Pediatric sleep meds: ask before you give.

What to ask the pediatrician before any sleep medication or supplement for kids. The questions that should be asked, the products that fail testing, and when to wait vs medicate.

This is not medical advice. Use this card as a conversation starter with your pediatrician — never as a substitute for one. Anything in red below is a known safety concern; show this page to your doctor.

MEDICATION	COMMON USE	RED FLAGS	AGE GUIDANCE
Melatonin	Short-term sleep onset issues, jet lag, ADHD-related onset delay (with diagnosis)	OTC ≠ regulated. Studies find 75-90% of US gummy products are mislabeled by 50-450%. Buy USP-verified only. Don't use for behavioural sleep issues that respond to routine.	Under 3y: only with specialist guidance. 3-12y: 0.3-1mg, 30-60 min before target. Teen: 0.5-3mg.
Antihistamines (Benadryl/diphenhydramine, Atarax/hydroxyzine)	Sometimes prescribed off-label for sleep. Most commonly used by parents on flights or for one-off events.	Paradoxical hyperactivity in 10-20% of children — especially under 6y. Tolerance develops within 3-5 nights. Dry mouth, urinary retention. AAP advises against routine use as a sleep aid.	AAP: avoid routine use under 6y. Always doctor-approved.
Magnesium (glycinate, citrate)	Mild relaxation. Some evidence for restless legs symptoms in children.	Citrate can cause loose stools. Glycinate is gentlest. NOT a substitute for diagnosis if sleep issues persist >2 weeks.	Under 4y: with doctor only. 4y+: 100-200mg glycinate, 1h before bed.
L-theanine, glycine, GABA supplements	Marketed for sleep. Evidence in children is sparse.	No quality control on supplement industry. Drug interactions poorly studied. Most pediatric specialists do not recommend.	Skip for under 12y. Discuss with doctor for teens with anxiety-driven insomnia.
Trazodone, clonidine (prescription)	Sometimes prescribed for severe sleep onset issues,	Prescription-only for good reason. Cardiovascular monitoring needed for clonidine. Not first-line.	Prescriber-managed. Never share between children.

MEDICATION	COMMON USE	RED FLAGS	AGE GUIDANCE
	ADHD-related insomnia.		

5 QUESTIONS TO ASK THE PEDIATRICIAN

What sleep issue specifically are we trying to address? Onset, maintenance, early waking, or a combination? Each has different first-line interventions.

Have we ruled out non-pharmaceutical fixes first? Routine, screen-cutoff, room temperature, naps, anxiety. Medications shouldn't be the first move.

What's the duration plan? Short-term (jet lag) vs long-term needs different products and monitoring.

What product brand do you recommend? For supplements, the brand matters enormously — quality varies wildly. USP-verified or NSF-certified is the bar.

What signs would tell us to stop? Daytime drowsiness, mood changes, ineffectiveness after 2 weeks, paradoxical hyperactivity.

> **The order to try things:**(1) Routine + sleep environment audit. (2) Behavioural sleep training appropriate to age. (3) Pediatric sleep consultant. (4) THEN medication conversation with pediatrician — and only if (1)-(3) haven't resolved the issue.