for most children and teenage girls, active women, and sedentary men.

## For More Information

- [www.ghs.org](http://www.ghs.org)
- American Obesity Association, [www.obesity.org](http://www.obesity.org)
- "Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People," a CDC publication
- American Dietetic Association, [www.eatright.org](http://www.eatright.org)

# PHYSICAL EXAMS

## Did You Know?

The reason most schools require physical exams is sports-related.

## When Should a Child Get a Physical?

- In elementary school, children should receive a physical exam to check for hearing and vision problems.
- When a child reaches puberty (as early as fifth grade), the child should be examined by a doctor every year or two. Special attention should be paid to weight problems, scoliosis (back curvature problems), and strength testing.
- When required for sports.
- When required by the school at designated intervals.

## What Should I Do Before Going to the Doctor's Office?

- Write down any questions beforehand.
- Bring up-to-date records of your child's growth and other medical information.
- Know your health insurance coverage.

## What Should I Do at the Office?

- Ask if your child needs any shots.
- Stay with your child during full checkups.
- Ask when your child needs to return for the next exam.
- Tell the doctor about any "non-medical" concerns you have regarding your child: behavior problems, level of activity, social skills, self-esteem, risky behaviors, interests, academic progress, etc.
- Ask the doctor to review good nutrition, physical fitness, and healthy body weight guidelines.
- Be aware that when your child gets to about age 11, most doctors will give the patient the chance to speak with the doctor alone as a way to learn important or additional information.

## What Usually Happens During a Routine Physical Exam?

- Medical history
- Routine diagnostic tests
- Body examination
- Check of vital signs (blood pressure, pulse, breathing rate, temperature)
- Check of how well body organs are functioning

## For More Information

- PTA, 1-800-743-3PTA (3782), [www.scpta.org](http://www.scpta.org)
- To find an upstate doctor, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)

# SHOTS

## Did You Know?

About 20 shots to prevent more than a dozen diseases are recommended for children by age 2. Although three-fourths of U.S. children receive these immunizations, approximately 40 percent get them later than recommended, which can contribute to unnecessary illness.

## Why Are Immunizations Important?

Immunizations are an excellent example of “an ounce of prevention.” Many serious and sometimes fatal diseases can be prevented through routine immunization and consistent, timely, well-child checkups. Please take a moment now to ensure your child is up to date on these shots:

- **Hepatitis B:** Given twice within the first six months of life to prevent a common cause of liver damage; once at about age 15 months
- **DTaP:** Given at 2, 4, and 6 months, between 12 and 15 months, and between 4 and 6 years of age to prevent diphtheria, whooping cough, and tetanus.
- **Polio (IPV):** Given at 2 and 4 months, between 6 and 18 months, and between 4 and 6 years of age.
- **Meningitis (HIB):** Given at 2, 4, and 6 months, and between 12 and 15 months of age.
- **Pneumococcal:** Prevents another common cause of meningitis and reduces the chance of pneumonia and ear infections. Given at 2, 4, 6, and 15 months of age.
- **MMR:** Given between 12 and 15 months and again between 4 and 6 years of age to prevent measles, mumps, and rubella.
- **Chickenpox:** Given after age 1.
- **Tetanus-Diphtheria:** Given at age 11 or 12 and every 10 years thereafter.
- **Meningococcus:** Given at age 11 or 12.

## For More Information

- To find an upstate doctor, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)
- Contact your doctor
- Contact the local health department

# “THINK FIRST” HEAD & SPINE PROGRAM

## Did You Know?

“Think First” is a National Head and Spinal Cord Injury Prevention Program sponsored by Roger C. Peace Rehabilitation Hospital at the Greenville Hospital System. There is no cost for this hour-long presentation. Although 10th graders are the primary focus for this program – people ages of 15 to 24 are at greatest risk for head and spinal injuries (such as diving in unsafe conditions) – other organizations, such as churches and civic groups, may request this presentation as well.

## Program Format

- Introduction to “Think First.”
- Roger C. Peace Rehabilitation Hospital staff member describes basic spinal cord and brain anatomy, and explains how accidents can occur.
- Film presentation of *Harms Way*, which describes activities that can result in serious injury. The message is to have fun and to do things, just to do them well and carefully, using the proper equipment.
- GHS Emergency Trauma Center staff member or paramedic demonstrates what bystanders should do when they think a person has suffered a head or spinal cord injury.
- Former head or spinal cord injured patient describes life since his or her injury.
- Question-and-answer session.

## For More Information

- Recreational Therapy Department at GHS Roger C. Peace Rehabilitation Hospital, 864-455-7711.

# TOBACCO USE

## Did You Know?

About half of all Greenville County Schools students have used tobacco by 10th grade.

## Tips to Prevent Tobacco Use

- Let your child know how you feel about tobacco use.
- Make clear your no-tolerance position and what the consequences will be if tobacco is used.
- Explain the health hazards of using tobacco, whether it be chewing tobacco or smoking cigarettes, cigars, or pipes. Note that secondhand smoke harms others' health.

- Tell the child what the legal dangers may be in underage drug use.
- Listen to your child and answer any questions he or she may have about tobacco. Start as early as third grade.
- Discuss and role play how to handle situations where peers pressure the child to use tobacco – help your child come up with a ready answer if she or he is pressured to smoke.
- Pick a code word that your child can use when phoning you to get your help out of a bad situation.
- Explain that to excel in sports and music, children need to have healthy lungs.
- Point out healthy ways to handle stress and control weight.
- Limit opportunities where children are tempted to use tobacco; for example, do not let teens go to unchaperoned parties.
- Tally the cost of buying tobacco and how that money could be spent in other ways.
- Note how tobacco ads are misleading.
- Mention that tobacco use gives people bad breath, early wrinkles, and an unattractive smell.
- Talk to your child's friends and parents and agree not to tolerate tobacco use.

#### **Risk Factors**

- Family history of substance abuse
- Depression
- Low self-esteem
- Not fitting in or being out of the mainstream

#### **Warning Signs**

##### *Physical*

- Fatigue
- Sleep problems
- Change in eating habits
- Repeated health complaints
- Red, glazed eyes
- Lasting cough

##### *Emotional*

- Personality changes
- Mood swings
- Irritability
- Irresponsible behavior
- Low self-esteem and motivation
- Poor judgment
- Depression
- Withdrawal
- Paranoia
- General lack of interest

#### **Social**

- Friends involved with drugs or alcohol
- Problems with the law
- Dramatic change in dress, appearance, activities, habits, and friends
- Excessive need for privacy
- Unexplained need for money
- Frequent arguments with or withdrawal from family members
- Drop in grades
- School absences/tardiness, discipline problems, bad attitude, breaking rules

#### **For More Information**

- National Institute on Drug Abuse (NIDA), [www.teens.drugabuse.gov](http://www.teens.drugabuse.gov)
- Substance Abuse and Mental Health Services Administration (SAMHSA), [www.samhsa.gov](http://www.samhsa.gov)  
Drug Treatment Helpline: 1-800-662-HELP (4357), 1-800-66A-YUDA (Spanish)
- Greenville Family Partnership, especially the GLAD program for teens to develop their own code of drug-free standards, 864-467-4099, [www.redribbonworks.org](http://www.redribbonworks.org)
- [www.ghs.org](http://www.ghs.org)
- Partnership for a Drug-free America®, [www.drugfreeamerica.org](http://www.drugfreeamerica.org)
- [www.TheAntiDrug.com](http://www.TheAntiDrug.com)
- 4Girls Health, [www.4girls.gov](http://www.4girls.gov)

# SECTION 3:

## Safety Issues



# ATV (ALL-TERRAIN VEHICLE) SAFETY

## Did You Know?

The Children's Emergency Center at GHS Children's Hospital treats an average of one child each week who has sustained injuries while riding on an ATV. Area resident Terese Calhoun, who lost her 6-year-old son in an all-terrain vehicle accident, is a national spokesperson for ATV safety. Contact Safe Kids Upstate, led by the GHS Children's Hospital, if you would like her to speak to your group about ATV dangers, 864-454-1100.

