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DUBUQUE



pediatrics



P.C.
ADOLESCENT & PEDIATRIC MEDICINE

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PEDIATRIC INFORMATION

Welcome to our practice! We are happy to help you care for your child. This booklet is intended to introduce our staff and provide you with information about our office. Also included is advice for the treatment of common problems which we hope you will find helpful. Our goals are to help you develop your parenting skills, to offer advice as needed and to provide the medical care your child needs during the exciting and important years ahead. Please bring this booklet to your next appointment if you have any questions regarding this information.

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Table of Contents	Page
Introduction to Our Office	1
Appointments	2
Emergencies	3
Payment Policy	4
Care of the Well-Child	5
Immunizations Insurance Coverage	5
Well-Child Exams Insurance Coverage	6
Immunizations Schedule/Concerns	7-10
Nutrition	10
Skin Care	12
Diaper Rash	13
Dental Information	14
Teething	14
Cleaning of Teeth	14
Care of the Sick Child	15
Fever	16
Temperature Conversion Table	17
Acetaminophen (Tylenol) Dosages	18
Ibuprofen (Motrin) Dosages	19
Colds, Coughs	20
Allergy Medicine Dosages	21
Sore Throats	22
Ear Infections	22
Itchy Rashes & Medication Dosages	23
Vomiting and Diarrhea	23
Signs of Dehydration and Table	26
Rehydration Solutions and Table	27
Constipation	27
Poisoning	28
Accidents, Injuries and Bites	28
Vaccine Policy	31

DRS. FRANZEN, KEMP, MCGILL, KRAGENBRINK and QUINTANA are specialists in the care of children from birth through adolescence. Drs. Franzen, Kemp, McGill and Kragenbrink completed their pediatric residences at the University of Iowa. Dr. Quintana completed her pediatric residency at The Children's Mercy Hospital in Kansas City, Missouri. Each doctor has been certified by the American Board of Pediatrics and are fellows of the American Academy of Pediatrics.

PEDIATRIC NURSE PRACTITIONERS are Registered Nurses with a Bachelors Degree who have advanced training in Pediatrics. This special training enables a PNP to perform exams on well-children (infant through adolescence), handle minor illness, and address any concerns you may express. Both Amy McGill and Michele Ganshirt are certified by the National Association of Pediatric Nurse Practitioners and Associates, and are licensed by the State of Iowa as Advanced Registered Nurse Practitioners.

PATIENT RIGHTS AND RESPONSIBILITIES

Dubuque Pediatrics, P.C. is committed to providing the highest quality care delivered by a health care professional. We have developed a list of what a member may expect from us as well as what we expect from them. The Member Rights and Responsibilities are outlined below.

As a patient you have the right to:

- ▶ Be treated with dignity, respect and compassion regardless of race, color, age, sex, or creed.
- ▶ Present a question or a complaint/grievance to the Office Manager without fear of discrimination.
- ▶ Be given information on billing procedures and policies.
- ▶ Be given the name and professional status of any personnel providing health care.
- ▶ Participate with practitioners in decision making regarding your health care.
- ▶ A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- ▶ Full consideration of privacy concerning all communication and records pertaining to your care.
- ▶ Timely response to questions and concerns.
- ▶ Request information regarding Advance Directives.

As a patient you have the responsibility to:

- ▶ Provide complete information to those providing your health care.
- ▶ Cooperate with and follow the advice which you have agreed on with your health care practitioner. We encourage you to ask questions if you do not fully understand the instructions given.

OUR OFFICE NURSING STAFF AND RECEPTIONISTS will assist you in making appointments, provide advice about common problems and help you be acquainted with our office procedures.

APPOINTMENTS:

In order to set aside enough time to thoroughly evaluate your child's problems, **please call** for an appointment for **each child** that you wish seen. If you bring other children along, it is best to have a friend accompany you to supervise these children in the reception area so that all of your attention can be directed to the patient.

Many appointments can be scheduled with the receptionist. Occasionally a nurse may need to answer more detailed questions before an appointment can be scheduled but it is NOT necessary to talk to the nurse to schedule an appointment.

At the time any appointment is scheduled, please indicate if you have **additional concerns**. If added time has not been scheduled, the staff may need to interrupt the appointment and have those additional concerns rescheduled. Please understand, we **do** want to address your concerns, but we must also be courteous to those patients scheduled after you.

ARRIVAL:

We realize your time is valuable and we will try to keep our appointments on time. **Please arrive a few minutes early to complete necessary paperwork for your child's appointment.** Frequently insurance, demographic, physical or history forms need to be updated, verified or completed. If you arrive too late for your appointment we may already be seeing the next patients and have no choice but to reschedule the appointment. Also please bear with us if we get delayed. Some patients may have a more serious condition than we had expected and therefore may spill over the appointed time. We will still do our best to keep timely in these, or emergency situations.

Different types of appointments will require different amounts of time.

ROUTINE WELL CHILD APPOINTMENTS:

We encourage you to plan at least 45-60 minutes for a well child exam. We request that **at least one parent accompanies** the child for these exams especially because parental signatures are required for immunizations at these exams.

Our schedules are generally open 2-3 months in advance so please schedule an appointment as soon as possible. If possible, please try to schedule any exams needed for preschool, kindergarten or sports during the winter or spring. It becomes difficult to accommodate all physicals

needed in the 3 months of summer. We do the best we can to manage the busy physical time, but your help in scheduling off-season would be most appreciated.

ILLNESS APPOINTMENTS:

If your child is ill we will do our best to arrange the earliest possible appointment. Please call the office number listed on the front page of this booklet. The amount of time for appointments varies depending on the type of symptoms your child is experiencing. Our staff will try to schedule according to the information gathered from you at the time you schedule the appointment.

RECHECK APPOINTMENTS OR EVALUATIONS:

The amount of time for these appointments will vary depending on the type of problem your child is experiencing. Our staff will schedule according to the information gathered from you at the time you schedule the appointment.

The appointment phone is answered from 7:30 a.m. to noon and from 1:00 p.m. to 5:00 p.m. on weekdays, and around the beginning of September and through May, evening hours are available from 5:00 p.m. to 7:00 p.m. as needed for acute illness and **brief recheck appointments**. **There is an additional charge for these evening appointments.**

Our receptionist will help you make your appointment with the doctor or nurse practitioner of your choice whenever possible. At times when one practitioner is very busy or is unavailable, it will be suggested that you see someone else.

If you are unable to keep an appointment, please cancel at least 24 hours in advance so that another patient may use that time.

We make every effort to stay on schedule, since we know that your time is also valuable. However, emergencies do arise and take priority. If we anticipate that there is going to be a long delay, we will try to notify you so that your appointment can be rescheduled.

