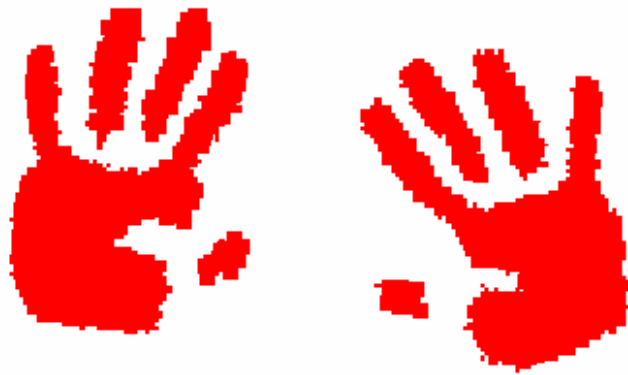


# Central Arkansas Pediatrics



# Handbook



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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 our Practice Administrator.

Please take the time to sit down and read this Parent Handbook. By reviewing and familiarizing yourself with the information included in the book, you will become aware of potential benefits of consulting it 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 through Friday

8:00-5:00

### **APPOINTMENTS**

Patients are seen by appointment only. Appointments can be made during office hours by calling 1-501-328-0055. 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. 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.

### **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 Medical Exchange at 501-329-1199. Our clinic has arranged for this service to be available to you through Arkansas Children's Hospital/ Kids Care. 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 (see fever section, page 17)
- The name and phone number of a pharmacy that is open
- The name and dosage of any medications your child is taking

## **TELEPHONE CALLS**

Please feel free to call our office if you have questions or concerns that may not be addressed in this Parent Handbook. You will be asked to leave your name and telephone number so that a member of our clinic staff can return your call. We ask that all parents calling with medical questions speak with one of our clinic 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.

## **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. We will accept personal checks, cash, Visa, MasterCard, American Express and Discover 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 your insurance claims provided we have the 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 the visit. Once the appropriate information is provided we will file the charges and credit any payment that exceeds that amount. The clinic participates with many HMOs, PPOs, and other Insurance Providers. 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. Because we can not be involved in family financial situations we ask that the person bringing the child to the clinic pay the appropriate co-pay, co-insurance, deductible, or service in full (if applicable) at the time of the visit.

This Parent Handbook was prepared to help you with your children's health problems. If, after consulting the handbook, you need further assistance, call the office at 501-328-0055. If you believe your child has a 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.

## **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 the clinic or the after hours number 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

## **CARE OF THE NEWBORN**

Congratulations on your new baby! Many of our office staff have children of their own and are 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 Handbook. Other sections of the handbook, however, also contain useful information and you might want to consult the following sections for more 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 for taking axillary or rectal temps. (Ear thermometers are used only after 6 months of age)
- Nasal syringe
- Cotton balls and rubbing alcohol
- Acetaminophen (Tylenol, Tempra, Fever-all)

### **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.

### **Bathing**

Give sponge baths until the cord falls off and circumcision is healed. Use mild soap and warm water (for safety we recommend reducing the temperature of your hot water heater to between 120° 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.

### **Navel Cord**

The navel cord should be cleansed thoroughly with rubbing alcohol 3 to 4 times daily or with diaper changes until it falls off, usually within 2-3 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 and the site appears to be dried up, the area can be bathed with soap and water.

### **Circumcision**

Apply petroleum jelly (Vaseline) to the circumcision until it is well healed to prevent sticking to the diaper. Applying Vaseline 1-2 times daily to the circumcised penis can help prevent penile adhesions.

## **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.

## **Bowels**

There are variations in normal bowel patterns in newborns. Some babies have a small bowel movement after each feeding, while others have only one every other day. Babies tend to strain at their stools, 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 the stools decreases later.

## **Sleeping**

It is recommended that babies sleep on their backs on a firm mattress with no pillows. The side lying position is acceptable as long as the baby is positioned so he does not roll over on to his tummy. 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**

### **Breastfeeding**

We encourage breastfeeding if at all possible. The nutrition and infection fighting capacity of human milk are very important for the baby and will benefit the baby even if a switch to formula is made.

Milk production is based on "supply and demand". As the baby nurses frequently and "demands" more milk, mother produces an increased supply of breast milk 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.

### **Formula Feeding**

Sterilization is not necessary if you have city water and use clean technique in preparing the formula. 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 the 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 do not need supplemental vitamins with fluoride.

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. 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.

