The Orange Book

An Owner's Manual for the Human Child

16th Edition 2017

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Dear Parent,

This is not a complete book on child care. It is simply a review of home management for common childhood illnesses. At one time or another, we have talked to almost all parents about each of these common situations. Unless we tell you otherwise, your child is healthy and endowed by God and nature with very impressive health mechanisms, attuned to heal themselves quickly, that will only occasionally be inadequate.

Each of the problems discussed in this book can be managed, at least for a time, by the parents at home. When you have tried these remedies, or if none seem to apply, and the condition has not improved, it is likely your child needs to be examined in the office, or in the emergency room if severe.

Thank you for trusting us to provide your family with quality health care in a fun and loving atmosphere. We promise to keep your trust by talking to you openly and honestly about health services we provide and by making you and your visits as pleasant and comfortable as possible.

The Doctors of A.F.P., P.A.

IS IT POSSIBLE TO BE A GOOD PARENT?

Yes, and almost all of the parents we meet are good parents. Anyone who would take on a "20 years to life" job in the current world deserves a big "hurrah" just for gutsiness.

The idea of "not being a good parent" is a fraud that sneaks up on most parents at one time or another. I have never seen a parent who wasn't, at any particular time, doing the best they could under the circumstances.

Remember that your job as a parent is that your child survive. That's it! It is not your job to make sure your child is rich, educated or happy. You can want all these things for them, but it is the child who makes sure he or she gets or loses everything the modern world has to offer.

Your child will meet many dangers in life. The majority of these are not medical, but sociological.

OUR GUARANTEE*

Our babies are guaranteed to:
Love their parents (and doctor)
Sleep though the night
Not cry much
Grow up Big and Strong
And do above average in school.

***Guarantee:**
If your child does not do this by age 75, you may return him/her to us.

OFFICE HOURS

Monday - Friday	8 am - 5 pm
Saturday	9 am - 12 noon

Each doctor is not present during all of these hours, of course, but we work nearly every day. If you prefer a specific doctor, please tell the receptionist when you request the appointment. Although some of our doctors are not accepting new patients, we all can work in a sick child. Routine and Well Child appointments should be with your primary doctor for good continuity of care.

TELEPHONES

Office Appointments	(817) 277-6444
Insurance Information	(817) 277-6444
Emergency Paging	(817) 679-0828

If there is a life threatening emergency, such as a poisoning or a fall leading to unconsciousness, call 911 or go immediately to the nearest hospital emergency room. Please see the section HOSPITAL.

EMERGENCY PAGING

Emergencies do sometimes occur when we are not in the office. At least one of us is always available and can be paged through the answering service at (817) 679-0828, but we may not be able to respond IMMEDIATELY. If your call is truly an emergency, do not wait for us to return your call, go to the nearest E.R. **Refill requests and routine care questions are only handled during regular office hours, so please reconsider directions we have given you and consult this book before calling.**

SHOULD I MAKE AN APPOINTMENT?

Needless to say, the notes that follow cannot replace medical care or examinations. They are intended only to review the information we have talked about in the office. The question "should I bring my child in?" is a difficult one and no general answer can be given. In addition, to the instructions given under specific diseases, you should bring the child in when:

- He or she appears sicker or is not progressing as described for the illness. A child who is eating and active can be observed longer than a child who will not take fluids.
- A baby less than six months old who has a 100° fever or higher.
- A child has not taken fluids in over 8 hours and appears sick.
- Anytime you feel uncomfortable with your child's acute illness.

HOSPITALS

It is nearly impossible for a family physician to keep up with staff requirements, committees, and meetings in all the local hospitals, and still be in their office to take care of patients. We, therefore, utilize the hospitalists if our patients need to be admitted. However, we are always easily reached to discuss your child's history and now with electronic health records (EHR), the doctor on call can even pull up records from home. For more emergency care than a Minor ER, we use both Arlington hospitals:

- Medical City Arlington
  3301 Matlock Rd. (at Mayfield Rd.)
  817-465-3241

- Texas Health Arlington Memorial Hospital
  800 W. Randol Mill Road
  817-960-6100

We generally recommend the closest hospital for true emergencies. Even though we are not on staff at either of the below hospitals, we also recommend using these hospitals if appropriate, because they are dedicated to pediatric and adolescent care:

- Cook Children's Medical Center
  801 Seventh Ave., Fort Worth, TX 76104
  682-885-4000

- Children's Medical Center of Dallas
  1935 Medical District Drive, Dallas, TX 75235
  214-456-7000

MANAGED CARE

It seems there are thousands of these programs, with every insurance company having their own version. We participate in many of them.