## What Are All-terrain Vehicles?

ATVs are motorized vehicles with large, low-pressure tires that can travel up to 75 mph. They are designed to carry one rider on uneven surfaces and are generally used for recreation, farm, and industrial work. They come in adult and youth sizes.

## ATV Safety Tips

- Adults should supervise all children operating ATVs.
- Children under 6 should never ride ATVs.
- No one under 16 should drive an adult-sized ATV. Youth-sized ATVs should be the appropriate size for the child and operated according to the manufacturer's instructions.
- Consider a child's physical, mental, and emotional maturity when deciding if the child is ready to drive a youth-sized ATV.
- Children should never ride ATVs on public roads or paved surfaces; ATVs should be driven on designated trails only.
- All youth-sized ATVs should have throttle limiters and identification flags.
- Personal protective equipment for ATV operators should include an approved helmet with face protection, a long-sleeved shirt or long pants, non-skid boots, chest protector, and gloves.
- Never carry passengers on ATVs.
- Do not ride ATVs at night.
- Children and their parent or guardian should successfully complete an approved ATV safety course.

## For More Information

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- National SAFE KIDS Campaign®, [www.safekids.org](http://www.safekids.org)

# BACKPACK SAFETY

## Did You Know?

To prevent injury, children should carry no more than 15 percent of their body weight in backpacks (for example, nine pounds for a 60-pound child). Carrying too much weight can lead to nerve damage, muscle fatigue, and changes in posture and gait.

## What to Look For

- Padded and contoured shoulder straps to reduce pressure
- Waist belts to distribute weight to the pelvis
- Reflective material to make the child visible in the dark
- Proper fit – the arms should move freely, the pack bottom should rest on the lower back, and the pack should not sag toward the buttocks
- Two straps to distribute weight evenly – do not let children wear a backpack over just one shoulder
- A variety of compartments to help distribute weight (heaviest items should go closest to the child's back)
- Handles that extend high enough so the child does not have to twist and bend if using a wheeled backpack

In addition, have children carry only the items they need to avoid unnecessary weight. Allow time to make trips to lockers between classes to reduce the number of items carried in a backpack at one time.

Note: Do not wear backpacks when in the car. Seat belts will not work properly, and the added weight will propel passengers forward in the event of an accident.

## For More Information

- PTA, 1-800-743-3PTA (3782), [www.scpta.org](http://www.scpta.org)
- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- American Physical Therapy Association, 1-800-999-2782, TDD: 1-703-683-6748, [www.apta.org](http://www.apta.org)

# BIKE & HELMET SAFETY

## Did You Know?

Safe Kids Upstate, led by the GHS Children's Hospital, provides approximately 1,700 helmets through schools, childcare centers, churches, and other groups with the help of community partners. The coalition also offers bike safety workshops, demonstrations, and rodeos. Over its 10-year existence, the group has helped decrease deaths from bike-related accidents by more than 50 percent.

## Bicycle Safety

A bicycle is a vehicle, not a toy. Riding one – especially in traffic – is an important responsibility. Remember these tips:

- Make sure your bike is in good working order. Secure bolts, make sure reflectors are visible, and keep proper air pressure in the tires.
- Always wear an approved bicycle helmet.
- Ride with the flow of traffic.
- Never ride with more than two people side by side.
- Never ride a bike with more people than it is designed to carry.
- Use hand signals.
- Follow traffic signals: Stop at all stop signs and red lights.
- Stop and look left, right, and left again before entering a street.
- Never use a bicycle, roller blade, roller skate, skateboard, or sled while clinging to a motor vehicle.
- Never carry anything on a bike that keeps you from having at least one hand on the handlebars.
- Avoid cycling after dark when possible. A bicycle ridden after dark should have a white light visible from 500 feet from the front and a red light visible from 50-350 feet from the back.
- Equip every bike with a bell or other device loud enough to be heard at least 100 feet away.
- Make sure the bike has a brake.

## Helmet Safety

Head injuries are the most common cause of bicycle-related deaths. Helmets can reduce the risk of head injury by up to 85 percent. Remember, helmets are for EVERYONE. Wear a helmet every time you use roller blades, bikes, skateboards, ATVs, or motorcycles.

### *To fit your child's helmet, follow these steps:*

1. Choose a helmet that is snug fitting and meets current U.S. Consumer Product Safety Commission bicycle safety standards.
2. Make sure the helmet fits comfortably and securely. It should be level on the head, not tilted back on top of the head.

3. Adjust the straps so that the helmet cannot be moved from side to side or back and forth.
4. Make sure there is about one finger width between the chinstrap and the child's chin.

## For More Information

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)

# CAR SEAT SAFETY

## Did You Know?

Monthly car seat checks are scheduled through the Safe Kids Upstate Buckle Up Information Line, 864-454-1109. Safe Kids Upstate Mobile Car Seat Check Van – awarded to the nation's top SAFE KIDS groups – travels to schools, childcare centers, and community events to check car seats and provide information on child passenger safety. Be sure to bring along your child so the technicians can check for a proper fit – 80 percent of car seats are not used correctly!

## Safety Tips

- Children 12 and under should ride properly restrained in the back seat.
- Never use a rear-facing child safety seat in a front seat with an air bag.
- Always use the right safety seat for your child's size and age.
- Infants should ride in rear-facing safety seats until they are age 1 and weigh at least 20 pounds.
- Children over age 1 who weigh 20-40 pounds and can no longer ride rear-facing should ride in forward-facing child safety seats.
- Children more than 40 pounds must use booster seats until the lap and shoulder belts fit correctly (around age 8).
- Once the vehicle's safety belts fit children, both lap and shoulder belts should be used correctly. The shoulder belt should never be behind the back or under the arm.
- Follow child safety seat instructions and your vehicle owner's manual to make sure the seat is used and secured properly.
- Never buy a used car seat, and never use a car seat that has been in an accident.

Before restraining children in a car that has been parked in the heat, check to make sure seating surfaces and equipment (car seat and seat belt buckles) aren't overly hot. Upon reaching your destination, make sure all children leave the vehicle, including sleeping infants.

### For More Information

- National Highway Traffic Safety Administration's Auto Safety Hotline for car seat recalls or safety notices, 1-888-327-4236
- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)

## GUN SAFETY

### Did You Know?

Safe Kids Upstate, led by the GHS Children's Hospital, provides gun locks for distribution; please call 864-454-1100.

### How to Protect Your Children

More than 40 percent of homes with children have a gun, according to PAX (a national non-profit group working to bring an end to gun violence against children and families). So just talking to your child about the dangers of firearms is not enough. Children are naturally curious. If a gun is easy to get to in someone's home, a child will likely find it and play with it.