## **Signs of Serious Illness in the Newborn**

While most illnesses suffered by newborn infants are caused by the common viruses, newborns can also have much more serious bacterial illnesses. Early in the course of the 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 pages 17-18)
- Significant decrease in feeding
- Significant change in activity (increased sleeping or lethargy)
- Protracted vomiting which is different from the usual spitting up
- Inability to console the child; unusual screaming that persists more than 2 hours

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

## **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
- *Your Child's Health*- the parents guide to symptoms, emergencies, common illnesses, behavior and school problems, by Barton D. Schmitt, M.D., F.A.A.P.
- Dr. James Dobson has a series of books on parenting that you may find helpful. You can research these on his website at [www.focusonthefamily.org](http://www.focusonthefamily.org)

## **Well Child Evaluations And Immunizations**

Your baby's first visit to our office will be scheduled for 2-3 days after discharge from the hospital. 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 (AAP) 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 checkup 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 checkups even if your child's immunizations are obtained at the Health Department.

### **IMMUNIZATIONS**

With the introduction of new and modified vaccines, the recommended schedule of immunizations is changing yearly. Your child's immunization status will be evaluated with each well child visit. If you have questions regarding the latest immunization recommendations please visit the CDC or AAP websites (see page 36) or 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. Some however will experience some reactions. Watch for mild tenderness, redness, swelling at the injection site, low-grade fever, drowsiness, or decreased appetite. These symptoms may persist for 24 hours or so and if present may be reduced by the administration of acetaminophen (see Dosing Chart). Temperature above 103° F, constant crying for 3 hours or more, a seizure, or extreme lethargy following immunization should be reported to the physician.

**Hemophilus B (HIB):** Side effects are uncommon.

**Injectable Polio Vaccine (IPV):** IPV is a killed virus vaccine given by injection. There are no major side effects associated with this vaccine.

**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 and will resolve spontaneously.

**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 degrees F, extreme lethargy or any seizure like activity should be reported to the physician. The symptoms may be reduced by the administration of acetaminophen or Motrin (see Dosing Chart).

**Varivax (Chicken Pox) Vaccine:** Side effects are rare. Some children may develop a mild rash at the injection site. No treatment is necessary.

**Tuberculosis (TB) skin test:** This should be examined closely 48 to 72 hours after administration by one of our nurses. Any redness or swelling should be reported to the office during regular office hours.

# 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 nonsmokers. Do not smoke around your child. Smoking should be outside: even if you smoke in another room, the smoke gradually spreads throughout the house and is contained in your clothing.

2) **Avoid exposure to sick children.** This may not be possible for your family, but 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 that cannot be washed. Pillows should be featherless, washable, and enclosed in zippered, dustproof 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.

## ATTENTION DEFICIT DISORDER-WITH OR WITHOUT HYPERACTIVITY DISORDER (ADD AND ADHD)

**Also known as ADHD-Inattentive, Hyperactive Type, or Combined Type.**

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 a reading and evaluation packet. After reviewing the materials, completing, and returning the forms you will be given an appointment. It is very important for you to tell the receptionist that the appointment is for an ADD/ADHD evaluation so that appropriate time can be scheduled. ADD/ADHD appointments are usually scheduled well in advance with Dr. Sher Craig.

For children on ADD/ADHD medications, yearly physicals are required with weight checks scheduled every 4 months. You must call the office 1 week in advance when refills and weight checks are needed.

## **ANTIBIOTICS**

Antibiotics are used for only certain kinds of infections. 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 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 never 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.

Children who have been dry in the past, for 3 or more months and who develop bed wetting or even daytime wetting need to have an appointment at the office for evaluation.

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

### **Dog Bites**

The main concern 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. Please don't put the dog down yourself – observation is best. If the animal needs to be put down, a trained professional should do it so that tissue is preserved properly in order to perform rabies testing. Inadequate tissue/incomplete testing, results in the child receiving rabies shots.

### **Human Bites**

Human bites should be treated the same as dog bites, observing carefully for infection. It can be serious, if the bite breaks the skin call the office, antibiotics may be needed.

### **Snake Bites**

Nonpoisonous snakebites 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. (It's okay to kill the snake- no tissue needs preserving here).

### **Tick Bites**

The best treatment for tick bites is prevention. Risk of tick-borne diseases can be decreased by removing the tick in the first 12 to 24 hours from the attachment of the tick. 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. If your child has a history of a recent tick bite and high fever and a headache, you should be seen by the physician within 24 hours.

### **Wild Animal Bites**

The physician should be called immediately with any wild animal bite. (329-1199)

## **BLEEDING**

### **Bleeding from the Naval**

Many times in newborns a small amount of blood is noted on the navel after the cord falls off. As long as the bleeding does not make a spot on the diaper larger than a quarter, it is of no significance. The cord should be kept clean with alcohol, and with soap and water after the cord falls off. Redness of the skin around the navel or pus draining from the navel should be evaluated in the office. For afternoon/weekends, call the physician (329-1199) to learn whether or not this can wait until the office re-opens. It may be necessary to have the baby evaluated in the emergency room.

