

# Chesterfield Pediatrics Baby Care Guide

## WELCOME TO OUR PRACTICE

It is our privilege to welcome you to Chesterfield Pediatrics and congratulate you on the arrival of your new baby. The journey of parenthood is among the greatest path you will ever travel.

Although it is natural to be a bit anxious at first, we want to encourage you to relax and enjoy the process that will accompany your baby's development as he/she moves through the many different stages of life. It is important to remember that your baby is truly changing on a continual basis. The challenges of today will not be the challenges of tomorrow. Most problems with feeding, fussiness and the like are of short duration and of little consequence. This booklet will help answer some of the most common questions we hear concerning baby care. It may also be helpful to purchase one or more of the recommended books on child development as listed at the end of this booklet. Do not take too seriously all of the well-intentioned advice that others will so freely offer. Trust and follow your maternal/paternal instincts and remember that you are the parent. Your instincts coupled with the medical expertise of our Physicians will combine to offer your baby the best possible chance for a normal and healthy development. As Pediatricians, our practice specializes in the care of infants, children and adolescents. Preventive medicine is the chief aim of pediatrics, and many of our instructions are designed to prevent disease and avoid formation of bad habits. If you have any questions about the care of your baby, please don't hesitate to ask us. We are committed to providing your baby with the very best medical care available.



## ***General Office Information***

**Phone: (804) 744-4495**

**Fax: (804) 744-0751**

### **Office Hours:**

Monday, Tuesday and Wednesday 7:30 a.m.-6:00 p.m.

Thursday and Friday 7:30 a.m.-5:00 p.m.

Saturday 9:00a.m.-11:00 a.m. (Sick Appointments Only)

Walk-in appointments are available for sick visits Monday through

Friday, 7:30 a.m. - 8:00 a.m.

Well baby checks and routine physical exams are scheduled from 8:30-4:30 on Monday, 9:00-4:30 on Wednesday and from 8:30-3:30 on Tuesday, Thursday and Friday.

**Same day appointments for sick children!**

Please call as early in the day as possible for sick visits so that we may schedule you more conveniently. If you are unable to keep your appointment, or are going to be more than 15 minutes late, please notify the office so that we may reschedule your appointment for a more convenient time slot.

Please call at least 10 days in advance, if possible, to schedule a routine exam.

Please make every effort to make sickness calls during office hours, as your child's records are readily accessible. Avoid going to an "Urgent Care Center" not associated with a hospital. **Chippenham is the ONLY ER for pediatrics on the Southside.**

***Schedule of Visits***

There will be several scheduled visits for your baby in the first 2 years of life. We like to see all babies within 2-3 days after hospital discharge and again at 2 weeks. Routine checkups are done at 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 2 ½ years, and then yearly after the age of 3.

***Appointments***

Appointments are made to allow adequate openings for sick calls as well as sufficient time for well baby visits (WBV). The following information may be helpful for scheduling:

Try to anticipate school, nursery or preschool, sports, camp and day care physicals, and schedule them well in advance.

Make your WBV as far in advance as possible. It's a good idea to schedule the next WBV when you are in the office. 2-4 weeks may be needed to schedule a routine checkup.

Because we try to stay on schedule, we ask that you arrive on time for your appointments. If you are unable to keep the appointment, please

call and let us know. We reserve the right to reschedule late (15 minutes +) arrivals if no openings are available to make up the lost time.

If you arrive at the office to be seen without an appointment, a nurse will screen your child and you will be offered the first available appointment based on the severity of the illness. We encourage you to call for an appointment because spending time in the waiting room with a sick, irritable child is no fun and not fair to your child or other well children. We will accommodate any sick child needing to be seen within 24 hours.

A practitioner or qualified staff member is ON CALL at all times. If it is necessary to call after regular office hours, our number is 744-4495. You will reach our voice mail system. Please leave your name, your child's name, age, and date of birth, your telephone number, and a brief description of the problem.

### ***Telephone Calls***

Please make routine telephone calls between 8:30 a.m. and 4:45 p.m. on weekdays and 9:00 a.m. to 10:45 a.m. on Saturdays. On nights, weekends, and holidays when no one is in the office, you may leave a message for the on call doctor. Before calling after hours please ask yourself if it can wait until the office is open. Prescription refills, discussion of behavior, or chronic problems are better taken care of during regular office hours.

Our doctors make most of their telephone calls at lunchtime and after they finish with patients for the day. If we have not returned your call by 4pm, please call and leave your number again as numbers can be transposed. It is best to have a pen and paper at hand incase you need to write down instructions. Please make every effort to keep your line open and remain available to the phone when you are expecting a return call.

### ***After Hours***

A practitioner or qualified staff member is ON CALL at all times. If it is necessary to call after regular office hours, our number is 744-4495. You will reach our voice mail system. Please leave your name, your child's name, age, and date of birth, your telephone number and a brief explanation of the problem

If you have called, please allow up to 60 minutes for a return call. If you have not heard back within an hour, please call and leave another message. Please try not to tie up your phone with other calls or leave the phone unattended. Please have paper, pen, and your pharmacy's telephone number available when we call. Please try to remember that even though we may be "on call" we still have our own family needs and responsibilities.

### ***Emergencies***

In case of emergency, it may be best to go to the nearest hospital emergency room. They can quickly assess the problem and call us if necessary. **Chippenham is the only pediatric ER on the Southside.**

#### **Examples of acute emergencies:**

1. Sudden onset of difficult breathing
2. Suspicion of ingestion of toxic or poisonous substance
3. Injury resulting in loss of consciousness, bleeding, suspicion of fracture, damage to eye or laceration
4. Sudden onset of an unusual rash with a fever
5. Convulsions
6. Bleeding

#### **Emergency Numbers**

Office 744-4495

Poison Control 828-9123 or 1-800-222-1222

Rescue Squad 911

#### **POISON INGESTION AND MEDICINE OVERDOSES**

1. Call the **Poison Control Center (1-800-222-1222)**.

Be prepared to give the child's name, weight, age, address, phone, type of ingestion (name, ingredients, and amount), the time interval since it was swallowed, and whether or not any symptoms are present.

2. Attempt to recover the medicine or poison ingested and save vomited material.

### ***Business Office***

For questions regarding your account or insurance, please call 744-0797 between 9:00 a.m. and 5:00p.m., Monday through Friday.

Business office hours are from 9:00 a.m. to 5:00 p.m., Monday through Friday. The office policy is that payment in full is expected at the time of each visit by cash, check, MasterCard, VISA, Discover, American Express or Debit card.

Please keep us informed of changes in home address, telephone number and insurance status so that we may serve you more efficiently.

We ask that you review your particular insurance plan so that you are familiar with its various requirements – co-payments, deductibles, referrals from our doctors for specialist care, emergency room visits and restrictions on laboratory services.

Please be certain to add your baby to your insurance policy within 30 days of birth. We are not able to submit insurance charges for hospital or office visits until you have notified your insurance of your new child.

### ***Education***

We are all committed to our own continuing medical education as well as the education of medical students, residents, and nurse practitioners.

We will, therefore have residents in our office from time to time to aid in their training. You may be asked on occasion to allow a resident to obtain a history and preformed a preliminary examination on your child. The involvement of the student that will be allowed is directly proportionate to their level of experience and will not interfere with nor substitute for the care of one of our doctors. If for any reason you have a particularly sensitive situation or other reason to exclude the involvement of the student at one of your visits, please inform one of us and we will be happy to accommodate.

### **NEWBORN CARE**

When you arrive at home, please call the office for an appointment for the baby's newborn examination. Hospital follow-up visits will usually be in 2-5 days after discharge. If you have any questions concerning your child, please feel free to call the office. At times there are local outbreaks of illness that cause our incoming lines to remain busy for extended periods. Please be patient and try again. If your infant is ill, be prepared to tell us her temperature. Having the name and

telephone number of your pharmacist will help save time in calling in prescriptions.

## ***BATHING***

Daily bathing is not necessary and may cause excessive dryness of skin. When you do bathe your baby, give sponge baths until the umbilical cord is healed. Then bathe the baby in a small tub containing a few inches of warm water. Be sure to check the water temperature before immersing your baby.

Wash the face with plain water, mild soap, such as Dove or Baby Soap, and a soft cloth. To clean around the eyes, use a soft cloth dipped in cool water. Do not try to clean inside the nose or ears, but clean the outer areas with a moist washcloth. The use of Q-tips for cleaning the ears is not recommended. Wash the baby's head with a mild, non-tearing shampoo such as Johnson's Baby Shampoo. Work from front to back to keep suds out of baby's eyes. Wash the baby's body, including folds of skin and face, with a mild soap. Rinse well and pat dry. **Do not use powder** after the bath because inhaled powder can cause serious respiratory problems.

**Never leave the baby unattended!**

## ***BOWEL MOVEMENTS***

Normal newborns can have bowel movements after each feeding, once a day, OR a few times a week. At the hospital your baby will have black, tarry stools called "meconium." During the first several days the color will change to yellow, green, or brown. Normal consistency may vary from loose to pasty. Call the office if you note blood in the stool, if the bowel movements appear red or white, or if your baby is passing hard, formed stools. Grunting and straining with bowel movements is normal. Gas is also normal. As long as the stools are soft, your baby is not constipated. The interval of bowel movements can vary from several days to one a week.

### ***CONSTIPATION:***

Constipation is defined as hard, firm, pellet-like stool, not necessarily infrequent stool. Please call the office for advice if you feel that your child is having trouble with constipation.

A child is constipated if it hurts to have a bowel movement (BM). Therefore, large BM's are not necessarily constipation. Also having a bowel movement is a normal developmental process for a baby and some straining is a normal part of that process. Going four or more days without a BM is also considered constipation in children but may be normal in breast fed infants (>2 months old). Many children normally go two or three days without a BM – if the bowel movement is soft and not painful that is okay. Constipation is often due to some temporary change in the child's diet or exercise level. It is very common in toilet training children. It is usually easy to solve with dietary changes. After he/she is better, be sure to keep him/her on a rather non-constipating diet and a regular toilet sitting schedule to prevent it from happening again.

**Treatment:** Give the baby strained apricots, prunes, peaches or pears twice a day. Apple, pear, or prune juice may also help.

**a.** If the baby has been started on solid foods, some foods naturally bind: rice cereal, applesauce and banana. If constipation occurs with these foods, avoid them or just give loosening food with them, e.g. prunes or peaches.

**b.** Oftentimes babies become constipated and subsequently fuss and cry during the night. This can become very alarming to parents. In these cases when your baby is very uncomfortable, lubricate a rectal thermometer and insert it into the child's rectum. This rectal stimulation often results in stooling. A warm bath is also helpful to soothe the cramps and encourage a BM.