EMERGENCIES:

If it is TRUE emergency CALL 911. For other urgent situations, please call our office. After hours, the answering service will answer this number and put you in touch with the doctor on call. At times, a page signal may not go through or a doctor may already be dealing with another emergency. **If 20-30 minutes have elapsed from the time you called and you have not received a call back, please call AGAIN. Let the answering service know you did not receive a call back and they will repeat the page to the doctor.**

HOSPITAL:

We use both Finley and Mercy hospitals in Dubuque. If you have a preference or your insurance directs you to use one in particular, please let us know. There may be times when there is a need for special equipment or facilities that are only available at one hospital.

TELEPHONE POLICY:

Appropriate use of the telephone may save time, energy and expense. We encourage you to use the information in this booklet; however, when you need additional help, please call the office and speak with the nurse. Our nurses are skilled, concerned and experienced in the care of children, and will help determine when your child should be seen by the doctor. Routine advice should be obtained during regular office hours. Keeping this in mind, it is good to call early in the day about problems which may need the doctor's attention. Working parents may want the child care provider to contact them as soon as possible during the day if their child becomes ill.

When using the telephone, be as accurate and concise as possible.

BEFORE calling the office please know the following information:

- **Child's Name and Age**
- **Date of Birth**
- **Symptoms**
- **Temperature**

PAYMENT POLICY:

Our office will file insurance claims for all charges to your primary and secondary insurance. Please note, in order for our office to offer this courtesy to you we will need to have all current pertinent information regarding your insurance coverage, including a copy of your insurance card. If at the time of service you are unable to provide our office with this information, payment will be required at the time of service and you will be given a copy to file with your insurance carrier.

Any and all other remaining balances must be paid within 60 days from the date of service.

All valid Medicaid (Title 19) cards must be presented prior to seeing the physician.

All co-payments, deductibles and percentages or portions not covered by insurance are required at the time of service.
We accept cash, checks, Mastercard and Visa.

PLEASE BRING YOUR INSURANCE INFORMATION CARD AND PRESENT IT AT EACH VISIT.

CARE OF THE WELL CHILD

IMMUNIZATION INSURANCE COVERAGE

Preventive health is an important part of your child's health. Recommended immunizations are a **significant** part of preventative care. We do our best to keep you informed on the most current immunization recommendations.

Infants, children and adolescents receive more immunizations than they ever have in the past, and therefore are protected against more diseases.

We do our best to help keep you informed of these frequent changes in the immunization schedules. **We need you to do YOUR part by checking your insurance coverage BEFORE we administer immunizations to your child.** It is impossible for us to know YOUR insurance coverage. Immunizations have become very expensive. If your insurance denies payment, you are still responsible for the charges. **If you are uncertain of your coverage, we ask you call your insurance company from our office to ask these important questions:**

1. **Until what ages are my immunizations covered?**
(Many may only cover immunizations up to 7 years which leaves your adolescent without any coverage for immunizations. Other insurance companies may only cover up to one year of age but does not include the 12 month immunizations.)
2. **Do I have a deductible to meet first? Is this EACH year/EACH Child?**
3. **Does my office co-pay apply or do I pay a percentage of the charges?**
4. **Is there a maximum amount that is set? Is this for each child?**
(For example: Some insurance companies will allow a maximum of \$100 for immunization coverage)
5. **Does it cover all immunizations?**
Some companies may have their own schedule of coverage especially if it is a new vaccine. We follow the American Academy of Pediatrics recommended immunizations.

If you find out your insurance does not cover your immunizations, you may get them through your County Health Department. If you need information on how to contact your health department please ask. Because we are not participants in the Vaccines for Children (VFC) by the state, all children who have Medicaid as either primary or secondary insurance, **MUST** use the county clinic.

WELL CHILD EXAMS INSURANCE COVERAGE

In addition to checking with your insurance about immunizations, it is equally important to check with your insurance about well child exams. Insurance coverage varies for each company and each plan. We recommend you contact the insurance company and ask the following questions:

1. Does my policy cover WELL CHILD EXAMS?

IF YES

- Until what age does it cover
- Is there a limited dollar amount (cap) per child? How about per year?
- Is there a deductible I must meet before it is covered?
- What percent or copay am I responsible to pay?

The following table outlines the schedule for routine exams and immunizations. The well-child exams are an important part of your child's health. During these exams, we will assess your child's growth & development, conduct appropriate screening for age and offer suggestions for nutrition, behavioral concerns, safety issues, and age appropriate expectations for your child.

IMMUNIZATION SCHEDULE EFFECTIVE OCTOBER 2010

Age for Exam	Screenings or Questionnaires	Immunizations
2 Week	None	None, unless Hep B was not given at Birth
2 Months	None	DTaP, Hib, IPV, PCV-13, Hep B, Rotavirus
4 Months	None	DTaP, Hib, IPV, PCV-13, Rotavirus
6 Months	Lead, Vision	DTaP, Hib, IPV, PCV-13, Rotavirus Flu
9 Months	Hemoglobin-checks for anemia	Hep B, Flu
12 Months	Lead, Vision, Tuberculosis	MMR, Varicella, PCV-13, Hep A, Hib, Flu
18 Months	Lead	DTaP, IPV, Hib, Hep A, Flu
2 Years	Lead, Vision	None if up to date with schedule Flu
3- 4 Years	Lead, Vision, Blood Pressure	None if up to date with schedule Flu
Kindergarten	Lead, Vision, Blood Pressure, Urine Test, Tuberculosis	DTaP, IPV, MMR, Varicella Flu
6-18 Years -Exam recommended yearly	Urine, Hemoglobin, Vision, Blood Pressure Screenings will vary depending on age of child.	MMR -if 2nd dose not received at Kindergarten. Tdap Booster -11 yrs & older then every 5-10 yrs Hepatitis B - if series not completed earlier Meningococcal - 11 yrs and older Varicella Booster -if not received earlier HPV - for females only now-11 yrs & older Flu

IMMUNIZATIONS

Most immunizations are given by injections. Injections are given in the child's muscle or fatty tissue of the leg or arms. The age of the child will determine the site used for the injection. **We will also use combination vaccines, as available, to help reduce the number of injections your child will receive.** All routine vaccines we use **DO NOT** contain preservative (mercury). It is safe for your child to receive the above groups of vaccines at the same appointment.

The abbreviations used in the table above are:

DTaP	Diphtheria, Tetanus, Acellular Pertussis
Hep A	Hepatitis A
Hep B	Hepatitis B
Hib	Haemophilus Influenza B
HPV	Human Papillomavirus Vaccine
IPV	Polio-Inactivated
MMR	Measles, Mumps, and Rubella
Meningococcal	Meningococcal Vaccine
PCV-13	Pneumococcal Conjugate Vaccine- 13 valent
Rotavirus	Rotavirus (oral)
TdaP	Tetanus, diphtheria, Acellular Pertussis
Varicella	Chicken Pox Vaccine

The immunizations schedules can vary from clinic to clinic and may change over time with the development of new vaccines. We will modify the schedule as needed for your child. We do recommend your child receive all the vaccines as noted in the table above. The American Academy of Pediatrics & Advisory Committee of Infectious Diseases also recommends all of the above listed vaccines.