### **Vaginal Bleeding in Newborns**

Occasionally because of the effect of mother's hormones, infant girls will have a small amount of vaginal bleeding in the first few days of life. This will stop spontaneously and requires no treatment.

### **Nose Bleeds**

Nosebleeds 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, thereby decreasing the episodes of nosebleeds. 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 back 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 nosebleeds 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. Children with any type of rectal bleeding should be scheduled for an office visit. Severe bleeding, more than a few drops of blood, requires calling the physician.

## **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 notify the physician.

## **BURNS**

If a burn is severe enough to cause blisters or breaks 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) may be given for pain.
- 5) Be certain immunizations are current.
- 6) If in doubt call the office during regular hours for advice.

## **CHICKEN POX (VARICELLA)**

Chicken pox 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 a fever for several days and may have runny nose, sore throat and/or cough.

Chicken pox 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. Several measures may make your child more comfortable:

- 1) Apply calamine lotion to lesions.
- 2) Benadryl for itching (see Dosing Chart) Do not use Benadryl oral and Caladryl topical together. Both contain the active ingredient of Benadryl and could potentially overdose the child
- 3) Baking Soda or Aveeno baths to soothe itching.
- 4) Keep fingernails clean and short.
- 5) Dress in cool clothing.
- 6) Treat fever (if needed) with acetaminophen (see Dosing Chart).

**NEVER USE ASPIRIN** (this can lead to a serious condition known as Reyes's Syndrome. 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)

We highly recommend that all children be immunized against chicken pox. This vaccine is recommended after the 1<sup>st</sup> birthday. (see Varivax)

## **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 the 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, hold close to you with baby's 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) (0.6 ml every 6 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 persist for more than two hours prompts 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 lessen the discomfort. Because viruses rather than bacteria cause colds, 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 fluids to keep mucus thin.
- 3) Acetaminophen for fever or aches. (See Dosing Chart)
- 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 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) 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. Elevate the head of the bed.
- 6) Cold medications may help older infants and children be more comfortable (see Chart for Cough and Cold Preparations, page 32)

If the cold is not improving after 7 to 10 days or if an earache, bad cough, persisting fever, or eye matting complicates the cold, 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 over 2 months add fruit juice (pear or prune juice diluted half with water).
- 2) 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, and fluid intake.

### **Treatment of 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) If these measures are unsuccessful, then it is a good idea to add bulk laxatives to the child's diet. These include Metamucil, Equalactin or Fibercon tablets. Equalactin is convenient because it comes in a chewable form. The dose for this is:
  - ~3-6 years: one tablet once or twice per day: maximum of two tablets
  - ~6-12 years: one to two tablets one to three times daily: maximum of four tablets.
  - ~adult: two tablets one to four times per day : maximum of eight tablets.
- 4) 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.
- 5) If your child is acutely constipated give a pediatric Fleets enema, followed by two or three days of Milk of Magnesia.

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 from the entrance to the lungs. Cough suppression generally is not indicated, if mucus is obstructing the airway, a child needs to cough to clear his throat. However, a dose of cough medicine mainly given at night is quite safe and should allow your child to get the rest that he needs (see Cough Preparation). Another cause of cough is wheezing and has a frequent, harsh nonproductive cough. This

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

## **CROUP**

Croup is a viral infection of the upper part of the airway near the voice box. It is most 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 nighttime and can be alarming. During these attacks, the child will be noticed to have difficulty drawing breath in and some breathing movements will be noted above the collarbone 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)
- 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. Fifteen 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 cool night air for a few minutes. If these measures fail **OR THE CHILD WORSENS AT ANY POINT**, and you believe the child is in distress with rapid and very labored breathing, the child will need to be seen in the office or in the nearest emergency room, or call 911.

## **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 eight hours from the time of injury.
- 2) Clean the area thoroughly with soap and water and cover with antibiotic ointment and a clean bandage.
- 3) If your child has not had a tetanus shot within 5 years, he should be brought in during regular office hours. The tetanus shot can be given anytime within 24 hours.

## **DAY CARE**

Choose a day care for your child that has the same concerns for his health as 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)

**DIARRHEA** (see **Vomiting and Diarrhea** section)

## **EAR ACHES**

Several things, including increased pressure, bacterial infection, and viral illness, can cause earaches. 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 or ibuprofen for pain (see Dosing Chart)
- 2) Resting the head on a hot water bottle or heating pad.
- 3) If there is no drainage and the child does not have ear tubes and you have some Prescription pain-relieving eardrops 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**

### **Newborn:**

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 matted 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. The 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.