Before sending your children to someone else's home to play, ask if there is a gun in the home. If the answer is yes, make sure that all guns are stored unloaded and locked – ideally in a gun safe – with bullets locked separately. Hiding guns is not enough. If there are any doubts about the safety of someone's home, you should invite the children to play at your house instead.

### Tips to Make Asking Easier

**Ask with other questions.** Include the question along with others you would discuss before sending your child to someone's house, such as seat belt use, pets, and allergies.

**Know the facts.** Many guns are left unlocked or loaded. That's why you're asking questions – to make sure that your child is safe.

**Don't be confrontational.** Present your concerns in a respectful manner. You are simply trying to make sure your child is playing in a safe environment.

### Weapons at School

If your child sees a weapon such as a knife or gun at school, he or she should walk away from it and get help from an adult. The child should NOT pick up the item or try to take the weapon away from someone. Role-playing with your child will help him or her know what to do in such a situation.

### For More Information

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- PAX, 1-212-269-5100
- [AskingSavesKids.com](http://AskingSavesKids.com) or [www.pax.com](http://www.pax.com)

## HOME SAFETY

### Did You Know?

Safe Kids Upstate, led by the GHS Children's Hospital, operates Buddy's Home Improvement House to help children learn about dangers found in the house, where the majority of unintentional injuries occurs. More than 80,000 visits have been paid to the house since it opened in 1996. Buddy's House has won a national award for being an innovative program.

### Outside

- Is trash kept in tightly covered containers?
- Are walkways, stairs, and railings uncluttered and in good repair?
- Are sandboxes, wading pools, etc., covered when not in use?

### Kitchen

- Are pot handles turned inward when cooking to prevent burns?
- Are these items out of a small child's reach: cleaning products, cords, sharp objects, hot food and liquids, and matches?
- Do cabinets have safety locks, and are doors closed when not in use?

### Bathroom

- Are toilet seats and lids (and diaper pail lids) kept down when not in use?
- Do cabinets have safety locks, and are doors closed when not in use?
- Are medicines stored in original, child-proof containers?
- Are these items out of a child's reach: razors and other sharp items, medicines, cleaning products, aerosol sprays, and grooming aids?
- Are hair dryers, curling irons, and other electrical appliances away from the sink, tub, and toilet?
- Does the tub or shower have rubber stickers or a rubber mat to prevent slipping?

### Child's Room

- Is the child's bed or crib away from radiators or other heated surfaces?
- Are crib slats less than 2 3/8 inches apart?
- Is the mattress firm and does it fit snugly?

- Is paint on furniture non-toxic?
- Are these items out of a small child's reach: electric cords and long toy cords, toys with sharp objects or small parts?
- Does the toy box have a safety hinge or cover?
- Are toys in good repair, have non-toxic finishes, and appropriate for the child's age?
- Is clothing, especially sleepwear, flame resistant?

#### **General Precautions Inside the Home**

- Are stairways kept clear and well lit with safety gates at the top and bottom?
- Are rugs and runners skid-proof?
- Are guards installed around fireplaces, radiators, hot pipes, and wood-burning stoves?
- Are sharp edges of furniture cushioned with corner guards?
- Are unused electrical outlets protected with child-safe caps?
- Are these items out of a child's reach: plastic bags, curtain cords and shade pulls, guns, handbags, poisonous plants, ashtrays, alcohol, tobacco products, tools, pesticides, paint, and household chemicals?
- Are buckets emptied as soon as chores are completed?
- Are windows secured with locks?
- Are fire extinguishers installed where they are most likely needed?
- Are smoke and carbon monoxide detectors installed on each floor? Are batteries changed every six months and checked monthly?
- Do you have an emergency exit plan? Does your family practice using it? Is the escape plan posted in each child's room?
- Are hot water heaters turned down to 120°F to prevent burns?
- Do you have a trigger lock on all guns?
- Are emergency numbers posted near all phones?
- Is Syrup of Ipecac in the home for poisoning emergencies?

#### **For More Information**

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- National SAFE KIDS Campaign®, [www.safekids.org](http://www.safekids.org)

# INTERNET SAFETY

#### **Did You Know?**

The average child in the United States spends two to three hours a day on a computer.

#### **Set Guidelines for Internet Use**

The best way to keep children safe on the Internet is to teach them to make wise choices about what they look at and what they participate in, such as chat rooms.

- Establish how long and under what circumstances children may use the Internet (such as an hour a day once chores are done).
- Establish what material they are to avoid, such as sexually explicit Web sites or instructions for bomb-making.
- Establish how they may communicate with friends, such as e-mail, instant messages, and chat rooms.
- Place computers in a common area, where it is easier to oversee their use.
- Discuss privacy rights (for example, under what circumstances you might read the child's e-mail or know the child's password).
- Discuss what children should do if a disturbing experience happens online, such as seeing inappropriate content by mistake.
- Never send messages when angry. Also, never send something in an e-mail that the child wouldn't say to someone's face.
- Never let children give out personal information without your permission, even to their friends.
- Never let them arrange to meet in person someone they talk with online without your permission.
- Establish consequences for breaking the rules.
- Watch for signs of "cyber bullying." About 25 percent of children grades four and above have been the target of cyber bullying, which ranges from spreading rumors to exposing secrets or distributing inappropriate photos electronically.

#### **For More Information**

Adapted or reprinted with permission from the National PTA at [www.pta.org](http://www.pta.org): "Youth, Pornography, and the Internet," National Academies Press, 2002, a comprehensive report from the National Research Council.

- Additional information on this subject can be found at <http://www.nap.edu/netsafekids>  
To contact this organization, please call 1-202-334-2605.

# PARTY SAFETY AND TEENS

## **Did You Know?**

You may be liable both for criminal charges and for monetary damages in a civil lawsuit if you give alcohol or other drugs to a minor.

## **When Your Teen Is Giving a Party**

- Know who is on the guest list.
- Agree to rules ahead of time: No drugs or uninvited guests, rooms that will be off limits, etc.
- Do not let anyone who leaves the party come back. This rule discourages people from going outside to drink or use drugs and return at a later time.
- Notify neighbors that a party will be given and that you will be supervising it.
- Tell police when you are giving a large party. That way, you can come up with an agreeable parking plan and give them a contact in case of complaints.
- Plan activities ahead of time, such as sports, movies, and dancing.
- Have lots of food and non-alcoholic drinks on hand.
- Discuss the party afterward with your teen.
- Do not allow teens to throw a party when you are out of town.

## **When Your Teen Is Attending a Party**

- Know the address and phone number where the party will be.
- Know how your teen will get to and from the party.
- Agree beforehand on a curfew.
- Make sure that alcohol, tobacco, and drugs will not be allowed.
- Talk to the parents of the party giver to offer support and to make sure the party will be supervised.
- Pick a code word that your teen can use when phoning you to get your help out of a bad situation.

## **For More Information**

Excerpted from the Parent Power kit provided by Greenville Family Partnership

- Greenville Family Partnership, 864-467-4099, [www.redribbonworks.org](http://www.redribbonworks.org)

# PEDESTRIAN SAFETY

## **Did You Know?**

Pedestrian injuries are the second leading cause of unintentional death among children age 5 to 14. That's why Safe Kids Upstate, led by the GHS Children's Hospital, schedules events with local schools during "Walk Your Child to School Week." These efforts teach traveling safely to and from school. During its 10-year existence, the group has helped cut child pedestrian deaths by half.