If you are on a Managed Care program that does not meet our criteria, you will still need to find another family practitioner. Where we do not participate, we generally register as "out of Network Providers". This means you will have higher out-of-pocket costs. Check your plan's information and see if we are an in-network provider.

You are responsible for keeping us informed on your program. We will cooperate with any lab or referral list you have, but it's your responsibility to tell us of any restrictions in your plan. You are responsible for paying for non-covered services, co-pays and deductibles. It is a very good idea to bring your referral list to any office visit.

OFFICE POLICIES

1. We can usually see acute illnesses the same day if you will call as early as possible. If the service you need is not for a sick child, please allow us to schedule you the next day if necessary.

2. If you schedule an appointment and do not keep it, you will be charged for the appointment.

3. We do not see children for sick care only. All patients must be seen for routine well-baby care or annual physical exams. This allows us to consider growth and development, preventive medicine, and proper immunizations at a time when the primary concern is not the sick child.

4. We make every effort to keep the cost of your medical care low. You can help by paying at the completion of each patient visit. Our fee schedule is available, and we are willing to discuss costs with you at any time.

5 Payment for services is due at the time of the visit. Should a bill be necessary, as for after-hours care, the bill is due upon receipt. While we possibly will never refuse to see a sick child, if you have not kept an agreement you made concerning our fees, you should expect to discuss it with the Practice Administrator.

6. We will file your insurance claim form if you are a part of one of the managed care plans that we accept. At each office visit you will be required to pay for your co-pay, deductible and any non-covered services. Self-pay patients must pay their balance in full at each office visit.

WELL CHILD AND IMMUNIZATION SCHEDULE

as of January 2017

Date Due	Age	Immunizations/Screenings
____________	BIRTH	HBV #1 - Hepatitis B
____________	1 WEEK	Growth Check
____________	2 WEEKS	Neonatal Screen #2 (done at the hospital)
____________	1 MONTH	HBV #2 - Hepatitis B
____________	2 MONTHS	DTaP - Diphtheria, Pertussis, Tetanus; IPV-Inactivated Polio Vaccine; HIB - Hemophilus Influenzae Type B PCV-13 - Pneumococcal Conjugate; Rotavirus
____________	4 MONTHS	DTaP - Diphtheria, Pertussis, Tetanus; IPV-Inactivated Polio Vaccine; HIB - Hemophilus Influenzae Type B PCV-13 - Pneumococcal Conjugate; Rotavirus
____________	6 MONTHS	HBV#3 - Hepatitis B; DTaP - Diphtheria, Pertussis, Tetanus; HIB - Hemophilus Influenzae Type B PCV-13 - Pneumococcal Conjugate; Rotavirus First annual flu shot (2 series), then **YEARLY**
____________	9 MONTHS	Hemoglobin/Hematocrit (Anemia check) Lead Screen
____________	12 MONTHS	MMR - Measles, Mumps & Rubella; HIB - Hemophilus Influenzae Type B; IPV - Inactivated Polio Vaccine PCV-13 - Pneumococcal Conjugate (12-15 months) Varivax - Chicken Pox (Varicella) TB Skin Test if High Risk
____________	15-18 MONTHS	DTaP - Diphtheria, Pertussis, Tetanus Hep A - Hepatitis A (repeat in 6-12 months)
____________	18 MONTHS	Growth & development screening; Update immunizations
____________	24 MONTHS	Growth & development screening
____________	4 YEARS	DTaP - Diphtheria, Pertussis, Tetanus; IPV - Inactivated Polio Vaccine; MMR - Measles, Mumps & Rubella Varivax Booster
____________	7-10 YEARS	Catch up on any delayed immunizations
____________	11-12 YEARS	Tdap - Diphtheria, Pertussis, Tetanus; HPV (3 doses over 6 months); Meningitis ACWY; Hep A - Hepatitis A (catch up); Varivax Booster
____________	16-18 YEARS	Meningitis ACWY Booster, Meningitis B series, Catch up shots *Remember Influenza dose every fall ≥ 6 months

**Please see detailed recommendations at www.cdc.gov/vaccines*

NEW BABY SECTION

By DAVID GOULDY, D.O. and SHARON DENNIS, D.O.

