PARENTING IN THE DIGITAL AGE
Great Gift Ideas for All Ages

Christmas is right around the corner, and finding age-appropriate gifts can be challenging.

The team at parents-choice.org reviews and selects safe, educational, age-appropriate games, puzzles and toys for children. Here are just a few.

Monarch Life Cycle Puppet
Ages 3 and up
$39.99 • Folkmanis
amazon.com

Your child will have fun playing with this lovely, soft monarch butterfly while learning all about its life cycle from a juicy, three-in-one pupa. This Parents’ Choice Silver Award winner starts as a chrysalis, then thanks to its ingenious zipper opens first to reveal the vividly striped caterpillar and finally a colorful adult butterfly. Younger kids will especially enjoy it as a complement to Eric Carle’s beloved book, The Very Hungry Caterpillar.

Fever Phobia
Temperature … it’s merely a number

Better Sleep
Sleep clinic expands care for children affected by sleep disorders

Turning Despair into Determination
Overcoming and thriving after the tragedies of 2016

Breath of Life
Pulmonary care team helps young girl overcome complex condition

Cover Story
Parenting in the Digital Age
How to keep your child safe while they learn and have fun

Our Mission

Inspirations by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God’s people, especially those most in need.

We call forth all who serve in this healthcare ministry of Jesus Christ to God’s people, Catholic Church, we extend the healing

Great Gift Ideas

1. Cover Story
Parenting in the Digital Age
How to keep your child safe while they learn and have fun

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Parenting in the Digital Age
How to keep your child safe while they learn and have fun

Cover photo by Marie Constantin.
Flu season has arrived, and it’s time to get your children vaccinated if you haven’t already, says Dr. Michael Bolton, division director of infectious diseases at Our Lady of the Lake Children’s Hospital. Even though vaccines are effective at preventing children from contracting the flu and at minimizing its severity, hundreds of children still die annually. A vast majority of those deaths are in children who did not receive the vaccine. Dr. Bolton advises that children six months and older should be vaccinated for influenza as soon as possible. Younger children and those with immune system disorders are especially vulnerable to influenza. For some, it can be much worse. “Flu can lead to bacterial pneumonia and staph infection, which can be a fatal process as well,” Dr. Bolton says. It’s been more than six years since the last flu pandemic in the United States, which means many parents might become complacent about having their children vaccinated for the influenza virus. That would be a mistake, Dr. Bolton warns. “We know that while it can be very mild, it can also be a fatal illness. Parents should get their children vaccinated.” Although flu season has begun, it doesn’t end until late March or early April, so it’s not too late to get vaccinated. Dr. Bolton recommends getting the shot sooner rather than later, as vaccines can take a few weeks to become fully effective. Different this year is that nasal spray is no longer an option and children therefore will have to receive an injection. “The immune response was initially thought to be better and longer lasting, but as more data came in last year, it turned out not to be the case,” Dr. Bolton says.

It’s Time to Have Your Children Vaccinated for the Flu

Snow Bunny Bread (a.k.a. Carrot Bread)

Ingredients
- 1 cup all-purpose flour
- 1/2 cup whole-wheat pastry flour or whole-wheat flour
- 1/4 teaspoon salt
- 1/4 teaspoon baking soda
- 1/4 teaspoon baking powder
- 1 teaspoon cinnamon
- 1 egg
- 1/3 cup canola oil
- 1/3 cup packed brown sugar
- 1/3 cup granulated sugar
- 1 teaspoon vanilla extract
- 1 cup grated carrots
- 1/3 cup raisins, soaked in warm water and drained

Directions
1. Grease and flour a loaf pan.
2. Preheat oven to 325°F.
3. In a medium bowl, whisk together the all-purpose flour, whole-wheat flour, salt, baking soda, baking powder, and cinnamon.
4. In a large bowl, beat together the egg, oil, brown sugar, granulated sugar, and vanilla extract.
5. Add dry ingredients to wet ingredients and beat until combined. Stir in carrots and raisins.
6. Pour batter into prepared pan.
7. Bake 50 to 60 minutes, until a toothpick comes out clean.
8. Remove from oven and cool in pan on wire rack for 10 minutes.
9. Remove from pan and cool completely.

Nutritional Information
Serving size: 1 slice
Serves: 16
Calories: 120
Total Fat: 5g; Saturated Fat: 0.5g
Cholesterol: 15mg; Sodium: 75mg
Total Carbohydrate: 18g
Dietary Fiber: 1g
Sugars 11g; Protein: 1.5g

Find more healthy recipes at eatright.org.
Breath of Life

Pulmonary care team helps young girl overcome a complex condition

Anna Catherine Thibodeaux has survived more medical complications in her first two years than most adults will have in a lifetime.

Born on Feb. 1, 2014, to Brian and Danyale Thibodeaux after only 24 weeks of a 40-week term, Anna Catherine was beset by a myriad of complications and diagnoses. When she arrived in the neonatal intensive care unit she weighed only a pound. She spent her first nine months there clinging to life, and coded multiple times.

“I was told she would not survive, that she had a zero percent chance to live,” says her mom, Danyale, a former assistant vice president for a credit union who quit her job to oversee Anna Catherine’s around-the-clock care.

Today, Anna Catherine is nearly three years old. She continues to fight to overcome a tangle of medical conditions, none more important than those affecting her lungs.

