

THE CHILD CARE MANUAL

IBERIA PEDIATRICS

Pediatrics – Allergy – Adolescent Care

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This booklet has been prepared to help you become familiar with
our Pediatric practice and to suggest a pattern of optimal care.

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A Note of Gratitude

This is the 8th edition of a manual that was first printed in the 1970's. We want to give credit to those original authors; Dr. Gerald Halphen, Dr. Mike Halphen and Dr. Martin deGravelle. Over the last 25 years the manual was edited and revised by Dr. Mo Faugot and much of what is contained in this edition is based on the principles learned while working them. Although the medical information contained herein has been completely updated again and is much revised from earlier editions, the endeavor to provide parents with good, common sense advice is still the main objective.

In this latest edition Dr. Faugot collaborates with Dr. Manny Ahmad and Dr. Allison Rader who are his associates at Iberia Pediatrics. There are welcome additions and changes by them.

We would also like to express a note of gratitude to our nursing staff and office staff. They do a great job taking care of our patients - and of us too.

Finally, we wish to express our appreciation of our spouses and thank them for their constant support and encouragement

FOREWORD

PEDIATRIC CARE

In order to obtain the best possible care for your child, it is important for you to understand and recognize good pediatric care, how it is delivered and how to use your pediatrician's services effectively. Achieving and maintaining physical and emotional well-being for the children and young adults under our care is the ultimate goal of the pediatricians and staff at Iberia Pediatrics.

YOUR PEDIATRICIANS

The doctors at Iberia Pediatrics are formally trained Pediatric Specialists or Pediatricians. After completing college and then four years of medical school, they spent three additional years in special Pediatric training.

Drs. Ahmad, Rader and Faugot have fulfilled the requirements to become "board certified" by the American Board of Pediatrics and members of the American Academy of Pediatrics.

Our office treats patients from birth until they have completed their college or post high school education. At that time appropriate referrals can be made.

OFFICE HOURS:

8:00 a.m. – 5:00 p.m. - Monday thru Friday

8:00 a.m. – Noon - on Saturdays in the "sick season"

FOR AN EMERGENCY

IN EMERGENCY SITUATIONS REMAIN CALM. Before you come into the office or go to the hospital, you should FIRST call the office and state the extent of the emergency to the person answering the telephone. The staff is trained to know the most efficient procedure to follow in such a situation. The doctor will be contacted promptly.

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OFFICE VISITS: "Well Child" and "Sick Child"

Both "well-child" and "sick-child" visits at the office are an important part of comprehensive medical care. During a "well-child" visit we are mainly concerned with several things: observing the child's growth and development, counseling and teaching of parents, early detection of illness through screening examinations and laboratory tests, immunizations, and getting to know one another. During a "sick-child" visit it is better to limit our counseling to the disease at hand.

Well-child and sick-child visits should be scheduled separately since well-child examinations are difficult to perform when the child is sick.

Please arrive before your scheduled appointment time. Late arrivals may cause delays for the rest of our patients. Our office always strives to keep on schedule. We ask for your patience if we are running late due to emergencies or when complicated situations arise.

Write down the questions you want answered before coming for the appointment. We encourage questions!

PROFESSIONAL FEES

Fees for consultations, prolonged care, and serious problems are usually related to the complexity of the case and/or the amount of time involved. This may include work done before or after you have been in the office – obtaining history and information from authorities, data from physicians seen previously, and hospital records. There may be a separate fee for any "procedures" that are performed. When it is practical, an attempt is made to obtain a complete examination and past history for all new patients, and establish basic information which is a prerequisite for proper and complete care. Your child deserves the best care modern medicine has to offer, and depends upon your judgment and perseverance in obtaining it.

There is an earnest desire to provide you with a pediatric service which is unexcelled and at a fair fee. A discussion of fees is always welcomed. Please note that our fees are often determined by individual insurance companies. We generally charge the same amount to all companies but in many cases adjustments are then given as determined by our contract with the insurance company. All appropriate adjustments will be made as determined by our contract with your insurance company once the claim has been filed. Please feel free to talk to the office manager regarding any questions about insurance or fees. If you wish additional information concerning the fees charged for either standard or special procedures, or this office's payment policy, please speak to the receptionist or the doctor.

LABORATORY TESTS

If needed, laboratory tests may be performed during some well and sick-child visits. Some of these tests can be performed here within the office which saves parent's time and also allows the doctor to examine the specimens personally, and obtain the results sooner. Insurance companies that pay for tests performed in private labs or hospitals will usually pay for tests performed in the doctor's office.

FINALLY

The health care of your children is our primary concern, and if we can promote a better understanding of any medical problem, we will be better able to serve you and your entire family. Please feel free to ask any questions.

DATES TO REMEMBER

INFANCY

- 4-7 days - History & Physical Exam, PKU and Thyroid Test
- 1 month - History & Physical Exam, Developmental Screen
- 2 months - History & Physical Exam, Developmental Screen
- 4 months - History & Physical Exam, Developmental Screen
- 6 months - History & Physical Exam, Vision Screen, Developmental Screen
- 9 months - History & Physical Exam, Anemia & Lead Screen, Devlp. Screen
- 12 months - History & Physical Exam, Developmental Screen

EARLY CHILDHOOD

- 15 months - History & Physical, Developmental Screen
- 18 months - History & Physical, Autism & Developmental Screen
- 24 months - History & Physical, Anemia & Urine Screen, Developmental Screen
- 3 years - History & Physical, start Blood Pressure checks, Developmental Screen
- 4 years - History & Physical, Hearing & Vision Screen, Developmental Screen
- 5 -12 years - Annual History & Physical, Anemia & Urine Screen periodically

ADOLESCENCE

- 14 -20 years - Annual History & Physical, Anemia & Urine screen periodically

NOTE:

- 1) The "History & Physical Exam" will include some or all of the following: Recent and past History, Height, Weight, Head Circumference, Blood Pressure, Developmental and Behavioral Assessment, Physical Exam and then concluding with Anticipatory Guidance.
- 2) Some of the laboratory tests may be optional; we will discuss this with you.

INTRODUCTION

This booklet was designed to aid parents in caring for their children. In the past we have found that it is most often the "little things" such as colic and the common cold that provide the greatest amount of anxiety and frustration to parents. In addition, parents are often overwhelmed by "advice" from well-meaning friends and relatives. This "advice" may be correct, but sometimes it may also be harmful to your child. Be careful when you hear advice that makes you feel uncomfortable or just doesn't make good sense.

The instructions found within this manual are suggestions, and are not to be taken as ironclad rules of child care. Each child is different, and what might hold true for one may not for the next. Thus, this booklet should serve as an aid to your common sense and also parents often have an instinctive feeling for what is best for their child. However, should advice from this manual not seem to match your own child's needs, or if the situation appears too complex to be handled with the manual, then do not hesitate to call us.

Before calling be sure that you have carefully read the instructions contained within this booklet.

IMPORTANT PHONE NUMBERS

Iberia Pediatric Office.....	365-0268 or 365-5437
After Office Hours	365-0268 or 967-8434
Acadian Ambulance	1-800-259-1111
Poison Control	1-800-222-1222
Dauterive Hospital	365-7311
Iberia Medical Center ..	364-0441
Women's and Children's Hosp...	521-9100
Lafayette Gen. Med. Center.....	289-7991

Web Site: *IberiaPeds.com*

CALLING FOR APPOINTMENTS

Our office visits are by appointment in order to provide even scheduling of patients and thus avoid excessive waiting in our reception area. Call 365-5437.

OFFICE HOURS:

8:00 a.m. – 5:00 p.m. - on Monday thru Friday
8:00 a.m. – Noon - on Saturdays during the “sick season”

Our receptionists begin making appointments at about 8:00 a.m.

Allergy Shots: Call before coming, given from 8 - 11:15am and 1:30 - 4:15pm

We will generally see all sick children on the day that they call for an appointment. Less urgent problems can be scheduled several days in advance. We recommend that parents call several weeks in advance to schedule well-child checkups.

You should know that the doctors, in addition to working their regular office hours, are also caring for patients in the hospital. They are also on-call on many nights, holidays and all weekend periodically.

PROBLEMS AT NIGHT AND ON WEEKENDS

Occasionally your child will get sick after we are closed. If it is a problem that you feel cannot wait until the next day, then you may reach the doctor or the pediatrician who is on-call by calling 365-0268 or the Answering System at 967-8434. Here are some suggestions to help make your call easier to handle when talking to a nurse, a receptionist or if the answering service is handling the call:

- Provide your name and phone number if the call is to be returned.
- Provide your child's name and age.
- A brief description of your child's problem including:
 - When did the illness begin or the accident occur?
 - Does the child have fever, if so when did it begin and how high is it?
- Give names of medications your child may be taking including decongestants, cough medications, aspirin, Tylenol, antibiotics, etc.
- Are there any known drug allergies?
- What would be your preferred drug store if medication is necessary?
- Always have this booklet and paper and pencil in hand when calling us, because any instructions given will be easier to remember if you write them

down.

IMPORTANT: If you feel the situation is a **true emergency**, then please be certain that the person answering the phone (especially the answering service) understands this.

Late in the evening the answering service may direct you to bring your child to the Emergency Room or Children's Center if you have a problem that cannot wait until regular hours. Once there the physician will make an evaluation and then contact the pediatrician who is on-call if it is a true pediatric emergency. **Please use the after-hour number only for problems that cannot possibly wait until normal daytime office hours, thank you.**

AFTER-HOURS EMERGENCY ROOM VISITS:

If you have a problem and the office is closed don't forget to read the section on Common Childhood Problems in this booklet, before going to the Emergency Room, or a Walk-In Clinic near you, or Women and Children's Walk-In Clinic.

Occasionally you may need to bring your child to the emergency room right away. The hospitals have emergency room physicians that are there 24 hours a day, including nights and on weekends. If there is a problem that they cannot take care of, then they will notify us.

DAYTIME PHONE MESSAGES

Occasionally your child will have a problem for which you will need some advice and which does not require an office visit. Before you call us be sure you've read the section on Common Childhood Problems. Our nurses will be able to help you with many of the routine problems that you might have and for the more complicated problems your doctor will certainly be happy to answer your questions. Problems of a complex nature requiring more than 3 to 4 minutes of discussion are usually best handled during an office visit rather than in a phone conversation.

THE FAMILY MEDICINE CHEST

Every family should have a medicine chest to handle minor ailments. But if you have children in the house under age 10, make certain that all medications are safely out of reach.

Listed below are the medications and supplies which we feel you should have handy. Please refer to the appropriate section of this manual for indications and dosages. All of these supplies are available without prescription.