**Mistakes:** Don't use any suppositories and strong medicated laxatives without calling our office. These can cause cramps and irritation.

**Call our office during regular hours if:**

**a.** The child gets cramps or pain that last over two hours.

**b.** If he/she goes three days on this dietary approach without a BM.

**c.** Any blood in the BM's

**d.** For any other symptom that concerns you.

**DIARRHEA:**

Diarrhea is a watery stool that occurs more than four times per day. Diarrhea is usually caused by viral infection of the intestines. The diarrhea often lasts for several days to a week. Toddlers may go through a period of chronic loose stools and this may be normal.

Adequate fluid intake is essential to prevent dehydration. It is important to provide more fluid than the child is losing through the

diarrhea. Signs of adequate hydration include a normal or near normal urine output, a moist mouth, and an alert child who is reasonably active.

Once the child has tolerated clear liquids (no juice, no milk) for 8-12 hours, a simple diet like the BRATS diet (acronym for bananas, rice or rice cereal, applesauce, toast, saltines) may be introduced. Breastfed infants should continue to breastfeed through diarrhea-there is no better way to provide fluid and nourishment. Infants drinking formula may stool less by changing to a lactose-free formula (Lactofree, Prosobee, Iso Milk) for a few days.

***Treatment for infants:***

- a.** Breastfeeding: Continue breastfeeding at more frequent intervals. Supplement with Pedialyte/Infalyte by bottle or syringe if urine output decreases.
- b.** If formula feeding: increase the amount of formula, and/or supplement with Pedialyte/Infalyte to make up for the additional fluid losses. For prolonged diarrhea, try switching to a lactose free formula (soy or Lacto-Free formula) or Isomil DF (diarrhea formula with extra fiber).
- c.** If the skin near the baby's anus is getting sore, wash gently and then protect it with Vaseline, A&D, Desitin or Balmex.

***Call our office during regular hours if:***

- a.** The child is less than six months old;
- b.** The diarrhea is severe;
- c.** Mild diarrhea lasts for over one week;
- d.** Decrease in the amount of urine and wet diapers;
- e.** Dry tongue and mouth rather than their usual moist texture;
- f.** No tears when he/she cries;
- g.** Any blood, pus or mucus in the diarrhea
- h.** For any other symptom that concerns you

***Call our office urgently if:***

- a.** There is fast or heavy breathing;
- b.** Any abdominal pain for over two hours.
- c.** The baby becomes lethargic.

***POTTY TRAINING***

Some children show readiness after 18 months of age, but many are not interested or able until after 2 or 2 1/2 years of age; boys usually

later than girls. We recommend using a potty chair on the floor, rather than one that fits on the toilet seat, requiring the parent to put the child up and take the child down and with no good foot or hand supports. The floor potty allows for more independence and control.

Parents should start potty training when the child shows readiness and interest, teaching the appropriate language about toileting and an ability to undress. Imitation is the best way to learn. Have the child sit while the parent sits. Do not expect the child to use the potty, just begin the routine.

Children should not be expected to sit on the potty for extended periods of time. Five minutes is sufficient. They can be placed on the potty at times when elimination is likely to occur, such as after a meal. The training process should be as pleasant as possible with praise and reward for appropriate toilet behavior. Physical punishment has no place in the training process. It does not teach the child and results in bad feelings and possible parent-child conflict. Children who resist the training process should not be forced. Parents should back off, not expecting further performance, and after a waiting period restart from the beginning with positive reinforcement and praise.

### ***BURPING AND SPITTING UP***

Whether breast or bottle feeding, babies swallow air. Attempt to burp your baby once or twice during feeding. She may not always need to burp. If the baby seems to be guzzling a lot of air, or seems to be "full" before the end of the feeding, you may need to burp more often. This is done by placing the baby over your shoulder and firmly patting or rubbing the lower back, or by placing the baby across your lap face down and patting or rubbing the back.

It is helpful to keep the baby upright and not to be too vigorous in playing with the baby for about 30 minutes after eating. More frequent burping may also be necessary. When laying the baby down to sleep, have the head of the bed elevated. Babies may also have forceful regurgitation or vomiting on occasion. If your baby does this frequently or repeatedly, you should call us and schedule an appointment as soon as possible.

### ***CAR SEAT AND TRAVEL***

A safe, secure car seat of the proper size is the most important item you should have for your baby. The best place for the car seat is in the middle of the back seat, positioned so that the baby is facing backwards (to the rear of the car). This is because in a head-on collision, the baby's head won't be thrown forward (whiplash). It is never safe to hold the baby in your arms. Virginia State Law requires a child to be in a car seat up to 80 pounds or eight years of age and a height of 4 feet 9 inches. After that seat belts are required. A consistent routine of buckling up your baby and yourself for every drive will avoid trouble in getting them to buckle up later on.

The safest place in a car for all children is the rear seat. Never place a rear-facing infant seat (child under one year and 20 lbs.) in the front seat of a vehicle with a passenger-side air bag. The safest position remains rear facing even after one year of age. Convertible car seats can remain rear facing until children have outgrown the seat requirements. Very tall children may require belt-positioning booster before 40 lbs.

Weight limits on specific products vary. Always follow manufacturer's and vehicle instructions. Use of safety belts varies with vehicle belt system and height of child. For additional information on the use of car beds, see the AAP statement "Safe Transportation of Premature and Low Birth weight Infants."

\*Average age for this weight: Individual children's ages will vary widely. While crash data are limited, anatomical considerations of children in this age group would suggest that the belt-positioning booster provides a more optimal fit than a lap/shoulder belt.

### ***CARE OF GENITALS AND CIRCUMCISION***

Most male infants born in this country are circumcised in the newborn period. Newborn circumcision is a rapid and generally safe procedure when done by someone who is experienced. The most common complications are local infection and bleeding.

If you desire circumcision, let your obstetrician know and she will do the procedure on the second or third day. For several days after, the penis may be irritated and stick to the diaper. Clean the area with Vaseline at each diaper change for five days after the circumcision. If uncircumcised, gently pull back the foreskin to wash the area with a warm washcloth.

For girls, separate the labia gently and wash the area with a warm washcloth. There is often white mucus or bloody vaginal discharge in the first week of life due to the hormone changes and is of no concern.

## **CHICKENPOX**

With the availability of chickenpox vaccine the incidence of chickenpox has reduced significantly. This vaccine has become a required part of the immunization series in Virginia.

Chickenpox is a viral infection, which causes blister-like sores (called vesicles) on the body, and to a lesser extent, on the scalp and inside the mouth. However, the rash begins usually on the upper chest, back, and neck with a few red spots, which then become blisters.

Fortunately, most children do not become extremely ill and usually begin to feel better in three to four days.

Children with chickenpox are contagious for about seven days, usually from the day before the pox appear until all the sores are dried up and crusted over.

**Exposure to Chickenpox:** The incubation time for chickenpox (the time interval from when the child is first exposed to when the child begins to break out) is approximately 14 days (as early as 7 days and as late as 20 days after contact). Therefore, if there are siblings at home that have not had chickenpox, you can generally plan on them becoming ill in about two weeks. Chickenpox is very contagious and is transmitted through the respiratory system. The contact has to be directly with someone who has fresh chickenpox sores. For instance, a parent who has already had chickenpox cannot carry it on their clothes home to their child.

**Treatment:** Chickenpox symptoms can be very mild, and if your child shows no discomfort, then no treatment is necessary. If there is itching, the best treatments are Benadryl, cool baking soda baths (one box soda/tub full), Aveeno (oatmeal) baths, and Calamine lotion. If there is fever or discomfort, give Tylenol (acetaminophen) only.

**Never** use aspirin or Ibuprofen (Advil or Motrin).

### **Benadryl Elixir Dosages:**

Under 20 lbs. ½ tsp., every 6 hours

20-40 lbs. 1 tsp., every 6 hours

40-60 lbs. 2 tsp., every 6 hours  
Over 60 lbs. 3 tsp., every 6 hours

To prevent the sores from becoming infected with bacteria, trim the child's fingernails short.

Also, wash his/her hands with antibacterial soap (such as Dial or Safeguard) frequently during the day. For young babies who are itching badly, you may want to cover their hands with cotton socks.

We recommend, and schools now require, that children receive the varicella vaccine at age 15 months. Children who have received the varicella vaccine can get varicella, but it will usually be a milder case.

***Call our office during regular hours if:***

**a.** The scabs turn from brown to gold or get any pus under them, or if there are large areas of redness around the scabs. This means the chickenpox has become infected with bacteria (germs) and an antibiotic medicine is needed.

***Call our office urgently if:***

- a.** Your child vomits several times, or acts funny, or doesn't seem to know you.
- b.** Your child is taking Prednisone or other steroid medication.

***CORD CARE***

When your baby arrives home, she will probably have a drying remnant of the navel cord. This usually falls off between 7 and 10 days but will occasionally remain attached for as long as five weeks. Until it falls off, keep the navel and the area around it clean. You can use a cotton ball soaked with rubbing alcohol several times a day. After the cord remnant drops off, it may ooze for several days to a week. Do not give a tub bath until it is completely healed. Please call us if oozing persists, if the discharge contains pus, or if the surrounding skin becomes red.

***COUGHING, SNEEZING, HICCOUGHING, CRYING***

All babies sneeze, yawn, belch, hiccough, pass gas, cough, and cry. Sneezing is the only way a baby can clean his nose of mucus. Hiccoughs are spasms of the diaphragm muscle and may occur after each feeding. Coughing is a baby's way of clearing the throat. Crying is

a way of saying, "I'm hungry," "I'm wet," "I'm thirsty," "I want to turn over," "I'm too hot" or "I'm too cold," "I have a stomachache" or "I'm bored." You will learn to know what the baby means. Even a well baby will probably cry for a little while each day and could cry for an hour or so occasionally without doing himself harm.

## ***COUGHS, COLDS, CONGESTION, CROUP***

### ***COUGH:***

Coughing helps to clear the lungs and upper airways and prevent lung infection. Most coughs are caused by viral infections, occur during the winter months, and last about 10-14 days. Many accompany cold symptoms (see **COMMON COLD**). Some coughs sound barky and deep and are accompanied by hoarseness (see **CROUP**). Coughs that sound wheezy are most often due to mucous in the throat but might be a sign of lung infection (bronchitis or pneumonia) or asthma. Viral bronchitis usually causes a dry tickly cough that lasts more than two weeks. Some illnesses cause coughing spasms or several minutes of continuous coughing. Allergies and exposure to smoke will also cause and/or prolong coughing. Parents are frequently fooled into thinking their child has chest congestion when they feel a rattle in their child's chest when they breathe. Mucous in the nose or throat will vibrate all the way down into the chest with breathing, especially in young children, and does not mean the child has bronchitis or pneumonia.

