

	another's presence	thrash more if held or restrained
Return to sleep	May be considerably delayed because of persistent fear	Usually rapid; often difficult to keep child awake
Description of dream interventions	Yes (if old enough) Accept dream as real fear Sit with child; offer comfort, assurance, and sense of protection Avoid forcing child back to his or her own bed Consider professional counseling for recurrent nightmares unresponsive to above approaches	No memory of dream or of yelling or thrashing Observe child for a few minutes, without interfering, until child becomes calm or wakes fully Intervene only if necessary to protect child from injury Guide child back to bed if needed Stress to parents that sleep terrors are a normal, common phenomenon in preschoolers that requires relatively little intervention

REM, Rapid eye movement.

Modified from Haupt M, Sheldon SH, Loghmanee D: Just a scary dream? A brief review of sleep terrors, nightmares, and rapid eye movement sleep behavior disorder, *Pediatric Annals*, 42(10), 211-216, 2013.

Helping children slow down before bedtime also reduces resistance to going to bed. One approach is to establish soothing, limited rituals that signal readiness for bed, such as a bath or story. Parents can reinforce the pattern by stating, "After this story, it is bedtime," and consistently carrying through the routine. If anticipated extra stimulation (e.g., having visitors arrive at the children's bedtime) disrupts this routine, it is advisable to settle children in bed beforehand.

Skin Disorders Related to Chemical or Physical Contacts

Contact Dermatitis

Contact dermatitis is an inflammatory reaction of the skin to chemical substances, natural or synthetic, that evoke a hypersensitivity response or direct irritation. The initial reaction occurs in an exposed region, most commonly the face and neck, backs of the hands, forearms, male genitalia, and lower legs. There is a characteristically sharp demarcation between inflamed and