1. Acetaminophen (Tylenol) and/or Ibuprofen (Advil or Motrin)
2. Antibacterial soap (Betadine solution)
3. Antibacterial ointment (Neosporin, Mycitracin)
4. Hydrogen Peroxide
5. Alcohol (Isopropyl alcohol)
6. Anti-Itching medicine – Benadryl, diphenhydramine, etc.
7. Electronic Thermometer – for under arm, oral, forehead or ear thermometer
8. Bandages: Band-Aids, or Curads; adhesive tape and sterile gauze squares.
9. Murine to rinse out eyes
10. Cortisone Cream 1% - for insect bites and allergic rashes or eczema

NEWBORN CARE

In the beginning it is important to love and caress your infant. Remember you cannot spoil your baby by holding it too much! Try to avoid having too many friends and relatives holding your infant in the first few weeks, as this could expose him to infections.

BATHING, CLEANING, AND SHAMPOOING

Mother Nature has provided your baby with just the right amount of natural oils on its skin. Try not to use too much soap since it removes these natural skin oils. Just plain water may be all that is needed, however, if a soap is needed we recommend using something mild, such as Dove. Initially sponge baths will be adequate for your baby. Once the umbilical cord has fallen off then the baby may be immersed in one to three inches of warm water. When bathing your infant, the room temperature should be comfortable – at about 75 degrees.

Remember that over-bathing can cause your baby to have dry skin. If the skin is excessively dry, a small amount of baby oil or Alpha Keri Bath Oil may be applied used. You may also want to soak the baby in plain luke-warm water, without using soap, and then, after drying the skin, generously apply skin lotion. Good quality skin lotions that are fragrant free are helpful. You may use a good Baby Shampoo to wash your baby's scalp. Do not put oil on the scalp after shampooing!

BABY SHOES

Within the past generation there have been changes regarding the importance of traditional high-topped baby shoes. At one time these shoes were felt to be critical for good foot development and walking habits. However, observation of children growing up in other countries without the benefit of high-topped shoes revealed that their feet were perfectly normal. Now, carefully done studies in major medical centers by orthopedists and pediatricians have shown that young infants do very well either barefooted or in inexpensive tennis shoes. Even children with feet that tend to toe in or out slightly no longer need special shoes.

BOWEL MOVEMENTS

Your infant may have a bowel movement as often as after every feeding or as infrequently as once every two days. Do not be concerned as long as the stools are not excessively hard or loose, or unless your baby appears to be straining too hard to have a bowel movement. Yellow stools with a moderate amount of curd and water are normal, especially if the infant is being breastfed. Also, breast fed babies will seem to have more frequent and runny bowel movements in the first few months. They will gradually become more firm and less frequent with time.

Some grunting and straining during an infant's bowel movement is normal and should not be thought of as a sign of constipation unless it is excessive. (See section on Constipation if this condition would occur.)

CAR SEATS

We recommend that you purchase or borrow a car seat for your new baby before the child ever leaves the hospital. Be sure that it is one of the approved infant seats. Also, be sure that the seat is fastened securely to the car and that the baby is fastened to the seat correctly. Please read the manufacturer's instructions regarding proper installation and appropriate size and age of the baby. Louisiana law

requires that infants need to be in rear facing car seats until 12 months old and 20 pounds. Finally, children who are 12 years old or less should be in the rear seat of the vehicle because of the danger from airbags.

CIRCUMCISION CARE

Initially the circumcised penis will look somewhat swollen and red. Rinse it with lukewarm water (no soap) and apply Vaseline frequently for 2-3 weeks until it is well healed. In the first day there may be some slight oozing of blood, but you should only call us if excessive bleeding occurs. Sometimes there may be a yellowish sore which appears around the area of the circumcision. This is the normal healing process. Also call if the penis becomes unusually red, swollen or infected looking in the first few days after the circumcision.

COLIC

Colic has been a problem for infants and their parents for thousands of years. Nearly all infants have episodes of colic and some appear to suffer from it more than others. It should be remembered that colic is almost always a "normal" part of growing up. All babies will outgrow it (finally!) by 3-4 months of age.

There are several possible causes of colic and there are also many "remedies":

- 1) Always feeding your baby while he is sitting erect
- 2) Burp him after every 1-2 ounces
- 3) Allow your baby to sit up in an infant seat for 20-30 mins. after each feeding
- 4) Make certain the nipple hole of the bottle allows adequate flow of milk
- 5) You may also try carrying your baby in a "Snuggli" type carrier
- 6) You may put the baby in a car seat and take him for a ride, this often helps
- 7) Consider switching to a lactose-free or soy formula or using one of the easy to digest formulas like Gentlease.
- 8) If you are breastfeeding then you may try to eliminate some foods (such as milk or coffee) from your diet to see if that helps your baby. However, in most cases, the breast milk is not the cause of the colic.
- 9) Some colic may be caused by excessive gas in the baby. There is a medication called simethicone or "Mylicon Drops" which can be given to help control the gas symptoms. Give 0.3 mls after feedings to help prevent gas formation.
- 10) Tylenol may also be useful if the baby seems to be hurting.
- 11) Medications such as "probiotics" or "Dupois' Pharmacy Colic Medicine" may be useful
- 12) Should the above measures fail, then we may try a colic medicine that is prescribed for your baby. Keep in mind that this medication does not "cure" colic, but merely lessens your baby's discomfort. Be sure to use the prescribed dose in order to achieve maximum benefit. Excessive use may cause constipation.
- 13) Unfortunately, some babies have colic which resists most simple measures. Should your baby fail to respond to the above suggestions, then it would be best that we check him in the office.

CONGESTION OF INFANCY

All of our noses produce a certain amount of normal mucous each day. However, because of the small size of an infant's nasal passages, this mucus can produce problems in babies by making it a little difficult for them to breathe and nurse at times. This problem is called "*normal congestion of infancy*". This is commonly seen in babies between 2-10 weeks of age. They will typically outgrow this prob-

lem after that age.

Normally you do not need to do anything for this if the baby is breathing well and just has noisy breathing. You might want to try keeping the room temperature at approximately 74 to 78 degrees in the summer and 66 to 70 degrees in the winter. Excessive use of either your heater or air conditioner will lower the humidity which can then dry up the nasal mucous in the nostrils. A cool mist humidifier may be placed in the baby's room to help this problem. Also, use salt water nose drops and your *suction bulb* (as outlined under section on the common cold). Another helpful hint is to keep your baby sitting upright as much as possible when he is congested. Remember to avoid over-treating the problem.

CRADLE CAP

If flaking and scaling of the scalp (cradle cap) occurs, we recommend that you use a medicated shampoo such as Head & Shoulders. Before shampooing it is important to gently scrape off the scales on the baby's scalp with your fingernail. This will not hurt the baby. When shampooing you can rub medicated shampoos into the scalp thoroughly for approximately ten minutes. After shampooing then dry the scalp and brush the hair, but do not apply any baby oil as this may worsen the problem.

CRYING INFANTS

Tiny babies have limited ways of communicating. Crying is one of those ways! Crying is how you baby makes his needs known and his displeasure felt. As you'll soon find out if this is your first baby, most parents quickly learn to identify whether their baby is crying from hunger, restlessness, pain, anger, or some other reason. Many babies go through unexplainable fussy periods each day as they adjust to living in the world. Don't worry about spoiling a tiny baby by pampering him. He needs to know you're there to meet his needs.

There are a number of things you can do to help comfort your baby:

- Give the baby something to suck, such as a pacifier.
- Give the baby more physical contact and movement. Walk, rock or pat him.
- Take the baby for a stroller ride or car ride.
- "Bundle" the baby by wrapping him snugly in a blanket or raise the temperature in his room a little if you think it's too cool.
- Change his position. For example, move him from his back to his side or vice versa.
- If all else fails, just let him cry for a while. He may need to let off steam. Often babies fall asleep after a good cry – so allow him to cry up to 10 minutes on his own.
- Also you might want to check out this website: dunstanbabies.com. There you can find information to help you learn what your baby's cries mean.

DIAPER RASH

Diaper rash is usually the result of too much moisture and inadequate ventilation to the diaper area. This is more of a problem with disposable diapers. It is best treated by keeping the diaper area clean and dry. Should a diaper rash develop, use Desitin, A & D ointment, or try "Boudreaux's Butt Paste" for diaper rashes. Also, leaving your baby's diaper off while he naps will speed healing. Should the diaper rash persist, or if you notice that your baby also has thrush (which is related to some diaper rashes), then call the office.

ENVIRONMENT

Room temperature should be comfortable – 74 to 78 degrees during the warm season and 66 to 70 degrees during the cool season. Do not overdress your infant, as he will become overheated. A thin diaper shirt and diapers during the daytime and a gown at night should be adequate. A light cotton blanket at night might also be advisable.

Your baby should not leave home excessively during the first few weeks of life and should definitely be kept out of crowds (family get-togethers, church meetings, shopping centers, etc.) for the first month or two of life. Any person with a cold or respiratory infection should not come in contact with your baby if at all possible. (If you have a cold, you may still care for your baby.)

EYES

At birth, state law requires application of infection-preventing medicines which may temporarily make your baby's eyes red and swollen. Should any redness, swelling, or discharge occur soon after birth, then call us. Do not put drops or any other substance in your baby's eyes without our instructions.

Bright red splotches on the whites of the eyes are common following birth and should disappear in 2-3 weeks without problems.

Some babies have persistent leaky and mucousy eyes in the first few months of life. This may be due to a stopped up tear duct and should resolve when the baby gets to be closer to six months of age. Please mention this problem to the doctor during the baby's check-up.

GENITAL AND BREAST AREAS

Many newborn girls have a whitish or slightly bloody mucous discharge from the vagina during the first two weeks. This is normal and no cause for worry. Just clean the area with a cotton ball or wash cloth soaked in warm water.

A thin discharge from the nipples is seen in some babies, both male and female. They may have enlarged or swollen breasts. No treatment is necessary as it will go away by itself. If you notice any redness of the swollen areas, notify us.

INFANT ACNE

Babies often develop a rash that looks like acne at a few weeks of age. It is usually most prominent on the face but may be on the scalp and on the upper body. It may appear to improve and then worsen throughout the day and some days are worse than others. It is caused by normal hormone changes and it will resolve at several months of age. No good treatments are available or necessary. It doesn't bother the baby, just everyone else.