Vaccine Informational Sheets will be provided to you at or before the time of the appointment for your review. They are also available for review on line if interested (<http://www.cdc.gov/vaccines/Pubs/vis/default.htm>). If you have questions about any of the vaccines, please ask the nurse, physician, or nurse practitioner.

FLU VACCINE

Flu vaccine is recommended for all children 6 months and older. Flu vaccine is generally given October through January.

HIGH RISK individuals include:

- Children ages 6 months-5 years
- People with certain chronic medical conditions (Asthma, Diabetes etc)
- Children on long-term aspirin therapy
- Pregnant women
- Household contacts of persons at high risk for complications from the flu
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Flu vaccine is now available to be given by injection or a nasal mist. The nasal mist is approved for children starting at age 2 years with hopes to include younger children in the future. Please check with your insurance company to see if both forms of vaccine are a covered benefit for your child.

IMMUNIZATION CONCERNS- A small number of individuals or groups have expressed concerns over the safety and effectiveness of vaccines. However, current medical research demonstrates **NO** link between vaccines and Autism -- **VACCINES ARE ROUTINELY SAFE.**

One of the most important things a parent can do to ensure the health of their child is to vaccinate them. Without these immunizations, your child is at risk to become seriously ill from dangerous and even deadly diseases. We want to provide the best medical care for your child. It is also important for us to protect other children and staff from these diseases while present in our office.

Please refer to our established VACCINE POLICY. Only those children with a **true** medical condition may be exempt from this policy. If you have concerns about the vaccines, we are happy to discuss your concerns.

We encourage you to visit the following websites for more information about vaccines:

www.cispimmunize.org/

American Academy of Pediatrics

www.vaccineinformation.org/

Immunization Action Coalition

www.cdc.gov/vaccines

Center for Disease Control

www.vaccine.org/

Allied Vaccine Group

www.vaccine.chop.edu/

Vaccine Education Center
at The Children's Hospital of Philadelphia

www.hhs.gov/nvpo

National Vaccine Program Office (NVPO)

www.who.int/immunization/en

World Health Organization
Vaccines and Biologicals

www.immunizationinfo.org/

National Network for Immunization
Information (NNii)

Go to www.dbqpeds.com for an updated list of websites

NUTRITION

AN IMPORTANT MESSAGE FOR ALL PARENTS:

Families, now more than ever before, need leadership by parents to develop a healthy diet and lifestyle. We will help you and we believe you are capable of working to build healthy attitudes about food and a physically active life for your child.

- ▶ Lead by example
- ▶ Use food for nutrition and family interaction
- ▶ Reward children with hugs and praise NOT food
- ▶ Encourage physical activity both individually and especially as a family
- ▶ Severely limit television and computer time

*** Vitamin D supplementation is now recommended for all age groups. Please check with our office**

0-6 Months

Milk: Breastmilk and/or formula
Solids: None for most infants
Juice: None for most infants

We believe that breast milk or formula is the most important food your baby during the first year. We recommend that solid foods not be started until at least 4-6 months. The earlier introduction of solids may predispose your child to food allergies. It is preferable to continue breast milk or formula during the entire first year.

6-12 Months

- Milk:** Breastmilk and/or formula
Solids: Cereal, Vegetables, Fruits, Meats
Juice: **Optional** (100 % fruit juice –apple or white grape not orange or other citrus types)
AVOID: Peanut Butter, Eggs, Shellfish, honey & any foods that infants can choke on.

At about 6 months of age, many babies will want to nurse more frequently or drink more than a quart (32 ounces) of formula daily. This is usually a sign your that your baby is ready for solids. **Using a spoon**, start slowly with 1-2 tablespoons of rice cereal, diluted with breast milk or formula. (Usually a 1:2 dilution of cereal to milk). If baby seems interested the amount may be increased as tolerated. Do not push your baby; feedings should be a pleasant time for both of you! A second feeding of cereal may then be started as indicated by your baby's interest. Thereafter, the exact order of introduction of solid foods is probably not too important. You may start fruits or vegetables, and proceed to meats. It is best to wait 5-7 days before introducing each new food for the first time. This gives times to see if your child will have any reaction to the new food. Juice **may** be introduced at 6 months, but is **not** an important part of a healthy diet. Once you begin juice, it **should be fed by cup (not in a bottle) in ONE sitting** and limited to a maximum of 4 ounces daily. Most babies are interested in the cup by 6-9 months.

Foods may be prepared from the table by grinding or using a blender. Add no sugar or extra salt. Freeze in ice cube trays, pop out and store in a freezer in a small plastic bag until ready to use. Between 9 months and a year, most babies will be interested in more food texture. You may use more soft or mashed table food in the approximate thickness of "jir" foods. By 1 year many children eat better if allowed to feed themselves.

12 Months - 2 Years

- Milk:** Whole, 2% or Breastmilk if desired
Solids: Table Foods
Juice: **Optional** (100% fruit juice limit to 4-6 ounces in ONE sitting per day)
AVOID: Peanut Butter (if family history of allergies), peanuts, nuts, popcorn & foods that an infant could choke on.

Whole or 2% milk should be started at 1 year, but should be limited to 32 ounces daily. **Do not give 1% or skim milk until your child reaches 2 years of age.** The appetite also tends to decrease at this age and “picky” eating is commonly noticed. During this period, it is most important not to panic and give in to a child’s taste preferences entirely. Keep offering a good variety of high quality foods from the four basic food groups (milk, cereal/ breads, fruit and vegetables, and meats). Over a period of a week your child’s intake will look more balanced than each day’s fare! Studies show your child may need to try a food 16-20 times before they develop a pleasant taste for a food.

Rule of thumb: One Tbsp per age = 1 serving size.

2 Years - 6 years

- Milk:** 1% or skim (16-24 ounces per day)
- Solids:** Table Foods
- Juices:** **Optional** (100% fruit juice limited to 4-6 ounces per day)
- AVOID:** High fat processed foods, fast foods.

Your job as a parent is to offer a well-balance meal for your child. Avoid becoming a “Short-Order Cook”. Your child’s job is to decide from the meal you prepared **what** they will eat and **how much**. If your child does not like what you have to offer, do **not** fix something you know they will eat. If they are truly hungry they will eat what you have prepared and eventually learn to experience a variety of foods and participate enjoyably in the prepared meals. Encourage them to help prepare the meal to draw in their interests.

SKIN CARE

During the early months we recommend avoiding use of baby lotions or oils, particularly on the face or scalp.

