Peds Derm Updates
Now Even Updatier!

ELIZABETH (LISA) SWANSON, MD
ADVANCED DERMATOLOGY COLORADO
ROCKY MOUNTAIN HOSPITAL FOR
CHILDREN
LISASWANSONMD@GMAIL.COM
Disclosures

- **Speaker**
  - Valeant
  - Bayer
  - Aqua

- **Advisory Board Representative**
  - Sanofi Regeneron
  - Amgen
  - Allergan
What’s New In Atopic Dermatitis?
Impact of Atopic Dermatitis

- Eczema causes stress, sleeplessness, discomfort and worry for the entire family
- Treating one patient with eczema is an example of “trickle down” healthcare
- Patients with eczema have increased risk of anxiety, ADHD, injuries (likely due to distraction), and infections (Cutis June 2016)
Pathogenesis of Atopic Dermatitis

- Skin barrier is “broken”
- Overactive immune system process
  - Reaction to normal staph on skin?
  - Result of a “bored” immune system?
Atopic Dermatitis: Standard Treatment

- Sensitive skin care
  - ALL free and clear detergent, no dryer sheets/fab soft
  - Dove sensitive skin or cetaphil soap
  - Vanicream/Vaseline/Aquaphor as moisturizers
  - Robathol bath oil
  - Bleach baths- ¼ cup bleach in full tub water
Dr Swanson’s Favorite Things

Sensitive Skin Care
___ ALL Free and Clear Laundry Detergent
___ No fabric softeners/dryer sheets
___ Dove Sensitive Skin or Cetaphil soap
___ Vanicream moisturizer- Walmart, Target, Costco, Sams (apply ON TOP of media)
___ Vaseline or Aquaphor (apply ON TOP of any medicines)
___ Robalot bath oil
___ GermX Foaming Hand Sanitizer

Sunscreens
___ Neutrogena Sensitive Skin/Pure Baby
___ Banana Boat Kids Cream (not spray)
___ COTZ Total Block/ COTZ Face (tinted)**
___ Zinka “Colors” Sunscreen- various colors, fun for kids**
___ Elta MD Spray On Zinc based sunscreen- in office or online
___ Colore Science Pro Powder Sun Protection**
___ Heliocare pills

Face Care Products
___ SkinCeuticals Ultimate UV Defense SPF 30**
___ SkinCeuticals Sheer Physical UV Defense SPF 50**
___ Elta MD UV Clear- acne prone skin- tinted- in office or online
___ Cerave PM for nighttime
___ Olay Active Hydrating Cream**
___ Cetaphil Foaming Face Wash
___ Cerave Foaming Facial Cleanser
___ Olay Fresh Effects Shine Minimizing Cleanser**
___ Cetaphil non drying face cleansing wipes

Hats/Sun Protective Clothing
___ www.coolbar.com
___ www.walleraco.com
___ www.columbra.com

Compression Stockings
___ www.brightlife indirect.com- Allegro brand- 8-15 mm Hg

Keratosis Pilaris
___ Dove Gentle Exfoliating Wash
___ AmLactin 12% Cream
___ Cerave SA

**- order online
Atopic Dermatitis - Standard Treatment

- Topical steroids - always do OINTMENTS in little kids
  - HC 2.5
  - Triam 0.1
  - Fluocinonide 0.05
  - Clobetasol 0.05

- No need to “soak and smear”. Skin can be wet or dry (JAAD Aug 2016)
Topical steroid burst for severe eczema/significant flares
- Clobetasol bid for 4 days
- Fluocinonide bid for 10 days
- Triamcinolone bid until clear or followup appt
Calcineurin Inhibitors

- Elidel (pimecrolimus) 1% ointment
- Protopic (tacrolimus) 0.1% ointment
- Great for areas like face and folds
- Can be used as part of a maintenance routine
- Black Box Warning
- Pimecrolimus study from Pediatrics
  - 2418 patients age 3-12 mos old
  - Pts followed for 5-10 yrs
  - Found no evidence of lymphoma, malignancy or immune system impairment
  - Concluded it was safe even in the younger age group
NEW Treatments- Crisaborole

