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Introduction

This booklet has been prepared to familiarize you with this medical practice and to suggest a pattern of optimal care. Many of your questions regarding our office policy, well baby care, and the care of sick children are found in our booklet. An index is located at the front of this booklet to quickly guide you to the appropriate page.

Pediatric Associates was established in 1977, and is presently a practice specializing in care of children from birth to age eighteen. All of our physicians are board certified. You can feel assured your child will receive the highest quality of medical care.

We are located in The Plaza at Squaw Peak III, which is on the corner of 15th Street and Morten. There are entrances both on 16th Street and Northern (14th Place). We are accessible from Highway 51, from either the Northern or the Glendale exit. Our office can be difficult to find the first time you venture to it, so please call for detailed directions if you are unsure how to get there.

Telephone Calls to the Office During Office Hours

We currently do not charge for after-hours phone calls. Please allow a reasonable amount of time for a call back. During the winter months we receive a great number of calls during the day and we return them based on their urgency. If you have not received a call back from us and you think your child needs to be seen, please schedule an appointment. **If it is a true emergency, please call 9-1-1 immediately**. It is helpful for you to remember the following when you call:

1. Please **keep your line open and unblocked**. To unblock your line if it does not accept anonymous calls, dial *87.

2. Have a pharmacy number ready and be sure they are open.

3. We have a pediatric advice assistant available during the day to answer the majority of questions. If she is unable to adequately answer your questions, your doctor will return your call during a break time or at the end of the day.

4. Please make an appointment for a consultation to discuss complicated or behavioral problems.

Telephone Calls to the Office After Hours and on Weekends

1. Many after hours questions are addressed in this booklet. You may refer to the appropriate section prior to calling.

2. Please try to reserve after hours calls for urgent matters that cannot wait until the office reopens.

3. **The physician answering your emergency phone call will hang up for a blocked line**. This is because we are usually calling from our private telephone numbers. Please dial *87 to unblock your line. If your phone is busy when the physician returns the call, he/she will attempt on two separate occasions to reach you before terminating these efforts.

4. The office is open almost every day of the year. We are open on all Saturdays and Sundays except in June, July, and August. We are closed on a few select holidays, including Thanksgiving, Christmas, Easter, and July 4th (unless this falls on a Monday, in which case we will be open). The office opens at 7:30 a.m. and we schedule patients in time order until all patients are seen. If you want to have your child seen on these days, call early in the morning (before 9:00 a.m.).

5. If it is after hours and your child experiences a serious trauma such as a cut that may need stitches or a possible broken bone, please go to the emergency department for evaluation and treatment. You may call us if you are unsure and we can help you decide if you need to be seen right away or can wait until our office reopens.

6. Routine prescriptions and refills are issued during the regular office hours only. When calling for a prescription refill, please have your refill number and the telephone number of the pharmacy available. **Please allow 2 days for the refill to be completed.**

Scheduling an Appointment

Office visits are by appointment only. We are **NOT** a walk-in clinic.

As a courtesy to other patients and medical staff, please refrain from long cell phone conversations while in the office, especially during your appointment.

If you would like two or more children to be examined during an office visit, please specify this when you schedule the appointment. This helps considerably in preventing prolonged waiting for other patients with scheduled appointments.

If unable to keep an appointment, please call at least 24 hours prior to the scheduled appointment time. We appreciate a cancellation phone call so that we may open up the appointment for another child who needs it. **Appointments not canceled 24 hours in advance may be charged as a regular office visit.**

This office will always make an earnest effort to schedule acutely sick/ill children the same day that you call. Because this is a same day sick appointment, the scheduler will offer you a time or times that you can be seen. Unfortunately, we cannot always schedule same day appointments at the most convenient time, though we do try our best.

Professional Fees

We will provide you with excellent pediatric care at a fair fee. Please let us know if you have questions regarding our fees. A schedule for all services is available on request. Some fees are determined by the amount of time involved in the care. These include, but are not limited to, consultations for complicated or ongoing issues, long term care issues, and serious or prolonged problems.

Care of Sick Children

This set of guidelines was developed to help you care for your sick children at home and to help you determine when they need to be seen by a doctor.

The following problems should always be called to the physician's attention after hours or an appointment should be made during the day:

1. Severe, persistent abdominal pain.
2. Stiff neck when accompanied with lethargy, irritability, and fever.
3. Any breathing difficulty.
4. Convulsions (with or without fever).
5. Unconsciousness.
6. Fever without other symptoms in an infant **less than three months** of age.
7. Coughing up blood without any evidence of a nosebleed over a period of one hour or more.
8. Eye – foreign objects, severe pain, or persistent blurred vision.
9. Audible wheezing in a child that is having breathing difficulties and/or is not responsive to the usual asthma therapy.
10. A sudden change in the child's symptoms especially when accompanied by lethargy, irritability, and a change in the child's thought process and the child's orientation to his surroundings.
11. Trauma – please consult the various areas in this booklet for the treatment of trauma. After hours trauma often needs immediate evaluation in an emergency department.

The following problems should be called to a physician's attention within a 24 hour period or an appointment should be made that day:

1. Earaches
2. Blood in the urine.
3. Blood in the stool.
4. Burning and frequency of urination.

5. Animal bites/stings, or lacerations not requiring sutures, unless the bite/sting is a rattlesnake, black widow spider, brown recluse spider, or scorpion.

The following are examples of acute illnesses that are NOT of emergent or urgent concern, and can nearly always be handled during our office hours with either a phone call to the triage assistant or an appointment with a physician.

1. Low grade fever in a child more than three months of age.
2. Colds and coughs.
3. Sore throats.
4. Eye infections.
5. Headaches.
6. Constipation.
7. Diaper rashes.
8. Questions about immunizations and questions about communicability or infectious illnesses.
9. Crying in infants without other symptoms.
10. Dizziness.

Fever-General Advice

1. Fever is not a disease. An elevated body temperature is helpful in fighting infections. If the temperature is not high (less than 101° F), or the child is not bothered by the fever, no measures are necessary to lower the fever.

2. Remember that high fevers are rarely a medical emergency or even an urgent problem. Please call after hours with regard to a fever if your child is less than three months of age and/or you are concerned about other symptoms your child has in addition to the fever.

3. Fever in an infant **less than three months of age** can be the first sign of a serious illness. In this situation, please call the physician for advice at any time.

4. The use of a thermometer is usually not necessary except in young infants. If the child appears quite hot, assume the child has a high fever – if the child is warm, assume a low grade fever. If you take the temperature, in older kids an axillary (armpit) temperature is adequate.

5. If your infant is under 3 months, try to take a rectal temperature. If you cannot take the temperature rectally, take an axillary (armpit) temperature. An axillary temperature of 100° F and above is considered a fever.

6. The degree of fever usually does not indicate the severity of the illness. Many children with upper respiratory infections (colds) have high fevers while many children hospitalized with serious illnesses do not have high fevers. It is not unusual in the winter with respiratory viral illnesses to have a high fever for up to a week.

7. If your child's fever is not controlled by the use of measures such as acetaminophen or ibuprofen, this does not necessarily mean this is a serious illness.

8. Infants and small children tend to run higher fevers than older children and adults with similar illnesses, especially in the evening hours.

9. Have the child wear lightweight clothing. Bundling causes the temperature to increase.

Specific Treatment for Fever

Tylenol (Acetaminophen) Dosage. Tylenol can be given every 4 hours.