JAUNDICE

It is common for babies to appear slightly yellowish or orange colored at 3-5 days of age. This usually represents normal jaundice of the newborn. However, it is a problem if the baby becomes excessively jaundiced since this can affect the baby's brain. One remedy for treating mild jaundice is to place the baby near a window where indirect sunlight is available. You should warm the room up to 80 degrees or so because you will need to remove the baby's clothing in order for the light to help decrease the jaundice. Just leave the diaper on and a hat on the baby's head. Please contact us if you feel that the jaundice is a problem.

PACIFIERS vs. THUMB SUCKING

Recent studies show that pacifiers and thumb sucking may be beneficial to infants and young children. Newborns and infants have a very strong and persistent sucking reflex which needs to be satisfied. Sucking will often relieve stress in a fussy, crying baby. In addition, the pacifier or thumb appears to be useful in molding the proper shape of the mouth. Most experts feel that pacifiers can be allowed up until 2 years of age without causing any problems. If you remove the pacifier too soon when the baby still has a strong sucking reflex then, in some cases, that baby will begin sucking his thumb and this is a more difficult problem to solve.

PKU & THYROID TESTS

These tests are done to detect treatable causes of mental retardation that your baby may be born with. The PKU Test checks for a hereditary disease called Phenylketonuria. The T-4 Test is used to detect Hypothyroidism. We are now doing many other screening tests for other diseases with the PKU test. These tests are routinely done at the time that your baby is discharged from the hospital. If your baby was less than 24 hours old at the time the blood test was done, then a second test will need to be done in our office when the baby comes in for the first checkup at several days of age. You may check on the results of these tests at your baby's 1 month checkup.

SPITTING UP

This is common, especially in young babies under six months of age. Several simple measures usually help. 1) Always feed upright, not laying down or reclining, 2) burp frequently during feedings – after every 1 to 2 ounces and 3) keep seated upright in infant seat for 30 minutes after feedings.

You may thicken each bottle with one tablespoon of rice cereal if the above measures do not work. Should your baby be spitting up large amounts and appears to be choking, turn her on her side and suction the mouth and nose with a suction bulb. If the spitting up persists and involves a large amount of food, then bring your baby in for a checkup.

Some other suggestions if your baby spits up frequently:

1. Don't play with your baby too much after feedings.
2. Don't over feed your baby. When she is full, she will stop nursing. Don't try to force that "last" ounce down her.
3. Don't lay baby in her crib with the bottle propped on a pillow.

SLEEPING HABITS

It is now recommended that all babies be placed to sleep on their backs. It is no longer recommended to let them sleep on their stomach or even on their sides. Experts also recommended that an infant be placed in its own room by the age of 1-2 months.

By the time they are 3-4 months old, most babies should be sleeping through the night with their last feeding at 9-10 p.m. However, many babies will awaken for short intervals during the night. For this reason, it is important to have your baby in his own room by one or two months, if at all possible. Failure to do this often results in frequent trips to his bed to pat his back or worse yet, to pick him up. This only causes a very bad sleeping pattern on his part, and dark circles under your eyes! Also, if your baby is sleeping poorly at night, but taking long naps

during the day, then try decreasing his nap time. First, start with decreasing his morning nap, then his afternoon nap. Sometimes, however, this can just make the baby fussy day night and day! Babies seldom need sedatives to help them sleep.

You should never sleep with your infant in the bed with you. A parent may roll over and smother the child. This is one of the leading causes of SIDS.

THE MOUTH & THRUSH

A frequent problem encountered in infants is "thrush". This is not a serious condition, but actually only a minor yeast infection. It will appear as white patches on the baby's inner cheeks, gums, and sometimes on the inner lips and on the tongue. Unlike clabbered milk, it cannot be wiped off easily. A white patch that is only on the tongue is usually not thrush. If your baby develops thrush, you may try treating it at home by getting Gentian Violet Solution from your drugstore. Using a Q-tip, apply the Gentian Violet to the inside of the mouth three times a day until the thrush is gone. If this is not helpful, we may need to see the baby in order to determine if a prescription is needed.

THE UMBILICAL CORD

This usually falls off in 1-3 weeks after birth. When it does fall off there may be some spotting of blood or oozing of smelly materials. Applying alcohol with a Q-tip or a cotton ball to the base of the cord just once or twice a day will help speed in the drying and healing of the umbilical cord. Avoid putting too much alcohol on the skin around the cord as this may irritate it. Should the cord and surrounding skin become excessively red or foul smelling, call us.

FEEDING SUGGESTIONS

Your baby is special because he or she is very different from all other babies. Each baby's feeding schedule must be individualized and there are no hard and fast rules that apply to all babies. As you will notice, the title says "Feeding Suggestions", with the emphasis on "Suggestions".

It is very important to feed your baby properly, especially during the first year. Good nutrition will provide the foundation for future good health and growth.

Everybody loves babies, and you will receive lots of advice from well-meaning relatives and friends about how to feed your baby, but remember, the most important advice that you should follow is that which you receive from your pediatrician.

MILK

- **Breastfeeding**

Doctors agree that there's nothing better than mom's breast milk during your baby's first year of life. Basically, this is because mother's milk is designed especially for human infants and easier to digest than other forms of milk. There is also some protection from infections for the baby if he drinks breast milk.

More and more mothers are now beginning to breastfeed. Since many of their mothers did not breastfeed, there is a sort of "generation gap" present. This has resulted in some new mothers not having anyone to give them practical advice and support. However, while in the hospital your pediatrician will chat with you about

nursing your baby. There is also literature available on breastfeeding at the hospital nursery or on-line which you may find helpful.

Pediatricians strongly urge you to consider breastfeeding your new infant. There are many people available to support and help you when you begin nursing your infant. Most mothers who have done it agree that it is a very rewarding and gratifying experience!

- **Formula**

In those instances where breastfeeding is not desired or when the mother is unable to breastfeed, then a commercially prepared infant formula is the recommended replacement. Infant formula is designed to be very similar to mother's milk and will provide the correct type and amount of protein, fats, carbohydrates, minerals and vitamins. Your pediatrician may recommend which type of formula your baby should use.

- **Preparation of Formula**

Formula may be given at "body temperature" although most babies will tolerate formula at "room temperature" very well. An entire day's formula can be prepared, bottled, and placed in the refrigerator each morning. After 48 hours it should be discarded, however. Also, once the bottle has been removed to feed the baby, it should be given within the next 3 to 4 hours. Do not place partially empty bottles back into the refrigerator.

Bottles and nipples do **not** need to be sterilized anymore. Research shows it is not needed. A good washing with soap and water will suffice. If you are using a concentrated formula or powdered formula, and if you are unsure about the water quality, then the water which is added may be boiled and allowed to cool before being mixed during the first month. In most cases regular tap water or bottled water is adequate. You should not use distilled water.

- **Switching To Homogenized Milk**

Breast milk and infant formulas are the only types of milk that are usually recommended for your baby during the first 9 to 12 months. Homogenized milk and evaporated milk are very different from mothers' milk and infant formulas. Do not start your baby on them until you've discussed it with the baby's doctor.

When it is time to switch the baby to homogenized milk, it should be done over a period of several days, with the new milk being introduced slowly at first. Try mixing a small amount of the new milk in with the formula and then gradually increase the amount of the new milk over several days. It is recommended that you use regular vitamin D homogenized milk at first, not high protein, low fat types. Low fat or 2% milk is recommended at one year of age for most babies.

- **Juices and Water**

Baby juices are now felt to be unnecessary and perhaps unhealthy for babies. They have a high calorie content and have only minimal nutritional value; "Juice is Junk". Instead you can begin giving the baby small amounts of water at 4-6 months of age. This teaches them to drink water when they are thirsty. If you give juice to your baby it should be watered down and considered a treat, not nutrition. Only give 2 to 4 ounces per day and this should be diluted with water. Do not allow your toddler to walk around with a sippy cup containing juice as this will cause tooth decay and poor nutritional habits. Some experts feel that introducing babies to juice is one of the factors that can lead to obesity in older children.

ADDING SOLID FOODS

Breast milk or formula is the most important food you will be feeding your baby during the first 9 to 12 months. In fact, nutrition experts from the American Academy of Pediatrics recommend that you try to feed your baby *only* breast milk or formula during the first 4 to 5 months. We feel that whenever you do introduce solid foods to your baby's first year diet, it is only a supplement to the milk. Breast milk or formula is the main essential for good nutrition during that time.

If parents begin solid foods too soon it may cause the baby to become overweight, have more colic, or constipation. There is no ideal age when all babies should be started on solid foods, but about 4 to 5 months old is the time usually suggested. There may be a few babies that will require solid foods sooner, but most will do well on milk alone. The pediatrician will discuss this with you.

You may find that as your baby grows during the first 2-3 months, milk alone may no longer seem to satisfy him. This is normal and common. If you are patient, within several weeks, this period of "excess appetite" will soon pass. After that the baby will continue to do very well on milk alone until it is about 4 to 5 months old.

If you find that your infant is taking more than 32 ounces of milk per day and is not satisfied then the addition of cereal might be of some help. If you feel that your baby may need to start on cereal or solid foods before 4 to 5 months of age, please contact us so that we can make sure that everything is being done appropriately. If your baby is taking only 4 to 6 ounces of milk per feeding or is breastfeeding every three to four hours and seems satisfied with this, then there is no reason to start the baby on solid foods yet. Also, if he is taking less than 32 ounces of formula a day then cereal is not needed.

- **When and How to Add Solid Foods**

A good sign that it is time to start your baby on solid foods is when he is old enough to reach out and grab food off of your plate and bring the food to his mouth. This natural instinct to eat usually appears near 4 months of age when the baby's digestive system is developed enough in order to process solid foods.

Adding solid foods is like climbing stairs—it should be done one step at a time! Add only one new food every couple of days. If your baby tolerates this food, then you try another. Regarding food allergies, there is new evidence showing that starting solid foods early can actually help prevent food allergies from developing.

Some tips:

1. Give the new food first at the morning or noon feeding. Your baby wants several ounces of formula before he eats his solid food – especially when he is hungry.
2. Use a small, flat spoon and place the food towards the back of his tongue. At first he will find the food strange and he may spit it out. A baby will know how to suck when he is born, but it takes time and practice to learn how to swallow solid foods. Don't give up! Try again another day! The use of Infateeders is discouraged.
3. The large number of foods available for the baby can be very confusing to many parents. Try to find four or five types of foods from each food group that seem to agree with your baby and stick to those. Avoid mixed fruits and vegetables.
4. Mashed up table foods such as carrots, squash, and potatoes may be started

instead of (or in addition to) baby foods. This was done for thousands of years before Gerber baby foods came along.