An external ventilator breathes for her, although her mom hopes one day she’ll outgrow that need. Anna Catherine has had multiple procedures and operations to protect her delicate lungs.

Anna Catherine’s pulmonary care is directed by Dr. Thomas Horsman and the rest of the medical team at Our Lady of the Lake Children’s Hospital.

“When we go, all the staff know Anna Catherine,” Danyale says. “We have a huge team; the whole team is so professional, and I love all her doctors.”

Because of Anna Catherine’s complex breathing issues, Dr. Horsman is a vital leader on her care team. “He pays attention and he listens to me as a mom,” says Danyale.

Anna Catherine’s condition is complex and severe, and unfortunately isn’t the only one. The need for pediatric pulmonary care continues to grow as more premature babies survive, yet need consistent care and support from pulmonary specialists.

The pediatric pulmonology group continues to expand and is now provided at satellite clinics, so that patients can receive these critical services in their own communities.

“Our mission is to provide pulmonary care for the pediatric patient that is comprehensive, state-of-the-art and accessible,” says Dr. Horsman.

In addition to expanding locations where care is available, the pediatric pulmonary team recently added two physicians who bring expertise as well as experience in treating Louisiana children.

In July, Jessica Brown, DO, MPH, and Andres Carrion, MD, joined the team, which already includes pediatric pulmonologist Rafael Cilloniz, MD, and sleep medicine specialist Dwanye Henry, MD.

Dr. Brown is Board Certified in sleep medicine. She and Dr. Henry are providing the latest treatment of sleep disorders.

Meanwhile, Dr. Carrion holds the distinction of being the first staff physician to have completed his residency at Our Lady of the Lake Children’s Hospital, and then to have left and completed a Fellowship in a subspecialty before coming back to join the team.

“Their addition will allow the development of new programs and improvement upon our current programs so that we can provide comprehensive and cutting edge pulmonary care that meets the needs of any pediatric patient,” Dr. Horsman said. “It also improves patient access to care. More providers means shorter wait times for new patients to be seen and more accessibility for our current patients to be seen for an acute illness.”

With Dr. Brown and Dr. Carrion on board, the pediatric pulmonary team can explore adding programs for the treatment of highly complex pulmonary problems.

For now, they’re helping to provide improved access and more experience in the pulmonary function test lab, bronchoscopy, tracheostomy and home ventilator, as well as in the treatment of asthma, sleep disorders and chronic lung disease of prematurity.

The Thibodeaux family is thankful for the pulmonary team that’s helping Anna Catherine battle and overcome her many medical complications.

“Anna Catherine is perfect for us; she completes our family,” Danyale says. “She’s happy from the time she wakes up to the time she goes to bed. And at the end of the day, I’m lucky.”

The Pediatric Pulmonary Medical Team

The pediatric pulmonologists at Our Lady of the Lake Children’s Hospital diagnose and treat issues related to breathing and sleep, especially in the general functioning of a child’s respiratory system.

They treat approximately 5,000 patients annually, and work with allergists and immunologists to treat underlying problems that cause difficulty breathing including asthma, cystic fibrosis, neuromuscular conditions, and chronic lung disease associated with premature birth.

They also support families in managing tracheostomies and ventilators, and perform approximately 150 bronchoscopies annually.

• Dr. Jessica L. Brown — Board Certified in general pediatrics and pediatric sleep medicine; Board Eligible in pediatric pulmonology
• Dr. Andres Carrion — Board Certified in general pediatrics and board eligible in pediatric pulmonology
• Dr. Rafael Cilloniz — Board Certified in pediatric pulmonology
• Dr. Dwanye Henry — Completed separate Fellowships in pediatric nephrology and sleep medicine; Board Certified in sleep medicine
• Dr. Thomas Horsman — Board Certified in pediatric pulmonology
Poor habits such as staying up watching TV, watching TV in bed, and eating in bed all disrupt sleep, and children usually pick up such habits from their parents. “This is tough to say, but it’s usually not a child’s problem; it’s usually a parental guidance thing,” Dr. Henry says. “We educate parents to help them understand the importance of modeling and encouraging healthy sleep behaviors.”

Something else that surprises parents: medications are not used to treat sleep disorders in pediatric patients. “A lot of parents come in expecting medication will be prescribed for their child,” Dr. Henry says. “The majority of the time for the child with insomnia, it is behavioral or something disrupting the sleep. The goal is fixing whatever that is, or instructing the parent how to help the child get more and better quality sleep. This can also prevent some of the bad things that happen during the day, such as falling asleep and not being able to retain what they learn.”

Primary care physicians usually refer patients to the sleep clinic, where they are evaluated through interviews with the doctors. Depending on the symptoms, they may be sent for a sleep study during which they spend a night in the clinic while being monitored and observed.

But in many cases, the remedy is behavior modification, including going to bed at consistently earlier times and other tactics. The good news, Dr. Brown says, is that parents can make a real difference for their children by becoming aware of the family’s sleep habits and then establishing and sticking to a routine.

“Sleep is a behavior, and with training it can get better,” Dr. Brown says. “It can take time to modify and change that behavior, and it’s important to stick to these routines and basics. It will get better.”

To remain healthy, your child needs to get adequate sleep—restful, uninterrupted sleep.

The two biggest goals for sleep medicine are to make sure kids get enough sleep for their age, and to make sure it’s good sleep,” explains Dwayne Henry, MD, pediatric sleep medicine specialist at Our Lady of the Lake Children’s Hospital in Lafayette, LA.

