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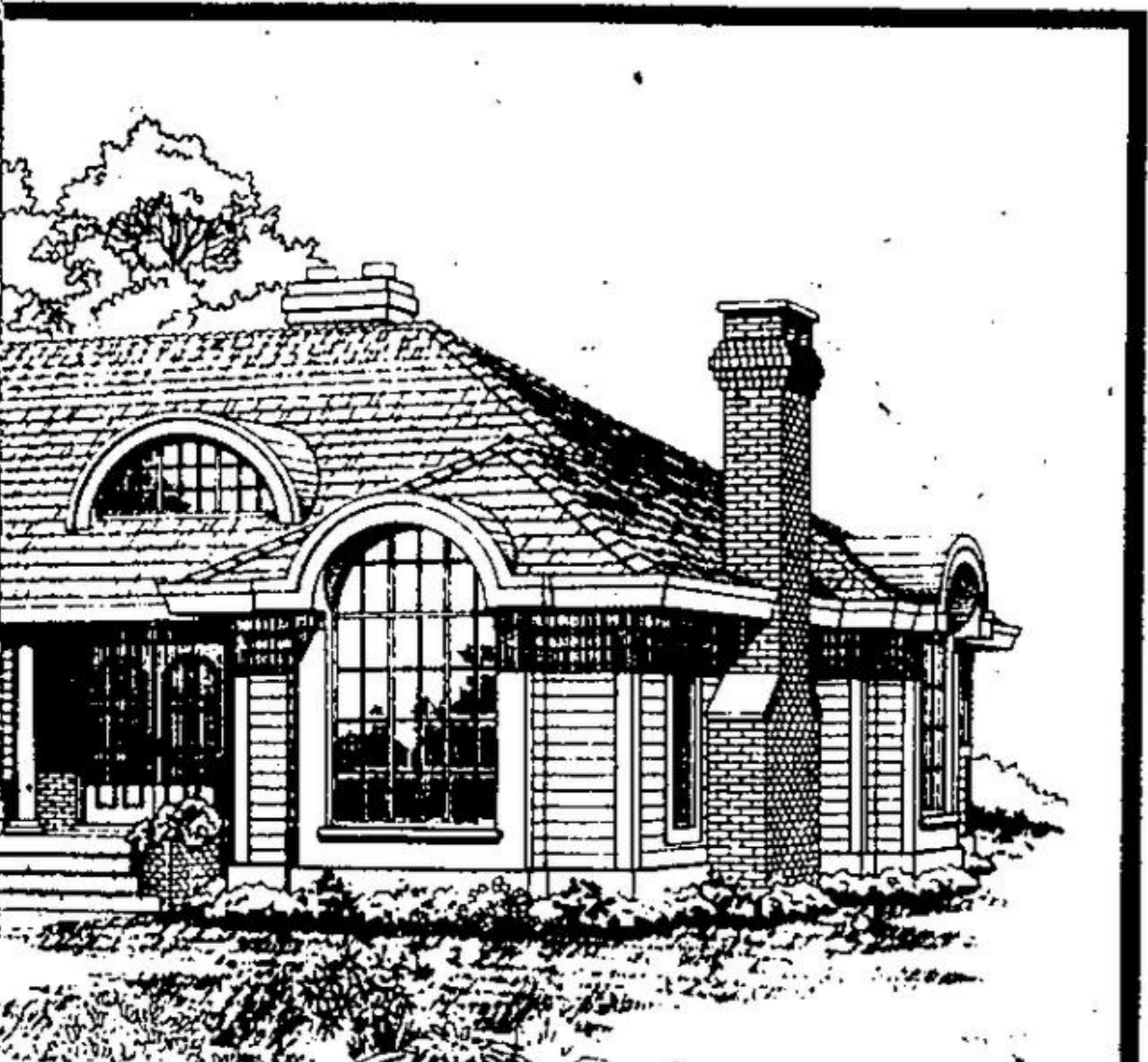
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D CEILINGS ADORN RANCHER
Circle top windows with bold fascia trim, and decorative columns introduce this dynamic three-bedroom home. The exterior of this 2,558 square foot design may be finished in attractive horizontal siding or classic brick. The entry foyer boasts a barrel vaulted ceiling, which extends through to the family room and glass block walls separating the basement stairs. The sunken living room and dining room also have barrel vaulted ceilings. Circle top windows throughout accentuate the rounded ceiling and flood the home with abundant natural light. The gourmet kitchen features spacious counter space and adjoining breakfast bay.
The master bedroom is a luxurious retreat with media centre, fireplace, and a cffered ceiling. The ensuite features a whirlpool spa tucked in a window bay, his and hers vanity and shower. Etched glass and decorative columns adorn the suite. The two additional bedrooms share a skylit main bathroom with soaking tub and double vanity.
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Reye's SYNDROME

