

**MARCH IS  
BRAIN INJURY  
AWARENESS  
MONTH**

## FROM CONCUSSIONS TO COMA:

# Understanding the Symptoms of Brain Injuries

In July 2011, legislation goes into effect in Virginia requiring school divisions to develop policies and procedures for handling concussions in student-athletes. As part of this initiative, Virginia's Board of Education will develop guidelines for educating coaches, student-athletes and parents about this type of traumatic brain injury, the risks of not reporting these injuries and continuing to play, and criteria for when to return to play.

Brain injury is the leading cause of death and disability in children and adolescents in the United States. While this new legislation is aimed at concerns related to student-athletes, it is important for all parents and caregivers to be aware of the nature, risks and symptoms of traumatic brain injuries and concussions. In the following article, Dr. Charles Dillard, Pediatric Physical Medicine and Rehabilitation specialist for the Traumatic Brain Injury/Concussion Clinic at Children's Hospital of Richmond, provides an overview of these important topics.

### THE NATURE OF BRAIN INJURY

A traumatic brain injury is a form of brain injury typically caused by a blow or jolt to the head or body severe enough to cause bruising, bleeding or swelling of the brain or tearing of brain tissue. The word "concussion" is a term for a traumatic brain injury.

Whether considered mild, moderate or severe, a brain injury/concussion may result in loss of memory and thinking skills, physical problems, and changes in behavioral or emotional functioning (moods, self-esteem, motivation, etc.). More than 90 percent of brain injuries are labeled mild and it is important to note that the term "mild" describes the cause of the injury, not necessarily the related issues and deficits listed above that may result. An individual can have a strong recovery

after experiencing a severe brain injury and being unconscious for weeks in a coma, while an individual with a mild concussion who never lost consciousness may have lasting issues. Many children with mild traumatic brain injuries are treated in a doctor's office or emergency department and not admitted to the hospital.

Overall because a child's brain is still developing, brain injuries typically have a more serious impact on children than adults. Additionally, the full effects of a brain injury may not be visible right after the injury occurs, especially in children. Problems related to a child's functioning may be seen as the child gets older and faces more difficult learning requirements of higher grade levels in school and expectations for improved social behavior associated with growth.

*continued on page 2*

### Traumatic Brain Injury Prevention Tips

- Require children to wear helmets and/or protective gear when skating, riding bicycles, skiing, skateboarding or participating in sports. There are different helmets for different sports/activities and children should always wear the appropriate helmet.
- Properly install and use car seats as required by law.
- Teach children and teens to always wear seat belts.
- Be sure children sit in the backseat of the car until they turn 14.
- Check your home for possible dangers and use safety products to prevent accidents.
- Only allow children to play in a safe and supervised environment.



### A Peek Inside...

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**Event Alert**  
**Connections 2011**  
**Resource Fair for Children**  
**with Special Needs**  
**SATURDAY, APRIL 2**  
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## Understanding the Symptoms of Brain Injuries, *continued from page 1*

### Second Impact Syndrome

With a traumatic brain injury/concussion, there is a risk of a more serious re-injury if a child experiences another brain injury/concussion before fully recovering from the first injury. This is known as *second impact syndrome*. Allowing proper time to heal is critical. A second injury is typically more damaging to the brain and even a minor impact can cause a re-injury to the brain. Most second-impact cases have occurred in child and adolescent athletes, and it is important that a child is cleared to return to play or resume activities by a medical professional.

### COMMON CAUSES OF TRAUMATIC BRAIN INJURY

Falls, motor vehicle accidents and physical violence/abuse are all common causes of traumatic brain injury. For the child and adolescent population, traumatic brain injuries can often occur in:

**Sports activities** such as gymnastics or high-impact team sports (football, hockey, soccer, etc.)

**High-speed recreational activities** (biking, in-line skating, skateboarding, etc.)

**“Stunts”** including car surfing (riding or jumping on top of a moving vehicle) and skitching (riding a skateboard while being pulled behind a motor vehicle)

### COMMON SYMPTOMS OF TRAUMATIC BRAIN INJURY

Physical symptoms and changes in a child’s functioning and behaviors may be observed immediately following a brain injury and also in the days, weeks, months and even years that follow. Below is a list of common symptoms (or signs) of traumatic brain injury:

#### Physical symptoms

- Loss of consciousness
- Dizziness
- Balance and coordination trouble
- Headache
- Nausea
- Numbness/tingling anywhere on body
- Sensitivity to light and/or noise
- Visual problems (seeing spots, vision changes, loss of vision, etc.)
- Vomiting

#### Cognitive (thinking-related) symptoms

- Changes in school performance
- Memory problems
- Difficulty concentrating
- Confusion about recent events
- Forgetfulness
- Repeating questions
- Slow to respond to questions, instructions, etc.