## **What Causes Pedestrian Injuries?**

Very few children under age 10 can deal safely with traffic. Children cannot judge speed, distance, or direction well and are easily distracted. Young children think if they can see a car then the car can see them.

Most children are struck in streets or driveways near their homes when they run between parked cars, walk along the edge of the road, or cross in the middle of the block or in front of a car.

## **Walk Safely**

Walking is a great way to keep fit. Walking instead of driving is also good for the environment and saves money. The following tips will help keep your family safe while walking.

- Never allow children under age 10 to cross streets alone.
- Always hold your child's hand. Never let the child run ahead of you.
- Always walk between your child and the road.
- Walk facing traffic.
- Always cross the road properly – children learn by copying adult behavior. Don't set bad examples.
- Stop at the curb before crossing the street.
- Cross at corners, using traffic signals and crosswalks.
- Make sure drivers see you before crossing in front of them.
- Cross at least 10 feet in front of a school bus.
- Look left, right, then left again.
- Continue looking while crossing the street.
- Never run into the street.
- Do not assume that because you can see the driver, the driver can see you.
- Wear white- or bright-colored clothes so that you and your child are easily seen.
- Carry a flashlight at night.
- Require children to wear reflective materials.
- Do not allow children to play in driveways, streets, parking lots, or unfenced yards by the street.

## **For More Information**

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)

# SCHOOL BUS SAFETY

## Did You Know?

Safe Kids Upstate, led by the GHS Children's Hospital, has an 11-minute training video available for children on the Safety Patrol: *Congratulations! You're a Safety Patrol*. Please call 864-454-1100 for information on this locally produced piece, which covers everything from crosswalk safety to proper flag handling.

## Waiting for the Bus

- Arrive at the bus stop at least five minutes before the bus.
- Stay out of the street and avoid horseplay.
- Meet parents on the same side of the street as the school bus loading/unloading zone.
- Cross at least 10 feet in front of the bus.

## On the Bus

- Remain seated and keep the aisles clear.
- Do not throw objects.
- Do not shout or distract the driver.
- Keep head and arms inside the bus.

## Boarding and Leaving the Bus

- Walk in a single file line.
- Use the handrail to avoid falls.
- Wait until the bus comes to a complete stop before exiting.
- Exit from the front of the bus.
- Be alert for the driver's blind spot (10 feet around the bus).

## For More Information

- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- National SAFE KIDS Campaign®, [www.safekids.org](http://www.safekids.org)
- [www.scbussafety.org](http://www.scbussafety.org) (video can be viewed online)

# SPORTS SAFETY

## Did You Know?

GHS Certified Athletic Training Services provides full-time trainers to each high school in Greenville County; check with your school to see if a similar program is available in your area. It also offers a Bump & Bruise Clinic for 10 weeks each Saturday during football season, which is staffed by athletic trainers, a radiology technician, and a sports medicine physician. And in a model program for the state, each high school in the county also is outfitted with at least one automatic external defibrillator (AED) and people certified in its use.

## Sports Tips

An estimated 1,000 pediatric emergency room visits involving sports injuries occur in Greenville County each year. Many of these could be prevented by preparing for the activity properly and using appropriate safety gear. Safe Kids Upstate, led by the GHS Children's Hospital, provides sports injury prevention cards to school coaches and trainers; call 864-454-1100.

## Get Ready!

- Understand the sport before playing the game; learn proper training and skill building for that sport.
- Drink plenty of fluids before, during, and after playing sports, and eat nutritious foods.
- Provide the coach and/or athletic trainer with a list of people to contact in an emergency.
- Group children according to similar skill level, weight, and size, especially for contact sports.

## Get Set!

- Warm up and stretch before playing and cool down afterward.
- Wear proper protective gear for the sport, such as face masks, mouth guards, and knee pads (don't forget sunblock and lip balm).
- Wear shoes and socks that fit well.
- Prepare for sports with proper conditioning.
- Make sure the playing field is safe.

## Go!

- Take regular rest breaks during practice and the game.
- Stop playing and have a certified athletic trainer examine a child who is hurt.
- Play by the rules, have fun, and practice good sportsmanship.

## For More Information

- GHS Certified Athletic Training Services, 864-454-2092
- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- National SAFE KIDS Campaign®, [www.safekids.org](http://www.safekids.org)
- Local sports clubs, schools, etc.

# WATER SAFETY

## Did You Know?

Since its inception a decade ago, Safe Kids Upstate, led by the GHS Children's Hospital, has helped reduce the county's pediatric death rate from drownings by 34 percent.

## Water Safety Checklist

Most drownings happen in swimming pools, but children can drown in as little as an inch or two of water. A child will lose consciousness two minutes after going under water; irreversible brain damage occurs after four to six minutes. That's why it's important to watch children at all times when they are around water.

- Always swim with a buddy.
- Children should never be alone near water.
- Never run, push, or jump on others around water.
- Learn CPR if over age 13.
- Always wear a U.S. Coast Guard-approved life jacket when you are in or near an open body of water, in a boat, or when participating in water sports.
- Remember that inflatable inner tubes and "water wings" are not safety devices.
- Enroll children in swim lessons after age 3.
- Swim only in designated safe areas of rivers, lakes, and oceans.
- Never dive into a river, lake, or ocean unless an adult is present who knows the water is deeper than nine feet.
- Keep rescue equipment and a phone with emergency numbers near the water.
- Never let a child go in the water before you test the temperature. If the water is too cold, it may affect breathing or cause cramps.
- Do not allow children to wade into water without protective footwear. Broken glass or other sharp objects may be present.
- Never swim during lightning storms or in dangerous weather.
- Never let children under age 15 operate personal watercraft.
- Do not go out on untested ice.

## Swimming Pools

- Mark deep and shallow ends.
- Keep rescue equipment and a phone with emergency numbers near the water.
- Empty inflatable pools when not in use.
- Install pool alarms and pool covers.
- Remove steps to above-ground pools when not in use.
- Place five-foot fencing around outdoor pools.

## At Home

- Keep toilet and diaper pail lids down.
- Keep doors to bathrooms and laundry rooms closed.
- Supervise children in baby bath seats and rings at all times.
- Empty buckets as soon as chores are done.

## For More Information

- [www.ghs.org](http://www.ghs.org)
- Life Center® Health & Conditioning Club (Greenville) for swimming and water safety, 864-455-4231
- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)
- National SAFE KIDS Campaign®, [www.safekids.org](http://www.safekids.org)
- Local health clubs, community pools, etc., for swim lessons

# SECTION 4:

## School Success Considerations



# AFTER-SCHOOL CARE

## Did You Know?

In families where both parents work, nearly half have a gap between the child's school day and the parents' workday.

## What to Look For

The need for after-school care has grown rapidly in the last decade. In finding an after-school program, parents should ask these questions:

- What options does the school offer?
- If the school doesn't provide after-school care, does a local child-care service?
- Are the children well-behaved?
- Are the instructors in control of the classroom?
- Do the children seem happy?
- Will the program meet the child's needs and interests?
- Is learning the central mission?
- What is the cost?
- What are the hours of operation?

## Benefits

- **Safety.** After-school programs offer alternatives to risky behaviors, such as drug use and juvenile crime.
- **Academic.** Children who receive academic support from after-school programs often improve attendance, work habits, and interpersonal skills. Providing time and space for quiet study also can improve academic performance.
- **Social.** Children can interact with other children and with adult role models.

