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YOUR PEDIATRICIAN

We are fully trained pediatricians, certified by the American Board of Pediatrics. We are in a group practice to ensure that whatever time of day or night an illness or accident arises, help is available. Every effort will be made to allow you to see the doctor of your choice. Because of emergencies, illness, family responsibilities, meetings away from the office and vacations, your doctor occasionally may not be available for your child's illness. Be assured that we are equally skilled and will make every effort to care for your child's illness. We are also pleased to offer the services of our Registered Nurse Practitioners, Pat Gruver and Tanya Banks.

APPOINTMENTS

Regular office hours are 8:00 to 5:00, Monday through Friday, and 8:00 to 12:00 on Saturday. If you think your child needs to be seen, please call early in the day to allow you the earliest possible appointment. If you arrive at the office without an appointment you will be given the earliest open appointment, but that might involve a lengthy wait. Waiting time will shorten if everyone calls for an appointment, comes on time, and cancels if any appointment cannot be kept. If you have an emergency, call us immediately and describe the problem. If you suspect a contagious disease such as chicken pox, inform the receptionist when you arrive so that we can try to separate your child from others. Emergencies are given top priority at all times of day or night. We appreciate your patience should such an emergency arise.

TELEPHONE CALLS

Routine questions should be asked in the morning during regular office hours. In order for us to concentrate on our office patients, the doctors will not answer ROUTINE calls. Our nurses are trained by us to handle routine pediatric problems. They will consult us immediately for emergencies and difficult problems. If you feel that additional information is needed, ask the nurse to have one of the doctors return your call after office hours.

If you call on weekends or holidays, please make your routine calls between 8:30 and 9:30. We answer your calls as quickly as possible. You should call at any time if an emergency exists.

EMERGENCIES AFTER OFFICE HOURS

Our office telephone number will always be answered. Your number will be taken and your call returned as quickly as possible. We should discuss routine problems such as diaper rash, feeding questions, pinworms, and constipation during office hours so that your child's medical records will be available. Routine questions after hours may take valuable time away from the emergency service we provide. **PLEASE DO NOT GO TO THE EMERGENCY ROOM WITHOUT FIRST CALLING US.** This call may save you money and time. We commonly care for cuts, burns and accidents, and we can refer your child to an appropriate specialist if necessary. We prefer to be the consistent physician for your child. Please do not use the emergency clinics as a substitute for a fully trained pediatrician's care. We refer our patients to a Pediatric After Hours clinic for after hours care. This clinic is staffed by a pediatrician at all open hours.

INSURANCE

We recommend that you have medical hospitalization and accident insurance. At the time of your visit or after a hospitalization, you will be provided with an itemized statement that will include all of the information needed by your insurance company. Refer to the instructions on the back of these statements for the methods of submitting your claims. Your contract is with the insurance company; we cannot be bound to their fee schedule. In most cases, however, there will not be a discrepancy.

PAYMENT AND PROFESSIONAL FEES

We must ask that payment for medical services be made at the time of your child's appointment. If this is truly not possible, special arrangements may be made by discussing this with our office manager. As previously stated, your insurance company will reimburse you after you submit your claims.

An "Office Visit" fee will apply to most of your child's visits. If any especially brief visit is required, (for example to check the resolution of an ear infection after finishing an antibiotic), there may be a "Brief Office Visit" fee. If your child's problem is unusually complicated, there may be an "Extended Office Visit" fee. Minor surgical procedures such as circumcision, suturing, ear piercing, and laboratory tests done in our office will incur separate charges. "Well Child Care" is covered by insurance, regardless of deductible, by Florida law. Check with our staff if you have questions.

We encourage your inquiry into your bill. Our office manager can help you understand your bill and will be receptive to suggestions. In order to help you prepare your tax statements, it is important to save your receipts. We charge for duplicate receipts.

OFFICE MANAGER

Please contact our office manager if you have suggestions for improving the efficiency of our office. Our goal is to try to provide exceptional medical care for your children, and we appreciate ideas which might make your visits more pleasant and more efficient.

THE NEWBORN CHILD

BASIC SUPPLIES

Acetaminophen infant drops (such as Tylenol)

Acetaminophen suppositories (such as Feverall) (120 mg.)