## SPOTLIGHT: Abusive Head Trauma/Shaken Baby Syndrome

Shaken Baby Syndrome is a form of abusive head trauma, a term the American Academy of Pediatrics now uses to better define the multiple ways abuse-related brain injuries can occur. While shaking an infant can cause a traumatic brain injury, a blow to the head (blunt impact) or a combination of shaking and blunt impact can also cause a brain injury. According to the Centers for Disease Control and Prevention, research has shown that crying is a main trigger for shaking a baby. Parents and caregivers are encouraged to seek help from a doctor or trusted professional and learn coping tools if they are feeling overwhelmed. Prevent Child Abuse Virginia has a helpline offered Monday thru Saturday, from 8 a.m. to 9 p.m. The phone number is 800-CHILDREN (800-244-5373).

- Slow physical reactions (i.e., a disconnect between what brain is telling body to do)
- Child seems or mentions feeling foggy, dazed or stunned

#### Emotional symptoms

- Irritability
- Easily angered/upset by things that may not have bothered them prior to injury
- Lack of impulse control
- Loss of interest in favorite activities
- Sadness
- Nervousness

#### Sleep/energy symptoms

- Drowsiness
- Fatigue/extreme tiredness
- Sleeping more than usual
- Trouble falling or staying asleep

#### In the infant and toddler age group, symptoms can be recognized by the following:

- Loss of interest in play, toys and favorite activities
- Excessive crying (more than usual and child cannot be consoled)
- Loss of newly learned skills such as walking, talking or toilet training
- Refusal to eat or nurse
- Swelling of scalp
- Listlessness (child feels floppy in parent or caregiver’s arms)

#### RESOURCES

Brain Injury Association:


[www.biausa.org/brain-injury-children.htm](http://www.biausa.org/brain-injury-children.htm)

Brain Injury Association of Virginia: [www.biav.net](http://www.biav.net)

## SPOTLIGHT: Falls Pose a Special Risk for Young Children

Children under age 10 are at greatest risk for fall-related brain injuries, and a child’s brain is at special risk because of the size and weight of the head in relation to the body. Infants and toddlers are at risk for falls from changing tables, cribs, furniture, stairs and baby walkers. School-age children are at risk for falls from windows, balconies, porches, stairs and playground equipment. To help prevent falls: safeguard your home, promote safe playground and at-home play, and actively supervise children of all ages.

## WHEN/HOW TO SEEK HELP

If you suspect a child has a brain injury, seek medical attention from the child’s doctor or an emergency department. (*Note: Loss of consciousness, slurred words, headache and vomiting are signs that a child needs immediate emergency care.*) Once immediate medical concerns are stable, the child may be referred to a physician or team who specializes in treating brain injuries. Treatment varies based upon the type and severity of the injury. Special programs are available for children to address the medical issues associated with brain injuries and provide assistance with the physical problems; cognitive, behavioral and emotional changes; and school and social issues that can be related to these injuries. 


Editor's Note: Virginia Commonwealth University (VCU) Children's Medical Center and Children's Hospital joined together in 2010 to create Children's Hospital of Richmond (CHoR), the region's first comprehensive pediatric health care provider. We will continue to share informational updates about CHoR and what this new day in pediatric health care means for children in Virginia in issues of Tid★Bits. Below are details about CHoR's new pediatric emergency room. For more on CHoR's services and programs, visit [www.chrichmond.org](http://www.chrichmond.org) or contact Shira Cantor, Public Relations Coordinator, at (804) 828-7035.

# New Pediatric Emergency Room Opens on the MCV Campus

On December 8, 2010, Children's Hospital of Richmond (CHoR) celebrated the dedication of its new rainforest-themed pediatric emergency room – a state-of-the-art facility designed to meet the needs of children and families by providing the highest level of pediatric emergency care.

