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GENERAL INFORMATION

WELCOME

We would like to welcome you to our clinic! You have provided us the opportunity to participate in the growth and development of your child and we thank you. It is our goal to provide quality medical services in a friendly and caring atmosphere. Should you identify ways in which our clinic could be improved, please direct your concerns to a member of our management team.

Please take the time to sit down and read your Pink Parent Handbook. By reviewing and familiarizing yourself with the information included in the book, you will become aware of potential benefits of consulting the book when you have questions or problems later. If you have not read the book, it may not occur to you (in a crisis situation) that your questions may be answered here.

OFFICE HOURS

Monday-Friday 8:00 - 5:30
Saturday (acute sick only) 8:00 - 12:00

APPOINTMENTS

Patients are seen by appointment only. Appointments can be made during office hours by calling 501-847-2500. If you are not able to keep an appointment, please call our office as soon as possible. We try to accommodate you with the most convenient appointment; however, there may be circumstances that limit availability. On occasion, waiting time may be lengthened by unforeseeable circumstances and we ask for your patience in these situations. We will provide you with very attentive care upon your visit. “Walk-in” patients who do not require emergency care will be given a scheduled appointment. Our Saturday clinic is reserved for sick children only. We do not schedule appointments for Saturdays until that morning at 8:00. Because of a limited schedule time and staffing on Saturdays, we cannot do weight checks, rechecks, allergy injections, or immunizations.

INSURANCE & BILLING

It is our goal to keep your medical cost to a minimum. In an effort to accomplish this, we ask that you pay your co-pay, co-insurance, and deductible at the time of the service. Because we can not be involved in family financial situations, we ask that the person bringing the child to the clinic pay at the time of the visit. We will accept personal checks, cash, Visa, or MasterCard as payment on your account. If there is a problem in paying your bill, please contact the patient accounts department prior to the visit so that financial arrangements can be made. We do require that monthly payments be made on all outstanding balances in order to keep your account in good standing with the clinic.

As a courtesy to our patients, we will gladly file all insurance, provided we have necessary information to file covered charges. Should the correct information not be available, we will ask that you pay for your charges at the time of visit. Once the appropriate information is provided, we will file the charges and reimburse any payment that over pays the account. The clinic participates with many HMOs and PPOs. If you are not sure whether your insurance company has one of our physicians listed as a participating provider, please check your provider directory.

Although we are familiar with many different insurance companies, each plan is different. Therefore, it is the parent/guardian’s responsibility to know what the individual policy covers.

TELEPHONE CALLS

This Parent's Handbook was prepared to help you with your child's health problems. If, after consulting the handbook, you need further assistance, call the office at 847-2500. If you believe your child has fever, take his temperature before calling and have a pencil and paper ready to write out any instructions that are given. Also have the number of your pharmacy on hand so the doctor can order a prescription if necessary. You will be asked to leave your name and telephone number so that a member of our clinical staff can return your call. We ask that you speak with one of our clinical staff members so that your concerns can be conveyed directly to the physician. Calls are returned on a "first come" basis and may not be returned immediately. If your question or problem is urgent, please inform the receptionist so that the appropriate person will be notified immediately.

AFTER HOURS SERVICE

After hours calls are for emergency and urgent medical questions. If after consulting your Parent's Handbook, you feel your child requires immediate medical attention, please call our Kid's Care After Hours Service at 501-373-8588. Our clinic has arranged for this service to be available to you through Arkansas Children's Hospital and Saline Memorial Hospital. When you utilize this service, a nurse will provide you with instructions that have been approved by your doctor. If indicated, the nurse will contact the physician on call regarding your child's condition. Before calling the after hours service, please have available the following information:

- the child's temperature (a rectal temperature is recommended for infants and toddlers)
- the name and phone number of a pharmacy that is open
- the name and dosage of any medications your child is taking

TRUE EMERGENCIES

The following problems are considered true emergencies and you should take your child to the Emergency Room immediately or call 911:

- Breathing difficulty other than simple nasal congestion
- Choking
- Allergic reaction with breathing difficulty
- Suspected broken bone
- Cut requiring stitches
- Bleeding that can't be stopped
- Poisonous snake bite
- Serious accident
- Loss of consciousness or seizures

POTENTIALLY SERIOUS PROBLEMS

The following problems are considered potentially serious and you should call immediately:

- Poisoning
- Severe or electrical burn
- Wild animal bite
- Severe abdominal pain lasting more than two hours
- Bloody bowel movements in an infant less than 6 months of age
- Eye injury

BOOKS ON CHILD CARE

- ⇒ *Caring of Your Baby and Young Child:* Birth to Age 5, Published by the American Academy of Pediatrics
- ⇒ *How to Parent,* by Dr Fitzhugh Dodson
- ⇒ *The First Twelve Months of Life,* by Frank Kaplin
- ⇒ *How to Solve Your Child's Sleep Problems,* by Dr. Richard Ferber

CARE OF THE NEWBORN

Congratulations on your new baby. Our office staff has children of their own and is well acquainted with the joy (and apprehension) that you are experiencing now. In order to get your baby off to the best start, we have included this section on newborn care in our Parent's Handbook. However, other sections of the handbook also contain useful information pertaining to newborns. You might want to consult the following sections for additional information: well child evaluations, colic, constipation, cradle cap, day care, diarrhea, feeding problems, jaundice, rashes, spitting up, and thrush.

General Care: It is useful to have the following items on hand in caring for your baby:

- Rectal thermometer (recommended for infants less than 6 months of age)
- Nasal syringe
- Cotton balls and rubbing alcohol
- Acetaminophen (Tylenol)

Safety: The biggest threat to your child is accidental injury. Please always travel with a car seat and take other steps as needed to make sure your child's environment is a safe one.

Signs of Serious Illness: While most illnesses suffered by newborn infants are caused by common viruses, newborns can also have much more serious bacterial illnesses. Early in the course of an illness, it is difficult to differentiate between the two; thus, there are certain "worry signs" which are very important in newborns. These are:

- Fever (rectal temperature above 100.4° - see page 14)
- Significant decrease in feeding
- Significant change in activity (increased sleeping or lethargy)
- Prolonged vomiting which is different from the usual spitting up

If your child is under 3 months of age and any of these signs occur, call the physician immediately.

Naval Cord: The naval cord should be cleansed thoroughly with rubbing alcohol 3 to 4 times daily or with diaper changes until it falls off, usually within 2 weeks. Do not use a bandage or binder on the cord. Occasionally when the cord falls off, there will be a few drops of blood but this will stop on its own and requires no treatment. After the cord falls off, the area can be cleaned with soap and water.

Circumcision: Apply petroleum jelly (Vaseline) to the circumcision until it is well healed to prevent sticking to the diaper.

Bathing: Give sponge baths until the cord falls off and circumcision is healed. Use a mild soap and warm water (for safety we recommend reducing the temperature of your hot water heater to between 120° F and 130° F). Shampoo the head once or twice a week. Wash the baby's face in plain water to avoid getting soap in the eyes. We do not recommend the use of baby lotion, oils, or powder. A dry appearance to the skin is often normal in the first 2-3 weeks of life and requires no treatment.

Sleeping: It is recommended that babies sleep on their back on a firm mattress with no pillows, toys, or anything in the crib. If a light blanket is needed, tuck all sides along bottom half of crib, below baby's arms. Remind all caregivers to always place your baby on his back to sleep. Try to keep the room at a comfortable temperature (about 72° degrees). Dress the baby in the same weight clothing that is comfortable for you.

Feeding: Breast milk or infant formula is recommended for the first full year of your baby's life. Cow's milk is a good supplement to the diet of older children, but it does not supply the balanced nutrition your baby needs during the first year of life. Please contact the office before any formula change.

Breastfeeding: We encourage breastfeeding if at all possible. The nutrition and infection fighting capacity of human milk are very important for the baby and is beneficial even if the baby is later switched to formula.