## For More Information

- PTA, 1-800-743-3PTA (3782), [www.scpta.org](http://www.scpta.org)
- 1-800-424-2246 to find out about after-school programs in your area
- 1-877-467-4800 (toll free) for United Way's Success by Six program for tips on after-school programs

# BULLYING

## Did You Know?

Bullying is physical or psychological intimidation that occurs repeatedly, inflicts injury or discomfort, and creates a pattern of harassment and abuse. Bullying includes teasing, taunting, threatening, hitting, and purposely isolating children or spreading rumors. A recent form of intimidation, "cyber bullying," involves sending demeaning or humiliating messages or photos electronically (see "Internet Safety").

## How to Identify Bullies

Bullies typically are bigger, older, stronger, or more popular than their victims. They enjoy the victim's distress and hurt others to feel strong and powerful.

## Behaviors Associated with Bullying

- Quick to anger
- Impulsive – acts without thinking or considering the consequences of their behavior
- Easily frustrated
- Difficulty following rules
- Need to subdue others
- Feeling of being superior to others
- Aggressive toward adults
- Good at talking themselves out of trouble
- Difficulty understanding others' feelings
- Engage in antisocial behavior (stealing, vandalism, substance use, etc.)
- Put down others
- Cruel to animals
- Disobey authority
- Enjoy fighting
- Refuse to admit fear

## How to Know if Your Child Is Being Bullied

Children who are bullied often tell no one because of shame, fear of retaliation, and feelings of hopelessness. Be aware of these signs:

- Subtle changes in behavior (withdrawn, preoccupied, anxious, loss of interest in school and activities)
- Comes home with bruises and scratches, dirtied or torn clothes, missing or damaged books and property
- Loss of appetite
- Many trips to the school nurse
- Inability to sleep, having bad dreams, crying in sleep
- Repeated loss of clothing, money, or other valuables
- Appears afraid to go to school or does not want to take the bus
- Headaches or stomachaches – particularly in the morning
- Takes a roundabout route to and from school
- Feels lonely
- Becomes withdrawn when asked about his or her day
- Eats a lot after school (because lunch or lunch money was taken)

## Helping Children Handle Bullies

- Teach your children early on to steer clear of bullies.
- Teach your children to be assertive rather than aggressive or violent when confronted. Tell them to walk away and get help from an adult. Practice various responses with your children through role-playing.
- Teach your children to never use a gun or other weapon against bullies.

- Encourage your children to share information about school.
- If your child is a victim of bullying at school, inform school officials at once. Keep written records of the names, dates, times, and circumstances of bullying incidents. Submit a copy to the principal.
- Respond to your children's concerns and fears with patience, love, and support.

### **For More Information**

Adapted or reprinted with permission from the National PTA at [www.pta.org](http://www.pta.org): This excerpt is taken from an article by Tara L. Kuther, Ph.D., author of *Gimme Your Lunch Money: A Guide to Bullies and Bullying* (Parent's Guide Press, 2003).

- [www.ghs.org](http://www.ghs.org)
- 4Girls Health, [www.4girls.gov](http://www.4girls.gov)
- Safe Kids Upstate, led by the GHS Children's Hospital, 864-454-1100, [www.safekidsupstate.org](http://www.safekidsupstate.org)

## DEVELOPMENTAL MILESTONES

### **Did You Know?**

GHS has one of the largest developmental-behavioral pediatrics group in the Southeast.

### **MIDDLE CHILDHOOD (6-12)**

#### *Social and Emotional*

- Children become "worldly" and test their growing knowledge with back talk and rebellion.
- Common fears are the unknown, failure, death, and rejection.
- Friends often live in the same neighborhood and are the same sex.
- Children average five best friends and at least one adversary, all of whom change from time to time.
- Children act nurturing and commanding with younger children but follow and depend on older children.
- They begin to see other points of view.
- Children define themselves in terms of looks, possessions, and activities.
- Children learn to accept delays in getting what they "want."
- Children often resolve conflict through peer judges.
- Children are very self-conscious.
- Tattling is a common way to attract adult attention in the early years.
- To win, lead, or be first is valued.

- Children often are attached to adults (teacher, club leader, caregiver) other than their parents.
- Early in middle childhood, "good" and "bad" days are defined as what is approved or not approved by the family.
- Children are moody and their feelings get hurt easily.

#### *Physical*

- Growth is slower than in preschool years, but steady. Eating may fluctuate with activity level. Some children have growth spurts in the later stages of middle childhood.
- In the later stages of middle childhood, body changes (hips widen, breasts bud, pubic hair appears, testes develop) indicate approaching puberty.
- Children recognize the differences between boys and girls.
- Children find it hard to balance high-energy and quiet activities.
- Children need around 10 hours of sleep each night.
- Muscle coordination and control are uneven and incomplete in the early stages, but children become almost as coordinated as adults by the end of middle childhood.
- Small muscles develop rapidly, making playing musical instruments or building things more enjoyable.
- Baby teeth will come out and permanent ones will come in.
- Eyes reach maturity in both size and function.
- The addition of schoolwork (computer use, small print, intense writing) may create eye strain.

#### *Mental*

- Children begin to think about their own behavior and its consequences. In the early stages of concrete thinking, they can group things that belong together. As children near adolescence, they master sequencing and ordering skills.
- Children begin to read and write early in middle childhood and should be skillful in these areas by the end of this stage.
- They can think through actions and trace back events to explain situations.
- Children learn best if active. For example, children will learn more about traffic safety by moving cars, blocks, and toy figures than by lecturing from an adult.
- Eight-year-olds can rarely sit longer than 20 minutes.
- Toward the beginning of middle childhood, children may begin projects but finish few. By adolescence, children will focus more on completion.
- Children can start to talk through problems to solve them.

- Children can focus attention and take time to search for needed information.
- They can develop a plan to meet a goal.
- Many routines (brushing teeth, tying shoes, bathing, etc.) are now automatic.
- Children begin to build a positive self-image as a “worker.”
- Many children look for ways to earn money.

### **What can adults do?**

#### ***Social and Emotional***

- Encourage non-competitive games and help children set individual goals.
- Give children lots of attention and let them help define their rules.
- Talk about self-control, making good decisions, and why it is important to be patient, share, and respect others' rights.
- Teach them to learn from criticism. Ask “how could you do that differently next time?”
- Give positive feedback for successes.
- Assign chores to learn responsibility and feel like a contributing family member.

#### ***Physical***

- Help children feel proud of who they are and what they can do. Avoid stereotyping girls into particular activities and boys into others.
- Encourage children to balance high-energy and quiet activities. Children release tension through play. Encourage quiet reading, painting, puzzles, or board games before bedtime. Monitor and limit TV viewing.
- Schedule regular dental and physical check-ups to help monitor growth and development.

#### ***Mental***

- Ask “what if ...” or “how could we solve this” questions to help children develop problem-solving skills.
- Read signs, make lists, and count prices to practice sequencing skills.
- Ask if you can help think of ways to talk with other children as a means to negotiate social relationships.

“Middle Childhood” section reprinted with permission from the National Network for Child Care – NNCC. DeBord, K. (1996). *Childhood Years: Ages six through twelve*. Raleigh, NC: North Carolina Cooperative Extension Service.

## **THE TEEN YEARS**

#### ***Social and Emotional***

- Teens establish an identity to learn how and where they fit in the world.
- Teens establish autonomy so they can become self-sufficient one day.