### ***Treatment:***

**a.** Since the purpose of a cough is to protect the airways and lungs, the best treatment is to loosen the cough and relax and soothe the throat rather than suppress the cough. Provide plenty of fluids during a coughing illness. Contrary to common belief, milk does not thicken mucous and should not be restricted, especially in the child who prefers milk. Cough drops and hard candies are helpful in children over age 4. Warm clear fluids are especially helpful in stopping coughing spasms. Run a humidifier in the bedroom, as dry air tends to make coughs worse.

**b.** Cough suppressant medication may be used in children whose cough is severe and is causing problems at sleep, school, or work. It should not be used in children under age 6 without your doctor's advice. The best nonprescription cough suppressant is dextromethorphan (DM). Try to find a medicine with dextromethorphan as its only ingredient and follow the package directions. Multi-symptom cold preparations contain more medicine

than is needed (antihistamines, decongestants) and often cause side effects such as sleep problems and crankiness. Expectorants do not work well in children.

***Call our office during regular hours if:***

- a. The cough has lasted more than 2 weeks.
- b. Your child has a cough with fever over 103°F.
- c. The cough has lasted more than 3 days and your child is 1 to 3 months old.
- d. Your child is losing lots of sleep due to the cough.
- e. The cough has caused many coughing spasms or episodes of vomiting.
- f. The cough feels wheezy.
- g. Bloody mucous has been coughed up.
- h. Your child has bad chest pains with the cough
- I. Your child has missed more than 3 days of school.
- j. The cause could be allergies.

***Call our office urgently if:***

- a. Your child has difficulty getting air in or out from the chest or is breathing fast.
- b. Your child is less than 1 month old and has coughed several times.
- c. The lips turn blue with coughing.
- d. Food, a toy, or other foreign object could be caught in the windpipe.
- e. Your child acts or looks very sick

***COMMON COLD (Congested Nose):***

Every normal child catches colds. A two year old may have as many as eight colds a year. A child in daycare can catch a cold during the winter season every two to three weeks. As children grow, they develop more resistance to the viruses that cause colds, which is helpful since we have no cure for cold viruses. **Antibiotics or cold medications will not stop or cure a cold.**

***Treatment:***

a. Although there is no cure for a cold, you can help make your child feel more comfortable while he/she is recovering. You may give Tylenol for fever or discomfort (refer to the section on fever). You should increase your child's fluids if possible. You should also elevate the head of your child's bed to make breathing easier during sleep. Vaporizers or cool mist humidifier are helpful for breathing problems (see below). Use your vaporizer at the first sign of a cold. Do not put any medicine in it, fill it with plain water. Make sure you change the water daily as it can become a breeding ground for mold

and bacteria. It is not necessary to run the vaporizer continuously since the room and the child may get very damp. A few hours at a time may be sufficient.

**b.** For a dry or stuffy nose with only a little discharge:

**1.** Use salt water nose drops Salt water drops are available over the counter or use ¼ teaspoon salt to 8 ounces of water, made fresh daily, 2 to 3 drops as necessary in each nostril while the child is lying on his/her back on a bed with his/her head hanging over the side. Then have the child blow his/her nose after waiting one to two minutes.

**2.** If the child is too young to blow his nose after the salt-water drops, after one to two minutes, use a soft, rubber bulb syringe to gently suction the loosened mucus. Express the air out of the syringe, place in child's nostrils and release the syringe. Empty the contents into a tissue and repeat the procedure in the other nostril. Sometimes you may not obtain much mucus even when you hear it and may need more suction. You can obtain this by placing your thumb over the open nostril **after** you place the syringe in the other nostril. If a soft rubber syringe was not sent home with you from the hospital, you can obtain a nasal aspirator at your local drug store.

### ***Runny Nose:***

The best treatment is blowing the nose for a day or two. Cough and cold preparations are generally not of great benefit. Side effects of these medications are significant: nervousness, dry mouth, problems with sleep. So they should generally be avoided under six years of age, and should only be continued if they improve the child's level of comfort. Remember that cold medicines will not cure or shorten the length of a cold. If used, these medications should be chosen based on the symptoms you wish to relieve. That is, a decongestant for relief of a very runny nose, or a cough suppressant (one containing Dextromethorphan) for relief of persistent coughing. Expectorants are usually ineffective, combination medicines contain unnecessary ingredients and more side effects, and antihistamines are helpful for allergies but not congestion caused by a virus cold.

### ***Stuffy Nose:***

You will notice that all babies have a very small nasal bridge so that even a slight amount of mucus may make their breathing noisy and their nose sound stuffy. If they sleep well and nurse well despite this, no treatment is necessary. If the stuffiness interferes with sleeping or nursing, you may use a drop of salt-water nose drops in each nostril every two to four hours (1/4 teaspoon table salt in 4 ounces of warm

water to prepare nose drops). Excess nasal mucus may be removed with an infant nasal aspirator available at most drug stores. Steam or cool mist vaporizers are sometimes helpful in cold weather.

### ***Sore Throat:***

Most sore throats are caused by viruses and are associated with fever, headache, stomachache and swollen glands under the jaw. The same symptoms can be caused by strep throat (bacterial infection of the throat with streptococcus) which can and should be treated with antibiotics. To find out whether your child's sore throat is caused by strep or a virus, a throat culture is necessary. If it is positive for strep, an antibiotic is necessary. If it is negative for strep, a virus usually causes the sore throat and associated symptoms and symptoms should be treated to make the child more comfortable. The symptoms often last up to a week. Whether the sore throat is from a virus or strep, Tylenol may be given for fever, aches and pains. Cold fluids, Popsicles and ice cream are good to soothe the throat. In older children, gargling with warm salt water is helpful.

### ***Humidifiers and Vaporizers:***

Some vaporizers boil water to produce steam. Others use vibration or a fan to project moisture, usually cool, into the air. Both systems put moisture into the air to moisten and thin secretions in air passages. The American Academy of Pediatrics recommends cool mist units because they are safer with no risk of hot water or steam injuries. Whichever unit you choose, keep it clean. Rinse, dry, and refill the unit each day. Clean the tank once or twice each week by scrubbing with a dilute bleach solution and rinsing well.

### ***Croup:***

Croup is caused by a viral infection in and around the voice box. It usually is accompanied by cold symptoms and possibly fever. It causes laryngitis and a tight cough that sounds like a seal's bark. When croup becomes worse, it causes a crowing noise (stridor) every time your child breathes in. Croup usually lasts for five to six days. During that time, it can change from mild to severe many times. It is usually worse at night.

### ***Home Treatment:***

- a.** Mist: Keep the child's room humidified. Use a cool-mist vaporizer and run it all night.
- b.** Increase fluid intake. Any fluid will do, even milk.
- c.** Medicines: Over-the-counter cold medications and antibiotics are

not helpful in treating croup.  
Stick with the vaporizer and increased fluids.

***Treatment for serious croup:***

With croup, it is not unusual for your child to have noisy breathing or a croupy cough, especially when upset or crying. But if your child has stridor at rest (a crowing noise when sitting quietly in your lap).

**a.** Take the child outside for 5-10 minutes. Sometimes a blast of cold night air will stop the stridor.

**b.** In the meantime, run a hot shower with the bathroom door closed. Once the room is steamy, sit in there with your child on your lap. Try reading a short story to pass the time. Fear and crying make croup worse.

**c.** If this doesn't work, dress the child, go out in the car, and drive around the block with the windows down for a few minutes. Most children settle down and breathe easier with one of the above treatments and then sleep peacefully through the night. If, instead, the stridor is still present after all this, call the doctor on-call.

***Call our office during regular hours if:***

**a.** The croupy cough goes on past seven days.

***Call our office urgently if;***

**a.** The color of the lips and skin starts turning blue.

**b.** The child is having great difficulty breathing in.

**c.** The child is drooling heavily.

**d.** The child has stridor even when sitting quietly without coughing.

***Colic***

Colic can be defined as an excessive amount of fussing and crying in an otherwise healthy and well-fed baby. About 10% of children have colic, and it has been seen in children from the beginning of time. It usually starts within the first three to four weeks of life and disappears by the third month. Treatment just makes the baby easier to live with, but it probably doesn't make the colic go away at an earlier age. No one knows for sure what causes colic; it is probably related to your baby's special temperament and determination. Remember that babies normally cry about 2½ hours per day.

**Treatment:** There several things that you can do to help the crying. Different things work for different babies.

- a.** Never allow the child to sleep for over three hours straight during the day. If he/she is going to cry, it might as well be during the daytime. This will help you to keep down the amount of night time crying.
- b.** Try to help the baby get to sleep with a pacifier, rocking chair, extra snuggling and cuddling, a front pack, a wind-up swing, buggy ride, warm water bottle against the stomach, music, etc. Try anything that you think might work. Take the baby for a ride in the car. Place the infant in a chair with motion.
- c.** If none of these measures quiet the baby and he/she has been fed in the last 2½ hours, by all means let the baby cry himself to sleep. On some days, this is the only answer to a fussy baby. Close the door, go into a different room, turn up the radio and do something you want to do. Even consider earplugs. Save your strength for when your baby really needs you. In addition, take some catnaps yourself during the day in case the night goes badly.
- d.** Dr. Harvey Karp (see website) talks about the five S's – swaddling, side/stomach position in your arms, shhing noise, swinging and sucking.
- e.** Remember - special bottle, formulas or medicines do not cure colic.

***Call our office during regular hours if:***

- a.** The baby seems to be in pain.
- b.** Cries constantly for over two hours despite attempts to console baby.
- c.** The baby is over three months old.
- d.** The crying began after one month of age.
- e.** You are exhausted.
- f.** The baby has a fever (see fever for specific guidelines).
- g.** There is blood in the stool.

***Call our office urgently if:***

- a.** You feel you might lose control with such a baby.
- b.** Or, for any other symptom that concerns you.

***DISCIPLINE***

1. Praise and reward your child for corrects behavior, being good. The best reward you can give is your time and attention.
2. Let them help you with everyday household activities. This teaches them to do things, gives them a sense of accomplishment and gives

you quality time with your child.

3. Allow exploratory play. It is normal for toddlers to be active, on the go and into everything.

4. Avoid conflicts by childproofing the house. Keep away things that are tempting to the child.

5. Stick to the household routines and schedules, especially for mealtimes and bedtime. The child will feel safer knowing what to expect and will learn better what is expected of him.

6. Make as few rules as possible and make them clear and specific. Apply rules and discipline consistently. Parents need to frequently discuss with each other their expectations of the child and management of discipline.

7. Avoid nagging, threatening, screaming, lecturing and long explanations.

8. Be a good role model. Children learn by what they see and hear. Teach your child that problem situations, including disciplining, can be handled matter-of-factly. If you lose your cool and scream when you are mad, you can expect your child to follow your example.

