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YOU
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DuPage Medical Group
| WE CARE FOR YOU

THE BABY BOOK:
INFANT AND PEDIATRIC CARE



THE JOURNEY BEGINS

Each and every baby is unique, and there are many different “correct” ways to care for your infant. This guide contains ideas and suggestions that DuPage Medical Group physicians have found to be helpful to our families.

CULTURE OF CARING

We are here to assist you in every way possible. Our pediatricians and office staff are qualified to provide the best healthcare available. And special training in the physical and emotional development of children and childhood illnesses makes our pediatricians certified to care for your child through early adulthood.

To keep your child healthy, we provide a full range of preventive healthcare services, including a planned immunization program, developmental and wellness screenings, anticipatory guidance and nutritional counseling. We also provide physicals for school, camp, sports and work.

Should your child require a special diagnosis and treatment, we offer various sub-specialties such as allergy, cardiology, dermatology, endocrinology, infectious disease, ophthalmology, orthopaedics, otolaryngology (ENT), sleep medicine, physical therapy, podiatry, surgery and urology.

We also have close working relationships with many pediatric sub-specialists in the area to whom we can refer if necessary.

Consultations are available for the many issues that families encounter as their children grow. These include asthma, attention deficit/hyperactivity disorder (ADHD), learning disability, obesity, developmental concerns, bed-wetting, bowel problems, discipline and behavioral and adolescent problems. Call the office to arrange a special appointment for you and your child.

A lifetime of happy parenting has already begun for you, and this guide will serve as a helpful tool for child care. This guide highlights the primary areas we've found pertinent through our years of pediatric care. This booklet is divided into two sections, Infant Care and Pediatric Care. The Infant Care section covers the early period of parenting, soon after your baby is born. The Pediatric Care section prepares you for what lies ahead, as your baby grows.

It is important to take the time to familiarize yourself with this information, and review it before you call the doctor. Keep this guide readily available, as it will be very helpful if problems arise.

Of course, your DuPage Medical Group Pediatrics team will be available at any time to offer sound advice and care. We've worked hard to build our family, and we're honored to have your family as a part of it.

PRACTICE COVERAGE

DuPage Medical Group strives to suit the needs and lifestyles of all of our patients. We encourage parents to carefully review the information provided about our pediatricians before choosing a physician for their child. Each pediatrician works specific office hours and days of the week. We will try to accommodate your schedule and choice of physician for all routine visits and, if possible, for sickness and emergencies. If your pediatrician is not available, another will be happy to take care of your acute needs. Through our electronic medical records, all of our care providers are able to maintain an accurate understanding of patient histories.

With cases of follow-up care for chronic conditions or a recent illness, it is recommended that you schedule the appointment with your primary physician. He or she will be most familiar with you and your child, in reference to this particular case.





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CALLING FOR AN APPOINTMENT OR ADVICE

To schedule an appointment with DuPage Medical Group Pediatrics, please call 1.888.MY.DMG.DR (1.888.693.6437). To contact a specific Pediatrics office, refer to the insert within this guide. You can also use MyChart to request an appointment. For efficiency, have the following information ready before calling:

- What symptoms your child is experiencing
- When the symptoms started
- Past related history and conditions
- Any chronic illness your child may have
- Your child's temperature and how it was taken (rectal or oral)
- Names and dosages of any medications your child is taking and your pharmacy telephone number
- Immunization records

If you need further medical advice about your child's illness or well-being after reading this guide, please contact your physician's office.

A nurse answers all medical advice calls. If the nurse cannot help you, he or she may ask that you schedule an appointment, or will consult a physician and call you back promptly.

Please remember to bring your most current insurance card to each visit.

CANCELLATION POLICY

We realize there are times when you may need to reschedule or cancel an appointment. We ask that you notify us at least 48 hours before a well-child examination and as soon as possible before an acute illness visit. In the interest of maintaining convenient scheduling for other patients, each Pediatrics office has a policy for repeated cancellations.

APPOINTMENTS & INQUIRIES

MYCHART

MyChart is the patient portal of our electronic medical records. It allows our physicians and specialists to collaborate with patients and families to provide the most accurate treatment specific to their needs. Whether you are at home or traveling abroad, MyChart offers expanded and immediate access to your child's health records, such as lab and test results done at DMG, immunization records and growth charts. Through a free and secure platform, you can request appointments or prescription refills from your computer or mobile device. Speak with your physician's office about getting signed up.

EVENING & WEEKEND HOURS

Each Pediatrics office has weekend and evening appointments available for both well and sick visits. For those times when your primary office availability may not meet your urgent needs, DuPage Medical Group offers After-Hours and Immediate Care Clinics on weekends and during holidays. These clinics can provide immediate care in case of emergency and give you peace of mind when unexpected situations arise for your child.

AFTER-HOURS CALLS

After regular office hours, please call your pediatrician's after-hours number, located on the insert provided, for emergencies or urgent problems that cannot wait until morning. Our after-hours answering service will immediately route your message to the on-call physician or the nurse who is covering that day. We make an effort to return all calls within 30 minutes. However, certain times may become unexpectedly busy. If you do not receive a call from a doctor or nurse within one hour in a non-emergency situation, please don't hesitate to call again.

EMERGENCY CALLS—DAY & NIGHT

Call 911 in the event of any life-threatening emergencies for which your child may need immediate resuscitation — for example, if your child is not breathing, or is choking or unconscious.

Call your DuPage Medical Group office for minor emergencies such as difficulty breathing, wounds that need suturing or fractures. When you call, select the emergency option and state clearly, "THIS IS AN EMERGENCY."



If your child has ingested something suspicious, call your Pediatrics office. Alternatively, call the Poison Control Center at 1.800.222.1222.

MEDICAL ADVICE

If you need further medical advice about your child's illness or well-being after reading this guide, please contact your physician's office by telephone.

NON-MEDICAL QUESTIONS

Inquiries not directly related to medical care are still very important. For example, you may need to call about medication refills, copies of medical records, other paperwork, laboratory results, the status of a referral to a specialist or a question about your child's immunization status. For such calls, the receptionist will take your information and arrange for someone to respond to you in a timely manner. You can also request this information through MyChart.

OFFICE VISITS

SICK CHILD VISITS

Same-day appointments are available for treating your sick child. Contact the office and one of our receptionists will help you. When calling, please advise the receptionist if you think your child has a contagious disease or rash. For such cases, you may be instructed to use a special entrance. Also, please advise the office if your child is unimmunized or has a condition that decreases their immunity. This will allow us to make proper arrangements in advance.

For the appointment, please have your child wear clothing that is easy to remove for examination.

WELL-CHILD EXAMINATIONS

Building a consistent relationship with your child's primary care physician will help the doctor get to know you and your child, and vice versa. This also adds a level of familiar comfort for your child. We recommend scheduling checkups with the same doctor, when possible. Please call two to three weeks in advance to schedule routine appointments.

We also handle school, camp and athletic examinations year-round. School and athletic examinations are typically valid if completed within the year of the required date, though it is always best to confirm this beforehand. School-age children are required to have physicals prior to entering kindergarten, 6th grade and high school. We recommend scheduling school exams in early spring and summer. This will help avoid the late summer rush and allow you to meet with the physician of your choice. Children who have chronic conditions such as asthma, allergies or ADHD may need to be seen more frequently for disease or medication management. We are happy to accommodate such needs.

For baby checkups or follow-up visits for sick children, we encourage you to schedule your next appointment prior to leaving your first visit. You can always call us during regular business hours, or request an appointment via MyChart.

CONSENT FORMS

If, for any reason, someone other than the parent will be bringing your child to the office, a "consent/permission to treat form" must be filled out and signed by the parent. This form may be obtained at your physician's office.



BEFORE YOUR CHILD'S EXAMINATION

We recommend you try to describe what happens during an office visit to your child before you arrive. Try not to make promises that you may be unable to keep, such as “you will not get a shot” or “the doctor will not use a stick to look at your throat.”

Pre-examining, or looking your child over before an office visit, is a good idea and will educate younger children on what to expect during the office visit. A better, more satisfactory exam can be performed on a cooperative child. Furthermore, parents can gain useful information, have a more informed basis for the need of an examination in the case of a sick child and be prepared with more relevant questions and answers for the physician. Over time, this policy will increase the child's awareness and appreciation for the components of good healthcare, prevention and medical self-help.

For your child's protection and to aid in diagnosis, do not give gum, candy or food to your child before the exam, as objects in the mouth may cause your child to choke during the examination or when an injection is given. Some candy can decrease the accuracy of tests and can discolor the mouth and throat, making an evaluation of your child's health more difficult.

AFTER YOUR CHILD'S EXAMINATION

Follow all directions given by the physician or nurse, as well as the After Visit Summary provided at the end of your visit. Always give medication as directed on the prescription. If you do not understand these instructions or have any questions, please ask for clarification.

Call us if your child develops any new symptoms. It typically takes two to three days before your child will improve after the start of antibiotic treatments. Fever may continue, and



in some cases even rise, but unless associated with new symptoms or a worsening of your child's condition, this should not be a cause for concern.

Viral infections such as colds and the flu do not respond to antibiotic therapy. If we have not prescribed antibiotics for your child because he or she has a viral infection, observe closely for any new symptoms such as a rash, swollen glands, stiff neck, difficulty breathing or trouble urinating. There may be times when, several days after being examined for an illness, your child develops a secondary infection (ear infection, sinusitis or pneumonia). This new development may require another office visit.

We try to anticipate the course of your child's illness and give good general advice, but we cannot always accurately predict every individual case. Some common problems to be aware of are:

- Temporary hearing loss associated with an ear infection, which will improve gradually as the ear infection resolves.
- A cough can be very persistent and resistant to treatment.
- Bronchitis and bronchiolitis are usually viral, and unfortunately can last 10 to 14 days.
- It may take seven to 10 days after illness for a child's appetite to return to normal. This is a normal part of recovery.
- Urinary tract infections should be followed carefully until resolved. A follow-up visit is usually recommended to discuss any further treatments or tests.