### **Pink Eye**

Pink eye or conjunctivitis is a mild infection of the lining of the eye and can be contagious. Some pink eye 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 98F to 100.2F.**

### **Taking a Rectal Temperature**

- 1) Get the Thermometer Ready
  - If using a glass thermometer, wash with warm, soapy water and rinse.
  - Shake the thermometer until the silver mercury inside drops below 96°F
  - Lubricate the silver bulb end of the rectal thermometer with KY jelly
  - If using a digital thermometer, turn on, place in plastic cover, lubricate with petroleum jelly.
- 2) Position Your Baby, using the position that works best for you. Here are two of the safest positions:
  - Put baby on his back on a firm surface. Hold baby's ankles and lift legs, as if you are changing a diaper
  - Or place baby on her stomach and spread buttocks so anus (opening where bowel movements leave baby's body) is easily seen.
- 3) Taking the Temperature
  - Gently slip the tip of the thermometer into the anus ½ to 1 inch. The silver tip will no longer be seen.
  - Hold the thermometer in place for 2-3 minutes or until the mercury stops rising. If using a digital thermometer leave in until you hear a beep.
  - Remove thermometer
  - Read degree of temperature exactly where the mercury stops

***A rectal temperature above 100.4°F in an infant less than 3 months of age should be reported to the physician.***

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 the 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) or a room temperature sponge bath is all that is needed to decrease fever.

### **Treatment:**

- 1) Dress your child in light clothing like a T-shirt and underwear or a diaper. Bundling the child tightly or wrapping in a blanket will only make the temperature rise.
- 2) Give acetaminophen (see Dosing Chart) if you 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 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, ibuprofen given in three hours and then alternate them every three hours, for 36-48 hours.

**\*Ibuprofen is not recommended for children less than 6 months of age, unless directed by a physician.**

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

1. If your child is less than 2 months of age. This is an emergency.
2. If your child is 6 months old and the temperature is greater than 103° F.
3. If your child (at any age) has an accompanying symptom that warrants exam:
  - a) A stiff neck and irritability (emergency)
  - b) Has a rash that doesn't blanch (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.

## **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)

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 and 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 or fluid from the nose or the ear
- 7) Severe headache unrelieved by acetaminophen (see Dosing Chart)
- 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). 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, or to liver disease in older children. Sometimes children who eat a lot of yellow vegetables (carrots, squash, and sweet potatoes) develop a yellow tint to the skin, but not the white of the eyes, this is not true jaundice and is called hypercarotenemia. It is harmless and requires no treatment.

**Newborn Jaundice:** Most all babies develop some degree of jaundice and this is a little more pronounced in breastfed babies. It is rarely 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 ten days.

## **KIDNEY-URINARY PROBLEMS**

Any symptoms suspicious for urinary tract infection including painful urination, urinary frequency and urgency should be evaluated in the office.

## **LUMPS, LYMPH NODES & KERNELS**

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, movable, 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. One application is usually all that is required. If not effective call the clinic during regular hours for a prescription. All bottle nipples and pacifiers should be boiled for 5 minutes after use while thrush is present and for 3 days after it appears to have cleared up. While Gentian Violet is usually very effective, it is messy and temporarily stains the skin and mouth. An alternative is to call during regular office hours and we may be able to treat this over the phone by calling in 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)
- 2) Acetaminophen can be used for fever (see Dosing Chart)
- 3) A mixture of equal volumes of Benadryl and Maalox can be given to the child to help with the pain. The dose after mixing the medications is 2 teaspoons for every 22 pounds of body weight and can be given every 6 hours. 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 686-6161 or 1-800-376-4766 (1-800-3Poison) immediately. We recommend that all families of young children have a bottle of Syrup of Ipecac available, but do not use unless instructed to do so by Poison Control.

## **RASHES**

**Newborn rash:** Many newborns have a migrating red rash over their bodies, which remain 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.

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

- a) Change wet or soiled diapers frequently
- b) Use a wash cloth with water only; avoid wipes and soap
- c) Apply zinc oxide (Desitin) or other diaper ointment (A&D; Diaper Goop)
- d) Allow exposure to air by leaving diaper off; this is most convenient during naps when 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, Gyne-Lotrim applied to diaper area three or four times per day, or call the office during regular business hours.

**Poison Ivy:** If your child has come into 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) 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 rash 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) The doctor should evaluate a rash in an ill-appearing child.

**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:** Roseola 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:

- a) Wash well with soap and water
- b) Apply triple antibiotic ointment (Neosporin) two or three times daily
- c) Keep fingernails clean and short to reduce spread of infection
- d) Place freshly laundered clothes on the child each day. Repeated wearing of unwashed clothes will spread infection
- e) Benadryl may be used for itching (see Dosing Chart)

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) may help resolve the rash and control the itching.

