



ROCKY MOUNTAIN KIDS

FALL 2019

A magazine for parents from
**ROCKY MOUNTAIN
HOSPITAL FOR CHILDREN®**

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Your Child's
Sleep Habits**
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Most preferred pediatric hospital in Denver!



**Rocky Mountain
Hospital for Children**

At Presbyterian/St. Luke's



RockyMountainHospitalForChildren.com

A Note from Dr. Washington



REGINALD WASHINGTON, MD, FACP
CHIEF MEDICAL OFFICER
ROCKY MOUNTAIN HOSPITAL FOR CHILDREN®

Dear Parents and Friends of Rocky Mountain Hospital for Children:

There's a crisp feeling that's in the air as we start the close of summer and look forward to fall. We shift our focus to back-to-school safety and set our sights on combating the flu season.

Our expanded Nurse Navigator program is brimming with amazing nurses who are helping patients — especially pregnant moms — and their families navigate complex diagnosis and treatment options. **See page 3** for more details.

And did you know the risk for asthma flare-ups can change from season to season? **See page 4** for an asthma action plan to help your child stay healthy.

As fall rolls in, this is a good time to focus on how well your child is sleeping. Some restless nights are to be expected, but if your child is having more bad nights than good, let's consult the experts. **Turn to page 10** for sleep tips and one patient's story that may hit close to home for many of you.

Wishing you a happy and healthy fall,

Reggie Washington, MD

Thank you for being
AMAZING

Thank you for making us
the region's favorite
hospital once again.

You've named us your favorite hospital for the **third year in a row**. We are humbled to be such an important part of the Denver community. We're excited to continue earning your trust as we improve the lives of each child and every family we serve. Together with you, we are **#AmazingTogether**. For more information, visit us at **WeAreAmazingTogether.com**.



Join the Teddy Bear Patrol

Now - September 14

AMAZING
happens every day.

WeAreAmazingTogether.com

Donate a new teddy bear at Rocky Mountain Hospital for Children or any affiliated location. The teddy bears will be given to first responders and emergency medical teams to give to children in a time of need. When we team up with our community, amazing happens! **#AmazingTogether**

- Visit WeAreAmazingTogether.com to Find a Drop Off Location Near You
- Make a Donation Online at: rmchildren.org/events/teddy-bear-patrol



Save the Date! Teddy Bear Patrol Community Party Saturday, September 14
Get Details: kosi101.com/teddy-bear-patrol



Emma loves the personalized care she gets from her RMHC team.

Nurse Navigators: Helping Families Every Step of the Way

When prenatal testing showed that Shauna Madewell's baby, Emma, had trisomy 21 (Down syndrome) and a heart defect, she found that she needed highly specialized care that wasn't available near her town. So, the southern Colorado mom traveled four hours to Rocky Mountain Hospital for Children (RMHC) at Presbyterian/St. Luke's Medical Center.

The hospital is the only facility in the Rocky Mountain region to receive national designations for the highest level of care for mom and baby. This means that together on the campus of Presbyterian/St. Luke's Medical Center, the hospital offers families a Level IV Maternal Unit and the largest Level IV Neonatal Intensive Care Unit in the region.

At RMHC, Shauna met **Megan Lee, RNC-OB, BSN**, who was at that time a patient navigator for high-risk pregnancies. "Megan was wonderful," Shauna recalls. "She arranged my appointments, gave me a tour of the hospital and introduced me to doctors."

As the big day approached, "I felt better prepared for what lay ahead thanks to Megan," Shauna says. "She even got me

pre-registered at the hospital."

Shauna's daughter, Emma, needed both heart and intestinal surgery soon after birth. RMHC is a top hospital for pediatric cardiac and minimally invasive surgery, so she was in excellent hands. Today, Emma is thriving and approaching her third birthday.

PROVIDING SUPPORT

The teams at RMHC understand that when you hear you have — or may have — a high-risk pregnancy, it is easy to become overwhelmed, and the task of juggling appointments with multiple specialists can seem daunting.