Milk production is based on "supply and demand." As the baby nurses frequently and "demands" more milk, breast milk production will increase to meet this need. Breastfed infants will need to nurse 8 to 12 times in a 24-hour period or about every 2 to 3 hours. Early introduction of artificial nipples and formula can interfere with the supply and demand system and may result in decreased milk volume.

All new mothers need lots of rest, a good diet, and plenty of fluids. Taking care of yourself and frequent nursing will help get breastfeeding off to a good start. Some babies and mothers begin breastfeeding with little or no difficulty. In other cases, it may be difficult to get breastfeeding established. In these cases, we want to do all we can to assist you so that you can continue to breastfeed. Our Nurse Practitioner, Nancy Thomas, is a certified lactation consultant. You may leave a message for her to return your call during office hours. If Nancy is unavailable, you may also call Baptist Health Breastfeeding Warm Line at 202-7378, 8:30 – 5:00, Monday - Friday.

Formula Feeding: Sterilization is not necessary if you have city water and use clean technique in preparing the formula. Well water is not recommended for babies under 1 year old. You may mix the powdered formula using bottled water with fluoride. Prepare all formula following label directions. Prepared formula can be stored in the refrigerator up to 48 hours. Make 3 or 4 oz. bottles at first and then increase as the baby's appetite increases. Use a fresh bottle at each feeding and give the milk at room temperature. Warm the bottle by placing it in a container of hot water. Use of microwave oven is not recommended due to the potential for serious burns. Always hold the bottle and baby for feedings - never prop the bottle. Burp the baby at the middle and at the end of each feeding. Formula fed babies usually eat every 3 to 4 hours. Most babies on city water and bottled water with fluoride do not need supplemental vitamins with fluoride.

Spitting Up: Spitting up is common in most all babies and should not be thought of as abnormal. Spitting up that is more frequent or forceful probably should have some attention. The most frequent cause of spitting up is improper burping. Your baby should be burped well. Even if he burps one or two times, you should not stop at this point because he may have more stomach gas to get up. Babies also spit up because of overfeeding. You should probably not feed your child over four or five ounces at a feeding during the first month or two of life. Placing the baby in his baby seat for 30-45 minutes after each feeding may also decrease spitting up. If the above measures are not helping, changing to a different formula, such as Gentlease, may be tried. Call the office during business hours to discuss. Vomiting of green bile is never normal. Please schedule an appointment to be evaluated.

Bowels: There are variations in normal bowel patterns in newborns. Some babies have a small bowel movement after each feeding, while others may have only one every other day. Babies often strain while having a bowel movement but unless the stool is hard and pellet-like, no treatment is needed. Breast-fed babies tend to have more frequent stools in the first few weeks of life, which are usually yellow and soft or watery. The frequency of these stools decreases later.

Vaginal Bleeding: Because of mother's hormones, occasionally infant girls may have slight bleeding from the vagina in the first few days of life. Once again this will stop spontaneously and does not require treatment.

Breast Swelling: Because of mother's hormones, occasionally infants, boys and girls, may have breast swelling. This may last for several weeks and does not require treatment.

Eye Problems: Many times the newborn's eyes are mildly swollen or irritated in the first few days of life due to medicine used in the nursery. Usually, the swelling and irritation will resolve without treatment within a week. Occasionally one or both eyes may be slightly mattered from time to time during the day. This is usually due to a blocked tear duct. The treatment for this is massaging the tear duct with the index finger at the inner corner of the eye, applying pressure in a downward direction. This massage will help open the tear duct and no additional treatment is needed in most cases. If there is significant drainage from the eyes or if they seem excessively swollen the child should be checked.

Newborn Jaundice: Most all babies develop some degree of jaundice and this is a little more pronounced in breastfed babies. It is rarely a cause for concern. You should call for an appointment if the jaundice is present on the lower legs or feet or lasts for more than 10 days.

Newborn Rash: Many newborns have a migrating red rash over their bodies which remains for a few days. Newborns may also have many small white bumps on the nose called milia. Newborns can also develop acne in the first one to two months. All of these rashes go away without treatment. Do not squeeze the bumps.

Cradle Cap (Seborrheic Dermatitis): Cradle cap is a scaly rash on the scalp of newborns and infants. It is caused by excessively oily skin and can be made worse by baby oils. It is treated by keeping the scalp clean and dry and removing the scales with a soft baby brush. Stubborn scales may require an anti-dandruff shampoo such as Sebulex or Selsun Blue.

WELL CHILD EVALUATIONS AMD IMMUNIZATIONS

Your baby's first visit to our office will be scheduled at 1 - 2 weeks of age. This important visit allows us to identify and manage any problems which may have developed after the baby's hospital stay. We will evaluate your baby's weight gain, answer questions, and plan for future visits.

The American Academy of Pediatrics recommends routine health maintenance visits ("check-ups") at 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, and annually until age 6. After age 6, a child should have a check-up every 2 years. These visits assure that your child's growth and development are monitored appropriately. A complete physical exam is performed rather than the more focused exam of a "sick visit." Therefore, well-child check-ups are scheduled separate from sick visits. Well-child visits provide parents an opportunity to ask about issues such as nutrition, behavior, and development. It is recommended that you schedule regular check-ups even if your child's immunizations are obtained at the Health Department.

IMMUNIZATIONS

With the introduction of new modified vaccines, the recommended schedule of immunizations is changing yearly. Your child's immunization status will be evaluated with each well child evaluation visit. If you have questions regarding the latest immunization recommendations please call the office during regular hours.

Listed below are common side effects of the current recommended vaccines:

Diphtheria, Tetanus, Pertussis (DTaP): Many children have no reaction at all to this immunization, however; some will experience minor reactions. Watch for low grade fever, drowsiness, decreased appetite, and mild tenderness, redness, or swelling at the injection site. These symptoms may persist for 24 hours or so and may be reduced by the administration of acetaminophen (see Dosing Chart, pages 23-24). Temperature above 103° F, constant crying for 3 hours or more, a seizure, or extreme lethargy following immunization should be reported to the physician.

Injectable Polio Vaccine (IPV): There are no major side effects associated with this vaccine.

Haemophilus B (HIB): Side effects are uncommon.

Prevnar: Following this immunization your child may experience side effects similar to other childhood vaccines. The most frequently reported reactions are tenderness, redness, and swelling at the injection site, fever, irritability, drowsiness, restless sleep, and decreased appetite. Temperature above 103° F, extreme lethargy, or any seizure-like activity should be reported to the physician. The symptoms may be reduced by the administration of acetaminophen (see Dosing Chart, pages 23-24).

Measles, Mumps, Rubella (MMR): Generally the MMR causes no reaction the first day or two. However, a week or so later children will occasionally develop a low-grade fever, runny nose, and rash. This can be treated with acetaminophen or ibuprofen (see Dosing Chart, pages 23-24) and will resolve spontaneously.

Varivax (Chicken Pox) Vaccine: Side effects are rare. Some children may develop a mild chickenpox-like rash at the injection site or anywhere on their body up to 26 days later. No treatment is necessary.

COMMON MEDICAL PROBLEMS OF CHILDREN

ALLERGIES, RECURRENT COLDS, AND EAR INFECTIONS

If your child suffers from recurrent ear infections or sinus infections, or if he seems to keep a cold all the time, he may be showing symptoms of allergies. The following may help:

1. Avoid cigarette smoke. Children of smokers have more colds and ear infections and more hospitalizations for asthma and pneumonia than do children of non-smokers. Do not smoke around your child. Smoking should be outside: even if you smoke in another room, that smoke gradually spreads throughout the house and is contained in your clothing.
2. Avoid exposure to other sick children when possible. If arrangements can be made to have your child around only a few small children, your child will be exposed to fewer contagious illnesses.
3. Avoidance of house dust. For the child with a confirmed or strongly suspected allergy to dust: the child should not sleep with stuffed animals which cannot be washed. Pillows should be featherless, washable, and enclosed in zippered, dust-proof covers. The child’s bedroom should be dusted and vacuumed several times a week. Curtains should be washed regularly and carpet should be removed if possible.
4. Avoid cats and dogs. If a child has a suspected allergy, dogs and cats should be kept out of the house and should never be allowed to sleep in the child’s room.
5. Avoidance of certain foods. If the things above are not helpful, the child may be allergic to something in his diet. Try to eliminate milk, eggs, peanut butter, oranges, strawberries, corn, chocolate, and nuts from the diet for 2 weeks. If the child improves add these things back one at a time to see if the symptoms come back. When you’ve identified which food is causing the problems, remove it from your child’s diet. Some children benefit from a formal evaluation by an allergy specialist, but this usually isn’t recommended prior to 2 years of age.

ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD/ADHD)

Children with attention deficit disorder with hyperactivity have problems with inattention, hyperactivity, and impulsivity. Kids with ADHD find it very difficult to sit still, concentrate on their schoolwork, focus their attention for long periods of time, and finish their work. Because of these factors, they generally begin to have problems at school. In addition to inattention and hyperactivity, kids with ADHD have problems controlling their impulses. They often blurt out answers before it is appropriate to answer the question. They have difficulty in waiting their turns to do different things. They inappropriately interrupt or intrude on others such as in games and conversations. In their dealing with other people, some children with ADHD tend not to be sensitive to the feelings, desires, and reactions of others. If left untreated, the disorder can have major complications of school failure, a sense of worthlessness and failure, and family chaos.
If you suspect your child may have attention deficit disorder with or without hyperactivity, please call the office during regular hours. We will send you reading and evaluation information. If after reviewing the materials you are still concerned about your child’s behavior, please call the office for an appointment. It is very important for you to tell the receptionist that the appointment is for ADD/ADHD evaluation so that appropriate time can be scheduled. ADD/ADHD appointments are usually scheduled well in advance.

For children on ADD/ADHD medications, yearly physicals are required with weight checks scheduled every 3 months. You must call the office (ONLY during regular office hours, Mon. – Fri.) 3 days in advance when refills and weight checks are needed. We will have the prescriptions ready for you to pick-up at your child’s weight check appointment. Weight checks are not scheduled on Saturdays.

ANTIBIOTICS

Antibiotics are used for only certain kinds of bacterial infections and are not used to treat viruses. Because of the potential dangers of the illnesses that require antibiotics and because of the potential side effects and overuse of antibiotics in general, we do not usually prescribe these medications over the phone. If you feel your child may need an antibiotic, an appointment should be scheduled.

BED WETTING

Up to 50% of children will continue to wet the bed at three years of age. Many children are much older than this before achieving nighttime bladder control. Children who have been dry for 6 or more months then re-develop bed wetting, or even daytime wetting, need to have an appointment for evaluation. Children who have not achieved bladder control by the age of six years, probably should have an office visit to discuss the problem.

Rest assured that the majority of children will outgrow this problem with no long lasting complications. Negative reinforcement of the problem such as spanking or shaming the child is not recommended.

BITES

Insect Bites and Stings: Most insect bites are not serious unless the child is severely allergic:

Treatment includes:

1. Removing the stinger if present with horizontal scraping motion.
2. Placing cool, wet compresses on the area.
3. Benadryl elixir (see Dosing Chart page 26) for severe itching.
4. Apply 0.5% or 1 % hydrocortisone cream for itching.
5. Acetaminophen for pain (see Dosing Chart page 23-24).
6. Go to the nearest emergency room if your child develops difficulty breathing, a sensation of fullness of tongue or throat, passes out, or becomes very pale.

Dog Bites: The main risk with a pet bite is wound infection, not rabies. Minor wounds should be cleansed with soap and water for 10 minutes. After cleaning, apply an antibiotic ointment twice daily for 3 to 5 days. If the wound develops a secondary infection (pain, swelling, redness, or drainage), call for an appointment. If the wound is deep or gaping, you should call the doctor. Be sure your child's immunizations are current.

If the dog is a stray or has not been vaccinated, it should be quarantined to observe for rabies.

Human Bites: Human bites should be treated the same as dog bites, observing carefully for infection. If the bite breaks the skin, call the office because antibiotics may be needed.

Snake Bites: Nonpoisonous snake bites are treated the same as dog bites. A child bitten by a poisonous snake should be taken immediately to the nearest hospital or call 911 immediately.

Tick Bites: The best treatment for tick bites is prevention. The risk of tick-borne disease can be decreased by removing the tick within 12 to 24 hours of attachment. It is recommended that you inspect the entire area of your child's skin each evening. If a tick is found, remove it with tweezers, grasping the tick nearest the mouth and pulling it straight out. Your child should be seen by a physician within 24 hours if he/she has a history of a recent tick bite and develops high fever and a headache.

Wild Animal Bites: The physician should be called immediately with any wild animal bite.

BLEEDING

Nose Bleeds: Nose bleeds can be caused by dryness of the lining of the nose or by picking the nose. Allergies or upper respiratory infections may aggravate the problem. Having the child sleep with a cool mist humidifier can decrease the dryness of the air, which may help. Neosporin ointment or Vaseline applied into the nose with a Q-tip may also be of benefit.

To stop active bleeding, have the child sit up, tilt his head forward, and pinch the entire nose together for at least 5 to 10 minutes or use an ice pack. After the bleeding stops, do not remove the clot from the nostril. Chronic nose bleeds should be evaluated by appointment during regular office hours.

Rectal Bleeding: Rectal bleeding can be serious or caused by something as simple as a small tear around the rectum. You should contact your physician if your child has any type of rectal bleeding. Severe bleeding, more than a few drops of blood, requires immediate attention. Call for an appointment if this occurs during regular clinic hours. If there are no appointments available or if it is after hours, take your child to the emergency room.

BRUISES

Bruises are usually normal in active, playful children. These bruises are most common on the shins, knees, and elbows. Bruises of concern are those that grow quite large. A rash that rapidly develops and resembles a severe bruise without history of injury can be a cause of concern and you should schedule an appointment for evaluation.

BURNS

If a burn is severe enough to cause blisters or breaks in the skin, it should be evaluated right away in the office or emergency room. In general, all electrical burns on the hands should be seen by the doctor. A small burn can be managed using the following measures:

1. Run cold water over the burn for 5 minutes.
2. Apply antibiotic ointment or aloe vera
3. Apply a clean, loose dressing for protection (a clean white sock is good for covering hands or feet).
4. Acetaminophen or ibuprofen (see Dosing Chart pages 23-24) may be given for pain.
5. Be certain immunizations are current.
6. If in doubt, call the office during regular hours for advice.

CHICKENPOX (VARICELLA)

Chickenpox is a common viral infection of childhood. Two to three weeks after exposure, children will break out with a rash which begins as small red bumps and quickly form clear blisters. The clear blisters will rupture and form dark crusts. Lesions generally begin on the chest or back and then spread to the face, neck, arms, and legs. Children usually run fever for several days and many have a runny nose, sore throat, and/or cough. The most common complication of chicken pox is secondary infection. If a lesion appears particularly red and has pus-like drainage, it should be treated with an antibiotic. (see Rashes-Impetigo, page 18) Several measures may make your child more comfortable:

1. Apply calamine lotion to lesions.
2. Benadryl for itching (see Dosing Chart page 26).
3. Baking Soda or Aveeno baths to soothe itching.
4. Keep fingernails clean and short.
5. Dress in cool clothing.
6. Treat fever with acetaminophen (see Dosing Chart page 23-24). **Never use Aspirin.**

Chickenpox is highly contagious. The child is contagious one to two days prior to breaking out with the rash and remains contagious until all lesions have completely crusted over and there are no blister lesions.

We highly recommend that all children be immunized against chickenpox. The vaccine is recommended after the 1st birthday. (see Varivax, page 7).