- Boron based topical ointment
- Inhibits phosphodiesterase-4 activity (PDE4) and decreases production of proinflammatory cytokines
- Several studies showing its efficacy down to age 2
- 65% of patients in preliminary studies were clear/almost clear
- Early and sustained improvement in pruritus
- Well tolerated; 4.4% of patients had stinging/burning
- Safety studies so far look great
- FDA approved in Dec 2016; NOW AVAILABLE!
Treatments on the Horizon - Dupilumab

- Blocks IL-4 and IL-13 (decreases the TH2 inflammatory response)
- 12 wk phase 2 study
  - 85% of patients achieved at least 50% improvement
  - 40% of patients were clear/almost clear
- Very tolerable
- Good side effect profile
- 300 mg subcutaneously once a week or every other week
- Scheduled for FDA approval soon
Treatments on the Horizon - Dupilumab

- JAAD Sept 2016
- Phase IIB study
- 380 patients; international study
- Pts with mod-severe eczema; 18 and older
- Produced early and sustained patient reported and clinically relevant improvements in sleep, mental health and quality of life
- Tried different dosing regimens- 300 mg once a week and 300 mg every other week did the best
Coconut oil
- Has good antibacterial properties, but doesn’t seem to help the eczema itself

Sunflower seed oil
- Does appear to help with eczema- difficult to find a good preparation
- Aroma Workshop in Chicago
- hello@aromaworkshop.com
- Patients can call 773-871-1985
- 8 oz spray bottle for $22 plus $5.50 shipping
Atopic Dermatitis: Prevention

- **Probiotics**
  - Taken by a child with eczema appear to have no impact
  - But if a pregnant woman takes probiotics 2 weeks prior to having a baby and for 3 mos after having the baby, it reduces the risk of eczema in that baby by 20-30%
Transepidermal Water Loss (TEWL)

- TEWL in first weeks of life associated with increased risk of eczema
- Families with h/o eczema should be managing their new baby with the same sensitive skin care strategies to try to prevent the eczema
- 50% reduction in eczema by simply using sensitive skin care in first weeks of life
Eczema and Peanut Allergy

- Early peanut exposure in severe eczema patients actually DECREASES the rate of peanut allergy (New Eng J Med)
- Consensus statement in SPD Jan/Feb 2016 showed an 11-25% reduction in risk of peanut allergy in high risk infants when peanuts were introduced between 4 and 11 mos of age
Pityriasis Alba

- Recent study compared topical steroids with topical calcineurin inhibitors for Pityriasis Alba
- Concluded that protopic/elidel work better than topical steroids (SPD Nov/Dec 2015)
- Could also consider treatment with calcipotriene or excimer laser
What’s New in Pediatric Allergic Contact Dermatitis?
Contact Dermatitis in Kids

- Either on the rise or being recognized more commonly
- 1 exposure to the triggering agent causes a rash for 3 weeks (patients cannot intermittently use their allergen)
Patch Testing Considerations in Kids

- TRUE test is helpful in kids
  - The causative agent was identified in 71% of kids with the TRUE test
- Even though it can be helpful, it is not often pursued in children due to the inconvenience of it, cost of it, etc
- Most of the time, we try to identify the culprit based on the pattern of the rash
Wet Wipe Contact Dermatitis
Due to preservative MCI/MI (Kathon CG)
Also think about it in cases of persistent facial dermatitis
There are now 2 brands of wipes that don’t contain the allergen
- Honest Brand
- Earth’s Best Hypoallergenic
Nickel Contact Dermatitis
Nickel Contact Dermatitis

- Most common allergen
- Present in almost anything metal
  - Jewelry
  - Snaps on jeans
  - Belt buckles
- Strict avoidance is the only option
- www.nonickel.com
- Dimethylglyoxime test
- Can trigger an id reaction
Id Reaction
An Id reaction is a sympathy rash to the primary problem. Most commonly triggered by allergic contact dermatitis, but can be triggered by molluscum or tinea.
Gianotti Crosti

- Also causes monomorph ic skin colored to pink papules all over arms, legs and cheeks
- Check the ears
- Typically caused by EBV but several viruses can do it
- Can take up to 8 wks to resolve
- Topical steroids help if itchy
Gianotti Crosti - ear involvement
Shin Guard Dermatitis
Shin Guard Contact Dermatitis