2 rectal thermometers (in case one breaks)

1 "ear syringe" to suction nostrils and mouth (if the baby is born in the hospital you will receive one at that time)

Cotton balls

1 bottle Isopropyl rubbing alcohol

1 tube Zinc Oxide diaper cream

6 doz. disposable diapers

2 waterproof sheets and 3 waterproof lap pads

Miscellaneous linens and clothing

Car Seat

Note: You should set your hot water heater thermostat at 125°F. Water at this temperature is much less likely to cause a severe burn in the event of an accidental scalding at bath time .

THE HOSPITAL EXPERIENCE

When you deliver your baby at one of the Hospitals, the nursery nurses will notify our office when the baby arrives in the nursery. A pediatrician will usually attend the delivery if you have a C-section, if your obstetrician feels there may be some problems, or, in some cases, a premature delivery. We have Neonatology specialists available to assist in your child's care if needed. After routine deliveries, the nurses immediately check the baby for any problems. If the mother and baby are both doing well, you may choose to spend some time together in the recovery room. The baby will be quite alert and may even be interested in nursing. Babies are usually taken to the newborn nursery for weighing, and measuring the monitoring vital signs. They are given eye ointment to prevent infection and a vitamin K injection to aid blood clotting. There is a "transitional" period during which the babies are left nude under a warmer. This allows the nurses to immediately notice any breathing difficulty or color change. We check the babies in the hospital shortly after birth, but come immediately if the nurse suspects any significant problem. Each morning that you are in the hospital, we will check your baby and talk with you. Before discharge from the hospital, a blood sample will be taken to test for several diseases (such as thyroid disease and PKU) which rarely occur. The diseases, if discovered at this time, may then be treated. If you are discharged before 48 hours after the first feeding, you will need to return for testing.

SLEEP

We recommend babies be put down on their side or back, not on their tummy, when going to sleep. This has been shown to decrease the incidence of sudden infant death.

JAUNDICE

Babies are born with excess red blood cells which are normally broken down. If they break down faster than the baby can excrete them in urine and stool, the baby's skin may become yellow or "jaundiced." We will check a blood sample and tell you about what treatment is needed if your baby develops jaundice. Jaundice may appear after you leave the hospital. Call our office if the baby seems yellow to you. Remember that in most cases, jaundice in newborns does not represent a significant problem. Your baby will not act or appear "sick" because he is not sick. Treatment for this condition is usually simple and will be explained to you if jaundice develops.

FEEDING

Breast feeding is a very satisfying and healthy experience for you and your baby. We encourage you to breast feed.

BREAST FEEDING

When nursing, find a quiet comfortable area where you and your baby can relax. At first, the baby will receive colostrum only, but after a few days, adequate amounts of milk will be produced to more than satisfy your baby. During the first week, nursing time should be increased gradually. A certain amount of soreness is to be expected at the beginning. Ultimately you will nurse for approximately 20 minutes total, 10 minutes per side, every 2-4 hours. Alternate which breast the baby begins with.

We encourage mothers who are breastfeeding to maintain a nutritious diet and to drink

ample quantities of fluids. There is no food or drink that you must avoid. However, check with your physician or us before using any prescription drugs while you are nursing. Most over-the-counter medications such as decongestants, antihistamines, aspirin, acetaminophen, laxatives and stool softeners are safe to take while breastfeeding.

ENGORGEMENT

Some mothers experience very painful breast swelling if their milk is produced in very large quantities. Their babies may not be able to suck when the breast is so hard and large. If this occurs, you must reduce the size of the breast by expressing milk just prior to nursing. The decrease in swelling will then allow the baby to get a better grasp on the nipple. A warm shower or heating pad might also help. A brassiere that supports the breasts firmly but does not fit too tightly will make the mother more comfortable. Do not be discouraged if breast feeding is not as easy as you thought. It often takes a few weeks for you and your baby to get used to each other before you find it to become "natural." Telephone for help if you feel frustrated and are ready to give up. Breast feeding should be an enjoyable experience. If you relax and have patience you will succeed.