9. Choose your babysitter carefully. He should understand what you expect from him and your child; someone who is a good role model.

10. Be sure to make time to have fun with your child and enjoy your family.

### ***TEMPER TANTRUMS:***

Children from 15 months to 4 years old will have frequent temper tantrums. They are easily frustrated by their greater mobility and freedom, yet inadequate skills to accomplish desired tasks. They are unsure of the rules and limits and are dealing with their new sense of independence and autonomy.

Many times parents can see a frustrating situation for the child develop (i.e., arguing over a toy with a sibling, frustration over not being able to reach or get something, being tempted by too many new toys or candies that he can't have, etc.). The parents should try to head off these situations by distracting the child or redirecting the child's attention. When the frustration level builds up too fast or is unavoidable, the parents should not give in. Trying to avoid a tantrum or giving in to a tantrum or to whining does not help the child learn to control his impulses and handle frustration. Once a tantrum starts and the child is out of control, the parents should not give in, plead with the child to stop, yell at the child to stop or use physical punishment. The last two responses often tend to make the tantrum worse.

The best thing to do is to act calmly and let the child regain control of

himself by saying, "I'll be back when you're quiet," and leave the room. If the child sees that you are not there to pay attention to the tantrum and will not give in, he will quickly stop the tantrum. If you fear that the child may hurt himself, you can calmly pick him up, face him away from you, place him in a safe place (a corner or a playpen) and repeat, "I'll be back when you're quiet," and then leave. Once the tantrum stops and the child is under control, your job is to come back, be very positive and constructively deal with solving the problem through compromise or moving on to another activity, speaking calmly and positively. Praise him for being under control.

If a tantrum occurs in a public place (i.e., supermarket), again, don't give in. You will be tempted to say to yourself, "I'll just give him the candy, he'll be quiet and we'll be able to finish shopping and get out of here without making a scene." You may avoid a scene that time, but you are teaching him that all he needs to do is threaten to make a scene and he'll get what he wants. Several things can be done to avoid this problem. First, don't make the shopping trip too long. Children have short attention spans and become tired and frustrated. Try to go out when the child is rested. Avoid aisles or places where the child will be overloaded with tempting and enticing items. If a tantrum occurs in a public place, be willing and prepared to drop everything, leave your cart and take the child over to a quiet corner, or even out to the car, and sit him there in time-out until he is quiet. Then return quickly and finish the trip. While this will make a difficult and frustrating trip for you, you will find that if the child knows you will not give in, he will stop.

### ***HOW CHILDREN'S TEMPERAMENTS VARY:***

Your child's temperament is its own style of behavior. It is the "how" of behavior, rather than the "what" (ability) or "why" (motivation). It is important for you to realize that your child's temperament is apparently pre-determined at birth and that you cannot change her temperament. Instead, you should try to develop a parenting style and a home environment that takes your child's temperament into account.

### ***EARACHE***

There are two kinds of ear pain problems. One is "swimmer's ear," usually seen in the summer when water gets into the outer ear canal and causes irritation and inflammation of the canal. The ear itself is usually painful to touch. This is usually treated with eardrops as prescribed by the doctor. Many parents have learned that if their child

is prone to "swimmer's ear" they can use well fitting earplugs to help keep the ear dry. The other more common ear problem is the middle ear infection, which can be viral or bacterial. It is usually associated with a cold, runny nose and congestion. There does not have to be a fever.

The child with ear pain should be seen by the doctor to evaluate the ears, the throat and the sinuses to decide whether antibiotics are necessary. The pain itself can be helped with acetaminophen every four hours as well as with a heating pad or warm compresses over the affected ear. This usually takes the edge off the pain enough to allow the child to sleep until he can be evaluated in the doctor's office. If the child is being treated for an ear infection, the doctor will want to recheck the eardrum for fluid.

Often the child will be feeling better but the eardrum is still inflamed and with fluid. A different antibiotic may be needed to prevent the fluid from becoming further infected until the body is able to remove it. While an ear infection or fluid is present, the child's hearing is slightly dulled in the ear, but hearing returns to normal when the fluid clears. The evaluation and treatment of ear infections is designed to avoid hearing loss, which can develop if the infection and /or fluid continues for several months.

## ***EARWAX***

Most parents worry about excessive earwax. Earwax is normal and is produced in the outer canal to trap dirt and small particles. It gradually works its way out of the canal and can easily be wiped away with a washcloth.

Probing inside the canal with a Q-tip is unnecessary and usually results in pushing a fair amount of the wax farther in, resulting in a large block of impacted wax. This is to be avoided. When evaluating the child for an ear infection, the doctor may need to remove *some* of the wax to get a good view of the eardrum. He may use a small metal loop to scoop out the wax or wash it out with warm water.

He may recommend an over-the-counter earwax removal system to use at home, such as Debrox or Murine, if there seems to be excessive or impacted wax.

## ***EAR INFECTIONS***

An ear infection is an infection of the middle ear (the space behind the ear drum). This may occur if the Eustachian tube is blocked. It usually is a complication of a cold. If the following treatment is carried out, there should be no damage to the ear or to the hearing.

***Treatment:***

- a.** Call our office during office hours to schedule an appointment to evaluate the cause of your child's ear pain.
- b.** Antibiotics may be prescribed for the treatment of your child's ear infection to kill germs that may be present. Your child should begin to improve in a few days. However, the antibiotics should always be continued for the full course to kill all of the germs.
- c.** If you suspect your child has an ear infection in the evening or at night, try the following measures to relieve pain.
  - 1.** Give an appropriate dose of acetaminophen (Tylenol, etc.) every four hours or ibuprofen if the child is older than 6 months.
  - 2.** Elevate the head if it is an older child.
  - 3.** Try a heating pad or hot water bottle in an older child.
  - 4.** Put some Auralgan (a prescription), olive oil, or any other type of cooking oil in the aching ear.  
Warm it up to about body temperature, and put four drops in the ear. **DO NOT** use this treatment if the ear is draining pus.  
**Antibiotics are not prescribed over the telephone and will not provide immediate relief.**
- d.** Your child may be given an ear re-check appointment. At that visit, your practitioner will look at the eardrum to be certain the ear infection has cleared up. Follow-up appointments are very important, (particularly if your child's eardrum is perforated). Until the eardrum is definitely healed, the ear needs special treatment.
- e.** Children who are frequently exposed to cigarette smoke are at increased risk of getting ear infections. Children should not be exposed to cigarette smoke.

***Call our office urgently if:***

Earache is **not** an emergency. If you suspect your child has an ear infection in the evening or at night try the pain relieving methods previously noted and call the office in the morning for an appointment.

***EYES***

You may occasionally notice some puffiness of the eyelids and mucus discharge from the eyes. These results from medication placed in the

eyes after delivery and generally lasts two or three days. The eyes can be cleaned with clear water (not sterile) during the bath. A clean cotton ball should be used, wiping from the nasal side outward to the outer eye and then discarded. In case of persistent eye discharge, tearing or irritation, please call our office.

### ***EYE INFECTIONS (CONJUNCTIVITIS)***

An eye infection (pinkeye) causes redness of the sclera (white part of the eyeball) plus a yellow discharge. Often the eyelids are stuck together with dried pus when the child awakens in the morning. Such an eye infection is caused by bacteria and will clear up in a few days with the following treatment.

#### ***Cleaning the eye:***

Before putting in any medicines, remove all the dry and liquid pus from the eye with warm water and wet cotton balls. This should be done as often as pus is seen in the eye, sometimes every hour. Unless this is done, the medicine will not have a chance to work.

***Medicine:*** Your doctor will also give you an eye medication. This needs to be put in three to four times a day during waking hours. Pull down the lower lid of the affected eye or eyes and place about ¼ inch of the medicine, or two drops, in the lower lid. Continue the medication until the child has awakened for two mornings in a row without any pus in his/her eyes. Generally this is about five days. If stopped sooner, the infections will probably come back. In younger children, under two years of age, ear infections often accompany conjunctivitis and will require an office visit to determine the presence or absence of an ear infection and to treat the child appropriately.

***Contagiousness:*** The pus from the eyes can cause eye infections in other people if they get some of it on their eyes. Therefore, it is very important for the sick child to have his own washcloth and towel. He/she should be encouraged not to touch or rub his/her eyes. Everyone's hands should also be washed often to prevent spread of the infection.

#### ***Call our office during regular hours if:***

- a.** The infection hasn't begun to clear by 72 hours.
- b.** Any fever develops.
- c.** Any sores develop on the eyeball.
- d.** The vision changes
- e.** Or, for any other symptoms that concerns you.

***Call our office urgently if:***

**a.** The child develops a fever over 104°F and/or redness spreads onto the skin surrounding the eyeball (onto the cheek and eyebrow).

One condition in newborns that can be confused with pink eye is a plugged tear duct in the eye.

This generally starts in the first month of life and may last for a year. The sclera (white part of the eyeball) is not red, but there may be a lot of watery or mucousy drainage from the eye, usually only on one side. If this happens, you should massage along the side of the nose starting from the eye down with a warm washcloth. Call our office during regular office hours to let us know what is going on (non-urgently), and to talk with our triage nurse about the condition.

***FEEDING YOUR NEWBORN***

Breast milk is the best nourishment for your little baby during the first year of life. Not only does breast milk contain the right balance and amount of nutrients, but also contains substances that may help protect your baby against certain illnesses and allergies. If you decide not to breast- feed, or if you stop nursing before your baby's first birthday, infant formula provides the best alternative to breast milk.

Feeding can be a challenge in the first few days of life. Some babies may seem more interested in sleeping than eating so we encourage trying to feed babies every 2-3 hours. Do not be discouraged as feeding will soon pick up and we will be following the babies closely while you are in the nursery and when you first come home.

Allow your baby to be fed on demand schedule, and she will generally awaken at 3-5 hour intervals. Initially, your baby will probably take 2 to 4 ounces at each feeding. Once she is able to empty the bottle, start adding another ounce. Stop to burp her every one or two ounces initially, then at longer intervals when she becomes older. Many infants have irregular feeding schedules for several months. She will not necessarily take the same amount at each feeding, either, but it is generally advisable to have enough formula in each bottle to satisfy her. Do not force your baby to finish the bottle and to prevent accidental choking, never prop bottles. Do not change formulas without first talking to the doctor or nurse.

***BREAST FEEDING:***

In the hospital, you will receive instructions and help on how to initiate breast feedings, including proper latch-on and positioning. It is best to nurse your baby at both breasts at each feeding. Your baby should nurse on each breast for a maximum of 10-15 minutes (your baby's need to suck may exceed the time it takes to empty each breast and a pacifier may save you from becoming a human pacifier). After your baby empties the first side, let her nurse on the other side to keep her full and yourself comfortable. She may not empty the second side completely. For the next feeding, start nursing on the side that you stopped on the last time. It may be helpful to change your baby's diaper before she nurses at the second breast so she can fall asleep after nursing and be put in the crib without further interruption. Before nursing, you can clean your breasts and nipples with warm water.