- Teens start to establish intimacy, practice social skills, and learn what it really means to be a “good friend.”
- Teens become comfortable with their sexuality. How teens are educated about and exposed to sexuality will largely determine whether they develop a healthy sexual identity.
- Teens begin to see the relationship between their abilities and plans and their future career goals.
- Teens spend much time with friends.
- Teens may keep a journal as a way of working through how they feel.
- When in their rooms, teens may lock their doors as a way to establish privacy.
- Teens may get involved in many activities.
- Teens may become elusive about where they are going or with whom.
- Teens may become argumentative and question adults' values and judgments.
- Teens may not want to be seen with parents in public.
- Teens may begin to interact with parents as people and with other adults as equals.

#### ***Physical***

- Teens experience rapid height and weight gains.
- Secondary sex characteristics develop along with changing hormone levels.
- Their brains continue to develop.
- Teens need about 9 1/2 hours of sleep a night.
- They may be more clumsy because of growth spurts.
- Girls may become very sensitive about their weight.
- They may be concerned that they are not physically developing at the same rate as their peers.
- They may feel awkward about showing affection toward the parent who is of the opposite sex.
- As a result of undergoing many physical changes, teens may have more questions about sexuality.

#### ***Mental***

- Advanced reasoning skills develop, including the ability to think about multiple options.
- Abstract thinking skills develop (thinking about things that cannot be seen, heard, or touched – faith, trust, beliefs, and spirituality are examples).
- Ability to “think about thinking” develops (understanding feelings, how one is perceived by others, etc.).
- Teens demonstrate a heightened level of self-consciousness.
- Teens believe that no one else has ever experienced similar feelings and emotions.
- Teens exhibit the “it can’t happen to me” syndrome.
- Teens become very cause-oriented.
- Teens have difficulty seeing “shades of gray” – everything is black or white.

## What can adults do?

### *Social and Emotional*

- Encourage involvement in activities.
- Praise teens for efforts and abilities.
- Help teens explore career options
- Let teens establish their behavioral guidelines and consequences.
- Establish rituals to mark significant passages. Have a father-son outing when the son begins to shave, or celebrate when the teen moves from middle to high school.
- Be aware of your teen's friends and what they are doing.
- Continue to provide a structured environment even as teens gain more independence.

### *Physical*

- Don't criticize or compare the teen to other teenagers.
- Encourage teens to get enough sleep.
- Encourage and model good eating and nutrition habits.
- Encourage and model physical activity.
- Provide honest answers to questions.
- Be understanding of the need for physical space.
- Be patient with excessive grooming habits.

### *Mental*

- Don't take it personally when teens discount your experience.
- Let teens take an active role in determining how they should behave.
- Provide outlets to take part in controlled risky behavior in supervised sports such as parachuting or rock climbing.
- Provide opportunities to get involved in community service.
- Share your views and ask teens to voice their own.
- Talk about mistakes and vulnerabilities you had as a teen.

This teen excerpt appeared in Publication Number 350-850 of the Virginia Cooperative Extension Services and was authored by Angela Huebner, Assistant Professor and Extension Specialist, Family and Child Development, Virginia Tech.

### **For More Information**

- Brownlee, B. (1999). Inside the Teen Brain, *U.S. News & World Report*, August 9, 1999
- Center for Disease Control. (1997). Youth Risk Behavior Survey
- Steinberg, L. (1999). *Adolescence* (5th Edition). McGraw-Hill
- To find a developmental-behavioral pediatrician in the Upstate, visit GHS' Web site below or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org)

# GANGS

## **Did You Know?**

Eight major gangs are active in Greenville County, according to Greenville Family Partnership.

## **What Is a Gang?**

A gang is a group of people who forms an allegiance for a common purpose and engage in criminal activity. Gangs may be organized on the basis of race, ethnicity, or geographic locale. Members are as young as 9 and as old as 30; males outnumber females 20-to-1.

## **How to Identify Gang Members**

The following are some common indicators to look for if you suspect your child may be involved in gang activity.

- Poor academic progress, skipping school, lack of interest in school activities
- Large amounts of unsupervised time
- Increased conflict at home
- Frequent disciplinary problems at home or school
- Frequent contact with police
- Drawing graffiti
- Drawings or homework with the letters "B" or "C" crossed-out, inverted, or used improperly
- Using gang signs
- Not associating with longtime friends and being secretive about new friends or activities
- Changing hair or dress styles, having a group of friends with the same style
- Changing normal routines, not coming home after school, staying out late at night
- Photographs with others displaying gang signs, weapons, or gang-type clothing
- Physical signs of being involved in fights
- New-found sense of bravery
- Using a new nickname
- Demanding privacy
- Refusing to take part in family activities
- Drinking alcohol, using drugs
- Unusual mood swings or patterns of behavior
- Sudden, unexplained increase in material possessions
- Obsession with a particular color of clothing or desire for a particular logo
- Wearing baggy pants or shirts or "Dickey" style clothing
- Numbers, symbols, and writing on jeans, shoes, hats, belts, etc.
- Tattoos

If any of these signs are present, talk with your child to determine whether he or she is involved in a gang and, if so, at what level.

## Protecting Children from Gang Influence

People join gangs for a variety of reasons: the need to belong, low self-esteem, peer pressure, boredom, academic failure, and lack of employment. Parents can prevent their children from joining gangs by providing a supportive and nurturing home environment and helping them find alternatives to gang involvement.

- Spend time with your children every day. Show affection and make them feel special and important.
- Contact your local police department to find out if any gangs are active in your community.
- Start teaching your children early – from age 4 – that gangs are dangerous and do not provide positive support or positive role models.
- Teach your children what to do if gang members approach them. The best response is to walk away and tell an adult.
- Know your children's friends and families and your children's whereabouts at all times. Set definite curfews for your children.
- Because children with a history of academic failure are at high risk for gang membership, work with his or her teachers if your child has learning difficulties. Seek help from tutors and guidance counselors. Help your child with his or her homework.
- If you notice any signs of gang involvement, contact your school principal or guidance counselor, juvenile justice workers, or law enforcement personnel.
- Keep your children active in sports, clubs, volunteer work, and family and community activities.

### For More Information

- Sergeant Scott Wilson at the Greenville County Sheriff's Office, 864-241-4871
- *Before It's Too Late: Why Some Kids Get into Trouble and What Parents Can Do About It* by Stanton E. Samenow, Ph.D., Times Books, 201 E. 50th St., New York, NY 10022, 1-800-733-3000
- *Five Tips for Parents on Gang Diversion* by Triple Crown, 6607 Imperial Ave., San Diego, CA 92114, 1-619-281-0263
- *Kids and Gangs: What Parents and Educators Need to Know*, booklet by Ann Lawson. Johnson Institute, 7205 Ohms Lane, Minneapolis, MN 55439-2159, 1-800-231-5165

# HOMework

## Did You Know?

Children who spend ample time on regularly assigned, meaningful homework do better in school, and the academic benefits of homework increase as they move into the upper grades.

## Why Teachers Use Homework

- To help students understand, practice, or review work covered in class
- To determine whether students understand the lesson
- To help students learn how to find and use more information on a subject
- As a link between school and home that shows what children are studying
- To help children become independent learners
- To teach children self-management and organization

## How Much Time Should Children Spend on Homework?

- Grades K-2: 10-20 minutes a day
- Grades 3-6: 30-60 minutes a day
- In middle and high school, the amount of homework will vary by subject. Older students will also have homework projects, such as research papers and oral reports, which may have deadlines weeks away. They may need help organizing assignments and planning work times to make sure homework is ready on time.