That is why the Center for Maternal Fetal Health at RMHC has expanded the team of dedicated nurse navigators to coordinate care for complex prenatal diagnosis across many RMHC locations. While the expert nurse navigators work together as a team, they support patients out of Presbyterian/St. Luke's Medical Center, Rose Medical Center, Sky Ridge Medical Center and Swedish Medical Center. The navigators, all experienced nurses, help moms with

high-risk pregnancies:

- Coordinate care for complex prenatal diagnosis
- Provide support from diagnosis through treatment
- Facilitate communication across each patient's multidisciplinary team
- Assist with pre-registration

"Our patients love the navigator program," says Lee, now administrative director of women's services at RMHC. "They benefit from a point person, a coordinator, an advocate, an educator — and our patient navigators fill those roles."

The support doesn't end at childbirth, either. Shauna, for example, still works with pediatric navigator **Lisa Olson, RN, BSN**, to coordinate care for Emma's complex medical needs. "It's important for families to have someone they can rely on to guide them in the right direction," Olson says. "Almost every family we work with faces some kind of obstacle, whether it's distance, finances or just the anxiety of the whole situation. As navigators, we're here to help them overcome those obstacles."

Having a team of nurse navigators demonstrates RMHC's commitment to family centered comprehensive care.

With just one call, our team is here to help coordinate it all: **720-754-RMHC (7642).**

MEET YOUR NURSE NAVIGATOR TEAM



Megan Lee,
RNC-OB, BSN



Emily Johannes,
OB-RN, BSN



LeAnn Hoyer,
RN, BSN, MSPT



Lisa Olson,
RN, BSN



Alli Winter,
RN, BSN



Yolanda Howard,
RN, BSN



Mari Gambotto,
RN, PNNP



Cindy Middleton,
RN, PNNP

BACK-TO-SCHOOL

CAN SPELL TROUBLE FOR KIDS WITH ASTHMA

From summer camp tales to stories about shopping for school supplies, when kids come back from school breaks, they trade lots of things — including respiratory viruses. “These infections spread especially quickly after children spend time apart and their immunity declines,” says **Kanwaljit (Rupam) Brar, MD**, assistant professor of pediatrics at National Jewish Health.

That’s bad news for kids with asthma, a new study finds. Colds, flu and other illnesses worsen asthma symptoms. During summer, winter and spring breaks, hospitalizations for asthma decline by 45%. When classes resume, so do trips to the hospital for asthma.

AFTER SUMMER BREAK: PLAN AHEAD AND IMMUNIZE

A new school year should bring a new asthma action plan. This document details your child’s medications, what to do if symptoms worsen and who to contact in an emergency.

Create an action plan with your child’s doctor each year, even if your child is feeling well. Update and file it with your school’s health services. Get to know the school nurse and any other health staff.

Keeping the lines of communication open all year long can help identify problems with asthma as soon as they come up. That way, you can work with school personnel, your child’s doctor and your child to solve them.

Also, take your child for a flu shot when it’s available each year, in late summer or early fall. That’s the best way to prevent influenza — a top culprit in sending children with asthma to the hospital.

AFTER WINTER BREAK: FOCUS ON HAND HYGIENE

Colds spread when infected kids transfer viruses to their hands, then to each other. Regular hand washing can help children stay healthy, even when their classmates are under the weather.

Remind your child to wash up before eating, after visiting the bathroom, when returning from outdoors, and after sneezing or coughing.

AFTER SPRING BREAK: SPREAD THE WORD

The more your child’s teachers, coaches and classmates know about asthma, the easier it will be for your child to manage. Bring up your child’s asthma during parent/teacher meetings and conferences. Inquire whether asthma symptoms, such as cough, seem to interfere with classroom performance. And ask if it’s caused issues with participating in sports or other activities, since exercise often exacerbates asthma symptoms.



EXPERT ALLERGY SERVICES FOR CHILDREN

Rocky Mountain Hospital for Children and National Jewish Health *for Kids* are partners in providing pediatric allergy care at the National Jewish Health campus. Call **303-398-1124** for an appointment or visit

RockyMountainKidsRespiratoryAllergy.com to learn more.



Rocky Mountain Pediatric
Respiratory and Allergy Care

with





AAP Updates Guidelines for MANAGING CONCUSSIONS IN KIDS

As you stand on the sidelines cheering for your young athlete, you're likely filled with a spectrum of emotions. There's excitement, pride and perhaps a little fear that your child could get injured. As a parent, one of the injuries you may worry about most is concussion.

Fortunately, research about concussions in young athletes is rapidly expanding.

Recently, the American Academy of Pediatrics (AAP) updated its guidelines for managing concussions in children and adolescents for the first time since 2010.