During the first 2-4 weeks, you should expect to feed your baby every 2-3 hours (on demand generally, unless it has been 5 hours since the last feeding). This becomes less frequent as your milk becomes well established (the more your baby breast feeds, the more milk you will produce). Your breasts may feel tender and become engorged during the first few weeks, even to the extent that your nipples tend to retract. If this occurs, it is helpful to pump your breasts or manually express a small amount of milk

Breast-feeding mothers should eat a balanced diet that contains 500 to 600 more calories per day than the diet you needed before pregnancy. Your daily food intake should contain a lot of foods high in protein and calcium. If you are unable to eat high-calcium foods, ask your doctor to recommend a calcium supplement. You should also drink eight cups of liquid a day. Drinking a glass of water each time you breast-feed will help ensure an appropriate intake of fluids. Some foods that you eat may upset the baby's stomach (e.g. onions, cabbage, broccoli, beans, chocolate, dairy products and spicy foods). Medications such as acetaminophen (Tylenol) and Ibuprofen (Motrin) can be taken safely while you breast feed; however, your obstetrician or pediatrician should approve other medications.

After about two weeks, you may supplement the baby's diet with formula or expressed milk when you are away from the baby. If you want to wean your baby to a bottle, it is helpful to wean slowly and to talk to us about it before you start. Expressed breast milk may be frozen for up to three months and then thawed in a pot of warm water. Thawed or fresh breast milk should be refrigerated and used within 24 hours.

We have a lactation consultant on hand for any question or concerns regarding breast-feeding. Call our office number 744-4495 and ask to speak to our lactation consultant.

### ***FORMULA FEEDING:***

We prefer that infants stay on breast milk or formula for the full first year of life. Vitamin supplements are not necessary, but it is best to use an iron-fortified formula to ensure adequate iron intake and brain development. The formulas are available as ready to feed preparations but are much less expensive in the concentrated forms, which are simply mixed with water. The bottles should be washed in a dishwasher for the first month. Discard any formula that has been out of the refrigerator for over 1 hour or that has been in the refrigerator for more than 48 hours. It is not required that you warm your baby's formula. If you do warm the formula, bring it to room temperature in a pan of hot water or with a bottle warmer, but be sure to check the temperature of both the nipple and formula before giving it to the baby, as it is very easy to burn the baby's mouth. **DO NOT WARM** the formula in the microwave because of uneven heating of the formula and the bottle.

Allow your baby to be fed on demand and she will generally awaken at 2-5 hour intervals. Initially your baby will probably take 2 to 4 ounces at each feeding. Once she is able to empty the bottle start by adding another ½ ounce at a time. Stop to burp her every 1 to 2 ounces initially, then at longer intervals when she becomes older. Many infants have irregular feeding schedules for several months and she will not necessarily take the same amount at each feeding. It is generally advisable to have enough formula in each bottle to satisfy her. Do not force your baby to finish the bottle and to prevent accidental choking, never prop the bottles. Do not change formulas without first talking to the doctor or nurse.

### ***MEAL TIME:***

Don't force the child to eat. Provide small portions he can eat and allow him to ask for more. Do not nag or get upset. At about 9 months old children are beginning to finger feed themselves. Allow them to finger feed even if they make a mess. While they are grappling with a small piece of food, you are often able to slip in a spoonful on your own to them.

Do not give snacks after meals as this teaches him that he doesn't

need to eat at mealtime. Don't feel guilty. Allow only water until the next meal. If he doesn't get the snacks, he'll gradually realize that mealtime is eating time.

Allow a reasonable length of time for the meal, i.e., 30 minutes. If he dawdles, plays, and doesn't eat, simply declare the meal over, clear the table and explain that he can eat at the next mealtime. If the child misbehaves or breaks a rule, remove him from the table for time-out and have him practice correct behavior. If time-out is necessary twice in one meal, the meal is over.

Many behavioral problems develop at mealtime. First, establish simple rules for mealtime, reasonable for the child's age, such as being seated while eating, not spitting out food, etc. Second, teach the child how to behave. He can't be expected to do what he doesn't know how to do. Third, praise all appropriate behavior. Positive reinforcement is the easiest and most powerful way to get the child to do what you want. Include the child in conversation. If the child feels ignored, he will misbehave just to get attention.

#### ***VITAMINS AND FLUORIDE:***

Fluoride is necessary for the development of the teeth, from infancy to 13 years of age. The water supply in the City of Richmond, Henrico and Chesterfield Counties and most of Hanover County is adequately fluoridated so no supplementation is necessary. If you use well water, the baby will need fluoride drops to be started after six months of age. Fluoride is not transferred through the breast milk so breastfed babies will also need supplemental fluoride after six months of age. We may recommend vitamin D supplementation in exclusively breastfed infants.

Full term babies who are taking a normal amount of formula do not need additional vitamins as the daily vitamin requirement is provided in the formula. Premature babies may need vitamins in addition to the formula.

#### ***WATER AND SOLIDS:***

Although babies birth to 4 months do not need extra water, there is no harm in giving one or two ounces of water between feedings, on occasion (if it is very hot outside, for example). After the first month, you should continue to boil water for 4 to 6 months if you have well water

Solids (cereals and baby foods) should not be added to the diet until after 4-6 months of age. If your baby is drinking 32-40 ounces of formula per day, you should discuss adding solids to his/her diet with us at your next well-child visit.

After deciding to add solids, offer rice cereal first and then gradually advance to the baby food fruits and vegetables. Meats are not started until after six months of age. Start with several spoonfuls per feeding once or twice daily. Gradually advance to three times a day, with greater amounts if the baby wants. There is no set amount of solids that a baby should take. Some babies aren't interested in solids until after six months of age. Most of their nutrition is in the formula or the breast milk. Non-citrus juices may be offered in the early months for a snack or may be helpful if the baby is constipated.

Because your baby may have a sensitivity or allergy to any particular food or juice, as shown by vomiting, diarrhea, stomach pains, gas or hives, it is best to try only one new food or juice at a time. Give that for at least 3-5 days before introducing something else new. Foods the baby has taken with no problem can be given any time and in any combination.

### ***FEET***

Babies' feet are naturally fat, especially at the arch, making them appear flat-footed. In addition, many babies hold their feet turned in or out and have the appearance of bowed legs. In most cases, these conditions are temporary and resolve spontaneously after the baby starts to walk and run. We will evaluate your infant's hips, legs and feet during the examination and advise you whether she has any condition that may require correction. In the normal foot, inexpensive sneakers, or shoes, high or low top, are very adequate for protection of the feet. Bare feet or socks are fine as well.

### ***FEVER***

Fever is the most common reason that parents call pediatricians. Many parents worry that a fever can cause lasting damage to their child, and that a high fever must be aggressively controlled in order for their child to become well. If you have any of these beliefs, you're more worried about fever than you need to be. The question of when to notify the doctor of a fever depends on the age of the child. In infants less than two months old any fever should be discussed with a

doctor. For older children, a temperature of 102°F if it lasts longer than 24 hours should be discussed with the doctor. Don't feel that the doctor is insensitive if he is not panicked about your child's fever. It's just that we know that most fevers are harmless in themselves. The doctor will be concerned about what is causing the fever and will be interested in other symptoms such as vomiting, diarrhea, rashes, earaches, sore throat, etc.

A temperature should not be considered a fever until it reaches 100.4° rectally. Too often normal temperature variations during the day are misinterpreted as abnormal. Temperature elevations can also be caused by excessive clothing or exercise within the previous half hour. Fever in children is usually caused by viral illness. Fever is the body's normal response to infection. By itself, **fever is not dangerous** and will not go high enough to cause harm (even when over 104° F). In fact, fever is useful in fighting infections. Fevers usually last two or three days. There are several things you can do to keep your child comfortable

**Medicines:** Use Tylenol, Temptra or any non-aspirin acetaminophen product for any of the following: the temperature is more than 102° F and the child is uncomfortable, or any fever that exists at bedtime. The proper dose is based on the child's weight. Give every four hours while awake, but no more often. Medication may reduce the fever, but usually not return it to normal. There are some fevers that do not respond at all to fever medication. However, that is not cause to panic. **Remember, the fever will not cause harm.** Ibuprofen (Advil or Motrin) is also available for fever and/or pain, but consider it only after trying acetaminophen. Ibuprofen may work better for high fevers (> 103°F) or for teething and ear pain. It is given every 6 hours. Refer to the chart below.

Age	Lbs	Suspension Dropper (80mg/0.8ml)	Suspension Elixir (160mg/5ml)
3 months	6-11	½ dropper	
4-11 mos	12-17	1 dropper	½ tsp
12-23 mos	18-23	1 ½ dropper	¾ tsp

Dress your child lightly to allow the warmth from his/her body to escape. **Do not bundle.**

If your child would enjoy it, you may sponge bathe him/her in lukewarm water. This will only lower the temperature temporarily, so

be sure to administer acetaminophen first. If your child is shivering then the water is too cold. Shivering increases body temperature. **Never** sponge with alcohol.

***Mistakes:***

Parents rely too much on the degree of fever or to the response to medications to gauge the degree of illness in their child. If your child with a high fever looks and acts fine, then don't worry about the fever. However, if there is only a low grade fever, yet the child acts and looks very sick, he/she is really more ill than the fever indicates. Trust your instincts!

***Call our office during regular hours if:***

- a. Your child is three to six months old.
- b. The fever has been present over 72 hours.
- c. The fever goes away for over 24 hours and then returns.
- d. If no reason is apparent to explain the fever and it has lasted for over 24 hours in children six to 24 months.
- e. There is burning or pain with urination or an earache.

***Call our office urgently if:***

- a. The child is less than three months.
- b. The child seems very sick to you or is not responding to you appropriately.
- c. The fever is 104°F or more, orally or rectally.
- d. The neck is stiff.
- e. The child is confused or delirious
- f. The child is having difficulty with his/her breathing
- g. The child has any purple spots on his/her skin.

Call 911 if you think your child is critically sick and needs immediate attention.

***FUSSY PERIOD***

A number of infants have fussy periods, often with surprising regularity, especially in the late afternoon or evening. Usually these are self limited and require no treatment. In contrast others may cry for several hours, appearing to be in pain and passing a lot of gas. These are called colicky babies and are usually healthy infants who are otherwise thriving. Usually no other explanation is found and the episodes finally end at about 3 to 4 months of age. It has been shown

that the average normal infant has increasing amounts of crying until she is 6 to 7 weeks of age old when total crying time is 4 to 6 hours a day. It tends to go down steadily over the next 4 to 6 weeks. You cannot "spoil" your infant by holding her. Hold your baby as much as you wish.