5. New studies show that we need not delay introducing some foods until the baby is older. Foods like eggs, corn, fish and peanut butter may be given in the first year without concern for allergies. Certainly, if allergies occur, then adjustments can be made.

Cereal

At approximately 4-5 months of age cereal is usually the first solid food that you will start your baby on. Along with baby's formula you may give cereal at the mid-morning and early evenings feeding.

Please note: If you have to start your baby on cereal before 4 months of age, we still recommend that you wait until the baby is about 4-5 months old before starting other types of solid foods.

Morning	- Breast milk or Formula - Cereal – 1-2 Tablespoons
Lunch	- Breast milk or Formula
Early Evening	- Breast milk or Formula - Cereal – 1-2 Tablespoons
Evening	- Breast milk or Formula
Night	- Breast milk or Formula

1. In a small bowl, mix the dry cereal (rice cereal would be a good cereal to start with) with an equal amount of formula. There is no need to add sugar to the cereal.
2. When a baby is big enough to have cereal added to his diet he is usually big enough to start learning to eat from a spoon. Feed him cereal in a spoon. Do not mix in his bottle. Start with one teaspoon of cereal and each day feed him more until he is eating several tablespoons of cereal each day. When a baby has learned to like one kind of cereal, try another kind such as barley or oats.
3. Make certain that the dry cereal you choose to feed your baby specifies that Iron is added. Cereal is a good food for babies and children and you should continue giving cereal even as new foods are introduced.

Fruits and Vegetables

Babies should be started on cereal for a few weeks before progressing to fruits and vegetables. You may start by using baby foods or mashed up table foods. Remember baby foods are a convenience, they are not a necessity. Many table foods are perfectly safe and appropriate for your baby as you begin introducing foods. Indeed for thousands of years, babies grew up without baby foods and in fact they would eat whatever their family had at the table.

There are many types of baby foods available. Some of them are listed in "stages" and some folks feel that babies should be started on strained food and progressed up to the different stages. This is not absolutely necessary since most babies seem to tolerate mashed up foods quite well. In short, you may start the baby on baby foods or your own foods.

There are many choices available that you may try. You may start feeding your baby such things as mashed potatoes, carrots, peas, squash and other vegetables. If you wish to try some table foods then start with these same vegetables. These should be mashed up into a consistency that looks like it was "pre-chewed". It is not necessary to have pureed food.

In regards to fruits, use mashed bananas or apple sauce in the beginning.

Always start by feeding a very small amount of the food that you are trying. Perhaps give several spoonfuls in the beginning and then gradually increase the amount after a few days. You may divide the feedings as follows:

Morning	- Breast milk or formula - Cereal – 2 Tablespoons - Fruit – 1-2 Tablespoons
Lunch	- Breast milk or formula - Cereal – 2 Tablespoons - Fruit or Vegetables – 2 Tablespoons
Afternoon	- Breast milk or formula - Fruit or Vegetables – 2 Tablespoons
Early Evening	- Breast milk or formula - Cereal – 2 Tablespoons - Fruit or Vegetables – 2-3 Tablespoons
Evening	- Breast milk or formula

Meats

When your baby is eating cereal, fruits and vegetables well, then it may be time to start him on meats. This may be between 7 and 9 months of age. At this time you will probably find that he is ready for three meals a day with two extra bottles of formula. You might divide the feedings as follows:

Morning	- Breast milk or formula - Cereal – 2 Tablespoons - Fruit – 1-2 Tablespoons
Lunch	- Vegetables – 2 Tablespoons - Meat – 1-2 Tablespoons - Breast milk or formula
Supper	- Cereal – 2 Tablespoons - Fruit – 2-3 Tablespoons - Breast milk or formula
Before Bedtime	- Breast milk or formula

Meat is very important for your baby. He will need some every day, but please remember that until he is able to chew, you must be very careful with the preparation of the meat. Your baby will need to have soft meat in very small pieces until he has enough teeth to chew properly.

1. Start with a taste of chicken or veal from baby food meat or even mashed up table food meat.
2. Give a little more each day until your baby is eating 1 to 2 tablespoons once a day. Don't be discouraged if your baby does not immediately eat the meat. You might try adding a small amount of fruit on the spoon with the meat until your baby gets used to the taste.
3. Remove only the amount of meat you will need for the feeding. Cover the jar and refrigerate. Do not keep it longer than 2 days once the jar is open.

To cook meat for your baby, remove as much fat as you can. Do not fry or smother. Then shred, grind or chop the meat into tiny pieces so that your baby will swallow it more easily. Babies do not like fat or grease in their foods.

Liver is very good for your baby. Boil liver, then scrape or grate and mash until it is smooth. Thin the liver with a small amount of water or add formula to it.

Note: Do not substitute the strained "dinners" for meat. The dinners are more similar to strained vegetables and have very little meat in them. Gravy, fat meat or bacon should not take the place of strained or chopped meat.

Other Solid Foods:

Mashed Dried Beans - There is blood-building iron in dried beans, as well as in meat. If sometimes you do not have meat, you may give your baby pinto or other beans. Boil the beans without fat or seasonings and mash until smooth. Thin the mashed beans at first with milk or unseasoned cooking juice from the beans, or plain water. This is recommended after 7-8 months of age.

Eggs - Eggs may be added between six and seven months. We now know that delaying the feeding of eggs may actually increase the chances of developing food allergies. You may serve scrambled or boiled eggs.

Table Foods

As mentioned earlier you may give your baby some of the soft foods that you cook for your family. Meats should be ground or chopped very fine. A food processor or blender may be helpful for processing the table food to make it more palatable for your child.

Ideally, only fresh or frozen vegetables should be used. Some canned foods contain excess amounts of salt or sugar. You may add normal reasonable seasoning, just don't over do it. Then you can chop the food before serving it.

Feeding After 12 Months of Age

As your baby begins to acquire his large molar teeth in the back of his mouth, he will be able to chew larger and larger pieces of food. However, go slowly in order to prevent choking. By this age, your baby should be getting on a dietary schedule similar to yours. Be certain to avoid foods with "high sugar content and poor nutritional value". Don't make your child into a "junk food addict"!

At about this time your baby is sitting up well and may be learning to feed himself by starting to pick up food with his hands and suck on them. It may be messy but let him do it and encourage him to feed himself.

Weaning from the Bottle and Starting the Sippy Cup

Begin to introduce the sippy cup at 9 months of age. You should use the old-fashioned hard mouth sippy cups. The soft nipple cups are just baby bottles with the nipple on the side and they don't promote learning to drink from a cup. Start slowly by offering a few sips of milk or water from the cup or even from a small glass. Do not be impatient if he does not drink much of the liquid initially. Work slowly but keep increasing the number of times you offer him the cup and he will increase the amount of milk he will drink from the cup.

Once you are satisfied that the baby is able to drink well from the cup then you should take the bottle away at 12 to 15 months of age. It is normal for the baby to drink less milk once he is off of the bottle. (Night time bottles can cause rotting of the teeth after this age!)

VITAMINS – IRON – FLUORIDE

Your child's growing body requires a source of vitamins and iron. Current recommendations are that the baby should begin receiving supplemental vitamins at 1 month of age. These infant vitamins should contain vitamins A, D, and C. They are available at your drugstore. Breast fed babies need extra vitamin D.

Breast milk is excellent source of iron for your baby. When your baby is on a formula, he should be placed on an iron-containing formula or some other supplemental iron source no later than 2-4 months of age.

Fluoride is also important in that it works to prevent tooth decay and it needs to be started at 6 months of age if there is no fluoride in the baby's water. Fluoride toothpaste should not be used until you are sure that the child is not swallowing much of it when brushing. Treatments by your dentist are helpful, but the incorporation of fluoride into the diet and into the developing tooth enamel is the best way to ensure healthy teeth. Since your child's teeth are developing during the first eleven years of life, it is during this time that fluoride should always be available during this stage.

Fluoride may be present in the water supply in some areas but this is not the case in most of Acadiana. Fluoride may be given as a prescription or you may get fluoridated bottled water at the grocery store or from your water supplier.

Some advice for giving your child's vitamins:

1. Always give the drops in the side of the baby's mouth, not in the back of his throat where it might choke him.
2. Keep vitamins (especially chewable tablets!) in a safe place with other medications.
3. Vitamin drops sometimes taste better when refrigerated.
4. If the child doesn't like the vitamins then you could try to put a few drops into each of the feedings throughout the day.

IMMUNIZATIONS

Your child may receive immunizations either at our office, the Health Unit or at Shots for Tots. The recommended schedule for immunizations is constantly being updated. Because of this, that schedule is not printed in this booklet, but will be available for you at our office or on the internet at: www.cdc.gov/vaccines

We no longer recommend routinely giving Tylenol (acetaminophen) to babies before giving their immunizations. There is new evidence that it can reduce the immune response needed for effective immunizations. However, you could consider using fever and pain reducers if the baby develops a significant fever or if the baby is unusually fussy after receiving the immunization. Information regarding the safety and effectiveness of each vaccine will be provided to you prior to each immunization. If you have any questions please ask your pediatrician.

What to do about Immunization Reactions:

For local pain and swelling use cool compresses and apply Myoflex Cream (available over-the-counter) every 3-4 hours to the affected area until the pain and swelling subsides. Fever should be managed as outlined in the section on Fever in this booklet.

Notify us if the child who received the vaccine develops a temperature of 104 degrees or greater, continuous crying lasting 3 or more hours, an unusual high-pitched cry, a convulsion, an episode of limpness and paleness, or a seizure.

Vaccine Controversies

It is now well documented that vaccines are not a cause of autism. Studies done by unbiased researchers could not find any association between vaccine use and autism. In fact, a study done on a large population of Japanese children who had not received any vaccines for several years due to the fears of developing autism revealed important information. First, they noted a significant increase in the vaccine preventable diseases such as measles, pertussis, meningitis and pneumonia. Secondly, the incidence of autism did not decrease in these children as was expected! Instead they had an increased incidence at the same rate as the general population of children who had been properly vaccinated. Yes, autism is becoming more prevalent but vaccines are not the reason.

Ultimately we believe that it is the parent's right to decide on giving vaccines to their children. We respect this and will work with parents who have differing opinions regarding vaccines.

Another less reported controversy is the revelation that several vaccines are being produced using cell lines derived from tissue taken from aborted fetuses. The fact is that these vaccines can be produced in other ethical ways. The pediatric vaccines produced in this manner are: Rubella (the R in the MMR), Varicella vaccine (chicken pox), and Hepatitis A (not Hep B). It is unfortunate that parents need to choose whether or not to protect their child's health by using a vaccine that is produced in such a manner. For those parents who are struggling with this, medical ethicists suggest that they consider using such a vaccine if it is the only means available to protect individuals from a deadly disease. However, if the vaccine is one that protects against a less serious disease then one could consider refraining from using it.