## Help Students Get the Most Out of Homework

- Send your children to school each day well-rested, fed, and with a positive outlook.
- Take an active interest in your children's schooling. Ask about what happens at school and how your children feel about it.
- Let them know how much you care about education by continuing your own learning, both informally and formally.
- Make homework a daily activity, and help your children develop good study habits.
- Provide a quiet, comfortable study area with good lighting and school supplies.
- Set a family "quiet time" where you and your children can work together on homework, reading, letter writing, and playing games.
- Let children study in the way they learn best. For example, some children work best on the floor with background music playing. Do not have the TV on during homework time, however.
- Offer help, but don't do your children's homework. Check work for completeness, not correctness. Teachers need to see where your children are having trouble.

- Ask your children if they understand their homework. If not, work a few examples together.
- Have children show you their homework after the teacher returns it, so you can learn where they're having trouble and where they're doing well.
- Stay in touch with your children's teachers. Ask how you can support what they are teaching at school (flash cards, spelling, etc.).
- Get in touch with the teacher if you and your child don't understand an assignment or if your child is having a great deal of trouble. Almost all parents run into such problems.
- Praise your children for doing well, but avoid using money or gifts as rewards. Instead, plan a family activity or outing.
- Maintain a portfolio of "best pieces."
- Ask your school about tips or guidelines for developing good study habits.
- Help older students organize their assignments by recording them on calendars or planners, along with due dates, dates turned in, etc.

#### **For More Information**

Excerpted from *Working Parents Can Raise Smart Kids: The "Time-starved" Parents Guide to Helping Your Child Succeed in School* by John Beaulieu, Ph.D., and Alex Granzin, Ph.D.

- PTA, 1-800-743-3PTA (3782), [www.scpta.org](http://www.scpta.org)
- National Education Association, [www.nea.org](http://www.nea.org)

## MOVING TO ANOTHER SCHOOL

#### **Did You Know?**

Each year, 20 percent of people in the United States move to a new place; about half of those moves occur during the summer.

#### **Tips to Help Children Adjust to a New School**

- Keep your pre-move routines (such as mealtime, homework time, and bedtime) and rituals (such as reading a bedtime story).
- Unpack children's boxes first.
- Get involved in activities with your children at school, church, etc.
- Realize that moving can disrupt developmental progress, which causes children to return to a more dependent relationship with adults.
- Invite families over who have a child well-matched with yours.
- Have one child at a time come over, so your child doesn't feel like the "odd one out" around children who already know each other.

- Know that friendships are very important to teens and preteens; interrupting these friendships can produce anxiety and insecurity.
- Be aware that middle schoolers pick on newcomers more than anyone else.
- Let children know it takes time to make new friends and get adjusted to new surroundings.
- Seek support from the school counselor. Let that person know about special concerns you have regarding your child (behavioral problems, medications, etc.). Ask what systems are in place to help your child, such as having an orientation, assigning a buddy, getting help with special needs or challenges (English may not be the primary language spoken, for example).

#### **Signs That Children May Not Be Adjusting**

- Prolonged anxiety
- Depression
- Not sleeping, eating, interacting with others (playing with others, making phone calls), or wanting to take part in school functions
- Dropping grades
- Feeling anxious about taking the bus
- Morning stomachaches or headaches

If these signs continue, you may want to seek a referral to a child and adolescent psychiatrist or to a developmental-behavioral pediatrician.

#### **For More Information**

- PTA, 1-800-743-3PTA (3782), [www.scpta.org](http://www.scpta.org)
- For help in finding a new pediatrician, specialist, or family doctor in the Upstate, visit [www.ghs.org](http://www.ghs.org) or call toll free 1-877-GHS-INFO (447-4636)
- [www.ghs.org](http://www.ghs.org) for newcomers for local health information

## PARENT-TEACHER CONFERENCES

#### **Did You Know?**

With the right preparation, parents can get much out of the conference and gain a better understanding of what they can do to help their child succeed. Careful preparation will also help parents set the stage for an ongoing relationship with the teacher.

#### **Start Off Right**

Initially, parents should try to create rapport with the teacher. As an icebreaker, they may note something that reflects well on him or her. For example, thank the teacher for making helpful notes on homework or for the special attention in helping their child learn to multiply.

Often, at parent-teacher conferences, teachers will give parents examples of the student's work and possibly a report card. Now is a good time to discuss teaching methods and how student progress is measured. Are students assessed through tests? Portfolios? Class participation? Projects? Parents may also ask the teacher to clarify any non-academic school policies.

### **Include the Student**

Many schools find that including students in parent-teacher conferences gives the child an increased sense of responsibility for his or her learning. During the conference, students will often discuss portfolios containing pre-selected pieces of work. The student describes to the parents and teacher what is good about the work, what he or she learned, and where improvements can be made.

If the student is not participating in the conference, parents may ask their child beforehand if he or she has any concerns about school. Also, parents may wish to ask the child about his or her strengths and weaknesses and favorite or least favorite subjects. It will save time during the conference if parents have already discussed books, classes, and schedules with their child.

Parents may want to tell teachers about any significant changes that have taken place in the child's life (such as the death of a pet, a grandparent who is ill, parents who are divorcing, or a family move), or important activities in which the child is involved (4-H, scouts, community service, an after-school job).

### **Address Problems**

Parent-teacher conferences are a good time to discuss difficulties – either academic or behavioral – a child might be having at school. When problems arise, parents will want to ...

- Avoid angry or apologetic reactions. Instead, ask for examples.
- Ask what is being done about the problem and what strategies seem to help at school.
- Develop an action plan that may include steps parents can take at home and the teacher will take at school when the problem arises.
- Schedule a follow-up conference and decide on the best way to stay in touch (phone, e-mail, or letters sent home).

### **Follow Up**

When discussing the conference with the child afterward, note the good things that were covered and be direct about problems that were identified. If appropriate, explain to the child any action plans that were made.

A good way to promote a continuing relationship with the teacher is to say "thank you" with a note or a call. Continuing to keep in touch with the teacher, even if all is going well, can play an important role in helping the child do better in school. When a child knows parents and teachers are working together, the child will see that education is a high priority.

### **How Is My Child Doing?**

The average conference is about 20 minutes, so parents should plan on covering just a few topics. When putting together a list of questions, ask the most important ones early. Here are some examples:

- What is my child like during the day? Does he or she participate in class discussions/activities?
- What are my child's best/worst subjects? How can I help him or her improve in areas that need work?
- What are the standards for my child's grade level?
- How does my child interact with other children and adults?
- How much homework help should I give?
- Is my child in different classes/groups for different subjects? How are these groups determined?
- Is my child trying as hard as possible?

### **For More Information**

Adapted or reprinted with permission from the National PTA at [www.pta.org](http://www.pta.org): The article, "Preparing for a Productive Parent-Teacher Conference," is authored by Ted Villaire.

- PTA, 1-800-743-3PTA (3782), [www.scpta.org](http://www.scpta.org)

## PARENTAL INVOLVEMENT

### **Did You Know?**

Parents actively involved with their family increase their children's self-esteem, motivation, and school achievement; have children who model their own love of learning; and raise children who love, respect, and care for others the way their parents do for them at home.