## ***GASSINESS***

Most babies have a moderate amount of gassiness. If the baby is burping well and passing gas easily, there is no problem. If, however, the baby is having a lot of stomach cramps and crying due to the gas, you should inform the doctor. Breastfed babies who are gassy or colicky may improve by making sure to empty the first breast completely before offering the second side.

## ***HEAD INJURY***

Every child sooner or later strikes his/her head, and usually the damage is only to the scalp. Big lumps can occur with these minor injuries, but injury to the brain is rare. However, extra caution for 48 hours can pick up any possible serious complications early. Most important in the treatment of head injury is for a **responsible person to stay with the patient** and watch carefully for the appearance of possible serious symptoms.

If there is a scrape, wash it off with soap and water; then apply pressure with a clean cloth (sterile gauze if you have it) for 10 minutes to stop any bleeding. Then, put some ice in a wash cloth and apply it to the scalp or forehead for one to two hours to relieve pain and swelling.

Children tend to react more than adults to bumps on the head.

### ***It is normal for your child to:***

- Be pale, somewhat drowsy and fussy
- Have a headache
- Vomit twice
- Not remember clearly what happened
- Get sleepy at the usual times (naps or bedtime)

Acetaminophen (e.g. Tylenol) may be given for pain. **Avoid** narcotics, sedatives, or alcoholic drinks. Restrict the child to a light diet.

For at least 24 hours following the injury, wake your child every four hours, ask him/her to name familiar person or toys and check the pupils (black center of eye) to be sure they are equal in size.

***Call our office urgently if:***

- a.** The accident was a serious one, such as a fall down a flight of stairs.
- b.** The crying lasted over 15 minutes after the injury.
- c.** There is a headache that becomes more severe.
- d.** Vomiting occurs more than twice.
- e.** There is any cut in the skin that is deep and may need to be sutured.
- f.** He/She is confused or not acting like himself/herself.
- g.** There is any difficulty with speaking.
- h.** There is any blurring of vision.
- i.** There is any unsteadiness in walking.
- j.** There is any difficulty in using the arms.
- k.** There is any neck pain (older children)
- l.** There is any blood or watery fluids from the nose or ears.
- m.** The child was stunned or unconscious from the injury.
- n.** He/She had a seizure (convulsion)
- o.** The pupils (black center of the eye) are not equal in size.
- p.** The child has a previous concussion during the past three months.
- q.** Any fall of 3 feet or more on the head in a child under 2 years of age
- r.** Or for any other symptom that concerns you.

***HEAD LICE***

Lice are 1/16 inch little bugs that only live on human beings. Their favorite place is in the hair. They usually cause itching and sores in the scalp, especially at the back of the neck. They are gray and move quickly, but they can be seen. Smaller yet are their eggs (called nits), which are attached near the base of hairs and look like white lint or dandruff. Unlike dandruff, nits are firmly attached to the hair shaft and do not brush out easily. They hatch in a week. (**Note:** Pubic lice or crab lice should be treated the same).

***Treatment:***

- a.** Medication for lice is over-the-counter. We recommend Nix. Use as directed. You may need to repeat in one week.
- b.** The medicine kills all the lice and most of the nits. Remove nits by

combing them out with a fine toothed comb. Nits can be loosened using vinegar. Do not use shampoo containing conditioner prior to using Nix as it may decrease the effectiveness of Nix.

***Cleaning the house:***

Since lice are only passed from person to person, they can't live for over 72 hours (three days) outside the human body. However, the child's room should be vacuumed or wet-mopped. Sheets, blankets, and pillow cases should be carefully washed in hot water. Any combs or brushes should also be carefully washed. Hats, headbands, wigs, bed quilts, and blankets should be washed or set aside and not used for at least two weeks. Vacuum the car seats.

***Contagiousness:***

Check the heads of everyone else living in the same house. If any of them have scalp rashes, sores or itching, they should be treated even if the lice are not seen. The child can return to school after one treatment. There are no lasting problems from having lice. Lice cannot jump or fly. Nits are white sacks on the hair follicles and do not indicate live lice or contagiousness, but they should be removed from the hair.

***INFLUENZA ("The Flu")***

Influenza is a viral illness that affects the respiratory tract—nose, throat, trachea or windpipe, and lungs. (It is not an intestinal illness, as in "GI flu" or "stomach flu", as many people mistakenly think.) Influenza usually hits the Rochester area as early as late December and lasts until about March. The main symptoms are fever, headache, muscle aches, runny nose, scratchy or sore throat, and a nagging, long-lasting cough. The cough is usually dry, not rattly, and may sound hoarse or croupy. While most of the symptoms last about five days, the cough can easily last two weeks. Since there are so many types of influenza virus, with different ones appearing each year, it is possible to get the flu every year. Ask your doctor if you or your child should get the flu shot. Although the shot is not perfect, it usually helps. The vaccine should be given to most children with asthma, cystic fibrosis, and other lung disease, heart disease, diabetes, and other chronic illness.

***Treatment:***

**a. Fever or discomfort** – Use acetaminophen (Tylenol) only. Avoid the use of ibuprofen (Advil, Motrin) or aspirin for flu symptoms due to the risk of a serious illness,

Reye's Syndrome. See the section on **FEVER** for the proper dose.  
**b. Cough** – Remember that the cough with influenza is a long one and often lasts for two weeks. See the section on **COUGH** for more information.

***Call our office during regular hours if:***

- a.** The cough has lasted more than 2 weeks.
- b.** The cough has lasted more than a week and sounds rattly or wheezy or your child has a new fever
- c.** You think your child needs the influenza vaccine.

***JAUNDICE***

Many babies look yellow in the first week of life. This is due to a buildup of bilirubin in the baby's blood and tissues. Bilirubin is a yellow pigment and a normal breakdown product of red blood cells. Bilirubin is cleared in the liver and then passed in the urine and stool. Often in newborns the immature liver does not clear bilirubin fast enough; therefore, it is distributed throughout the body making the skin look yellow. This develops over the first two to five days of life. If too much bilirubin builds up, it can make the baby sick. Often the doctor will test the bilirubin level by a blood test. If the level is high, she may place the baby under special "bililights" which help bring the level down. Once resolved, the baby is not troubled by jaundice again. After you go home, if the baby appears to be increasingly yellow, contact the doctor.

***NAIL CARE***

Trim nails with safety nail scissors or an emery board to keep your baby from scratching. This may be necessary several times a week and is easiest to do while the infant is asleep.

***NOSEBLEEDS***

Nosebleeds are very common in children, especially in the winter when the air is dry. They are usually caused by dryness in the nasal lining plus normal rubbing and picking that all children do.

***Treatment:***

Have your child sit up and lean forward so he does not have to swallow

the blood. Give him a basin to hold so he can spit out any blood that drains into his throat. Tightly pinch the soft parts of the nose together for a full ten minutes (time it by the clock) and don't release it before ten minutes are up. During this time, tell your child to breathe through his mouth. If the bleeding continues, it means you are not pressing on the right spot.

***Prevention:***

A small amount of Vaseline applied twice daily to the center wall (septum) inside the nose is often helpful for relieving dryness and irritation. Increasing the humidity in the room at night using a humidifier may also be of some help.

***Common Mistakes:***

A cold wash cloth or ice to the forehead, back of the neck, or under the upper lip does not help to stop nosebleeds.

***Call our office urgently if:***

- a.** The bleeding has not stopped with pressure after two ten-minute trials.
- b.** There are any associated skin bruises not caused by an injury.
- c.** A large amount of blood was lost.
- d.** Nosebleeds occur daily, even after the above prevention measures are taken.
- e.** There are any other symptoms that concern you.

***ORAL CARE***

***DENTAL CARE:***

Fluoride is essential for the proper growth of teeth. Fluoride toothpastes are recommended when a child will not swallow large amounts of toothpaste. The water in the Richmond, Henrico and Chesterfield area is fluoridated. The only children who need supplemental fluoride are those drinking water from private wells and breastfed babies, as fluoride is not passed in the breast milk.

Brushing the teeth daily is important. Establishing a routine that the child enjoys is crucial and should be started as early as possible. At first the parent should clean the teeth with a washcloth. Later, use a soft brush and then teach the child how to do it on his own with supervision.

Teeth can become brownish and decayed in children who are

continuously sucking and drinking liquids, especially juices. This is most often seen in the child who regularly goes to bed with his bottle. This is to be discouraged. Using other security objects, such as a stuffed animal or blanket is much better.

Children should start seeing a dentist at about 3 years of age. Make sure your dentist is comfortable caring for young dental patients

### ***PACIFIERS:***

Infants get a lot of pleasure and security from sucking, even when they are not hungry. It is therefore entirely normal for them to suck their thumb or to use a pacifier between feedings. The pacifier should be one piece with a wide base. Do not tie the pacifier around the infant's neck!

### ***TEETHING:***

Teething is the normal process of new teeth working through the gums. It can begin in infants as early as four months old, even though the first tooth may not appear until 1 year of age. The first tooth to come through is usually one of the two lower central incisors. Occasionally, before the tooth erupts, you may notice a bruise or swelling on the overlying gum. There may even be a small amount of bleeding when the tooth first cuts through. These are all normal occurrences. Teething may or may not be accompanied by discomfort. In fact, most teeth appear without any signs of pain. Although teething might be associated with loose stools, cold symptoms, or mild elevation of temperature, **teething does not cause fever** (>100.4°F). Babies have difficulty localizing or finding the source of their discomfort. Many babies, while they are teething, will bat their head or pull their ears. When babies pull their ears, especially when there are no signs of a cold or fever, there is usually no ear infection. In fact, many babies rub or pull their ears for comfort when they are tired. If you are uncertain, see the section on ***EAR INFECTIONS***.

### ***Treatment:***

**a.** The simplest treatment is gum massage. Massage the irritated gum with your finger. You could even try a small piece of ice.

**b.** Teething rings (you might refrigerate first, but don't freeze), cold washcloths, frozen bananas, stale bagels, teething biscuits, and Popsicles are all safe to try. (Supervise your child while using these in case of choking.)

c. If your child is still having difficulty, especially during the night, it's okay to try acetaminophen (Tylenol) or ibuprofen (Advil, Motrin). See **FEVER** for the proper dose.

d. Teething gels that numb the gums usually do not work, taste bad, and may be harmful if swallowed.

***Call our office during regular hours if:***

You have tried all the recommended teething treatments and your child is still cranky.

***Call our office urgently if:***

Teething is not an emergency and should not require an after hours call.

