



JUNE NEWSLETTER



We hope all of our Direct Pediatric families are getting settled into their summer routines and enjoying more time together as families.

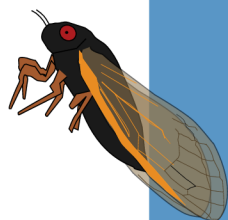
HELLO SUMMER!

The cicadas are out in full force and LOUD. They are clearly plotting to try to take over the city!

Hopefully just a few more weeks of these pesky guys and they will go back into the ground for another 17 years!

FUN FACTS:

- Only male cicadas "scream" or make loud buzzing sounds.
- Blue-eyed cicadas are "one in a million," according to entomologist's.
- Cicadas cannot bite or sting. They have a long, straw-like tube for sucking tree & plant sap!



RASHES

Dr. Steve Johnson,

Rashes occur all year long, but definitely tend to peak in the summer. Here's what I'd like everyone to know about rashes....

One of the first things I ask when a parent tells me about a rash is, "Is it itchy and/or does it bother your child?" If the rash does not bother your child, it's very likely caused by a virus. As viruses are being cleared by the immune system, it's not uncommon for the viral particles to trigger a mild skin reaction that can last for a few days. These rashes tend to worsen/spread for a day or two and then fade away without anyone doing anything. Basically if the rash is not bothering your child, you don't need to do anything about it.



RASHES CONT.

1. Rashes are almost always harmless (assuming your child has had his/her recommended vaccines)
2. There are a few "dangerous" rashes, but kids and adults with these rashes tend to be very ill and the rash looks horrible. These "dangerous" rashes are rare enough that I think I've only seen 2 cases in my career and that's when I worked at Norton Children's.
3. Rash plus other symptoms; If your child develops a rash plus other symptoms such as shortness of breath, wheezing, vomiting, lip swelling, and/or dizziness shortly after eating/drinking or taking a medication, this could be an anaphylactic reaction and you should use your child's EpiPen (if they have one) or come to our office or to an ER for immediate treatment,

FUNNY FACT

Interestingly one of the "dangerous" rashes is similar to my name- Stevens-Johnson Syndrome, although technically my first name is Stephen. My name is easy to remember in the dermatology world!

WHAT IF ITS ITCHY?

Itchy rashes are usually due to your child's skin coming in contact with something that caused the skin to over-react. If the rash is only in a certain location (like the hands), it's usually because only that part of the body came into contact with the trigger. If the rash is all over the body, it's more likely to be something that was swallowed (food or medicine). If the rash is itchy, it's fine to give a dose of claritin or zyrtec (if at least 6 months old) to see if that helps make the rash (or at least the itching) go away. If the itchy rash is in a small area, it's fine to apply an over-the-counter steroid cream to the rash for 1-2 doses (if at least 6 months old) and see if that helps.

COMMON RASHES

Molluscum; A viral rash involving small individual pink pearly bumps that last for 6-18 months and go away without any intervention. Shortly before going away the bumps can sometimes become larger and more red.



Impetigo; A form of staph bacterial rash where kids tend to get honey-crusted red rash, especially between the nose and upper lip. This is typically treated with antibiotic cream



Hand Foot and Mouth rash; A viral rash characterized by small red blisters on the palms/fingers, soles/toes and mouth. Blisters tend to be painful. Treatment is pain control with tylenol and/or ibuprofen



COMMON RASHES CONT

As parents, I definitely do not want you to fear rashes. We have almost all treatments for rashes in our In-House pharmacy for your convenience.

Folliculitis; Tender pimple-like rash that can occur anywhere, but frequently occurs on the bottom. Bacteria gets into the hair follicles and causes red bumps. Bumps generally go away on their own, but if very uncomfortable can be treated with antibiotic cream or an oral antibiotic



Poison ivy: Poison ivy often appears as pink/red bumps in a line or clusters and is very itchy. If it's a small area, use an over-the-counter steroid cream and/or Calamine lotion. If it's widespread, contact me for an oral steroid.



Eczema; Patches of dry, pink/red skin especially behind the knees, in elbow folds, on cheeks, behind ears (but could be anywhere). This tends to be a chronic rash that flares under certain conditions for different kids (sometimes heat, sometimes cold/dry air). Eczema is managed by keeping the dry skin coated with vaseline/aquaphor as much as possible, with steroid cream for bad flare ups.