		Infant's Oral Suspension (160mg/5ml)	Children's Suspension Liquid (160mg/5ml)	Children's Soft Chew Tablets 80mg each	Jr.Strength Chewable 160mg each
Weight	Age				
6-11 lbs	0-3 mo	1.25 mL			
12-17 lbs	4-11 mo	2.5 mL			
18-23 lbs	12-23 mo	3.75 mL			
24-35 lbs	2-3 yrs	5 mL	1 tsp	2 tabs	
36-47 lbs	4-5 yrs		1 ½tsp	3 tabs	
48-59 lbs	6-8 yrs		2 tsp	4 tabs	2 tabs
60-71 lbs	9-10 yrs		2 ½ tsp	5 tabs	2 ½ tabs
72-95 lbs	11 yrs		3 tsp	6 tabs	3 tabs
96 lbs +	12 yrs				4 tabs

Although Tylenol is safe to use to treat all fevers, **aspirin should not be used.** **Never give your child aspirin unless instructed to do so by your doctor.** For persistent or high fever ibuprofen may be used and is available over the counter in tablet, chewable and liquid form. Ibuprofen should not be used during abdominal pain, vomiting, or with kidney disease. Please ask your physician if there are concerns about these particular problems. Be sure to check the strength of the dosage form you are giving.

Motrin (Ibuprofen) Dosage. Motrin can be given every 6 hours.

		Infant's Concentrated Drops 50mg/1.25 ml	Children's Suspension Liquid 100mg/1 tsp	Children's Soft Chew Tablets 50mg	Jr Strength Chewable 100mg
Weight	Age				
Under 6 mo		Not Recommended	Not Recommended	Not Recommended	Not Recommended
12-17 lbs	6-11 mo	2nd line = 1.25ml	½ tsp		
18-23 lbs	12-23 mo	3rd line = 1.875ml	¾ tsp		
24-35 lbs	2-3 yrs		1 tsp	2 tabs	
36-47 lbs	4-5 yrs		1 ½ tsp	3 tabs	
48-59 lbs	6-8 yrs		2 tsp	4 tabs	2 tabs
60-71 lbs	9-10 yrs		2 ½ tsp	5 tabs	2 ½ tabs
72-95 lbs	11 yrs		3 tsp	6 tabs	3 tabs

Note: The closest you can give these medications is to rotate back and forth between Tylenol and Motrin every 3 hours.

For patients with a poor response to the above measures, place the child in a cool (not cold) or lukewarm/tepid bath for 20 minutes. Never use alcohol rubs as the alcohol can be absorbed into the skin.

Well Child and Infant Care

Recommended products to keep at home

1. Acetaminophen (Tylenol).
2. Ibuprofen (Motrin).
3. Bulb syringe (usually given to parents at birth).
4. Dextromethorphan containing syrups to suppress coughs (e.g. Robitussin DM, Delsym). Only use these in children over 4 years.
5. Cool mist humidifier.
6. Sunscreen.
7. Hydrocortisone cream ½% or 1%. Do not use on the face.
8. Bacitracin or Neosporin antibiotic ointment.
9. Gauze, band-aids, adhesive or paper tape.
10. Antihistamine only (Benadryl).

Water Safety

Places of great danger for children are the backyard swimming pool/spa, canals, toilets, pet bowls, etc. An alarming number of children become chronically disabled or die each year here in our Phoenix area due to near or full drownings.

What can you do?

1. If you have small children under the age of six years or any who cannot swim, be sure to have an adequate fence separately around the pool. **The fence should be in place by the time your infant can crawl**. Plan accordingly for any visitors to your home who cannot swim.
2. **Always** have the gate to a backyard pool locked when you are not physically present.
3. **Never, ever** assume a small child is water safe because he or she has passed a swimming course. The American Academy of Pediatrics does not recommend swimming lessons for children under the age of three years.
4. **Do not** allow your children to play near canals.
5. **Never** allow small children to be alone, even one minute, in a backyard that has a pool or spa.
6. **Never** leave your young child unattended in the bathtub.
7. **We recommend you learn CPR**. A list of approved courses is available from the Red Cross, The American Heart Association, or a local hospital.

Children and Television

By the time your children graduate from high school, they may have spent more hours in front of the television than in the classroom**. Can so much television be harmful?** The answer is **yes.**

Harmful aspects of television are:

1. It displaces active types of recreation.
2. It interferes with conversation and discussion time.
3. It discourages reading.
4. It reduces school performance if viewed greater than four hours per day.
5. It discourages exercise.
6. It encourages the demand for material possessions.
7. It teaches poor eating habits and promotes non-nutritious foods.
8. It can teach a magical trust in health products, drugs, and vitamins, as well as promote drug, alcohol, and tobacco use.
9. It fosters a poor reality base.
10. It depicts unrealistic stereotypes of human beings.
11. It is sexually seductive.
12. Its violence creates its own set of problems.

We specifically recommend that you try to limit television watching to two hours or less per day. Screen the type of programs your child watches, and help your child find activities apart from television. Never allow the television to become a babysitter. Children under 2 should not watch TV or videos.

Skin and Scalp

Some newborn infants will have a ruddy complexion due to the extra high count of red cells. Their skin will quickly change to a mottled blue color if they become cold. Their skin may become dry and flaky after birth, but this does not require ointments or creams.

Some of the typical newborn baby rashes you might see are:

1. **Acne** – many babies develop this at about three to four weeks of age, and this can last until four to six months of age.
2. **Erythema Toxicum** – they look like insect bites, with a white bump in the center of a red flare. They can spread quickly, but are benign and resolve by two weeks of age.
3. **Milia** – tiny white bumps on the face, mostly on the nose. They usually disappear by one to two months age.
4. **Mongolian Spots** – bluish green or bluish gray flat birthmarks found most commonly over the back and buttocks. These birthmarks are most common in Native American, Hispanic, Asian, and African-American infants. These may take years to fade.
1. **Stork bites** – flat pink birthmarks over the bridge of the nose, eyelids, and back of the neck. They are extremely common and often fade with age.

6. **Cradle cap -** refers to an oily, yellow scaly deposit which forms on the scalp of some infants. Shampooing with an anti-dandruff shampoo (e.g. Selsun Blue, Head and Shoulders, T-gel) and then using a stiff brush will remove most of the crust.

For very dry skin, small amounts of any of the usual baby lotions may be used. We discourage the use of any oils and baby powders. Small amounts of cornstarch may be used on severe heat rash.

Navel

The stump of the umbilical cord usually dries up and falls off in ten to fourteen days, although it may fall off as early as four days or as late as twenty-one days. There may be slight bleeding and a slight odor at this time. When the cord falls off, there may be some drainage for one or two days. If drainage persists more than two days, please call the office for an appointment. If there is any redness, tenderness, or a very foul odor to the umbilical stump or surrounding skin, the baby needs to be seen right away.

It is not necessary to apply alcohol after the baby comes home from the hospital.

Some babies will develop a small hernia in the umbilical area. These typically resolve by age 4 or 5. Please call right away if the area protrudes and seems to be causing pain, or will not go back in. Otherwise, you need not worry.

Circumcision

There are different opinions about the need for routinely circumcising boys in the first few days of life. The following ideas are written to help you decide whether or not you want your baby circumcised. We would be glad to discuss the matter in more detail if you wish.

For many years people have circumcised their infants for medical reasons. It is increasingly recognized that all of these reasons are related to hygiene. When good hygiene is used, there is no medical reason for circumcision.

There are many reasons why parents may wish to have their boys circumcised. One of the common reasons is so the boy will “look like all the other boys.” Another is that the penis is easier to clean when circumcised. There are several other reasons which are based on customs or intuition rather than on medical need. Obviously, some people wish their child circumcised for religious reasons. The large majority of males are still circumcised in the United States.

There are a few possible complications to circumcision. Occasionally, there is prolonged bleeding or the circumcision may become infected, but this is rarely serious. This procedure is somewhat painful, but the discomfort bothers the infant for only a short time. We routinely inject an anesthetic to numb the area as well as provide the baby with sugar water on a nipple for comfort.

We suggest that you think about these things before deciding whether or not to have your baby circumcised. If you have any specific questions, we will be glad to discuss them with you.

Should you choose to have your baby circumcised; it will be done by the pediatrician prior to your discharge from the hospital or in the office within the first two weeks of life. There is an additional cost for this procedure.

