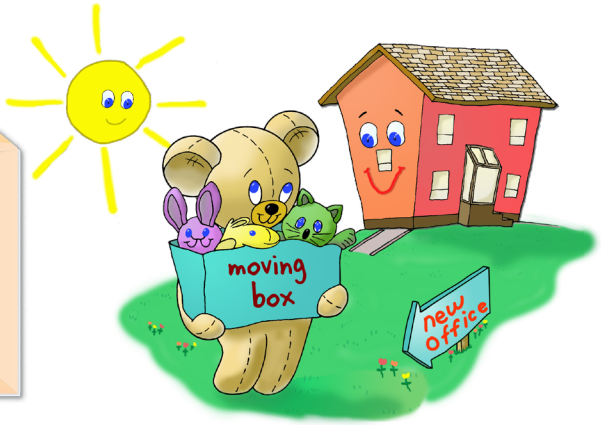
Spring 2022

For Our Patient's Parents...

CLARKSTOWN pediatrics

PARENT LETTER

the best parents ever!




# We're Moving Our Office Nextdoor!


by Doug Puder, MD


This April we are moving across the parking lot, from 35 Smith Street to **25 Smith Street**. Our new office will allow us to continue the highest quality pediatric care for your children. The look is bright, open, and child friendly. Technology is cutting edge.

The pandemic taught us valuable lessons about social distancing and how to keep your experience in our office more private and personal. These lessons are incorporated into our new design.

***Why move such a short distance?***

Clarkstown Pediatrics was founded in 1966 in the bottom floor of a house in a residential neighborhood on Middletown Road. The group soon expanded to the entire building, a two floor walk-up with limited parking! In 2003 we moved into 35 Smith Street and enjoyed having better parking, space, and no stairs. But we realized we've outgrown this office space as well!

We are a medical home for your children. We hope that our new space will increase your comfort when you visit us. We are on the second floor. You can take the elevator or stairs, and you can stay dry with a drop off space underneath when it's raining.

We'll see you over here!

And we have lots of cool new stickers...

**www.clarkstownpeds.com**

# When Is It Safe to Go Back to Sports After COVID?

by Doug Puder, MD

COVID-19 infection can sometimes cause *myocarditis* (inflammation of the heart). How often does this happen? Not often. But since *myocarditis* is a known cause of sudden cardiac death in athletes we need to carefully evaluate post-COVID. What is needed before your child or teenage athlete can participate safely?

**All** student athletes should be evaluated by one of our doctors before returning to sports. Heart (cardiac) testing may be also needed. It will depend on which level of COVID infection your child had:

- **Asymptomatic infection**

  They had COVID but never felt sick. If there are no symptoms or findings which concern us when we examine your child and at least 10 days have passed since COVID was diagnosed, they can return to sports. An EKG or cardiology evaluation is **not** needed.

- **Mild infection**

  They had fever for 4 days or less and aches/fatigue/chills for less than one week. If there are no symptoms or findings which concern us when we examine your child and at least 10 days have passed since COVID was diagnosed, they can return to sports. An EKG or cardiology evaluation is **not** needed.

- **Moderate Infection**
  - ◆ They had fever for more than 4 days, *or...*
  - ◆ Aches/fatigue/chills for more than 7 days, *or...*
  - ◆ Hospitalized for COVID but didn't need ICU care.

  A full examination in our office and an EKG are needed. If the exam and EKG are normal, they can return to sports.

- **Moderate to Severe Infection**

  If during their COVID infection they had chest pain, significant shortness of breath, very rapid heart beat, fainting or abnormal EKG they should have a full evaluation with a pediatric cardiologist before returning to sports.

- **Severe Infection**

  If they were treated in an ICU or diagnosed with *MIS-C* (*Multi-Inflammatory Syndrome in Children*). They should have a full evaluation with a pediatric cardiologist before returning to sports.

After recovering from COVID-19 infection, we recommend restarting exercise gradually. The intensity of exercise should start light and work up to pre-COVID intensity over one week. Parents/coaches should watch recovering athletes for chest pain, shortness of breath, unusually fast heart beat, or lightheaded dizzy feelings (near fainting).

Thankfully, to date all of our patients who have had COVID have recovered. We are glad to see them enjoying full sports activity again!



**Clarkstown Parentletter** Douglas Puder MD,FAAP, Editor,Illustrator
Gregg Rockower MD, FAAP • Erica Berg MD,FAAP • Jeffrey Karasik MD,FAAP,

# I Sneezed: SpringAllergy or COVID?

## ❑ Do I need a COVID test if my nose is stuffy from allergy?

by Doug Puder,MD

Sneezing, runny nose, itchy red eyes, and itchy throat are typical allergy symptoms. It's a springtime "cold" without fever that "just won't go away". We'll discuss if your child needs a *COVID* test to be cautious. Spring allergies usually affect more than just one family member. Infants and toddlers can have food allergies, but springtime allergy is uncommon before age 3. Runny noses of infants and toddlers are usually from viruses because it takes several seasons of pollen exposure before spring allergy develops. Luckily, most allergies today can be controlled, and suffering greatly reduced. Tree pollen is highest in April/May. Grass pollen peaks in June...

