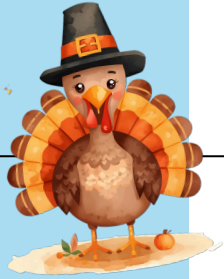


November Updates



BIG NEWS!

DIRECT PEDIATRICS HAS INCREASED OUR ANNUAL BILLING DISCOUNT FROM 5% TO 10%

WHY SWITCH TO THE ANNUAL PLAN?

- ✓ Save nearly \$200 a year with our new 10% discount
- ✓ Enjoy the convenience of one simple payment for the whole year
- ✓ Lock in your membership for uninterrupted care

IF YOU'D LIKE TO SWITCH TO THE ANNUAL PLAN OR HAVE ANY QUESTIONS, JUST REPLY TO THIS EMAIL OR CALL OUR OFFICE AT 502-515-6601. WE'LL TAKE CARE OF EVERYTHING FOR YOU!

Other great news, **starting January 1**, there's new legislation that mandates all **HSA funds can be used for DPC services**, up to \$150/month. If you enroll in our discounted yearly plan, you'll be eligible for **full coverage!**

We also have a new benefit for those interested in **Psychological Testing** with Emily! We have partnered with Reimbursify, a company who is able to check your insurance plan and give you an idea of if you could receive a reimbursement for services under your out of network coverage. To learn more about this, give us a call!



WHAT TO KNOW ABOUT COLDS

WHAT CAUSES COLDS?

Colds are caused by viruses. Top 3 cold-causing viruses are rhinovirus, coronavirus and respiratory syncytial virus (RSV).

DOES COLD WEATHER CAUSE COLDS?

No. Colds are more common during the colder months because more people are inside and viruses spread more easily inside. Cold weather itself does not cause kids to catch colds

HOW LONG DOES A COLD LAST?

Colds typically last anywhere from 3-10 days. An mild cold worsens for 2 days, peaks and takes 2 more days to go away. A bad cold worsens for 5 days, peaks and then takes 5 more days to go away.

IS THERE ANY MEDICINE THAT KIDS CAN TAKE TO PREVENT A COLD?

No. there is nothing besides normal rest and hydration that has ever been proven to prevent a child from catching a virus.

While no medicine prevents colds, the flu, COVID and RSV vaccines certainly help prevent colds & flus and are available at our office for all family members.

WHAT SHOULD I WORRY ABOUT WITH A COLD?

Breathing. If your child is consistently breathing very fast, using extra muscles to breath or lips appear bluish, it suggests that their oxygen levels may be dipping under 90% which is a major criteria for hospital admission.

Dehydration. Much less common, but if your baby/child is urinating fewer than 3 times in 24 hours, please call to discuss with your pediatrician



My child has a cold- what can I do?

Dr. Steve Johnson

- **Encourage more fluids** (the more hydrated, the less sticky the snot and the easier it is to clear).
- **Encourage more rest** (the immune system fighting a virus requires a lot of energy making people feel more tired. Sleep helps restore energy overnight
- **Flush the snot out for better breathing**- especially in the morning and before bed. In babies use nasal saline, with a nasal aspirator like the Nose Frida. In kids 5 and up, I encourage the Neil Med sinus rinse products
- **Ibuprofen and/or Tylenol** for accompanying sore throats and headaches that may occur with a cold.
- A recent meta-analysis showed that for adults (and maybe for children), taking **Zinc lozenges** within the first 24 hours of cold symptoms may shorten the duration of a cold by 1-2 days



HOW SHOULD WE TALK TO KIDS ABOUT TRAGEDIES?

Dr. Kyle Stewart

If you know me well, you know I'm a light-hearted person by nature, but with the recent UPS tragedy in Louisville, I think it's worth having a discussion around how we talk to children about tragedy to help them make sense of things and avoid unnecessary anxiety.

Have you found it difficult talking to your child about the traumatic event? You're in good company. This stuff is hard. But allow me to encourage you that these are impactful conversations to be stepped into as a parent rather than avoided. Your role is to guide your child into developing a healthy world-view, and these conversations can serve as an avenue for that molding to take place.

SOME TIPS FOR HAVING THESE DIFFICULT CONVERSATIONS:

1. BRING IT UP.

Kids hear things—from classmates, teachers, and the internet. They may quietly hold worries without showing them. Start the conversation so you can guide it.

2. ASK WHAT THEY ALREADY KNOW.

Find out what they've heard and from whom. With older kids, ask what they've seen online. Then clarify the facts in simple, clear terms.

3. ASK HOW THEY FEEL.

Reactions differ widely. Normalize feelings like sadness, confusion, or worry, and reassure them that others feel the same way.

4. REASSURE THEIR SAFETY.

Especially for younger kids, safety will be their biggest concern. Calmly remind them that they are safe.

5. MAKE ROOM FOR QUESTIONS.

Let them know they can ask anything, now or later. You may need to revisit the topic in the coming days or weeks.

6. WATCH YOUR TONE AND BODY LANGUAGE.

Children mirror us. A calm, steady presence helps them process the conversation without added anxiety.

WE'RE HERE TO HELP! DR. JOHNSON AND I HAVE BOTH NAVIGATED THESE CONVERSATIONS WITH OUR OWN KIDS, AND WE KNOW HOW DAUNTING IT CAN BE. WE'D BE HONORED TO COME ALONG SIDE AND PROVIDE ANY GUIDANCE YOU NEED.