The circumcision requires no special care except the application of Vaseline for the first few days to prevent it from sticking to the diaper. A yellow crusty film may develop on the surface of the head of the penis, but this is a normal healing process and not a sign of infection. Occasional blood staining of the diaper during this time is not unusual.

If you choose not to have your infant circumcised, ask your doctor for instructions on care of the uncircumcised penis.

Bathing

It is a good idea to postpone tub baths until the umbilical cord falls off. Until then, give the baby a sponge bath using tap water without soap, or use a non-drying soap (e.g. Dove) sparingly.

We discourage bubble baths for girls of all ages, and recommend no soap within the female genital area. This can lead to vaginal irritation, urethral irritation, and urinary tract infections.

Outdoors and Dress

It is appropriate to take the baby outdoors at any age: just dress for the weather. The most common mistake is overdressing in the summertime. Remember that cold wind or air does not cause ear infections or pneumonia. Avoid close contact with sick people.

While indoors dress your baby in the kind of clothing in which you would feel comfortable. The rooms should be kept at temperatures comfortable for all.

Feeding

Feeding is one of the baby's first pleasant experiences. Nursing is the most nutritious way to feed a baby; therefore, we do encourage it. However, if you prefer to have your baby on a formula, you should feel confident that the baby will do well.

Whether breast or bottle feeding, hold your baby comfortably close to you. They derive much pleasure and security when fed and cuddled properly. **Do not prop a bottle or allow the baby to drink while lying flat. This could lead to problems with choking and ear infections.**

Babies should be breast and/or bottle fed with a commercial infant formula until they are at least one year of age because only breast milk and formula offer the complete complement of nutrients essential to proper development.

Nursing:

Normally breast milk does not come in until about the third or fourth day after birth. Nature has provided infants with extra fluids which are used during this period when your milk supply has not reached full capacity. During this time most babies will lose weight. By the fourth or fifth day, your milk will be more abundant and your baby will start to gain weight. A baby will usually empty a breast in about ten minutes. You should try to have the baby empty the first breast before offering the other breast. Try to alternate the breast that you start with each time.

Nursing infants initially demand feed approximately every 1 ½ to 3 hours, but this interval will increase with time. Your baby's regularly scheduled well check appointments provide a great opportunity to ensure adequate weight gain and discuss feeding schedules with your baby's doctor.

Your diet while nursing need not be changed, unless the doctor tells you there is a medical reason to do so. We also encourage you to continue taking prenatal vitamins. Be sure to drink a lot of water to help with good milk production. Try to drink one 8 ounce glass each time you sit down to nurse your baby.

There will probably be occasions when you wish to substitute a bottle-feeding for the regular breast-feeding. These situations, in addition to allowing you to be free when the occasion demands it, will permit some other member of the family to participate in the care of the baby. If you are going to use occasional formula, it is best to buy a powdered form which will enable you to make one bottle at a time.

Formulas:

A commercial formula is satisfactory. NEVER use a low iron formula. Add tap water or bottled water to the formula, mix/shake, pour into bottles, and refrigerate. This prepared formula should be used within 48 hours after being stored in the refrigerator. Always mix the formula according to the instructions on the package or can you are using, unless instructed otherwise by your doctor.

Sterilization is no longer necessary. Be sure that bottles and nipples are washed and rinsed well.

Formula fed infants also initially demand feedings often—approximately every two to four hours. Your doctor uses proper weight gain to gauge whether or not an infant is eating enough.

One note of caution: Allowing a child to continue taking the bottle or nursing for long periods of time can have a destructive effect on the teeth. This can cause tooth decay ("nursing caries", "bottle rot", "baby bottle tooth decay"). The effect on the teeth starts as soon as the primary teeth begin to erupt. For this reason, behaviors such as nursing on and off all night once the baby is older and/or allowing a child to have a bottle in bed (unless it contains only water) are highly discouraged. If these behaviors have been prevalent, your child may need a dental exam before the usual age of three.

When should an infant be weaned from the bottle?

Beyond fifteen months, an infant is preferably weaned off a bottle. You should try to start the weaning process by one year of age.

Important information about preventing early tooth decay:

Do not put your baby/child to bed with a bottle. If they must drink at night, insist on water only. After your baby has teeth, try to avoid frequent nursing periods overnight, as prolonged contact with a sugary substance can decay the teeth. For toddlers, do not allow them to sip frequently throughout the day on juices or milk. Offer these with meals and/or snacks and then take the cup away when they have finished drinking. Water down all juice that your child drinks and try to limit it to one cup per day. Begin to brush your baby's teeth as soon as they erupt. You may use a soft toothbrush and water. Tooth care is very important to the overall health and growth of your child. Young children who have decay often have to be put to sleep to accomplish the dental procedures necessary to fix a problem that is mostly preventable.

Solids

Breast milk or formula is the natural food for an infant, and is a complete food containing all the nutrients the baby needs for the first six months. Contrary to popular belief, solid foods will not help babies go longer between feedings or help them to sleep through the night. Although the early introduction of solids will not outwardly harm most infants, their digestive system occasionally does not properly absorb the food. Some infants will have intestinal disturbances of one sort or another when started on solids early. For the first six months of life, babies need only breast milk and/or formula. We usually discuss the addition of baby foods at the 4 month well-baby visit and we recommend waiting until at least 4 months to start baby foods. You should not add cereal to the baby's bottle unless directed to by your physician. After a baby is successful with pureed baby foods, further texture and solid consistencies are added as the baby develops both motor control and teeth. Discuss with your doctor if you are unsure if something is okay to give your baby.

General guidelines for starting baby foods:

1. Baby can hold head straight up when sitting.
2. Baby opens mouth when food approaches.
3. Baby is interested in food when others eat.
4. Baby is between four and six months of age.

As to what foods to begin with, we recommend beginning with a single grain cereal. Rice cereal is well tolerated and well digested. After that, you may introduce vegetables and fruits as long as they are pureed. Introduce one new food at a time and wait at least four to five days before introducing another new food. If your baby experiences skin rash, diarrhea, vomiting or stuffy nose with a particular food, stop that food and discuss this with the doctor at your next well baby check-up. You can buy commercially prepared baby foods or you can make your own (except carrots and spinach).

Lumpy or chopped foods and meats can be introduced at approximately nine months of age. Always supervise your baby while eating and note how he/she handles particular textures. Cut foods up into pieces no larger than the circumference of your baby's pinkie finger so that in case the baby chokes the food will not occlude the airway. Hard foods are not appropriate for young children. The top 5 choke foods are peanuts, popcorn, raisins, grapes, and hotdogs. These foods are NOT appropriate for babies and you must use extreme care feeding them to toddlers.

By about one year of age, most babies eat small tender table foods. Whole cow's milk can be introduced in the range of sixteen to twenty ounces per day. Children need the fat in whole milk for proper brain growth and development. Low fat milk should not be introduced until two years of age, at which time skim milk is most appropriate.

When feeding your child, encourage him/her to take small bites and chew their food completely. Young children have a tendency to bite off more than they can chew at any one time. Insist that your child sit down at the table during meals and snacks, and never let them lie down or run around while eating. Good "meal hygiene" is important to establish early. Ideally, your child will learn that mealtimes are important and that eating their meal is important. Allowing your child to run around with snacks or beverages and allowing them to eat outside the kitchen leads to undesirable habits.

Most babies will be ready to give up the bottle around one year of age and can handle a cup or glass with help by then. It is best never to begin the habit of putting the baby to bed with a bottle. This habit, which has no relation to appetite, may become very difficult to break and often leads to poor sleep patterns, a reluctance to eat solids, and tooth decay.

If you have concerns regarding your child's appetite or the kinds of food he or she is eating, bring these concerns up at your well check-up. Your doctor will be able to help and guide you in your child's proper nutrition.