COMMON CHILDHOOD PROBLEMS

A NOTE REGARDING "SCHOOL EXCUSES"

Your child will occasionally miss school from an illness that does not require a visit to the pediatrician. Advice is given in this manual for helping you to manage many such illnesses. Unfortunately, schools now often require a doctor's excuse if your child misses school for any reason. In the past the school would accept a parent's note that explained the reason for the child's absence. We want you to know that our office will continue to promote this time honored tradition. If you need a doctor's excuse for your child's absence due to a problem that we did not need to see here in the office, please feel free to come by the office and we can give the appropriate excuse based on the circumstances.

ALLERGY PROBLEMS

It is said that 20-25% of people have an allergy problem of some degree. Most of these individuals have mild symptoms requiring limited treatment. But occasionally symptoms become more significant such as constant runny nose, cough or wheezing, itching rashes and other problems. If your child is experiencing any of these symptoms to a degree that concerns you then please contact our office. If the problems are mild, such as runny nose or itching, then you can use medicines that are available at your drugstore for the symptoms that are present.

- Some of the oral medicines that we recommend are Allegra, Benadryl, Claritin and Zyrtec. See the Medications section for dosing.
- Topical medications like 1% hydrocortisone cream help for allergic rashes.
- Eye drops for allergic conjunctivitis (allergy eyes) such as Alaway, Zatidor and Zyrtec Allergy Eye Drops are very effective.

ANTIBIOTICS AND OTHER PRESCRIPTION MEDICINES

Parents sometimes request antibiotics for various conditions which children develop. There are many types of infections will benefit from an antibiotic. However, most childhood infections, such as the common cold, intestinal flu and other febrile illnesses are caused by viral germs antibiotics do not help these conditions. They may cause problems such as killing off the "good bacteria" present in the body. Also, overuse of antibiotics promotes the development of resistant bacteria or "super bugs". We will usually request to see your child before prescribing an antibiotic. We need to make a proper diagnosis first and then we can prescribe the appropriate antibiotic if needed.

Please be careful about using medications unless specifically prescribed for the type of illness your child may have. For example, it is okay to use a medication prescribed for nasal congestion whenever your child has a cold. However, do not give medication when you are not certain of the dosage or the indication for the medicine. Check with us or your pharmacist first.

ASTHMA AND BRONCHOSPASM COUGH

If your child has cough and cold symptoms with a history of asthma or having needed nebulizer breathing treatments in the past, then you should consider using the nebulizer machine again at this time. If the child is wheezing, or even if you suspect wheezing, then you should definitely start treatments. Please call us if you

have any questions.

BOILS AND ABSCESES

Skin infections caused by the MRSA staph bacteria have become very common in recent years. These are usually boils and draining abscesses. If the sore is a small "ant bite" looking lesion then you may carefully pop the raised white part of the boil by scraping it with a pin. You should warm the area with a hot compress for several minutes first. Do not insert the needle deep down below the surface of the skin. After removing the top of the boil you can gently squeeze the area around the sore to express any pus that may be in the wound. Be sure to use an antiseptic before and after doing this since the germs are very contagious. Wearing gloves is recommended. Hand sanitizer is very effective. If the boil is large, painful, or if the child is running fever then you need to have him seen for treatment. Remember that these infections can become very serious in just 24 hours.

BROKEN BONES

A possible fracture should be given first aid consisting of immobilization of the affected extremity and ice packs. You should call our office for instructions and where to go for treatment. Generally these types of injuries are best handled at the E.R.

BURNS

A mild first degree burn results only in local redness and pain. Simple sunburn is an example of a first degree burn. It does not require any special ointments but medication for pain and fever helps. (See the Medication section) More severe burns (second and third degree) which cause blistering or charring should be attended by us immediately. When calling our office or answering service, make certain they understand that this is an *emergency*.

Note: A final but important word on burns; studies have shown that damage from burns continues for up to 10 minutes after contact with a hot object. Therefore, immerse the burn area in cool (not in cold) water, or run cool water on the burned area for a few minutes after the burn has occurred. This may decrease the severity of the burn.

CHICKENPOX (Varicella)

Chickenpox is becoming an increasing rare childhood disease due to the chickenpox vaccination. However, occasional cases still occur. Chickenpox is highly contagious viral illness. Its incubation period is 10-21 days after contact. Because it is a viral illness, regular antibiotics do not prevent or cure chickenpox. However, there are now prescription anti-viral medications approved for use in treating chickenpox. They are most effective if given in the first day or so of the onset of symptoms. We recommend having your child checked to confirm the correct diagnosis prior to beginning the medication.

There are several other measures which may reduce the severity of the illness: 1) Trim your child's fingernails to prevent excessive scratching. 2) A medicated oatmeal powder, Aveeno Colloidal Oatmeal, can be purchased without prescription. One half cup should be added to a shallow tub of water, and the child should be bathed in this 1-2 times daily and patted dry with a towel. 3) Calamine lotion may be helpful, although Aveeno is usually adequate. 4) Benadryl is available at your drug store for itching.

A child with chickenpox is contagious until all of the sores have pretty well dried-up and scabbed over, (usually 7-10 days), after which he may return to

school. Should any of the sores become extremely red or tender when compared to the others, we should be contacted as this may represent a secondary bacterial infection possibly requiring antibiotics.

NOTE: DO NOT USE ASPIRIN to treat the fever associated with chickenpox and flu illnesses (see section on Fever). For this reason we would recommend using acetaminophen (Tylenol), ibuprofen (Advil) or similar products.

THE COMMON COLD

The common cold is a *viral illness* which means it will not improve with antibiotics. In most cases it will resolve without problems within 8-12 days. The most uncomfortable stage is during the first 3-5 days when symptoms such as fever, sore throat, aches and pains, fussiness and decreased appetite will be most common. After that stage the symptoms seem to improve somewhat and then finally resolve when the cold goes away. Since colds are viral infections there is no effective cure available yet. Studies show that children will go through 6-8 colds per year during the first few years of life.

There are certain things that we can do to help children remain comfortable while they are going through the process of fighting a cold:

1. Acetaminophen or Ibuprofen will decrease the headaches, sore throat, pain and fever usually accompanying a cold. (See Medication section for dose.)
2. A cool mist humidifier is useful in controlling excessive coughing and to help loosen mucous in the nasal passageway. The unit should be used at night and during nap times. Usually plain water in the unit is adequate. When not in use, the unit should be emptied and kept dry so as to prevent growth of mold and mildew. Every 3-4 days the unit should be cleaned with soap and water and rinsed with vinegar and water ($\frac{1}{2}$ & $\frac{1}{2}$). Also effective during winter months is to keep room temperature at 66 to 68 degrees. Higher room temperatures will decrease the humidity and defeat the purpose of humidifiers.
3. *Colds in small babies less than 3 to 4 months of age* present a special problem since nasal congestion, mucous and coughing interfere with feedings and sleeping. Medications are not particularly useful in this age group either. A humidifier is often helpful. Also beneficial is the use of salt water (saline) nose drops, which are about the same saltiness as tears and thus are a "natural" fluid which helps to dissolve nasal mucous. These drops may be purchased at your drug store.

How to use saline nose drops:

Place 4-6 drops in each nostril, wait 30-45 seconds, then suction with a suction bulb. Repeat this as needed to control nasal secretions.

5. Also effective is to keep small babies sitting upright in their infant seats as much as possible. They may even be allowed to take their naps sitting upright, but make certain not to leave them on a table or chair where they may fall.
6. Studies do show the effectiveness of medications such as Vick's Vaporub. We recommend rubbing it on the chest, not under the nose. It is safe for all ages.
7. Also effective in small infants as well as in older children is Pediatric Neo-Syneprine nose drops (1/8 %). Unlike saline nose drops, which are relatively natural, the Neo-Syneprine is a medication. It works to shrink down nasal membranes and relieve congestion. Two drops should be placed in each nostril every 4-6 hours especially at night. These drops should not be used for more than 5-6 days. Excessive usage may cause nasal irritation.

When to See the Doctor: Most colds run uncomplicated courses, lasting for 8

to 12 days. Children will look sickest in the first 3-4 days and then gradually get better. It can be normal for fever to occur in the first few days of a cold but the fever should not last more than two or three days. We should check the child if fever lasts longer than that at the beginning of a cold or if fever occurs suddenly in the middle or the end of a cold. (In this context, fever is defined as a temperature of at least 100 degrees or more.)

It is now known that the presence of green or yellow mucus is not very helpful in determining the need for antibiotics. Most colds start with clear runny nasal mucus. It will usually transition from clear to whitish, then to yellowish and finally to greenish as the cold runs its course. Therefore a green or yellow runny nose is usually a normal finding in the middle or end of a cold.

Occasionally an ear infection, sinusitis or bronchitis may develop from the cold and this may require an office visit. The child may have an earache or really bad cough. Also difficulty in breathing or worsening of the cough should be checked. In addition, if you feel your child is not perking up or not improving after several days then these are all signs that the child should come in for an evaluation. *Always trust your instincts* if you think your child needs to be checked!

COUGH AND COLD MEDICATIONS which are taken by mouth may be helpful in relieving some nasal congestion and coughing. There are several over-the-counter decongestant/antihistamine preparations available. Some which you may find effective are: 1) Sudafed 2) Dimetapp 3) Pediacare 4) Mucinex 5) Delsym 6) Robitussin and others. *Please see the **Medication section** for dosages.*

These medications are constantly being reformulated, so be sure that you know that you are giving the proper dose if you use these medicines. The Medication section has dosing suggestions.

One last word on cold remedies; remember that these medications will not cure your child's cold, but could lessen the symptoms. These medicines were used for several decades with some benefit. However "experts" now say they are ineffective and possibly unsafe if an overdose occurs. (No deaths have been recorded however.) We recommend that parents use good judgment and only use cold medications if the child's symptoms are causing considerable discomfort. We do not recommend treating every runny nose or cough. Also it would be wise to avoid products which combine anti-fever, anti-congestion, and/or anti-cough medications. Instead, use the single function medications. For example, if your child has nasal congestion, but no fever, then he may need Dimetapp, but no Tylenol.

CONSTIPATION

If your baby has hard stools or excessive straining during bowel movements then he may be constipated. By adding ½ -1 teaspoon of light Karo Syrup to each bottle, you can usually soften the stools. If you are breast feeding, try putting the Karo Syrup in ½ ounce of water in a bottle after each feeding. You can use Karo Syrup on a regular basis without causing any problems. You may use dark Karo Syrup if the light Karo Syrup does not seem to be effective.