CHoR's pediatric emergency room is the only facility of its kind in Central Virginia to offer 24-hour access to every type of pediatric subspecialty – from orthopaedic surgery and neurosurgery to cardiology and dentistry – for the care of critically ill and injured children. The \$4.2 million pediatric emergency room is located in the Critical Care Hospital on the MCV Campus and is part of Virginia Commonwealth University (VCU) Medical Center, the only designated Level I Trauma Center in Central Virginia in recognition of the high level of specialty care provided 24 hours a day, 365 days a year.

"The new pediatric emergency room, through its design and features, provides our team access to the latest and most advanced technologies available to treat children who need critical care," John Duval, CEO of MCV Hospitals, remarked at the dedication.

The 10,000 square-foot facility features 12 private rooms with recliners to accommodate family members staying with patients, a pediatric radiology suite, and a child and family-friendly waiting room with a reading center. The pediatric emergency room began serving patients December 13 and according to Dr. Robin Foster, Director of Pediatric Emergency Services, close to 90 percent of patients are placed in a private room immediately upon arrival. "It is a privilege to serve the children in our area," Dr. Foster said during the emergency room dedication ceremony, "and these children and their families deserve to receive care in a facility of this caliber." 



**The waiting area of CHoR's pediatric emergency room features the rainforest theme used throughout the new facility.**



**CHoR's new pediatric emergency room has its own separate entrance for pediatric patients and their families.**

**CHoR Pediatric Emergency Room**  
MCV Campus, Critical Care Hospital, Ground Floor  
1213 E. Clay Street  
Richmond, Virginia 23219

## Signs a Child Needs Emergency Medical Care

Emergency rooms have medical personnel trained to handle serious medical situations. Pediatric emergency rooms typically have child-size equipment and are staffed by doctors, nurses and other specialists who are trained in providing emergency care to children.

### **Bring a child to an emergency room when child has:**

- Difficulty breathing (severe wheezing, an airway obstruction, etc.)
- Temporary loss of consciousness, fainting
- Head injury with loss of consciousness, slurred words, headache or vomiting
- Extreme drowsiness or decreased responsiveness
- Broken bones, burns or cuts/wounds
- Allergic reactions (swollen lips or severe swelling around eyes)
- An extended period of vomiting, poor urine output and inability to keep down fluids
- Bright green vomit with stomach pain
- Swallowed a foreign object
- Testicular pain or swelling in boys
- Severe skin or gland infections with visible swelling of the neck or limbs and red streaking of blood vessels under the skin

### **Call 911 if the child:**

- Is not breathing or is turning blue
- Is choking
- Has sudden unconsciousness or cannot be awakened
- Is having a seizure (convulsing)
- Has persistent severe bleeding from a wound
- Is having an allergic reaction with a swollen tongue and difficulty breathing

### **Call the Virginia Poison Center at 1-800-222-1222**

if a child may have swallowed poison or a toxic substance.

**If you are in doubt about a child's symptoms, call 911 or your family doctor.**

**– Dr. Robin Foster, Director of Pediatric Emergency Services**

 **CHILDREN'S HOSPITAL** OF RICHMOND  
VCU Medical Center and Children's Hospital. A New Day.

Photos courtesy of HKS Inc., Chris Cunningham Photography

REMOVE AND KEEP FOR FUTURE REFERENCE

## TROUBLE FOR 'TWEENS AND TEENS

# The Dangers of Intentional Poisonings and How to Protect Your Child

By Evelyn Waring, Registered Nurse and Education Coordinator,  
Virginia Poison Center

*Few parents think of poisoning as a problem for older children, but during the 'tween and high school years children can be drawn into the intentional abuse of chemicals and drugs as they cope with the pressures of adolescence. Two commonly abused substances are inhalants and prescription medicines.*

## INHALANTS

It's called "huffing," "sniffing" and "bagging." Inhalant abuse is the deliberate inhalation of a fume or gas for an immediate, intense and usually brief "high." Children as young as age 10 may try inhalants, and inhalant abuse peaks among 13 to 15-year-olds. It is estimated that nearly one in seven 8th graders has tried inhalants. The list of legal products used for inhalation includes common products found in almost every home: adhesives (contact cement, model glue, etc.), nail polish remover, butane lighters, aerosol deodorant, gasoline, spray paints, refrigerants (chemicals that keep air conditioners and freezers cold), "canned air" keyboard dusters, permanent markers and more. These products are inexpensive, easy to get, and even many adults don't realize their potential dangers.