Water

Babies do not routinely need water. However, in hot weather there are times the baby might be thirsty. Therefore, if the baby is awake and fussy between feedings, you may occasionally offer him/her water. If the baby refuses, then he/she obviously does not need it. If the baby consistently refuses water, then do not bother to offer it. The maximum amount of water that is okay to give an infant varies by age. A newborn should not have more than 2 ounces per day because the formula/breast milk provides their fluid needs. Too much water can dilute the blood salts in a young baby and make them very sick. If you are unsure, ask your doctor.

Burping

All babies swallow air. The air that is swallowed does not cause discomfort, although it could possibly be enough to fill the stomach and prevent the baby from drinking as much as needed for complete satisfaction. Swallowed air usually exits the body as a burp or as intestinal gas, so this is why babies can be gassy! To reduce the amount of swallowed air, hold the bottle tipped at an angle that keeps the nipple full of formula. Burping two times during a feeding and for about one minute is plenty. More burping may be needed if your baby is a "spitter."

Vitamins and Fluoride

Supplementary vitamins are not usually necessary for a normal healthy child, though there are times we do recommend supplementation. At each well-baby and well-child visit, please let your doctor know what your child is consuming. We encourage all breast-feeding mothers to continue taking vitamins while nursing.

Occasionally we recommend supplemental fluoride for those infants and children who live in areas where there is not adequate fluoride in the water or are drinking bottled water without fluoride added. Please ask your doctor if you have concerns.

Bowel Movements

Babies less than six months of age commonly grunt, push, strain, draw up the legs, and become flushed in the face during passage of bowel movements. The breast fed baby may have very loose seedy stools after every feeding. Alternatively, they may stool infrequently. These common newborn patterns may change with age. If the infant is eating well, is not showing signs of discomfort, and the stools remain soft, you need not worry.

A formula fed infant may manifest a different kind of a stool that may be somewhat less frequent and slightly firmer; also introduction of solids may change the consistency or nature of the stool. If you feel your infant is having a bowel problem, talk with your doctor before you assume that your infant has diarrhea or constipation.

Sneezing

Sneezing is a way a baby clears his nose of mucous or dust. In addition, many babies appear to have a stuffy nose during the first weeks of life. This is normal and should be of no concern as long as the baby is eating well and is not acting sick. If you feel your baby is having a difficult time with breathing, please call the office for an appointment.

Hiccups

Hiccups are quite a common experience, especially after feeding. Although they may be worrisome to the parents, they do not bother the baby and will disappear spontaneously.

Teething

There are numerous misconceptions regarding the symptoms produced by teething. Other than causing intermittent fussiness, teething causes no particular symptoms. It never causes fever, colds, convulsions, diarrhea, or rashes. The teeth commonly begin to erupt between the ages of six and nine months, though some may appear as early as three months or as late as fourteen months.

For fussiness, you may use Tylenol (see the section on “fever” for dosages).

Crying

Babies cry to express many things, and crying is normal in babies, especially newborns. Although a baby may cry vigorously, the crying is not harmful.

Call the office immediately if the following should occur:

1. It seems to be a painful cry.
2. Your baby has been crying constantly for more than three hours.
3. You can’t find a way to soothe your baby.
4. Your baby is under two months old and acts sick.
5. You have shaken your baby.
6. You are afraid you might hurt your baby.

Also, see our section under “colic.”

Thumb Sucking

Do not be upset if your baby begins sucking their thumb or fingers. This habit is very common and has a soothing and calming effect. Because sucking is a normal reflex, thumb and finger sucking can be considered a normal habit. The only time it might cause you concern is if it continues too long or affects the shape of your child's mouth or the alignment of the teeth. If the sucking continues beyond the age of four or five, please alert your dentist so that they can evaluate its effects upon your child's mouth. Your doctor will be happy to discuss this habit with you and can offer advice about curbing it.

Pacifiers

The main advantage of a pacifier is that if you can get your child to use one, he may not be a thumb sucker. The pacifier exerts less pressure on the teeth and causes much less overbite than the thumb. In addition, the pacifier's use can be controlled as your child grows older. A pacifier is not needed after the first year of life, but it is easier to wean a baby from a pacifier by 4 to 6 months of age.

Pacifier use is one of the modifiable risk factors for ear infections. If your child experiences multiple ear infections and uses a pacifier, stopping its use may lead to decreased infections.

Use a one piece commercial pacifier that does not have a liquid center. Do not put the pacifier on a string around your baby's neck, which could cause strangulation. Use a pacifier clip if desired.

Never coat the pacifier with any sweets. Rinse off the pacifier each time your baby finishes using it or if it drops on the floor. It is important to replace the pacifier if it becomes damaged. Do not wet the pacifier in your mouth, as you can pass germs to your baby which can cause tooth decay.

The most recent data on SIDS (Sudden Infant Death Syndrome) shows a protective effect of pacifier use during sleep.

Shoes

Until an infant is walking outdoors, shoes are not necessary. After a baby is standing and walking, there is a real value in leaving him barefoot most of the time when conditions are suitable. A baby's arches are relatively flat at first. He gradually builds his arches up and strengthens his ankles by using them vigorously in standing and walking. We recommend semi-soft soles at first so that the child's feet have a better chance to move.
If you would like your baby to remain in socks while indoors, make sure that they have a plastic tread on the bottom of the sock to avoid slipping and sliding on wood and tile floors.

Traveling with an Infant

Small infants will travel very easily and safely. As a guideline, we have listed below a checklist of medical and nutritional aids:

1. Ready to use formula
2. Disposable diapers and plastic bags for disposal
3. Plenty of baby wipes
4. Solid foods in jars – an infant can be fed directly from them
5. Extra clothing for baby and perhaps an extra shirt for one or both parents in case baby spits up
6. Tylenol

In general, it is our policy not to prescribe sedative medications for children and infants while traveling. Many sedatives can have serious side effects and frequently produce the opposite reaction, such as increased irritability and hyperactivity.

Safety Seats

Your baby must always ride in a safety seat when in the car. The newest safety guidelines recommend that all children less than 80 pounds be in an approved safety or booster seat.

How can you protect your child?

1. Never allow a child to ride in an adult's lap – the adult's arms give no protection at all!

2. Never allow a child to ride unrestrained in the cargo area of a station wagon or a truck.

3. Immediately after birth use an approved infant restraint. Check your individual seat for specifications. Most seats are good until the baby is 20 pounds or 26 inches whichever comes first. Many newer seats are useful up to 22 pounds or 29 inches. Always check the specifications of the seat you are using.

4. Your infant must ride rear facing in the car seat facing until he or she is 20 pounds **and** one year old.

5. When your child is over one year and between 20 and 40 pounds, he or she should ride in a forward facing 5-point restraint.

6. From 40 to 80 pounds use a booster seat.

How to choose a car seat:

All manufacturers of child seats must meet stringent government safety standards, including crash testing. For more information, you can call the Department of Transportation and Vehicle Safety Hotline at 1-800-424-9393. You can also go online to www.nhtsa.dot.gov (website of National Highway Traffic Safety Administration).
All car seats currently manufactured now must have the latest system, which is called LATCH (lower anchors and tethers for children). Newer vehicles are LATCH compatible, but you can always use the vehicle's safety belts to install the seat. Many fire stations and hospitals offer free inspections and help with installation of car seats. You can go online to the web address above and there is a link along the left side called "locate a child seat fitting station." You may have to make some local calls to find a time and place to have this done, but it is well worth the effort involved!

The American Academy of Pediatrics also publishes a yearly updated list of infant child safety seats. A car seat guide is available online at www.aap.org/family/carseatguide.htm

Toilet Training

This will be discussed at the eighteen month or two year check-up. Supplemental reading material is available to you in our office if you request it.

Growth and Development

This is always evaluated and discussed during well baby and child check-ups. If you have concerns about your child's growth and/or development between visits, please call and schedule an appointment because it is important to evaluate those concerns.