WELCOME TO YOUR NEW BABY!

May we be the first to wish your baby a HAPPY BIRTHDAY!

GETTING TO KNOW YOUR BABY

Sometimes, new parents are unsure of themselves. But, as long as your baby is loved, well fed and comfortable, you need not worry that you are inexperienced parents. Your baby is an individual from the day he or she is born. As the parents, the people most closely involved, you will come to know your baby best. Trust yourself. Don't take too seriously the advice of well-meaning friends and relatives. Your friends and relatives will all want to handle the baby, so you may want to limit visitors during the first few weeks. Most of all, enjoy having the new addition at home.

WHAT IS A NEONATAL SCREEN?

Every newborn in Texas is required to have screening tests for five inherited problems that can cause mental retardation or growth problems. P.K.U. is the most well known. All of these disorders are treatable through diet, medication, or close monitoring.

The first test is done at one day of age, usually before hospital discharge. The second test should be done at about two weeks of age, at the same hospital or birthing center.

SAFETY

You want to do everything possible to ensure a safe environment for your baby. Beginning with the first car trip home from the hospital, you should always use an infant car seat whenever you take the baby for rides. There are many simple ways to assure your baby's safety at home. Never leave the baby alone on a table or other high place, where he or she could roll off. Be sure the slats on the crib and playpen are no more than 2 3/8 inches apart, so the baby's head cannot possibly get caught between them. Keep the crib free of clutter, including pillows, stuffed animals, or other large items. Keep small objects like buttons and pins away from the baby's reach. A baby's delicate skin can be burned easily. When you take the baby outside, protect him or her from hot

rays of the sun. Always test the water before your baby's bath to be sure it is not too hot. Smoking cigarettes while feeding or playing with the baby could be dangerous. In the perfect world, there should be no smoking in your house. Also, don't hold the baby while cooking.

COMFORT

Room temperature: Try to keep an even, comfortable temperature in your baby's room. Windows may be opened in warm weather, provided the baby is not in a draft and the room temperature does not fall below 68 degrees F.

Crib: Cover the mattress with a waterproof cover, quilted pad and soft baby sheet. Do not use a pillow. Cover the baby with one or two cotton blankets. There continues to be mixed opinions on how the baby should sleep. We recommend that the baby sleep on the back or side routinely.

Clothing: A baby does not require any more clothing than an adult. Dress your baby according to the temperature. You can take your baby outside whenever the weather is pleasant, as long as the baby is protected from the sun and dressed appropriately.

CARE OF THE NAVEL AND CIRCUMCISION

The umbilical cord will fall off within a few weeks. Each time you change your baby's diaper, use a cotton ball or Q-tip to clean the base of the navel. Sometimes a few drops of blood may appear when the cord falls off; this is no cause for worry. If your baby boy was circumcised, watch for swelling or bleeding. If this happens, the doctor will need to examine him.

BATHING

It is a good idea to have a fairly regular time for bathing your baby. The room should be warm, with no drafts. Keep bathing supplies together to save yourself steps.

Wash your baby by sponging until the navel (and penis, if circumcision was performed) is healed. Then, you can bathe your baby in a small tub containing inches of comfortably warm water. Check the temperature of the water with your elbow.

Wash the baby's face with plain, warm water and a soft cloth; do not use soap. Wash your baby's head with a mild shampoo. Work from front to back, to keep suds out of the baby's eyes. Clean carefully over the soft spots on a young baby's head. If you notice a greasy scaling (cradle cap), this is normal and can be treated if excessive.

Use a mild soap and warm water to wash the baby's body. Be sure to wash the folds of skin. Rinse well. Pat the baby dry. Do not use powder after the bath, because the baby could inhale the powder and have trouble breathing. If the skin is very dry, you may use baby lotion sparingly after the bath.