Ringworm; A fungal rash (that has nothing to do with a worm) that is often circular, scaly and itchy with a raised red border. It is treated with an antifungal cream like clotrimazole (brand name Lotrimin)





Fostering Independence

Dr. Kyle Stewart

I'm convinced that the most important and critical component of parenting is to **promote our children's independence.**

You've heard me discuss how "noisy" the parenting space is. Instagram influencers, the CDC, doctors, maybe worst of all, grandparents.... There are boat-loads of voices that parents are exposed to that all sound "right" but so often seem to clash, leaving parents tangled in a web, feeling pulled in different directions. Parenting is hard enough without introducing this undercurrent of guilt that you're consistently falling short.

How Can I Fostering Independence?

We have to know what's appropriate for our children to be doing alone, and encourage them to step into these roles (and know that it's safe for them to fail at it). A list of some examples below, all age based:

Ages 3-5: Cleaning up alone, dressing themselves, "setting the table" AKA getting their own plate and cup, completing puzzles alone, brushing teeth alone

Ages 6-8: Making their bed, packing their own lunch, "helping" with cooking and laundry, taking care of pets, creating a schedule for free time, independent reading, bathe alone, walk to friends' houses.

Ages 9-11: Complete homework alone, plan friend hangouts, watch younger siblings, cook a meal, yard work

Ages 12-14: Managing money and introducing a budget, do their own laundry, use oven

Ages >14: Independent time with friends, driving, complete grocery trips alone

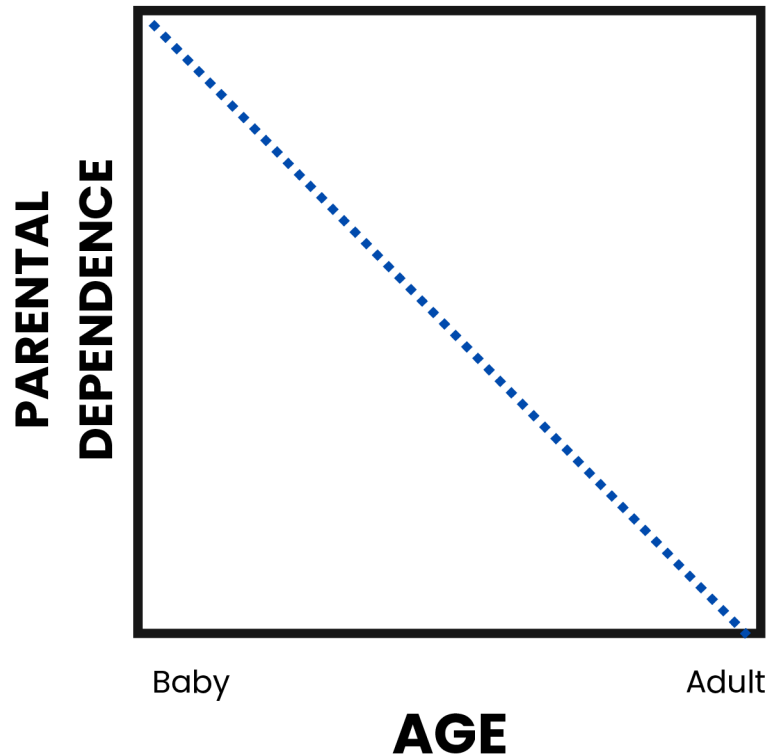
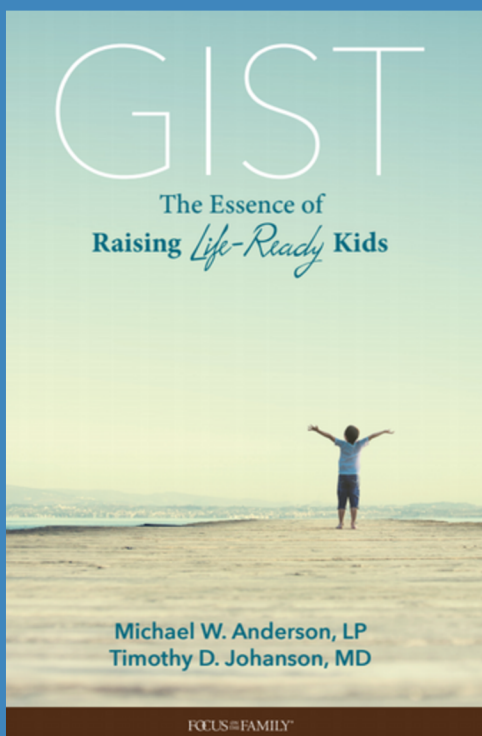
Fostering Independence

Dr. Kyle Stewart

I love visuals. I admittedly stole this one from the book, “*Gist: The Essence of Raising Life Ready Kids*”, which is the best parenting book on the market, by far.