Minor Burns

Minor burns covering the outer skin layer, with possible blistering, should be treated as follows:

1. Apply a cool compress immediately and leave in place for 30 minutes. NEVER use ice!
2. Give ibuprofen and/or Tylenol.
3. Do not cover.
4. Apply Neosporin or Polysporin three times per day to prevent infection.

Any serious burn should be seen immediately. If you are unsure, please call us.

Bruises

Apply cold compress for 30 minutes (no ice next to skin). Bruises will typically go through a color change from a fresh red bruise to black/blue/green to finally yellow as the pigment breaks down and reabsorbs into the body. This whole process can last a few weeks. If your child has unusual bruising or bleeding, please call the office for an appointment.

Scrapes

1. Use wet gauze or cotton to cleanse with soap and water.
2. Cover with a non-adhesive dressing (Telfa pad).

Cuts-General

1. Cleanse with soap and water.
2. Hold under running water.
3. Apply either butterfly or gauze dressing (band-aid).

If cuts are either longer than one inch, or appear deep with open gaping, please call the doctor. Sutures are generally required if skin edges do not stay together. Dermabond, a special skin glue, can be used in some instances.

Lip, gum and tongue lacerations are common. They rarely require sutures. Control bleeding with pressure or application of ice. If a tooth becomes dislodged or falls out, call your dentist immediately. You may first follow the advice given by the American Dental Association, which is as follows: Hold the tooth by the crown and rinse off the root of the tooth in water if it's dirty. Do not scrub it or remove any attached tissue fragments. If possible, gently insert and hold the tooth in its socket. If that isn't possible, put the tooth in a cup of milk and get to the dentist as quickly as possible. Remember to take the tooth with you!

Large cuts

1. Apply dressing, such as gauze.
2. Press firmly and elevate to stop the bleeding.
3. Use direct pressure if there is considerable bleeding.
4. Do not use a tourniquet except in life-threatening conditions.
5. Bandage the cut with a large band-aid.
6. Call the physician for instruction on where the child should be taken.

Note: Do not use Iodine or other antiseptics in large cuts.

Slivers

1. Wash with clean water and soap.

2. Remove sliver with tweezers if easy to see.

3. Use warm soaks three times a day for up to one week if unable to remove with tweezers to encourage extrusion.

4. Make appointment any time there are signs of infection or the sliver is causing significant discomfort.

Bites and Stings

1. Insects: Insect bites are very common. Often, there can be a large local reaction around the bite. The skin may be red and warm. The reaction may get bigger up to 48 hours after the bite. Usually they are itchy. If they are painful, please schedule an appointment.

2. Bees:

   A. Scrape out stinger, if present, with a scraping motion of a fingernail**. Do not pull out**.

   B. Apply cold compresses.

   C. To relieve itching, use Hydrocortisone Cream, such as Cortaid.

Call the physician if any of the following exist:

1. Rash
2. Hives
3. Vomiting
4. Swelling of lips

Call **911** if:

1. Breathing difficulty
2. Tightness in throat
3. Collapsing

3. Animal bites:

   A. Wash with clean water and soap.

   B. Hold under running water for two or three minutes, if not bleeding profusely.

   C. Apply a dressing (gauze).

D. If possible, catch the animal for observation regarding rabies. Animals need rabies shot every three years. If the shot has not been given, or it is unknown, call the county rabies control center.

E. Animal bites that break the skin may require treatment with antibiotics and therefore we should see the child.

Tetanus

Four tetanus shots are required for infants with a booster at ages five and eleven and every ten years after that. As long as your child has had a booster in the last five years, it is not necessary for a booster to be given even if the wound is dirty.

Possible Fractures and Sprains
General Treatment of Possible Fractures

1. Immobilize the injured part by using items such as a sling for arm injuries or popsicle sticks for the fingers.

2. Apply ice to the injured area for at least 30 minutes. This reduces later swelling.

3. Use Tylenol or ibuprofen for pain.

Specific Areas of Possible Fracture

1. Fingers and toes – immobilize with a popsicle stick or tape one toe (or finger) to the one next to it.

2. Frequently a finger or fingers are caught in the closing of a car door or house door. Please use the above measure of pain control and immobilization. Call if moderate pain persists. We will likely need to see the child and possibly order an X-ray.

3. Wrist and forearm injury – if any moderate pain is noted after using the measures in (1) above, please call for instructions. The wrist and the forearm are common areas for a fracture. We will likely need to see the child and possibly order an X-ray.

4. Ankle and knee – although these areas are commonly injured, they are more likely to sprain rather than fracture, especially the knee. If knee or ankle pain persists, the child cannot bear weight, or there is a lot of swelling, an appointment should be made.

Poisoning

The poison control number you should commit to memory is 1-800-222-1222. When you call this number from anywhere in the United States, you will be automatically connected to the closest poison control center to the area code of the phone you are calling from.
Always know, if possible, the following information before calling:

1. Item ingested, label, ingredients.

2. Place ingested (such as the kitchen).

3. Amount of ingestion.

4. Time of ingestion.

5. Symptoms of the child (vomiting, lethargic, etc.).

Do not give Ipecac Syrup unless directed to by poison control. It is rarely used anymore.

Swallowed Objects

Babies and small children frequently swallow small foreign bodies. They usually seem to pass most things through their stomach and intestines with the greatest of ease. The objects that are more dangerous are needles, straight pins, disk batteries, and magnets- please call if any of these are swallowed.

If your child has swallowed an object without much discomfort, you don't have to worry. If old enough, you can give water or bread to push it along. Just watch the bowel movements for a few days to reassure yourself that it comes out. Never give a cathartic to a child who has swallowed an object.

Call the physician if the child develops vomiting, respiratory difficulty, pains in the stomach, or blood in stools. Also, call if there is pain in the lower throat area (which can occur when an object gets painfully stuck in the esophagus) or if you notice any difficulty in breathing or swallowing.

Nosebleeds

In a sitting position, blow out from the nose all clots and blood. Into the bleeding nostril, insert a wedge of cotton moistened with any common nose drops (a decongestant like Neo-Synephrine ¼%). If nose drops are not available, cold water or peroxide may be used to moisten the pack. With fingers against the outside of that nostril, apply firm pressure for at least 5-10 minutes. If bleeding stops, leave the packing in place for one hour. Keep the child in an upright position. If packing unavailable, simply pinch the nostrils tight and bend the head down.

Call the physician when the above has been followed and the bleeding persists for longer than 30 minutes.

Colic

If your baby cries and cries, no matter how you try to comfort him or her, the cause may be colic. About one-in-five babies develop colic - usually between one and four months of age. They cry for long periods of time (up to 3 hours), often extending or pulling up their legs, or passing gas. Sometimes their tummies are enlarged with air and gas from crying. There's no one cause of colic, but there are many different ways to ease your baby's discomfort. One way is to wear the baby in a soft baby carrier that you strap to the front of your body. You can also try laying your baby tummy-down across your knees and gently rubbing his or her back. The pressure against the tummy may relieve the discomfort. Keep in mind that colic usually disappears by 3-4 months of age, no matter what treatments you try.

Before you assume that your fussy baby has colic, please schedule a visit so that we can check the baby and make sure that he or she does not have other important causes of fussiness or discomfort.

Diaper Rash

Diaper rashes are very common. Most are caused by:

1. The heat and humidity that occurs as a result of wearing plastic pants or plastic-covered diapers.

2. The irritation caused by urine and the infant's soiling.

For treatment:

1. Keep the area dry and clean.

2. Use disposable diapers or cloth diapers without plastic pants over them even at night. If convenient, allow the child to go without diapers a few times during the day while in the house

or even better, outside for a short period of time. More frequent changing of diapers and washing of the child's diaper area is necessary.

3. You can use creams/ointments like Desitin, A & D, or zinc oxide over the rash area at night and a few times during the day. The important message here is to apply something thick that will provide a barrier so that the skin does not get wet with stool and urine.