Trim your baby's nails with a nail clipper, or with your teeth. This may be necessary several times a week.

STOOLS

Stools of newborn babies vary considerably in size, color, consistency and frequency. A baby may have several bowel movements daily or none at all for a few days. Stools may be yellow, brown, or green and may be firm, loose or pasty.

One of the most common illnesses among infants and young children is diarrhea. Usually diarrhea lasts only a few days and can be managed at home. Please refer to the suggestions on diarrhea in this book.

FEEDING

Feeding is one of your baby's most pleasant experiences. At feeding time, the baby receives nourishment from food and a feeling of security from parent's loving care. The food helps your baby to grow healthy and strong. Parental love starts your baby in the development of a secure and stable personality.

Both you and the baby should be comfortable at feeding time. Choose a position that will help you to relax as you feed your baby. For your baby's comfort, be sure he or she is warm and dry.

Whether breast-feeding or bottle-feeding, hold your baby close. The baby's head should be slightly raised and rest in the bend of your elbow.

Usually a feeding schedule is most satisfactory if it is flexible, allowing the baby to eat when he or she becomes hungry. Very young babies usually want to be fed every 2 to 4 hours, but older babies may wait for 5 hours between feedings. If your baby occasionally cries within 2 hours after a feeding, hunger probably is not the problem.

Breast milk, if possible, is the best feeding for your baby. If bottle feeding, we suggest using a formula with added essential fatty acids or lipids. Breast milk or infant formula is the only food your baby needs in the first 6 months of life.

Current feeding recommendations suggest holding all solid foods until the infant is older than 6 months old. We will, occasionally, add in small amounts of rice cereal after 4 months old on babies that still seem hungry after scheduled feedings. When the time is appropriate, please discuss with your doctor a plan for adding foods into baby's diet.

Some experts feel that early introduction of cow's milk, wheat, and beef increases the child's allergic sensitivity. Therefore, we recommend avoiding these foods during the first 12 months. We also do not recommend giving your baby any sugary liquids like soft drinks or sports-aids to drink from the bottle. These can harm your baby's teeth or cause diarrhea. Regular milk, even if boiled, is not a replacement for breast milk or infant formula and should be avoided in the baby's first year.

BURPING

Burping your baby helps remove swallowed air. Burp your baby several times during, as well as after each feeding time. Sometimes a baby will not be able to burp. Do not try to force the baby to burp if the first few attempts are not successful. Don't be alarmed if your baby spits up a few drops when being burped.

TECHNIQUE OF BREAST-FEEDING

Before feeding your baby, rinse your breasts with plain water, and pat them dry. Use both breasts during each feeding. When you first begin to nurse, put the baby to each breast for about 5 minutes. Gradually build up to 10 to 15 minutes at the first breast. Continue at the second breast until your baby is satisfied.

You may notice at about 2 weeks old and again about 6 weeks old, the baby wants to nurse constantly. The baby is having a growth spurt and this frequent nursing is how he or she will increase your milk supply to meet their growth demands.

Begin each feeding at the breast you finished with the previous time, especially if the baby did not feed long at that breast. We suggest you put a diaper pin on your bra strap to remind yourself which breast to begin with at the next feeding.

TECHNIQUE OF BOTTLE-FEEDING

Hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby receive formula instead of air. Air in the baby's stomach may give a false sense of being full and may also cause discomfort.

We recommend not propping a bottle and leaving your baby alone to feed. The bottle could slip and make the baby gag. Also, drinking from a propped bottle may be related to tooth decay (cavities) and ear problems in older infants. Remember, your baby needs the security and pleasure of being held at feeding time. Face to face contact is very important for your baby.

Most babies feed for 15 to 20 minutes. Sometimes your baby will take all the formula in the bottle and sometimes not. Don't worry; this is normal. You should never force your baby to eat or finish every bottle. Throw out any formula left in the bottle. When your baby regularly finishes the entire bottle at each feeding and sometimes cries for more, it may be time to increase the amount of formula. Your baby will need larger amounts of formula as he or she grows.