If your baby strains and is unable to pass his stool, a pediatric glycerin suppository can be used to help. The suppository should be placed into the rectum and gently rotated. Suppositories should not be used more than once every 2-3 days.

Older children will benefit from using Miralax. Use the dose on the bottle.

We should be contacted if the above measures fail to work. Enemas and strong laxatives should not be used without first speaking to us.

CROUP

The croup is an infection which involves the larynx (voice box) and trachea (windpipe). It results in a harsh barking cough which is usually worse at night and may occur for several nights in a row and then the cough will begin to loosen up like a normal cold. It may be associated with fever. It can be quite frightening to observe this in your child. It is usually caused by viral germs which do not respond to antibiotics. Hence, like other viral infections such as the common cold, it has to run its course.

There are several things which you can do to help reduce its severity. All relate to increasing the humidity of inhaled air, which helps to break up the mucous which may clog the trachea. Actually, these measures have been outlined in the section on "The Common Cold". The only exception may be to avoid the use of antihistamines and decongestants, as these tend to dry up the tracheal mucous.

A steamed up bathroom can be very helpful in croup. Also, recent evidence shows that by dressing your child warmly and going outside at night to breathe the cool moist air for a while may improve the croup. If the child has been on a nebulizer in the past then you should try using it again to help with croup. If your child has a high temperature (more than 102 degrees) or severe croup with difficulty breathing, then you should bring your child into our office for a checkup or consider going to the E.R.

CUTS AND SCRATCHES

Most cuts and scratches are minor and will not be a problem if kept clean and protected from infection. Unless involving the eye or mouth, they should be cleaned well and bandaged appropriately. A good product to clean cuts with is antibacterial solution called Betadine Scrub, which can be purchased over-the-counter. It should be mixed in equal parts with water and then the wound should be scrubbed thoroughly. If the wound is particularly dirty (for example, a scrape or brush burn), peroxide can be added in equal amounts to the Betadine Scrub and water. After the wound is cleaned an antibacterial ointment such as Neosporin or Mycitracin (all over-the-counter) may be applied. Then a sterile bandage should be used to protect the wound. The wound should be cleaned and re-bandaged 1-2 times daily until it is drying up and healing well. A severe cut (especially one that continues to bleed) or a cut involving the eye itself should be checked immediately.

In case of significant cuts (not superficial scratches) and puncture wounds, you should be certain that your child's tetanus status is up to date. For this reason you should always have handy a copy of your child's immunization record. If your child has had a "booster" within the last 5 years, then he should not need a tetanus shot. If you are not certain of this, then call our office.

DIAPER RASH

Diaper rash is usually the result of too much moisture and inadequate ventilation to the diaper area. This is a problem caused by the non-porous nature of the plastic coverings of the disposable diapers. It is best treated by keeping the diaper area clean and dry. Should a diaper rash develop, use Desitin or A & D ointment. You may also want to try "Boudreaux's Butt Paste" for diaper rashes. It is available from your pharmacist. Also, leaving your baby's diaper off while he naps will speed healing. Should the diaper rash persist despite the above measures, or if you notice that your baby has thrush (since it is related to some diaper rashes),

then call the office.

DIARRHEA – See the section on “Vomiting and Diarrhea”

DRY SKIN AND ECZEMA

Dry skin and eczema are very common problems that are seen in infants and children. It is usually found in babies with sensitive skin and it seems to be more common in certain families. It is very common in infancy.

The treatment for this problem would include the following: 1) Use as little soap as possible since this takes the natural body oils off of the skin. You may also want to soak the baby in plain luke-warm water daily, avoiding soap, and then generously apply skin lotion after drying the skin. 2) Use bath oils during bathing to help moisturize the skin. 3) Apply therapeutic skin lotions immediately after bathing and several times a day in order to moisturize the skin. 4) If the baby has symptoms of itching then Benadryl should be given to control this problem. If the itching can be controlled then the skin can heal more effectively. (*The Benadryl dose is in the Medication section.*) 5) If there are certain areas that seem to be more inflamed then over-the-counter 1% hydrocortisone cream or lotion is helpful. It should be noted that cortisone cream should not be used for prolonged periods on the face as it may cause damage to the skin.

If your baby is having significant eczema that is not controlled with these medicines then you should bring him in for a check-up. There are prescription medicines which may be more effective than home remedies.

EAR INFECTIONS

Ear infections are one of the most common childhood illnesses and are most frequent in the first three years of life. Children tend to outgrow this problem in the pre-school years. Most ear infections are mild and many will resolve with little or no treatment. Unfortunately some children can become very sick from ear infections and others have recurrent problems that may require having “tubes” placed in the ear.

Symptoms of ear infections are variable but typically children will be suffering from a cold and then they become even more fussy. There may be fever at first and perhaps an earache that you may treat with fever and pain meds. The appetite may decrease and the child may look sicker than expected. Children who have tubes in their ears may have pus draining from the ear. However some ear infections may have few of these symptoms or even make the child uncomfortable.

If you suspect your child has an ear infection then call for an appointment.

FEVER

Fever is usually just a sign of an infection and viral infections are the most frequent cause of fever in children. High fever is usually not the result of teething, insect bites, or a little sun. It is important to realize that fever is one of the ways by which our bodies fight infection, and that a certain amount of fever helps battle germs. Remember, fever (high or low) by itself is not necessarily alarming. A low grade temperature in a child who is very lethargic and irritable can be more serious than a high fever without other symptoms. For example, roseola (baby measles) usually causes high fever for 3-4 days followed by a returning normal temperature and the appearance of a rash. During this illness the temperature often reaches 104 to 105 degrees, but when the fever is reduced with ibuprofen and tepid water baths, the child becomes active and playful.

A good rule of thumb is to **WATCH YOUR CHILD MORE CAREFULLY THAN THE**

THERMOMETER when judging the degree of his illness.

When fever is elevated your child may look very sick, *but* he should “perk-up” every 4-6 hours when the fever is down. Also, fever is usually harder to bring down at night – *don’t panic, it will usually go down by morning.*

Measuring the Temperature

In order to be certain that your child does have fever, you should check his temperature with a thermometer. Avoid rectal temperatures if possible. You should use electronic thermometers, not the old mercury type. The ear thermometers are fairly reliable, but less so in infants and small children. The newer forehead scanning or temporal thermometers are a good choice to consider.

It’s not good to just rely on feeling the child for fever; if you are concerned you should measure the temperature.

Important – *A child’s normal temperature fluctuates from the 97’s in the morning and goes up to the mid 99’s later in the day.* A temperature of 98.6 is only the average temperature for a child. Generally, you should not be too concerned about any temperature less than 100 degrees.

Temperatures of 100 to 101.9 are mild. Temperatures of 102 to 103.9 degrees are moderate. Temperatures above 104 degrees are high. *Don’t panic.* Even high fever will usually come down 30-60 minutes after giving medicine and sponge bathing. Don’t forget, however, that fever alone should not be used to judge the seriousness of your child’s illness. Physicians are more concerned about the cause of the fever rather than just how high it may be.

For babies who are less than **two months old** there are special guidelines. In those babies it is critical to have them evaluated within 12–16 hours for fever 100.4 to 101.9 and right away for any fever of 102 or higher.

What is your child’s normal temperature?

Here is how to take the guess work out of knowing your child’s normal temperature pattern. Pick a day when the child is well and then begin measuring and recording the temperature every 4 hours from early morning up until your bedtime. Use an alarm clock to keep you on schedule. Now you will be able to accurately tell when the temperature is higher than normal when your child is sick.

Medications for Fever

There are now two commonly used fever medications; **acetaminophen** (Tylenol, Panadol, Liquipren, etc) and **ibuprophen** (Advil, Motrin). A third choice, **aspirin** (Bayer, St. Joseph, etc.), is no longer routinely recommended. Acetaminophen is more gentle on the stomach and it lasts approximately 4 hours. Ibuprofen is somewhat more effective in reducing the fever and it lasts for 6 hours. You should be careful if using repeated dosages for many days because Ibuprofen may have some tendency towards causing stomach irritation. Aspirin has been associated with Reye’s syndrome when used to treat fever associated with the flu or chickenpox. For this reason we tend to avoid its use in fever control. See the **Medications section** for dosing.

Treating Fever

Low-grade temperature (100 or 101 degrees) in a child who is a little fussy does not necessarily have to be treated. Remember, fever helps our bodies fight infection. Higher temperatures (103 degrees and greater) may respond to fever medications, but, if after 30-40 minutes there is no improvement, then the child should receive a tepid water sponge bath. Tepid water should be like a warm swimming pool or “luke-warm”. Place the child in 2-3 inches of water, and sponge

him with the tepid water for about 30-45 minutes – until his temperature is below 103 degrees. **NO ALCOHOL OR ICE** should be added to the water. Ice water enemas are *not* to be used.

When a child has fever, be certain to keep him dressed lightly. Do not wrap the child in blankets for him to “sweat out the fever.” If the fever is high, then avoid milk and other heavy foods. Clear fluids (Gatorade, PowerAde or Pedialyte-type hydration solutions) should be encouraged. If the child is not nauseated then a normal or light diet may be tolerated.

THE FLU

The flu is a serious viral illness that occurs every year and tends to occur in outbreaks or epidemics. Although most patients do well, it can be a life-threatening illness for certain individuals. The symptoms may vary some from year to year but most people remember the flu for being an illness that made them extremely sick. Patients tend to have relatively high fever, headaches, sore throats and generalized aches and pains. They usually develop respiratory symptoms with runny nose and cough. There is a loss of energy with tiredness and poor appetite. It is very contagious and can cause students to miss 3-5 days of school. Common complications of the flu are ear infections, sinusitis, bronchitis and pneumonia.

Medications are available by prescription to prevent and to treat the flu. These medicines need to be given in the early stages of the illness to have maximum effect. Therefore, bring your child in as soon as possible if you feel that he might have the flu.

The flu vaccine is available every year around October. All children who are more than 6 months old need to be vaccinated yearly. In addition to the flu shot there is a nose drop vaccine available for children who are two and older. Please call our office to check on getting you and your children vaccinated.

HEAD INJURIES

Bumps to the head are extremely common in small children. In the usual situation the child is climbing or running and then falls. Usually the child cries for a short while and then becomes quiet. In some cases vomiting may occur once or twice in the first in the first hour after the fall but it shouldn't last long. If the child perks up after resting for a while then everything should be alright.