INFANT CARE: THE FIRST TWO YEARS

BREAST FEEDING

Breast feeding is very good for you, as well as your baby. To help you get off to a good start and make sure that your baby is getting enough breast milk, it's important to nurse every one and a half to three hours – or at least eight to 12 feedings in a 24-hour period. Your baby should have at least four to six wet diapers per 24-hour period after they are 3 to 4 days old. Try to ensure that your baby is satisfied after the feeding. A baby may cry, root or suck on his or her hands if not satisfied.

In the beginning, feed from both breasts, alternating the starting side for each feeding. Once the milk supply is established (about 10 days) let the baby feed on the first breast for as long as he or she is actively nursing. If the baby is still interested or hungry, offer the second breast. The next feeding should start with the second breast. Do not time feedings.

If you feel any discomfort, take the baby off the breast immediately and reposition before resuming the feeding. Sore nipples are usually caused by an improperly positioned baby while breast feeding. To prevent nipples from cracking, air-dry them for five to 10 minutes after each feeding. After two to three weeks you can offer a “relief” bottle (breast milk or formula) for when your absence makes it necessary to bottle feed.

During the first few weeks, most breast-fed babies have more stools than bottle-fed babies, oftentimes after each feeding. Later, breast-fed babies may have soft, infrequent stools every two to three days.

Breast-feeding mothers do not need to restrict their diet, but should avoid excesses of food, alcoholic beverages and tobacco, and should continue with their prenatal vitamins. Breast-fed babies should be given a vitamin D supplement with an infant vitamin drop.

In support of the American Academy of Pediatrics' recommendation, we encourage exclusively breast feeding until 6 months of age.

If you have any questions, concerns or problems with breast feeding, please contact one of DuPage Medical Group's lactation consultants by calling your pediatrician's office.

WEANING & WORKING

Breast feeding does not have to stop when a mother returns to work. There are a number of options to consider, and it's our goal to provide all moms with the opportunity to be successful at breast feeding. Breast-feeding moms nowadays are provided more feeding options than ever before. Many employers offer time and even special facilities to allow mothers to continue breast feeding. Alternatively, you may consider using a breast pump so you can leave bottles of breast milk at home for use while you are away. Finally, some women supplement breast feeding with formula.

Breast pumps are widely available, but the choice of how, when and if to pump can become overwhelming to parents. Hopefully, we will be able to help you be successful in providing the best source of nutrition for your baby — breast milk.

Descriptions of several types of breast-feeding moms are as follows:

THE “NO PUMP” MOTHER - Some moms choose to be with their baby every feeding. They take pride in being able to commit and be present for every feeding in order to fully meet their child's nutritional needs until solids are introduced. In addition to the health benefits for both mother and infant, there is the financial benefit as well.

THE “JUST IN CASE” MOTHER - These moms have some breast milk stored just in case they are not available for all feedings. Having some stored milk on hand provides the peace of mind that the baby will get breast milk rather than formula, should an unexpected event cause her to be away from her baby.



THE “RELIEF BOTTLE” MOTHER - In order to include dad in the full experience of parenthood, many nursing moms pump milk for him to feed the baby while providing themselves with much needed rest. Allowing dads, grandparents and even siblings to be involved in feeding can provide great family harmony. However, it is important to ensure that breast feeding is well established before introducing bottles.

THE “BACK TO WORK” MOTHER - When mom returns to work, the opportunity to feed and pump milk becomes a challenge. The difficulty of maintaining adequate milk production requires a “hospital grade” pump, which your pediatric office can help you obtain either by purchase or rental. Pumping and storing milk for a child’s caretaker gives moms reassurance that their child will not “miss out” on the benefits of breast milk when she is at work.

THE “PUMP IT ALL” MOTHER - Due to choice or circumstances, some moms do not do any feeding at the breast and provide their child with pumped breast milk. Your pediatric office is ready to provide you with the necessary support that is needed to make this successful. As with the “Back to Work” mom, a hospital grade pump is usually needed to help ensure adequate supply is sustained.



A hard-sided storage container is best for storing breast milk. Options include glass (clear or brown), clear hard plastic (polycarbonate) and frosted hard plastic (polypropylene). However, these containers are more expensive than disposable bags and take up more room in the freezer.

FREEZING BREAST MILK

Freeze breast milk in small amounts — two to four ounces. These small volumes thaw faster than large amounts, and less is wasted if your baby is unable to finish all the milk.

When filling any container with breast milk that is to be frozen, leave a little space at the top. Breast milk, like most other liquids, expands when it freezes.

Do not add fresh, warm milk to already frozen milk. This defrosts the previously frozen milk.

FREEZER TEMPERATURE

If the temperature is cold enough to freeze ice cream then it is cold enough to freeze breast milk. Choose the coldest location in the freezer to store breast milk; the back of the freezer is colder than space near the front or in the door.

Place the newest milk in the back and move the oldest milk to the front to ensure you use the oldest milk first.

PROPER STORAGE OF BREAST MILK

If you choose to use a breast pump and feed your baby breast milk at a later time, you must follow certain guidelines for storing milk.

ACCEPTABLE BREAST MILK FREEZER CONTAINERS

Many women use disposable bottle bags made of polyethylene. Cheaper, generic bottle bags are fine to use too. These bags come in a tear-off roll and can be purchased at your local pharmacy. Brand name bags, such as Medela and Playtex, sold specifically for breast milk storage work well but are more expensive and sometimes harder to find.

When using disposable bags, double-bag the milk to eliminate the risk of contamination. Fill the bag with breast milk, tie off the top with a freezer tie and then place that bag in a larger storage bag (like a zip-lock bag) along with other bags of frozen milk.

Label the bag or container with the collection date and the volume. Also, write your baby's name if a day care provider or other caregiver will be preparing feedings for the baby.

DURATION OF MILK STORAGE

The duration of milk storage depends on where the milk is stored. This table lists appropriate storage times according to location.

STORAGE LOCATION OF BREAST MILK	TEMPERATURE	STORAGE TIME
At room temperature	77°F / 25°C	4 hours
Cooler with blue ice	59°F / 15°C	24 hours
Refrigerator (fresh milk)	39°F / 4°C	72 hours
Refrigerator (previously thawed milk)*	39°F / 4°C	24 hours
Frozen Milk**	4°F / -20°C	—
Freezer inside refrigerator area	—	2 weeks
Freezer with separate door outside refrigerator	—	3–6 months
Separate manual-defrost deep freeze	—	6–12 months

* Do not freeze thawed milk
** Container with airtight seal

DEFROSTING FROZEN MILK

One method to thaw frozen milk is to move the milk from the freezer to the refrigerator, in which it will thaw in 12 hours. You can also place it on the counter at room temperature until defrosted. Placing it in a container of tepid water or running under warm tap water will speed up the thawing process. Do not microwave breast milk!

The fat in breast milk rises to the top so it may appear layered after it defrosts. Swirl the milk to mix it before feeding. Breast milk may acquire a tinge of color depending on the mother's diet, but it remains perfectly good to use. Some mothers complain that defrosted milk smells sour, soapy or fishy. It is not clear why this occurs, but general agreement in the lactation community is that the milk can still be used as long as the baby does not reject it.

BOTTLE FEEDING

Bottle feeding is an important time to bond with your baby. You should always hold your baby during feedings, this provides them with warmth and security. Fathers should also be encouraged to feed the baby.

You should never prop the bottle during a feeding, nor should you put your baby to bed with a bottle. Severe dental decay can result from going to bed with a bottle of formula, breast milk, milk or juice. There is also an increased risk of ear infections when a baby is fed flat on his or her back.

Most babies finish a feeding in 20 to 30 minutes. If it takes longer, check the nipple hole for size. The hole should be large enough to allow 15 to 20 drops per minute to flow when the bottle is inverted.

A modified demand schedule works best with most babies. Offer about three to four ounces for each feeding, plus an extra ounce for each month of the baby's life.

Breast-fed babies typically feed anywhere from eight to 12 times in a 24-hour period, and formula-fed babies feed six to eight times.

During the newborn period, wake the baby up for daytime feedings after four hours of sleep. Once feedings are going well and your baby is gaining weight, you can allow him or her to sleep through night feedings — typically around 2 months of age, but this may not occur until 4 months of age.

In general, try to burp your baby once in the middle of the feeding and again at the end.

If you choose to use formula when feeding your baby, it can be a convenient way to ensure your child receives the proper vitamins. We recommend a prepared formula with iron, so that additional vitamin supplements are not required. When using either the concentrated liquid formulas or powder formulas, be sure to follow the directions on the label. Remind us during your visit if you use well water since it does not contain fluoride. Any questions regarding the safety of well water should be presented to your County Health Department:

- DuPage County, 630.682.7400
- Kane County, 630.897.1124
- Will County, 815.727.8670
- Kendall County, 630.553.9100
- Cook County, 708.492.2000

Most formulas are available in powdered, concentrated and ready-to-feed forms. The ready-to-feed formula is convenient for use while traveling. However, when traveling you may also use a small cooler for formula prepared ahead of time. If using a diaper bag, take bottles of water and add the powdered formula at the time of feeding. Generally, the powdered formula is more economical.

We recommend that your baby receive no more than one quart (32 ounces) of formula in a 24-hour period. Most infants stay on formula until 12 months of age, at which time your doctor will recommend which type of milk will best promote your baby's health.

It is not necessary to sterilize or boil bottles or nipples. They may be washed in a dishwasher or with hot water, soap and a bottlebrush.

Use warm water to heat the bottle, if so desired. Be sure not to use the microwave to heat your baby's bottle, as the liquid may become extremely hot though the bottle itself remains cool to the touch. Overheating may also destroy some vitamins in infant formulas, as well as protective properties in expressed breast milk.

SOLID FOOD

The American Academy of Pediatrics does not recommend starting solids prior to 4 months of age, as this is when the intestines are mature enough and a baby's neck is strong enough to allow swallowing foods with a solid consistency. Start with one tablespoon of rice cereal mixed to a watery consistency with breast milk or formula. Be patient when starting, as it takes a while for some infants to learn to accept a spoon. Spoon feeding involves a new texture as well as a new swallowing skill.



