



Tidbit Times

March 2011

March is Save Your Vision Month

Vision and Students

The American Optometric Association and the Wisconsin Optometric Association take a proactive approach to children's vision. As a reminder of this, March is "Save Your Vision Month". Don't wait for your child to tell you they have a vision problem, be on the "lookout" for some of the signs:

- Frequent eye rubbing or blinking
- Short attention span
- Avoiding reading and other close activities
- Frequent headaches
- Covering one eye
- Tilting the head to one side
- Holding reading materials close to the face
- An eye turning in or out
- Seeing double
- Losing place when reading
- Difficulty remembering what he or she read

The earlier a vision problem is detected and

treated, the more likely treatment will be successful. When needed, the doctor can prescribe treatment including eyeglasses, contact lenses or vision therapy to correct any vision problems.



Many insurance plans cover vision exams, including Medicaid and Badger-Care. Yet, some working families do not have eye health insurance coverage, and cannot afford such care.

Member doctors of the Wisconsin Optometric Association (WOA) provide at no charge eye examinations for children who meet certain financial criteria. Please visit www.woa-eyes.org/vision-usa-public for more information on eligibility requirements and application materials.

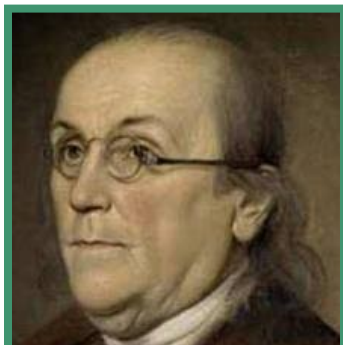
3-D Movies

With spring around the corner many young people are looking forward to Hollywood's newest blockbusters coming to the big screen. Three dimensional (3-D) movies are a sensation but not everyone finds them appealing. Does your child complain of headaches or mention that the effects aren't quite what they had anticipated? Is it difficult for your child's eyes to adjust back to normal afterwards? These could also be a sign that your child needs a vision



exam. "Quite simply, people who have even a small vision misalignment or those who don't have equal vision in both eyes may not be able to see 3-D images properly," said Dr. Leonard Press, chair of the Ameri-

can Optometric Association's (AOA) Pediatrics and Binocular Vision Committee. "Individuals with unstable focusing or difficulty in coordinating vision with other senses can experience headaches and other uncomfortable side effects from viewing 3-D movies." Pay attention to your child's description of the movie. Their commentary may be unmasking a vision problem that needs evaluation. For more on this subject, visit the American Optometric Association website at www.aoa.org.



"An ounce of prevention is worth a pound of cure."

A famous quote from Benjamin Franklin, who also invented bifocal glasses.

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Public Health
Prevent. Promote. Protect.

Review of safety seat requirements

February's Tidbit Times focused on driving and auto safety. Since then, the Division of Public Health has received questions about Wisconsin regulations regarding children's safety seats. The following is taken directly from the Wisconsin Department of Transportation website. www.dot.wisconsin.gov

1. Rear-facing child safety seat in the back seat is required when the child:

- Is less than 1 year-old
- Weighs less than 20 pounds.

2. Forward-facing child safety seat in the back seat is required when the child:

- Is at least 1-year-old but less than 4 years-old
- Weighs at least 20 pounds but less than 40 pounds.

3. Booster seat is required when the child:

- Is at least 4 years-old but less than 8 years-old
- Weighs at least 40 pounds but less than 80 pounds
- Is not 57-inches or taller.

4. Safety belt is required when the child:

- Is 8 years-old or older or
- Weighs 80 or more pounds or
- Is 57-inches or taller

New Advice from the American Academy of Pediatrics

Children & Fevers : Don't sweat it

Taken from American Academy of Pediatrics press release issued February 28th, 2011 at www.aap.org/advocacy/releases/feb2811studies.htm

A fever in a child can be worrying to parents, and is one of the most common reasons parents seek medical care. To help educate parents about fever and "fever phobia," the American Academy of Pediatrics has issued a report, "Fever and Antipyretic Use in Children," published in the March 2011 issue of *Pediatrics*. Here are some main points from the report.

Focus on comfort

Fever is a normal body mechanism that has benefit in fighting infection. Although many parents administer fever reducing medicine, such as acetaminophen or ibuprofen to a child to reduce a fever, the report highlights that the main goal of providing this medicine should be to help the child feel more comfortable, rather than to maintain a "normal" temperature. Most fevers last a short time and in some cases, may actually help speed recovery from certain viruses.

With many over-the-counter products on the market, parents should be aware that the correct dosage of fever reducing medicine is based on the child's weight, and that an accurate measuring device should always be used. Some

combination 'cough and cold' products may contain acetaminophen or ibuprofen. Read the label carefully to make sure not to overmedicate. While there is some evidence that combination therapy (alternating doses of ibuprofen and acetaminophen) may be more effective at lowering body temperature, questions remain about whether it is safe and whether it actually helps children feel more comfortable. Combination therapy also increases the risk of inaccurate dosing.

Things to keep in mind:

- * **Monitor the general well being of the child, i.e., changes in activity level.**
- * **Notify your child's doctor if you observe signs of serious illness in your child.**
- * **Maintain appropriate fluid intake.**
- * **Encourage rest: don't wake up a sleeping child to administer a fever-reducer.**
- * **Just like all medication, fever reducing medicine, must be stored safely to avoid accidental overdose.**