COLIC

Colic is a poorly understood condition of young infants associated with crying spells usually in the evening. Typically, an infant with colic has periods of extreme fussiness characterized by crying, sucking on fist, wanting to eat often, passing gas, flailing the arms and legs, turning red in the face, and pulling knees to the abdomen as if in severe pain. The following approaches may be helpful:

1. Check your baby carefully to make sure there is no other reason for crying. This should be done with the baby completely undressed. If there is nothing obviously wrong, make sure your baby is well fed, adequately burped, and appropriately dressed, including a clean, dry diaper.
2. Swaddle the baby snugly in a blanket, holding the baby close to you with his head near your voice box as you hum quietly.
3. Rock baby gently or use an automatic swing. Some babies are comforted by a ride in the car.
4. Burp the infant after every one to two ounces of formula and several times during breastfeeding. Mylicon drops (simethicone) (0.3 ml every 2 hours) may help decrease gas and is available without prescription.
5. If you are breastfeeding, you may want to consider recent changes in your diet that might be affecting the infant.
6. If your baby is bottle-fed, try changing the type of bottle and/or nipple. We recommend that you call the office before changing formulas.

If the above measures are not helpful and your baby continues to scream, it is possible that your child has another problem besides colic. Unusual screaming which is inconsolable and persists for more than two hours should probably be evaluated or prompt a call to our office.

COMMON COLD (Upper Respiratory Infection)

Colds are caused by viruses and are extremely common (small children may have six to ten colds per year). Symptoms usually include sneezing, runny nose, congestion, low grade fever, sore throat, and cough. As the cold progresses, the nasal drainage often becomes thicker and may turn yellow or green. In most cases, the cough is a productive cough and is the result of upper respiratory drainage into the throat rather than actual infection in the chest. Over-the-counter cold medicines do not shorten the course of the illness, but in some cases may lesson the discomfort. Because colds are caused by viruses rather than bacteria, antibiotics are not helpful. The common cold usually lasts from 5 to 10 days. Recommended treatments include:

1. Rest.
2. Encourage plenty of fluids, especially clear liquids to keep mucus thin.
3. Acetaminophen for fever or aches. (see Dosing Chart, page 23-24)
4. Saline nose drops (Ayr, Ocean) to loosen mucus. Put 2 to 3 drops into the nostril, wait a minute then suction with nasal aspirator, repeat on the second nostril. Repeat the entire procedure as necessary to keep comfortable. Clear the nose, especially before feeding infants and before sleep. Saline nose drops can be made by adding half a teaspoon of salt to 4 oz. warm water. Allow to cool before using and make fresh daily.
5. Elevate the head of the bed.

6. Vaporizer. Use a cool mist vaporizer to decrease nasal congestion, especially at night. Be sure to wash the water reservoir daily to avoid mold from forming. We do not recommend warm mist machines because of the risk of burns.
7. Allergy and/or cough medicine may help older infants and children be more comfortable (see Dosing Chart, pages 26 & 27). Generally, cold medications are not recommended for children less than 2 years old unless advised by a physician.

If the cold is not improving after 7 to 10 days or if the cold is complicated by ear ache, bad cough, persisting fever, or eye mattering, call the office for an appointment.

CONSTIPATION

Constipation in Infants: Constipation is having stools which are hard and difficult to pass. The frequency and character of bowel movements in infancy are quite variable. Some infants may have a stool with almost every feeding while others only have a stool every few days. Both patterns are probably normal. Some straining and grunting is normal when a baby passes a stool. If, however, it has been four days since a bowel movement or if the stool is extremely thick, pasty, or firm balls, the baby may be constipated. To treat constipation in the infant:

1. For infants under 2 months, contact the clinic.
2. For infants over 2 months, add 2 ounces of 100% fruit juice (pear, prune, or apple) diluted half with water (1oz water:1 oz juice) to their daily diet as needed.
3. Often, using a rectal thermometer (like checking temperature) will stimulate your baby to have a bowel movement. This should not be done on a daily basis.
4. Glycerin suppository - this may be done daily for one to two days but no longer.

Constipation in Older Children: Constipation in older children is usually due to a combination of inappropriate diet and bad bowel habits. The treatment is primarily directed at increasing dietary fiber. To treat constipation in the older child:

1. Increase the amount of juices and water in the diet
2. Increase the amount of fiber in the diet. This is accomplished with the use of bran, uncooked vegetables, and raw fruit. Unprocessed bran can be added to casseroles, hamburger, meatloaf, and baked goods. Bran crackers or wafers can be given.
3. The amount of dairy products in the diet should be decreased. Total milk should be reduced to approximately 12 oz. per day. Other dairy products include cheese, ice cream, cottage cheese, yogurt, etc.
4. If the above measures are not helping, you can try over-the-counter MiraLAX, one capful twice daily added to juice or milk. This is safe to use as long as needed.
5. If your child is acutely constipated give a pediatric Fleets enema.

If the above measures fail your child should be evaluated in the office.

COUGH

The vast majority of coughs seen in pediatrics are productive coughs caused by mucus draining into the throat from the upper respiratory tract. These coughs are not a sign that the cold has “moved into the chest” but simply the body’s way of clearing mucus that is obstructing the airway. A child needs to cough to clear his throat. Benadryl (see dosage on page 26) is often effective to dry up the mucous causing these coughs in children over the age of 2 years. If Benadryl is not helping, a dose of cough medicine mainly given at night, is quite safe and should allow your child to get the rest he needs (see Cough Suppressant, page 27). Be careful not to give Benadryl (an antihistamine) along with a combination cold and cough medication that also contains an antihistamine. Another cause of cough is wheezing which may produce a frequent, harsh, nonproductive cough. This condition

requires evaluation. If the child is not in distress and Albuterol has been prescribed previously, Albuterol may be given until the child is seen by appointment.

CROUP

Croup is a viral infection of the upper part of the airway near the voice box. It is common in younger children and is associated with low grade fever, hoarseness, a loud barking-type cough, and occasionally breathing difficulty. Though it is usually not serious, croup frequently occurs in the night time and can be alarming. During these attacks, the child will be noticed to have difficulty drawing his breath in and some breathing movements will be noted above the collar bone and over the stomach. Treatment for croup is as follows:

1. Encourage fluids
2. Use a cool mist humidifier in the room where the child sleeps
3. Treat fever with acetaminophen if needed (see Dosing Chart page 23-24)
4. During an attack of breathing difficulty go to the bathroom with the child and put the shower on hot to produce a steamy mist. 15 to 20 minutes in this environment will often relieve the attack. If this doesn't work, wrap the child up and take him out into the cool night air for a few minutes. If these measures fail and you believe your child is in distress with rapid and very labored breathing, the child will need to be seen in the office or in the emergency room.

CUTS, SCRATCHES, AND ABRASIONS

These should be treated in the following manner to prevent infection:

1. If there is any possibility that stitches might be required, the child should be brought in for evaluation. Stitches usually are not placed after 8 hours from the time of injury.
2. Clean the area thoroughly with soap and water, apply an antibiotic ointment, and cover with a clean bandage.
3. If your child has not had a tetanus shot within 5 years, he will need to have one ASAP – but, it is acceptable to wait until regular office hours if his immunizations are otherwise up to date.

DAY CARE

Choose a day care for your child that has the same concerns for his health that you do. Try to limit his/her exposure to children with fever or other infections. In turn, we recommend that you do not take your child to day care or the babysitter when he is sick.

DEHYDRATION (see Vomiting and Diarrhea section, page 19)

DIARRHEA (see Vomiting and Diarrhea section, page 19)

EAR ACHES

Earaches can be caused by several things including increased pressure, bacterial infection, and viral illness. A sudden earache following a cough, sneeze, crying, or yelling is probably caused by pressure and will likely resolve spontaneously after a short time. Earaches may occur when a child has a cold: the Eustachian tube connecting the throat and the middle ear is blocked, causing increased pressure and pain, but there is not necessarily middle ear infection. Finally, earaches may be caused by bacterial infection which will likely require antibiotic therapy. Most earaches, especially when associated with fever, should be evaluated in the office during regular hours. To provide relief at home prior to the office visit, the following things can be tried:

1. Acetaminophen of Ibuprofen for pain (see Dosing Chart pages 23-24 & 25)
2. Resting the head on a hot water bottle or a heating pad.