MASTITIS

If you have a painful, red, warm, swollen area on your breast associated with chills and/or fevers, notify your obstetrician. This may be an infection and might require antibiotics. If so, your baby should continue to nurse. The infection will not hurt your baby and nursing helps your breast heal faster.

WEANING

If you return to work, you can easily substitute two or three bottles of formula or breast milk during the day and continue to nurse in the morning, evening and night. Weaning depends on the needs of you and your child; therefore, when you decide to totally wean, gradually substitute a bottle or cup until accomplished.

VITAMIN DROPS

While breastfeeding provides infants with most necessary nutrients and immune factors, breast milk alone does not typically provide infants with an adequate intake of vitamin D and iron. We therefore recommend that exclusively breastfed infants receive a daily vitamin supplement (such as Polyvisol with Iron) to enhance iron and vitamin D intake.

BOTTLE FEEDING

If you choose to feed your baby formula, we feel that it is best to use a commercial formula with Iron. You will save money by using either liquid concentrate or powdered formula, both of which will be mixed with water. Be certain to carefully follow the instructions on the package. All the necessary nutrients, vitamins and iron will be in the formula. City water contains fluoride which is necessary to protect developing teeth. If you have a well, we recommend having your water tested for fluoride content.

STERILIZATION

Keep all articles scrupulously clean. Bottles, nipples and caps should be rinsed with hot water after use. Later, you should scrub them with hot soapy water and rinse them well.

A dishwasher is quite acceptable.

FORMULA FEEDING

You may want to warm the formula before feeding, but it is not necessary. Do not heat in a microwave, oven or on the stove. Instead, put the bottle in a bowl of warm tap water until the chill is taken off. The nipple should drip milk slowly when tipped over. Test the formula after warming by dripping a few drops on your wrist before feeding the baby. The baby's head should be held up slightly. Never prop a bottle for feeding and never place a bottle in the baby's bed.

BURPING

Even if he is fed properly, your baby will usually swallow some air. The way to help him get rid of this is to burp or "bubble" him. For most babies, burping every 10 minutes and again after feeding is usually sufficient. Some children, however, need to be burped more often. Hold the baby upright over your padded shoulder, sit him on your lap, or lay him across your lap on his stomach. Pat and rub his back briskly but gently until he expels air.

FEEDING SOLID FOODS

We recommend waiting until 6 months to introduce cereal and "solid" foods. Ages at which you may add to Breast Milk or Formula:

Introduce Juice (optional) — 6 months

Introduce Rice, Barley and Oat Cereal — 6 months

Introduce Vegetables, Fruit, Meat and cup — 6 months

Introduce Finger Food — 9 to 12 months

Avoid Honey, eggs, citrus, milk, seafood, peanut products in the first year.

CHOKING

Small, hard foods may cause choking. Such things as teething biscuits and Zwieback toast can easily get caught in a young infant's throat. Wait until at least nine months or after to begin such things.

Foods such as M and M's, popcorn, nuts, whole grapes, raw carrots and uncut hot dogs should not be fed until at least three years of age due to the danger of choking.

GENERAL CARE

CAR SEATS

It is of utmost importance to use an approved car seat for every trip in an automobile, **INCLUDING THE FIRST TRIP HOME**. The simple act of buckling your child in his car seat may save his life or avoid serious injury if an accident or quick stop occurs. It is now a law in most states, including Florida, that all children must be secured in an approved safety seat. It is not possible to safely hold a child in your arms while traveling in a moving vehicle. Parents should also wear seat belts not only for their safety but also as a role model for the children.

HOMECOMING

Your baby must leave the hospital in an approved auto safety seat. Older siblings should be made to feel like they are included; thus you should encourage them to participate in the care of your newborn as much as possible. It is often helpful to give an older sibling a doll or stuffed animal that he or she may feed, change and bathe when you are doing the same with the new baby. Older siblings like to open the baby's presents, show off their new brother or sister and play with the new toys. You may find that the older sibling may regress especially in such areas as toilet training. Be patient and supportive. Try to ignore as much negative behavior as possible, and things will soon return to a more normal state of affairs.