Dr. Henry and his fellow pulmonology specialists are providing state-of-the-art sleep medicine to Louisiana’s children.

Most sleep disorders aren’t medical in nature. Rather, they are behavioral—and it’s often the behavior of the parents.

Dr. Brown and Dr. Henry know each other well; they are husband and wife. Dr. Henry has been director of pediatric sleep medicine since November 2014. “We definitely bounce ideas off each other,” says Dr. Brown. “Especially with atypical patients, we run ideas by each other, as we do with our other colleagues. It’s a great collaboration.”

In addition to treating patients at Our Lady of the Lake Children’s Hospital in Baton Rouge, Dr. Brown has started to see patients in the satellite clinic in Lafayette.

Sleep medicine began to grow as a specialty in the early 1980s, Dr. Henry says. At first pulmonologists provided care for sleep disorders, but since then the number of specialists has been growing; however, that growth has occurred only in the last 10-15 years.

Most children referred to the sleep clinic are either overly sleepy during the day, or they’re unable to fall asleep at night. Most are diagnosed with either obstructive sleep apnea—interrupted or difficulty sleeping—or insomnia.

But what surprises many parents, Dr. Henry says, is that most sleep disorders aren’t medical in nature. Rather, they are behavioral—and it’s often the behavior of the parents.

“Kids sleep how their parents teach them to sleep,” says Dr. Henry.

5 Ways You Can Help Your Child Sleep Better

1. No electronics in the bedroom
2. No electronics or TV two hours before bedtime
3. Limit extra-curricular activity so they get to bed consistently on time
4. No caffeine or sodas in the evening
5. Set good examples during the day (in class)

In Young Children
- ADD/ADHD-type symptoms
- Irritability
- Hyperactivity
- Difficulty controlling impulses
- Poor learning

Adolescents
- Often a mixture of the above symptoms, as well as:
  - Frequent naps after school
  - Snoring and snore- arousals from sleep
  - Often falling asleep during the day (in class)
  - Excessive sleepiness
  - Waking up with headaches
  - Waking up with dry mouth
  - Moodiness

How Much Sleep Do We Need?

<table>
<thead>
<tr>
<th>Infants 1 year and younger</th>
<th>School-age children through pre-teens</th>
<th>Adolescents</th>
<th>Adults</th>
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<td>16 to 18 hours</td>
<td>10 hours</td>
<td>9 hours</td>
<td>8 hours</td>
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Pediatric Pulmonologists Dwayne Henry, MD and Jessica Brown, DO provide state-of-the-art sleep medicine to children.
On Christmas Eve at Our Lady of the Lake Children’s Hospital, nurses, team members, and volunteers go to great lengths to bring holiday cheer to our patients. For nurses like Melissa Catalanotto, the day is often filled with touching and unforgettable moments. She recalls one chronically ill special needs child whose parents had urged staff to discharge him in time to celebrate his first Christmas at home. However, he required a piece of specialized breathing equipment to safely make the trip home. But it was Christmas Eve so finding such equipment proved difficult. Catalanotto, her fellow nurses, social workers, hospitalists, and anyone else she could corral started making calls to medical equipment providers to find the equipment he needed, but all with no luck. “It was heartbreaking,” she recalls.

Children who find themselves in the hospital at Christmas get a personal visit from Santa Claus. For kids with illnesses that don’t allow extra visitors, Santa leaves gifts outside their door for them to open at a later time. Instead of elves, nurses cheerfully help St. Nick deliver his toys.
Finally, about 6:30 p.m., someone came through with the equipment, and the patient got to go home for his first Christmas. “It was very important to his family,” she says.

Some children aren’t so lucky and wind up spending Christmas in the hospital. Catalonatto remembers a recently adopted infant with medical complications who couldn’t go home. Her new adoptive mother and grandmother made the most of the situation by decorating her room and having their own miniature celebration. “They let me be part of that; it was so special,” Catalanotto says, fighting back tears. “She got her first baby doll, there was a little Christmas tree. It made my day.”

Christmas is also special for team members, says pediatric nurse Chelsea Allen. “Some of our medical residents brought cookies to thank us, which was so nice,” Allen says. “And the families of children who are here, especially if they’ve been here a while, are so thankful for what everyone does at Christmas.”

But for the kids, it’s all about Santa. He gathers donated gifts and distributes them to every child and sibling. He also makes up gift sacks for children who get admitted to the hospital after he leaves. Pediatric Intensive Care Unit RN Jessica Handy remembers one child who was especially thrilled. “I was taking care of the sweetest 7-year-old little boy, who had been a complete joy to care for, and he was getting to be transferred out of the PICU when Santa came in,” Handy recalls. “When the little boy saw the huge bag of gifts he gasped and asked Santa, ‘I was on the nice list?!’ To which Santa responded, ‘Of course!’ He was so thrilled and it made our day.”

If Shawn Wolkart had her way, every patient bed would be empty so children could celebrate Christmas at home. “Health permitting, we try to get them out by Christmas Eve night,” says Wolkart, division director of nursing at the children’s hospital. The community, staff and Santa always make Christmas cheerier for children who are in the hospital, Wolkart says. “We get volunteers who come and sing songs, and they feed the staff; team members bring presents for the children and even their siblings,” Wolkart says. “Santa finds out the name of all the patients and their siblings and greets them personally.”