3. If there is not drainage and the child does not have ear tubes and you have some numbing drops on hand, these may be warmed and placed in the ear to relieve pain.
4. Earache pain is usually worse at night and the child should be brought in the following day even if he seems better. Earaches are not generally treated over the phone as an accurate diagnosis is important.

EYE PROBLEMS

Pink Eye: Pink eye or conjunctivitis is a mild infection of the lining of the eye and can be contagious. Pink eye usually needs treatment with antibiotic eye drops. Please call to discuss this during regular clinic hours. If the child is having severe pain with the pink eye or if the eye is very swollen, call the doctor immediately.

Eye Pain: Any severe eye pain should be evaluated on an emergency basis.

FEVER

Your child's normal temperature will vary with his age, activity, time of day, the environment, and the route (oral, rectal, or axillary) of taking the temperature. A rectal temperature is the preferred method in children under 3 years of age.

A normal rectal temperature is about 99.6° F, but may range between 98° F to 100.2° F.

A rectal temperature of 100.4° or higher in an infant less than 3 months of age should be reported to the physician. DO NOT GIVE TYLENOL unless advised by a physician.

Taking a Rectal Temperature

1. Get the Thermometer Ready
    a. If using a digital thermometer, turn on, place in plastic cover, lubricate with petroleum jelly.
    b. If you don't have plastic covers, just wash the thermometer with warm, soapy water and rinse then lubricate tip of thermometer with petroleum jelly.
2. Position Your Baby. Use the position that works best for you. Here are two of the safest positions:
    a. Put baby on his back on a firm surface. Hold baby's ankles and lift legs, as if you are changing a diaper.
    b. Or place baby on stomach and spread buttocks so anus (opening where bowel movements leave baby's body) is easily seen.
3. Taking the Temperature
    a. Gently slip the tip of the thermometer into the anus ½ inch to 1 inch so the tip will no longer be seen and push the start button.
    b. Hold the thermometer in place for a couple of minutes until you hear a beep.
    c. Remove thermometer
    d. Read degree of temperature exactly as displayed on the thermometer.

Under arm temperatures (axillary) may be taken in children over the age of 2 years. Adding a degree to the under arm temperature does NOT give an accurate reading. You should always report the temperature exactly as displayed on the thermometer and report the route taken.

An oral temperature may be taken when the child is able to hold the thermometer properly in their mouth (under their tongue) for the required amount of time.

Fever is common in childhood and usually signifies an infection of some kind. Fever itself is not an illness. In fact, fever is a positive sign that the body is fighting an infection. Fever may be present

with simple viral illnesses (colds), or more significant infections like an ear infection, pneumonia, or bladder infections. Fever is treated when it makes the child feel bad. In the majority of situations acetaminophen (see Dosing Chart page 23-24) or a room temperature sponge bath is all that is needed to decrease the fever.

Treatment:

1. Dress your child only in light clothing like a T-shirt and underwear or diaper. Bundling the child tightly or wrapping in a blanket will only make the temperature rise.
2. Give acetaminophen (see Dosing Chart, page 23-24) if your child is uncomfortable, has a high fever, it is bedtime, or there is a history of febrile seizures.
3. Give the child cool liquids to drink.
4. If the child has a high fever (105° rectal) that does not respond to the above measures within 30 to 60 minutes, it is possible to lower the temperature by giving a sponge bath. Place the child in a tub of room-temperature water (do not use ice water or alcohol) and sponge him off thoroughly. Using a cup and pouring water over his head will be even more effective in bringing down the temperature. You can expect your child to shiver and cry during the bath, this is no cause for alarm.
5. Ibuprofen may be given to relieve fever in children over 6 months of age. Acetaminophen and ibuprofen may be alternated every 3 hours for high fevers not controlled by acetaminophen alone: acetaminophen given now, then ibuprofen given in three hours, and then alternate them every three hours. (see Dosing Chart pages 23-24 & 25)

***Ibuprofen is not recommended for children less than 6 months of age.**

When to call the clinic if your child has a fever:

1. If your child is less than 3 months of age. This is an emergency.
2. If your child is 3-6 months of age and the temperature is greater than 103° degrees F.
3. If your child has an accompanying symptom that warrants exam;
   a. A stiff neck and irritability (emergency)
   b. Has a rash that doesn't blanch, or turn pale with pressure (emergency)
   c. Has a seizure (needs to be seen immediately)
   d. Ear pain, cough, burning upon urination-all should be examined

FEEDING

Breast milk or infant formula is recommended for the first full year of your baby's life. Cow's milk is a good supplement to the diet of older children, but it does not supply the balanced nutrition your baby needs during the first year of life. Please contact the office before any formula change.

Solids: Solids are usually introduced between 4 and 6 months of age. Introduction of solids will be discussed at your baby's 4-month check up. If you have questions prior to this visit, please call the office during regular hours. We do not recommend the use of infant feeders.

Juice: The American Academy of Pediatrics recommends you wait until your baby can drink from a cup (approximately 6 months of age) before starting juice. We recommend no more than 4-6 ounces of 100% fruit juice per day. Diluting juice with water at this age is not necessary but it is a good way to decrease the sugars and calories. 100% fruit juice should be used as part of a meal or snack and should not be sipped throughout the day. The practice of allowing children to carry a bottle, cup, or box of juice around throughout the day leads to excessive exposure of the teeth to the sugars in juice, which promotes the development of cavities.

HEAD INJURY

Most head injuries in children are relatively minor. If your child should suffer a head injury with loss of consciousness, he should be evaluated immediately. If after a blow to the head, your child cries immediately and returns fairly quickly to normal activity; it is unlikely that problems will occur. Mild pain can be treated with acetaminophen (see Dosing Chart page 23-24)

The most prevalent myth regarding head injury is that the victim should not be allowed to sleep. Sleep itself does no harm. However, a change for the worse may go unnoticed if a child is sleeping. Therefore, after a head injury, a child whose initial reaction has been vigorous may be allowed to sleep but should be awakened every 3 to 4 hours to observe for signs of worsening. Your child should recognize you and respond to you appropriately, should be able to move all extremities vigorously, and should have pupils which are equal in size and which react equally to light.

For minor head injury, the following should be watched for and reported to the doctor:

1. Vomiting more than twice
2. Convulsions or seizures
3. Double vision or other visual problems
4. Unequal pupils
5. Weakness in one arm or leg
6. Any abnormal leakage of fluid from the nose or the ear
7. Severe headache unrelieved by acetaminophen (see Dosing Chart page 23-24)
8. Marked change in mental status or personality

HEADACHE

There are many causes of headache including fatigue, allergies, and infection. Most headaches can be managed with acetaminophen or ibuprofen (see Dosing Chart pages 23-24 & 25). If your child has headaches often (perhaps twice a week or more) or if the headaches are associated with nausea or vomiting, poor coordination, or other symptoms, an appointment should be scheduled.

JAUNDICE

Jaundice is a yellow tint to the skin and is usually due to liver immaturity in newborns (see Care of the Newborn section on page 6), or to liver disease in older children and should be evaluated by your physician. Please call for an appointment during regular office hours. Sometimes children who eat a lot of yellow vegetables (carrots, squash, and sweet potatoes) develop a yellow tint to the skin, but not to the whites of the eyes, this is not true jaundice and is called hypercarotenemia. It is harmless and requires no treatment.

KIDNEY-URINARY PROBLEMS

Any symptoms suspicious for urinary tract infection including painful urination, urinary frequency, and urgency should be evaluated in the office. A urine sample will be collected during the visit to check for infection. If your child needs to urinate prior to being called back to see the doctor, please notify a member of our staff.

LUMPS, LYMPH NODES, & KERNALS

Children normally have small lymph nodes which can be felt under the neck, and in other areas. These will often become more prominent when a child has a cold or other minor infections. The enlarged nodes may remain prominent for several weeks. As long as the nodes are relatively small,

moveable, and non-tender, they are rarely of consequence. A lump which is rapidly enlarging, is red and tender, or is associated with persistent fever, should be evaluated in the office by appointment.