4. If the rash does not improve after 4 days – try using Lotrimin AF cream 3-4 times a day to treat for a possible yeast infection.

When to see the doctor?

If the rash does not improve with the above measures, call the office for an appointment. It is very difficult to diagnose the type of diaper rash over the phone. Treatment varies depending upon the type of rash.

Constipation

For treating constipation in infants, do the following:

1. Offer regular prune or pear juice to the infant diluted 1:1 with water or added to the formula in the bottle.

If the constipation is accompanied by other symptoms, such as vomiting and/or abdominal distension, or if the care recommendations provided here are not helping, please schedule an appointment.

Remember breast fed infants may normally go up to a week without a bowel movement as long as they are soft when they go. Constipation in infants means painful bowel movements that are difficult to pass and noted to be either small and hard or very large and difficult to pass. Too, just because your baby grunts, groans, and fusses when he passes a bowel movement, it does not mean that he is constipated. As long as the stool is soft, the baby is not constipated.

For treating constipation in preschool and school aged children, do the following:

1. Increase fluid intake.

2. Give natural laxatives such as fruits and vegetables,

3. Prunes, prune juice, fruit juices, bran flakes, popcorn (for kids 3 and older) etc. are helpful when added to the diet (i.e., increase fiber intake). A common cause of constipation can also be too much milk in your child's diet. Two to three 8 oz. glasses of milk per day are plenty. Frequently, a change in diet alone will improve the situation.

4. If the above are not successful, there are many over the counter treatments you can try to soften your child's stool. If you choose a laxative (i.e., stool softener) that is also a stimulant, do not use it for more than 3 weeks. If you think you still need it, you should schedule an appointment. You can try 1 tablespoon of mineral oil or Kondremul twice a day until constipation is relieved for several days. You can also try Milk of Magnesia at a dose of one teaspoon per ten pounds of weight. If this dose is too much, back off a little. Another medicine you can use is Miralax, which is an odorless and tasteless powder. For children 5 and under, use ½ capful in 4 ounces of water daily. For children 6-12, use ¾ capful in 6 ounces of water daily. For 13 and over, you can use the adult dose of one capful in 8 ounces of water daily. If constipation is unrelieved with these simple over the counter treatments, please schedule an appointment.

5. If still not successful, we recommend the use of a suppository such as Ducolax ½ (5 mg) for children from 1 to 5 years old or 1 Ducolax (10 mg) for children 6 years and older. Infant glycerin suppositories can also be effective.

Please call the office for an appointment if the above treatment is not successful or you notice your child holding their bowel movements and trying to avoid passing them

If the child is experiencing abdominal distention, vomiting or severe abdominal pains, please call right away for an appointment or advice regarding an emergency center.

Vomiting

If your child is vomiting, stop all solid foods until the vomiting subsides. If your child is thirsty, then you should give small amounts of water or a clear beverage. If the vomiting is copious, then offer only a teaspoon at a time…like every 20 minutes or so. If copious, try to offer a commercially available oral rehydration solution at least some of the time so that the child gets some electrolytes. You can liberalize the amount slowly as the child is tolerating the liquids. If the child was not ready for the amount given, then there will be another episode of vomiting. If the vomiting is persistent for over 12 hours, the child appears lethargic, or has a very dry mouth, please call. If the child has not urinated in over 6 hours, please call. Once the child has not vomited for 4 hours, then you can offer small amounts of bland solid foods if they are hungry. With the stomach flu, kids will often vomit for a day or two and then even after that they may have intermittent episodes for up to a week. If vomiting is accompanied by persistent abdominal pain, the child should be seen.

Diarrhea

If your child has diarrhea, you need not worry unless the amount is so copious that you are concerned about dehydration. Make sure to keep the diaper area/buttocks slathered with a barrier cream (see diaper rashes above) so that the stool does not irritate the skin and cause a bad rash. Your child can eat and drink whatever he or she wants as long as they are not vomiting (see vomiting above). If there is a lot of diarrhea, then you should try to use a commercially available oral rehydration solution if your child will take it. Foods such as those we remember via the BRAT mnemonic (bananas, rice, applesauce, toast) can help to firm up the stools, but it is not necessary to limit the child's diet to these specific foods. You should try to avoid juices; however, as the amount of sugar present in juices will make the diarrhea worse. If the diarrhea is copious or it persists for over 2 weeks, please call for an appointment. With the stomach flu, it is not uncommon for kids to have diarrhea for two weeks. They can also have a postinfectious diarrhea that lasts even longer. If the diarrhea is bloody or mucousy or the child is in a lot of pain, please schedule an appointment.

Croup

Croup is characterized by rapid onset of a deep, "seal" like or "barky" cough that may produce some difficulty with breathing in. Croup is usually caused by a virus and the symptoms can include that of a common cold, plus the noisy cough and sometimes noisy breathing. Most croup can and should be treated at home. Antibiotics are not effective in treatment of the croup.

The following treatment should be undertaken.

1. Use a vaporizer in the child's room when possible.

2. If difficulty in breathing continues, place the child in a steamy bathroom. The cold night air can also help ease the breathing.

3. Keep the child calm and in an upright position.
   When the child is crying and agitated, the breathing difficulty becomes worse.

If the above measures have not helped, or if the child is unable to lie down because of breathing difficulty, please call us immediately. Also, if there is excessive drooling, labored breathing, or if you are concerned about the rapid

progression of the illness, please call the office. After hours the child may need to be taken to an emergency department for evaluation.

Ear Pain

Not all earaches are due to infections, so we must evaluate the child in order to determine if an ear infection is the cause of the symptoms. It is neither standard of care nor good medicine to call in antibiotics over the phone and it is our policy not to do so. Remember, ear pain is not an emergency. Until the ear pain can be evaluated, please do the following.

1. Ear pain usually responds to Tylenol. Refer to the section on "fever" for dosages. If you have Ibuprofen, this may also be effective.

2. If the patient has been swimming and you suspect "swimmer's ear", try home made ear drops using vinegar and rubbing alcohol (mixed 1/2 and 1/2).

3. If ear drainage occurs, allow the drainage to come out, discourage the use of cotton wicks, and do not put the ear under water or put drops into the ear.

4. If you have Auralgan ear drops, place 2 or 3 drops in the painful ear every 3 or 4 hours if the ear is not draining.

In the summer months (and even more often in Arizona), "swimmer's ear" (ear canal infection) is common. To tell if the infection involves the outer ear canal (not the middle ear), pull down on the involved ear lobe and if this causes discomfort, it is likely to be "swimmer's ear". If a home remedy is not helpful, call the office.

Colds and Coughs

Pre-school children have an average of ten to twelve upper respiratory infections a year. They may be accompanied by either a low or high grade fever. Initially, they do not usually need to be seen by the physician. We remind you that these infections are caused by a virus, are self-limiting, do not respond to antibiotics, and usually last about ten to fourteen days.

For treating colds and coughs in infants, do the following:

1. Use Tylenol as necessary for fever. (see the section on "fever").

2. For thick nasal mucous, use a nasal aspirator (bulb syringe). Just before feedings or sleep, use salt water drops, then gently use the nasal aspirator to clear the nasal passages. You can use saline drops as often as you like, but if you use the bulb syringe too often, you can cause trauma to the nasal passages, which will cause more swelling. You can buy saline drops over the counter (Ocean Spray is one brand) or you can make them at home by mixing 1/4 tsp. salt in 8 ounces of water.

3. There are no specific medications to treat colds or coughs in infants and children under 4 years.

If the cough sounds very deep or the child is wheezing or having labored breathing, please call for an appointment. If the cold and/or cough lasts more than 2 weeks, please call for an appointment.

Remember that coughing is the body's way of getting mucous out of the lungs. A cough is a necessary and important body reflex and for this reason it cannot usually be well suppressed.