***THUMB SUCKING:***

For most children, thumb sucking is a normal, self-soothing way of handling tension and insecurity. If the parents put a lot of pressure on the child to stop thumb sucking, the child may feel more insecure, lose confidence and thumb sucking may increase. The best way to handle this is to not try to stop it, but build positive self-esteem, self-confidence and be very attentive and praising of the child when he is not thumb sucking. Substituting a stuffed toy, blanket or other security object often helps the child give up the thumb. Most children will give up thumb sucking by 4 years of age.

***OUTDOORS, TRAVEL AND VISITORS***

You may take your baby outdoors in decent weather at any time after your arrival home. Do not over-dress your baby. She will feel comfortable in the same amount of clothing you wear. Your baby is, however, much more sensitive to the sun and must be protected from prolonged exposure. For safety it is imperative that your baby travel only in an approved car seat. Note: We do not recommend that your baby be exposed to crowds of people until they are at least three months old and preferably six months.

***PINWORMS***

Pinworms are 1/2 inch, threadlike worms that infect the anal area and large intestine. Over 10% of children have them. They do not cause any serious health problems, but they can cause considerable itching

and irritation of the anal area. Your children can get pinworms no matter how carefully you keep them clean.

***Medicine:***

Treatment of pinworms is almost always successful with a single dose of Vermox, a prescription medicine to be taken by mouth. Please call during regular hours for the prescription. **Pinworms are not an emergency.**

***Treatment of other family members:***

Children are usually infected by people outside the family. If any of your child's friends have similar symptoms, be sure to tell their parents. If anyone else in your family has symptoms, we can treat them. If the pinworms come back after treatment, we will treat everyone in the family including the parents. Vermox should not be taken if pregnant, and should be used cautiously under 2 years of age.

***Prevention:*** Infection is caused by swallowing pinworm eggs. The adult female pinworm comes outside the anus at night and deposits hundreds of eggs on the skin. The following personal hygiene measures can help to cut down on the chances of re-infection of your child or new infections of other people.

- a.** Scrub hands thoroughly before each meal and after each use of the toilet. Also, keep the fingernails cut short because they can collect eggs.
- b.** Each night, have the child wear tight shorts or panties under his/her pajamas.
- c.** Each morning, give the child a shower, with a careful washing of the anal area. Remove the shorts in the bathtub. Afterwards, put on clean shorts.
- d.** Each morning, wash the bed sheets and the child's shorts. Carefully remove and fold the sheets, trying not to scatter the eggs. Machine washing will kill any eggs present in the sheets and shorts.
- e.** Vacuum or wet-mop the child's entire room because the eggs on the floor are infectious for three weeks.
- f.** These steps should be carried out daily for three days following the medicine.

***SAFETY***

Just as important as watching your child for illness is watching your child for accidents and injuries. A young child or baby does not know all the potential dangers that exist in every home in every situation

and requires the parents' constant vigilance.

Stairs are a common place where falls occur. A young toddler just learning how to climb the stairs may go up okay but will have more trouble balancing to come down. Gates are useful to prevent children from going up or down stairs or from entering a un-baby-proofed room.

Smoke detectors are important for the safety of the family. They should be checked regularly to make sure they work and the batteries are fresh.

Poisoning. For all households with children old enough to crawl, it is important to baby proof the house. Children get into all kinds of bottles and containers and will drink or eat pills, liquids, small objects and plants. It is important to have all cleaning fluids, detergents, plants, car products, bathroom liquids and, of course, all medicines out of reach and locked away. No matter how careful you are, however, there is always the chance the child can get into something poisonous. Be certain that grandparents and babysitters use the same child proofing techniques in their homes that you have used in your home. Poison Control 1-800-222-1222.

Using car seats and restraints is always important and should be an absolute routine for every adult and child for every car ride, no matter how short. (See Car seat section.)

Cribs can cause injury, too. Make sure the crib is sturdy and the rails are not loose. The slats should be less than 2 1/2 inches apart. The mattress must fit tightly so that your baby can't get caught. Hanging objects and mobiles must be placed so that your baby won't get tangled. Make sure the crib is not too close to any potential danger. And don't leave your infant unattended on any elevated surface such as a bed or changing table.

Many parents to help their children learn to get around earlier use walkers. However, walkers are often dangerous for young children, causing falls and tangling the child up in them. **THEY ARE NOT RECOMMENDED!**

Electrical outlets must always be covered or out of reach. Remove extension cords from areas available to your baby.

Hot water, hot drinks and stoves are common causes of injury in

children. Do not drink hot drinks with an infant in your lap. If your child is burned, immediately put the burned area into cold water for 10-15 minutes and call the doctor. Blisters that appear on the burned area should not be opened.

Plants are often forgotten as a potential problem for children. Many children will grab it them and try to eat the leaves and flowers, some of which may be poisonous. They can also pun down large plants on top of themselves, causing injury.

Use only unbreakable toys with no sharp edges or small detachable parts. Educate older children not to hand the baby objects such as toys or candies. Do not place coins on low tables. Water is a natural attraction for babies. They must be closely supervised around any body of water-this includes commodes, pools, gulleys, ponds, etc.

Choking is common in toddlers. We advise that you not offer nuts, hard candy, raw carrots, whole grapes, popcorn, chunks of hot dog, or whole kernel corn to children less than 5 years old.

### ***SIBLINGS, FATHERS, AND PETS***

The arrival of a new baby is often the first crisis in a young child's life and he or she will likely feel some jealousy and resentment toward the new family member. Many children, especially those under 5 years, will revert to infantile behavior in order to compete for the attention that the baby is getting (e.g. ask for a bottle, talk "baby-talk," lose toilet training, or act helpless). Attention means love to younger children. The child may even be afraid of being replaced by the baby altogether. It is therefore crucial that you spend some quality time alone with the older child (including shortly after the baby has come home from the hospital) to let her know that she is still important and not being replaced. It is important to involve the older child in the care of the newborn so that she feels part of the team and can bond with the baby.

Other strategies to help the older child accept the new baby are:

- let the older child feel included in the baby's care to an extent that is appropriate for his age
- let the child hold the baby in a safe area with supervision
- give the child a gift when visitors bring the baby gifts;
- give the child a gift from the baby and vice versa.

The father may also feel left out at times, so it is important that he is included extensively in the care of the baby from the very beginning. His help will also allow Mom to rest for a while or to spend some time with the older child.

Finally, pets (especially dogs) may also react a lot like older siblings to the arrival of a new baby. Spending time with your pet can also help minimize its jealousy and it will usually adjust quickly to the new family member. Another good idea is to bring home a blanket with the baby's smell on it for the pet to get acquainted with.

Naturally your relatives and close friends want to greet your new arrival as soon as possible. Unfortunately, some of them forget to be considerate of the new mother and baby, both of whom need their rest. This is especially true during breast-feeding. Tension and fatigue brought about by too many people making calls in the early days may cause the mother's milk to slow down as suddenly as if someone had "turned off the faucet." Additionally, people who are sick and who bring in sick children may transmit illnesses to the infant which can be much more serious to the baby. For these reasons, it is suggested that visitors be limited to immediate family for the first week or so and that visits not be extended in length or be allowed to disrupt establishing a normal routine at home.

## ***SKIN CARE***

Your baby's skin is sensitive and minor rashes are very common. Most newborns develop dry, peeling skin for several weeks after birth. This is normal and no treatment is required.

Many infants between 2 and 6 weeks of age develop a red and pimply rash on their faces. This is called "infant acne" and usually requires no treatment. This condition usually clears up spontaneously by about 4 months. Do not apply lotion to this facial rash. Call the office if there are blisters or pus. Chaffing is also common.

To help avoid diaper rash, change the baby frequently and wash thoroughly but gently after each change. For diaper rashes, after cleaning the area with water, allow to air dry for 20 to 30 minutes after changing, then apply A&D or Desitin ointment. Also, refrain from using rubber pants or plastic covered diapers. If rash still gets progressively worse, starts bleeding or develops pus-filled blisters, the baby should be seen in our office.

Cradle cap, or infant seborrhea, looks like yellow flaky scabs on the scalp. Washing the baby's scalp with Dove during the bath and by combing or brushing your baby's hair daily can control mild cradle cap. Call us if the cradle cap is more severe and persists despite washing the baby's scalp with Dove.

Protecting your child's skin from exposure to natural sunlight is very important, since most damage from the sun is done in the first 20 years of life. This is best achieved by keeping your baby in shaded areas and avoiding the sun between peak hours (10 AM – 4 PM). When sun exposure cannot be avoided, light clothing and a bonnet or hat is helpful. Sunscreens can be used liberally on babies older than 6 months of age. When using Sunscreens on a child, always use SPF30.

### ***DIAPER RASH:***

Almost every child gets diaper rash. Most of them are due to a combination of overheating, wetness and irritation. With proper treatment, they are usually much better in a few days.

#### ***Treatment:***

Leave the baby's bottom exposed to the air as long as possible several times each day. Practical times are during naps or after BM's. Avoid plastic pants entirely for a few days if possible. Check the diapers - about every hour and if they are wet or soiled, change them immediately.

Wash the area gently with water and a mild soap. The soap will remove the film of bacteria left on the skin by BM's. After using soap, rinse, and dry your baby carefully. Then apply some protective ointment.

Buy some zinc oxide cream, Desitin, A&D, Balmex or Caldescene at your drug store. You won't need a prescription. Apply it after soap washings.

#### ***Diapers:***

To clean cloth diapers well, give them a second rinsing in chlorinated bleach such as Purex or Clorox. The soap you use during the regular cycle is not very important. After the cycle is complete, refill the washer with warm water, add 3/4 to 1 cup Clorox or Purex and run a second cycle with a second rinse to remove all bleach. Synthetic

diapers do not make the rash worse, generally, and can be helpful because they are so absorbent.

***Call our office during regular office hours if:***

- a.** The rash isn't much better in four days.
- b.** The child has any fever over 101°F or 38.2°C or is ill.
- c.** There are any big blisters.
- d.** The child is in much pain from the rash.
- e.** The color is bright red or beet red.
- f.** There is any thrush, or white spots in the mouth.
- g.** There are any pimples, boils, pus or yellow crusts. Also, if the child is male and circumcised, call if there is a sore or scab on the tip of the penis.

***ECZEMA (ATOPIC DERMATITIS):***

This is a chronic skin condition which can come and go. The skin is red, dry and itchy. It is common in infants but can be found at any age. It is common on the flexor surfaces (creases) of elbows, wrists and knees; infants often have it on their cheeks. Eczema may go along with, or be found in families with asthma and allergies. Occasionally food allergies may trigger the rash. The diagnosis should be confirmed by one of our practitioners.