- Cradle Cap:** These are yellowish scales on the scalp. Scrub cradle cap gently with a soft brush and soapy water to remove the scales.
- Baby acne:** It is common at about 4-6 weeks and is present on the face and chest. This needs no treatment.
- Heat Rash:** A heat rash indicates a need to dress the baby more lightly. This rash is usually present on the neck and covered areas and presents as fine red spots that disappear when clothing is removed and the skin is allowed to air.

Dry Skin: Many infants and toddlers develop dry, itchy skin in patches especially during the winter. This is due to low humidity and relative overuse of soap. If this is a problem, bathe regularly and use soap sparingly. Apply an unscented moisturizing cream or ointment **IMMEDIATELY** after the bath while the skin is still moist and **REAPPLY SEVERAL TIMES** during the day. If this is not adequately controlling the problem, please call our office for an appointment.

In general, it is best not to use fabric softeners or dryer sheets for your infant's clothes. Also using a fragrance free detergent for clothes may reduce skin irritations.

DIAPER RASH

The diaper area is a hard spot to keep clear of irritation. The skin is quite sensitive and the diaper is an unnatural but necessary device. Certain diapers may contain perfumes or other chemical irritants; you may find your infant does better with one brand than another. The best way to keep the skin and the diaper area healthy is to change the diaper frequently and remove the diaper to allow the skin to air several times a day.

Clean the skin of all urine and stool with water (if a diaper wipe seems to irritate the skin) air dry, and apply ointment before applying the new diaper. Babies have sensitive skin and can develop recurrent diaper rashes just from the heat, moisture and lack of air to this area.

Irritated, Moist Diaper Rash:

This type of rash responds best with the use of a wet dressing such as a weakened salt solution of ½ teaspoon salt dissolved in 8 ounces of lukewarm water. Soak a washcloth in this solution and apply to the baby's irritated area for five minutes. Rinse the washcloth and repeat. Do these applications several times per day until the rash is resolved. This will usually decrease the redness and promote drying of the skin. Frequent airing and tub soaks may further help healing.

Heavy ointments such as A&D, Desitin, Balmex, Triple Paste, Butt Paste or generic zinc oxide are good for protecting basically healthy skin, and are recommended for this use when needed, but can make a moist or weeping rash worse. If the rash does not respond to these measures, please call the office for an appointment.

DENTAL INFORMATION

TEETHING

Infants often begin teething at about 4-6 months of age. The first tooth generally erupts at 6-12 months of age. With teething, some infants may experience irritability or changes in sleep. A word of advice: Serious health problems do not arise from teething. Parents should not dismiss a fever or illness to “just teething”. An elevated temperature may indicate a true illness and should be evaluated by a physician especially if it persists after 3 days.

Teething Pain Relief:

- Acetaminophen (generic Tylenol) age appropriate dose (see chart page 18)
- Cold teething toys
- Cold wrung-out wash cloth
- Rub a clean finger over the gums.

AVOID topical anesthetics such as Anbesol, Oragel, etc. These products can numb other structures in the mouth or throat and could cause choking.

CLEANING CARES

It is important to begin cleaning your child’s mouth even before the teeth erupt. Starting at birth, clean your child’s gums with a soft toothbrush and water at least once a day at bedtime. Then as your child grows, remember that most small children do not have the coordination and dexterity to brush their teeth effectively. You should brush your child’s teeth until they begin cursive writing. Unless it is advised by your pediatric dentist, do not use fluoridated toothpaste until age 2- 3 years.

Prevent Tooth Decay:

Start the cup at 6 months of age

Wean from a bottle by the first birthday.

Do not allow infant to fall asleep with a bottle

Do not allow child to drink juice from a bottle or a sippy cup

Do not allow child to have juice more than once a day.

Avoid sugary foods and drinks (soda , kool-aid, fruit drinks, sport drinks)

Use a regular cup. **AVOID** use of sippy cups throughout the day.

Dental Appointments: A first dental visit is recommended by the first birthday or the eruption of the first tooth. Please check with your dentist.

Remember: Early intervention and preventive care will protect your child's smile now and in the future.

Children with healthy teeth chew food easily, learn to speak clearly, and smile with confidence. Start your child now on a lifetime of good dental habits.

CARE OF THE SICK CHILD

The remainder of this booklet is to provide our parents with some basic information to better deal with illness or injury to your child. Each parent's comfort level or experience can vary when dealing with illnesses or injuries. Contact our office if you become uncomfortable managing your child's illness or injury.

We recommend you have certain commonly used medications and equipment in your home. You may purchase these without any prescriptions.

1. Acetaminophen (generic Tylenol) for treating fevers, fussiness or irritability. These come in Drops, Liquid Suspension or Melt-away tablets.
2. Ibuprofen (generic Advil, Motrin) for treating fever, fussiness, or irritability. **(not to be used in infants under 6 months)** These come in Drops, Liquid Suspension, Capsules or Tablets
3. Antibiotic ointment (such as Polysporin or Bacitracin) for scrapes, superficial cuts, burns and bites. Generic brands of these medications are usually equivalent and less expensive than the brand names
4. Band-aids
5. Non-Mercury Thermometer
6. Cool Mist humidifier or vaporizer
7. Saline Nose drops/sprays

FEVER

For children **LESS** than 1 month of age:

- ▶ Fever in a child less than 1 month old is **UNUSUAL** and may be a sign of a **serious** infection.
- ▶ **Call if the temperature is 100.4 °F (rectally) or higher in a child less than 1 month old.**
- ▶ **DO NOT** give Tylenol-it can hide an illness especially in this age.

For children **OLDER** than 1 month of age:

A large number of childhood illnesses can cause fever. Most fevers are not harmful in themselves; however when a fever is high, your child will be uncomfortable, listless or irritable. This is often common at night when fever is highest and your child is most tired.

WHAT IS A FEVER & WHY TREAT IT?

A fever is how your immune system responds to something going on in your body. Typically a fever is 100.4°F (rectally) for infants and young children and 99.4°F (orally) in older children. Fevers are not always a bad thing and can help fight off infections. Fevers are treated to help keep your child comfortable, help reduce the risk of dehydration and help observe your child's response to the medication and determine the seriousness of an illness.

HOW TO TREAT A FEVER

IMPORTANT:

Infants **under 6 months** use **Acetaminophen ONLY (not Ibuprofen)**
Infants **6 months of age and OLDER** you may use Acetaminophen or Ibuprofen

- ▶ Give Acetaminophen (generic Tylenol) or Ibuprofen (generic Motrin, Advil). Use the appropriate dosages as outlined in the following tables.
- ▶ Undress your child or dress lightly to allow the heat to escape the body.
- ▶ Sponge baths, (if it helps your child feel better) can be given, **after** dosing your child with Acetaminophen or Ibuprofen. Put your child in a bathtub with warm water. Use a washcloth or sponge to put water over the skin of the trunk, arms and legs. Let the water evaporate. It is the evaporation of the water that helps cool the child. **AVOID** shivering. This can make your child feel worse. It may take up to 45 minutes to make a difference.