MOUTH PROBLEMS

Mouth Injury: See Teeth section.

Thrush: Thrush is very common in babies. White patches form on the inside of the mouth. They look like milk, but do not wipe off. Thrush is caused by yeast and is not dangerous. It can sometimes cause mild discomfort. An over-the-counter product called Gentian Violet is available for this condition. Just paint Gentian Violet inside the mouth thoroughly with a Q-tip. This will stain the mouth purple. (It can also stain clothes, so be careful.) One application is usually all that is required. If not effective, call the clinic during regular hours for a prescription.

Viral Stomatitis: This is an infection of young children which causes fever and sores on the inner surface of the lips, gums, and throat. It lasts a few days and can be fairly uncomfortable for the child. It is best treated as follows:

1. Encourage fluids to insure that the child stays well hydrated (see Vomiting and Diarrhea section for signs of dehydration, page 20). Avoid carbonated beverages or acidic juices that will worsen the discomfort. Milk, ice cream, popsicles, and Jell-O are all good choices.
2. Acetaminophen can be used for fever (see Dosing Chart page 23-24).
3. A mixture of equal volumes of Benadryl and Maalox can be given to the child to help with the pain. First, determine your child's appropriate dose of Benadryl. (see Dosing Chart for Benadryl on page 26) Then, you will add an equal amount of Maalox to your child's appropriate dose of Benadryl. (Example: The dose for a 22 lb child is 1 tsp Benadryl + 1 tsp Maalox = 2 tsp) If possible, have your child swish the mixture around in the mouth before swallowing.

POISONING

If your child swallows a potentially dangerous substance, call Poison Control immediately.

Poison Control #: 686-6161 or 1-800-376-4766 (1-800-3POISON).

RASHES

Diaper Rash: Diaper rashes are usually due to either irritation from a wet diaper or to a yeast which grows on the skin in moist areas. The following treatments are recommended:

1. Change wet or soiled diapers frequently
2. Use a washcloth with water only; avoid wipes and soaps that will sting the inflamed skin
3. Apply zinc oxide (Desitin) or other diaper ointment (A&D; Diaper Goop)
4. Allow exposure to air by leaving diaper off; this is most convenient during naps when the child can be laid on a towel

If the rash is red and bumpy and fails to respond to the above measures, try an over-the-counter yeast cream such as Monistat or Gyne-Lotrimin applied to diaper area three or four times per day. You may also call the nurse during regular office hours to discuss prescription medication.

Poison Ivy: If your child has come in contact with poison ivy or another irritant, it is important to wash the involved area thoroughly with soap and water to remove the poison ivy toxin. Benadryl elixir (see Dosing Chart pages 26) can be used to control itching. Calamine lotion and Aveeno baths may also be helpful for itching (trim fingernails to prevent scratching). ½% to 1% Hydrocortisone cream applied to the area can decrease inflammation. If the rah is particularly severe, you should call for an appointment during regular business hours.

Viral Rashes: A red rash over the whole body in a child with a low grade fever, who otherwise feels well, is probably due to a virus. If the rash causes no symptoms, then no treatment is required. Itching can be treated with Benadryl (see Dosing Chart page 26). A rash in an ill-appearing child should be evaluated by the doctor.

Rashes due to drugs: If a rash develops while a child is taking a drug, that medication should be stopped and the doctor notified during office hours.

Roseola: This is a viral infection of small children. It begins with a high fever of 2 to 4 days duration. About the time the fever breaks, a red rash over the whole body appears. The rash disappears after 1 to 2 days and requires no treatment.

Impetigo: This is a bacterial infection of the skin and is mildly contagious. Impetigo is characterized by weeping, honey-colored drainage which dries and forms crusts around the lesion. Mild impetigo can be managed with the following measures:

1. Wash well with soap and water
2. Apply triple antibiotic ointment (Neosporin) two or three times daily
3. Keep fingernails clean and short to reduce spread of infection
4. Place freshly laundered clothes on the child each day. Repeated wearing of unwashed clothes will spread infection
5. Benadryl may be used for itching (see Dosing Chart, page 26)

If your child has more than one area of skin involved or if the infection seems especially bad, call the office for an appointment, occasionally antibiotics by mouth may be indicated.

Hives and allergic rashes: Hives is a red, raised rash in various sizes which is usually due to an allergic reaction. The rash seems to move to different areas of the child's body and is often associated with itching and sometimes with swelling of the hands and feet. The rash is usually not dangerous, but can be uncomfortable. Hives can be caused by anything the child has eaten, breathed, or come in contact with. Benadryl (see Dosing Chart, page 26) may help resolve the rash and control the itching.

SCABIES AND LICE

Head Lice: Head lice are an insect infestation of the hair which are identifiable by the oval, yellow/white 'nits' (lice eggs) which adhere to the hair close to the scalp, particularly just above the hairline on the back of the neck. Lice can be treated with over-the-counter Rid or Nix and careful removal of the nits. If this treatment is ineffective, apply a liberal coat of Vaseline, mayonnaise, or olive oil to the entire scalp and sleep with a shower cap on to suffocate the lice. The next morning, thoroughly wash the hair with dishwashing detergent (such as Dawn) to clean the hair and remove all the oil. Next, remove ALL nits using a nit removal comb (fine-tooth comb). This may be very time-consuming so be sure to allow enough time to thoroughly go through your child's hair to remove ALL nits. If you cannot get rid of the problem with the above measures, call the office during regular hours.

Scabies: Scabies is another skin infestation caused by a tiny mite which causes an extremely uncomfortable rash due to itching. The rash is common on the trunk, groin, and between the fingers. Sometimes 'tracks' can be identified where the mite has burrowed underneath the skin. Call the clinic during office hours to schedule an appointment if you believe your child has scabies.

SORE THROAT

A mild sore throat without fever can be treated with warm liquids, salt water gargles, throat lozenges or hard candy, and/or Chloraseptic spray. If the sore throat persists over four days, even without fever, the child should have an appointment to be seen. If fever is present with a sore throat, the child should be evaluated in the office for strep throat.

STOMACH ACHE

Stomach ache is very common in children and is somewhat comparable to headaches in adults. Often it is caused by stress or fatigue and no other cause can be identified. Another common and often unsuspected cause of abdominal pain in children is constipation. If your child complains frequently of stomach ache, pay careful attention to the child's bowel habits for a few days and refer to the section on constipation, page 12. Rarely, abdominal pain is caused by appendicitis or other serious illness. If any symptoms below are present, consult the physician:

- Severe and persistent pain
- Persistent vomiting
- Pain localized in the right lower portion of the abdomen
- Persistent fever
- Painful urination
- Bloody stools or black and tarry stools

TEETHING

The first teeth usually erupt around 6 months of age, but may erupt anywhere from 4 to 15 months of age. It is not clear whether or not teething actually causes illness in children. Drooling and chewing are also normal around 6 months of age and may be in part due to discomfort in teething. In general, it is not recommended that you put salve or lotion (Oragel) on the baby's gums for teething symptoms as these can potentially be harmful. Acetaminophen (see Dosing Chart, page 23-24) can be given for teething pain. Chewing on cold objects (teething rings, wet washcloths) may be provided for comfort. Frozen objects are not recommended. Certainly, any severe symptoms such as high fever, prolonged vomiting, etc., should never be assumed to be due to teething, but rather treated as you would any illness in your baby.

Other Dental Problems: Young children take many falls and often injure their mouths in the process. Bleeding after such a fall can be due to a tear of the frenulum, which is a small web of skin between the lip and gum. Applying pressure to the lip will stop bleeding in a few minutes. No other treatment is needed. If teeth are loosened or knocked out, (if found, keep the tooth in milk) consult your dentist. Some teeth can be replaced.

VOMITING AND DIARRHEA

Vomiting or forceful emptying of the stomach is usually caused by a viral infection, though there are other causes. When vomiting is due to a routine stomach virus, it may be associated with diarrhea. Although uncomfortable, vomiting itself is not dangerous to the child.