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Announcing a New Christmas Donation Drive

Join us December 16–18 for our three-day holiday donation drive and help us “Deck the Halls” of Our Lady of the Lake Children’s Hospital. It’s a great way for friends, family and community members to bring joy and happiness to hospitalized children this season. Every donation makes a difference.

To learn more about making a donation during this drive, visit olochildrens.org/deckthehalls.
Turning Despair into Determination

By Lee Tynes, MD, PhD

1. Acceptance

The events of this summer have worn tremendously on the mental health of our community.

As a Hurricane Katrina survivor, I know the emotions of dealing with flooding are not all evident immediately. While some of those affected seem to be moving on, others are beginning to feel despair. Feelings of hopelessness or feeling overwhelmed are all too true for these victims. It seems like the situation is insurmountable. I can tell you, for most people, this feeling will eventually fade, but it does take time.

Remember that recovery is a marathon, not a sprint. You must pace yourself to minimize undue stress and stay healthy. What can you do to combat these feelings of despair?

1. Acceptance

You have to accept that this tragedy has happened to you and your family and create a plan to move forward. Identify the problems that need to be fixed and create solutions that work for you. Having a plan to move forward will help reduce stress and create determination.

Try these mantras to help you or your family cope:

- “I am not sure why this happened to us, but together as a family, we will get through this.”
- “I cannot control a natural disaster, but I can control how I will recover.”

2. Acknowledgement

Acknowledge your own strengths, but also know when to accept help. Know you are not alone in this tragedy and rely on the help provided by others. Also know when to ask for help.

Try these mantras to help you or your family cope:

- “It is not a control of a natural disaster, but I can control how I will recover.”

3. Life Balance

Like anything else in life, there must be balance. While working to rebuild your house, remember your need for distraction and entertainment. Take care of yourself physically, get back to your routine as much as possible, and get enough sleep. Maintain relationships that were important to you prior to the flood including your spouse/partner, children, friends and family.

You should see a healthcare provider if feelings of despair continue for weeks or months without any improvement, particularly if you feel you are suffering from depression. Red flags include severe loss of hope for the future, loss of the meaning of life, loss of ability to function in your normal life, and suicidal thoughts.

Stay vigilant for such signs in those around you and offer support when needed, while also remaining open to feedback and support from those you trust.

Hang in there, you can do this!

“Hang in there; you can do this!”

“I can do all things through Christ Who strengthens me.”

Philippians 4:13

Dr. Lee Tynes is the Medical Director of Mental and Behavioral Health at Our Lady of the Lake Regional Medical Center. Dr. Tynes is an Assistant Clinical Professor of Psychiatry with LSU Health Sciences Center Department of Psychiatry and faculty in the LSU—Our Lady of the Lake Psychiatry residency program. His home took on six feet of water from Hurricane Katrina in 2005.

The holidays can be difficult emotionally, especially for children whose families experienced the trauma or disruption of the severe floods in 2016.

But there are ways you as a parent can help your children cope during the holidays, says Dr. Joe Grizzaffi, child and adolescent psychiatrist and an assistant clinical professor with the LSU—Our Lady of the Lake Psychiatric residency program.

1. If you as a parent are feeling overly anxious or depressed this holiday season, you should see about getting some help for yourself. Children, especially young children, often take cues from parents as far as how they should feel.

   “As a parent you’re upset, angry or fearful, your child potentially can pick up on that and similar feelings may occur with the child.”

   Dr. Grizzaffi says, “Kids are very good at picking up things even if parents try to hide it.”

2. Children are better off knowing something about their family’s stressful situation rather than nothing at all. “If they don’t have some sense of what’s up, they’ll often have fantasies about what’s going on that can be worse than the actual circumstances,” Dr. Grizzaffi says.

   Parents can give children enough information appropriate for their age.

3. Reassure them repeatedly and over time that things will be okay. Be alert to children’s morale, and stay positive in reassuring them things will improve.

4. If your home has been disrupted, it’s important to try to follow through with your family’s typical holiday customs and traditions. “This emphasis is, ‘we’re together as a family, we’re safe, this is upsetting, but we’re addressing it,’” says Dr. Grizzaffi.
The digital world in which your children live is moving at light speed. For parents, it’s a challenge to simply understand the devices your child uses, let alone the nonstop torrent of data, apps and digital content they experience. Ensuring your child thrives and learns while remaining safe is much harder for parents today than previous generations.

Parents today must ask difficult questions, and the answers aren’t always clear. How much is too much screen time? Which mobile apps are age-appropriate? Which mobile apps are harmful or deceptive? How much personal information is my child sharing online? Am I as a parent sharing too much about my child on social media?

A few decades ago, it was much easier for parents to monitor what their children were exposed to through media and technology, says Joseph Grizzaffi, MD, a Board Certified general and child/adolescent psychiatrist and assistant clinical professor of psychiatry with LSU Health Sciences Center. “Parents had a better ability to shield children, since most of what we were exposed to was on the TV or the radio,” Dr. Grizzaffi says. Working with children and adolescent patients today, Dr. Grizzaffi frequently sees the negative effects that digital technology and media can have.

According to the American Academy of Pediatrics, excessive media use can lead to attention problems, difficulties in school, sleep and eating disorders, and obesity. Additionally, anxiety disorders, age inappropriate behavior, and risk-taking behavior can all be worsened by exposure to adult-oriented material and themes. Smart phones, tablets, computers, and social media expose children to the world at much younger ages, and they’re often not yet equipped to cope with it.