Contact our office if you notice:

- ▶ Extreme irritability or lethargy (child does not want to play at all)
- ▶ Mental confusion
- ▶ A seizure
- ▶ Foul-smelling urine or painful urination
- ▶ Rapid breathing when the fever is down
- ▶ Frequent cough,
- ▶ Apparent pain
- ▶ Severe headache
- ▶ Stiff neck and pain
- ▶ Unusual sensitivity to light
- ▶ Skin rash especially if it gets worse rapidly
- ▶ Persistent vomiting
- ▶ Fever that lasts longer than 3-4 nights or does not respond to treatment
- ▶ Any other unexplained signs or symptoms
- ▶ Any time you feel uncomfortable with your child's fever

Less than 5% of children between 6 months-3 years of age are susceptible to seizures with fever. IF this should occur, try to remain calm and place the child on their side. The seizures should only last about a minute and are not dangerous if the child is breathing adequately. Notify our office if a seizure occurs. If the child has difficulty breathing or is blue around the lips, **CALL 911**.

TEMPERATURE TABLE: CENTIGRADE TO FAHRENHEIT CONVERSION					
<u>°C</u>	<u>°F</u>	<u>°C</u>	<u>°F</u>	<u>°C</u>	<u>°F</u>
37.0	98.6	38.5	101.3	40.0	104.0
37.5	99.5	39.0	102.2	40.5	104.9
38.0	100.4	39.5	103.1	41	105.8

ACETAMINOPHEN (Generic Tylenol) - Used to help control pain and fever.

ACETAMINOPHEN (Generic Tylenol) - Used to help control pain and fever.

Age	Weight	Infant Drops	Suspension Liquid	Meltaways	Jr Tablets	Regular Strength
Frequency of Doses		80 mg per 0.8mL Dropper	160 mg per 5 mL	80 mg per tablet	160 mg per dissolving tablet	325 mg per tablet
		Every 4-6 hours, not more than 5 times per day	Every 4-6 hours, not more than 5 times per day	Every 4-6 hours, not more than 5 times per day	Every 4-6 hours, not more than 5 times per day	Every 4-6 hours, not more than 5 times per day.
0-3 Month	6-11 Lbs (2.7-5.0 Kg)	1/2 -1 Dropper	1/4 - 1/2 tsp	-----	-----	-----
4-11 Months	12-17 Lbs (5.5-7.7 Kg)	1-1 1/2 Dropper	1/2-3/4 tsp	-----	-----	-----
12-23 Months	18-23 Lbs (8.2-10.5 Kg)	1 1/2-2 Dropper	3/4-1 tsp	-----	-----	-----
2-3 Years	24-35 Lbs (10.9-15.9 Kg)	2-2 1/2 Dropper	1-1 1/4 tsp	2-2 1/2 Tabs	1 Tab	-----
4-5 Years	36-47 Lbs (16.4-21.4 Kg)	2 1/2-3 1/2 Dropper	1 1/4 - 1 1/2 tsp	2 1/2 -3 1/2 Tabs	1-1 1/2 Tabs	-----
6-8 Years	48-59 Lbs (21.8-26.8 Kg)	-----	1 1/2 - 2 1/2 tsp	4-5 Tabs	1 1/2 -2 1/2 Tabs	1 Tab
9-10 Years	60-71 Lbs (27.3-32.3 Kg)	-----	2 1/2 - 3 tsp	5-6 Tabs	2 1/2 -3 Tabs	1-1 1/2 Tabs
11 Years	72-95 Lbs (32.7-43.2 Kg)	-----	3-3 1/2 tsp	6-7 Tabs	3-3 1/2 Tabs	1 1/2 -2 Tabs
12+ Years	96+ Lbs (43.6 Kg)	-----	3 1/2 - 4 tsp	7-8 Tabs	3 1/2 -4 Tabs	2 Tabs

IBUPROFEN (Generic Motrin or Advil)

Used for reducing temporary fever and relief of minor aches and pain.

*****NOT TO BE USED FOR INFANTS UNDER 6 MONTHS OF AGE*******IBUPROFEN** (Generic Motrin or Advil)

Used for reducing temporary fever and relief of minor aches and pain.

*****NOT TO BE USED FOR INFANTS UNDER 6 MONTHS OF AGE*****

Age	Weight	Infant Drops	Suspension or Elixir	Jr Chewables Tablets	Regular Strength
		50mg per 1.25 mL Dropper	100 mg per 5 mL	100 mg per Tablet/Caplet	200 mg per Tablet/Caplet
Frequency of Doses		Every 6-8 Hours	Every 6-8 Hours	Every 6-8 Hours	Every 6-8 Hours
6-11 Months	12-17 Lbs (5.5-7.9 Kg)	1.25 mL	1/2 tsp	-----	-----
12-23 Months	18-23 Lbs (8.0-10.9 Kg)	1.875 mL	3/4 tsp	1/2 Tab	-----
2-3 Years	24-35 Lbs (11-15.9 Kg)	2.5 mL	1 tsp	1 Tab	-----
4-5 Years	36-47 Lbs (16 - 21.9 Kg)	-----	1 1/2 tsp	1 1/2 Tab	-----
6-8 Years	48-59 Lbs (22-26.9 Kg)	-----	2 tsp	2 Tabs	-----
9-10 Years	60-71 Lbs (27-31.9 Kg)	-----	2 1/2 tsp	2 1/2 Tabs	1 Tab
11 Years	72-95 Lbs (32-43.9 Kg)	-----	3 tsp	3 Tabs	1 - 1 1/2 Tabs
12+ Years	96+ Lbs (43.6 Kg)	-----	4 tsp	4 Tabs	2 Tabs

COLDS, COUGHS AND UPPER RESPIRATORY INFECTIONS

These are illnesses often caused by a number of different viruses and therefore do **NOT** respond to antibiotics. These illnesses are very contagious and spread from one person to another by coughing, sneezing and contact with contaminated objects. Most children average 6-12 colds per year which can help them build up immunity to these viruses. Some children will develop a fever, cough or sore throat with a cold. Most colds will reach a peak in severity in a few days then will begin resolving. Most colds will last 10-14 days. Some types of colds produce more severe and concerning symptoms such as croup, bronchiolitis (RSV) and pneumonia. We will discuss the usual course of these illnesses with you as they occur.

We want to make children as comfortable as possible by treating the symptoms. **NOTHING CURES** the common cold or makes it go away sooner, including cough and cold medicines.

It is **NO LONGER RECOMMENDED** to use cough or cold medications in **children under 4 years of age** according to the Food and Drug Administration (FDA). Currently the American Academy of Pediatrics' (AAP) position is **these medications are not effective for children under age 6 years and their use and misuse, could cause serious, adverse side effects.**

In addition, please check with our office about the use of cough and cold medicines in children 4-11 years of age.