Test nipples regularly to be sure the holes are the right size. If the nipple holes are too small, the baby may tire of sucking before getting all the formula he or she needs. When the nipple holes are the right size, warm infant formula should drip smoothly, without forming a stream, when the bottle is held upside down.

Remember:

Infants should sleep on their sides or backs.

Back to Sleep

MEDICINE CHEST

Start with tender, loving care. In most cases your child needs your attention more than he or she needs medicine or a doctor. Tender, loving care shows you are there to help and explain what is happening. It also enhances the healing process, and builds your child's self-esteem and confidence in their body.

Keeping certain basic items on hand saves time and helps you feel prepared. The supplies you are most likely to need are:

1. Adhesive bandages
2. Digital Thermometer
3. Dimetapp™, Triaminic™ (orange colored), PediaCare Cough-Cold™ syrup or a similar product
4. Hydrocortisone cream (1/2 percent)
5. Ipecac syrup
6. Neosporin™ or triple antibiotic ointment
7. Sweet oil or olive oil
8. Tylenol™ (Acetaminophen) drops or liquid
9. Advil™ or Motrin™ (Ibuprofen) drops or liquid
10. Benadryl drops or liquid
11. Saline nasal spray (Ocean ™) to use as nasal drops, and a nasal bulb. Talk to us about proper nasal suction techniques.
12. Sleepytime™ Chamomile tea for both parents and child during those late night adventures!!!

COLDS

A normally healthy child will get six to eight minor respiratory infection per year. These are usually caused by virus germs that don't respond to antibiotics. A child's own defense mechanisms will destroy this virus with time, except when they turn into bronchitis, middle ear infections, or other complications due to secondary bacterial infections.

Relief of symptoms as they appear (cough, fever, runny or congested nose), is usually all that is needed. Most important is to keep your child well hydrated. Use saline drops and bulb suction as needed for infants and consider room humidifiers/vaporizers as symptoms would indicate.

"Cold/Allergy Medicine" Dosage Schedule				
		Dimetapp Elixir, Triaminic (Orange) Syrup	Sudafed Syrup	Robitussin Cough Long-Acting Syrup (Only if persistent cough)
Weight	Age			
24-35 lb	2-3 years	Call your doctor		
36-47 lb	4-5 years	Call your doctor	1 tsp.	1 tsp. every 6-8 hrs
	6-12years	2 tsp.	2 tsp.	2 tsp. every 6-8 hrs
One dose lasts 4-6 hours, no more than 4 doses in 24 hours. Please consult individual product for dosing interval.				

WARNING: DO NOT GIVE THESE MEDICINES TO CHILDREN LESS THAN 2 YEARS OLD.

Do not combine medications or give more than specified dosages. Increasing evidence indicates that the risk of the medicines may outweigh the benefits. Therefore, we generally discourage their use in younger children and specifically are concerned about the consequences of use in toddlers.

COLIC & FUSSINESS

Many babies develop colic in the period between two weeks and six months of age. It may be related to milk allergy in bottle-fed babies or to over stimulation by the environment in overly bright and sensitive babies. Colic usually has a predictable time of the day when the baby cries and the baby may act as if in pain by drawing legs up on the abdomen.

After careful examination, which may take several visits, we try:

1. Consider changing the formula. Your doctor can discuss options
2. Extra physical contact (such as a chest carrier)
3. Warm water bottles on tummy
4. "White noise" such as a vacuum cleaner or radio static
5. Peppermint spirits (a few drops in water) or Sleepy Time Tea (1-2 ounces as tolerated)

CONSTIPATION

Constipation is HARD stools that are passed infrequently AND with difficulty. Infrequency when the stools are not hard is not usually a problem. The human being was not designed to have bowel movements on its back, so difficulty by itself is not usually serious either. Treatment for infrequency consists of:

1. Additional water or Pedialyte if baby is $\leq$ 1 m/o

2. Two-to-six teaspoons per day of Karo® Syrup added to formula

3. Change of formula

4. Avoid rice cereal and observe child's behavior with other foods

5. Toddlers and older children should be given only bran cereals

DO NOT USE LAXATIVES, ENEMAS OR SUPPOSITORIES without an examination and specific recommendations.