For treating colds and coughs in children over 4 years, do the following:

1. Nasal saline may be useful as with infants. Nose blowing and plenty of fluids and rest is the mainstay of treatment.

2. Some over the counter cough and cold medicines may be helpful and are not generally harmful in older children. However, do not be alarmed if the medicine doesn't seem to work. In good studies of cough and cold medicines, there is not really any significant improvement noted.

If the cough sounds very deep or the child is wheezing or having labored breathing, please call for an appointment. If the cold and/or cough last more than 2 weeks, please call for an appointment.

Remember that coughing is the body's way of getting mucous out of the lungs. A cough is a necessary and important body reflex and for this reason it cannot usually be well suppressed.

The single best way to prevent both acquiring and transmitting a cold is good and frequent hand washing. Teach your child to sneeze and cough into the elbow and to avoid touching their mouth or face.

Sore throat

Viruses cause most sore throats, especially if accompanied by cold or cough. If a sore throat is present without cold or cough, but with associated fever and headache, we advise you to be seen during regular office hours for an examination and possible strep test.

Please remember that sore throats do not need urgent or emergency care unless other symptoms are present, such as trouble breathing, repeated vomiting, stiff neck, or progressive lethargy.

For supportive treatment of sore throat, do the following:

1. Give Tylenol or ibuprofen.
2. Older kids and adolescents can gargle with warm salt water.
3. Drink clear fluids and eat soft solid foods.
4. You can try local throat antiseptic sprays.
5. A humidifier may be helpful to relieve the dry, tight feeling in the throat.

Sinusitis

Sinusitis usually occurs as a complication of an upper respiratory infection or allergic rhinitis. Most upper respiratory infections last 10-14 days. Persistent symptoms over 10-14 days can indicate onset of a sinus infection. Other symptoms may be persistent sore throat, malodorous breath, headache, facial pain and swelling, persistent fever and thick yellow nasal drainage. Ear infections, pneumonia and exacerbation of asthma may all be associated. Please call for an appointment if you think your child may have a sinus infection. We will not prescribe any antibiotics over the phone.

Head Injury

Please call us if there is any of the following:

1. Inability to awake or arouse the patient (try to awaken at night every 2 hours), or unconscious after injury.
2. Vomiting two or more times.
3. Convulsions.
4. Marked restlessness.

5. Inability to move arms and legs equally or difficulty with balance.

6. Fever.

7. Stiff neck.

8. Severe or progressive headache.

9. Mental confusion.

10. Slurred speech.

11. Pupils are unequal or don't react to light by getting smaller.

12. Bloody drainage from the ear.

13. Clear drainage from the nose.

Asthma and Bronchiolitis

Asthma and bronchiolitis are both associated with cough and wheezing which may progress to shortness of breath or respiratory distress.

Bronchiolitis is an acute viral disease, which occurs during the first two years of life, mainly during the winter. It usually responds to increased oral fluids (to reduce the thickness of bronchial secretions), humidification (a cool mist vaporizer), and suctioning of the nose. The child may require bronchodilators such as Albuterol or Xopenex by small volume nebulizer. If there is so much mucous that the child cannot eat or drink well, or is having trouble breathing, please call for an appointment.

Asthma is a chronic recurrent disease. If your child has asthma and begins to get a cold or start coughing, you can begin giving Albuterol or Xopenex. If your child is wheezing and does not have a diagnosis of asthma, you should schedule an appointment. If your child has medications, either in oral or inhaler form, it is advisable to keep an adequate unexpired supply on hand. Try to call for refills during regular office hours.

Neither bronchiolitis nor asthma usually requires antibiotics. Please call for an appointment if the child does not appear to improve in 48 hours of treatment, or is getting progressively worse prior to 48 hours. Call immediately if your child shows signs of respiratory distress (i.e. nasal flaring, tugging between the ribs or breathing retractions, blue tinge to skin, severe agitation or lethargy) despite adequate therapy.

For any illness with wheezing or respiratory distress, emergency department visits are sometimes necessary if the child cannot wait to be seen until our office is open or there is an appointment available. Our triage professionals can help you figure this out when you call.

Conjunctivitis

A pink eye can be the result of eye trauma, foreign body in the eye, allergy, or infection. If there is trauma, eye pain, or visual disturbance, we suggest cool compresses to the eye and please call for further advice. If the symptoms are those of an itchy pink eye without any drainage, relief may be found from an oral antihistamine such as Benadryl. If there is pus draining, antibiotic drops or ointment may be necessary.

Call the office for an appointment if the eye remains red with drainage for two or more days or is swollen and your child has a fever.

Rashes

In general, a definitive diagnosis over the phone is difficult to make with a rash. We need to see the rash in most cases in order to make a diagnosis. We can give out general advice over the phone, so if you are in doubt, please call.

Classic hives can often be diagnosed by phone. They are migratory lesions that consist of a central elevated white or pink "wheal" similar to an insect bite surrounded by a flat red "flare". If you think your child has hives, you can give oral Benadryl every 6-8 hours. Cool baths can also be helpful. If there is severe shortness of breath or wheezing, or a tight or constricting feeling in the throat, please dial 911.

If a rash is rapidly progressive, if there are open sores or blisters, or if it is also involving the mouth and mucous membranes, we recommend that you schedule an appointment.

Pinworms

Pinworms (threadworms) are common. Most people are not symptomatic, however. The main symptom is rectal itching. In girls, there may be vaginal itching. The rectal itching is often worse at night. The small white, thread-like worms may occasionally be noted in the stool, but more commonly are found by the parent at night around the anal area where the eggs are laid. Make sure the child washes his hands after playing outside – thumb suckers playing in the dirt are prime targets. Seeing pinworms by a parent may be an alarming experience, however, they are harmless. Please call for an appointment during regular office hours. If you are sure of the diagnosis, the physician may choose to treat the infestation by calling in a prescription.

Head Lice

Head lice are very common among pre-school and school age children. They are spread when children share personal items with a child who has lice. They are not acquired from pets.

The lice are often not seen, but the nits can easily be seen as small white eggs attached to hairs just above their bases. The nits are firmly attached, unlike dandruff, which can easily be pulled away from hairs with your fingernail. Head lice usually cause itching of the scalp.

If you find nits or lice on your child you may treat this at home with Nix Cream Rinse (Permethrin), which is available over the counter. Although the lice and eggs may be killed, you will still need to remove the nits from each hair with a fine comb. We do <u>not</u> recommend treatment of your child merely because of an exposure. All medications used to treat lice are forms of insecticides which should be used cautiously. If new nits are found after appropriate treatment with Nix, please call our office during regular hours.

Bedwetting

Bedwetting is a very common problem. Most bedwetting will stop by puberty. There is often a family history of bedwetting in a parent. We encourage you to openly discuss the situation with your doctor during a visit as this may help your child realize they are not alone with this problem. The most important thing to remember is that the child does NOT have control of the wetting and should not be punished or threatened. Likewise, it is not useful to offer incentives, as they cannot control the behavior, and they may become very discouraged because they will try very hard but not have success. If the child is at least 5 years old and motivated, you can try to use a bedwetting alarm. These alarms are designed to help train the brain to wake up when the bladder is full to overflowing. At first, the parents will be awakened by the alarm and then wake the child. After a few weeks, the child will awaken. Of any treatment, alarms have the best success rate. Remember that, with time, the majority of kids will mature and outgrow this problem. Occasionally, medication will be used. If your child is older and very upset about his or her bedwetting, please schedule an appointment to discuss options. Occasionally a medical or emotional situation may be present if your child all of a sudden begins to wet the bed and they previously remained dry through the night. If this occurs please schedule an appointment.

Headache

Headache is a symptom of many conditions. If your child complains of headache more than twice a week on a regular basis, please call for an appointment. If the headache awakens the child at night or is associated with nausea or vomiting, please call for an appointment. Call after hours if the headache is more than 24 hours duration, severe, not responding to Ibuprofen and/or Tylenol, or accompanied by other symptoms such as difficulty with vision, balance, motor activity, or head injury (see "head injury" section). If the child has a headache and stiff neck, call immediately.