MANAGING HOLIDAY TRANSITIONS: TOOLS FOR KIDS WHO THRIVE ON ROUTINE

The holidays bring joy and excitement—but they also bring major shifts in routine. For many children, these changes can feel overwhelming. With a few thoughtful strategies, families can help children stay regulated, flexible, and emotionally secure throughout the season.

PREVIEW & PREPARE

Children feel calmer when they know what to expect.

Try:

- A visual schedule for days involving travel or gatherings
- Quick morning “here’s our plan” check-ins

KEEP KEY ROUTINES CONSISTENT

Holidays disrupt schedules, but maintaining core routines helps kids stay grounded.

Protect if possible:

- Bedtime and wake times, mealtimes, quiet/alone time, sensory or calming tools
- Small points of consistency create big emotional safety.

BUILD IN BREAKS

Busy gatherings and unfamiliar environments can be overstimulating.

Support your child by:

- Setting up a quiet “break space”, bringing a comfort kit (fidgets, headphones, favorite book), establishing a signal your child can use if they feel overwhelmed
- Breaks are not failures—they’re regulation tools.

PREPARE FOR TRAVEL TRANSITIONS

Travel adds extra unpredictability.

Helpful tools include:

- Timers or countdowns before transitions, familiar snacks and comfort items, previews of what airports, car rides, or hotels will be like
- Structure helps keep travel manageable.



More Helpful Tools

Emily Moran, M.Ed., LPA

SET REALISTIC EXPECTATIONS

Let children know what’s okay and what’s expected.

Examples:

- “A wave or high-five instead of a hug is fine.”
- “You can take breaks whenever you need.”
- “You don’t have to try new holiday foods if you’re not ready.”

Also consider preparing extended family—clear communication prevents pressure and misunderstandings.

DON’T FORGET DOWNTIME

Overscheduling leads to overload. Try to include downtime each day to help your child restore energy and emotional balance.

FINAL NOTE

Holiday transitions don’t need to be stressful. With planning, communication, and compassion, families can create a calmer, more enjoyable season. If you’d like personalized strategies or clarity on your child’s learning or emotional profile, I’m here to help.

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

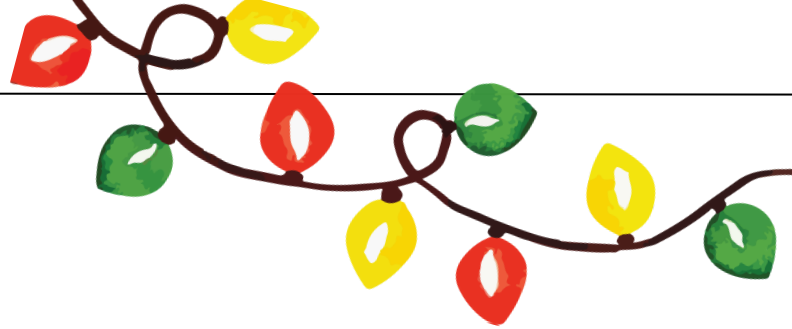
Below is Dr. Alan Junkins' (Chief of Microbiology) weekly report on viruses and bacteria detected in the Louisville area. It provides insight into what's on the rise and what's fading in our community. A few key points:

- 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 11/10/25	Week of 11/3/25	Week of 10/27/25	Week of 10/20/25
COVID	4%	5%	5%	4%
Influenza A (Flu A)	4%	2%	2%	1%
Influenza B (Flu B)	<1%	<1%	<1%	<1%
Respiratory Syncytial Virus (RSV)	4%	4%	2%	2%
Strep	14%	12%	15%	15%
Adenovirus	4%	4%	3%	4%
Coronaviruses (non-Covid)	1%	<1%	<1%	<1%
Human Metapneumovirus	1%	1%	1%	<1%
Mycoplasma Pneumoniae	<1%	<1%	<1%	<1%
Parainfluenza (Croup)	6%	5%	5%	5%
Pertussis (Whooping Cough)	<1%	<1%	<1%	<1%
Parapertussis	<1%	<1%	<1%	<1%
Rhinovirus / Enterovirus	26%	28%	27%	27%



Dr. Steve Johnson at Direct Pediatrics is an exceptional pediatrician, and I can't recommend him highly enough. Scheduling appointments is a breeze, and the flexibility they offer makes managing a busy family life so much easier. What truly sets Dr. Johnson apart, though, is the time and care he gives to each patient.



IN THE JOHNSON HOUSE

My wife and daughter spent last weekend getting all the inside holiday decorations up, and will use the Spring-like conditions to knock out the outdoor lights. I just finished Atomic Habits, am in the process of re-reading it, and would recommend it to any parent and high schooler.

Office Logistics:

THE OFFICE WILL BE CLOSED ON THANKSGIVING THURSDAY AND FRIDAY (I.E. PATTIE, MICHELLE, HANNAH AND MEREDITH ARE OFF), BUT I'M IN TOWN AND WILL BE AVAILABLE TO SEE KIDS THOSE DAYS AS NEEDED.

REMINDER

You can save 10% when you pay your membership annually! Call the office to update your membership!

IN THE STEWART HOUSE

Dr Stewart and family are headed to Nashville for Thanksgiving and looking forward to time with family! He recently celebrated his birthday with breakfast in bed made by his daughter and finished off with a big dinner at Mi Tierra!



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LOCATION**



**MIDDLETOWN
LOCATION**