Parents have no choice but to learn and stay informed about the technology and the content, Dr. Grizzaffi says. Continued »
Children today are digital natives, while parents are digital immigrants who learned as adults. “It’s a struggle to keep up with our children’s use of technology,” he said.

Digital technology and content can profoundly affect children from infancy through adulthood. Technology and media affect their cognitive development, language and behavior. To help parents find their way through this new digital world, we have put together a series of helpful tools, guides and information aimed at giving parents the background they need to raise digitally competent and responsible kids.

Act the way you expect your child to act.

Your kids are watching you more closely than you might realize.

“Regardless of whether or not children find something interesting, they are never going to get ahead in life if they can’t apply themselves to tasks that aren’t appealing to them,” he says. “The real challenge ahead in life if they can’t apply themselves to tasks that aren’t appealing to them is not doing the things you find appealing, but that presents an opportunity to begin teaching an important life lesson.”

Parents and technology are equally addictive for adults, and children of parents who obsessively use smart phones are likely to do so themselves.

Have you ever repeatedly checked your device when waiting for a message, perhaps even while someone is talking to you in person? Or perhaps you’ve checked to see how many “likes” your post received on social media? Having that smart phone “can be like walking around with crack cocaine in our pocket; it’s incredibly addictive,” Dr. Christakis says. This is important because the most important way parents can teach their children how to use technology in healthy ways is to model healthy behavior.

Tips for modeling healthy behavior:

• Require everyone in the home to turn off mobile devices at the dinner table.
• Never check messages or look up numbers behind the wheel.
• Put devices away two hours before bedtime to improve sleep.
• Rather than limit your child’s screen time, require them to spend a minimum period of time each day doing activities that don’t involve screens, such as playing outside, reading or playing non-digital games.

Inappropriate content can be worse than device addiction.

There are benefits and advantages for children who are savvy at learning and adopting new technologies and the latest devices. More important than gadgets themselves is how your child reacts to the content. Some video games can encourage risky or mature behaviors in pre-teens and adolescents.

Younger children are vulnerable to rapid-paced programming and games, which can over stimulate their young minds. Studies have proven children perform poorly in academic skills after they’ve watched hyper kinetic programs that jump quickly from scene to scene, says Dr. Christakis.

Parents should require their children to watch only age-appropriate programs, and to discourage young children from watching fast-paced shows.

Of course, children may find slower-paced shows less exciting, but that presents an opportunity to begin teaching an important life lesson.

“Regardless of whether or not children find something interesting, they are never going to get ahead in life if they can’t apply themselves to tasks that aren’t appealing to them,” he says. “The real challenge in succeeding is not doing the things you find appealing or fun; it’s applying your mind and maintaining focus on things you don’t find fun.”

Continued »
Shut off phones two hours before bed

Our brain is highly sensitive to the intense light given off by digital screens. Blue light emitted from screens suppresses the production of melatonin, which helps children sleep. Children and teens need 10 hours of sleep each night. There is now a setting on phones called “Night Shift Mode” that changes the color of the screen from blue light to yellow/red light. Still, it’s a good idea to put away phones a few hours before bed. Beyond the screens themselves, kids who are using phones for social media, messaging or posting may still be thinking about the activity long after the phone is off, including wondering what kind of reactions their media provides plenty of opportunities. For example, explore different scenarios that parents should carefully and aggressively monitor and control the effects of media. teens need 10 hours of sleep each night. It can be used to send inappropriate material. TeenSafe.com warns parents to be wary of allowing teens to use Snapchat.

Teens often copy risk-taking behaviors

There’s a strong case to be made that parents should carefully and aggressively monitor and control the kinds of programming they allow their teen children to watch. Teens imitate behavior they are exposed to, particularly ideas from media and friends. This can be both positive and negative. A parent’s job is to mediate the effects of media. Parents should discuss risk-taking behavior with their teen children, and media provides plenty of opportunities. For example, explore different scenarios in television shows and let your teenager in on the digital age. As a parent, it’s helpful to stay informed so you know what your children are talking about. Here are some general abbreviations courtesy of stylecaster.com, a web site that tracks pop culture trends.

OMG, What Do All Those Letters Mean?

Whether it’s text messaging, Snapchat, Twitter or Facebook, social media is all about brevity. Teens continue to come up with new and original acronyms. As a parent, it’s helpful to stay informed so you know what your children are talking about. Here are some general abbreviations courtesy of stylecaster.com, a web site that tracks pop culture trends.

Parents should actively monitor and guide how their teenagers use social media. These tips from Child Development Institute can help:

Wait until 13. That’s the age required to open accounts on Facebook, Twitter, Tumblr and Pinterest. Enforce the age restrictions in your home. Connect. Set up your own accounts and require that your child connect with you via all social media sites, and monitor their activity.

Check privacy settings. Be sure your child sets up appropriate privacy settings to avoid revealing too much personal information online. On Facebook, for example, only friends should see what your child is posting.

Monitor usage. Monitor your child’s usage with tools like NetNanny or Teensafe. Learn what sites your child visits, how long they stay there, and their general online activity.

Keep the computer in common areas. Keep the computer where it’s available and visible to everyone in the home.