COUGHS

Coughing is the way the lungs expel material such as mucus or infection. Thus, while it is an irritating symptom it remains an important mechanism for the child to clear his chest. Use as little medicine as possible. Treatment consists of decreasing mucus thickness and production by:

1. Giving lots of clear liquids and holding dairy untill well.
   It's OK to give formula to infants

2. Cool mist or steam vaporizers (run 24 hours per day)

3. Elevating the head of the bed to assist drainage.

4 Dimetapp™ or Triaminic™ expectorant

COME IN IF:

a. The child has a severe cough or one that continuously interrupts sleep,

b. The cough is associated with high fever, or

c. The child is wheezing, whooping or acting short of breath.

CROUP

Croup is a unique cold where the virus settles in the vocal cords giving the cough a “barking seal” quality. Treatment consists of:

1. Cool mist vaporizer running 24 hours per day.
2. Plenty of fluids, sweet Sleepy Time Tea® to soothe the throat is excellent.
3. Taking the child, warmly wrapped, into the cool night air for 10 minutes.
4. Sitting with the child in a steamed-up bathroom.
5. We need to see the child if there is any sign of respiratory distress, or if more severe, you should go to the emergency room.

DIAPER RASH

Many babies get mild diaper rash from irritation by stool or urine. The main therapy is to keep the skin clean and dry by:

1. Checking extra-frequently for wet or dirty diapers.

2. Using Desitin™, A&D™, or zinc oxide ointment as a protection barrier.

3. Sometimes changing the brand of disposable diapers or a trial of cloth diapers may be necessary.

Rashes that do not respond to these measures or which develop “fire” redness, spread rapidly or weep should be seen in the office.

DIARRHEA

Diarrhea is usually a symptom of a viral infection or a dietary reaction and should last only a few days. Medicines are rarely needed, and if used before the tract has purged itself, will actually extend the illness.

TREATMENT:

1. Discontinue all formula, milk products and solid foods.

2. Give only peppermint or decaffeinated black tea with sugar for 24 hours unless the child gets very hungry before that time. Pedialyte™, 7-Up®, or Gatorade/G-2® are acceptable if the child will not take tea. Remember Dr. Gouldy's Popsicle test . . . if they won't take a grape Popsicle at 24 hours, they need to be seen!

3. If diarrhea is improved after 24 hours, begin 1/2 strength Isomil™ in small, frequent feedings. Older children should have popsicles, non-citrus juices (avoid apple juice), rice, dry cereal, bananas, strained carrots and applesauce added in small quantities as tolerated.

Your child needs to be seen if they do not improve in 48 hours, do not take any fluids for 12 hours, or have severe abdominal pain for over 2 hours. If the skin or whites of the eyes turn yellowish, if blood or pus appears in the stools, or if signs of dehydration (dry tongue or no tears) occur, this would tend to suggest a serious condition and the emergency room is usually appropriate. Remember, you can always call us, night or day if you're not sure what to do, but go to the ER if severe.

EARACHES

Earaches can be due to simple congestion or an infection in the outer canal or inner ear. The more serious inner ear infection is usually, but not always, accompanied by high fever and pain.

Overnight, begin the child on Dimetapp™ or Triaminic™ at twice the dose you would normally give for one dose. Give Tylenol™/Tempra™ for fever and pain, and place a small amount of warm olive oil or Crisco™ oil in the canal. A heating pad may also be helpful. Nothing else, including care in the emergency room, will work faster since antibiotics take 12-24 hours to begin working.

If the pain persists over 24 hours, or blood or pus is draining from the ear, we must see the child. If a middle ear infection (otitis media) is the problem, the child will be treated with antibiotics for five to ten days and decongestants for up to two months. We will then re-examine the child since a few of these do not resolve satisfactory, in spite of the child appearing to be well. In the case of repeated middle ear infections, insertion of ear tubes may be necessary.

EXTERNAL "SWIMMERS" EAR

You will need:
- 4 ounces of water
- 4 ounces of cheap rubbing alcohol
- 1 teaspoonful of white vinegar

Mix in a plastic measuring cup and use an ear syringe to wash out the ear canal. Use as much pressure as is comfortable. The goal to wash away the pus that has been killed by the most recent application of the antibiotic ear drops. It is best to do this in the shower since the solution will spray all over when done properly. **Do not use this solution if your child has acute drainage out of the ear, or any history of tubes or perforated eardrums, unless your doctor has examined the ear.** We prefer to discuss this procedure in the office prior to first time using.