Friends and relatives will wish to visit. If possible, it may be helpful to arrange for some help, such as a grandparent or friend, to be around for the first one or two weeks. Visitation should be when it is convenient and comfortable for the mother. Physical contact with the baby should be limited to parents, siblings, and helpers; others should mainly view the newborn in order to minimize the chance of spreading infections. It is important to keep the baby away from anyone who is sick.

NAVAL CARE

One or two times a day, rub a small amount of rubbing alcohol from a clean cotton ball onto the base, not just the top, of the cord. If the skin around the stump of the cord becomes red, you should phone for an appointment and bring the child into the office. It is normal to notice a small amount of blood coming from the base as the cord begins to separate. Until the cord falls off, which is usually between one and two weeks of age, give your baby a sponge bath with soap and water. Do not place him in a tub or basin until after the cord has fallen off and the base has dried up. No dressing is required for the healing cord. Bellybands, taped down coins, etc. do not in any way help prevent or cure a navel hernia.

SKIN CARE

Many babies are born with dry skin. Don't worry! This will flake off after birth, leaving no scars or sores. Use zinc oxide or other diaper ointments such as Desitin or Balmex in the diaper area or around the anus when the skin begins to appear red or inflamed. Do not use Q-Tips. The ears, navel, and vagina should be cleaned sufficiently by using a wash cloth or cotton balls and warm water.

“FUSSY TIME”

Most newborn children have a “fussy” period during some portion of the day. At this time he will appear restless, will cry and “fuss” for no apparent reason, will usually not be interested in eating and most often will not be totally comforted by rocking or cuddling. Be assured that this activity is NORMAL and realize that this will require patience and understanding on your part. Most often, this activity occurs during the late afternoon or early evening. The combination of a screaming, apparently unhappy child and tired parents can often make the situation unbearable. Try your best to relax and to know that things WILL get better if you just make it through the first three months. Remember also that crying is just about the only way that a newborn has to express himself. Crying itself is not harmful. You may find that things such as walking around, exercising, placing in a “Snuggli”, using a mechanical swing, going for a car or stroller

ride might be helpful. If these measures fail to help, try placing her in her bed for 10-20 minutes with dim lights, a loud ticking clock or soft music, or even static from the radio. If there is no improvement, you might try feeding 1-2 tablespoons warm (not hot) herbal tea.

COLIC

Extended crying, usually longer than three hours, may be due to excessive amounts of gas; this is usually referred to as colic. Infant colic IS a real entity. Unfortunately, some infants develop periodic crampy abdominal pain that causes them discomfort. As a parent, you will recognize these symptoms and will learn to differentiate them from the previously mentioned “fussy” period. True colic is a difficult condition to deal with, for often there is really nothing that will make a significant difference. Be assured, however, that if your child does develop colic, he WILL get over it. This is one condition where time is the best healer. If such a condition occurs and the above-mentioned remedies fail to help, feel free to call the office for further suggestions.

NASAL CONGESTION

Remember that, for the first few months, babies are nose breathers; they cannot adequately breathe through their mouths. If your baby’s nose is congested, it may be necessary to help clear this mucus from her nostrils. Use the rubber suction bulb syringe to remove visible mucus. If it is thick and does not suction or drain easily, make saltwater drops by putting ¼ teaspoon salt in 1 cup water. Put drops in each nostril before suctioning with the rubber bulb. You may use this as often as needed.

CLOTHING BABY

Most people tend to overdress their children. In general, infants are comfortable in the same amount and type of clothing in which you are comfortable. Infants, children, and adults all like to go outdoors. You should make every attempt to take your child out daily. Dress him according to the weather and his needs, realizing that babies feel uncomfortable and get fussy if dressed too warmly. Sunshine is certainly good for all people, especially infants, for this is our main source of vitamin D. Walking your child in a stroller or carriage is most rewarding for both parents and child and may be done daily. We see no reason why a one-week-old baby should not be taken out. We do, however, recommend keeping children below eight weeks of age out of large crowds, church or other nurseries, and away from people with colds or other illnesses.