- Can be irritant or allergic
- First step is to try the following steps:
  - Drysol (or OTC Certain Dri) applied to shins
  - Shin guard liners
  - Shin guards
- Fluocinonide or clobetasol to treat
- Patch testing if initial plan doesn’t work
Toilet Seat Dermatitis
Toilet Seat Dermatitis

- Either a reaction to a cleanser being used on the seat or to the components of the seat itself
- Characteristic distribution on the lateral buttocks and post thighs
- “Soft and Comfy” toilet seat covers- Amazon $5.99
- Treat with hydrocortisone or desonide
What’s New in Pediatric Psoriasis?
Pediatric Psoriasis

- Plaque psoriasis
- Guttate psoriasis - triggered by strep
- Inverse psoriasis - nearly always mistaken for yeast/tinea cruris in kids/teens
- Check the nails, check the tongue
Pediatric Psoriasis- Topical Treatment

- Clobetasol cream/ointment - body
- Clobetasol foam (Olux/Olux E Foam) - scalp
- Taclonex suspension or Enstilar foam
- Elidel or Protopic - face and folds
- I personally don’t think calcipotriene alone or tazorac is that helpful
- Light therapy
Topical steroids continue to be the mainstay for pediatric psoriasis

Systemic therapy options have been largely limited to cyclosporine, acitretin, methotrexate

Biologic therapy is difficult because of lack of FDA approval, lack of data

Systemic effects of psoriasis are making it more advantageous to consider systemic therapy, even in children
Biologics in Kids

- Enbrel (etanercept)- NOW APPROVED FOR KIDS >6 YRS OLD!!
  - Approved in Europe for psoriasis in kids >6 yrs old
  - Approved in US for JIA in kids >2 yrs old
  - 1 study in US in children- 2008- 211 patients age 4-17
    - 0.8 mg/kg/wk
    - 57% achieved PASI 75
    - This study has been continued to date and has great long term safety data (JAAD Feb 2016)
Biologics in Kids

- Humira (adalimumab)- CURRENTLY PURSUING PED PSOR INDICATION
  - Approved in US for kids with JIA (>2 yrs old) and Crohn’s (>6 yrs old)

- Stelara (ustekinumab)
  - Several case reports of effectiveness and safety
  - 1 clinical trial- patients age 12-18, 110 patients
    - 80% reached PASI 75 at 12 wks (JAAD Oct 2015)
  - Large study outside US is in progress
  - I have several pediatric patients on it
Psoriasis is a Systemic Disease

- #1 association in children is obesity
- Talk to them about weight
- Ask kids about smoking and stress
- Consider checking blood pressure
- Still unclear if we should be screening for hypercholesterolemia or diabetes in kids with psoriasis, but they are associated
What’s New with Pediatric Rashes?
Perioral Dermatitis
Perioral Dermatitis in Kids

- Always ask about steroid use- topicals, inhalers, nasal sprays, etc
- Standard treatment
  - Elidel bid
  - Amoxicillin 30 mg/kg/day divided bid for a month
Perioral Dermatitis in Kids- Additional Treatment Options

- Tacrolimus 0.1% ointment
- Clindamycin lotion/wipes
- Metronidazole cream
- Sodium sulfacetamide products
- Aczone
- Gentamicin 0.3% ophthalmic ointment
- Longer antibiotics
- Azithromycin
  - I have classically prescribed it MWF for a month
  - Some providers are using it for 5-7 days, then 2 wks off, then repeat
- Make sure there are no steroids on the face
Diaper Rashes
Diaper Rashes

- Most common causes are irritant contact derm and yeast
- Symmetrical, moist appearing pinkness with satellite pustules suggests yeast
- Dermatitis like symmetrical rash that involves contact with soiled areas, frictional creases suggests irritant contact
- Regardless, I suggest zinc oxide barrier cream (Desitin) with each diaper change
- Pick one (go with your gut) and treat
  - Hydrocortisone 2.5% ointment bid
  - Econazole 1% cream bid
Diaper Rashes - Irritant Contact!
Diaper Rashes- Yeast!
Diaper Rashes - Yeast again!
Diaper Rashes

- Diaper rashes are less common in breastfed babies.
- Buying “superabsorbent” diapers reduces the risk for diaper rashes.
- Cloth diapers can cause diaper rashes that are more vesicular with bullae and erosions.
- Interestingly, candida is more common in babies that are being treated with wet wipes.
- SPD May/June 2016
Hand Foot and Mouth Disease