Teach about Internet consequences and dangers. Teach children to think long and hard before they post anything, and to never give out personal information.

The social media basics

Although Facebook is widely used by adults, it’s less popular among teens. Provocative posts often go viral and are spread to strangers. Twitter allows users to share brief messages. The catch: Tweets often go viral and get seen by more people than intended.

Danger! These apps can spell trouble for kids

Teens today use any of a wide array of stealth apps, or good old-fashioned deception, to share private text messages, racy photos or other inappropriate material with each other. For example, an app icon may resemble a calculator, but actually be used to share photos.

As a parent, you aren’t without help. There is a couple of ways to determine if your child is hiding social media apps, including being aware—and wary of—deceptive apps.

Snapchat lets users send photos that disappear after a few seconds. Since it can be used to send inappropriate material, TeenSafe.com warns parents to be wary of allowing teens to use Snapchat.

Photo Holder, App Locker, and Calculator® are older apps that let users hide media and activity.

Poof hides other apps kids don’t want parents to find. It’s technically no longer available, but some kids still have the app.

Vault is an Android app that lets users hide photos, videos and other media away from the main storage in a password-protected vault. It even takes a picture of any person who types in the wrong password.

Hide It Pro allows users to hide media; the app itself is disguised as an “Audio Manager” for the smart phone. Pressing and holding the app screen reveals a lock screen behind which users hide media.

Warning signs that your child is trying to hide activity from you: missing browser history, obvious missing chunks from text conversations. •

Social Media Safety

Be a Parent, Not a “Sharent”

It’s one thing to be a proud parent; it’s another to simply share too much about your children online.

It’s called sharing. Any loving parent is susceptible to crossing that invisible line that separates warm or funny moments from beautiful memories. Some blogs and websites are dedicated to celebrating the most uncomfortable examples of over-sharing.

Good sharing: first day back-to-school pics, which have become a neat way parents to document their children growing up.

Over sharing: “adorable” pictures of children in bathtubs or naked may seem harmless but are not a good idea. Good sharing is your child’s first attempt at baking a misshapen, lopsided cupcake. Over sharing: A parent posted a photo of her child’s vomit on the kitchen floor with the caption “This is what I had to clean up today.”

Because your child may not understand your online life, think about what they would prefer: pursuing an impulsive post you may regret later. If you’re not sure, ask them if they would want what you plan to share about them.
For at least three decades, many parents of children who have gotten sick have become obsessed with their child’s temperature, believing it to be the ultimate guide of their child’s condition. What parent hasn’t nervously checked the thermometer, silently hoping it didn’t climb to a dreaded number? Whether the parent learned it from their grandmother or saw it on TV, it used to be a common fear that high fever caused brain damage.

It turns out that grandma, as well as those TV shows, were wrong. That’s because healthy children aren’t really at risk for brain damage.

In fact, that’s just one of several myths, misconceptions or outdated ideas we have about temperature, says Christopher Woodward, DO in the Emergency Department at Our Lady of the Children’s Hospital.

Dr. Woodward has made it his mission not only to care for children and adolescents, but to educate parents to better understand fever, its role in gauging the health of their child, and debunking commonly held myths and misconceptions.

According to Dr. Woodward, these are five big facts parents need to know.

1. An otherwise healthy child with fever is not at risk for brain damage.

Healthy children are not at risk for suffering brain damage as a result of high fever. “If you’re a normal, healthy child and don’t have previous brain damage, you cannot get your brain to a certain temperature that it causes brain damage,” Dr. Woodward says.

Yet he regularly encounters parents in the Emergency Department who believe the higher fever the greater the risk to their child.

In the vast majority of cases, fever is not a bad thing. “Fever is a response by the body to fight infection; it actually helps the body fight some infections,” he says. Parents don’t need to worry about the number on the thermometer. “If I had my way thermometers would just say, ‘yes’ there is a fever or ‘no’ there is not,” Dr. Woodward says.

2. A high temperature is no worse than a low-grade fever.

Parents fear high fever, and often a particular number. They tend to put too much emphasis on the number and not enough on their child’s overall condition. “Fever is fever,” Dr. Woodward says. He suspects that the prevailing misconception originated from a medical research paper published in 1985. The study looked at risk factors for meningitis, a bacterial infection that can cause brain damage. Buried in that study was some data that said children whose fever rose to 104 degrees were at risk for meningitis and could suffer brain damage.

“This got confused in the general public more than it should have,” Dr. Woodward says. “Parents often worry excessively about reducing their child’s fever to the exclusion of other, more important signs of ill health.

3. Your child’s temperature is less revealing than basic observations.

A child’s temperature is merely one of many indicators. Dr. Woodward uses in the Emergency Department to evaluate a sick child. More important than a child’s temperature is whether your child feels warm or cool. Are they drinking and eating normally? Are they behaving normally for their age? Are they able to sleep? Is there something that’s really bothering them? Parents should watch for these signs in addition to whether or not the child has fever, rather than how high it is.

As it turns out, all of the children in the study who were diagnosed with meningitis had one of two strains of bacteria which the new vaccines protect against. “The only meningitis found in that paper [is one] we now immunize against,” say Dr. Woodward. “This is more evidence that supports vaccinating your children.”

4. The only reason to treat fever is to help your child feel more comfortable, not to cure them.

Parents often worry excessively about reducing their child’s fever to the exclusion of other, more important signs as mentioned above. Some parents will stay up all night fretting over their child’s high temperature, administering fever-reducing medicines like Motrin or Tylenol in a tense effort to bring the number down.