WHAT'S NEW?

In the new report, the AAP reemphasizes removing a child from play if a concussion is suspected. Children who keep playing immediately after a concussion experience worse symptoms and a longer recovery time than those who are immediately taken out of the game. If a child experiences another head

injury within 24 hours, recovery becomes even longer and more difficult.

The previous AAP report highlighted the importance of physical and mental rest following a concussion. However, recent research shows that physical activity is fine, and even helpful, for healing. The AAP now recommends allowing for some light activity, such as brisk walking, as long as it doesn't worsen any symptoms. Work with your child's pediatrician to determine how soon after a concussion your child is ready to start doing some physical activity again.

Another key change is that children may use electronics

during recovery. Since kids are so connected to social media these days, eliminating electronics such as computers, video games and texting — as previously suggested — could make them feel isolated and contribute to symptoms of depression or anxiety.

SUPPORTING HEALING

Most young athletes who suffer a concussion get better within four weeks. During this time, you may need to make some changes to your child's schedule and daily activities, such as lessening schoolwork and offering lots of rest. If you have any concerns, be sure to contact your child's pediatrician.



KEEP KIDS HEALTHY WITH VACCINES

As a parent, you want what's best for your child. Vaccines can help your little one grow up healthy and happy.

"Since 2000, when measles was declared eliminated from the US, the annual number of cases has ranged from a low of 37 in 2004, to a high of 667 in 2014. The 2019 case count exceeded 2014 levels as of April 2019, and continues to climb," says **Pisespong Patamasucon, MD**, pediatric infectious disease specialist at Rocky Mountain Hospital for Children physician.

"The majority of cases have been among people who are not vaccinated against measles" says Dr. Patamasucon.

Check with your child's pediatrician if your young one is due for any vaccinations. By age 2, he or she should have received protection against all the vaccine-preventable diseases:

1. Chickenpox
2. Diphtheria
3. Hib
4. Hepatitis A
5. Hepatitis B
6. Influenza (flu)
7. Measles
8. Mumps
9. Pertussis (whooping cough)
10. Polio
11. Pneumococcus
12. Rotavirus
13. Rubella
14. Tetanus

Visit Us at F.A.A.S.T. (For Acute Athletic Sports Trauma)

If your athlete is injured and needs care right away, bring them to the Rocky Mountain Pediatric OrthoONE FAAST clinic at our Sky Ridge location (10107 RidgeGate Parkway, Suite 310, Lone Tree). The clinic runs every Saturday through the fall sports season (August 31 – November 2) from 10 a.m. – noon. Clinic specialists see sprains, strains, fractures, dislocations and ligament injuries.

Child Life Specialists:

Helping Kids Cope with a Trip to the Hospital

In November 2018, Kylie Schwartz was in the pediatric intensive care unit (PICU) at Rocky Mountain Hospital for Children (RMHC). The 22-year-old Highlands Ranch resident was newly diagnosed with a rare pediatric cancer, in a lot of pain and, understandably, very upset.

Kylie withdrew, and her parents, Brad and Leslie, watched with concern as Kylie rebuffed any attempts to console or encourage her. Then one day, early in her hospital stay, Kylie met **Christy Grosboll, CLS**, Child Life Specialist at RMHC who works with oncology patients.

"Christy came in and we had a lengthy conversation," Kylie recalls. "She explained her role and how she could help, how she would get through this with me. I think it was her warmth, the way she made me feel comfortable."

"Christy was very instrumental in getting Kylie in the right frame of mind to fight her cancer. I can't say enough about her," says Leslie.

AGE-APPROPRIATE EDUCATION AND PLAY

Child Life Specialists use education, play and other age-appropriate activities to help patients and families across the hospital cope with their illness and the stress of hospitalization. From leading hospital pre-op tours, to helping parents prepare their child for surgery and easing a child's anxiety during a medical procedure, RMHC's Child Life

Specialists help improve the patient experience.

"The specific things we do vary based on the population we're serving, but the key in all situations is normalizing the environment, getting our patients comfortable," Grosboll says. "We try to provide opportunities for them to express themselves — for children, that may be through play or storytelling — and increase their coping skills."

"We use age-appropriate language, avoiding medical jargon, to educate our patients about a new diagnosis or procedures they may be having."