Serious head injuries are usually the result of a significant force of impact on the child's head – such as would be seen in a car accident, a baseball bat hitting the head, or a fall from a counter top onto the kitchen floor. Important clues which should immediately alert you to a serious injury are the loss of consciousness, or a prolonged dazed and confused state following the injury. Progressive lethargy or confusion, persistent vomiting which occurs after the first hour of the injury, and steadily worsening headaches are also important signs of a serious head injury. Seizures or uneven pupil sizes are serious signs.

The question of whether or not to let the child go to sleep after a head injury is often asked. Generally it is alright to let them rest if the injury was not serious. Often the child will cry at first and then settle down and become sleepy. If this occurs you can let him sleep but you may want to wake the child up every 1-2 hours during a nap. The child should be easily arousable. If he becomes difficult to arouse or lethargic then you should have the child examined or call us.

IMPETIGO

Impetigo is simply a sore or insect bite which becomes infected. Usually the

infection occurs when the sore or bite is scratched with "long dirty fingernails". Therefore, make certain to trim the fingernails closely. Impetigo can also be seen as sores or blisters in the diaper area.

The impetigo lesions should be cleaned with Betadine. Then apply an antibacterial ointment like Neosporin and cover this with a sterile Band-Aid or gauze dressing. If the impetigo infections become worse, with spreading redness or tenderness, then call our office for an appointment.

INSECT BITES

The best way to manage insect bites is to prevent them! Remember that mosquitoes and gnats are most prevalent at dusk. Insect repellent is useful. Should insect bites occur, wash them well with soap and water. Make certain to trim the fingernails to prevent infection from scratching. If excessive itching or swelling occurs, then you may get an anti-itching medication such as oral Benadryl (see dosage schedule in the Medications section).

For stinging insect bites (such as red ants, caterpillars, wasps and bees), an effective treatment is to 1) apply water or alcohol to the affected area and then 2) rub Adolph's Meat Tenderizer (unseasoned) into the area. The meat tenderizer may neutralize the poison which produces the painful swelling. 3) If alcohol and/or meat tenderizer are not available, just apply cold compresses to the area. Do *NOT* immerse the area in ice – especially for prolonged periods. 4) Acetaminophen or ibuprofen will lessen the pain.

PINWORMS

Pinworms are not a medical emergency. Pinworms are small (about ¼ to 3/8 inches long) white threadlike parasites that are extremely common in the South. They crawl out of the rectum during the night therefore they are usually discovered when the child awakens at night crying or complaining of itching or burning around the rectum. Having the child lay on his stomach and using a flashlight to examine the anus during the night or early morning will often reveal the pinworms. If the child is very uncomfortable, he or she should be placed in a tub of warm water (with a tablespoon of baking soda added) and the rectum and genitalia (especially the vagina in little girls) washed thoroughly.

Effective pinworm treatment medications, such as Pin-X, are available over-the-counter at your drugstore. Keep in mind that other members of the family, particularly other children, may need to be treated. Sometimes they may be carriers with very few symptoms therefore treating them would be appropriate.

POISONING

If your child has ingested a substance which is potentially poisonous, keep in mind that minutes count. Here are guidelines for handling possible poisoning:

The Poison Control Phone number is: 1- 800- 222- 1222.

1. IDENTIFY THE SUBSTANCE

Check the container label. Often it will identify the substance and make mention of its toxicity. If it is a medication in an unlabeled bottle try to call the druggist for identification. If it is a plant, try to find out its name.

2. CONTACT THE POISON CONTROL CENTER FOR INSTRUCTIONS

You should call the Poison Control Center at 1-800-222-1222. Make certain that they understand that the call involves a possible ingestion and should be handled

as an *EMERGENCY*.

3. WHEN THEY ANSWER THE CALL

If possible be ready to tell them: a) what was ingested, b) how much was ingested, and c) how long ago it was ingested.

4. THE EMERGENCY ROOM

If necessary you may also go to a hospital emergency room. They will initiate treatment and contact us if need be.

5. WHEN TO INDUCE VOMITING

Do not induce vomiting unless instructed to by Poison Control. New studies show that in most cases inducing vomiting may worsen the symptoms or cause more complications.

This entire problem can often be avoided by being safety-minded. Stunned parents will often say: "We just didn't believe he would fool with that stuff!" Be sure to keep harmful substances in a safe place. Certain materials, such as drain cleaners, may be devastating and should not even be kept in the house. Remember, – "an ounce of prevention..."

SEIZURES WITH FEVER

Febrile seizures (convulsions) sometimes occur in children between ages one and six who have high fever. It is important to realize that such convulsions are brief in nature (usually lasting one to five minutes) and will stop by themselves. They do NOT cause swallowing of the tongue or brain damage. Seizures are generally not a life threatening event, although it may certainly appear that way. If your child experiences such a seizure, then lay him on his side (not on his back) until the seizure stops. Be careful if you carry the child during the seizure as you might drop him. Stay with the child until the seizure stops. If this is the child's first seizure then call us or go to the E.R. for an evaluation. If the child has had previous febrile seizures then you usually do not need to have them checked again right away if it is a brief seizure. Call if unsure. If the seizure lasts more than 10-12 minutes then you should consider going to the E.R. If in doubt, always have the child examined. All seizures in babies less than 12 months old should be evaluated. Older children (age 6 and more) rarely have seizures because of fever alone.

SPRAINED ANKLES, WRISTS, ETC.

Some sprains can be as painful as a broken bone. Management of sprains varies with their severity, but a good way of remembering what to do is the following word – *RICE*. This stands for Rest, Ice, Compression (ace bandage) and Elevation (keeping the injured part above the level of the heart). Ibuprofen (dosage in the Medication section) is also quite helpful and is somewhat better than Tylenol in relieving the discomfort of the sprain. Mild sprains will respond well to such measures. An obviously severe sprain with marked swelling and tenderness or a sprain that does not respond to the above measures should be evaluated by a physician.

SWIMMER'S EAR

This is a painful condition that is most common in the summer months due to increased swimming activity. However it can occur throughout the year as a result of children "swimming" in the bathtub and from showers. It results from the normally protective ear wax being flushed out and replaced by moisture. If the inner ear never dries then bacterial and fungal infections can develop. Preventing this

condition is possible with the use of OTC products like "Swim Ear Drops". You can also make a very helpful solution by mixing equal parts white vinegar and alcohol together to regularly instill into the ears with a dropper after swimming.

TEETHING

Most babies start teething at 6 to 9 months and a few early birds begin at 3 to 4 months. While the majority of babies aren't troubled by the teething process, some get irritable, eat poorly, and have trouble sleeping when teeth begin to arrive.

Remember that you don't have to do anything for normal teething discomfort. However if your baby seems very uncomfortable, you may want to give her acetaminophen or Ibuprofen. You can also apply an over-the-counter teething medication to the gums where the new teeth are coming in. Some babies are helped by teething toys and teething biscuits. It is no longer recommended to use prescription numbing medications such as Xylocaine for teething problems since serious and deadly reactions to this medication have occurred.

VOMITING AND DIARRHEA

Vomiting and/or diarrhea usually represent viral gastrointestinal infections and they typically resolve without special medications.

VOMITING

A vomiting illness may last 6-12 hours before it slows down. The child may look very sick during this time, but there is little danger from dehydration at first. That would not usually occur unless the vomiting persists for more than 12-24 hours. During the early stages of the vomiting it may be difficult to get the child to retain any type of fluids. However, when the vomiting does begin to slow down then it is important to administer appropriate fluids so that the child does not get dehydrated.

In younger children this would be a Pedialyte-type product. In older children the Pedialyte products are effective or you may substitute Gatorade G2 or PowerAde. Generally it is a good rule to give small amounts of fluids, but to give these small amounts frequently. In other words, give anywhere from ½ to 2 ounces of fluid in small children every 15-30 minutes. In older children you may give anywhere from 2-4 ounces every 15-20 minutes. If the child throws up, that's okay, just continue to administer fluids in this manner. (We no longer recommend fluids such as flat coke and 7-Up.)

Once the vomiting has stopped then a light diet may be administered. In young children you may again administer formula or breast feeding. Please note that some experts suggest that moms may just continue breast feeding even during the vomiting phase. (See the next page for more feeding tips.)

It would be important to notify us if you feel that the vomiting is not slowing down after the first 8-12 hours or if the child is not able to take fluids and becomes increasingly lethargic.

DIARRHEA

Diarrhea is a very common illness and may occur several times a year during the first several years of life. It is usually self limiting, but in infants and young children it may last several days to several weeks. Usually the most severe diarrhea will occur for the first 24-48 hours and then it will slow down. In infants and young children, once again, Pedialyte-type products are appropriate if the diarrhea

is severe. Then gradually switch back to breast feeding or formula as the symptoms improve. In older children you may use the Gatorade G2, PowerAde or Pedialyte-type products.

If the diarrhea is not severe then a light diet may be used in older children. This would include things such as soup, Jell-O, toast, crackers, mashed potatoes and bananas. Infants should remain on breast milk or a lactose-free formula until the diarrhea slows down and then progress them onto a diet with rice cereal, bananas and other easily digestible foods. If there is blood in the diarrhea associated with temperature over 101 degrees then we should be notified.

If the diarrhea is severe and it appears that the child is becoming persistently lethargic and where you are unable to get the child to take fluids, then we should be notified.

DIETS FOR VOMITING AND DIARRHEA:

SMALL INFANTS - Birth-9 Months

- | | |
|--|--|
| <i>Clear Fluids</i> | - When vomiting, start with 1 -2 ounces of Pedialyte-type fluid every 15-30 minutes. Increase the amount as tolerated. |
| <i>Breast Milk or Lactose-free Formula</i> | - Then this may be started and used for several days until the diarrhea slows down. Rice cereal and ripe mashed bananas may also be initiated in the second and third day. As the diarrhea or vomiting improves, a regular solid foods diet may be slowly restarted. |

OLDER BABIES - 9-18 Months

- | | |
|---------------------|--|
| <i>Clear Fluids</i> | - For vomiting, give 1-3 ounces every 15-30 minutes. Pedialyte-type products would be preferable. Gatorade G2 or PowerAde may be used in milder cases. Increase as tolerated. |
| <i>Light Diet</i> | - A light diet including Jell-O or ripe mashed bananas may be offered. Later if the child is doing well and hungry, strained chicken noodle soup may be offered. You may also try dry toast, crackers, pop-sicles, dry cereal and mashed potatoes. A soy formula or lactose-free formula may be offered. The diet may be slowly advanced back to normal over 2-3 days. Avoid milk products and rich or greasy foods. |

CHILDREN - 18 Months and Older

- | | |
|---------------------|---|
| <i>Clear Fluids</i> | - When vomiting, 2-4 ounces of Pedialyte-type fluids should be offered initially. However in milder cases PowerAde or Gatorade G2 could also be used. Increase as tolerated. Give this every 20-30 minutes. |
| <i>Light Diet</i> | - Jell-O, bananas, soup, crackers, dry cereal, toast, and mashed potatoes can be given. Milk products should be avoided. After 1-2 days of improvement, the child may be started back on a regular diet. |

If vomiting or diarrhea recurs as the diet is being advanced, it may be advisable to "retreat" to a lighter diet again. Should you find yourself unable to advance the diet without your child redeveloping symptoms, then you should call the office for further instructions.