Dr. Woodward says reducing a fever is not the priority when it comes to making children better. The only reason to reduce fever is to make a child more comfortable.

“If you treat fever too aggressively, some viral infections can be prolonged. If you don’t allow the body to have its natural response to infection, you can actually increase the length of infection you’re going to have.”

5. A high temperature does not cause seizures.

Some children can suffer seizures while they have fever, and parents have long believed these were triggered by high fever. But the latest thinking, he says, is that it’s not a high temperature that causes these seizures, but a rapid spike in temperature.

“Febrile seizures happen during the change; if they go from 99 to 102 quickly, that’s what causes it, not the height of the fever,” Dr. Woodward adds.

Administering fever reducers does not prevent seizures.

“When we do random studies that look at aggressive fever control versus none at all, we see the same number of febrile seizures,” Dr. Woodward says.

Regardless of the reason, a child who has both fever and a seizure should come to the Emergency Department, says Dr. Woodward.

In summary, parents need to focus on the child’s symptoms and not the fever. A child’s temperature is merely one of many indicators Dr. Woodward uses in the Emergency Department to evaluate a sick child. More important than a child’s temperature is whether your child feels warm or cool. Are they drinking and eating normally? Are they behaving normally for their age? Are they able to sleep? Is there something that’s really bothering them? Parents should watch for these signs in addition to whether or not the child has fever, rather than how high it is.

Parents often worry excessively about reducing their child’s fever to the exclusion of other, more important signs of ill health. Take your child’s temperature to determine whether they have fever; however, don’t worry so much about the actual number itself.

For infants four months or younger, the most accurate temperature-taking method is a rectal thermometer. For older children, you can get an accurate reading under the tongue or under the arm.

It’s okay to use fever reducers to help your child feel more comfortable, but if your child isn’t unusually cranky or miserable, it’s okay to let fever run its course. Remember that fever reducers are only for relieving discomfort; they won’t make your child well. Finally, never wake a sleeping child to administer fever reducers— if they’re sleeping, they’re comfortable.

Bottom line: focus on reading your child, not the thermometer. Don’t assume your child has to have a certain high temperature to seek care. However, any time you’re worried about your child’s health, if they’re not behaving normally and they exhibit the signs mentioned above, take them to the doctor.
Bedside Candor
Family Advisory Council Helps Improve Our Lady of the Lake Children’s Hospital

Jason and Denyse Englert know a thing or two about pediatric healthcare. Their 11-year-old daughter Hannah, who has various medical conditions, has been hospitalized multiple times at Our Lady of the Lake Children’s Hospital, explains Jason, a physical therapist and acute medicine supervisor at Our Lady of the Lake Regional Medical Center. The Englerts have seen comfort supplies because I have nothing with me!”

Parental Guidance Welcomed
The Englerts are one of 22 families who serve as volunteers on the Family Advisory Council at Our Lady of the Lake Children’s Hospital. They provide candid, first-hand feedback and suggestions on how things can be done better. Advisory council members come from different backgrounds and live in different cities, but they share one thing in common: their children have been patients at the children’s hospital.

Their experiences, observations and suggestions are of great value in helping the hospital make improvements both large and small, says Melissa Anderson, director of community relations and business development and the liaison to the Family Advisory Council. “It’s the most rewarding initiative I’ve been involved with,” Anderson says. “It’s remarkable our organization is being that vulnerable… How often do you go to the very people you care for and ask, ‘How can we do a better job?’ And we take their suggestions seriously.”

Mommy and Daddy Know Best
The Family Advisory Council’s objective is to influence positive change to improve the experience and outcomes for other patients and families. Doctors, nurses and other medical staff nominate families for consideration for a three-year commitment to serve on the advisory council. By design, the group is diverse geographically, ethnically and by the type of care their children received.

The Family Advisory Council helped redesign the white erase boards in patient rooms. The white boards will soon feature essential details and information that parents on the council said they wanted to know, such as the names of nurses and doctors and what medications are being administered.

When the nutrition team proposed new dishes for the inpatient menu, advisory council members and their children were invited to conduct a taste test and give input before the changes were implemented.

They were even invited to check out how clean the hospital is, donning white gloves and showing up to perform surprise inspections. Managers from the housekeeping department trailed them to see and learn from their observations first-hand. Anderson says this made the exercise meaningful for the parents and hospital.

“The managers were so good about going in and making changes!” she says. “We understand it’s going to make us better.” As construction continues on the freestanding children’s hospital, input and suggestions from the advisory council are guiding important decisions about design and processes, Anderson says.

“They look at everything—from the admissions process, to materials given to families—we think we know what they want, but the first thing they said is we don’t read all these papers,” says Anderson. The top things parents want to know include where they can get food, how do they get a parking pass, and what are the visiting rules.

“We’re incorporating their suggestions,” she says.

Another benefit for advisory council members is the therapeutic effect of sharing each other’s stories. At the first meeting of each new year, members share stories of their children’s illnesses and injuries. These exchanges are raw with emotion, with tears shed for each other.

Megan and Ryan Southall nearly lost their son Atticus at a birthday pool party. With kids and adults around, four-year-old Atticus was spotted face down in the pool. Ryan performed CPR, and on the way to the Emergency Department, Atticus was responsive, but his condition quickly deteriorated. Only after weeks in the pediatric intensive care unit at Our Lady of the Lake Children’s Hospital did Atticus eventually make a full recovery.