**What are the dangers?** The short-term effects of inhalant abuse often look like intoxication from alcohol and may include confusion, slurred speech, lack of coordination and passing out. "Sudden sniffing death" can occur if the inhalant triggers a fatal irregular heartbeat.

Deaths have also resulted from serious injuries such as drowning or falling when the inhalant abuser is high. If a child continues to use inhalants for weeks or months, permanent damage to the brain, bone marrow, lungs and other organs may result.

### **How to protect your child:**

**Education is key.** Begin to teach about the dangers of inhalants in elementary grades. It's important to identify these products as dangerous poisons that cause harm if used incorrectly. Continue to discuss the issue openly as children become teens.

**Be a good role model in safe use of chemical products.** Always read and follow label instructions, ventilate properly and store safely. Require adult supervision when children use these products.

**Be alert for signs of abuse.** Important clues that someone may be abusing inhalants include chemical odors on breath or clothes; paint or other stains on skin or clothing; lots of empty product containers; smelly rags or bags;

frequently red or runny eyes; and a frequently red or runny nose. If you think someone is high from inhalants, keep calm. Overexcitement can cause a dangerous heartbeat. Get the person into fresh air and call a poison center for treatment advice.

## PRESCRIPTION MEDICINES

The abuse of prescription medicines has exploded with a 170 percent increase in deaths in the last decade. Among teens, the most commonly abused are the powerful narcotics and amphetamines used to treat pain and attention deficit disorders. These medicines include Vicodin, OxyContin, Percocet, Ritalin, Adderall and methadone. They are addictive, and very often readily available in many American homes. In fact, three out of four teens abusing prescription medicine say their pills were taken from someone's home. Internet sources also provide fairly easy access to these medicines. As many as 10 percent of high school seniors admit to using Vicodin in the past 30 days. Students report they have no trouble getting pills from school friends.

**What are the dangers?** When taken in large doses, and especially when combined with alcohol or other drugs, prescription pain medicines can cause a dangerous drop in blood pressure, unconsciousness, slowed breathing and death. In overdose, medicines used to treat attention deficit disorders can cause a fast heartbeat, high blood pressure, seizures, fever and death.


### **How to protect your child:**

**Prevent access.** Medicines should be stored in a locked box or cabinet to which only an adult has the key. Monitor medicine bottles so you'll notice if pills are disappearing.

**Dispose of unwanted and expired medicines,** but remember: not all medicines are OK to flush. Call the Virginia Poison Center for a free guide to proper medicine disposal.

**Be a good role model.** Actions speak loudest so always use medicines only as directed.

**Talk with teens about the genetic risk factors for substance abuse.** Be honest: if there's a history of substance abuse or addiction in your family, make sure teens know about it. They may be at higher risk themselves. Attending substance abuse prevention programs with your children is also helpful.

**Be alert for signs of abuse.** If you find unfamiliar pills, or medicine bottles, in a child's room or belongings, act right away. The FDA requires that every prescription pill has markings that can be used to identify it. A poison center can assist in identifying pills. Once you know what medicine a child has been using, get information about its effects and about treatment options from a trusted source such as your doctor, school or a reliable website such as [www.drugfree.org](http://www.drugfree.org). If you think someone has taken too much of any medicine, call a poison center for treatment advice. If someone is not breathing, having a seizure or can't wake up, call 911 right away. 



**If you find a child who may have touched or swallowed a possible poison, help is a phone call away, 24 hours a day. Poison centers give fast, expert help with poison emergencies and questions about poisons. The call is always free and private.**

The Virginia Poison Center is a nationally certified regional poison center available with support from VCU Medical Center and the Virginia Department of Health.

## SPECIAL FOCUS: CRIB SAFETY

# New Crib Safety Standards Go into Effect June 2011

Last year the U.S. Consumer Product Safety Commission (CPSC) approved new required standards for cribs. Crib standards had not been updated in nearly 30 years and these new rules are expected to usher in a safer generation of cribs. Beginning June 2011, cribs manufactured, sold or leased in the United States must comply with the federal government's new standards.