Diarrhea is characterized by frequent, loose, watery stools. It is most commonly caused by a viral infection called gastroenteritis. Gastroenteritis often begins with vomiting and fever. After several hours, the vomiting resolves and diarrhea follows. Rarely, there are other more serious causes of diarrhea that include bacteria (Salmonella, E. Coli, Shigella, and others), parasitic infections (Giardia), and milk allergy. Diarrhea due to gastrointestinal viruses, resolve without specific treatment. The

main concern with vomiting and diarrhea is that dehydration may result. We do not recommend the use of medications to stop diarrhea unless specifically prescribed by our office.

Dehydration results when there are excessive fluid losses from the child, usually due to vomiting and diarrhea. Dehydration is serious and should be evaluated in our office or emergency room. Signs of dehydration include:

1. **Dry mouth:** Place your finger inside the child's cheek and then rub your thumb and forefinger together. If it is wet, there is no need to worry about dehydration. If, however, it feels sticky, tacky, or definitely dry, then dehydration may be present. A child that is drooling is not dehydrated.
2. **Poor urine output:** Infants and children usually urinate at least once every eight hours. Decreased urine output in the presence of diarrhea may mean dehydration is present. No urine output in a 24 hour period is a serious sign of dehydration.
3. **Decreased skin turgor:** Pinching the skin on the back of the child's hand or on the abdomen of the infant should cause it to snap back into place rapidly. If the skin is slow to return to its place, this may indicate decreased water content.

Your Child Should be Evaluated If:

1. Signs of dehydration are present
2. Diarrhea is associated with high fever over 104° degrees unresponsive to acetaminophen
3. If pus or blood is noted in the stool
4. If diarrhea persists for more than three days despite diet changed listed below
5. The vomiting persists more than 24 hours
6. Your child becomes confused or difficult to arouse
7. The vomiting is associated with a severe headache
8. The vomitus is green stained (bilious)
9. Your child is less than three months old and is vomiting forcefully
10. Your child is less than three months old and is having a high volume of diarrhea after 24 hours

TREATMENT OF VOMITING AND DIARRHEA IN INFANTS

For the first 24 hours:

1. Give nothing by mouth for 2 to 3 hours to rest the stomach
2. Watch closely for signs of dehydration
3. Begin liquids in small frequent volumes for 24 hours. If your child is breastfed, continue to breastfeed. If your child is formula fed, discontinue giving the formula and give an oral rehydration solution (Pedialyte, Organic B.R.A.T.). Give these solutions in small amounts and at room temperature. Even if your child's vomiting persists, begin the fluids anyway, in between vomiting episodes. Some of the fluid will be absorbed even though the vomiting continues. If diarrhea alone is present, begin fluid as outlined below in large amounts. The goal of fluid therapy in vomiting and diarrhea illnesses in children is to give more fluid to the child than is lost in the diarrhea and vomiting so that dehydration won't result.

After 24 hours:

1. Continue to breastfeed
2. If your baby is formula fed and not allergic to soy, you should start a dilute soy formula, such as Prosobee Lipil. Soy formula with an equal volume of water to make one-half strength formula (example: mix 3 ounces or prepared formula to 3 ounces of water. Give this for the next 24 hours and then go to full strength formula as described.
3. Continue to watch closely for signs of dehydration. (see Dehydration Section, page 20)

After 48 hours:

1. Continue to breastfeed
2. Give full strength soy formula for the next three to five days and then switch back to your baby's original formula as the illness resolves

TREATMENT OF VOMITING AND DIARRHEA IN OLDER CHILDREN:

For the first 24 hours:

1. Give nothing by mouth for 3 to 4 hours to rest to stomach
2. Begin giving fluids, gradually increasing the volume. Give these in small amounts, frequently and at room temperature. If the vomiting persists, begin the fluids anyway in between vomiting episodes. If diarrhea alone is present, begin fluids as outlined below in large amounts. The goal of fluid therapy in vomiting and diarrhea illnesses in children is to give more fluid to the child than is lost in the diarrhea and vomiting so that dehydration won't results
3. Watch closely for signs of dehydration (see Dehydration Section, page 20)

For the first 24 hours, give the following:

- No milk products
- Clear fluids in small amounts at room temperature and frequently offer fluids such as:
  - Pedialyte
  - Organic B.R.A.T.
  - Kool-aide or Gatorade
  - Jello, Jello water
  - Sprite or 7-Up
  - Gingerale
  - Bouillon or chicken soup
  - Popsicles
- Watch closely for signs of dehydration (see Dehydration section, page 20)

After 24 hours:

1. Offer bland foods if your child can tolerate these. Bland foods include:
   - Rice or cooked cereals
   - Ripe bananas
   - Applesauce
   - Crackers or dry toast
   - Plain macaroni, spaghetti, noodles (no cheese, tomato sauce or grease)
   - Watch for signs of dehydration

After 48 hours:

As your child's appetite increases, offer foods such as:

- Canned or cooked vegetables, apples, apricots, peaches and pears
- Angel food cake or cookies
- Plain macaroni, spaghetti, noodles (no cheese, sauce or grease)
- Rice or mashed potatoes
- Baked or broiled chicken or fish

You should avoid milk or milk products, whole grain cereals or breads, raw fruits and vegetables, citrus juices, red meats, greasy foods, and fried and spicy foods.

VAGINAL ITCHING OR IRRITATION

Most vaginal itching or discomfort in young girls is due to a soap irritation and/or decreased attention to good hygiene. Yeast infections are not common. Treatment for this problem included:

1. Improve hygiene. Help the child to wipe from front to back and wear clean cotton panties daily.
2. Baking soda warm water soaks. Add 2 oz. of baking soda per tub of warm water. Soak for 20 minutes to remove irritants and to promote healing. Repeat several times per day for 2 days.
3. Apply 1% hydrocortisone cream to the genital area after soaks for 1 to 2 days.
4. Avoid bubble baths, soap, and shampoo to the genital area because they are irritants.
5. If symptoms do not clear after several days of proper treatment, the child should be seen.

WHEEZING

Wheezing is caused by congestion deep in the lungs and is associated with a squeaking or whistling sound when the child breathes out. Audible nasal congestion is sometimes confused with wheezing. Wheezing can be caused by an infection or by allergic asthma. A child with wheezing should be evaluated promptly unless the child has had wheezing treated repeatedly in the past and parents are very comfortable with its management. If the wheezing is accompanied by breathing difficulty, the child should be taken to the ER. For severe or life threatening breathing difficulty call 911.

WORMS

Pinworms are relatively common in children. The worms are white and about a quarter-inch long. They cause symptoms of intense itching around the bottom, especially at night. If you should see pinworms on your child or if you suspect that he might be infected, an over the counter medicine called Pin-X is available at the pharmacy. Treat the child with one chewable tablet, then repeat in two weeks. We recommend that you treat the entire family except for children under one (1) year of age and expecting or nursing mothers.

DOSING GUIDE

Our Dosing Guide gives dosages for common over-the-counter medications used in children. These medications are dosed according to weight. To calculate your child's dose, look up his or her weight in the Dosing Guide and read across to the proper dose for each medicine listed. If you do not know your child's weight and if your child is too young to stand on bathroom scales, a simple way to determine his or her weight is to first weigh both you and your child as you hold him. Then weigh yourself alone. Subtracting these two numbers will give you a fairly accurate weight for your child. The doses listed in the Dosing Chart are standard doses which are safe for your child. In some situations we recommend doses of these medications which may be slightly higher or lower than the doses recommended on the packaging of the medication. This should not concern you. If our advice calls for doses which are dramatically different, please ask us the reason for this.

Abbreviations:

mg=milligram
tsp=teaspoon
ml=milliliter
cc=cubic centimeter
dppr=dropperful
1 cc=1 ml
1 tsp=5 cc

If your child takes an overdose of any medication, call Poison Control right away. The phone number is 1-800-376-4766 or 686-6161.

ACETAMINOPHEN

(Most Common Brand Name: Tylenol)

Never treat fever in an infant less than three months of age unless advised by a physician.

