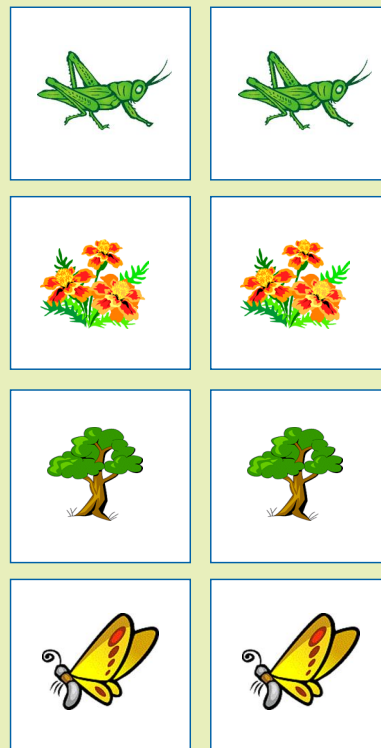
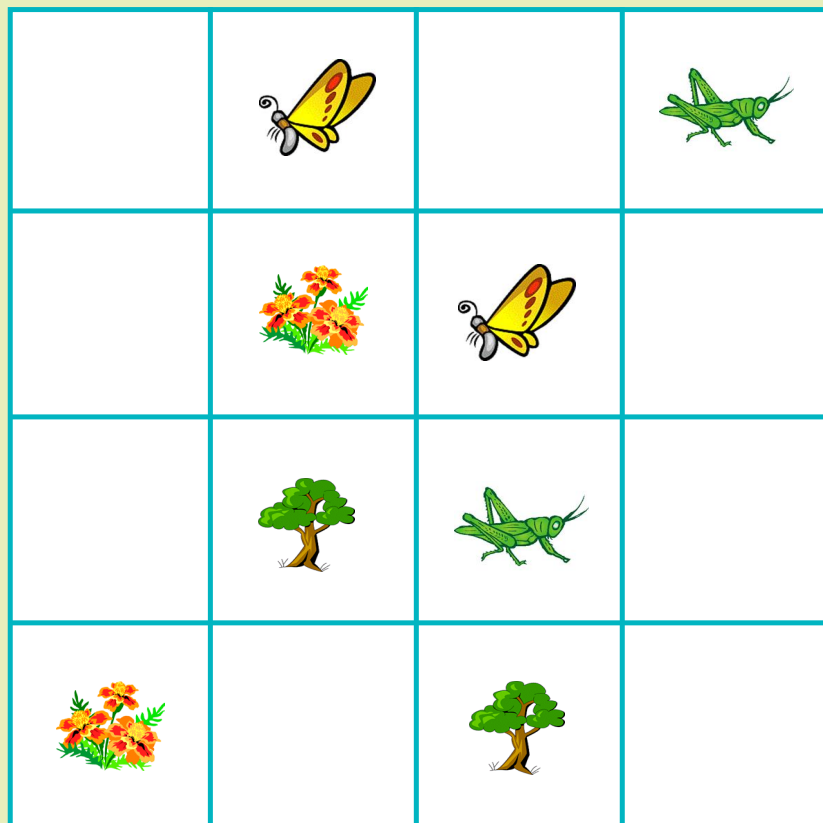


Spring Sudoku!

Cut out the pictures on the right side of the page. Paste them in the correct box so there is one of each picture in each horizontal and vertical row.



preschool-printable-activities.com images © graphicsfactory

Nutritious Nibbles

PB&J French Toast

A classic brown bag lunch is fused with a beloved breakfast treat in this recipe that's perfect to whip up for a special occasion. This recipe comes to us from Amy Deline, [The Gourmand Mom](#).

MAKES:
7 SERVINGS

INGREDIENTS
8 slices bread, divided
6 tablespoons peanut butter
4 tablespoons fruit jelly
3 eggs
1/4 cup skim milk
1 teaspoon vanilla extract
a little butter or cooking oil,
for preparing the skillet
syrup or powdered sugar, to
taste (optional)

INSTRUCTIONS

Kid: Spread a thin layer of peanut butter on 4 slices of the slices of bread. Spread a thin layer of jelly on the other 4 slices. Put the slices of peanut butter bread and jelly bread together to make 4 PB&J sandwiches.