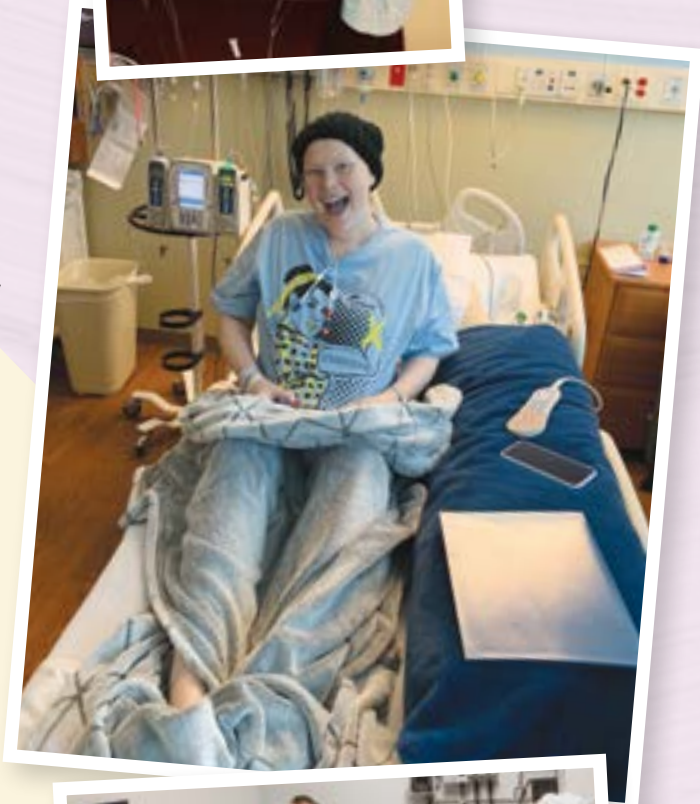
EXPERTS IN HUMAN DEVELOPMENT

Child Life Specialists have a bachelor's or master's degree focusing on human growth and development, education, psychology or a related field. At RMHC, all have completed a postgraduate internship and are either certified or working toward certification, demonstrating their commitment to professional excellence.

At RMHC, Child Life Specialists work in the pre-op department, with patients having surgery; with



After the care and support she received from the RMHC team, Kylie is considering studying to become a Child Life Specialist herself.



oncology patients; in the pediatric unit and the PICU; and with patients with cardiac conditions.

Kara Hellums, CLS, and her colleagues are experts at addressing the psychosocial and developmental needs of their young patients. Helping them feel a sense of power and control reduces anxiety and can increase compliance with the health care team, she says.

"We may ask them whose lap they want to sit on when an IV line is being inserted and whether they want to look during the procedure," Hellums says. "If they don't want to look, they can choose how they want to be distracted. Do they like bubbles or light-up toys? With a 2-year-old, we may sing their ABCs with them, which enables us to work in some slow, deep breathing, which in turn helps their body relax. With older children, we may bring an iPad for them to use or a virtual reality headset they can wear."

LETTING KIDS BE KIDS

Before their surgery, **Coree Parra, CCLS**, helps young patients apply a scent like root beer or peppermint to their anesthesia mask and practice putting the mask over their nose. Parra emphasizes that apart from these activities, hospitalized children need opportunities for normal play.

Kylie Schwartz, now 23, says that when she began to lose her hair and experienced other severe side effects from chemotherapy, Grosboll provided steadfast emotional support and practical advice. Kylie, who has worked in health care management, is so inspired by Grosboll that she's considering changing tracks and pursuing a career as a Child Life Specialist.

PASSIONATE ABOUT CARING

RMHC's Child Life Specialists love what they do and are dedicated to their patients and hospital. Hellums's own story about how she came to join the RMHC team is a testament to this.

In 1992, Hellums was in an auto accident that caused her to lose both her hands. Doctors at Presbyterian/St. Luke's Medical Center were able to reattach her left hand but were unable to save her right. Through many surgeries and by volunteering with the hospital's limb preservation team, Hellums grew close to the Presbyterian/St. Luke's staff. When the opportunity came in 2005 to join the child life team, she quickly signed on.

"I have a deep appreciation and affinity for the staff and this hospital because they gave so much to me," Hellums says. "My own hospitalization deepened my capacity for empathy and compassion, and I try to make sure that is reflected in all the work I do. All of the Child Life Specialists at RMHC are passionate about our jobs."