BREAST SWELLING

Babies may develop swollen breasts as a result of hormones which pass from mother to child. This is normal and will disappear in several weeks. A milky secretion from the breasts may also be normal. Do not massage these swollen tissues. If redness or sudden increase in swelling appears on the breast, call our office.

VAGINAL SECRETIONS

Female babies may have some mucus secretion from the vagina, caused by temporarily increased levels of hormones which came from the mother. Occasionally, this discharge may be bloody. To clean this area, gently wipe with moist cotton balls. If the bleeding seems excessive or continues for longer than 24 hours, call the office.

BOWEL MOVEMENTS

Infants vary greatly in the number and consistency of bowel movements. Newborn stools, especially breastfed newborn stools, will usually be loose, will vary in color from yellow to green, and may occur as frequently as one or two times with every feeding. Some children over six weeks of age may go 3-4 days between bowel movements. As long as the stools are not hard, the baby is not constipated. Grunting and straining alone are common, and by themselves are not a sign of constipation.

CIRCUMCISION

If you choose to have your male infant circumcised, it will generally be done in the hospital. Ointment will be applied in the hospital. At home, Vaseline should be applied to the head of the penis with each diaper change for about 4 days. It is normal for a yellow or white coating to appear on the circumcised penis after the first three days; this lasts about three or four days. If you notice excessive or persistent bleeding, increased redness, swelling, peeling or pus in the area of the circumcision call the office for further instructions. You may wash the area with warm water and soap as needed.

URINE

A newborn baby will urinate frequently. A boy baby should be able to forcefully void high into the air. Call us if the urine just trickles out; it may be a sign of kidney or bladder disease.

HICCUPS

Hiccups are common and of no concern. If hiccups are prolonged, it may help to give the child a few swallows of milk or water in order to stop them.

VISION AND HEARING

Babies are able to see your face, light and objects. They are able to hear well and eventually to differentiate their mother's or father's voice from other voices. Observe your baby to assure yourself that he responds to your voice as well as to most other sounds.

PACIFIERS AND THUMB SUCKING

If your baby has a strong sucking desire, you may want to use a pacifier. This does not necessarily mean that the baby is hungry. A pacifier may make for a more content and happy child, and there are no physical problems with its use in infancy. We generally recommend orthodontic pacifiers. If a pacifier is to be used it is best to use it immediately after eating. If you wait until he gets really fussy, he may spit it out and refuse it later. Thumb sucking is also very common in infants. It is harmless in the child below school age, and there are no effective methods to stop the young child intent on sucking his thumb.

TELEVISION

Research on early brain development shows that babies and toddlers have a critical need for direct interactions with parents and other significant care givers for healthy brain growth and the development of appropriate social, emotional, and cognitive skills. We, in accordance with American Academy of Pediatrics (AAP) guidelines, urge parents to

avoid all forms of television exposure for children under 2 years old.

After age 2, we recommend limiting television exposure to less than 2 hours per day.

WELL CHILD EXAMINATIONS

When your baby goes home, we will arrange a check-up with our nurse practitioner at 3-5 days of age, and then a two week check-up. If your baby is born at another hospital, you will need to call us to arrange the first check up. If your baby is delivered outside a hospital, you must also call for an appointment so that your baby can be examined within the first 24 hours of life.

SCHEDULE FOR ROUTINE CARE

- 2 Week Check-up
- 2 Month Check-up and immunization – Diphtheria acellular Pertussis Tetanus/HIB/Injectable Polio Vaccine/Prevnar13/Hepatitis B/Rotavirus
- 4 Month Check-up and immunization – DTaP/HIB/IPV/Prevnar13/Rotavirus
- 6 Month Check-up and immunization - DTaP/HIB/Prevnar13/Hep B/IPV
- 9 Month Check-up and Hemoglobin and immunization
- 12 Month Check-up and Prevnar13/Hepatitis A
- 15 Month Check-up immunization - MMR/DTaP/Varicella
- 18 Month Check-up Hemoglobin and immunization - Hepatitis A/HIB
- 24 Month Check-up
 - 3 Year Check-up and urinalysis
 - 4 Year Check-up
 - 5 Year Check-up, hearing and vision tests, and immunizations DPT/IPV/MMR/Varicella
 - 6 Year and every two years thereafter Check-up.