This is a cranky infection, but with proper care you will do well. The symptoms disappear long before the actual infection is gone, so you need rechecks until we tell you all the infection is cleared.

FEVER

Fevers are usually a sign that the body is attempting to fight off an infection or an inflammatory process like teething. Two important misconceptions are:

1) that the height of a fever is an indicator of its severity,
and
2) that high fevers are dangerous in and of themselves.

Neither of these statements are true in a child that is taking ample amounts of fluids. Children with fever usually do not eat. We generally do not treat fevers under 101˚ if the child weighs at least 20 pounds and is taking fluids.

Always take the temperature by holding a regular fever thermometer in the armpit for two minutes, then add one degree for oral equivalent. Newer thermal scan thermometers also work great, follow instructions for reading. We prefer that you don't take oral or rectal temperature in an infant/small child.

Bring in a child under six months with fever greater than 100˚. Older children should have:

1) Excess clothing removed
2) Increased fluids
3) Tylenol™ or Tempra™, given by weight for infants and children not taking fluids Advil™ and Motrin™ are for fevers over 103˚ if well hydrated.
4) Sponging in lukewarm water (never alcohol) if necessary.

Tylenol™ Tempra™ or Acetaminophen Dosage Schedule				
For Fussiness, Pain, or Fever over 101˚		Infants Tylenol Concentrated Drops 80 mg / 0.8 ml	Childrens Tylenol Suspension Liquid 160 mg / 5 ml	Junior Strength Tylenol
Weight (lb.)	Age			
12-17	4-11 mo.	0.8 ml		
18-23	12-23 mo.	1.2 ml	3/4 tsp.	
24-35	2-3 years	1.6 ml	1 tsp.	
36-47	4-5 years		1 1/2 tsp.	
48-59	6-8 years		2 tsp.	2 tablets
	9-10 years			2 1/2 tabs
	11-12 years			3 tabs
one dose lasts 4 hours				

Advil™, Motrin™, or Ibuprofen Dosage Schedule				
For Pain, or Fever over 101˚		Pediatric Drops 100 mg per 2.5 ml	Suspension 100 mg / 5 ml	Junior Strength Tabs 100 mg ea.
Weight (lb.)	Age			
12-17	6-11 mo.	1.25 ml		
18-23	12-23 mo.	1.875 ml	3/4 tsp.	
24-35	2-3 years		1 tsp.	
36-47	4-5 years		1 1/2 tsp.	
	6-8 years		2 tsp.	2 tablets
	9-12 years		3 tsp.	3 tabs
one dose lasts 6-8 hours				

The child needs to be seen when:

a) the above does not work,
b) when appears unusually ill, lethargic, and less responsive,
c) the fever continues over 48 hours, or
d) the appearance of some complication (cough, diarrhea, earache, etc.) makes examination necessary

HEAD INJURY

Children have very hard heads, so most minor injuries require only ice packs, hugs, and observation. Wake the child every two hours to check the following:

1) Consciousness and alertness should be appropriate
2) Pupil sizes should be equal

If either of these is abnormal, take the child to the emergency room immediately.

Remember to always have your child wear a helmet when they ride their bike or scooter. Parents should be good role models and also wear a helmet.

IMMUNIZATION REACTIONS

DTaP: Fever, irritability and redness at the shot site 1-6 hours after the shot is given. Give Tylenol™ or Tempra™ and hold an ice bag to the area. (See "FEVER" for dosage).

MMR: A low grade fever and fine rash may occur 7-14 days after the shot. Treat with Tylenol™ or Tempra™. (See "FEVER" for dosage).

PREVNAR: If the child develops a rash, please let us know.

VARIVAX: This is a live virus, but rarely do we see any chicken pox rash. The child should be seen if rash develops.

POISONING

If your child eats any potential hazardous substance,

IMMEDIATELY CALL POISON CONTROL

at 1-800-222-1222 OR 911

and follow their directions.