- Causes somewhat annular red-purple-gray patches on hands, feet, and around the mouth sometimes with intraoral lesions
- Previously coxsackie A16 and enterovirus 71 were the most common causes
- Coxsackie A6 has emerged over the past 2-3 yrs as the primary causative agent
- Produces more severe rash with prominent diaper area involvement
- Adults have been getting it
- Commonly produces onychomadesis 1-2 mos later (SPD July/Aug 2016)
Hand, Foot and Mouth Disease
HFMD and Onychomadesis
Lichen Sclerosus

- Probably doesn’t go away for most prepubertal girls
- Maintenance treatment is better than as needed treatment (SPD July/Aug 2015)
- My regimen:
  - Clobetasol ointment bid for 2 wks, then once daily for 2 wks, then followup
  - Repeat that course if needed until clear
  - Then clobetasol MWF once daily or elidel once daily for maintenance
  - I see the girls every month until they are clear and then at minimum every 6 mos on maintenance
Since the chicken pox vaccine has been more regularly administered to children, cases of herpes zoster in children have been on the rise.

We don’t know why immunity seems different with the vaccine vs having the chicken pox.

Patient is contagious to people who have not had the chicken pox (can’t catch shingles from shingles).

- Need to avoid unimmunized kids and pregnant women.

Treatment with Acyclovir 30-50 mg/kg/day divided TID (valtrex if old enough to take pills).
Pediatric Rashes - Herpes Zoster
What’s New with Acne?
Acne

- Happening younger and younger
- Used to be abnormal before age 9, now abnormal before age 7
- Most acne medicines are technically approved for age 12 and up (epiduo approved age 9 and older)
- Helpful to work through the mail order pharmacies in these situations
  - GenRx- Prugen products
  - YourRx- Allergan products
Mid Childhood Acne

- Acne in kids age 3-7
- Ask about inhaled steroid use - can be the cause
- Good idea to order labs and/or refer to peds endocrinology
  - Total/free testosterone
  - DHEA-S
  - LH/FSH
  - Bone age - plain film of left hand and left wrist
Food and Acne

- Skim milk appears to be associated with increased acne, but not other milk or dairy
- Diet with a high glycemic index (high carb, high sugar) appears to worsen acne
Changes in Isotretinoin Monitoring

- A number of studies have shown that we have been “over monitoring” with labs for isotretinoin.
- New recommendations are to check lipids and LFTs at baseline and then at 2 mos into therapy. If normal, that is all that is necessary.
- No need to check CBC.
Topical Acne Meds on the Horizon

- **DRM01** - topical sebum inhibitor
- **FMX101** - topical minocycline foam
  - 4%, applied once daily, studies in Israel
- **SB204** - topical nitric oxide releasing gel that works in antimicrobial and anti-inflammatory ways
  - 1% and 4% strength being studied
  - BID dosing, appears effective and tolerable
- **SEB002** - topical to work with blue light. Delivers light absorbing gold-coated silica microparticles that are absorbed into the pilosebaceous unit and then enhance the PDT (Practical Derm Oct 2015)
Oral Contraceptive Pills

• Given desire to decrease oral antibiotic use, the use of OCPs has become more appealing

• My counseling routine
  - How to start the pill
  - Weight gain, nausea, mood issues
  - Blood clots, heart attack, stroke
  - Health benefits
  - Timeliness is important
OCPs

- Retrospective review of 2147 patients on OCPs for acne (JDD June 2016)
  - All OCPs help with acne
  - Triphasics probably help a little more than monophasics
  - Non estrogen component matters for efficacy:
    - Best- Drospirenone (Yaz, Yasmin)
    - 2nd Best- Norgestimate/desogestrel (ortho tri cyclen, ortho cyclen/ mircette, desogen)
    - 3rd Best- Norethindrone/levonorgestrel (loestrin, ortho novum/seasonale)
OCPs