Gradually thicken the cereal and increase the amount to satisfy your baby. You may find it easier to give solids if you first give a little milk to satisfy the baby's initial craving. Follow the milk with cereal and then finish with milk. Once mastered, you can start adding new baby foods to the feeding routine. There are many ways to introduce solids to your baby – just ask your doctor for more specifics during your well-visit, or call the office if you have questions.

Though sleeping through the night is not necessarily related to a large evening meal, many parents prefer an evening feeding time to help their baby sleep.

In families with a history of allergies, your physician will give you the needed advice for introducing solids to the diet.

If your baby is having hard stools, rice cereal may add to the problem, while a high fiber cereal or oatmeal may help. Fruits such as prunes, plums, peaches and pears may also act as mild laxatives.

Continue introducing new foods as long as your baby tolerates them. Meats should be added after your baby has adjusted to fruits and vegetables, usually around 6 months.

There is no “right” answer to the amount of food your baby should take at each feeding. Generally, your baby should be content, but avoid overfeeding.

Ask your physician about introducing eggs, peanut butter and seafood into your baby's diet, as they will have information about your child and your family's food allergy history.

Do not give honey to your baby prior to 12 months of age due to the risk of a serious illness called botulism.

Once your infant develops hand and finger dexterity, finger foods can be introduced into their diet. Small pieces of mushy or easily

saliva-saturated foods are ideal. Avoid foods that require chewing since they are hard to swallow and may cause choking. Soft fruits and well-cooked vegetables without stringy fiber or hard shells are a good place to start. Foods that are soft in consistency, such as mashed potatoes and applesauce, can be started as early as 6 months.

Be sure to avoid any foods with pieces of material that could cause choking, such as raisins, solid meats, hot dogs, grapes, popcorn, peanuts, carrots, celery and chunky peanut butter. These foods should not be given to your child prior to the age of 3 to 5 years old, and then only with care.

TRANSITIONING TO STAGE-TWO FOODS SPOONS, SIPPY CUPS & TABLE FOOD

- Stage-Two Foods — 6 to 10 months of age. Having teeth is not necessary as long as foods are swallowed smoothly.
- Spoons — Most babies are capable of taking food off of the spoon by 4 months old.
- Sippy Cup — Average age is 9 months, but the range is from 6 to 15 months.



- Table Food — Soft table foods may be introduced between 6 to 12 months. Some parents prefer to make their own baby foods — foods that are not greasy or highly seasoned can be blended and given to the baby. This is an excellent idea and some suggested resource books are:
- *Natural Baby Food Cookbook* by Margaret E. Kenda and Phyllis Williams
- *Feed Me! I'm Yours* by Vicki Lansky
- *Starting Solid Foods* by American Academy of Pediatrics

FRUIT JUICE

Offering age-appropriate fruit servings, rather than fruit juices, will provide your infant with better nutrition and encourage healthier eating habits. Juices can cause diarrhea, cavities and decreased appetite. We generally do not encourage juices, as they train your infant to expect sweetened drinks and increase the risk of obesity. If you do decide to give fruit juices, be sure to give only 100% fruit juice watered down by a ratio of one to one and no more than six ounces a day.

VITAMINS

We recommend a vitamin supplement for breast-fed babies. Vitamin D is especially important as it promotes good bone growth, but the amount in breast milk varies by individual. There are many different vitamin preparations, so be sure to ask your physician which vitamins are needed during your next office visit.

Babies taking more than 32 ounces of formula, such as Similac™ or Enfamil™, do not need extra vitamins as they are already included in these formulas. If the formula is mixed with fluoridated nursery water or city tap water, there is no need for additional fluoride.

BATHING YOUR BABY

Sponge bathe your baby at first with mild soap, tepid water and a soft washcloth. Avoid over-saturation of the umbilical cord. Dry the cord base carefully with a cotton swab or soft cloth. Once the cord falls off, you may give your baby a full immersion bath. Tub baths twice

a week during the winter are usually adequate. During warm weather, more frequent bathing may be necessary. The diaper area and face should be washed each day, and the scalp once or twice a week. There is no danger of injuring the soft spot while shampooing your baby's hair.

Avoid powders since they are abrasive to the skin. Pay particular attention to folds of skin (the area behind the ears and in the diaper area), making sure to dry them carefully. Use only a washcloth to clean the ear canals, not cotton-tipped swabs. Avoid using perfumed soaps, baby oils, powders and bubble baths, as they may cause irritation.

DIAPER RASH

If diaper rash is present, use generous amounts of protective ointments, such as A&D™ or Desitin™, in the diaper area and apply the diaper loosely to increase air exchange to the area. Leaving your baby exposed to air without a diaper will also aid in healing the diaper rash. If the rash does not respond to this treatment, an office visit may be needed. Babies with thrush, an oral fungus, may develop a diaper rash that requires prescription treatment.

NAVEL CARE

The umbilical cord usually falls off by 1 month of age. Usually no care is needed except to monitor for a persistent discharge, foul odor or active bleeding. Please call your pediatrician if any of these are noted. Keep in mind, as the cord is detaching, small amounts of dried blood may be noticed on your baby's clothing or diaper. If the cord falls off and the area looks infected, call your pediatrician's office.



CIRCUMCISION CARE

Keep the circumcision clean with warm tap water and gentle bathing. Using a sponge, drip water over the site frequently and gently pat dry. The smooth end of the penis may develop a yellow coating which may be gently removed with soap and water. We recommend Neosporin™ ointment or Vaseline™ applied topically to the circumcised penis in order to keep it from adhering to the diaper. Should crusting or open sores develop near the opening of the penis, or if progressive redness or swelling of the shaft develops, call us to schedule an appointment.

The average urinary stream in boys is two feet long — dribbling of urine should be brought to the doctor's attention.

SICK NEWBORN

A newborn is considered to be a baby less than 4 months old. If a newborn is sick, the symptoms can be subtle. However, a newborn can get sick very quickly and it can be quite serious. Call the office immediately if your baby is less than 4 months old and appears to be sick in any way, such as has a cough, diarrhea, looks pale, has a decreased suck or appetite, sleeps excessively, cries excessively or develops a fever over 100.4° (rectal). As always, do not hesitate to call with any questions regarding a newborn.

NEWBORN JAUNDICE

Jaundice is a common, and usually harmless, condition that occurs in about one-half of all full-term infants. Most hospitals are now screening babies for jaundice prior to discharge to ensure proper care. Physiologic or "normal" jaundice may appear on the second or third day of life and is evidenced by a yellow coloring of the skin and the white part of the eye. This reflects the liver's immaturity and resolves as the liver becomes better at removing bilirubin, the chemical in the blood that causes jaundice.

Premature babies are even more likely to become jaundiced. It may appear later and last longer in these infants, becoming most noticeable between the fourth and seventh day of life.

In breast-fed babies, jaundice is a reflection of how easy it is to digest breast milk. These babies can keep a minimal amount of jaundice for two to three months. Normally, this is of little concern. However, in some cases, it is the result of mild dehydration. If the condition becomes severe, we may suggest that a supplement be given for a brief period. In those cases, the baby should always be breast fed first and then be offered a formula or electrolyte solution after each breast feeding.

In infants who have excessive jaundice, the bilirubin level is checked regularly by testing a small sample of blood taken from the baby's heel. Whether he or she needs special treatment will be determined by the level of bilirubin, the age of the baby and the cause of the jaundice.

Treatment for jaundice varies from giving extra fluids and using indirect sunlight to phototherapy (placing the baby under special lights), all of which speed up the removal of bilirubin from the body. Fluid intake is very important because bilirubin is excreted in the stool and urine.

Upon discharge from the hospital, you will be asked to bring your baby to your pediatrician's office usually within two to three days. If your infant looks significantly jaundiced, a bilirubin test will be done at that time.

For babies who require treatment, we will arrange for readmission to the hospital. We will continue to watch your baby closely until the jaundice resolves.

HICCUPS, SNEEZING & NASAL CONGESTION

- Hiccups are common and usually occur after feedings — they have no medical significance.
- Sneezing is also common, and actually helps your baby clear his or her nostrils of mucus.
- It is important to keep your baby's nasal passages clear in order to keep him or her as comfortable as possible. More tenacious mucus can be removed by placing two or three drops of saline (salt) solution in the nostril and then syringing it out with a nasal aspirator syringe. First, squeeze out all of the air in the syringe, then insert the tip into the nostril and gently release the bulb. Seal off the other nostril with your finger to get better suction. Repeat on the other nostril. Saline solution can be purchased at the pharmacy.

DIARRHEA & CONSTIPATION

Wide variations in the number and consistency of stools are normal — each baby will establish his or her own pattern. After 1 month of age, a baby may go as long as four or five days without a stool and not be constipated. Alternatively, babies can have as many as 10 stools in a 24-hour period and yet not have diarrhea.

HORMONES & IMMUNITY FROM MOTHER

Many babies have some breast enlargement, which may be accompanied by a milky discharge for the first few weeks of life. This is not concerning, merely a result of maternal hormones working their way out of the baby's body. If the breast tissue becomes inflamed, call your pediatrician's office.

Female babies may have some vaginal bleeding about the second to third week of life. This is entirely normal and is caused by a decrease in the baby's level of mother's hormones, which were passed to the baby through the placenta.

In addition to receiving hormones from the mother through the placenta, the baby also receives some immunity to certain bacterial and viral diseases. These include measles, chickenpox, influenza and whooping cough, which mother may have experienced. Thus, if mother has been immunized to influenza or whooping cough, the baby will benefit from the immunity received from mom until 4 to 6 months of age. If mom and dad have not been vaccinated

against influenza or whooping cough, it is recommended that they do so in order to protect their baby as best as possible.