MEDICATIONS FOR DIARRHEA OR VOMITING

In recent years studies show that some over-the-counter medications may indeed worsen the symptoms or cause harmful complications. Therefore it is no longer recommended to use these medications when patients are having vomiting and diarrhea. The most effective treatment is the clear liquid diet which is then progressed as the vomiting and diarrhea slows down.

However "probiotics" such as Lactinex Granules and BioGaia, which are at your drugstore, will help to safely treat diarrhea. The dose of Lactinex for infants is 1/3 of a pack three times a day until the diarrhea resolves. The dose for older children is ½ to 1 pack three times a day. There are several other brands of probiotics available (ex. Biogaia) and you should check with your pharmacist for advice for that drug store.

If your child is having unusually severe vomiting please call the office so that we may discuss the appropriate treatment with you. In general, administration of proper fluids is all that is needed and the vomiting will begin to resolve in several hours. In rare cases we may prescribe medications to decrease the vomiting. We no longer recommend routine administration of suppositories for vomiting.

MEDICATIONS

There are several good medicines that are available at your drugstore without a prescription. Unfortunately they often do not include a proper dosage for babies and children. Here are some of the more commonly needed medications and their suggested dose. Please note that if you think that your child is having some type of side effect from the medication then you should stop using it and contact us if needed.

Antihistamines and Allergy Medication:

Benadryl (diphenhydramine) Syrup

Weight	Amount	Weight	Amount
10-20 lbs.	- ½ teaspoon	71-100 lbs.	- 2 - 3 teaspoons
21-36 lbs.	- ¾ - 1 teaspoon	101 lbs. & above	- 3 - 4 teaspoons
37-70 lbs.	- 1½ - 2 teaspoons		

Allegra Children's Suspension

1-2 yr old = 2 ml twice daily 2-12 yr old = 5ml twice daily

Claritin (loratidine) & Zyrtec (cetirizine) Syrup 5 mg /tsp

1-2 yr old = 2.5 ml daily 2-6 yr old = 5 ml daily >6 yr old = 10 ml daily

Cough and Cold Medications:

For decades these medicines were routinely used in children as young as several months of age. However several studies now appear to show that children's cold medications are ineffective, which is contrary to what many parents experienced when treating their children with these types of medications. There are also safety concerns when the medications are given incorrectly—as with any medicine. So the FDA governmental agency has decided that it no longer recommends using these medications for children less than 4-6 years of age.

Having said this, and because the dose is no longer included on the bottles, we are frequently asked about the dosage of these medicines for use in young children. The parent may be comfortable knowing that the medicine is safe and often effective since they used it successfully in the past. We are now becoming more concerned about possible problems resulting from parents giving the wrong dose since it is not listed on the bottle.

So, here are some doses that we used to recommend before the FDA came out with their policy. *Please note that we do encourage you to follow the manufacturers dosing guidelines. However the following doses were once widely used for many years by millions of children. These doses are for the **Children's Syrup** products.*

Weight	15-24#	25-34#	35-44#	45-64#
Delsym Products	0.8 ml	1.25 ml	2 ml	2.5 ml
Mucinex Cough	1 ml	2 ml	2.5 ml	3-4 ml
Mucinex Cold Dimetapp Pediapcare Robitussin Sudafed	1.25	2.5 ml	3.75 ml	5 ml

Triaminic products — They do not have a standardized dosing. This may cause confusion and improper dosing so we don't have dosing recommendations for them.

Ibuprofen (Motrin, Advil, etc.) Dosing

For children more than 4-6 months old

Weight	Infant Drops 50mg/1.25ml	Children's Suspension 100mg/ tsp	Chewable Tablets 100 mg	Adult Tabs 200 mg
12 lbs	1.250 ml	½ tsp	_____	_____
18 lbs	1.875 ml	¾ tsp	_____	_____
24 lbs	2.50 ml	1 tsp	_____	_____
33 lbs	_____	1 ½ tsp	_____	_____
44 lbs	_____	2 tsp	2 tabs	1 tab
55 lbs	_____	2 ½ tsp	2 ½ tabs	1 tab
66 lbs	_____	3 tsp	3 tabs	1 ½ tab
77 lbs	_____	3 ½ tsp	3 ½ tabs	1 ½ tab
>88 lbs	_____	4 tsp	4 tabs	2 tabs

Dose is based on 4-5 mg/lb which is the "prescription dosing" and is slightly more than the over-the-counter dosing recommendation

Acetaminophen (Tylenol) Dosing

Weight:	Milligram Dosage	Infant's Liquid 160mg/5ml	Children's Liquid 160mg/5ml	Children's Soft Chews 80mg each	Junior Strength Caps or Chews 160mg each
6-8 lbs	40mg	¼ tsp (1.25ml)	¼ tsp (1.25ml)	N/A	N/A
9-11 lbs	60mg	1/3 tsp (2ml)	1/3 tsp (2ml)	N/A	N/A
12-16 lbs	80mg	½ tsp (2.5ml)	½ tsp (2.5ml)	N/A	N/A
17-22 lbs	120mg	¾ tsp (3.75ml)	¾ tsp (3.75ml)	N/A	N/A
23-28 lbs	160mg	1 tsp (5ml)	1 tsp (5ml)	2 tablets	1 tablet
29-34 lbs	200mg		1 ¼ tsp (6.25ml)	2 ½ tablets	
35-40 lbs	240mg		1 ½ tsp (7.5ml)	3 tablets	1 ½ tablet
41-46 lbs	280mg		1 ¾ tsp (8.75ml)	3 ½ tablets	
47-58 lbs	320mg		2 tsp (10ml)	4 tablets	2 tablets
59-69 lbs	400mg		2 ½ tsp (12.5ml)	5 tablets	2 ½ tablets
70-81 lbs	480mg		3 tsp (15ml)		3 tablets
82-93 lbs	560mg		3 ½ tsp (17.5ml)		3 ½ tablets
94-99 lbs	640mg		4 tsp (20ml)		4 tablets
>100 lbs	Give Adult Dosage				

Dose based on 5-7 mg/lb

PARENTING ISSUES

TELEVISION AND VIDEO GAMES

There are now *thousands* of studies that have been done concerning the effects that TV watching and video games have on children. The results of these studies are alarming in that they show that these activities can have a significant negative impact on our children. TV watching has the following effects on your child:

- The latest recommendation from the American Academy of Pediatrics is that *children should not watch TV prior to age two*. It has been shown to abnormally effect the rapidly developing brain in that age group.
- Autism appears to be more prevalent in infants who are exposed to a lot television viewing in the first year of life.
- Violent behavior increases as children watch more TV and play violent video games.
- The average child will watch over 40,000 commercials a year. Studies show that this is causing them to always want more things, as seen on the commercials, and to not be satisfied with what they have.
- Academic performance significantly decreases as television watching increases.
- Obesity in children is directly linked to the amount of television viewed.
- Increased sexual activity is now shown to be related to television viewing habits by teens.
- ADHD (Attention Deficit Hyperactivity Disorder) has been associated with prolonged television viewing by children.
- Parents should refrain from placing a TV in a child's bedroom. Studies show many of the above problems are more prevalent in children with TV's in their rooms.

There are many sources for further information regarding this. I urge you to learn more and protect your child from the harmful effects of television viewing. You can go to "Google" and do a search for "harmful effects of television". For some tips to help your family decrease the amount of television viewing, check out "tvturnoff.org".

DISCIPLINE

There are few parenting jobs that are more important than discipline and teaching our children how to behave. It has been said that children come into the world like little barbarians and it is up to the parents to civilize them! That's a bit of a stretch but the message is important. The subject of discipline can be overwhelming and often totally conflicting viewpoints are presented as each being the only correct choice for parents. This subject seems to boil down to two schools of thought but a middle ground is possible. There are some experts promoting the traditional, time tested methods for rearing children while there are other experts promoting newer ideas that view traditional discipline as being too rigid and harsh.

Many parents are incorporating some of these newer ideas along with using more traditional techniques in raising their children. Studies show this can lead to happier, more well-adjusted children.

Parents sometimes worry that the child will no longer “like” them because they have been disciplined, but in fact the opposite is usually true. It is not uncommon to see how children that are well disciplined tend to behave in a more loving way towards their parents and how disrespectful some children can be towards parents who always try to be “friends” with the child when providing limited discipline.

What about spanking? The use of corporal punishment, such as spanking, is a heated topic among child behavior experts. It is often viewed as unacceptable according to proponents of modern discipline while those in favor of traditional discipline see this as a sometimes useful technique. Please feel free to discuss this with your pediatrician.

As a parent you will need to discern which forms of discipline are acceptable to you and will work for your child. We feel that there is no one technique or method of discipline that works for all children or all parents. There are many books available on the subject so that you can look at all sides of the issue. Take some time to discuss this in your home and incorporate ideas that you feel most comfortable with. Let the child know what you expect and what the consequences are for misbehaving. Once again, any discipline should be done out of love for your child, not out of anger.

Here's a tip: Don't fall into the trap of telling a child to stop misbehaving repeatedly and threaten to punish them repeatedly. If you warn them three or four times before you finally do punish them, then the child begins to wonder what you mean when you say “No” or “Stop”. They will often continue to do whatever they are doing because they think that you will just keep warning them and they will keep getting another chance.

Experts say that the way to correct this problem is to immediately discipline the child without a warning if he is doing something that he already knows is wrong. In some cases one warning may be needed but if that is unheeded then immediate discipline is appropriate. Being consistent is the key. If this has been a problem in your home then the first few days of using this new approach may be a little rough but soon the child will learn that you mean what you say and soon you may see a wonderful transformation.

FAITH & MEDICINE

Medical schools are now teaching about the connection between faith and medical care. Research shows that as a faith life lifts the human spirit, it promotes healing and recovery. A strong family faith life is usually healthy for children and for the family.

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