## ❑ What are the Steps to treat springtime allergy?

**Step 1**
**Start with a Non-Drowsy Antihistamine**

These are all OTC now! Available as pills-liquids-meltaways-chewables:

- **Loratadine** (*Claritin/Alavert*)
- **Fexofenadine** (*Allegra*)
- **Cetirizine** (*Zyrtec*)
- **Levocetirizine** (*Xyzal*) *(less sedating than cetirizine)*
- **Diphenhydramine** (*Benadryl*) ***(very sedating-use at bedtime)***

If that doesn't give enough relief, time for step 2. Add a ***cortisone*** nasal spray to reduce nasal inflammation. Studies show nasal cortisone sprays all work equally well. Many are OTC now:

**Step 2**
**Add a Nasal Cortisone Spray**


Use 1-2 sprays each nostril for the first week, then decrease to one spray daily.
Continue until pollen levels drop:

***OTC*: ● *Flonase* ● *Nasocort* ● *Rhinocort***
***Rx*: ● *Fluticasone*** (generic Flonase)

**Step 3**
**Add Allergy Eyedrops**

If the eyes are still itchy, use one drop in each eye. Most are OTC:

● **Pataday** (once daily) ● **Pazeo** (high strength Pataday) ● ***Zaditor*** (3x daily) ● **Ketotifen** (generic zaditor)
● **Olopatadine** (generic pataday/pazeo)

**Step 4**
**Time to see an Allergist?**

● ***Montelukast*** (*Singulair*), ● ***Azelastine*** (*Astelin*) and others may add a little more relief. But if your child or teen is still miserable after steps 1,2,3 we recommend testing by an allergist. *Immunotherapy* (allergy shots) or daily drops under the tongue (sublingual) can make a huge difference. The benefits should be long lasting, and often "life changing"!

Free Pollen Apps ...

It also helps to track pollen levels with one of many free apps. It helps to change clothes (and masks) when coming indoors. If you have contact lenses, switch to glasses until pollen levels drop. Think about running an air conditioner or *HEPA* filter. Make an appointment and we'll guide you!

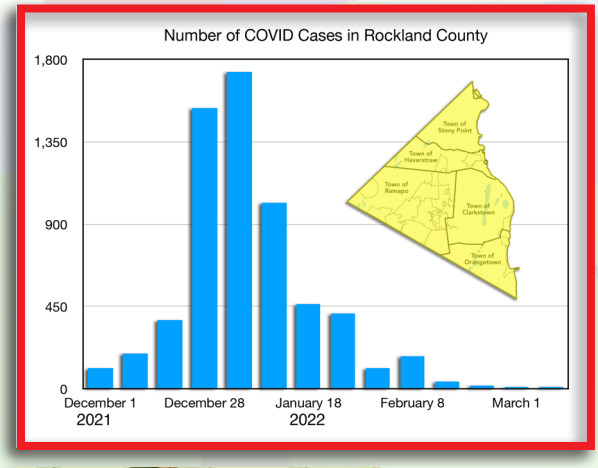
# Oh, That's What You Look Like!

## Is is time to take off our facemasks?

by Erica Berg, MD

We are coming to the end of a wave. Hallelujah! More than 253 million Americans have gotten at least one dose of *COVID-19* vaccine, and the *Omicron* variant is fading. A lot is changing, and today looks very different than March of 2020. How much risk of *COVID-19* is there in our area now? Parents see that states around the country have dropped facemask mandates, but also see that *COVID-19* continues to claim hundreds of lives each day. So many have been asking Clarkstown Pediatrics for guidance.

**F**iguring out risk *vs* benfefit of removing masks involves more than just looking at a few numbers: **W**hat is the *COVID-19* risk in your community? **D**oes your family have someone with any health conditions? **H**ow often do you go to riskier areas? **W**hat was your personal experience with loss during the pandemic? (Maybe if you lost someone close to you from *COVID-19*, you're just not ready. Maybe the risk of missing work because of a school exposure is too high for some parents.)




**S**o even though rates of *COVID-19* infections, hospitalizations, and school outbreaks should be followed closely, your family may have reasons to keep masking. Let's hope *COVID-19* rates stay low!

**O**ur CDC has changed guidance again because infection rates have dropped. While removing masks in schools now is a welcome change, we as a community can continue to use the layered approach: spacing, ventilation, vaccination and other measures that have helped during the past two years.

**C**hildren under 5 cannot yet be vaccinated, and kids under 2 are mostly unable to wear masks themselves. So parents must rely on community protection to keep them safe from *COVID-19*.

**W**hile masking requirements will be removed in some places, that doesn't mean you or your child can't continue to wear a mask. Yes, masks are most effective when everyone is wearing them. but the highest quality masks (*N95, KN95, KF94*) offer protection even if others aren't wearing masks.

**I**f your whole family is at low risk for complications from *COVID-19*, now may be the time to consider unmasking. There is a beautiful glow to seeing our children's smiles again in the classroom and being able to engage with their peers and teachers without masks! If rates go back up, facemasks should go back on.

**W**e at Clarkstown Pediatrics feel strongly in our recommendation to vaccinate (see our video on the homepage of our website). It is riskier to remove your facemask if you are unvaccinated! As always, please reach out with any further questions.

**Consider what's right for *your* family!**