

Health Happenings

April 2011

(A Monthly Newsletter by Mary Ann Kuehnel, RN, CYSS Nurse)

Well, it's "that" time of year again... the dreaded A-L-L-E-R-G-Y S-E-A-S-O-N!! Yes, along with the beauty of Spring and its blossoming flowers, bright green blades of grass, and mega sales for tissues comes the onset of allergies. Allergic diseases are among the major causes of illness and disability in the United States, according to the National Institutes of Health. Scientists there think that people inherit a tendency to be allergic. Children are 50% more likely to develop an allergy if one of their parents (specifically, the Mom) has allergies. What is an allergy? It's a specific immunologic reaction to a normally harmless substance, one that doesn't bother most people. What is an allergic reaction? It's when the immune system treats the allergen as an invader and mobilizes large amounts of anti-bodies (a disease-fighting protein called immunoglobulin E) during what is basically a false alarm.

Allergic rhinitis, or hay fever, is a common problem in infants and children. They may experience a stuffy or runny nose with clear drainage, itchy eyes and nose, sneezing, throat clearing and a cough that may worsen at night and in the morning. These symptoms usually occur during certain times of the year, thus being diagnosed as "seasonal allergies". The child may have "allergic shiners" (dark circles under the eyes caused by nasal congestion) or regularly perform the "allergic salute" (a common habit consisting of rubbing their nose upward, which can lead to a small crease in the skin of the lower part of the nose). Some children may present with allergic conjunctivitis (an inflammation of the membrane that lines the eyelids, causing red-rimmed, swollen eyes, and crusting of the eyelids). Illness Criteria for Denial of Service in CYSS Programs includes "infectious conjunctivitis", however, does not apply to a diagnosis of "allergic conjunctivitis". Your child's runny nose discharge will continue to be monitored should it take on a color other than the clear drainage, since uncontrolled allergies can put your child at risk for getting a secondary sinus infection, ear infections, and worsened asthma symptoms.

The best treatment for allergic rhinitis is to avoid what your child is allergic to by following prevention and environmental controls. For seasonal allergies, keeping windows closed in the car and at home to avoid exposure to pollens and limit outdoor activities when pollen counts are highest help. For environmental induced allergies, try to get rid of dust collectors, use an airtight allergy-proof plastic cover on all mattresses, pillows and box springs, wash all bedding and stuffed animals in hot water bi-weekly, keep pets out of the bedroom and groom them weekly, vacuum frequently (remove carpeting if possible), cover air vents with filters, avoid using ceiling fans, consider using a HEPA filter to control airborne allergens, keep indoor humidity low (to deter dust mites and mold growth), and provide a smoke-free environment for your child (it's not enough to simply smoke outside).

Treatments for allergies include decongestants, antihistamines, and steroids. Both decongestants and antihistamines are labeled as "Approved Medications" within CYSS (based on Dr.'s prescription and parental permission) and can be administered in our full-time Programs. If you have any questions regarding your child's medication orders, feel free to contact me! You can reach me on extension 2526, or email me at: mary.a.kuehnel@us.army.mil. I will be happy to research your question and get back with you!

So, here's to a beautiful Spring, - enjoyed by all! (Now, where did I leave my tissues?!)