Impetigo

This is a contagious skin infection that scabs and oozes. At home, you can wash the lesion with an antibacterial soap (such as hibiclens) and water and use antibiotic skin ointments (such as Polysporin or Bacitracin available over the counter). The child will need to be seen in the office if it is not resolving with home care measures.

Motion sickness

Many children get motion sickness. If your child gets motion sick, do not allow reading, homework, or video games in the car. Keeping a window open (if safe) and allowing the child to sit in the front (if at least 12 years old and heavy enough for the front airbag) may be a preventive measure. If the child becomes nauseated, administer fresh air and if possible stop the car and let the child get out for a short walk. If you are going on a long car trip or boat ride, please call us for any other advice, depending upon your child's age.

Athlete's Foot

This is a fungal infection, commonly occurring between the toes. It is uncommon before puberty. Use Tinactin or Lotrimin cream two times a day and avoid occlusive footwear and non-cotton socks. If this is not successful after several weeks, or if the diagnosis is in doubt, make an appointment during regular office hours.

Stye

This is an infection at the root of the eyelash, appearing somewhat like a small pimple on the outer edge of the lid. Apply warm, wet compresses every three or four hours until it comes to a head and goes away. Antibiotic ophthalmic ointments can be prescribed during regular hours.

Please call for an appointment during regular office hours if the above treatment has not been successful after several days, if the white color of the eye turns pink, or the pimple is enlarging.

Toothache

A toothache often means tooth decay. Have your child see the dentist as soon as possible. Give Ibuprofen and/or Tylenol, or try hot or cold compresses. To prevent such a problem, take your child to the dentist every six months for preventive dental care. Care of baby teeth is just as important as care of the permanent teeth.

Urination Problems

A change in urination patterns may mean a medical problem. Frequent or painful urination, or the recurrence of bed-wetting, may mean a urinary tract infection, especially in young girls. Bubble baths can irritate the vaginal area and therefore contribute to urinary tract infections.

Abdominal Pain

In general, if a child has abdominal pain and it is getting worse or is severe, we need to see them. Please call the office for an appointment. For severe or acute onset pain, an appointment will be made the same day, unless it is determined that your child needs to go to an emergency facility. For abdominal pain that has been off and on for weeks to months, an extended visit will be scheduled in the first available time slot. Try to determine if a child may be constipated by keeping track of their stooling pattern and whether there are hard or large stools.

Warts

Warts are caused by viruses and usually disappear by themselves within one to two years. Make an appointment for an examination if the warts have persisted longer than one year or sooner if they are causing discomfort or the child would like them removed. Please note that destructive wart removal techniques are painful and we will not remove a wart unless the child wants it done.

Immunization Reactions

With many of the immunizations, particularly DTaP, the child may be somewhat irritable or have a fever (usually low-grade) for 24 hours. Please refer to the "fever" section of this booklet for dosages of Tylenol and/or Ibuprofen. Occasionally with the MMR vaccine, a slight rash and/or fever occur a week later. Not infrequently, there is local pain at the injection site. There can also be some redness and swelling at the immunization site. Sometimes, a firm knot-like mass about the size of a quarter is noted at the site of injection. These are all self-limiting complications of immunizations and treatment consists of cold compresses, together with Ibuprofen or Tylenol.

Jaundice

Many newborns at 2 to 6 days of age have a mild yellow hue to the skin and sclera (white part) of the eye. This usually represents physiologic (normal) jaundice of the newborn. Some newborns may have a more pronounced jaundice. If your baby is yellow and a doctor has not yet checked it, please call for an appointment to have it checked. Often, a blood test to check the level will be necessary. If the bilirubin level was checked in the hospital or office previously and found to be okay, but your baby is now looking more yellow to you, please call right away so that we can recheck the level.

In older children, there are several important medical causes of jaundice. Please schedule an appointment to have this evaluated.

A common phenomenon of a yellow to orange hue to the skin is present in infants from 6 to 18 months of age from the increased intake of yellow vegetables. It is called carotenemia. The sclera of the eye is not yellow. No treatment is necessary for this, however, if you are unsure, please schedule an appointment.

Communicable Diseases

On the accompanying pages is a list of common communicable diseases to refer to for questions regarding incubation periods and duration of contagiousness. Incubation period means the time interval from when the patient is exposed to the disease to the time when the first symptoms of the disease are noted.

In general, viral illnesses are most contagious when the patient has a fever. They can, however, shed virus in secretions for weeks to months after an infection. They are also often contagious for up to 2 days before the onset of any symptoms. With colds, virus is especially present in the nasal discharge.

Chickenpox

We see chicken pox much less frequently now that there is widespread vaccination. Some general measures for the treatment of chickenpox include:

1. Tylenol for fever and discomfort. Do not give aspirin containing products.

2. Avoid warm, prolonged bathing. If bathing, use a starch bath (4 tablespoons of cornstarch to a tub of cool water) if the itching is uncomfortable.

3. Use Calamine (not Caladryl) lotion on the skin lesions if itching is noted.

4. If itching is severe, use oral Benadryl.

5. If lesions demonstrate pus and redness, apply local antibiotic cream such as Bacitracin or Polysporin twice a day. Schedule an appointment if the lesions do not look better within 2 days, or are looking worse.

6. Call office for appointment if not healing or persistent high fever and lethargy are present.

If you think your child may have chicken pox, please make sure to tell us when scheduling your appointment, as we will direct you to come in through our back door.

Fever Blisters or Cold Sores

These are often caused by a virus called herpes simplex. Generally, this is not the same as the sexually transmitted form. The first time a small child has herpes simplex, the child can be somewhat ill with poor appetite, high fever and painful mouth sores. The illness may last from seven to ten days and should be seen by the physician if symptoms of dehydration, (lethargy, lack of tears, dry mouth, and poor urine output) are evident.

Some general measures for the treatment of herpes simplex include:

1. For pain and fever, use Tylenol and/or ibuprofen (see the "fever" section for dosages).

2. Some patients respond to a combination of one part Benadryl, two parts Maalox, and 3 parts water. This solution is to be topically applied only and not swallowed. You can "paint" it on using a cotton swab or if the child is old enough, he/she can swish and spit.

3. Increase your child's fluids, offer a soft diet, and try a straw for drinking fluids in older children. Because cold temperatures relieve pain, children may do well with cold fluids, ice cream, popsicles, etc.

Disease	Incubation Period	Period of Communicability	Patient Isolation	Care of Exposed Persons
Valley Fever	1-3 weeks	None	None	None

Hepatitis A	15-50 days	2 weeks prior to jaundice to 1 week after jaundice appears	Enteric precaution	Gamma Globulin recommended, Hepatitis A vaccination
Hepatitis B	6 weeks to 6 months	Unknown-definite in acute stages, may not be long term	Avoid contact with patient's blood and enteric precaution	Immune Globulin recommended, Hepatitis B vaccination
Impetigo	1-10 days	Until lesions are healed	Only if hospitalized	Observe family members until case clears
Varicella or Chickenpox	10-21 days	1 day prior to rash to 5 days after appearance of lesions	Until all lesions crusted. Usually about 1 week	Varicella vaccine
Fifth Disease	4-21 days	Before onset of rash	Not possible-since contagious symptoms occur before rash	Pregnant women should check with their doctors
Measles-Rubeola	8-12 days	3-5 days before rash to 4 days after rash	From onset of rash until 4th day of rash	Gamma Globulin and vaccination recommended
Mumps	12-25 days	Up to 1 week before parotid swelling	Until swelling subsides	None
Roseola	9-10 days	Unknown	none	none
Streptococcal Infection (Strep Throat, Scarlet Fever)	2-5 days	First several days of fever illness, **NOT CONTAGIOUS 24 hours after antibiotic treatment**	Isolate until on antibiotics for 24 hours	Test if family members have symptoms