WELL CHILD VISITS

The “Well Child Visits” are valuable checks of growth and development. Problems in intellectual development, emotional maturity and behavior are not always obvious to parents. Examining a child who is healthy will provide valuable clues to us. Sick visits to the doctor are often stressful for parents and children and these other, very important factors are often ignored or missed. The Well Child Exams are also the times for some laboratory tests such as a hemoglobin, to detect anemia; a urinalysis, to discover kidney disease; and hearing and vision testing. We also use the Well Child Exam for Anticipatory Guidance where we teach you about development, typical behavioral and emotional changes, home safety, feeding and common illnesses.

IMMUNIZATIONS

After your baby receives immunizations, his leg may become sore. A lump under the skin may last for many days. You may also find that your baby may become cranky or feverish during the first 24 hours after the injection. We recommend a dose of acetaminophen, (such as Tempra or Tylenol) after the injection is given. Use the medicine every four hours as needed. Call us if the baby has fever of over 104°, cries non-stop for several hours or if the injection reaction lasts more than 24 hours.

COMMON ILLNESSES

FEVER

The normal oral temperature is approximately 98.6°F.

The normal rectal temperature is approximately 99.6°F.

A fever is considered to be at least one degree higher than the normal temperature.

There is no way to guess the temperature or measure it with a “fever strip” on the forehead. Fever generally means the body is fighting an infection by a bacterium or virus. Fever in a child less than three (3) months old may be a sign of a serious problem. If your child is under three months of age and has a rectal temperature over 100.5°, call us at once.

A child older than four months who has a temperature above 101°F and is still alert and active probably has a mild illness that will resolve spontaneously in a day or so. You may try to lower the fever with acetaminophen. If a child is acting very sick or if the fever lasts more than a day or two, we may need to examine the child. Do not bundle up a feverish child to “sweat out a fever.” This will only keep the temperature high and may be dangerous to the child. If the temperature is 101° or higher, try acetaminophen (such as Tylenol or Tempra) every four hours. Don’t panic! High fevers are usually not harmful. Many children are quite unaffected by fever. Some children get very sluggish when the temperature is high, and lowering the fever should perk them up. Check the label on your medicine, because the amount of drug (mg) will be different depending upon which form you have. The “elixir”, “drops”, tablets and rectal suppositories are all different concentrations of active medication. If a high fever (above 104°) does not decrease thirty minutes after a dose of acetaminophen, sponge bathe with lukewarm water to provide some additional relief.

We generally do not recommend ASPIRIN. Reye’s Syndrome is an illness that seems to occur more often in aspirin users. You may safely use ACETAMINOPHEN during these illnesses. We may recommend Children’s ibuprofen for selected infants and children.

GUIDELINES FOR PARENTS OF CHILD WITH FEVER

Call Immediately If:

Your child is less than 3 months of age and has a rectal temp above 100.5°

Fever is more than 40.5°C (105°)

Your child is crying inconsolably

Your child is difficult to awaken

Your child is confused or delirious

Your child has had a seizure

Your child has a stiff neck

Your child has purple spots on the skin

Breathing is difficult and your child does not feel better after the nose is cleared

Your child is acting very sick

Your child has an underlying risk factor for serious infection (e.g., sickle cell disease)

Call during office hours if:

Your child is 3-6 months old and has a rectal temp above 100.5°

Fever is between 40 and 40.5°C (104 and 105°F), especially if your child is less than 2 years old

Burning or pain occurs with urination

Fever has been present for more than 72 hours

Fever has been present for more than 24 hours without an obvious cause

Fever went away for more than 24 hours and then returned

Your child has a history of febrile seizures.

You have other questions.