**Cradle cap (seborrheic dermatitis):** Cradle cap is a scaly rash on the scalp of newborns and infants. It is caused by excessive oily skin and can be made worse with 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.

## **SCABIES AND LICE**

**Lice:** Lice is a skin infestation which is identifiable by the "nits" which adhere to the hair close to the scalp, particularly just above the hairline on the back of the neck. Lice are treated with Rid or Nix (over the counter) and careful removal of the nits. If this treatment is ineffective, apply a liberal coat of Vaseline or mayonnaise to the entire scalp and sleep with a shower cap to suffocate the lice. The next morning use nit removal comb followed by an application of vegetable oil to hair and scalp. Then wash with dishwashing detergent to clean the hair. If you cannot get rid of the problem with the above measures, call the office during regular hours.

The following are some frequently asked questions concerning lice infestation:

**How can I treat a head lice infestation?**

By treating the person infested with head lice, other infested family members, and by cleaning the house.

**Treat the infested person:** Requires using an over-the-counter (OTC) or prescription medication. Follow these treatment steps:

1. Before applying treatment, remove all clothing.
2. Apply lice medicine, also called pediculicide (peh-DICK-you-luh-side), according to label instructions. If your child has extra long hair, you may want to use a second bottle.

WARNING: Do not use a crème rinse or combination shampoo/conditioner before using lice medicine. Do not re-wash hair for 1-2 days after treatment.

3. Have the infested person put on clean clothing after treatment.
4. If a few live lice are still found 8-12 hours after treatment, but are moving more slowly than before, do not retreat. Comb dead and remaining live lice out of the hair. The medicine may take longer to kill lice.
5. If, after 8-12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Call the office, you may need a different medication.
6. Nit (head lice eggs) combs, often found in lice medicine packages, should be used to comb nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective.
7. After treatment, check hair and comb with a nit comb to remove nits and lice every 2-3 days. Continue to check for 2-3 weeks until you are sure all lice and nits are gone.
8. Start with OTC Nix or Rid. If using prescription medication, retreat in 7-10 days only if crawling bugs are found.

**Treat the Household:** Head lice do not survive long if they fall off a person. You do not need to spend a lot of time or money on house cleaning activities.

Follow these steps to help avoid re-infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

1. To kill lice and nits, machine-wash all washable clothing and bed linens that the infested person touched during the 2 days before treatment. Use the hot water (130° F) cycle. Dry laundry using high heat for at least 20 minutes.
2. Dry clean clothing that is not washable, (coats, hats, scarves, etc.) OR
3. Store all clothing, stuffed animals, comforters, etc., that cannot be washed or dry-cleaned into a plastic bag; seal for 2 weeks.
4. Soak combs and brushes for 1 hour in rubbing alcohol, LYSOL\*, or wash with soap and hot (130° F) water.
5. Vacuum the floor and furniture. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.

**Prevent Reinfestation:** Lice are most commonly spread directly by head-to-head contact and indirectly through contaminated clothing or belongings. Teach your child to avoid playtime and other activities that are likely to spread lice, until the infestation has cleared.

- Avoid head-to-head contact common during play at school and at home (slumber parties, sports activities, at camp, on a playground).
- Do not share clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons.
- Do not share infested combs, brushes, or towels.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.

**Scabies:** Scabies is another skin infection, which causes a rash, which is extremely uncomfortable due to itching. The rash is common on the trunk and groin and between the fingers. Sometimes “tracks” can be identified where the mite has burrowed underneath the skin. Call the clinic during office hours 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, hard candy, or Chloraseptic spray. If fever is present with a sore throat, the child should be evaluated in the office for strep throat. If the sore throat persists over four days, even without fever, the child should have an appointment to be seen.

## **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 three to 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 formula may be tried. Call the office during business hours to discuss. Projectile vomiting (vomiting which shoots out of the mouth) may indicate a need for treatment. Vomiting of green bile is never normal. Please schedule an appointment to be evaluated.

## **STOMACHACHE**

Stomachache 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 stomachache, pay careful attention to the child's bowel habits for a few days and refer to the section on constipation. Rarely, abdominal pain is caused by appendicitis or other serious illness.

If any of the 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 on the baby's gums for teething symptoms, as these potentially are harmful. Acetaminophen (see Dosing Chart) can be given for teething pain or 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 and 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 routine stomach virus, it may be associated with diarrhea. Although uncomfortable, vomiting itself is not dangerous to the child.