Like family: Our team of Child Life Specialists go above and beyond to help patients feel empowered every day of the year.



TIPS TO PREPARE

YOUR CHILD FOR SURGERY

Here are some additional things parents can do to help their child get ready for surgery:

CALMLY HELP YOUR CHILD UNDERSTAND why he or she will be in the hospital. Be honest, speak at the child's level and focus on the positive result. Talk with your doctor or the hospital to get tips on how to explain this.

PRETEND PLAY WITH YOUR CHILD. Let him or her put a bandage on a teddy bear or take a doll's temperature.

ENCOURAGE YOUR CHILD to bring comforting items to the hospital, such as a favorite blanket or stuffed animal.

SIBLINGS NEED SUPPORT, too. Answer any questions they have, and make sure they understand that they didn't do anything to cause their brother or sister to be in the hospital. Bringing them to visit can help reassure them that their sibling is safe and well cared for.

Schedule a Pre-Op Tour for You and Your Child (see left).

TO SCHEDULE A PRE-PROCEDURE TOUR, or for more information about a pediatric hospital visit, call RMHC's Child Life Specialists at **720-754-7717**. You can also take a virtual tour and learn what to expect the day of surgery by watching our online videos at RockyMountainHospitalForChildren.com.

Pregnant?

Know the Warning Signs of Preeclampsia

Rocky Mountain Hospital for Children and Presbyterian/St. Luke's are home to the only hospital campus in the Rocky Mountain Region with a Level IV Maternal Program and a Level IV NICU to care for high risk mom and baby under one roof. With that in mind, our experts remind you that developing high blood pressure during late pregnancy may signal a condition called preeclampsia. Untreated, this condition potentially threatens both mother and child. Fortunately, preeclampsia is easily detected during routine prenatal care visits. Plus, close monitoring can help women who develop it stay healthy and deliver healthy babies. To learn the facts, take this true-false quiz.

1. Developing high blood pressure during pregnancy always means you have preeclampsia.
☐ True ☐ False
2. A woman's age affects her risk for this condition.
☐ True ☐ False
3. Physical activity may help prevent preeclampsia.
☐ True ☐ False
4. Women who develop preeclampsia are more likely to have high blood pressure after pregnancy.
☐ True ☐ False

Sign up for our **FREE** pregnancy e-newsletter at www.pslmc.com/service/pregnancy-childbirth.

ANSWERS

1. False. Having high blood pressure during pregnancy, called gestational hypertension, doesn't necessarily mean you have preeclampsia. Elevated blood pressure is only one symptom. There are several other warning signs, such as:

- Swelling that doesn't disappear after resting — especially in the face and hands
- Gaining more than 5 pounds a week
- Severe headaches, dizziness, nausea or vomiting
- Double or blurred vision
- Sensitivity to light
- Abdominal pain

Pregnant women who notice any of these symptoms should talk with their doctor.



2. True. Being younger than age 20 or older than age 35 boosts the risk for preeclampsia. So does a history of high blood pressure. Other risk factors include:

- Developing either gestational hypertension or preeclampsia during an earlier pregnancy
- Having a family history of preeclampsia
- Carrying more than one baby at a time
- Being obese
- First pregnancy

Preeclampsia is also more common in women who suffer from diabetes, kidney disease and lupus.



3. True.

Exercise during pregnancy may help prevent preeclampsia, as well as other complications, such as gestational diabetes.

Experts advise women with a high risk for preeclampsia to take low-dose aspirin daily starting 12 weeks after pregnancy. Talk with your doctor about your risk.

If you have hypertension before you become pregnant, be sure to talk with your doctor about ways to get it under control. Reaching a healthy weight before pregnancy and controlling chronic conditions, such as diabetes, may also help to prevent preeclampsia.



4. True.

Symptoms of preeclampsia and gestational hypertension usually disappear within a few days or weeks after delivery. However, either condition may boost your chance of developing high blood pressure later in life.



AT RISK?

Learn more about our experienced Center for Maternal Fetal Health at **RockyMountainHospitalForChildren.com** or call **720-754-RMHC (7642)**.

Our mission is to improve the quality of life for families, sick children and infants throughout our communities by providing support when and how they need it most.

Mothers' Milk Bank Celebrates 35 Years of Service

In the early 1980s, a premature baby was born in Denver. The newborn's mother had knowledge of milk banks, so when her own milk supply waned from the stress of worry about her baby, she asked the hospital for donor human milk. She learned there was no milk bank in Colorado, so she made it her mission to start one.