- Typically want to try to avoid OCPs in girls less than 14 yrs old or girls that have had their period for less than 2 yrs
- Rifampin and Griseofulvin are the only antiinfectives that definitely decrease the efficacy of OCPs when preventing pregnancy
- Risk of clots is greatest when a patient is first starting the pill
<table>
<thead>
<tr>
<th>Contraindications to OCPs (W.H.O.)</th>
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<tbody>
<tr>
<td>- Pregnancy</td>
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<td>- Current breast cancer</td>
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<td>- Breastfeeding &lt; 6 wks postpartum</td>
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<td>- Age &gt; 35 yrs and a heavy smoker</td>
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<td>- HTN</td>
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<td>- Diabetes with end organ damage</td>
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<td>- Diabetes &gt; 20 yrs duration</td>
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<tr>
<td>- History of or current DVT/PE</td>
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<td>- Major surgery with prolonged immobilization</td>
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<tr>
<td>- Ischemic heart disease or Valvular heart disease with complications</td>
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<td>- History of CVA</td>
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<td>- Headaches (migraine with focal neuro symptoms at any age or without aura if &gt; 35 yrs old)</td>
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<td>- Active viral hepatitis</td>
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<tr>
<td>- Severe decompensated cirrhosis</td>
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<td>- Liver tumor (benign or malignant)</td>
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Other Hormone Tidbits

- Progesterone only methods of birth control tend to increase acne
  - Implanon
  - Mirena IUD
  - Progesterone mini pills

- Spironolactone can be helpful in the teenage population, especially if the patient has features of or a diagnosis of PCOS
What’s New with Hemangiomas?
Infantile Hemangiomas
Infantile Hemangiomas
Infantile Hemangiomas

- Propranolol is still great!
  - Suspension is 20 mg/5 ml
  - 2 mg/kg/day divided TID
    - If you are doing the math correctly, the dose ends up being **around** 1 ml TID for most babies
  - Always give with food
    - To prevent hypoglycemia
  - Don’t be afraid - if the hemangioma needs it, use it!
  - Typically used during growth period (1st 8-12 mos of life), but can work even beyond the proliferative phase (SPD May/June 2015)
Which Hemangiomas Need Propranolol?

- Large hemangiomas
- Ulcerating hemangiomas
- Hemangiomas in functional locations that will interfere with crawling, walking, etc
  - Knees, hands, elbows
- Special site hemangiomas
  - Eyelids, nose, lips, parotid glands, genital area
- Dome shaped hemangiomas
  - Even when they involute, there is usually residual fibrofatty tissue
Infantile Hemangiomas

- Long term studies show no risk of developmental adverse effects or growth impairment at age 4 in pts treated with at least 6 mos of propranolol (JAAD July 2016)
- Topical timolol 0.5% gel forming solution can work for superficial hemangiomas- applied BID
What’s New with Hyperhidrosis?
Hyperhidrosis Treatment Options

- Drysol or OTC Certain Dri at bedtime
- Oral robinul- 1 mg daily, then 1 mg bid
- Iontophoresis- good for hands/feet
  - Fischer MD1A is the best unit- $6-800
- Botox
- Miradry- just for armpits
Hyperhidrosis- Other Options

- “Secure” Robinul (glycopyrrolate) wipes
  - Available via an online Canadian pharmacy
- Oral oxybutynin
  - Start with 2.5 mg daily and increase by 2.5 mg daily at 2 wk intervals. Max 12.5 mg daily
- Topical botox- on the horizon
- Topical oxybutynin- on the horizon
More About Oxybutynin (Ditropan)

• SPD Sept/Oct 2015- oxybutynin for palmoplantar hyperhidrosis
  ○ 2.5 mg daily x 1 wk, then 2.5 mg bid x 2 wks, then 5 mg bid
  ○ Dry mouth
  ○ Available as 5 mg pills or 5 mg/5ml solution

• SPD May/June 2016- Spain- kids/teens
  ○ Oral robinul not available in Spain
  ○ 2.5 mg daily and increase by 2.5 mg daily at 2 wk intervals until results are seen
  ○ Contraindications: bladder/intestinal obstrxnx, severe ulcerative colitis, glaucoma, myas gravis
  ○ No monitoring needed
  ○ Oropharyngeal xerosis is most common side effect
What’s New with Cooties?
Scabies

- In infants, it tends to present as a widespread “dirty” appearing rash with various morphologies- pink papules, urticarial papules, pustules, eczematous patches
  - Check palms and soles for pustules- very typical
- In older kids, presents more typically with increased involvement in webspaces and groin area
- If itch is out of proportion to the rash, consider scabies
Scabies
Scabies Treatment