We can think of independence as a run plot. Babies start with 100% dependence on a parent, and that number decreases over time as children approach adulthood, where hopefully it reaches 0%.

Your job, as a parent, is to push your child along this line.



There will be bumps, if your child shows you they're not ready for independence in a certain area (they fail to do their homework and get all F's, they burn the toast 10 times in a row, etc...), you gently step back in and help them along, but quickly try to re-instill the intended independence.

You'll find yourself having to “parent” less and less over time, and that's an incredibly healthy landing spot for all involved.

Summer Reading

Summer is the perfect time to nurture a child's love for reading without the pressure of school assignments. Here are some research-informed tips to help parents support reading over the break—while keeping it fun and stress-free:

1. Let Choice Drive Motivation

- a. Allow children to choose what they read—comic books, graphic novels, magazines, or even recipe books count! Autonomy boosts motivation, especially for reluctant readers.

2. Build on Strengths and Interests

- a. Children are more likely to read when topics align with their passions. .

3. Maintain a Routine, Not a Regimen

- a. Set aside a consistent time each day for reading, but avoid forcing it. 10-20 minutes of quiet reading before bed or after lunch can help build a sustainable habit.

4. Model Reading

- a. Children mimic adult behaviors. Let them see you read—books, newspapers, or audiobooks. It normalizes reading as a daily activity.



Reading Tips

Emily Moran, M.Ed., LPA

1. Use Audiobooks Strategically

- a. For children with reading challenges (like dyslexia), audiobooks can help build vocabulary, comprehension, and love for stories without the frustration of decoding.

2. Support Without Correcting

- a. If your child misreads a word, offer support with a gentle prompt or question ("Does that make sense in the sentence?"). Avoid turning reading into a correction session.

3. Celebrate Progress, Not Perfection

- a. Track books read with a simple chart or stickers. Focus on consistency and engagement—not speed or difficulty level.

4. Know When to Step In

- a. If your child avoids reading altogether, shows strong frustration, or complains of fatigue or headaches while reading, it might be worth speaking with a professional for a learning or attention screening.

Results from this week's virus/bacterial testing in Louisville

Below is Dr. Alan Junkins’ (Chief of Microbiology) weekly report on viruses and bacteria detected in the Louisville area. It provides insight into what’s on the rise and what’s fading in our community. A few key points:

- The value represents the positivity percentage. For example, if 7% of COVID tests came back positive last week, the value for COVID is 7%.
- Viruses/bacteria increasing for two weeks in a row are marked in red.
- Viruses/bacteria decreasing for two weeks in a row are marked in green.
- The table includes the most common cold viruses, with the most familiar ones at the top.

	Week of 6/9/25	Week of 6/2/25	Week of 5/26/25	Week of 5/19/25
COVID	3%	3%	3%	2%
Influenza A (Flu A)	<1%	<1%	<1%	<1%
Influenza B (Flu B)	1%	1%	2%	2%
Respiratory Syncytial Virus (RSV)	1%	1%	1%	1%
Strep	18%	15%	14%	18%
Adenovirus	3%	4%	3%	5%
Coronaviruses (non-Covid)	1%	1%	1%	1%
Human Metapneumovirus	4%	7%	5%	8%
Mycoplasma Pneumoniae	<1%	<1%	<1%	<1%
Norovirus (Stomach virus)	NA	NA	NA	NA
Parainfluenza (Croup)	10%	12%	13%	11%
Pertussis (Whooping Cough)	<1%	<1%	<1%	<1%
Parapertussis	<1%	<1%	<1%	<1%
Rhinovirus / Enterovirus	17%	19%	23%	26%



Emily is a dedicated and caring professional. She is a tireless advocate for getting kids the supports they need to be successful in school and life. Cannot recommend enough!

Dr. Johnson's Current Book Recommendations:



- **Intuitive Eating, 4th edition** by Evelyn Tribole and Elyse Rech. Recommended for parents who have struggled with dieting/body image or if you have a child struggling with eating/body image issues.



Office Logistics:

**DR. STEWART IS OUT OF THE OFFICE
JUNE 23-29TH**

Please contact Dr. Johnson or the office for any questions or appointments

CLOSED JULY 4TH

DR. JOHNSON IS OUT OF THE OFFICE JULY 4-6TH

Dr. Stewart's Parenting App Recommendations:

"Nara Baby"- Great for Newborns and infants

"Solid Starts"- Strategies for food initiation

"Our Home"- For organizing chores in a fun way

"The Happy Child"- For those who love research and information

"Net Nanny"- To filter out inappropriate online content



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