**Frequent loose, watery stools characterize diarrhea.** 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 will 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 the 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 not 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 that 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° unresponsive to acetaminophen.
- 3) If pus or blood is noted in the stool.
- 4) If diarrhea persist for more than three days despite diet changes 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 you child is breastfed, continue to breastfeed. If your child is formula fed, discontinue giving the formula and give an oral rehydration solution (Pedialyte, Infalyte). 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 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 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, Isomil or Isomil DF. Soy formulas are easier on the stomach during a stomach virus illness. Dilute the soy formula with an equal volume of water to make one-half strength formula (example: mix 3 ounces of prepared formula to 3 ounces of water). Give this for the next 24 hours and then go to full strength formula as described below.
- 3) Continue to watch closely for signs of dehydration. (See Dehydration Section)

**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 for Older Children:**

**For the first 24 hours**

- 1) Give nothing by mouth for 3 to 4 hours to rest the 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 fluids to the child than is lost in the diarrhea and vomiting so that dehydration won't result.

**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:
  - Infalyte
  - Pedialyte
  - Kaoelectrolyte
  - 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)

**After 24 hours**

- 1) Offer bland foods if your child can tolerate these. Bland foods include:
  - a. Rice or cooked cereal
  - b. Ripe bananas
  - c. Applesauce
  - d. Crackers or dry toast

- e. Plain macaroni, spaghetti, noodles (no cheese, tomato sauce or grease)
- 2) 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 or 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 for episodes of vomiting and/or diarrhea.

### **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 includes:

- 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. Caution: Baking soda makes the tub slippery!
- 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 brought in immediately or 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 less than 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 this 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 these doses. 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

### **ACETAMINOPHEN (Tempra, Tylenol Children's Chewable)**

**Dosage:** Every four (4) hours. Please be aware that there are two liquid dosage strengths of acetaminophen. The Infant's drops have 80 mg per 0.8 ml and the Children's syrup or elixir has 160 mg per 1 teaspoon or 5 ml. Make sure that you know which strength you are using and that you properly look up the dose.

**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.

**Note:** Children over the age of 12 may take two (2) 325 mg acetaminophen tablets or four (4) acetaminophen suppositories every 4 hours. If a child has a high fever (>103) sometimes we recommend starting with ibuprofen (Advil, Motrin or store generic). Please refer to the section on ibuprofen that is in this dosing guide. Follow the ibuprofen with a tepid bath.

**Side Effects:** Unlike ibuprofen and aspirin (remember, aspirin is not given to children except by specific recommendation of a physician), which have rare but potentially serious side effects at

normal dosages, acetaminophen taken at proper doses is very safe. Only if an overdose occurs is there a likelihood of any serious side effect. Beware; large overdoses of acetaminophen can be deadly. Chronic usage of acetaminophen can cause liver damage. This medicine should be kept out of the reach of children. **If your child takes an overdose of acetaminophen call POISON CONTROL (RIGHT AWAY. The phone number is 1-800-376-4766 or 686-6161.**

**\*Never treat fever in an infant less than three months of age without first speaking with the physician or nurse.**

**Note:** For Tempra Drops and Infant Tylenol Drops, a dropper is supplied with the medication.

<b>Weight</b>	<b>Tempra Drops or Infant Tylenol Drops (80 mg per dropperful, 0.8 ml)</b>	<b>Tempra Syrup or Infant Elixir (160mg per 1 teaspoon)</b>
<b>6-11 lbs</b>	<b>½ dropperful (0.4 ml)</b>	<b>-----</b>
<b>12-17 lbs</b>	<b>1 dropperful (0.8 ml)</b>	<b>½ teaspoon (2.5 ml)</b>
<b>18-23 lbs</b>	<b>1 ½ dropperful (1.2 ml)</b>	<b>¾ teaspoon (3.75 ml)</b>
<b>24-35 lbs</b>	<b>2 dropperful (1.6 ml)</b>	<b>1 teaspoon (5 ml)</b>
<b>36-47 lbs</b>	<b>-----</b>	<b>1 ½ teaspoons (7.5 ml)</b>
<b>48-59 lbs</b>	<b>-----</b>	<b>2 teaspoons (10 ml)</b>
<b>60-71 lbs</b>	<b>-----</b>	<b>2 ½ teaspoons (12.5 ml)</b>
<b>72+ lbs</b>	<b>-----</b>	<b>3 teaspoons (15 ml)</b>

**ACETAMINOPHEN (Tylenol Children’s Chewable) Continued**

<b>Weight</b>	<b>Acetaminophen Chewable Tablets 80 mg</b>	<b>Acetaminophen Chewable Tablets 160 mg</b>	<b>Acetaminophen Suppositories 120 mg</b>
12-17 lbs	-----	-----	2/3
18-23 lbs	-----	-----	1
24-35 lbs	2	-----	1 ½
36-47 lbs	3	-----	2
48-59 lbs	4	2	2 ½
60-71 lbs	5	2 ½	3
72+lbs	6	3	4