- **Permethrin 5% cream**
  - Apply neck down tonight, wash off in am. Repeat in 1 wk
  - ALL family members have to do it simultaneously
  - Safe down to any age and safe in pregnant women

- **Ivermectin 0.2 mg/kg**
  - Take one dose today and another dose in 1 wk
  - I will use it if rash is extensive, affects face/scalp, or has failed permethrin

- **Precipitated Sulfur- 10% in white petrolatum at compounding pharm**
  - Apply bid for 3 days
  - Very stinky, but no resistance has been seen (Winter Clinical Jan 2016)
Scabies Treatment

- Wash all towels, clothes, sheets in hot water
- Vacuum carpet and upholstery
- Anything that can’t be washed should be placed in a closed plastic garbage bag and tied closed for 72 hrs
Post Scabietic Dermatitis

- Post scabietic dermatitis is very common
- Itchy, eczematous rash that waxes and wanes for up to 2-3 mos after the scabies has been treated
- Important to warn patients it will probably happen
- Schedule a followup visit
- Some of it can be a little bit psychological; important to examine and reassure
- Treat with topical steroids
What’s New with JAK Inhibitors?
2014- 2 Yale Researchers published a case report in JID
- Male patient with h/o arthritis and alopecia totalis
- Started on Tofacitinib (Xeljanz- JAK1/3 inhibitor) for arthritis
- All his hair regrew
JAK Inhibitors Appear Promising

- **JAMA Derm October 2015**
  - Case report of Tofacitinib working for vitiligo
- **JAAD Feb 2016**
  - Case report of ruxolitinib working for pt with alopecia areata and vitiligo
- **JAMA Derm April 2016**
  - Topical ruxolitinib 0.6% cream bid for AA case report- hair seen at 12 wks
  - Oral tofacitinib for nail dystrophy associated with alopecia areata (JAMA)
    - 3 patients. Nails improved in all. Hair regrew in 2/3
- **Derm News July 2016**
  - 12 patients. 5/12 had alopecia totalis/universalis
  - 11/12 had regrowth, 7/12 had >50% regrowth
  - Recurrence is an issue
Tofacitinib for alopecia areata in 90 adult patients
- Severe alopecia areata, alo tot, alo univ
- Clinical response in 77%
- 58% had intermediate-complete response over 4-18 mos
- Consider adding in pulse pred for nonresponders
- After 10 yrs of complete scalp hair loss, pts are less likely to respond
- No serious adverse events over 12 mos
- When to stop treatment still unclear; probably indefinite
Tofacitinib for alopecia areata in 13 adolescents

- Ages 12-17
- Used 5 mg bid dose
- Hair regrowth in 70% of patients
- Safety questions - baricitinib being studied for treatment of interferon-mediated autoinflammatory syndromes in kids as young as 18 mos and URI appears to be the most common side effect in those kids
JAK Inhibitors

- Xeljanz (Tofacitinib) 5 mg bid
- Appears well tolerated - side effects include headache, GI upset
- Baseline labs
  - CBC with diff, CMP, lipid panel
  - TB test, Hep B, Hep C, HIV
- Repeat CBC with diff, CMP and lipid panel every month for 3 mos, then every 3 mos
- I have 2 patients currently on it for AA and 2 patients on it for vitiligo, doing well
- Topical versions probably still 2-3 yrs away
Miscellaneous Tips and Tricks for Kids
MAM Air Pacifier

- For kids that have persistent dermatitis around the mouth, drool and irritation from pacifiers are a common cause
- Recommend the MAM Air Pacifier which is more open than most
Buzzy

- www.buzzyhelps.com
- Vibrates and you can attach a reusable ice pack to add cold
- Distracts the nerve fibers so the child feels buzzy and minimizes the pain they feel
- Place it on the skin “between the brain and the pain”
- Comes in plain black, a bee, and a ladybug
- Costs $70
- Easy to wipe down with an alcohol swab
Prize Box

- If you see a lot of kids, it really helps to have a small prize box or sticker box
- Cheap to buy things to fill it (most of the items cost less than a $1)
- Can help serve as a distraction
- Can help make kids feel comfortable
- Can “make a negative a positive” after painful procedures
The End!

- Feel free to contact me with any questions
- lisaswansonmd@gmail.com