***Treatment:***

Steroid creams are the main treatment for itchy eczema. If the rash is mild, or to begin home treatment, use any over the counter hydrocortisone cream twice a day. In addition the skin should be kept moist with lubricating creams or ointments; these should be used at least twice a day. It is best if all products used on the skin, and laundry detergents, are dye-free and perfume-free. Some examples of helpful soaps/cleansers are Cetaphil, Eucerin, Dove and Aveeno. There are also helpful moisturizers under these names. Bathing can help increase moisture in the skin if the child is patted dry quickly and moisturizer applied rapidly after a bath/shower. However, if a child air dries the skin becomes more dry and this will make the rash worse.

***Call our office during regular office hours if:***

- a.** The rash becomes raw and open in several places.
- b.** The rash hasn't greatly improved after 7 days of using this treatment.
- c.** The rash looks infected (yellow pus or scabs, spreading redness, red streaks) – call urgently if this is accompanied by fever or looking sick.
- d.** The rash flares up after contact with someone who has fever

blisters (herpes) – call urgently if this is accompanied by fever or looking sick.

e. You have other questions or concerns.

***Call our office urgently if:***

Your child starts acting very sick.

***SLEEP***

All babies should be put to sleep on their backs as belly sleeping has been linked with a higher risk of SIDS (Sudden Infant Death Syndrome). Newborn babies sleep a lot (up to 18-20 hours a day, although a few will sleep as little as 8 to 10 hours without ill effect), usually waking up every 2 to 4 hours for feedings. Sleeping through the night for infants under six months may mean only 5-6 hours at a time and can vary from child to child, although a few cooperative babies start sooner. (Please note, however, that there is no evidence that starting solid food will make a baby sleep through the night.)

There may be frequent night disturbances from time to time in the first year of life. It's a normal developmental phase. Let her stay in bed, comfort her, pat your baby on the back and change her if needed. The pattern of nighttime sleeping will soon return.

***BEDTIME PROBLEMS:***

Many times families have problems getting a child to go to bed. Some children may cry and fuss at bedtime. Others awaken at night and cry. Still others get into the parents' bed to sleep.

Establish a bedtime routine and try to stick to it each night. This may include a quiet time, bathroom, drinking, bedtime story and kisses so that the child can wind down before actually being put into bed.

After he is in bed, tell him good night, that you will see him in the morning. Turn off the light and *leave* the room. You need not close the door, but be sure that he can't see out into the part of the house that is active and busy or noisy. Do not go back into the room. He may cry for quite a while but going back only teaches the child to cry. After a few nights of consistently not going back, the child will learn to give up and stay quiet. These few nights of crying are especially difficult for parents. Some children will cry for hours for the first several nights but after a few nights the child will soon learn to fall asleep.

Most children over 6 months old can sleep through the night (8 hours) without feeding. If the child awakens to fuss, cry or feed, it is not helpful to get in the habit of going in, paying attention to him and feeding him. This will establish a pattern of nighttime feeding. To break this habit, gradually decrease the attention and time you spend with him when he wakes and cries. If your habit is to pick him up, hold and hug him, talk to him and give him a bottle, continue this but give him an ounce or two rather than a full feeding for a few nights; then just hold and talk to him without the bottle but with a toy animal; next, sit close to the crib with your hand on him without picking him up; finally, just sit beside the crib without touching or talking to him. You will soon find that he won't need you there at all.

Remember that transitional objects (stuffed animals, toys and blankets as opposed to a bottle) are very helpful in making a child feel safe and calm and help him fall asleep on his own. While a sick child may be uncomfortable and thereby awaken and need attention at night, as soon as the illness has passed it is important to reestablish a routine for sleeping through the night without attention or feeding.

### ***SLEEP PROBLEMS:***

Sleep problems are very common in children. Often parents worry that sleep problems are a sign of something more serious, such as an ear infection. However, without other symptoms, such as runny nose or fever, problems sleeping may just be problems sleeping! The most common problem is night waking. Some children also experience nightmares, night terrors, sleep talking/walking. Night terrors are screaming/crying at night **without** being awake. If a child has night terrors they should not be awakened - they should be left alone.

### ***Treatment:***

**a.** Most sleep experts recommend that the first step towards good sleep for children (and their parents) is setting up helpful routines and developing good habits. As early as possible, it is helpful to try to put your child to sleep partially awake so that they learn how to put themselves to sleep. If your child is not already doing this, you can make a gradual transition to this by practicing at nap time or bedtime. The environment at bedtime or naptime should be restful, not too stimulating. If a child is used to falling asleep to music (or for older children, television), then if they wake up in the middle of the night they will need that stimulation to get to sleep again.

**b.** The normal sleep cycle for all people includes periods of lighter

sleep/wakefulness. Most veteran sleepers know how to get themselves back to sleep without fully waking up. A child who does not know how to get to sleep on his/her own will wake and cry out for you. What can you do to reverse this? You can try variations on the "Ferber" method by letting your child cry or fuss for 1 minute then 2 then 3 etc. before you go in to see them. When you do go to your child at night, you should try to do the minimum necessary to get them back to sleep – i.e. feed the least, give water only, feed not at all, patting a back instead of picking up and rocking. For older children who get out of bed, walking them back to bed quietly without discussion can be helpful. Remember that repetition, persistence and consistency pays off.

**c.** What is the age to expect your child to be able to sleep long stretches at night? Most children 4 months or older are capable of sleeping at least a 6 hour stretch at night. The older the child gets, the more likely he/she is capable of sleeping longer, but has just not learned the proper sleep techniques. It is up to the parents to decide when they and their child are ready to work on getting the child to sleep longer at night. Just remember that like any habit, the longer you wait, the harder it may be to break the habit.

***Call our office during regular hours if:***

- a.** You have any questions about your child's sleep.
- b.** Your child's sleep problems are new and accompanied by signs of illness. (First check any areas of this book that also apply to your child's current symptoms.)

***Call our office urgently if:***

You feel your child is very ill.

***VIRAL ILLNESS VS. BACTERIAL INFECTION***

Bacteria are tiny living organisms that exist throughout the world, in the home, on the skin, everywhere. Some of them cause illness in people and require antibiotics to help the body's immune system fight them off. Viruses are even tinier organisms that also are everywhere. Some of them cause illness, too, with as much fever and discomfort as bacterial infections. However, antibiotics do not kill viruses. The body's immune system has to fight them off on its own, and usually they resolve with little more than bed rest, fluids and patience. Viral illnesses are very contagious and many times they are passed around from family member to family member or to children at the daycare. Many of your child's illnesses will not be due to bacterial infections but

to viral illness. The doctor will recommend measures for you to take for your child to help alleviate some of the symptoms (for example, sore throat, vomiting, diarrhea, colds, runny nose and congestion) associated with viral illness. Occasionally a child with a viral illness will be more susceptible to catching a bacterial infection such as an ear infection, bronchitis, pneumonia or sinus infection, and will then need to be treated with an antibiotic to kill the bacteria while the body fights off the virus.

## ***VOMITING***

Most vomiting is caused by a viral infection of the stomach or eating something which disagrees with the child. Each bout of vomiting is usually preceded by nausea or abdominal discomfort. Vomiting usually stops in 12-24 hours. Regurgitation or spitting up one to two mouthfuls is found in many normal babies and goes away by itself between six and nine months of age. Vomiting is the forceful ejection of the stomach contents.

For the first few hours, give your child 1-2 teaspoons (depending on age) of room temperature, clear liquids such as Pedialyte or any commercial rehydration solution, Jell-O water, decarbonated sodas, Gatorade, or juices every 10 minutes. For breast fed infants, continue to breast feed but for shorter times. Bottle fed infants should be given Pedialyte or diluted formula. Oral rehydration solutions are the best liquid at any age.

After the first few hours, give increased volumes of clear fluid until 8 hours have passed without vomiting. If the child vomits using this treatment, wait 30-60 minutes, and then start over. Keep a vomiting pan handy. There is no need to have the child throw up on the carpet.

After 8 hours with no vomiting, the child can gradually return to a normal diet. For babies, start with foods like applesauce, strained bananas, and rice cereal. For older children, start with foods like toast, rice, applesauce, bananas, or bland soups. It may take two days to fully return to a normal diet. When milk, dairy products, and fatty foods are reintroduced, go slowly, as this may upset the stomach.

### ***Mistakes:***

A common error is to give too much fluid too quickly. This almost always leads to continued vomiting. The key is to give small amounts of fluid at frequent intervals. With this method, even if your child

continues to vomit, enough fluid is absorbed to hopefully prevent dehydration. In addition, discontinue all nonessential medicines. Some medicines irritate the stomach and make vomiting worse. Consider acetaminophen suppositories for high fever. Acetaminophen suppositories are available without a prescription at your drug store. Low fevers do not need to be treated.

***Remember the signs of dehydration:***

- a.** Dry mouth and tongue.
- b.** No tears.
- c.** Decrease in urine output (less than two wet diapers or urination's a day).

***Call our office during regular hours if:***

- a.** Your child is under 6 months old and has been vomiting more than 12 hours.
- b.** Your child is between 6 months and 2 years old and has been vomiting more than 24 hours.
- c.** Your child is over 2 years old and has been vomiting more than 48 hours.
- d.** It could be caused by a prescription medicine your child is taking.
- e.** Any other symptoms that concern you.

***Call our office urgently if:***

- a.** Your child is under 1 month old and forcefully vomits more than once.
- b.** Your child has signs of dehydration (see above)
- c.** There is any blood in the vomit.
- d.** There is any abdominal pain present for over four hours.
- e.** There is any possibility of poisoning with a plant, medicine, or bad food.

**RECOMMENDED READING**

1. What to Expect the First Year, Heidi Murkoff, Arlene Eisenberg and Sandee Hathaway.
2. Baby Owner's Manual: What to Expect and How to Survive the First Year (3rd ed.), E.R. Christophersen.
3. Dr. Speck's Baby and Child Care Benjamin Spock, M.D.

4. Infants and Mothers, T. Berry Brazelton, MD., Delacort, 1983.
5. The Father's Almanac, S. Adams Sullivan, Doubleday, 1980.
6. The Mother's Almanac  
Marguerite Kelly & Eli Parsons, Doubleday, 1975.
7. Solve Your Child's Sleep Problems, Richard Ferber.
8. Whole Child, Whole Parent, Polly Berrien Berends, Harper & Row, 1987.
9. Development of Your Baby and Child, Stanley Greenspan, Penguin.
10. Between Parent and Child: New Solutions to Old Problems, Dr. Haim G. Ginott.
11. The Baby Book, Dr. William Sears & Martha Sears, R.N.
12. Caring for Your Baby and Young Child Birth to Age 5, Steven Shelov, M.D. Editor American Academy of Pediatrics.

We value your patronage and will strive to give you the best medical care possible. Your children are our number one priority and you can be assured that this responsibility is assumed by each and every one of our employees.