The CPSC has recalled more than 11 million cribs since 2007. Detaching drop-side rails were associated with at least 32 infant suffocation and strangulation deaths since 2000 and the CPSC has received an additional 14 reports of infant deaths due to entrapment in cribs that could be related to a drop-side. Additional deaths have occurred due to faulty or defective hardware (loose, missing or damaged bolts, screws, etc.). The new standards aim to prevent these tragedies. Once they become effective, the new crib standards will stop the making and selling of drop-side cribs; make mattress supports stronger and crib hardware more durable; and make safety testing more thorough.

## THE DANGERS OF DROP-SIDE CRIBS

The term drop-side describes a type of crib. With a drop-side crib, either one or both of the crib's longer sides are able to slide down and back up. For a variety of reasons (faulty parts, incorrect assembly, crib wear and tear, etc.) drop-sides can come loose, detach or partially detach creating a space between the drop-side and the crib mattress. An infant or toddler's body can get stuck, or entrapped, in the space. Crib entrapment can cause suffocation and/or strangulation if the child isn't rescued immediately. Children can also get hurt if the drop-side comes off completely or collapses, making it possible for the child to fall out.

**The CPSC urges consumers to stop using drop-side cribs and any crib that is older than 10 years. (Older cribs may not meet current standards and can have safety problems.) Visit the CPSC Crib Information Center at [www.cpsc.gov/info/cribs/index.html](http://www.cpsc.gov/info/cribs/index.html) for more information. To report a dangerous product or a product-related injury, call the CPSC Hotline at (800) 638-2772.**

*The Safe Kids Virginia Coalition is an organization that works to prevent injuries to children ages 14 and under. Prevention efforts include education, advocacy, enforcement and engineering modifications on the local level and across Virginia. These program services are available with support from CHoR and the VCU Medical Center. Visit the Safe Kids Virginia website at [www.vcuhealth.org/virginiasafekids](http://www.vcuhealth.org/virginiasafekids) for safety information and resources.*



## CRIB SAFETY TIPS

The majority of childhood suffocation, choking and strangulation incidents occur in the home, according to Safe Kids USA, a network of organizations working to prevent childhood injury. Safe Kids recommends the following to ensure a child's crib is as safe as possible:

**Be sure your crib meets safety standards of the CPSC and the Juvenile Products Manufacturers Association (JPMA).**

**Watch for crib slats more than 2 3/8" apart (width of a soda can) and gaps larger than two-fingers width between the sides of the crib and the mattress.** Openings that permit the passage of a child's body but are too small for the head can allow the child's body to become stuck (entrapment) which can lead to strangulation and suffocation. Also, when selecting a crib watch out for cut-out designs in the headboard or footboard.

**Be sure corner posts (finials) do not extend over 1/16 of an inch higher than the crib's side panels.** (If posts are higher than this, children can reach the top and catch their pajamas on the posts.)

## Crib Checkup Tid★Bit

*Do not use any crib with missing, broken or loose parts. The CPSC recommends making it a habit to check your child's crib to ensure no screws, bolts or other hardware are loose, missing or damaged. Crib hardware can become loose over time and may need tightening. Missing, broken or loose crib parts or hardware can pose risks of strangulation and other injuries.*

**Follow directions for assembly and don't try to fix any part of a crib with tape, wire, or rope or by putting a broken side against the wall.**

**Never place a crib near windows, draperies, blinds or wall-mounted decorations with cords and do not have anything hanging on or above a crib from a string or cord.** Children can strangle themselves on window cords and strings. Consider using cordless window products (shades, blinds, draperies). Order free retrofit kits at [www.windowcoverings.org](http://www.windowcoverings.org) if you live in a building where you are not allowed to replace window coverings.

**Use a firm, tight-fitting mattress covered with a crib sheet and nothing else.** Babies can suffocate when their faces become wedged against or buried in a mattress, pillow or other soft object. Remove pillows, loose sheets or blankets, stuffed toys, crib bumpers, sleep positioners and other soft bedding products before putting babies to sleep. Use a sleep sack (wearable blanket) to keep your baby warm. 