At the same time, a local pediatrician was determined to establish a local milk bank. These two women met and formed a committee of health care professionals and community members that applied for and received a grant to open Colorado's first and only nonprofit milk bank. Mothers' Milk Bank (MMB) opened in May 1984 and today celebrates 35 years of service, having provided 6 million ounces of "liquid gold" to babies across the nation.

Human milk is referred to as liquid gold because it provides infants with essential immune properties, growth factors, enzymes and many other nutritional elements they cannot get from formula.

The process of breastfeeding doesn't always come easily. Some mothers find it difficult to produce enough to feed their own child, while others have more milk than their baby needs. That's where MMB can assist.

MMB is one of the largest nonprofit milk banks in North America and distributes to hospitals across the nation, including all Rocky Mountain Hospital for Children

locations in Colorado. Many of these hospitals also serve as Donation and Outreach Centers, convenient locations where approved milk donors can deliver their milk to be safely transported to MMB.

Throughout its 35 years, MMB has remained forever grateful for the nearly 14,000 milk donors who have helped babies survive and thrive.

Nearly 90% of the milk feeds babies in neonatal intensive care units. These infants are born prematurely or are medically fragile and need the unique nourishment only human milk can provide. The remaining milk is available for babies whose mothers are unable to nurse sufficiently.

"For some babies, a human milk donation could be their greatest gift in life," says Laraine Lockhart-Borman, director of outreach at MMB. "At Mothers' Milk Bank, we strive to provide human milk to any baby who needs it. The donations of generous, breastfeeding mothers can be lifesaving."

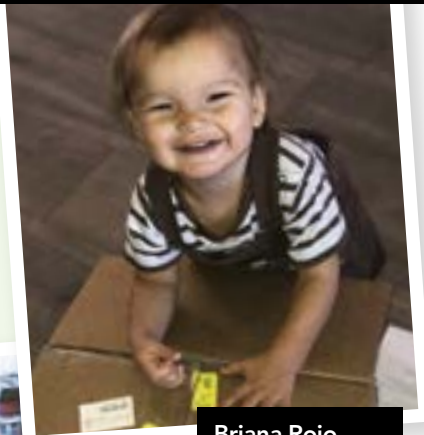
MMB thoroughly screens all donors, and the milk goes through a pasteurization process to kill viruses and bacteria, maintaining 95% of the milk's original nutrients.

For more information, please call **303-869-1888** or visit **milkbankcolorado.org**.



"Because I exclusively pumped for several months when my milk came in, and while my baby learned to breastfeed, I had an oversupply. The benefits of donor milk gave my baby many advantages as a premature baby and gave me peace of mind. I wanted to become a donor to provide other babies and families the same advantages. Being both a recipient and donor of breast milk, working with Mothers' Milk Bank was a gratifying experience!"

—Mothers' Milk Bank Supporter



**Briana Rojo
benefitted from
the Mothers'
Milk Bank.**



Celebrating 35 years of service.



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facebook.com/RMCHF**

Speaking Up About Your Child's Sleep Habits

Getting to the root of pediatric sleep disorders

"It was more of a realization that my daughter wasn't sleeping and even for a child, that wasn't normal," says Ashley Cavanaugh. Like many parents, for years Ashley convinced herself that part of having children was that kids have trouble sleeping through the night. But for Ashley's daughter Sophie, the sleepless nights meant waking up 3-4 times every night.

Sophie was 3 years old and her mom recalls that although her daughter could be compassionate and patient, Sophie was having a very hard time dealing with her emotions — which meant dramatic mood swings. Sophie's preschool teachers even mentioned that Sophie was having significant trouble focusing and making meaningful connections.

"In addition to feeling sleepy through the day, sleep disturbances can have social, physical and emotional consequences for a child," says **Ramon Cuevas, MD**, pediatric neurologist and sleep medicine specialist at Rocky Mountain Hospital for Children (RMHC).