ACETAMINOPHEN DOSAGE RECOMMEDATIONS

Age Group	4-11 Mos	12-23 Mos	2-3 Yrs	4-5 Yrs	6-8 Yrs	9-10 Yrs	11-12 Yrs
Weight (lbs)	12-17	18-23	24-35	37-46	48-59	60-71	72-95
Dose (mg acetamino- phen)	80	120	160	240	320	400	480
Elixir (tsp) (160 mg/5 ml)	1/2	3/4	1	1.5	2	2.5	3
Chewable Tablets (80 mg/tablet)	—	1.5	2	3	4	5	6
Infant's drops (ml)	0.8	1.2	1.6	—	—	—	—
Suppositories (125 mg/ sup- pository)	2/3	1	1.5				

COLDS

A cold or “upper respiratory infection” is a frustrating problem for all of us. Everyone gets a cold now and then. The average child has four to five upper respiratory infections every year for the first three years of life. Children in daycare will average 8-10 colds each year. The cause is a viral infection of the nose or throat, and there is no cure. Cold medicine may decrease runny noses and acetaminophen may help aches and fevers. The cold will end whenever it is ready to end in spite of our therapy. Penicillin or other antibiotics will in no way cure colds.

The object of therapy for an older child is to make the child more comfortable by drying up the secretions and minimizing the cough. One should remember that the cough in children is due mostly to excessive drainage of mucus into the back of the throat. For this reason, your child's cough will probably be worse at night.

For the smaller child (less than a year of age), the object of therapy is to keep the child's nostrils free of mucus. To accomplish this, we suggest dropping 2 to 3 drops of saline-solution (made by dissolving 1/4 teaspoon salt in one cup of water) into each nostril followed by vigorous suctioning with an ear syringe. You should repeat this procedure 5 to 10 minutes prior to feeding your child. If her nose is clear, she will breathe better and will naturally suck better.

For the older child, you may want to use over-the-counter cold preparations. These preparations used along with cough medicine at bedtime, and the occasional use of nose drops may be helpful to relieve cold symptoms.

MIDDLE EAR INFECTIONS

Children are quite susceptible to "otitis media" (middle ear infection), because their eustachian tubes do not adequately drain fluid from the middle ear. Swimming, cold wind, and bath water are not the cause of otitis media. A "swimmer's ear" is an infected outer ear, usually from moisture and bacteria collecting inside the ear canal.

An "otitis media" or "middle ear infection" is an infection of the eardrum or the area behind the ear drum. If your child has an earache or pus draining from the ear, we must examine the child to see if the ear canal, ear drum or middle ear is infected.

Occasionally, pain felt in the side of the head will prove to be a headache, throat pain, neck gland pain or jaw pain from teething. Your child's complaint of "earache" may turn out to be an infection or any of these other things. It will therefore be necessary to examine him in order to determine where the infection is.

If your child develops intense ear pain during the night, you may give him the appropriate dose of Tylenol with Codeine if you have some on hand. If not, you may give him a teaspoon of a cough medicine that contains codeine if your child is over eighteen months of age. If you do not have any of these, you may try Tylenol or ibuprofen as previously described. A heating pad may also help, but never let anyone sleep on the heating pad, for it may cause a bad burn. If no reduction in pain occurs, call us for further instructions.

VOMITING

The cause of vomiting may be as simple as a 24 hour flu or as severe as appendicitis. Infants often vomit or "spit up." This is usually due to the fact that they swallowed too much air, did not burp well, or ate too quickly. Be certain that no extra holes were added to the nipple or that the one hole was not made larger, for this will allow him to get too much air. If he continues to spit up regardless of better burping, call the office. If vomiting occurs with severe abdominal pain, high fever, extreme lethargy or any other severe symptoms, call for advice. Generally, you will need to treat vomiting with very small amounts of "clear liquids," but other forms of treatment may be required.

1. Clear liquids - Gatorade®, Pedialyte®, decarbonated soft drinks.
2. Wait two hours after vomiting before offering liquids.
3. Start with 1/2 to 1 oz., every 30 minutes
4. If there is no vomiting for 4 hours, use 1 or 2 oz. at a time.
5. If your child has fever, use acetaminophen, not aspirin or ibuprofen.

6. Call if there is worsening of the vomiting, increasing lethargy, hard abdomen, unusual behavior or marked reduction or urine output (less than one void every 8 hours).

DIARRHEA

Diarrhea is defined as frequent, liquid stools, not just an occasional loose or runny bowel movement. Most children with mild diarrhea should continue to eat a normal diet including formula or milk. Breastfeeding should continue. If your baby seems bloated or gassy after drinking cow's milk or formula, call our office to discuss a temporary change in diet. Special fluids are not usually necessary for children with mild illness.