**– Information provided by Corri Miller-Hobbs, Registered Nurse and Safe Kids Virginia Program Coordinator**



# Ideas for Planning a Healthy Family Picnic

Children learn by modeling the behaviors of others and what better way to teach healthy habits than having fun together on a picnic? All family members can benefit from a chance to relax and take a break from household, work and school responsibilities (and from all the electronic devices we use during our busy daily routines!). Gearing a family outing in a healthy way, with nutritious foods and activities that promote fitness, creativity and outdoor exploration, can show children just how enjoyable being together, playing outdoors and eating right can be.

In addition, the shared family time of an outing like a picnic can foster communication and create happy memories. Spending time together provides children with a sense of connection and security. Talking about recent events and sharing information can help family members feel connected and know that their opinions are important. Physical activities are a great option for picnic fun. Group games and projects can also provide picnic entertainment and allow all family members to participate. Playing together can help family members rejuvenate and feel good about themselves and their close relationships with others.

- Dr. Josie Castaldi, Licensed Clinical Psychologist

## NUTRITIOUS NIBBLES

**Sandwich roll-ups** – Spread a colorful tortilla with a thin layer of low-fat cream cheese or hummus and add 97-100 percent fat-free lunch meat such as ham or turkey, a two-percent or low-fat cheese slice, and additional veggie toppings such as shredded carrots, sliced cucumbers, tomatoes or lettuce. Then roll up and cut into circles.

**Mini peanut butter “pizza faces”** – Spread whole grain English muffins or rice cakes with peanut butter or nut butter spread and top with sliced banana “eyes,” a strawberry quarter “nose,” raisins lined up in a smile, etc. Children can help make and decorate these during the picnic.

**Fruit ‘n cheese butterflies** – Put cubes of low-fat cheese in one side of a re-sealable sandwich-size plastic bag and loosely tie a pipe cleaner or twist tie around the middle the of bag. Place fruit pieces (grapes, strawberries, etc.) in the other end of bag, then seal the bag and twist pipe cleaner tightly to separate cheese from the fruit. Curl the ends of pipe cleaner to resemble antennae of a butterfly. When ready to serve, untwist the pipe cleaner and gently shake bag to mix fruit and cheese in sealed bag. (Recipe provided with permission by Kraft Foods at [www.kraftfoods.com](http://www.kraftfoods.com).)

**Ants/bugs on a log** – Fill celery slices with peanut/nut butter or light cream cheese and top with raisins or dried berries.

**Popcorn** (plain or light) or **trail mix** (mix together nuts, whole grain cereal, dried fruit, etc.)

**Veggies and dip** (low-fat ranch or hummus) or **fruit with yogurt for a dip**

**Water, flavored water** and **100% fruit juice** are recommended picnic drinks. Curly straws or straws that change colors can add an element of fun!



## In-Season Fruits & Veggies

Fruits and vegetables are tastiest, cheapest and most nutritious when they are in season. Here’s what is in season for the upcoming months:

### SPRING

- Apples (end of the winter season), strawberries, cherries (late spring)
- Avocado, asparagus, broccoli, carrots, lettuce

### SUMMER

- Blueberries, strawberries, melons, peaches, nectarines
- Corn, cucumbers, tomatoes, green beans, peas, summer squash, zucchini

## Food Safety Tid★Bits

- Do not prepare foods more than 24 hours before the picnic and be sure to store in the refrigerator until you leave for the picnic.
- Meat, dairy, eggs, mayonnaise/dressing and some fruits must be kept at temperatures below 40°F to prevent bacterial growth. Place these food items in waterproof containers in a cooler with cold packs or ice. Cover the cooler with a blanket or keep in the shade. Do not store the cooler in the trunk of your car. These foods should not be kept out in temperatures warmer than 40°F for more than 1-2 hours.
- Always be mindful of allergies when preparing foods involving peanut butter or nuts.

