

# TIPS BEFORE YOU TRAVEL...



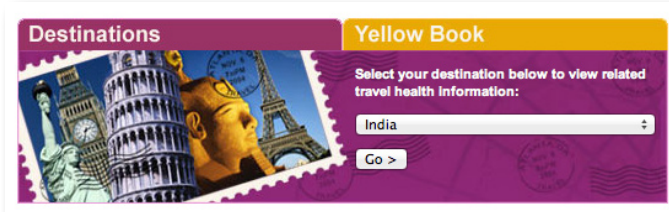
Hey doctor, we are going on vacation, do you think you can give me an antibiotic in case someone gets sick? This is not in your child's best interest. Research has shown that parents are more likely to do harm than good when giving an antibiotic to a child who is ill but has not been evaluated.

Unfortunately, we cannot completely predict which ailment your child may have while you are away from our office, but there are a few things you can do to limit your health risk while traveling. This is especially important if you are traveling outside of the country.

First and foremost, if your child is on any maintenance or preventive medications make sure you have enough to last for the duration of your trip. Bring with you any rescue inhalers, nebulizers, or *Epipens* that you may potentially need. We recommend packing a smaller version of your medicine cabinet, include: Benadryl by mouth not cream (for allergies), Tylenol (or generic acetaminophen), Motrin/Advil/generic ibuprofen (for fever or pain), Pedialyte Powder Packs, sun block, and tweezers. Most importantly your cell phone and our office number in case you need some telephone advice.



When traveling outside the United States, there are a few more items to consider: *The Center for Disease Control* has a website dedicated to country specific health information and infectious disease warnings, [www.cdc.gov/travel](http://www.cdc.gov/travel), the link is available on our website, [www.clarkstownpeds.com](http://www.clarkstownpeds.com). At a minimum, your child's routine vaccinations should be up-to-date. Some vaccinations can be given at an accelerated schedule if you are planning to make your trip with a child under 6 months old.



30% DEET can safely be used on the children's skin!

by Gregg Rockower, MD

In many countries, insects such as mosquitoes, ticks, and fleas transmit diseases such as malaria, dengue fever, yellow fever, and encephalitis. Mosquito netting can be useful over strollers. Repellants that contain up to 30% DEET can be safely used on the skin of children over 2 months old. Care should be taken to avoid the eyes, mouth, and hands. Spraying clothes and washing skin after returning indoors will limit your child's exposure. For travel to areas with malaria, preventive dosing of medication should begin prior to leaving the country and continue for a period of time upon return. We can prescribe antimalarial medication.

To prevent travelers' diarrhea, infants less than 6 months old should be exclusively breast fed if possible. Those over 6 months old, bottle fed, or who require water for formula preparation or

additional hydration, need to have their water prepared. Their water should either be sterile bottled water or brought to a rolling boil for 1 minute (not longer). Strict hand washing and use of hand sanitizers will also decrease exposure. In the event that diarrhea or vomiting begin, rehydrate with *Pedialyte* in small frequent feedings.

A little research before you travel is always good. Since insurance coverage varies dramatically, contact your carrier to see what services are available to you. Have a contingency plan; find out where in relation to your destination health services are available for children. Do not give any antibiotics or medications unless under the direction of a physician, as this often makes things worse. Being a little prepared can save you some worries, which will translate into a more enjoyable vacation for you and your family.



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Jeffrey Karasik,MD,FAAP, Gregg Rockower, MD, FAAP

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