The Flu Season is here!

REYE'S ... A Threat to Healthy Children

WHAT IS REYE'S SYNDROME (RS)?
RS is called a syndrome because it is a collection of symptoms and signs rather than a specific disease. Its cause is unknown and may be multiple. It attacks primarily healthy children ages 18 and under although it has been reported in adults. RS affects both boys and girls in equal numbers. RS usually occurs towards the end of a viral illness such as flu or chicken pox. RS can be fatal or leave the patient with varying degrees of motor or learning disabilities. RS attacks primarily the liver and brain, but may also affect other organs.

KEEP THIS SHEET HANDY FOR YOUR REFERENCE
RECOGNIZE REYE'S

THE PROGRESSION OF REYE'S SYNDROME
VIRAL DISORDER
The majority of cases of Reye's Syndrome are preceded by a viral disorder such as the flu or chicken pox, the effects of which last from a few days to one week.

RECOVERY PERIOD
There is a brief period of recovery from the original viral disorder lasting from a few hours to several days. During this time, the child is not usually sick but not well either.

VOMITING
Severe, relentless vomiting is almost always the first serious sign of Reye's Syndrome, except in infants. The hands and feet may be cold and clammy, temperature may be normal and even subnormal. The pupils may be dilated, that is, the dark part of the eye remains expanded even in bright light.

BEHAVIOUR CHANGE
The child becomes irritable and negative, wanting to be left alone, and is usually annoyed if anyone speaks to him or touches him. He may want to sleep all of the time, feeling very fatigued or simply "washed-out." He may be glassy-eyed with prolonged staring. During this period the child may become combative and also develop twitching and jerking movements (seizures).

DISORIENTATION
The child becomes generally confused, seemingly lost in time and space. For example, he may find his way into the bathroom but will not find his way out. This period can last a few minutes or several hours.

HOSTILITY
The child becomes generally hostile and unable to recognize family members and familiar surroundings. He is frequently combative, kicking, lashing out and biting. He may moan and scream incessantly and abnormally, and no measure of reassurance will quiet him. He may demonstrate unusual strength. It may take several adults to restrain him.

COMA
The child enters the semi-comatose state, responding sluggishly and only after vigorous prodding. Soon, deep coma develops with no response to pain or the environment. Death, if it is to occur, follows usually as a result of swelling of brain tissue. This brain swelling may occur simultaneously with the changes in behaviour and thus needs to be looked for and if possible treated. Transfer of your child to another hospital to treat such a problem may then be necessary. Specific blood tests may also be necessary including estimation of blood ammonia, blood sugar and liver function. Average time from the period of vomiting to death is 3 to 5 days. The above is the usual progression in cases of Reye's. However, symptoms, time intervals and sequence may vary.

DO NOT GIVE ANY DRUGS CONTAINING A.S.A. PRODUCTS TO ANY CHILDREN OR TEENAGERS
FOR INFORMATION CONTACT
Reye's Syndrome Foundation of Canada
Children's Hospital of Western Ontario
c/o Department of Pediatrics
P.O. Box 5375
London, Ontario N6A 4G5
(519) 685-8230