CRYING

Many babies are irritable at some point during the day. A little crying will not hurt an infant. If your baby is crying after a feeding, it's usually caused by swallowed air and may be relieved simply by burping the baby. If not, check to see if clothing is too tight. Is your baby wet? Too warm? Hungry? Make sure your baby is comfortable and that his or her needs for love and security are satisfied. Though crying is a normal reaction to all the stimuli new babies receive, your baby should always be consolable. If you've tried all your "magic tricks" to soothe your baby but cannot stop the crying for even a few minutes, contact the office or the physician on-call.

CLOTHING

Infants need about the same amount of clothing as adults. In winter, dress your baby warmly, but avoid overdressing. If necessary, a blanket and cap help conserve heat in newborns. In very hot weather, a diaper may be all that is necessary. Avoid plastic pants when a diaper rash is present, as they retain moisture and heat. Loosen disposable diapers to improve ventilation of the diaper area. In addition to a diaper, a t-shirt or one-piece garment can be worn nearly year round. Remember that you may need to adjust your baby's clothing when very warm or cool in your car.

If your baby has unusually sensitive skin, washing new garments before wearing them will soften them, as well as remove excess coloring and chemicals. You may use your regular family detergent, but avoid overuse and be sure that clothing is well rinsed.

If your baby has extremely sensitive skin, or develops a rash easily, use a mild soap specially made for babies. Be aware that some fabric softeners may cause a rash. Since softeners also decrease absorbency, do not use with every washing of undergarments. Avoid all laundry products that irritate the skin.

CAR SEATS

It is now recommended that infants and toddlers ride facing the rear of the car until 2 years old, due to the increased protection from head and neck injuries.

Each of our pediatrician's offices can give you an American Academy of Pediatrics pamphlet, "Family Shopping Guide to Car Seats." All seats on this list meet Federal Motor Vehicle Safety Standard 213. The "best" car seat is the one in which your child will be most comfortable, one you can anchor correctly in your car and one you are willing to use every time you travel with your child.

Remember that air bags and overhead seat belts can be very dangerous if used before the appropriate age. Infants should always ride in the back seat in an infant car seat or convertible car seat, beginning with the first ride home from the hospital.

In hot weather, be sure to protect your baby's skin from the hot metal buckles and keep him or her in the middle of the back seat, away from the hot sun. And of course, never leave your baby unattended in the car.

TAKING BABY OUTSIDE

Weather permitting, you may take your baby outside as soon as you feel strong enough. Dress him or her comfortably for the weather. Remember, infants have sensitive skin and must be protected from excessive exposure to direct sunlight. During the summer months, even a few minutes in the direct sun can result in a burn. Sunscreens are not recommended for infants under 6 months of age.

Be very careful about exposing your baby to public gatherings during the first 8 weeks of life. People with colds and contagious diseases should be kept away. It is best to limit close contact to only the immediate family.

FAMILY MEDICAL HISTORY

As part of providing quality healthcare to your infant, medical conditions present in blood relatives should be reported to the pediatrician. Social history, such as the presence of guns and smokers in the home, may also be requested.

PLANNING FOR MEDICAL CARE

Most families must budget for medical care. While routine care is predictable, it is important to anticipate the expense of occasional illnesses or accidents. If you have questions, we will be glad to discuss the situation with you and help resolve any problems. If there are special circumstances, please talk with your doctor.

Your baby's health depends on regular medical care. When families do not follow the recommended immunization and well-visit schedules, or fail to keep recommended follow-up appointments, the child does not receive the continuity of medical care that is best for his or her long-term development.

OFFICE VISITS

Follow-up visits vary depending on the specific circumstances with your infant. In general, we will see your baby for seven well-visits in the first year, as well as any additional sick visits. If your pediatrician feels more frequent checkups are necessary, he or she will advise you. Please make an appointment for the next routine checkup as you leave the office.

RECOMMENDED INFANT/CHILD CHECKUP SCHEDULE

1–3 days after coming home from hospital	15 months
2–4 weeks	18 months
2 months	24 months
4 months	3 years
6 months	4 years
9 months	5 years and
12 months	annually thereafter

IMMUNIZATION SCHEDULE

It is important that your baby receives checkups and immunizations on a regular basis. There may be times when your child is unable to receive his or her immunization at the time of a scheduled checkup. In that case, immunizations may be obtained at a nurse visit. Please call the office to schedule an appointment for immunizations. Please note, immunizations are not given in place of regular checkups.

You will be given a detailed sheet outlining benefits and risks associated with vaccines and immunizations, along with a form for you to sign in the office for each immunization given.

Recommendations may change in the future as new information becomes available. For example, in certain circumstances, a laceration may require a tetanus booster if one has not been given within 5 years.

Vaccines are the safest, most effective way we have to prevent your child from suffering diseases that used to be commonplace. We would be happy to discuss any questions or concerns, but parents should understand that we believe vaccines are cornerstones of the care we provide to your child. Also, please review your vaccine coverage with your insurance provider. If you have any questions, please contact your provider directly. We also offer vaccines for international travel. Please contact your pediatrician's office for more information.

0–7 days	Hepatitis B #1	
1–2 months	Hepatitis B #2	
2 months	IPV #1 DTaP #1 Hib #1 Prevnar13 #1 Rotavirus #1	
4 months	IPV #2 DTaP #2 Rotavirus #2	Hib #2 Prevnar13 #2
6 months	DTaP #3 Hib #3 Influenza* <i>*Annually starting at 6 months. Two doses are recommended for the first year of vaccination if under 9 years of age.</i>	Prevnar13 #3 Rotavirus #3
6–18 months	Hepatitis B #3 IPV #3	
12–18 months	Prevnar13 #4 MMR #1 Varicella #1 Hib #4 DTaP #4 Hepatitis A #1	
2–3 years	Hepatitis A #2	
4–6 years	DTaP #5 IPV #4	MMR #2 Varicella #2
11–12 years	Tdap #1 Meningococcal #1 HPV #1–3	
16–18 years	Meningococcal #2	

This chart is a guide. Based on your child's history, vaccine supply and Center for Disease Control recommendations, your pediatrician may make alternative recommendations.

For more information on child immunizations, please visit the Center for Disease Control website, www.cdc.gov/vaccines

INFANT & CHILD DEVELOPMENT

It is important to remember that each infant develops at his or her own rate. However, the following list of developmental milestones can be used to help you follow your child's growth and development. At certain well-visits, we will use standardized screening tools to help us identify any developmental problems. If at any time you have concerns about your child's development, please bring them to our attention.

1 month

- when prone (on stomach) lifts head briefly
- responds to noise (blinks, startles, etc.)
- looks at you
- coos

2 months

- smiles
- gets hands together in midline
- fixes and follows with eyes
- grasps finger

3 months

- holds toy or rattle
- when prone (on stomach) gets chest up with arm support
- laughs aloud
- squeals

4 months

- reaches for objects
- rolls over (front to back, back to front)
- holds toy or rattle
- bears some weight on legs when held
- when held sitting, holds head erect briefly
- laughs aloud

6 months

- plays peek-a-boo
- feeds self crackers
- picks up small objects using a rake approach
- transfers objects

6 months (continued)

- babbles (repetitive sounds)
- sits without support
- stands holding on to objects for support

9 months

- initial anxiety with strangers
- plays pat-a-cake
- begins to pick up small objects using a pincher grip (finger-thumb)
- imitates speech sounds
- gets to a sitting position alone
- pulls to a stand
- furniture walks

12 months

- drinks from a cup
- plays ball
- stoops and recovers
- walks
- uses pincher grasp to pick up small objects
- says "Ma-Ma" or "Da-Da", specific to the person
- points to objects
- turns to name

15 months

- uses a spoon by self
- imitates housework
- puts small objects into larger ones
- scribbles
- begins to use more words
- waves bye-bye

18 months

- removes clothing
- knows some body parts
- increasing vocabulary to 7-20 words
- climbs stairs
- walks backward
- builds a tower with blocks (two to four blocks)

24 months

- puts on clothing
- can imitate or draw vertical line
- combines two to three words
- jumps
- rides a tricycle
- kicks a ball

INFANT HEALTHCARE AIDS & RECOMMENDATIONS

- Thermometer — Purchase one that can be easily read. According to the American Academy of Pediatrics, you should stop using all mercury thermometers. We do not recommend ear thermometers due to variability in their accuracy.
- Acetaminophen — Fever reducer 160 mg per 5 mL.
- Saline Nose Drops
- Nasal Aspirator
- Lowila™, Neutrogena™ or Basis™ or unscented Dove™ soap for skin cleansing.
- Do not use cotton-tipped swabs in the ear canal.
- Avoid using bubble bath.
- Protect infants and young children from direct sunlight. Their skin is especially susceptible to sunburn, even when exposure is brief. Sunscreen is not recommended for infants less than 6 months of age.
- It is recommended that healthy term infants

be laid to sleep on their back, not on their stomach. Parents of premature infants and/or infants with special needs should check with the pediatrician on their infant's sleep position.

PEDIATRIC CARE

MEDICINE

All medicines prescribed by physicians should be labeled properly by a pharmacist. Before leaving the pharmacy, check the label to make sure that the medicine is the one prescribed and that your child will be able to take it, i.e. tablet vs. liquid form.

PRESCRIPTION REFILLS

Please call during regular business hours for prescription refills. Be prepared to give the name of the medication and the pharmacy phone number to the receptionist. You can also use MyChart to request a medication refill. Be sure to plan ahead so you do not run out of important medications.

STORAGE

Check the label for medication storage directions. Some antibiotics, for example, require refrigeration to maintain potency. Medications should be kept in "palm-in-turn" type safety containers and out of reach of small children. Always check the expiration dates prior to giving any medicine to your child.

SIDE EFFECTS

Some of the medications that we prescribe for cough, wheeze or upper respiratory infections may cause side effects in certain individuals. Please familiarize yourself with these side effects. If any are concerning to you, please contact the office for clarification on the frequency or severity of these side effects.