To help relieve the symptoms:

- Increasing fluid intake with warm or clear liquids
- Lozenges for older children may be helpful.
- Use vaporizers or humidifiers to keep moisture in the air
- Use Saline drops generously in the nose. You can either make your own solution or purchase saline solution.

To make your own saline solution:

- Mix $\frac{1}{4}$ tsp regular salt in 8 ounces of water
- **AVOID** hypertonic solutions-(adult solutions)
- A bulb syringe may be used to clear secretions from an infant's nose but is not necessary.

If you purchase the saline solution try to purchase the kind without these preservatives:

Benzalkonium	Benzyl Alcohol
Thimerosal (Merthiolate)	Edetate Disodium
MonoBasic Sodium Phosphate	Providone
DiBasic Sodium Phosphate	Disodium ETA
Potassium Phosphate Monobasic	Iodine
Phenylcarbinol	Sodium Silicoaluminate

ALLERGY PREPARATIONS

For allergy symptoms:

Antihistamines: May help decrease runny nose, sneezing, watery, itchy eyes.

Type of Medicine	Antihistamines		
Name of Medicine	Benadryl Allergy Children's Liquid Diphenhydramine HCL 12.5 mg/5mL	Cetirizine (Zyrtec)	Loratidine (Claritin)
Product Available	Liquid =12.5mg/5mL Chewables=12.5 mg per tablet Dissolvable Strips=12.5 mg or 25 mg Tablets= 25 mg per tablet	Liquid Syrup=5 mg per 5 mL Chewables=5 or 10 mg per tab Tablets=10 mg per tab	Liquid Syrup =5 mg/5mL Chewables=5 mg per tab RediTabs=10 mg per tab Tablets=10 mg per tab
Frequency	Given up to 4 times per day	Every 24 hrs	Every 24 hrs
6 Months - 2 Years	Not Recommended	½ tsp	Not Recommended
2 Years - 5 Years	½- 1 tsp	½ tsp-1 tsp	½ tsp-1 tsp
6 Years & Older	Not Recommended for Chronic Dosing -(Use Cetirizine or Loratidine) 1-2 tsp Children's syrup OR 1-2 Children's Quick Dissolve Strips OR 1-2 Children's Chewable Tab	1-2 tsp Children's Syrup OR One 5 or 10 mg Children's Chewable Tablet OR One 10 mg Adult Tablet	2 tsp Children's Syrup OR Two 5 mg Chewable Children's Tablet OR One 10 mg Reditab or Regular Tablet

SORE THROATS

Sore throats often accompany viral illnesses. These sore throats are not affected by antibiotics and improve with time, rest and symptomatic treatment. **IF YOUR CHILD HAS A SORE THROAT AND A FEVER, WE MUST RULE OUT STREP AS A CAUSE.** A rapid test can be done within a few days of the onset of illness. Only those sore throats which are positive on the rapid strep test or culture will need antibiotics. If antibiotics are prescribed, the ENTIRE amount of antibiotics need to be taken as directed, even if the child's symptoms improve after a few days. If the test result is either positive or negative, your child may be more comfortable by having cool liquids, acetaminophen or ibuprofen. Older children may gargle with warm water or use lozenges.

YOUR CHILD IS CONTAGIOUS WITH STREP until they are on the medication for 24 hours. They should avoid contact with other children until they are on the antibiotic and fever free for 24 hours.

EAR INFECTIONS

Ear infections are frequently a complication of colds. The child may have pain and will usually not be comforted. He may rub or pull on his ear. Drainage may or may not be present from the ear. Initially, pain may be treated with acetaminophen and hot water bottle. Treatment with an antibiotic is still generally recommended for children under 2 years of age and those 2 years of age with severe illness. Most non-severe middle ear infections go away on their own, so treatment with an antibiotic is optional for children over 2 years of age. Evaluation in the office is generally recommended for pain persisting beyond one day and to check for other causes of ear pain.

CHICKEN POX

Vaccination is recommended for all children starting at 12 months of age. A booster dose has been added to the immunization schedule. If you suspect chicken pox in your child, please keep your child at home and call our office.

“ITCHY RASHES”

To help reduce the itchiness of a rash you can do the following:

- ▶ Cool tub soaks with baking soda (1/2-1 cup to bath water) or Colloidal Oatmeal baths (e.g. Aveeno).
- ▶ Pramoxine containing topical products such as: Caladryl Clear, Itch X, Aveeno anti-itch cream, Pramoxine anti-itch lotion, etc.
- ▶ **DO NOT USE** Benadryl (diphenhydramine) containing product on the skin.
- ▶ See medication table “Itchy Rashes” below:

MEDICATION DOSES for “ITCHY RASHES”

	Benadryl Allergy Children’s Liquid (Diphenhydramine)			Cetirizine (Zyrtec)
	Liquid Amount (1 tsp = 12.5 mg)	Dissolving Strips (strips = 25 mg)	Tablet or Caps (1 tab/cap = 25 mg)	See Page 21
Age	FREQUENCY: May use every 4-6 hours, up to 4 times per day. Increase or decrease doses by ½ tsp; increase if rash is still itchy, decrease if too drowsy			Use Every 24 hrs
6 mo-12 mo*	½-3/4 tsp	NA	NA	Refer to “Allergy Preparation” Table page 21
13 mo-4 yrs*	1-1 ½ tsp	NA	NA	
5-8 years	1 ½ -2 tsp	NA	NA	
8+ years	2-4 tsp	1-2 strips	1-2 tablets or capsules	

*Benadryl used in these age groups only for treatment of itchy rash

VOMITING AND DIARRHEA

VOMITING

Vomiting is defined as the forceful throwing up of the stomach contents. It is usually part of a mild short-lived illness usually 24-48 hours. The most common cause of vomiting in older infants, children and adolescents is infectious gastroenteritis (an infection of the stomach or intestines) often caused by a virus. These viruses are spread easily and are usually present in large numbers in the stools of infected individuals. Sometimes vomiting can occur after eating contaminated food.

Newborns and young infants who have forceful vomiting may require further evaluation for possible serious conditions such as pyloric stenosis (narrowing of the stomach outlet) or intestinal obstruction (blockage of the intestines). **An infant, from newborn to one month, who develops a temperature of 100.4° F (38° C) or higher, with or without vomiting, should be evaluated by a physician.**

If your child has vomiting following a head injury an evaluation should be performed by a physician IMMEDIATELY.

INFANTS

Monitor for signs of dehydration (see Table 1, pg 26)

Observe your infant's responsiveness and alertness as a way to monitor your infant's progress.