### **Top 10 Ways Parents Can Help Teachers**

1. Create a smooth takeoff for your child each day.
2. Prepare for a happy landing upon returning home.
3. Give your child healthy snacks and lunches.
4. Set aside calm, peaceful times at night.
5. Remember that it's your child's homework, not yours.
6. Fill your child with a love for learning.
7. Keep books at home for your child to look at or read.
8. Work with your child's teacher.

9. Set up a system where routine items are easy to find (backpacks, shoes, etc.).
10. Let your child know that he or she is loved.

### **Top 10 Ways to Help Your Child Succeed**

1. Talk with your child.
2. Set high but realistic goals.
3. Build your child's self-esteem and confidence.
4. Keep your child healthy.
5. Model the love of learning at home.
6. Communicate with your child's school.
7. Encourage exploration and discovery.
8. Help your child develop good relationships.
9. Keep your child safe.
10. Take part in community service as a family.

### **For More Information**

Excerpted from *Busy but Balanced: Practical and Inspirational Ways to Create a Calmer, Closer Family* by Mimi Doe, M.Ed.

- PTA brochure. "100 Ways to Know More. Do More."

## SEXUAL HARASSMENT

### **Did You Know?**

According to a study by the American Association of University Women, one-third of children have experienced sexual harassment by seventh grade.

### **What Is Sexual Harassment?**

Sexual harassment is a form of violence that includes a wide range of offensive behaviors: touching, pinching, grabbing, and patting; comments about one's body; degrading graffiti on walls and bathrooms; sexual remarks, gestures, and jokes; passing obscene notes; and spreading rumors. Because many of these behaviors are dismissed as flirting, few students report incidents of sexual harassment to teachers or parents.

### **Tips for Avoiding Sexual Harassment**

- Talk with your children about the difference between flirting and sexual harassment and give examples of each. Make sure your children understand that sexual harassment is a form of violence and that it is illegal.
- Be alert to any of the following symptoms in your child: chronic anxiety, concentration problems, withdrawn or depressed behavior, insomnia, body image problems, fear of going to school, or wanting to drop courses. Discuss concerns with your pediatrician, family practitioner, religious leader, or mental health worker.

- Encourage your children to tell you about any incidents that make them feel bad, embarrassed, scared, or uncomfortable. Keep a written record of the circumstances; submit a copy to the principal.
- Request to see a written policy on sexual harassment at your children's schools. If a school doesn't have a policy in place, work with other concerned parents and staff to establish one.
- If you report an in-school sexual harassment incident to school officials without getting results, contact your state department of education to file a formal complaint.

### **For More Information**

Information from this article was excerpted from "Helping Kids Handle Conflict," from National Crime Prevention Council in association with National Association of Elementary School Principals.

- *Peer Pressure Reversal: An Adult Guide to Developing a Responsible Child* by Sharon Scott, Human Resource Development Press, 22 Amherst Road, Amherst, MA 01002, 1-800-822-2801. This book provides parents with a step-by-step approach to teaching children peer pressure reversal.
- *Tune in to Your Rights: A Guide for Teenagers About Turning Off Sexual Harassment* is a booklet that defines sexual harassment, identifies warning signals of sexual harassment, offers steps to take when harassed, and provides tips for parents and schools. For more information, write to Programs for Educational Opportunity, 1005 School of Education, University of Michigan, Ann Arbor, MI 48109-1259 or call 1-734-764-1817.
- "What Is Sexual Harassment?" / "Sexual Harassment" / "Flirting or Harassment?" / "Harassment?" / "Don't Take It!" / "Acquaintance Rape." For free copies of these five brochures, send a self-addressed envelope with 75 cents postage to: ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830.

# CHILDREN'S HOSPITAL

## Specialty Practices\*

Adolescent Medicine  
Allergy/Immunology  
Ambulatory Pediatrics  
Anesthesiology  
Behavioral Pediatrics  
Cardiology  
Critical Care  
Dentistry  
Developmental Pediatrics  
Emergency Medicine  
Endocrinology  
Gastroenterology and Nutrition  
Genetics  
Hematology  
Infectious Disease  
Inpatient Pediatrics  
Neonatology  
Nephrology  
Neurology  
Neurosurgery  
Newborn Medicine  
Oncology  
Ophthalmology  
Orthopaedics  
Otolaryngology  
Pathology  
Perinatology  
Pharmacy  
Plastic Surgery  
Pulmonary Medicine  
Psychiatry  
Radiology  
Surgery/Trauma  
Urology

\*Includes contracted physician services

## Programs and Support Services

Advisory Boards  
Burn Program  
Camps for children with chronic diseases  
CARE (Carolina Autism Resource and Evaluation center)  
Center for Developing Minds  
Center for Digestive Health  
Child Life  
Conscious Sedation Services  
Continuing Medical Education  
Cystic Fibrosis Clinic  
Developmental Evaluation Center  
Enterostomal Therapy Program  
Epilepsy Program  
FACET Program (Facial Anomalies and Clefting Evaluation Team)  
Family Connection of South Carolina, Inc.  
Family Learning Resource Center  
Greenville County Hospital School Program  
Greenville Family Partnership  
Home Health  
Infant Apnea Program  
Insulin Pump Program  
International Adoptee Program  
Kidnetics (physical, occupational, speech therapies)  
Neonatal Developmental Follow-up Services  
Office of Philanthropy & Partnership/  
Children's Miracle Network  
Pastoral Care  
Pediatric HIV Clinic  
Ronald McDonald Family Room/  
Ronald McDonald House  
Safe Kids Upstate/Children's Advocacy  
Sexual and Physical Abuse  
Teen Pregnancy Program  
Transport Program (for critically ill infants, children, adolescents)  
Wonder Center (day treatment for medically fragile children)

## Outpatient Service Locations

The GHS Children's Hospital also has outpatient facilities in these upstate locations:

- Anderson
- Greenville
- Greenwood
- Spartanburg

For help in finding a pediatrician, pediatric subspecialist, pediatric dentist, or family doctor in the Upstate, please visit the GHS Web site at [www.ghs.org](http://www.ghs.org) or call toll free 1-877-GHS-INFO (447-4636).

# INFORMATION TO KNOW

## Emergency Numbers

Fire \_\_\_\_\_ Police \_\_\_\_\_

Poison Control Center \_\_\_\_\_

Crisis/Suicide Intervention Center \_\_\_\_\_

Hospital \_\_\_\_\_ Children's ER \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency, secondary contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_ Age \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

Medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Current medications \_\_\_\_\_

Blood type \_\_\_\_\_

Immunizations \_\_\_\_\_

Personal doctor \_\_\_\_\_

Practice name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist name \_\_\_\_\_ Phone \_\_\_\_\_

Pharmacy name \_\_\_\_\_ Phone \_\_\_\_\_

If you wish someone to contact the clergy, list religion \_\_\_\_\_

Clergy name \_\_\_\_\_ Phone \_\_\_\_\_

## Insurance Information

Company name \_\_\_\_\_ Group number \_\_\_\_\_

Individual number \_\_\_\_\_ Medicaid number \_\_\_\_\_

# NOTES



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Children's Hospital



Greenville Family Partnership

To download an electronic version of this family guide,  
please visit [www.scpta.org](http://www.scpta.org) or [www.ghs.org/children](http://www.ghs.org/children)



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864-455-7000 • [www.ghs.org](http://www.ghs.org)