**FEVERALL SUPPOSITORIES  
(Infants)  
(80 mg)**

<b>WEIGHT</b>	<b>Feverall Suppositories Infant (80mg)</b>
12-17 lbs	1
18-23 lbs	1 ½
24-35 lbs	2
36+ lbs	See dosing chart, page 32

**BENADRYL 12.5 MG PER 5 ML  
(Antihistamine)  
(Diphenhydramine)**

**Dosage:** Every four (4) hours. Please know that there are two strengths of Benadryl. These are 12.5 mg per 5 ml and 6.25 mg per 5 ml. Our doses are based on the 12.5 mg per 5 ml

**When to use:** Benadryl is an antihistamine medication, which is particularly good at relieving allergic symptoms. Use Benadryl for nasal congestion, sneezing, runny nose, itching of the nose and throat, itchy watery eyes or other respiratory allergies due to hay fever (allergic rhinitis). 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. Do not use Benadryl in infants less than 6 months old unless directed by the physician.

**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 over the age of 12 years and adults may take Benadryl tablets or Kapseals 25 mg, two (2) capsules every 4 hours.**

Weight	Benadryl (12.5 mg per 1 teaspoon)
12-17 lbs	½ teaspoon (2.5 ml)
18-23 lbs	¾ teaspoon (3.75 ml)
24-35 lbs	1 teaspoon (5 ml)
36-47 lbs	1 ½ teaspoon (7.5 ml)
48-59 lbs	2 teaspoon (10 ml)
60-71 lbs	2 ½ teaspoons (12.5 ml)
72+ lbs	3 teaspoons (15 ml)

### COUGH PREPARATIONS

**Dosage:** Every four (4) hours for **Robitussin DM**.

**When to use:** use for coughs not associated with nasal symptoms.

**Side Effects:** Medications containing antihistamines may cause drowsiness or less commonly hyperactivity and/or insomnia. Decongestants, which do not contain antihistamines, may cause hyperactivity and/or insomnia. Discontinuing these medications will resolve the side effects if they occur. The active ingredient in medications used to suppress a cough is dextromethrophan. It is quite safe. Rarely it has been known to cause slight drowsiness, nausea, and dizziness.

Weight	Robitussin DM
18-23 lbs	¼ teaspoon (1.25 ml)
24-35 lbs	½ teaspoon (2.5 ml)
36-47 lbs	1 teaspoon (5 ml)
48-59 lbs	1 ¼ teaspoons (6.25 ml)
60-95 lbs	1 ½ teaspoons (7.5 ml)
95+ lbs	2 teaspoons (10 ml)

**Dosage:** Every 12 hours for **Delsym**

**When To Use:** Use for non-productive cough.

**Side Effects:** Medications containing antihistamines may cause drowsiness or less commonly hyperactivity and/or insomnia. Decongestants, which do not contain antihistamines, may cause hyperactivity and/or insomnia. Discontinuing these medications will resolve the side effects if they occur. The active ingredient in medications used to suppress a cough is dextromethrophan. It is quite safe. Rarely it has been known to cause slight drowsiness, nausea, and dizziness.

Age	Delsym
1-2 years	¼ teaspoon (1.25 ml)
2-under 6 years	½ teaspoon (2.5 ml)
6 – under 12 years	1 teaspoon (5 ml)
12 years to adult	2 teaspoon (10 ml)

### COUGH AND COLD PREPARATIONS

**Dosage:** every four (4) hours.

**When to use:** Cough and cold preparations are used to suppress coughs when associated with nasal congestion and runny nose especially with viral upper respiratory infections (colds).

Side Effects: Medications containing antihistamines may cause drowsiness or less commonly hyperactivity and/or insomnia. Decongestants, which do not contain antihistamines, may cause hyperactivity and /or insomnia. Discontinuing these medications will resolve the side effects if they occur. The active ingredient in the medications below used to suppress coughs is dextromethorphan. It is quite safe. Rarely it has been known to cause slight drowsiness, nausea, and dizziness.

Weight	Dimetapp DM	Triaminic
18-23 lbs	¼ teaspoon (1.25 ml)	½ teaspoon (2.5 ml)
24-35 lbs	½ teaspoon (2.5 ml)	1 teaspoon (5 ml)
36-47 lbs	¾ teaspoon (3.75 ml)	1 ½ teaspoons (7.5 ml)
48-59 lbs	1 teaspoon (5 ml)	2 teaspoons (10 ml)
60-71 lbs	1 ½ teaspoons (7.5 ml)	2 ½ teaspoons (12.5 ml)
72-95 lbs	2 teaspoons (10 ml)	3 teaspoons (15 ml)
95+ lbs	2 teaspoons (10 ml)	4 teaspoons (20 ml)

## DECONGESTANTS

**Dosage:** Every four (4) hours

**When to use:** Decongestants should be used for nasal congestion due to cold and/or allergies

**Side effects:** Medicine containing antihistamines may cause drowsiness or less commonly hyperactivity and/or insomnia. Decongestants, which do not contain antihistamines, may cause hyperactivity and/or insomnia. Discontinuing these medications will resolve the side effects if they occur. Also, you can reduce the dose slightly and often this will alleviate the hyperactivity or insomnia and still provide symptomatic relief.