DIAGNOSIS AND TREATMENT

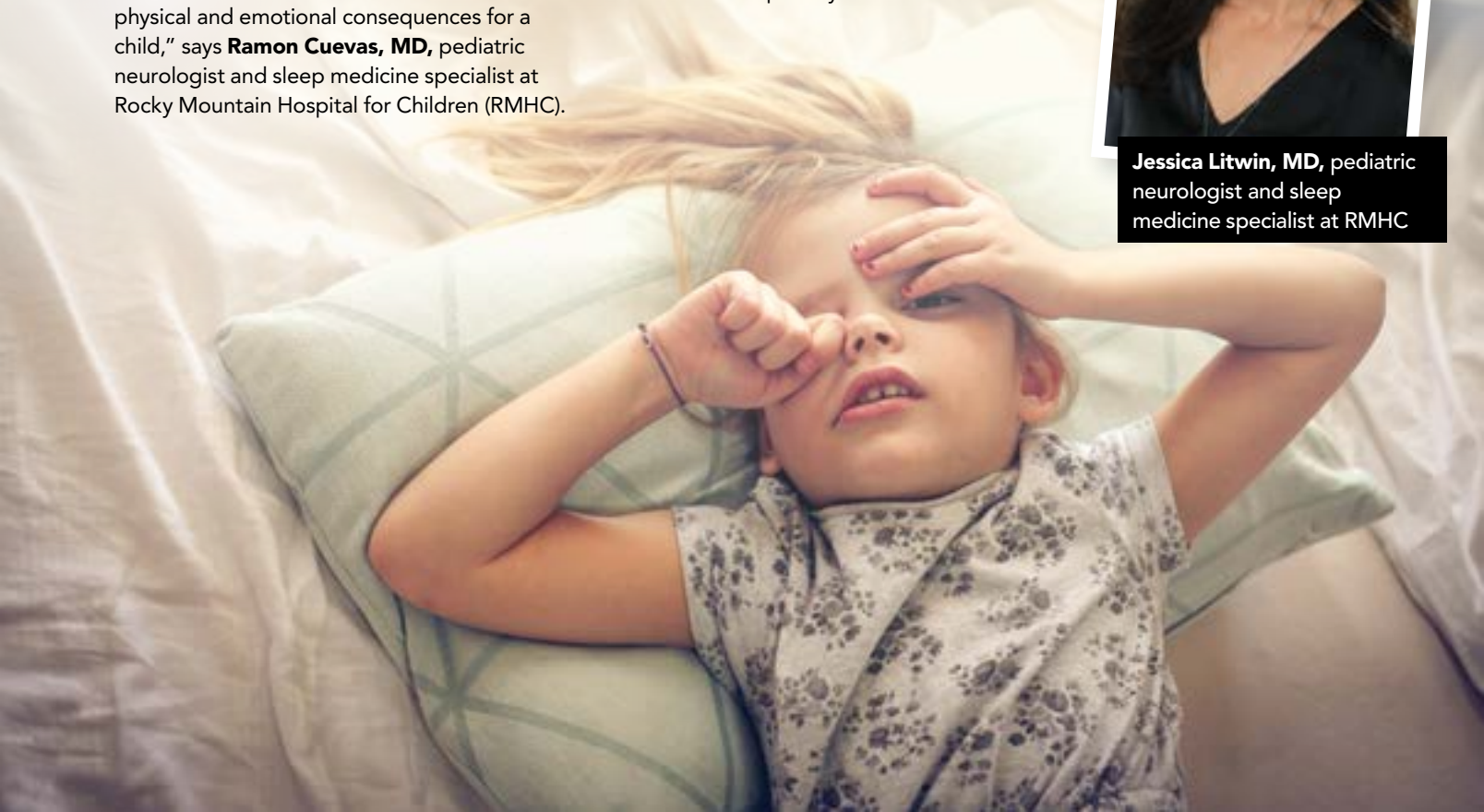
The diagnosis and treatment of sleep disturbances often involve a multidisciplinary team of specialists who work together to help the patient. When Ashley decided to bring up her daughter's sleeping patterns to her pediatrician, her pediatrician first suggested she see **John Bangiyev, DO**, an otolaryngologist (an ENT) at RMHC to evaluate her airway. After his initial evaluation, he ordered a sleep study.



Ramon Cuevas, MD, pediatric neurologist and sleep medicine specialist at RMHC



Jessica Litwin, MD, pediatric neurologist and sleep medicine specialist at RMHC



"It was pretty easy. Even at 4 years old, we wanted to be sure Sophie knew what to expect and why she was there. I was able to stay with her for the entire sleep study at Rocky Mountain Hospital for Children," says Ashley.