Call the office to report progress.

DO NOT give Ipecac without checking with Poison Control first.

"PINK EYE"

There are many causes of "Pink Eye" in children, but most of them are from nasal discharges (and bacteria) rubbed into the eyes or a clogged tear duct. If the child can see through the eye (cover the unaffected eye with your hand) and is not having severe pain, you can treat this initially by irrigating the eye several times a day with cotton balls dipped in a fresh solution of saline until you see the doctor:

1/2 level teaspoon table salt in 1 cup of fresh tap water or get OTC saline eye drops

This solution does not burn and will remove the "goop" and soothe the bacterial or viral "Pink Eye". Warm water compresses with a wash cloth also help. This is very contagious, so wash your hands after treatment and be sure other family members do not use the same towels.

Eyes are so important. If this treatment does not improve the eye in 24 hours, the child needs to be examined. If there is any vision change, high fever, or severe pain, your child needs to be seen urgently.

RASH

Children get a wide variety of rashes. Many times this is because they are natural explorers and come in contact with so many things. Most are minor and temporary and can be taken care of at home.

Cleanliness helps prevent local infection, so wash the skin and keep your child's towels separate. Calamine™ lotion or cool oatmeal baths (one cup per tub) offer temporary relief of itching. the antihistamine in Benadryl™ may help the itching. Be sure to follow the age/weight dosing on the bottle. Be sure to clip the child's nails to reduce skin damage from itching.

We want to see a rash that:

a) has infected, spreading sores
b) lasts longer than one week with above treatment if suspected allergic rash
c) is associated with a fever or sore throat, or
d) has rapid onset and severity

SORE THROATS

Sore throats are usually caused by a virus or bacteria (strep) and last 12-48 hours. The only way to accurately tell these apart is with a Rapid Strep™ screen and/or throat culture. Strep throats and fever will usually last longer than 1-2 days, so we recommend an in-office test when the fever and soreness are not improving by the third day or if the tonsils develop a white coating.

Treat as discussed under "Colds". Older children can be taught to gargle with salt water. The early lessons are best carried out in the shower.

TEETHING

Cutting teeth, the actual process of the tooth erupting through the gum surface, is frequently associated with irritability and fever below 101°.

Try:

1) Tylenol™ or Advil™, see dosage under fevers
2) Frozen sticks of juice or strained pears.
3) Teething rings sometimes work, and even loving, gentle gum massage from mom or dad's clean finger.
4) TLC is almost always the best medicine.
5) Please discuss any herbal or homeopathic products with your doctor before using.

VOMITING

Most vomiting is the result of a viral infection and resolves in 12-24 hours as the body rejects the infected material.

1) Stop milk and solid food.
2) Give sweetened decaffeinated tea or peppermint tea (1/2-1 ounce) every 20 minutes and gradually increase as tolerated.

Even if the child vomits this up as little as 2 minutes later, the body has already absorbed some fluids (to fight dehydration) and having fluid to vomit up is better tolerated than "dry heaves".

3) If this does not work, stop all intake for four hours, then give 1 teaspoon Emetrol™ (non-prescription) every 20 minutes for 2 hours. Then begin the tea, Pedialyte™ or diluted Gatorade/G-2™.
4) After 24 hours, or when the child gets very hungry, begin feeding rice cereal, or clear broth soups (like chicken noodle), and Jello® and of course Popsicles! For infants still on formula, add 1/2 strength formula in small quantities 24 hours after vomiting stops. Hold dairy until tolerating regular diet.

After this is tolerated add:

Third day: applesauce

Fourth day: vegetables and fruite

Fifth day: regular diet

Your child needs to be seen in the office if:

a) there is active vomiting for over 24 hours

b) the child is not toxic, but doesn't appear to be improving

Needs to be seen in the Emergency Room if:

a) abdominal pain, especially moving to the right hip area, worsening over more than 2 hours, or any abdominal distension

b) vomiting after acute head injury or if poisoning is a possibility

c) any dark blood, grape jelly appearance or green bile in the stool

d) the child is under 6 months old and not taking any fluids, as will likely need IV fluids, and is best seen at one of the local pediatric hospitals