The advisory council meets every few months, and other than basic guidance from hospital staff, they set the tone and direction of the group’s efforts. For the Southalls, both teachers at Zachary High School, they certainly did not think they were qualified for consulting on how to operate a children’s hospital.

“We just think we’re regular folks who have nothing special except our own experience, so when Melissa Anderson called, we were not only humbled but surprised,” Megan recalls. “Who are we to be part of it? She said, ‘Actually, that’s the entire idea behind it.’”

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“He’s a typical five-year-old guy now,” says Megan.

The Southalls welcome the chance to share their insights and suggestions in hopes that children and families will have less anxiety or discomfort in the hospital.

“Parents are the emotional stakeholders, the ones who feel their experience could ease the process for other patients,” she says. “We want to help others.”

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One of Baton Rouge’s most exciting annual family events is fast approaching, which means it’s time to stretch those legs and hit the road.

The 2017 Our Lady of the Lake Children’s Hospital Amazing Half Marathon will take place the weekend of March 11–12, 2017, with the Expo opening on March 10. Held in Baton Rouge, the event features various races for everyone from experienced runners to children.

There are great race t-shirts and swag bags, valuable health and fitness information, and all manner of activities and refreshments for adults and children of all ages.

The centerpiece is the half marathon, which will be held at 7 a.m. Sunday, March 12. It’s an event that requires a strong commitment and months of training and preparation, but those who complete it join a rarified group who proudly sport “13.1” mile bumper stickers.

The inaugural half marathon was held earlier in 2016 and was a success with more than 2,000 participants. Now’s the time to prepare, train and get excited about this positive community event. We’ve put together some helpful tips, tactics and life hacks to help you get started with your race preparations.

Training Nutrition

Whether you’re prepping for a 5k or a half marathon, training for a run is hard on the body. Be sure to stock up on the following foods to help fuel your body during your run.

- Oatmeal
- Cherries
- Kale
- Milk
- Bananas
- Chia Seeds
- Walnuts
- Sweet Potatoes
- Wild Salmon
- Whey

Source: active.com

Race Schedule :: March 10–12, 2017

<table>
<thead>
<tr>
<th>Race</th>
<th>Date</th>
<th>Time</th>
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<tr>
<td>5K</td>
<td>Saturday, March 11</td>
<td>8:00 a.m.</td>
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<tr>
<td>Kids Mini Marathon (1/2 mile and 1 mile)</td>
<td>Saturday, March 11</td>
<td>9:30 a.m.</td>
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<tr>
<td>10K</td>
<td>Sunday, March 12</td>
<td>7:00 a.m.</td>
</tr>
<tr>
<td>Half Marathon</td>
<td>Sunday, March 12</td>
<td>7:00 a.m.</td>
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Westlake Chemical presents a check from their second annual Westlake Chemical Golf Tournament, which raised over $24,000 for our amazing kids!

Pet owners gathered at the LSU Health Baton Rouge Perkins Surgery Center on October 2 for the annual Blessing of Pets hosted by Our Lady of the Lake.

We held our annual Trick-or-Treat Trail for team members and their children on October 27. Departments from around the hospital participated with themed booths to give away treats.

On September 30, the Bella Bowman Foundation and the Drew Rodrigue Foundation partnered to support the building of our freestanding children’s hospital. They raised almost $7,000 with the help of The Merchant, Ivar’s, and Duvic’s.

Patient Sofia draws the luxury condo raffle early bird winner for four tickets to the LSU vs. Alabama football game.

Children’s hospital patients enjoyed trick or treating and a parade throughout the hospital on Halloween hosted by the Bella Bowman Foundation.

Advisory Board Members from the Basket of Hope New Orleans Branch delivered over 50 baskets and hope totes to our amazing kids in the hospital.

Dr. Jeffrey Deyo led a talk about Hydroxyurea in Sickle Cell Population in one of the physician breakout sessions at the Our Lady of the Lake Children’s Hospital St. Jude Affiliate Clinic’s Pediatric Hematology-Oncology Symposium on Friday, September 23.
Let's Build Amazing
Construction Update

Progress on the freestanding Our Lady of the Lake Children’s Hospital is underway! Even with higher than average rainfall and weather events, several phases of the construction process are moving along. Excavation and drainage work continues as old debris is removed from the site and a new drainage system is installed. Additionally, work on the building pad continues to prepare the site for the foundation.

To follow updates and see the construction progress on our onsite camera, visit www.letsbuildamazing.com.

Physicians can connect instantly with any specialist by downloading our Physician’s Portal at the App Store. Search for “Our Lady of the Lake Children’s Hospital.”
Save the date! | March 10-11, 2016

Dr. David Schonfeld
Keynote Speaker

Join us for our second annual education symposium, led by keynote speaker Dr. David Schonfeld, a developmental behavioral pediatrician and director of the USC School of Social Work based National Center for School Crisis and Bereavement (NCSCB). He is a national expert on guiding children through crisis and trauma, and will lead us in equipping pediatricians with tools they can use to help our area recover from this past summer's events.

This event will be held as part of our Amazing Half Marathon Weekend. Learn more at amazinghalf.com

For more information about the education symposium and to register, visit ololchildrens.org/cme.