Breastfed Infants-If a breastfed infant vomits, the infant should continue to breastfeed unless the physician otherwise directs the parent. Oral rehydration solutions are not needed for infants who are exclusively breastfed because breastmilk is more easily digested. If an infant vomits immediately after nursing, the mother may try to breastfeed more frequently and for a shorter time. (e.g. breastfeed every 30 minutes for 5-10 minutes or less) If vomiting improves after two or three hours, resume the usual feeding schedule. If vomiting worsens or does not improve within 24 hours, call the office for further instructions.

Formula Fed Infants- Initially offer one to two ounces of an oral rehydration solution (See Table 2, pg 27) every 20-30 minutes for two to three hours. If vomiting improves, resume feeding with full strength infant formula gradually. If vomiting worsens or does not improve within 24 hours, call the office for further instructions.

OLDER INFANTS AND CHILDREN

They may continue to eat as desired. It is common for children to have little or no appetite during a vomiting illness.

- ▶ Monitor for signs of dehydration (See Table 1, pg 26). Do not force to eat, especially in the first 24 hours.
- ▶ Recommended foods include a combination of complex carbohydrates (rice, wheat, potatoes, bread), lean meats, yogurt, fruits and vegetables. High fat foods are more difficult to digest, and should be avoided.
- ▶ It is **not necessary** to restrict a child's diet to clear liquids or the BRAT (bananas, rice, applesauce, toast). These foods do not contain enough nutrients for a child.

Call the Office if any of the following signs or symptoms occur:

- Bile (green) or blood-tinged (red or brown) vomit
- Any episode of vomiting in a newborn, or vomiting that continues for more than 24 hours in an infant or child
- If an infant refuses to eat or drink anything for more than a few hours
- Moderate to severe signs of dehydration (See Table1, pg 26)
- Abdominal pain that is severe, whether or not it comes in waves
- Fever greater than 102° F (39 °C) once or fever 100.4°F (rectal) (38.4 °C) for more than 3 days
- Behavior changes, including lethargy, or decreased responsiveness

DIARRHEA

Diarrhea is the passage of loose or watery stools. It is often defined as an increase in stool frequency to twice the usual number in infants or 3 or more loose stools per day in older children. Diarrhea is common with some illnesses and may lead to dehydration. If not treated promptly dehydration can be serious.

Consistency of stools-This can vary by age and diet. Young infants' stools may be yellow, green, or brown and may appear to contain seeds or small curds. The development of stools that are runny, watery or contain mucus is a significant change that should be monitored. **The presence of blood in stool is never normal and always requires medical attention.**

Dietary Recommendations:

Children who are not dehydrated should continue to eat a regular diet and infants who are breastfeeding should continue unless the physician directs otherwise.

Dehydrated children (see Table 1, pg 26) require rehydration therapy (replacement of lost fluid) (see Table 2, pg 27). After being rehydrated, many children will be able to resume a normal diet.

- ▶ Most children tolerate full-strength cow's milk products. It is not necessary to dilute or avoid milk products (except in children with known allergies to cow's milk)
- ▶ Recommended foods include a combination of complex carbohydrates (rice, wheat, potatoes, bread), lean meats, yogurt, fruits, and vegetables. High fat foods are more difficult to digest and should be avoided.
- ▶ It is **not necessary** to restrict a child's diet to clear liquids or the BRAT diet (bananas, rice, applesauce, toast). Neither contains

enough nutrients and giving only clear liquids for several days can actually prolong diarrhea (called “starvation stools”).

- ▶ **AVOID** apple, pear and cherry juice. They have a high sugar content and inappropriate electrolyte levels.
- ▶ **AVOID** plain water if child is not taking food in addition. Water alone does not offer proper balance of electrolytes and nutrients which could lead to dehydration faster.
- ▶ **DO GIVE** commercially prepared oral rehydration solutions (Pediatlyte®) for rehydration. (See Table 2). Gatorade, although not ideal, may be an **acceptable alternative** to an oral rehydration solution, in a child with no or mild dehydration.
- ▶ Probiotics such as Lactobacillus may be helpful to restore healthy bacteria in the the GI tract disturbed by diarrhea

Call the Office if any of the following signs or symptoms occur:

- Bloody diarrhea
- If an **infant** refuses to drink anything for more than a few hours
- Moderate to Severe Dehydration (See Table 1-Signs of Dehydration)
- Abdominal pain that comes or goes and is severe
- Fever greater than 102° F (39 °C) once or fever 100.4°F (rectal) (38.4 °C) for more than 3 days
- Behavior changes, including lethargy, or decreased responsiveness

Table 1- SIGNS OF DEHYDRATION

Findings	MILD*	MODERATE*	SEVERE CONTACT OFFICE IMMEDIATELY
Pulse	Normal rate	Rapid Rate	Rapid and Weak
Respirations	Normal rate	Deep, rate may be increased	Deep, rapid rate
Mouth/Tongue/Lips	Tacky/mild dry	Dry	Parched
Infant’s Soft Spot	Normal	Sunken	Markedly Sunken
Eyes	Normal	Sunken Lack of tears when crying	Markedly Sunken Lack of tears when crying
Skin	Normal	Cool	Cool, mottled, blue tinged hands/feet
Urine	Mildly reduced (one wet diaper or void in 8 hours)	Markedly reduced (less than one wet diaper or void in 8 hours)	Absent or less than one wet diaper or void in 8 hours
Other Signs	Increased thirst	Listlessness, irritability	Grunting, lethargic, coma

***Contact our office if child worsens.**

Table 2-Oral Rehydration Solutions :

Oral Rehydration Therapy	Made by
CeraLyte®	Cera Products Inc.
Enfalyte®	Mead Johnson
Pedialyte®	Ross
Liquilyte®	Gerber
Rehydralyte®	Abbott
Acceptable Alternative	
Gatorade® for mild symptoms only	Pepsi Co

DO NOT GIVE THESE:
Apple Juice
Chicken Broth
Colas
Ginger Ale
Tea
WATER

Table 3- Oral Rehydration Solutions Amounts

- Use for MILD or MODERATE Dehydration
- Give amounts based on weight over a period of **4 hours**

Weight in Pounds (kilograms)	Volume in Ounces (milliliters)
10 lbs (4 kg)	7.5 ounces (200 mL)
15 lbs (6 kg)	11.5 ounces(300 mL)
20 lbs (8 kg)	15 ounces (400 mL)
25 lbs(10 kg)	19 ounces (500mL)
30 lbs (12 kg)	22.5 ounces(600 mL)
35 lbs (14 kg)	26.5 ounces(700mL)
40 lbs (16kg)	30 ounces(800mL)

CONSTIPATION

Bowel patterns vary in infants and children. Constipation can be suspected in the following situations:

- ▶ A newborn that has a **firm** stool less than once a day.
- ▶ An older child whose stools are hard and compact and there are 3-4 days between bowel movements.
- ▶ Any age if stools are large, hard, dry and associated with painful bowel movements, episodes of abdominal pain that are relieved after having a large bowel movement, blood in or on the outside of the stool and soiling between bowel movements.