## GREAT GAMES

- On a hot day play “Duck Duck Squirt,” a variation of “Duck Duck Goose” with a toy that gently squirts water.
- Organize a scavenger hunt with specific items found near your picnic setting (soft items, round items, items beginning with the letter \_\_\_\_, items of a certain color, items that a squirrel would eat, etc.).
- Make binoculars or a spyglass from cardboard tubes and bring them for a fun twist on “I Spy.”
- Count butterflies, squirrels, birds, etc., and keep a running total during your outing.
- Play “Hot Potato” – pass a clean scrubbed potato or ball while music plays or someone sings.
- Play a picnic-themed memory game: “I am going on a picnic and I am going to bring a \_\_\_\_\_.” Each person has to remember what was said and add to the list on their turn.



## ACTIVE ACTIVITIES

**Frisbee** – Playing Frisbee is a fun way to work on hand-eye coordination. When teaching a child to throw, have the child hold the Frisbee with an outstretched arm and the pinky side of the hand facing down. Then, have the child bend his or her arm at the elbow, bringing the Frisbee to the chest, and extend the arm quickly while stepping forward with the same foot and releasing the Frisbee.

**Parachute** – A picnic blanket can serve as a great “pretend parachute.” Have each participant hold onto the edge of the blanket. As a group, try holding it up high on tiptoes or down low in a squat position and shaking the blanket or holding it stiff. A leader can call names and have participants run under the parachute. It’s also fun to shout out a color and whoever has that color on their clothes can quickly run under the parachute and sit.

**Nature Hike** – Wear comfortable shoes and enjoy a hike after lunch. Exploring nature by walking is not only fun, but a great learning experience. Include short bursts of running during the walk to increase everyone’s heart rate.

**Race to the Tree** – Have children race to a tree and back. You can time them to see if they can improve their time for each “race” or set up a relay by having each child (and adult!) take a turn. Participants can tag the next runner’s hand until everyone completes the race.

**Hide and Seek** – This simple game is great for improving cardiovascular fitness. Have children (and adults) take turns being the seeker, as that role involves the most running.

**Tag** – Try Silly tag (the person who gets tagged and becomes “it” must chase the others while still holding the body part that was tagged) or Freeze tag (participants freeze in a position when tagged until “untagged” by a teammate).

**Mother May I** – Have participants stand about 50 feet from the “Mother.” The “Mother” calls out each participant’s name along with an activity for them to perform – taking large steps forward, galloping, hopping, walking backwards, skipping, running, tiptoe walking, duck walking or crab walking, to name a few. Participants must remember to ask “Mother may I” before performing the activity or they lose a turn. Each activity brings participants closer in distance to the “Mother” and the first one who reaches “Mother” wins!

## CREATIVE FUN

**Decorate a cardboard box and use it as your picnic basket.** Use an old sheet and fabric markers to make a decorative picnic tablecloth and weave ribbons thru plastic strawberry basket containers to hold various picnic foods or items.

**Create thumbprint bugs** together by having a child make finger/thumbprints on paper then draw in legs, eyes, antennas, etc. A washable ink pad is the easiest, cleanest option for making fingerprints – just be sure to bring wipes!

**Place a sturdy piece of paper (computer paper works fine) over leaves or over bark on a tree trunk and rub gently with a crayon to discover unique details.** Making leaf rubbings and bark rubbings is a fun way for children to discover textures and patterns in nature.

**Create a “favorite picnic spot” picture collage.** Draw a picnic setting or background and glue on cut-out magazine pictures to create the perfect picnic spot.

**Make a nature wreath** by gluing leaves and other nature items found during the picnic onto a cardboard circle.

**Lay objects on black construction paper and leave out in the sun during the picnic to make sunprints.**

Do not move the items around or the sun may not fade the paper enough to make a print.

## Safety Tid★Bit

*Any item that can fit through a toilet paper tube is considered a choking hazard. Always watch young children closely when gathering nature items for games and crafts.*

## Children's Hospital of Richmond (CHoR)

Virginia Commonwealth University (VCU) Children's Medical Center and Children's Hospital joined together in 2010, forming Children's Hospital of Richmond of the VCU Health System (CHoR), the region's first comprehensive pediatric health care provider. CHoR's continuum of care includes:

### INPATIENT and OUTPATIENT MEDICAL/SURGICAL SERVICES:

Acute Care	Neonatal Medicine
Adolescent Medicine	Nephrology
Allergy, Asthma and Immunology	Neurology
Anesthesiology	Neurosurgery
Cardiology	Ophthalmology
Cardiothoracic Surgery	Orthopaedic Surgery
Critical Care Medicine	Otolaryngology (Ear, Nose and Throat)
Dentistry	Palliative Care and Pain Management
Dermatology	Pharmacology and Toxicology
Developmental Pediatrics	Physical Medicine and Rehabilitation
Emergency Medicine	Plastic Surgery
Endocrinology	Psychiatry/Behavioral Health
Feeding Program	Pulmonology
Gastroenterology	Radiology
General Pediatrics	Rheumatology
Genetics	Surgery (General)
Hematology and Oncology	Transitional Care
Hospitalist Medicine	Transplant Surgery
Infectious Disease	Urology
Inf'l Adoption Medical Program	Weight Management (T.E.E.N.S.)

**THERAPY SERVICES** including physical, occupational and speech/language therapy; psychology, nutrition; audiology; assistive technology; and early intervention/infant services.

**SUPPORT SERVICES** such as recreation therapy, Child Life, social work, Hospital Education and advocacy.

**CHoR has 10 convenient locations including the two main campuses listed below and several satellite outpatient and therapy centers:**

MCV Campus  
1001 E. Marshall Street  
Richmond, VA 23219

Brook Road Campus  
2924 Brook Road  
Richmond, VA 23220

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[www.chrichmond.org](http://www.chrichmond.org)

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## SPRING/SUMMER 2011 EVENTS CALENDAR

### March 22

Join Dr. Gary Francis, Children's Hospital of Richmond (CHoR) Pediatric Endocrine Specialist, for a discussion of diabetes management and new treatments. **"Is There a Cure for Children with Diabetes?"** will be held at 5:30 p.m. at the Lewis Ginter Botanical Garden Education and Library Complex in Richmond. The event is free; pre-registration is required. Call (804) 828-0123 to register.

### April 2

The **Connections 2011 Family Resource Fair for Children with Special Needs** brings together more than 60 organizations and vendors to share information about services and products for children and youth with special needs. This free family event will be held from 9:30 a.m. to 12:30 p.m. at the Children's Museum of Richmond (2626 West Broad Street). Free admission to the Children's Museum is offered for the first 500 fair participants. Child-friendly entertainment, arts and crafts, dental screenings, and legal and financial consultations are also featured as part of the Connections event. For information, visit [www.careconnections.vcu.edu/connectionsfair.html](http://www.careconnections.vcu.edu/connectionsfair.html) or call (804) 827-1795.

### April 30

Join local families in supporting ASK (the Association for Support of Children with Cancer) by participating in the annual **ASK Family Fun Walk and 5K** presented by Anthem. The 5K walk and run begin at 8:30 a.m. at Short Pump Town Center. A family festival follows the walk. Visit [www.askweb.org](http://www.askweb.org) for details.

### May 21

Open to golfers between the ages of 8-17, the **9th Annual Children Fore Children Golf Tournament** benefiting Children's Hospital Foundation will be held at the First Tee of Chesterfield (6736 Hunting Creek Drive). Lunch and awards ceremony follow the tournament and are included in the \$25 registration fee. Call (804) 228-5827 for information. Presented by the Senior Board of Children's Hospital Foundation.

### May 24

Safe Kids Virginia partners with the Mid-Atlantic AAA Foundation for Safety and Education and the Virginia Department of Health for **free car safety seat inspections** from 10 a.m. to 2 p.m. at the AAA retail store located at 707 Southpark Boulevard in Colonial Heights. For information, call (804) 628-2077. Note: It is helpful if participants bring vehicle and safety seat instruction manuals.

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### July 15-17

Help "put the squeeze" on childhood cancer by selling lemonade during the **10th Anniversary Anthem LemonAid for Children's Miracle Network Hospitals**. Make a big difference by doing something simple – set up a lemonade stand in your neighborhood or at a participating local business and sell \$1 cups of lemonade. Register at [www.anthemlemonaid.com](http://www.anthemlemonaid.com) or call (804) 228-5929 for information.

### Share Your Tid★Bits

Please let us know if you have suggestions for future *Tid★Bits* article topics or ideas to share with other families in future newsletters! Contact Shira Cantor at [scantor@mcvh-vcu.edu](mailto:scantor@mcvh-vcu.edu) or (804) 828-7035 with your comments and ideas.