Together: Whisk the eggs, milk, vanilla and salt together in a shallow baking dish. Dip both sides of each sandwich in the egg mixture to coat.

Adult: Melt the butter in a skillet over medium-high heat. Add the sandwiches to the pan and cook for 3-5 minutes, or until the lightly browned. Flip each sandwich and cook 3-5 minutes more. You may have to cook the sandwiches in batches.

Together: Cut each sandwich in half, top with syrup or powdered sugar if using and enjoy!

Recipe from thekidscookmonday.org





SPRING 2019

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Primary
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MEDICAL CLINIC

TAKE CARE

HEALTHY TIPS
FOR
SPRING

Spring means birds singing, flowers blooming, warmer weather and families wanting to spend time outside. We all look forward to this time of year after a long, cold winter. Here are a few tips for a successful and healthy spring season.



The Children's Health Foundation is a non-profit organization that partners with your Pediatrician to develop quality health care programs in our community. We work together to foster the highest quality care for children, to raise awareness on health issues, and to achieve better children's health outcomes. Please ask your provider for more information.

CHILDREN'S HEALTH *foundation*

5901 SW Macadam Ave, Suite 220
Portland, Oregon 97239
503-222-5703 503-224-3938 (fax)
www.ch-foundation.org

Measles – what you need to know

by Catherine Chiu, MD Metropolitan Pediatrics

Measles is a childhood infection caused by a virus. Once quite common, measles can now almost always be prevented with a vaccine. Measles can be serious in all age groups, however, children younger than 5 years are more likely to suffer from measles complications. Here's what you need to know about measles and how to avoid it.

What is measles?

- Measles is an infection caused by a virus.
- It is very contagious and spreads easily from person to person.

What are the symptoms of measles?

- Measles starts with a high fever, runny nose, cough, red eyes, and a sore throat.
- Later, a rash of tiny red spots that can become blotchy appears. The rash starts on the face or hairline, and then spreads down the rest of the body.

How is measles spread?

- Measles is very contagious.
- Measles is spread when an infected person breathes, sneezes, or coughs, and the virus is released into the air.
- A person who has not had the measles shot can catch it by going into a room where an infected person was, even up to 2 hours after that person has left the room.
- 90% of people who have not had the measles shot will catch measles if they are exposed.
- A person with measles can unknowingly spread the disease 4 days before the rash starts, and four days after the rash first appears.

(continued on page 3)



*By Naghmeh Moshtael, MD, Medical Director,
Kartini Clinic for Children and Families*

The very question can make both parents and providers uncomfortable. And understandably so; we don't actually know what causes eating disorders like anorexia or bulimia. Thinking that your child might have such an illness can be very scary.

But there is reason for hope. We've come a long way in our understanding of these illnesses in children. For starters we now know that parents don't cause eating disorders, and children don't choose to have them. Period.

And we also know that illnesses that affect the brain - like eating disorders do - affect the way we process information, make decisions, and ultimately how we behave. This includes how we behave around food. Blaming a child with an eating disorder for not eating is like blaming a child with ADHD for not paying attention in class. You can do it, but it won't help a thing.

How do I know if there's problem?

Let's start with one of the most common signs that something is wrong: **weight loss**.

Children are (or should be) growing; weight loss can be a sign that this essential process has been interrupted. It should be an immediate red flag for parents and providers. At Kartini Clinic we recommend that weight loss in children be investigated immediately, even in children of high body weight.

A second, very common sign is fainting (doctors also call this 'syncope'). If your child has fainted for any reason, whether they were "just dehydrated", "tired", etc. take them to their pediatrician and have their height, weight, heart rate and blood pressure checked (both sitting and - after five minutes - standing: these are known as "orthostatic vitals").

At Kartini Clinic we focus on height and weight not because we are interested in how much a child weighs. Instead, we are interested in their **rate of weight gain**. A lack of weight gain, especially in a child who is continuing to grow taller, should be a cause for concern. Ask your provider to examine your child's growth chart and have these basic vitals done regularly (monthly at a minimum, ideally weekly) until you are convinced your child is both growing taller and gaining weight.

If your provider seems unconcerned, be sure to persist!

If they continue to minimize weight loss in your child, get a second opinion.