Weight	Pediacare Infant Oral Decongestant Drops	Triaminic Syrup	Dimetapp Elixir
6-11 lbs	½ dropper (0.4 ml)	-----	-----
12-17 lbs	1 dropper (0.8 ml)	¼ teaspoon (1.25 ml)	1/8 teaspoon (0.6 ml)
18-23 lbs	1 ½ dropper (1.2 ml)	½ teaspoon (2.5 ml)	¼ teaspoon (1.25 ml)
24-35 lbs	2 dropper (1.6 ml)	1 teaspoon (5 ml)	½ teaspoon (2.5 ml)
36-47 lbs	-----	1 ½ teaspoons (7.5 ml)	¾ teaspoon (3.75 ml)
48-59 lbs	-----	2 teaspoons (10 ml)	1 teaspoon (5 ml)
60-95 lbs	-----	3 teaspoons (15 ml)	1 ½ teaspoons (7.5 ml)
95 + lbs	-----	4 teaspoons (20 ml)	2 teaspoons (10 ml)

## IBUPROFEN

**(Children's Motrin Suspension, 100 mg per 5 ml)**

**(Children's Advil Suspension, 100 mg per 5 ml)**

**Dosage:** Do not give Ibuprofen to infants less than 6 months of age unless directed to do so by a physician. The dosage is every 6 to 8 hours. Please be aware that there are two liquid dosage strengths of ibuprofen and several strengths of 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. Other dosage strengths are safe, but with so many choices dosages are confusing. Therefore, make sure that you buy the dosage strength that we recommend and that you properly look up the dose.

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

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

Children over the age of 10 years and adults may take ibuprofen tablets (200 mg), two of these ever 6-8 hours. Two trade names of ibuprofen tablets are Motrin and Advil.

**FOR INFANTS 6 – 11 months or 12-17 lbs dosage should be 1 dropperful (1.25mL)**

**FOR INFANTS 12-23 months or 18-23 lbs dosage should be 1-1/2 dropperful (1.875mL)**

**IBUPROFEN CONTINUED**

<b>Weight</b>	<b>If fever is less Than 102.5 F</b>	<b>If fever is above 102.5 F</b>
13-17 lbs	¼ teaspoon (1.25 ml)	½ teaspoon (2.5 ml)
18-23 lbs	½ teaspoon (2.5 ml)	1 teaspoon (5 ml)
24-35 lbs	¾ teaspoon (3.75 ml)	1 ½ teaspoons (7.5)
36-47 lbs	1 teaspoon (5 ml)	2 teaspoons (10 ml)
48-59 lbs	1 ¼ teaspoons (6.25 ml)	2 ½ teaspoons (12.5 ml)
60-71 lbs	1 ½ teaspoons (7.5)	3 teaspoons (15 ml)
72-95 lbs	2 teaspoons (10 ml)	4 teaspoons (20 ml)
96 + lbs	2 teaspoons (10 ml)	4 teaspoons (20 ml)

## WEBSITES

[www.cdc.gov/health](http://www.cdc.gov/health)

Health topics A to Z provides a listing of disease and health topics found on the CDC (Centers for Disease Control) website.

[www.aap.org](http://www.aap.org)

American Academy of Pediatrics website.

[www.kidsgrowth.com](http://www.kidsgrowth.com)

Parenting, health and safety information.

[www.parenting-ed.org](http://www.parenting-ed.org)

A website from the Developmental Pediatrics section at Arkansas Children's Hospital. The Parenting Handout section of this website offers information about growth and development. Common parenting issues, behavioral and school information. A wealth of information is available here.

[www.mayoclinic.com](http://www.mayoclinic.com)

Health information designed for the general public. Questions and answer section.

[www.KTHV.com](http://www.KTHV.com)

Today's THV website has information every parent needs. Click on the Morgan Nick photo ID icon to learn more about keeping your child safe from abduction, and how to facilitate quick and safe recovery should it occur.

[www.immunize.org](http://www.immunize.org)

The nation's premier source of childhood, adolescent, and adult immunization information and hepatitis B educational materials

[www.accessArkansas.org](http://www.accessArkansas.org)

The official website for the State of Arkansas