Constipation is rarely a serious or dangerous condition but your attention and sympathy will usually help your child through the episode until the following remedies can help

INFANTS

In past we have recommended dark Karo syrup but changes in the production of dark karo syrup may have reduced its effectiveness. As a result we **NO LONGER** recommend the use of dark Karo Syrup. We **DO** recommend the use of prune juice. You may start with approximately 1-2 ounces of **100% prune juice** and dilute with an equal volume of water. Increase or decrease the amount based on the results. If this is still not effective, please call our office during **regular** business hours. For those infants who are on solid foods, increasing fruits, especially peaches, pears, prunes and vegetables may soften the stools. Glycerin suppositories may be needed **on occasion** for the hard to pass stool.

CHILDREN

Increase the child's intake of fruits and especially green vegetables and other high fiber foods such as **whole grain** cereal and **whole grain breads**. Products such as Benefiber may be a helpful fiber supplement. Other products such as a laxative (Milk of Magnesia or Miralax) can be used also. Please call our office during **regular** business hours for age appropriate doses. Glycerin suppositories may be needed on occasion for the difficult to pass stool.

POISONING

Prevention is the best treatment. Keep all medications, cleaning agents, and other toxic substances out of reach of children. In case of accidental ingestion, call the office or the poison control number.

National # 1-800-222-1222 IMMEDIATELY for advice. Syrup of Ipecac is **NOT RECOMMENDED**. If you are asked to take the child to the office or the Emergency room, please take the container, the remaining contents and any information about the ingested substance.

ACCIDENTS, INJURIES, & BITES

Cuts & Scrapes: Superficial injuries may be treated at home. Check your records to be sure your child has had a tetanus (Td/Tdap) shot in the last five years. Clean the area by gently scrubbing with soap and water, removing dirt and other foreign material. Check to make sure the skin is not gaping to any extent. If so, the cut may need stitches. If in doubt, call the office within a few hours of the injury. If not, apply antibiotic ointment (such as bacitracin) and sterile dressing. Telfa pads work well with large scrapes as they do not stick. Change the dressing at least daily. Call if there is any sign of increased redness, pus or swelling.

Bruises: Elevate the injured part and apply an ice bag or cool compress intermittently for 1-2 hours. Be careful not to cause frostbite. Acetaminophen may help relieve discomfort.

Burns: Do not put ice on a burn as it may cause more thermal damage to the skin. Run cold tap water over the injured part for several minutes immediately after the burn. This will minimize the extent of the burn and relieve pain. Give acetaminophen or ibuprofen as necessary. If the burn is relatively small and does not involve the face or eyes, you may treat at home. Be certain the child has received a tetanus shot within five years. Keep blisters intact as long as possible. Apply antibiotic ointment and a sterile dressing. Call if any signs of infection occur. Change dressing daily.

Sprains: Elevate the extremity and apply ice intermittently for the first few hours. An Ace elastic wrap will also decrease swelling and provide some support. Offer acetaminophen or ibuprofen as needed for discomfort. Mild sprains can be treated at home in this way, followed by gradual increases in weight bearing during the next week. If more severe swelling, pain or inability to bear weight is present, the child should be examined at the office. Please call for an appointment.

Head Injuries: Minor falls are common despite our best efforts to prevent them. Note any loss of consciousness or confusion following a head injury. These symptoms are associated with concussion and indicate a need to examine your child. Likewise, symptoms of recurrent vomiting, convulsion or decreased level of awareness are concerning and should be reported to the doctor. If your child cried immediately after the injury, and seems alert, you may watch him at home. It is not unusual for a child to vomit once or twice when crying lustily or when very frightened. It is also common to find a swelling on the forehead or scalp with such an injury. Treat as a bruise (see above). You may allow child to sleep, but you should check every 1-3 hours to make sure he is capable of being awakened and is aware of his surroundings. Observe for the other symptoms described above. Don't be afraid to call if you have questions or do not feel confident in this situation.

Animal Bites: Clean the bite with soap and water. Stop bleeding by pressure with a gauze pad. Check immunization status of the child and animal. The child should have received a tetanus shot within five years; the animal should have received a rabies vaccine within two years. If a significantly gaping wound or a puncture wound occurred or if there is a question regarding the possibility of rabies exposure, call the doctor. Watch for signs of infection.

Insect Bites or Stings: Protect your child from mosquitoes by using repellent or loose clothing. When bites do occur, it is common to find considerable swelling and itching in young children. Bites around the eyes often cause the eyelids to swell closed. There should be no associated fever, or significant redness. Use cool compresses, baking soda paste, or Calamine lotion on the bites. Try to keep the child from scratching. If the bites become infected, use antibiotic ointment several times daily.

Bee or wasp stings have similar but much more pronounced swelling with pain and redness. The swelling usually increases for 1-2 days and is often very uncomfortable. If the stinger is visible, remove it by scraping or by carefully using a tweezers, and gently clean with soap and water. Apply an antibiotic ointment and a sterile dressing. Elevate the part and use an ice bag intermittently. Rarely a child may develop generalized hives, marked swelling of the face or respiratory difficulties following a bee or wasp sting. This indicates an allergic reaction and is an emergency. Call immediately or take the child to an emergency room. Refer to the "Itchy Rash" Table on page 23.

We hope this booklet will be helpful to you. If the information provided has not fully answered your questions, or if your child remains ill despite this treatment, please call the office for further assistance.

DUBUQUE PEDIATRICS VACCINE POLICY

We're at Dubuque Pediatrics, support immunizations and believe that appropriate vaccination is a standard of care. Immunization has a well-proven benefit world-wide and over 25 years experience in Dubuque has completely supported this benefit.

We believe that our responsibility for being advocates of children requires us to make a strong and positive statement of the need to immunize children.

We are aware that concerns about vaccines have arisen in the lay public. Vaccines have been blamed for a number of problems that occur in children and later been found **NOT** to cause these conditions. SIDS is an example from the early 70's more recently autism. As a result of these anecdotal concerns, unqualified individuals have recommended delaying, modifying and otherwise changing the times that children receive immunizations. Some have recommended not immunizing at all. These recommendations have been made without adequate scientific basis and result in children being at risk of acquiring serious, even life-threatening illnesses.

As pediatricians our primary concerns is health of your child. It would be unethical for us to participate in a practice that goes against our professional training, against the recommendations of medical authorities, and against our experience as pediatricians.

It is against our principles to deny children the well-proven health benefits of the vaccinations recommended by The American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP-Center for Disease Control and Prevention).

We are therefore unable to accept the request to be the provider of medical care for children who do not receive routine, regularly scheduled vaccinations. We are not dictating how you manage the health care of your children but we cannot accept patients who ask us to compromise our standards

We are quite willing to schedule time to discuss vaccines and to provide educational resources to help you understand our position.