Another common sign of trouble is changes in your child's personality. As mentioned, eating disorders affect our brains. This means parents will often observe personality changes in their children along with more obvious physical changes like weight loss or fainting. Sometimes these changes are hard to distinguish from the normal mood swings of puberty (parents, you have our sympathies!), but parents often know when something is not right. A lack of interest in things your child used to enjoy, for example, or a sudden obsession in something that used to be of little interest (like doing crunches in their room or counting calories). Or sometimes it starts as an innocent seeming interest in "eating healthy" but then quickly escalates to excluding entire food groups on the basis that they are "going to make me fat". Insisting on eating alone or refusing to eat with the family is also a common behavior.

On their own these changes might be chalked up to normal teenage behavior, but taken together do these changes fit a larger pattern along with physical symptoms such as weight loss or fainting?

The bottom line is we don't have a blood test or an x-ray that will tell us whether a child has an eating disorder. We have to look for clues and piece them together like a detective, with the help of competent medical professionals.

Let's recap the three most common signs of an eating disorder in children:

- **Weight loss or lack of weight gain in growing children**
- **Fainting**
- **Personality Changes**





OK, so I think there's a problem. Now what?

This is the stage we often see parents and providers struggle with the most. No one wants to press the panic button. What if I'm wrong? What if my child is stigmatized by their friends at school for having an eating disorder? What if my child (or my partner, or my parents) blames me for "overreacting" or "making it worse"?

These valid concerns are all the more reason to get to the bottom of it, and fast. What you need first is an accurate diagnosis.

And in our experience - of more than 20 years and examining thousands of children - the best way to do so is to get your child in front of a pediatric eating disorder specialist, preferably a pediatrician or medical professional who understands the imperative of normal growth and development in children.

You also wouldn't first take them to a therapist or nutritionist. Both of these professions can be vitally important services in

eating disorder treatment, but to establish a medical diagnosis we believe it is best to go to a medical professional.

Start with your pediatrician or family medicine doctor. Talk to them about your concerns and ask them to update your child's growth chart. After that, discuss with them what you will do if things don't get better (remember: this will take coming back weekly, not the once every six months to a year that is normal between child wellness exams). Ask your doctor for a referral to a medical specialist in pediatric eating disorders. We routinely conduct "rule-out" consults where we determine that a child doesn't have an eating disorder at all. For pediatric eating disorders, an early and accurate diagnosis is the very best thing for your child.



KARTINI CLINIC
for Children & Families

For more information about pediatric eating disorders, please visit our website kartinclinic.com or call our dedicated intake line, 971-319-6800.

(continued from first page)

Is measles dangerous?

- Measles can be very serious, especially for children younger than 5 years old and adults older than 20 years old.

Complications of measles can include:

- Ear infection
- Pneumonia (a lung infection)
- Deafness
- Encephalitis (inflammation of the brain that can lead to brain damage)
- Death

How is measles treated?

- There is no medicine for measles.
- Treatment is supportive care through rest, fluids, and control of fever and discomfort with over the counter medicines like Tylenol.

What should I do if I think my child has measles?

- Call your doctor's office. They will ask you more questions and tell you what to do next.

- Don't go into the doctor's office, urgent care or emergency department before speaking to a nurse or doctor.

Can measles be prevented?

- The MMR (measles, mumps, and rubella) shot prevents measles infection. It also prevents mumps and rubella infection.
- All children should get the first MMR shot when they are 12-15 months old, and the second MMR shot between 4-6 years old.
- One MMR shot is 93% effective at preventing illness. Two shots provides 97% protection.

Is the measles shot safe?

- Yes, the measles shot is very safe.
- Most children have no side effects.
- Typical side effects are very mild, such as soreness at the shot site and low grade fever.

Does the measles shot cause autism?

- No, the measles shot does not cause autism.
- Scientists in the United States and around the world have studied this for many years.
- There is no link between the MMR shot and autism

What is happening with the measles outbreak in Vancouver/Clark County?

- The outbreak is active with new cases still being identified.
- The outbreak is linked to cases in Gresham and Bend, Oregon, Hawaii, and Georgia.
- There are currently 65 confirmed cases and one suspected case.
- Two new exposure sites have been identified, including an urgent care facility and a school.

Take time to discuss the efficacy of the measles vaccine with your provider.