Dosage: Every four (4) hours. Please be aware that there are two liquid dosage strengths of acetaminophen. The concentrated Infants' drops have 80 mg per 0.8 ml (dropperful) and the Children's syrup or suspension has 160 mg per 5 ml (teaspoon). Make sure you know which strength you are using so that you can look up the dose properly.

When to use: Acetaminophen should be used to reduce fever and relieve pain. Acetaminophen has no anti-inflammatory actions. Prior to using acetaminophen for fever, you should consult the fever section of this handbook on page 14.

Side effects: Acetaminophen taken at proper doses is very safe. Only if an overdose of the medication occurs is there a likelihood of any side effect. Beware - large overdoses of acetaminophen can be deadly. This medicine should be kept out of reach of your children.

Note: If a child has a particularly high fever sometimes we increase the dose of acetaminophen above these dosages. You should only increase your child's dose when directed to do so by a physician because of the risk of overdosing and liver damage.

NEVER TREAT FEVER IN AN INFANT LESS THAN 3 MONTHS OLD
without first speaking with the physician or a member of our clinical staff.

INFANTS' AND CHILDREN'S LIQUID ACETAMINOPHEN (Tylenol)
***Note: For Infants' Drops, use dropper supplied with medication ***

Weight	Infants' Concentrated Drops 80mg/dropperful (0.8 ml)	Children's Suspension 160mg/teaspoon (5 ml)
6 - 11 lbs	½ dropperful (0.4 ml)	---
12 - 17 lbs	1 dropperful (0.8 ml)	½ teaspoon (2.5 ml)
18 - 23 lbs	1 ½ dropperful (1.2 ml)	¾ tsp (3.75 ml)
24 - 35 lbs	2 dropperful (1.6 ml)	1 tsp (5 ml)
36 - 47 lbs	---	1 ½ tsp (7.5 ml)
48 - 59 lbs	---	2 tsp (10 ml)
60 - 71 lbs	---	2 ½ tsp (12.5 ml)
72+ lbs	---	3 tsp (15 ml)

INFANTS' AND CHILDREN'S ACETAMINOPHEN SUPPOSITORIES (Brand: FeverAll)

Weight	Infants' 80 mg/suppository	Children's 120 mg/suppository
12 - 17 lbs	1	2/3
18 - 23 lbs	1 ½	1
24 - 35 lbs	2	1 ½
36 - 47 lbs	---	2
48 - 59 lbs	---	2 ½
60 - 71 lbs	---	3
72+ lbs	---	4

MELTAWAYS/CHEWABLE ACETAMINOPHEN (Tylenol)

Weight	Children's 80 mg tablets	Jr. 160 mg tablets
24 - 35 lbs	2	1
36 - 47 lbs	3	1 ½
48 - 59 lbs	4	2
60 - 71 lbs	5	2 ½
72 - 95 lbs	6	3
96+ lbs		4

12 years old – Adult: Take two Regular Strength (325mg) acetaminophen tablets every 4 hours.

IBUPROFEN

(Most Common Brand Names: Motrin and Advil)

NEVER GIVE TO INFANTS LESS THAN 6 MONTHS OLD.

Dosage: The dosage is every 6 to 8 hours. Please be aware that there are two liquid strengths of ibuprofen (concentrated infant drops and children's suspension) and several strengths of tablets (chewable tablets, junior strength tablets, and adult tablets). Because of this, dosing errors are possible if you choose the wrong dosage strength. For simplicity, we only recommend Children's Motrin Suspension 100 mg per 5 ml and Children's Advil Suspension 100 mg per 5 ml in our dosing guide for babies (over 6 months of age) and young children. Other dosage strengths are safe, but with so many choices, dosages can be confusing. Therefore, we advise you buy the dosage strength we recommend (Children's suspension) and make sure you properly look up the dose.

When to use: Ibuprofen should be used to control high fevers which are unresponsive to acetaminophen (Tylenol). It can also be used to control pain and reduce inflammation.

Side Effects: May cause stomach upset, other side effects are rare.

CHILDREN'S IBUPROFEN SUSPENSION (Motrin or Advil) 100 mg per 5 ml (tsp)

Weight	If fever is less than 102.5°F	If fever is above 102.5°F
13-17 lbs	½ teaspoon (2.5 ml)	½ teaspoon (2.5 ml)
18-23 lbs	¾ tsp (3.75 ml)	1 tsp (5 ml)
24-35 lbs	1 tsp (5ml)	1 ½ tsp (7.5 ml)
36-47 lbs	1 ½ tsp (7.5 ml)	2 tsp (10ml)
48-59 lbs	2 tsp (10 ml)	2 ½ tsp (12.5 ml)
60-71 lbs	2 ½ tsp (12.5 ml)	3 tsp (15 ml)
72-95 lbs	3 tsp (15 ml)	4 tsp (20ml)
96+ lbs	4 tsp (20 ml)	4 tsp (20 ml)

CHILDREN'S BENADRYL ALLERGY LIQUID

(Generic Name: Diphenhydramine)
(Antihistamine)

NEVER GIVE TO INFANTS LESS THAN 6 MONTHS OLD.
DO NOT GIVE TO CHILDREN LESS THAN 2 YEARS OLD UNLESS ADVISED BY A PHYSICIAN.

Dosage: Every 4 -6 hours. Please be aware that there is a Children's Benadryl Liquid in pre-filled spoons. Our recommended doses are based on your child's weight so this is not a good option. Please use our dosing guide for babies (over 6 months of age) and young children.

When to use: Benadryl is an antihistamine medication which is particularly good at relieving symptoms due to upper respiratory allergies such as runny nose, sneezing, itchy, watery eyes, itching of the nose and throat, and may help coughs caused by post-nasal drainage. It is also useful to treat itching due to any cause, especially with rashes due to allergy or viruses (example: Chicken Pox). Use Benadryl to treat insect bites and stings.

Side Effects: Benadryl may cause drowsiness or, less commonly, agitation or insomnia. Other side effects are rare. Several years ago it was thought that antihistamines such as Benadryl should not be given to children with asthma. This has now been disproved. Actually, it may control nasal allergies of children with asthma.

CHILDREN'S BENADRYL ALLERGY LIQUID (Diphenhydramine) 12.5 mg per 5 ml (tsp)
For children 6 months to 11 + years of age

Weight	Dosage (12.5 mg per 5 ml/1 tsp)
18-23 lbs	¾ teaspoon (3.75 ml)
24-35 lbs	1 tsp (5 ml)
36-47 lbs	1 ½ tsp (7.5 ml)
48-59 lbs	2 tsp (10 ml)
60-71 lbs	2 ½ tsp (12.5 ml)
72+ lbs	3 tsp (15 ml)

Children over the age of 12 years may take the adult strength (25 mg) Benadryl. The dosage is 1-2 (tablets, kapgels, liqui-gels, or quick dissolve strips) every 4-6 hours.

COUGH SUPPRESSANT (Dextromethorphan)

(Most Common Brand Name: DELSYM Cough Suppressant 12 hour)

DO NOT GIVE TO CHILDREN LESS THAN 2 YEARS OLD.

Most cold medications contain ingredients, such as antihistamines and decongestants, in addition to a cough suppressant which aren’t always needed. Also, if you are already giving your child other allergy medications, you may be over-dosing them by using a combination cold and cough syrup. Delsym contains only a cough suppressant and is safe to give with other over-the-counter or prescription allergy medications your child may be taking.

Dosage: Every 12 hours.

When to use: Use for non-productive cough which is interfering with your child’s ability to sleep.

Side Effects: The active ingredient in medications used to suppress a cough is dextromethorphan. It is quite safe. Rarely, it has been known to cause slight drowsiness, nausea, and dizziness.

DELSYM COUGH SUPPRESSANT 12 HOUR
(Dextromethorphan)

Age	Dosage
2 yr – 5 yr	½ teaspoon (2.5 ml)
6 yr – 11 yr	1 tsp (5 ml)
12+ yr	2 tsp (10 ml)