One of the common side effects seen with antibiotic therapy is a loose stool. The medication should not be discontinued unless your child is having an excessive number of stools. It does help to monitor the child's diet and avoid foods that may cause loose stools, particularly juices. Please contact the office if you are concerned.

Amoxicillin and cephalosporin antibiotics may cause a flat, pinpoint pink rash. This is a sensitivity rash and is usually of no consequence, but you should call and let us know if this happens so that it can be noted on the chart. Hives or welts, which are raised blanching rashes, usually indicate a true allergic reaction and the medicine should be stopped at once and the office called. Your child may or may not have to be seen, and a substitute medication may be ordered.

Some individuals on certain antibiotics will exhibit a rash when exposed to sunlight. As with all rashes, it is recommended that you call the office and report such an occurrence.

ADMINISTERING MEDICATION

It is important to maintain a firm, positive approach when giving required medications. Most children will resist unpleasant tasting medications, but will be accepting when they realize that there is no choice. A child old enough to do so may feel more in control and more agreeable to taking medicine if it is

offered in a large plastic measuring-dropper with a spoon-like end. He or she can take the pre-measured dose without spilling. These spoons are available in most pharmacies. It is helpful when giving medicine to infants to use a dropper to administer the pre-measured dose into the inside of the baby's cheek. Also, giving a small amount of the medicine at a time may prevent your baby from spitting the medicine out. Taking unpleasant tasting medicine is easier when taken with a small amount of water. Some pharmacies will flavor the medication for you upon request.

When an antibiotic is prescribed for your child, it is intended that the prescription be taken for the entire prescribed duration by the sick child. It is also important not to miss doses of antibiotics, so an effective blood level will be maintained. If there is any "leftover" antibiotic, the unused portion should be discarded. DO NOT give antibiotics to a child who has not been seen by the physician, unless specifically advised to do so. There are medications that can be kept and used again, such as ointments, eardrops, decongestants, cough medicines and medications used for asthma; these should not be thrown away. Prescription drugs that are used repeatedly

TYLENOL™ DOSING CHART

WEIGHT	DOSE	INFANT LIQUID	CHILDREN'S LIQUID
6–11 lbs	40 mg	1.25 mL in syringe	—
12–17 lbs	80 mg	2.5 mL in syringe	2.5 mL in cup
18–23 lbs	120 mg	3.75 mL in syringe	3.75 mL in cup
24–35 lbs	160 mg	5 mL in syringe	1 tsp (5 mL in cup)
36–47 lbs	240 mg	—	7.5 mL in cup
48–59 lbs	320 mg	—	10 mL in cup
72–95 lbs	480 mg	—	15 mL in cup
96+ lbs	640 mg	—	20 mL in cup

ACTIVE INGREDIENTS

NEW INFANT LIQUID: 160 mg/5 mL per included syringe (shake well before using)

CHILDREN'S LIQUID: 160 mg/5 mL per teaspoon (shake well before using)

CHILDREN'S CHEWS OR MELTAWAYS: 80 mg each

JUNIOR-STRENGTH CHEWS OR MELTAWAYS: 160 mg each

ADULT REGULAR-STRENGTH TABLETS: 325 mg each

can be refilled directly by the pharmacist. Check to see if you have a refill available before calling the office for a refill. The Food and Drug Administration (FDA) requires that all medications have an expiration date. Your pharmacist can help you to determine whether or not a medication is still usable.

All medicines should be given as prescribed on the label. Make sure you understand the directions before you leave your pharmacy.

OVER-THE-COUNTER MEDICATION

For symptomatic relief, we often recommend medications that can be purchased in a drugstore without a prescription. These medicines can be used before or after the physician has been consulted. Be certain to follow the dosage on the label. Call your physician’s office or use MyChart to ask about dosing guidelines. Listed below are some of the drugs that fall into this category:

- Neosporin or similar topical ointment for superficial abrasions or mild skin irritations. Apply three to four times daily.
- Hydrocortisone 1.0% cream or lotion for rashes such as eczema,

poison ivy or allergic or contact dermatitis.

- Clotrimazole antifungal cream for diaper rash that is not responding to general diaper rash care therapies.
- Acetaminophen (Tylenol™) for fever, pain/trauma.
- Ibuprofen for fever, pain/trauma.
- Normal saline nose drops, such as Ocean Mist™.
- We recommend antihistamine medicine, such as Benadryl™ elixir, for the symptomatic relief of itching due to allergic rashes or skin conditions such as eczema.
- Calamine lotion can be applied topically for itching relief.

CHILDREN’S CHEWS/MELTAWAYS	JR.-STRENGTH CHEWS/MELTAWAYS	ADULT REG.-STRENGTH TABS	ADULT EXTRA-STRENGTH TABS
—	—	—	—
—	—	—	—
1.5 tabs	—	—	—
2 tabs	—	—	—
3 tabs	1.5 tabs	—	—
4 tabs	2 tabs	1 tab (325 mg)	—
6 tabs	3 tabs	1–1.5 tabs	—
8 tabs	4 tabs	2 tabs	1 tab (500 mg)

FIVE SAFETY TIPS FOR ACETAMINOPHEN

1. Don’t give to a baby under 3 months old without a doctor’s approval.
2. Always use the measuring device that comes with the medicine.
3. The proper dosage is based on weight, not age.
To determine the weight of a very young child, weigh yourself and then weigh yourself while holding your child. Then subtract your weight from the combined weight.
4. Don’t exceed five doses in 24 hours.

WEIGHT	DOSE	INFANT DROPS	CHILDREN'S LIQUID	CHILDREN'S CHEWS
11–16 lbs	50 mg	1.25 mL	2.5 mL	—
17–22 lbs	75 mg	1.875 mL	3.75 mL	—
23–33 lbs	100 mg	2.5 mL	5 mL	—
34–44 lbs	150 mg	3.75 mL	7.5 mL	3 chews
45–55 lbs	200 mg	5 mL	10 mL	4 chews
56–66 lbs	250 mg	—	12.5 mL	5 chews
67–77 lbs	300 mg	—	15 mL	6 chews
78–88 lbs	350 mg	—	17.5 mL	7 chews
89+ lbs	400 mg	—	20 mL	8 chews

Other supplies for your home medicine chest should include:

- Oral or rectal thermometer
- Rubber suction bulb
- Vaporizer / humidifier
- Cotton balls
- Sunscreen-cream and lip balm (SPF 15 or above, unscented and PABA-free is best for young children)
- Acetaminophen (Tylenol)

FEVER

Fever is a common symptom of illness during childhood. It is the body's normal response to infections. Fevers are NOT harmful, and their elevation does not necessarily relate to the seriousness of the illness. How sick your child looks and acts is a much more accurate picture of how sick they are. Fever in itself is a symptom and not a disease, but a child should be examined if they have a fever over 105°F. Also, if your child is behind on immunizations

and has a fever, your physician needs to be notified. A very, very small percentage of children with fevers develop febrile convulsions. While this type of seizure is highly distressful for a parent, luckily it does not cause any harm to the child, nor does it cause brain damage or epilepsy.

FEVER GUIDE TABLE: ORAL, RECTAL & AXILLARY (ARMPIT)

- Rectal temperature of 100.5°F or higher
- Oral temperature of 99.5°F or higher
- Axillary temperature of 98.5°F or higher

CALL OUR OFFICE IMMEDIATELY IF:

- Your child is less than 4 months old and has a fever.
- Your child's fever is 105°F or higher.
- Your child has not received ALL age appropriate recommended immunizations.
- Your child has a fever and has a condition or is on medications that decrease his or her immunity.
- Your child is crying inconsolably, is difficult to awaken, has a stiff neck or develops a purple rash.

JR.-STRENGTH TABS	ADULT REGULAR-STRENGTH TABS
—	—
—	—
—	—
—	—
2 tabs	—
2.5 tabs	1 tab
3 tabs	1–1.5 tabs
3.5 tabs	1.5 tabs
4 tabs	2 tabs

CALL DURING OFFICE HOURS IF:

- Your child is between 4 and 6 months old and has a fever.
- If the fever is over 104° F, especially if your child is less than 2 years old.
- Your child has had a fever more than 72 hours without obvious cause or location of infection.
- A temperature has returned after the child has been without a fever for 24 hours.

TAKING TEMPERATURES

If your child is irritable, lethargic, not eating or appears to be ill in any way, his or her temperature should be taken. In infants less than 2 months old, we recommend taking a rectal temperature. Children up to and including 3 years of age can have their temperatures taken axillary or rectally.

An oral temperature may be taken on older children, over 5 years old, when they are able to cooperate. The normal oral temperature range is 97.6°–99.6° F. Although we usually think 98.6° F as being the “normal” temperature, the body’s temperature will fluctuate during the day. Mild elevations to 101° F can be caused by exercise, a hot bath, warm clothing or a hot drink or food. If you suspect such an effect on the temperature of your child, take his or her temperature again in half an hour.

ACTIVE INGREDIENTS

- Infant drops: 50 mg / 1.25 mL) per dropper (ie. 75mg / 1.875 mL syringe)
- Note: The drops come with either a dropper or a syringe, depending on the brand.*
- Children’s liquid: 100 mg per teaspoon (5 mL) (shake well before using)
- Children’s chewables: 50 mg each
- Junior-strength chewables or caplets: 100 mg each
- Adult regular-strength tablets: 200 mg each

5 SAFETY TIPS FOR IBUPROFEN

1. Don’t give it to a baby under 6 months without a doctor’s approval.
2. Always use the measuring device that comes with the medicine — not a spoon from the kitchen.
3. Don’t confuse infant drops with children’s liquid. Infant drops are much more concentrated.
4. The proper dosage for your child is based on weight, not age. If you don’t know how much your child weighs, and he’s too young to stand on a scale himself, weigh yourself while holding him, and then weigh yourself alone. Subtract your weight from the combined weight to get his current weight.
5. Don’t exceed 4 doses in a 24 hour period.