Once the sleep study results were available, Ashley met with **Jessica Litwin, MD**, also a pediatric neurologist and sleep medicine specialist with Dr. Cuevas.

They found that Sophie had central sleep apnea. Unlike obstructive sleep apnea, which is often caused by enlarged adenoids or tonsils, Sophie's condition meant that her brain was sending messages that caused her to repeatedly stop and start breathing during the night. This meant Sophie wasn't getting quality sleep.

Dr. Litwin prescribed oxygen therapy for Sophie and within two weeks, Ashley said they noticed a huge difference.

"She is so much more stable, happier and does more things," says Ashley. "She is performing better in preschool. Her teachers tell us she is engaging more, has made more friends and is remembering a lot more."

UNDERSTANDING SLEEP DISTURBANCES

Dr. Litwin and Dr. Cuevas — both parents themselves — remind us that if sleep patterns are negatively affecting your

child's life or your life, it's important to start conversations with your pediatrician.

Dr. Cuevas suggests that it is helpful to think of sleep disturbances in three categories:

- 1. Quantity:** Not sleeping enough (which could include having problems falling asleep at bedtime or waking and not being able to go back to sleep during the night).
- 2. Quality:** Not getting a good night's sleep (which could include breathing problems and waking frequently — like Sophie's experience).
- 3. Conditions** where there is a primary sleep disease like narcolepsy.

Each condition is diagnosed differently and treatment can vary, but it is important that parents speak up and start the conversations with their pediatrician, who can in turn make a referral to the right specialist.

"Speaking up about your child's sleep disturbances does not make you a helicopter parent," says Ashley. "Before talking with our doctor about Sophie, we would worry about what others would say — that they would say we should just deal with the negative behavior. Looking back, that was a disservice to Sophie — and us. I look at my daughter now and she is thriving. She is leaps and bounds ahead of where she was."

It's Time for Bed

To learn more about a pediatric sleep study or sleep disorder treatments, please call our free First Call Nurse Advice line at **877-647-7440** or visit **RockyMountainHospitalForChildren.com/Specialties** and click on "Sleep disorders."

SLEEP TIPS FROM THE EXPERTS

In addition to turning screens off at least 30 minutes before bed, here are six suggestions our specialists have for better sleep:

- Talk to your pediatrician if you observe snoring and 'mouth breathing' when your child is otherwise healthy. They do not indicate your child is sleeping soundly.
- Conditions such as night terrors and sleepwalking, which are known as parasomnias, tend to happen in school-age children and most kids outgrow them, but let your pediatrician know if your child experiences them, especially if you are concerned for their safety.
- Sleep conditions are treatable and many have a genetic basis, so be sure to share your family history with your pediatrician.
- If you want to adjust your child's bedtime, do so slowly — in 15 minute intervals and over a few weeks.
- Caffeine does not replace sleep! For most children, there is no physiological need for caffeine.
- Your child's sleep needs change as they grow and develop. Check the American Academy of Pediatrics or talk to your doctor about the best sleep guidelines for your child.



RMHC KIDS MENU!

Rocky Mountain Hospital for Children (RMHC) is the official partner for the Kids Menu at all seven On the Border Mexican Grill and Cantina restaurants in the area. The menu offers nutrition information and encourages families to visit the RMHC website to receive a pack of free "Family Go Cards." For more information, visit **RockyMountainHospitalForChildren.com**.

Rocky Mountain Kids is published by the Rocky Mountain Hospital for Children® family of hospitals from HealthONE®.

The information is intended to educate the public about subjects pertinent to their health, not as a substitute for consultation with a personal physician.

To provide feedback, please go to **RockyMountainHospitalForChildren.com** and click on "Contact Us."

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24/7 Board Certified Pediatric ER Physicians

1

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at Presbyterian/St. Luke's Medical Center**
20th Ave & High Street

2

**Rocky Mountain Hospital for Children
at Sky Ridge Medical Center**
I-25 & Lincoln

Affiliated HOSPITALS

3

North Suburban Medical Center
9191 Grant St.

4

Rose Medical Center
9th Ave. & Colorado Blvd.

5

The Medical Center of Aurora
S. Potomac St., S. of Mississippi

6

Swedish Medical Center
Girard & Pennsylvania

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LOVELAND OUTPATIENT CENTER

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