Children with moderate diarrhea can be cared for easily at home with close supervision and special fluids like Pedialyte or Gatorade. We will recommend the amount and length of time that special fluids should be used. Later, a normal diet can be resumed. For those children who are not able to tolerate cow's milk when they have diarrhea, we may recommend temporarily removing it from their diet. Breastfeeding should continue.

DIAPER RASH

Diaper rash is usually caused by one of two conditions, either too much moisture in the diaper area or by a yeast fungus that grows in moist areas. If your child's diaper area begins to get red, begin as follows: Wash the diaper area with warm water using cotton balls (no soap) with each diaper change, pat dry and use zinc oxide or other diaper cream. As much as possible, allow air to get to the diaper area. If using cloth diapers, leave the diaper off for a while after you change them, change the diapers frequently, and be certain that you are thoroughly rinsing all the ammonia out of the diapers in laundering. If the rash continues, begins to blister, spread or otherwise get worse, call for an appointment.

TEETHING

When children begin to teethe, which is usually around 6 to 8 months of age, it is often helpful to give them something hard and cold to chew on. Teething rings are helpful. Liquid teething medicines are usually of no value. You may try acetaminophen.

ACCIDENTAL POISONING

Because pre-schoolers are naturally curious, poisoning accidents are very common. The child can best avoid poisoning by diligent supervision. Household cleaners, furniture and metal polish, lye, bleach, and kerosene must all be handled with care and kept locked away from children when not in use. All medicines should be kept in a medicine cabinet that can be secured or locked if possible. Do not forget to keep the garage child proofed as well. Insecticides, gasoline, and paint thinner are extremely dangerous and must be kept out of reach.

Bathrooms, kitchens and utility rooms are the major source of dangerous items. Cabinets in utility rooms need to be locked and kitchen contents placed in upper cupboards and locked. Toilet seats need to be kept down to prevent drowning.

Other things to remember include requesting that pharmacists use safety tops on all

medications; never tell a child that medicine is candy. Flush outdated medicine down the toilet, and do not carry medicines in purses.

As a general rule, if your child ingests something that you feel is potentially harmful, call the office immediately. We may consult with the regional poison center for information on a specific substance. The national Poison Help Line number is 1-800-222-1222

ANIMAL BITES

Scrub all animal bites vigorously with soap and water as soon as possible. Your child may need a tetanus injection if his immunizations are not up to date. Animal bites, (especially cat and dog) may become infected with bacteria. Call us for instructions about treatment. Rabies is a rare but dangerous disease. Dog bites must be reported to the Police, Sheriff, or Health Department. A dog must be kept tied up for ten days for observation after biting a human. If the dog disappears or becomes very ill, your child may need rabies shots.

SORE THROAT AND OTHER INFECTIONS

When your child develops a sore throat, this could indicate a streptococcal infection, which, if untreated, could lead to serious complications such as Rheumatic Fever. As with many infections, sore throats can be due to either a viral or bacterial infection. Since antibiotics such as penicillin do not have any effect on viruses, it is important to culture the infection and determine cause. Cultures of throats are necessary so that proper treatment can be decided. Not every infection requires antibiotics. These infections do, however necessitate examination. When such symptoms occur, phone for an appointment.

EMERGENCIES

WHAT IS AN EMERGENCY?

Convulsions, accidents and lacerations, head trauma, stiff neck with lethargy and/or irritability, poisonings, eye injuries, difficulty breathing, prolonged or severe diarrhea or vomiting and acute abdominal pain are all emergencies. However, such things as colic, teething, simple fever, rashes, swollen glands and minor accidents are not usually emergencies and can wait until you have tried symptomatic measures. Remember, you are welcome to call at any time with a question. Nonetheless, using good COMMON SENSE may save countless hours for you and for us and thus allow more time for those children with serious illnesses.

Several emergency centers have opened in Gainesville. These facilities are staffed by physicians who are not pediatricians. We feel that continuity of care will be maximized if you call our office first.