It is important when reporting temperatures to state the method you have used and the actual temperature registered. If you are using an ear thermometer, remember that the “infant” setting corresponds to a rectal temperature and that the “child/adult” setting corresponds to an oral temperature. We have found some variability in the accuracy of ear thermometers, and generally do not recommend them. We also do not recommend using glass thermometers due to concerns about mercury. If you are not familiar with taking rectal or axillary temperatures, ask the nurse to show you on your next visit or call our office.



CARING FOR A FEVER

Treat your child if his temperature is over 101°F, or at any temperature if your child is uncomfortable. If fever therapy is needed, acetaminophen is recommended as the first drug of choice. It can take 30 to 60 minutes before a drop in temperature occurs after the medication has been given. Medications should help lower the temperature by a few degrees, but may not eliminate it completely.

Sponging is usually not necessary to reduce fever but if it is needed, always give a fever medication BEFORE you start sponging. You may need to sponge your child if the fever is over 104°F. If you do sponge your child, use lukewarm water (85–90°F). Sit your child in a few inches of water in the bathtub and keep wetting the skin surfaces to increase heat loss. Keep the child in the tub for about half an hour. DO NOT add rubbing alcohol, as skin absorption of the alcohol or inhaling the fumes can cause problems in children.

Encourage drinking plenty of clear liquids such as water, juice, iced drinks and popsicles.

ASPIRIN

Because of the association of aspirin usage with Reye's syndrome, a potentially fatal disease, the routine use of aspirin is NOT recommended in children. Acetaminophen or ibuprofen should be used instead.

COMMON COLD

A cold is a viral infection of the nose and throat. A child with a cold will display a runny or stuffy nose and may also have a fever and a sore throat. Cold viruses are spread from one person to another by hand contact, coughing and sneezing, not by cold air or drafts. A cold does not respond to antibiotics, so the only cure is time.

The average child under the age of 5 may have as many as eight to 10 colds per year. A fever associated with a cold may last a few days. A cool mist vaporizer or humidifier and a nasal aspirator are helpful in relieving symptoms, and acetaminophen may be used for any discomfort.

It is not necessary to see the doctor for a common cold; however, a child should be brought in if he or she exhibits any signs of a secondary or more serious infection. Signs to look for are: earache, worsening cough, wheezing, nasal drainage lasting longer than



seven to 10 days, increased irritability, lethargy, unusual changes in behavior, a fever lasting more than three days or a “new fever.” A low-grade (102°F or lower) fever is not uncommon at the start of a cold, but a temperature that rises after a few days could signal a secondary infection. If any of these symptoms develop, please call the office for an appointment.

EAR INFECTION

Sooner or later most children get an ear infection. Ear infections can be caused by bacteria or viruses, and commonly occur after a cold, sore throat or the flu. Cold air, water and wax in the ear DO NOT cause ear infections. Symptoms may include: pain, especially when lying down; fever, hearing loss or discharge, if the eardrum has ruptured.

If you have concerns that your child may have an ear infection, proper diagnosis requires the doctor to look into the ear with an otoscope. If your child develops symptoms during the night, which is common, the best strategy is to treat the pain until the child can be seen in the office the following day. Weight-appropriate dosage for acetaminophen or ibuprofen can be found in this booklet under the medication section. Pain-reducing eardrops can be administered if they were previously prescribed AND the child has no ear drainage. Propping the child up and applying warm compresses to the ear can also ease your child's pain.

After diagnosis, treatment usually requires antibiotics for five to 10 days. Pay attention for any signs of complications. Call the office if fever or pain lasts more than a few days, the pain gets worse, he or she develops a stiff neck, if you notice drainage from the ear, your child develops a rash (especially hives), he or she is unable to take their medication because of vomiting, etc. Sometimes a follow-up visit is needed to ensure the infection has completely resolved.

RECURRENT EAR INFECTION

Some children are prone to recurrent ear infections. The most common cause is when the Eustachian tube, which connects the middle ear to the back of the nose, doesn't drain well because of its anatomical structure. This problem improves with age — hence most children “outgrow” ear infections.

It can be very distressing for a parent to repeatedly bring a child in with the same type of infection. There are some things that you can do to lessen your child's risk of ear infections. Limit your child's exposure to secondhand smoke, whenever possible. Research shows that exposure to cigarette smoke makes children more likely to develop ear infections and may prolong recovery. Also, try to minimize your child's exposure to sick children. Children who attend group child care tend to suffer more illnesses of all sorts, including ear infections. Feeding practices such as breast feeding and avoiding feeding your baby lying down have been shown to decrease the risk of ear infections. In a small percentage of children, allergies may contribute to ear infections. And lastly, it is important to teach your child how to blow his or her nose, when age appropriate, to lessen chances of ear infections.

RECURRENT EAR INFECTION (CONT.)

There may come a point when the pediatrician will refer you to an otolaryngologist (Ear, Nose & Throat specialist). Always feel free to discuss this possibility with your pediatrician.

URINARY TRACT INFECTION

Although urinary tract infections are generally not medical emergencies, their frequency and importance warrants some discussion. Symptoms can include frequent urination, urgency (feeling that one needs to relieve himself, but cannot), itching or burning with urination, lower abdominal pain or backache in the flank area. However, some children may exhibit no signs of a urinary tract infection while having one. Because of this, it is important to check a urine specimen on any child where the diagnosis of his or her problem is not clear.

Urinary tract infections are more common in females than males. Bubble bath should not be used in a child's bath because it may cause irritation and a subsequent infection. Children should be encouraged to urinate when necessary, and not to hold their urine for prolonged periods. Medication and close follow-ups are necessary with a confirmed diagnosis of a urinary tract infection. It is a good policy to observe the urine of all children periodically. The urine should be crystal-clear to lemon-yellow in color. Boys should have a good strong and straight urinary stream. Dribbling, incontinence, a poor urine stream or cloudy or bloody urine should be called to your physician's attention at once.

VOMITING

Most vomiting is caused by a viral infection of the gastrointestinal tract (stomach flu) or after having eaten something that upsets the

digestive tract. The most severe vomiting usually stops within six to 24 hours, but children can vomit intermittently for three to five days. Dietary changes usually speed up recovery, but the main goal is to prevent dehydration. As younger babies are at particular risk of dehydration, we recommend that you call the office for vomiting in any baby younger than 4 months old.

Do not offer anything by mouth until the first episode of vomiting ceases. This may last one to two hours, or until the stomach is empty. After the initial episode of vomiting stops, wait about 30–60 minutes and then slowly start with clear liquids for the next eight hours. For infants, use electrolyte solutions like Pedialyte™, Kao-electrolyte™ or Resol™. In older children, you may use flat soft drinks (colas, ginger ale or lemon-lime), Kool-Aid™, Gatorade™, popsicles or weak tea. Avoid diet sodas.

Start with one teaspoon at a time (for infants) or one tablespoon (for older children) of clear liquids every 10 to 15 minutes. If tolerated, then increase to two spoonfuls every 10 minutes for the next hour, then three the following hour, etc. If your child vomits during the process, wait 30 to 60 minutes and start over with one spoonful. If vomiting occurs during the night, allow the child to sleep and start liquids slowly the next morning.

For the next eight hours, in addition to clear fluids, you may introduce bland foods like saltines, toast, clear soups, rice and mashed potatoes. Most children can return to a normal diet after 24 hours or when their appetite returns.

For breast-fed babies, after the initial vomiting stops, try breast feeding smaller amounts than usual, more frequently and limit the baby to only one breast at a feeding. If vomiting continues then put the baby on Pedialyte or Kao-electrolyte for eight hours as outlined above. Afterwards, resume breast feeding with smaller, more frequent feedings for the next eight hours.

DIARRHEA

Diarrhea is the sudden increase in the frequency and looseness of bowel movements. Children may have one to two loose stools as a reaction to something they have eaten. Prolonged loose or watery stools constitute diarrhea. It is usually caused by a viral infection, and occasionally by bacteria as a result of antibiotic use or a parasitic infection. Viral diarrhea usually lasts from several days to up to two weeks. It's important to prevent dehydration by giving enough oral fluids to keep up with fecal water loss.

Although treatment depends on the age of the child, dietary changes are the mainstay of home treatment for diarrhea.

CHILDREN UNDER 1 YEAR OF AGE:

Continue with breast or formula feeding on demand. If your child is bottle fed, you may consider changing to a soy or lactose-free formula until the diarrhea resolves, as many children become temporarily lactose intolerant during a bout of gastroenteritis. You may supplement your baby's fluid intake with Pedialyte, Ricelyte™ or Kao-electrolyte. Be sure NOT to give your baby juice, which will worsen the problem. If your child eats solids normally, you can start the "BRAT" diet — bananas, rice cereal, applesauce (not juice) and toast.

Once the stool begins returning to normal, you can reintroduce a regular diet and resume regular formula. To prevent diaper rash, change the baby quickly after bowel movements, use clear water to wash the diaper area and use zinc oxide or petroleum jelly to provide a thick protective layer. Remember to wash hands thoroughly afterwards.

CHILDREN OVER 1 YEAR OF AGE:

Offer your child plenty of clear liquids such as Gatorade and weak tea. Avoid juice. If he or she is hungry, offer the "BRAT" diet (bananas, rice cereal, applesauce and toast) or foods like saltines, plain Cheerios, rice, plain pasta and clear soups. As your child improves, you may slowly normalize their diet. Initially avoid raw fruits and vegetables, beans, greasy or spicy foods and dairy products. When your child's stool has returned to normal, a regular diet can be resumed.

If you suspect poisoning from a plant, medicine or any chemical ingestion as the cause of your child's vomiting or diarrhea, call the Poison Control Center at 1.800.222.1222.

CALL OUR OFFICE IF:

- Your child has vomited blood or is having bloody or black stools.
- Your child has not urinated in over eight hours.
- There are signs of dehydration: dark or scant urine, dry lips and gums, sunken eyes and poor skin color.

- Your child develops severe abdominal cramping.
- Your child is lethargic, becomes difficult to awaken or is confused.
- Your child is under 1 month old and vomits more than once.
- Your child has abdominal pain with/without vomiting that lasts more than eight hours.
- Your child is unable to take prescribed medications because of vomiting or diarrhea.
- Vomiting has not improved in more than a day (if under 2 years old), or longer than two days (if over 2 years old).
- Diarrhea lasts longer than a week.

PERSISTENT ABDOMINAL PAIN

Most stomach pain is suggestive of gas pains or a stomach virus, however, the symptoms of appendicitis are also nausea, some vomiting and abdominal pain. In cases of appendicitis, the pain is mild and near the navel for the first eight hours or so, and later moves toward the lower right abdomen. Sudden, severe, cramp-like pain that makes your child cry is not likely to be appendicitis. If abdominal pain lasts longer than eight to 12 hours or is worsening, an examination by the physician is necessary to determine the cause.

CONSTIPATION

Each child has different bowel habits. Not every child moves his or her bowels every 24 hours. If, however, your child has pain during bowel movements, the stools are abnormally hard, or there is mucus or blood (bright red or dark tarry), call the office. Some common causes of constipation are too much milk or other dairy products, or not enough wheat products, vegetables and fruit in your child's diet. Typically, a change in diet alone improves the situation.

STREP THROAT/SCARLET FEVER

The symptoms of strep are usually a sore throat, fever, headache and possible vomiting or belly pain. Strep must be treated with an antibiotic, as untreated strep may lead to complications. Scarlet fever, despite its ominous name, is merely strep throat with a rash. Rheumatic fever was feared before the days of antibiotics; however, with prompt, adequate treatment, there is little danger today.

DIAPER RASH

Almost every child gets a diaper rash. Usually it's after prolonged contact with moisture and the combination of urine and feces, which irritate your baby's skin. Other known causes include over cleansing with soaps and antibiotic usage. In many cases, mild diaper rash will appear with no known cause and will heal without any treatment.

You can try to prevent diaper rash by avoiding harsh soaps, over-cleansing and wipes with alcohol or perfume. Using strictly water as a cleanser may be all that is necessary. Change diapers immediately after each bowel movement, as well as when it's necessary to keep your baby dry. If desired, apply a thin layer of ointment such as Desitin, Vaseline, Balmex™ or other barrier applications for protection against wetness. Avoid perfumed lotions or powders that can irritate your baby's skin. If your baby gets a diaper rash, make sure you change the diaper often and avoid airtight fastening. Increase air circulation within the diaper by loosely attaching or by cutting the elastic bands around the legs on disposable diapers.

Leave your baby's bottom exposed to the air as much as possible each day. Practical times are during naps or after bowel movements. Apply a thin layer of ointment, such as Desitin,

Vaseline or Balmex to your baby's skin with each diaper change. This helps to protect the skin by sealing out the moisture and irritation that comes with it.

Instead of wiping your baby's skin clean, try rinsing in a sink or tub, which is gentler on your baby's skin. Routine use of talcum powder is not recommended, as it can cause breathing problems if inhaled by the baby. Call the office if the rash continues to worsen. A yeast diaper rash, serious skin irritation or infection may require medical treatment.

IMPETIGO

This is a contagious skin infection that scabs and oozes. In most instances, the infection starts on the face or from an open wound of the skin. This occurs most frequently during the summer and early fall. If you think that your child has impetigo, call the office for an appointment.

RASHES

Most rashes, in general, need to be seen in the office in order to be diagnosed. It is difficult to diagnose the cause of a rash over the phone. Please call the office for an appointment if your child develops a rash.

MOTION SICKNESS

Many children get car sick or air sick. To prevent this, you may give your child an anti-motion medication such as Dramamine™. You can purchase this at any pharmacy and dose according to your child's age per the directions on the package.



LICE

The first sign of lice is usually itching. The eggs (nits) are tiny, pearly-white, egg-shaped objects that stick tightly to the hair shaft. Lice are transmitted by direct contact or indirectly through contaminated combs and clothing. Treatment consists of a special cream rinse that is available at the pharmacy (Rid or Nix). Cream rinses kill the lice, but careful combing with a nit comb is necessary to remove the nits. If your child has lice or you suspect lice, call to speak with the nurse or make an office appointment.

PINWORMS

Pinworms are common among preschool and elementary age children. Itching around the rectum at night is usually the first, and possibly only, symptom. To check for pinworms in your child, wait for one hour after your child has been asleep. Take a flashlight into the dark room and check the rectal area. You should see small, thread-like worms that are approximately 1/4 inch long. If you see pinworms, call the office to speak with the nurse for further instructions.

SCABIES

Scabies is a skin condition caused by a mite. The mite tunnels under the top layer of the skin and causes itching. Your child needs to be seen if scabies is suspected.

CHICKENPOX

This used to be one of the most common childhood diseases, however use of the chickenpox vaccine has significantly reduced its presence in the community. The first symptoms can be a fever or runny nose followed by a rash which appears in crops of small, watery blisters on the back, chest and/or scalp. Your child is contagious one day before the rash appears and until no new blisters have appeared for 24 hours. Most children with chickenpox break out with new spots for three to five days and are no longer contagious after six to seven days into the illness.

The incubation period of chickenpox is 10 to 21 days after being exposed to someone who has the disease.

HERNIA

A hernia is the protrusion of a portion of the intestine through the wall of the abdomen. An inguinal hernia is the most common and occurs most frequently in boys. If you notice a lump in the groin or scrotum that comes and goes when the child strains or cries, call the office.

The hernia will need to be surgically corrected. It is not a medical emergency unless the hernia becomes strangulated (if it becomes caught outside the abdominal cavity). If this happens, your child will be in pain and may vomit. In this case, call the office immediately for an appointment.

In very small infants, an umbilical ("belly button") hernia is not uncommon and usually disappears as the infant gets older. It is not painful, and usually the only symptom is a small lump at the navel that becomes larger when the child cries.

EMERGENCY SITUATIONS

Emergencies would include such conditions as: stopped breathing, choking, drowning, head injury with loss of consciousness, uncontrollable bleeding, severe and extensive burns, neck and back injuries and seizures lasting longer than five minutes. Call 911 with any of these emergencies.

If you have HMO insurance, please notify your pediatrician's office during office hours, after the emergency is addressed, so the necessary paperwork can be completed.

CALL THE OFFICE IMMEDIATELY FOR THE FOLLOWING PROBLEMS:

MENINGITIS

Symptoms of meningitis may include: stiffness of the neck or back, no longer able to sit or walk, a high fever, personality change, disorientation, marked lethargy or stupor where the child is difficult to arouse, fullness of the fontanelle (soft spot on top of head), severe headache, staring expression on face, convulsions or the sudden onset of a dark, flat, spotty rash which does not blanch on pressure. It is important to immediately report any symptoms that may be associated with meningitis.

SEVERE CROUP

Croup is a viral infection of the throat that typically causes a high-pitched, “barky” type cough often associated with hoarseness. Stridor is the term for the noise made when a child has difficulty breathing in. This may or may not be associated with a croupy cough but is an indication of labored breathing and should be called to our attention. Even though most croup cases are not serious, a combination of the following signs and symptoms may indicate a severe form of croup: difficulty breathing, drooling, difficulty swallowing and fever.

FIRST AID INSTRUCTIONS

BURNS

Place burned or scalded skin in cool water immediately and keep immersed for 10 to 20 minutes. First-degree burns (redness, no blisters) require no special treatment after being placed in cool water.

For second-degree burns (blisters) call the office. Try to keep the blisters from breaking. If a blister is broken, clean with an antiseptic soap and cover with a sterile (non-stick) dressing. A tetanus booster may be necessary if more than five years have passed since the last booster shot was administered.

CHOKING

Choking is a result of an obstruction of the airway. If the child is crying, coughing or talking, this is an indication that some air is getting through. Simply observe the child as he or she is the best one to clear the

obstruction. Relief of airway obstruction should only be attempted if it no longer seems as if the child is moving any air. Foreign-body airway obstruction should be suspected in infants and children who develop sudden difficulty breathing, especially when associated with coughing, gagging, wheezing or a high-pitched noisy sound when inhaling. If you have been trained in CPR, you may attempt to dislodge the object from the airway – otherwise call 911 immediately.

In conditions where your child has swallowed an object and is coughing but is unable to talk, allow the child to try to cough out the object on his own; also call 911 immediately.

If a child swallows an object, but shows no signs of choking, coughing or pain with swallowing, rest assured that most objects will pass through the intestines and be eliminated in the stool. However, commonly swallowed objects should be kept out of a young child's reach, including coins, plants, balloons, small toys and foods like peanuts, hot dogs and popcorn. Some objects may be toxic or become lodged, such as small batteries, open safety pins and coins quarter-sized or larger.

If the child has persistent coughing, wheezing or pain with swallowing call the office immediately. It is strongly recommended that all parents learn CPR, ask your pediatrician's office for a schedule of classes offered in the area.

CONVULSIONS

Convulsions/seizures may be the most frightening emergency, but most are not as serious as they may appear. It is most important to stay calm. The convulsing child will be unconscious, appear somewhat blue and his or her breathing will be shallow. Place the child on the floor away from stairways and other dangers. Turn the child's head to one side to prevent aspiration if the child starts to vomit. If he or she does vomit, keep the head to one side and clear out any vomit that may be present. Do not put anything in the mouth.

For all seizures, call 911 and then call your pediatrician's office. Seizures usually last no more than five minutes. Fever is a common precipitating factor for seizures in young children, and these febrile seizures (aka fever convulsions) are medically innocent – they do not lead to epilepsy or mental retardation.

FOREIGN BODY IN THE EYE

If chemical irritants are splashed into your child's eyes, wash the eyes immediately with large amounts of cool water. Hold his head over a sink and gently pour water into the affected eye, flushing out thoroughly. Be careful not to use a forceful stream. If a foreign body gets into the eye, it may be washed out. If the eye is painful, a bandage may be applied to eliminate lid irritation. Call the office for an appointment to have the injured eye(s) evaluated.

FROSTBITE

Frostbite may occur on the face or extremities when exposed to the cold for prolonged periods of time. At first, the skin will become very red, then pale. Slowly bring the skin temperature of the affected area back to normal by gently immersing in lukewarm water. Do not rub the area, as this increases damage to the frostbitten tissue. Call the office for further instructions.

HEAD INJURY

If a child is unconscious, even briefly, immediate examination is required. In injuries where there is no loss of consciousness, the child may or may not need to be seen by a physician, depending on the severity of the injury. Vomiting commonly occurs following head injuries in children. This is usually due to nausea and is not serious. Head injuries that result in confusion, lack of focus, persistent headache or loss of memory tend to indicate that a concussion has occurred and evaluation by medical personnel is needed. Persistent or prolonged vomiting (more than two times), unusual sleepiness, trouble with vision, stumbling, garbled speech or any other unusual behavior should be reported to the physician immediately.



LACERATION

All children have falls and minor accidents, and they often cut themselves in the process. If the laceration is deep and dirty, allow bleeding to continue for a few minutes. Wash the area around the laceration with cold tap water. Stop heavy bleeding by applying direct pressure on the laceration with a clean cloth or sterile gauze. Do not use a tourniquet in any situation.

If bleeding is not severe, wash the laceration with mild soap and plenty of water. Apply a bandage and call the office. When bleeding is under control, lacerations are not emergencies. Stitches may be done as soon as practical within six to eight hours. Depending on the type of injury, a tetanus booster shot may be needed if more than five years have passed since the last booster.

PUNCTURE WOUND & ANIMAL BITE

Wash the wound with large amounts of warm water and soap. Allow the wound to bleed freely for a short time. Leave the injury uncovered. Depending on the type of injury, a tetanus booster shot may be needed if more than five years have passed since the last booster.

Animal bites must be reported to the local animal control center or police. Feel free to contact your pediatrician for advice on caring for the wound. If the wound becomes red, swollen or painful, your child should see the physician.

MOUTH INJURY

Mouth injuries are especially common in young children. The oral cavity contains many blood vessels and, as a result, bleeds freely following an injury. Most of the time the injury heals quickly with minimal scarring. It is rarely necessary to place stitches in the mouth or

tongue. Apply firm pressure directly on the point of bleeding for five minutes (or until bleeding stops). Ice or a popsicle can be used to keep swelling down. In mouth injuries, the teeth should always be checked for looseness or fracture. Secondary teeth (permanent) can be successfully re-implanted if the patient is seen and treated properly. You should contact your dentist for more information.

NOSE BLEED

Place the nose between the thumb and forefinger, keeping steady, tight pressure for five to 10 minutes – gradually releasing the pressure. Keep your child quiet and in a sitting position. Instruct him or her to spit the blood out and not to swallow it, as swallowed blood can cause nausea and vomiting. If your child has repeated nosebleeds, apply a small amount of Vaseline into the affected nostril once daily for five days to lubricate the mucus membrane. During dry winter months, adding humidity to the air with a vaporizer or humidifier will also help.

POISONING

Should poisoning occur, try to determine what substance was swallowed and estimate the largest amount that could have been ingested. Be sure to keep the original container of swallowed substance for the physician. Call Poison Control immediately at 1.800.222.1222. Call your pediatrician's office if you have any additional questions.

POSSIBLE FRACTURE OR DISLOCATION

Do not move the injured body part, but use a sling or splint to immobilize it until a physician examines the injury. Call our offices for further advice. If the injury affects the back or neck, do not attempt to move the patient without expert advice. Cover him or her and call an ambulance for transport.

CHILDPROOFING

KITCHEN

- Secure drawers, cabinets and pantry doors with childproof latches
- Secure refrigerator door
- Unplug small appliances when not in use
- Shield all electrical outlets using plate covers with spring mechanisms that slide over outlets

BATHROOM

- Set hot water heater to 120°F or less
- Install night-lights
- Latch all drawers and cabinets
- Store toiletries and cosmetics out of reach
- Keep all medications in a locked cabinet
- Never leave hair dryers, curlers or curling irons plugged in
- Install a rubber mat in the tub to avoid slipping

FAMILY/LIVING ROOM

- Cover all electrical outlets
- Keep the DVR or VCR out of reach
- Secure the television from tipping over
- Secure all drapery cords
- Use gates at the top and bottom of all staircases
- Choose a gate that secures into the wall
- Remove area rugs

BEDROOM

- Cover all electrical outlets
- Install night-lights
- Secure all drapery cords
- Secure dressers

CAR

Starting with your baby's first ride home from the hospital, always use a car seat. All 50 states require by law that all infants and children must ride in the back seat, in a car seat and buckled up with a seatbelt. Help your child form a life-long habit of "buckling-up" by always using seatbelts.

FALL PREVENTION

Remember that for a small infant, their bed (with side rails up) and playpens are the only safe places for him or her to be alone. Infants can wriggle and topple off high surfaces, even if in an infant seat. Without supervision any place can be unsafe. Never leave a baby unattended on a sofa, bed, high chair or physician's examining table. Infant dressing tables are hazardous and we recommend that you not even purchase one. When you are busy, put the infant or child in a crib or playpen near you. Caution is recommended when placing infants in shopping carts. If you are using an infant seat in a shopping cart, make sure it is secured to the cart and the overhead strap on the infant seat is used. Never let children stand in a shopping cart.

BURN PREVENTION

Keep hot liquids (soup, tea, coffee), hot foods, water in the bathtub or on the stove and electric cords for irons, toasters and coffee pots out of children's reach.

BURN PREVENTION (CONT.)

Place guards in front of fireplaces and open heaters, around registers and floor furnaces. Block off radiators, riser pipes and stoves with furniture, if possible. Check the temperature setting on your water heater. The recommended temperature is 120°F.

Teach your child to avoid hazards that lead to electric shock. For example, do not turn on a radio or hair dryer when in the bathtub. Never allow children behind the television. Do not allow cords to lie on the floor.

Keep matches locked up and cigarette lighters on your person or put away out of reach. Invest in a suitable fire alarm system and have fire extinguishers placed in strategic locations throughout the house. Store flammable materials in a safe place. Talk about what to do in case of a fire as a family, establish safe exit routes and have household fire drills.

SAFE PLAY

Supervise your child at play and make sure that his or her playthings are safe. Toys can be dangerous if they are not related to the age level of your child. For example, a toy that has many small, removable parts is fascinating to the 6 year old, but potentially dangerous for a newborn or toddler. Tools that can be handled skillfully by the 12 year old might cause serious injury to a younger sibling. Check play areas for hazards such as old refrigerators, deep holes, construction, broken glass and trash heaps. Make sure that bicycles are the right size for the children riding them, and that they wear bike helmets at all times. Your child should learn the rules of the road, as well as respect traffic officers and their directions.

FIREARMS

It is the consensus of the Pediatric Department that guns in a household with children can be extremely dangerous. For this reason we discourage the possession of guns. If a gun needs to be in the home, it should be secured with a gun lock, as well as locked and unloaded.

ACCIDENT PREVENTION

Nearly all children are curious, impulsive and impatient. Unfortunately, these qualities can lead children to trouble.

It is ironic that accidents, not diseases, pose the greatest threat to your child's health. Obviously, this places a heavy responsibility on parents. We encourage you to take a child's-eye tour of your house and yard, looking for additional ways to make your children's activities safer.

GENERAL SAFETY RECOMMENDATIONS

CARS & CHILD SAFETY SEATS

Use a child safety seat every time you travel with your child. Ask your pediatrician for guidelines as to what size seat is right for your child. Follow the correct guidelines for safety seats:

- Rear-facing until 2 years old
- Car seat until 40 pounds
- Booster seat until 57 inches
- No front seat until 13 years old

HELMETS

Have your children wear an approved, well-fitted helmet every time they ride their bicycle, scooter or rollerblades. Be a good example for your child and also wear a helmet.

TOXIC SUBSTANCE STORAGE

Keep toxic substances out of your child's reach. All poisonous substances should be kept in their original containers and out of reach of children. This includes potentially toxic plant materials, toxic chemicals in the garage, kitchen, basement, etc. These common household substances are poisonous: alcohol, ammonia, bleaches, cosmetics (nail polish, hair spray, etc.), detergents, fertilizers, medicines (aspirin, Tylenol, vitamins with iron), fuel oils, furniture polish and waxes, kerosene, gasoline, lighter fluid, lye and other caustics, paint removers, paint thinners, pesticides and weed killers. Keep the Poison Control number listed by your phone. The number is 1.800.222.1222.

SMOKE DETECTORS & FIRE DRILLS

Always have working smoke detectors and fire extinguishers in the home. Practice fire drills.

BATHTUBS, SWIMMING POOLS & WATER

Children should never be left unattended in a bathtub or swimming pool. Never leave buckets full of liquid around children. Close and secure all toilet lids.

FOOD CHOKING HAZARDS

Children under the age of 3 should never be given food they can easily choke on. Examples include, but are not limited to: peanuts, popcorn, hot dogs, carrots, celery, raisins, grapes and chunky peanut butter.

SMALL OBJECTS

Keep all small objects away from children under the age of 3. A few examples include: balloons, buttons, small game pieces, small batteries and coins.

CPR & FIRST AID TRAINING

All parents should be trained in CPR and first aid.

BABY WALKERS & CHANGING TABLES

Baby walkers and changing tables are not recommended by our pediatricians due to the number of injuries they cause.

CRIB SAFETY

Avoid hanging toys in the crib and playpens. Pacifiers should not be on a string. Cribs should be placed away from drapery cords, as these items may lead to strangulation.

SHOPPING CARTS

Caution is recommended when placing infants in shopping carts. If you are using an infant seat in a shopping cart, make sure it is secured to the cart and the overhead strap is always used.



HOSPITAL INFORMATION PAYMENT

HOSPITAL & HOSPITALIZATION

Hospitalization of infants and children is relatively uncommon, however, some diagnostic procedures and treatments can only be performed in the hospital. There are also times when the serious nature of an illness requires hospitalization.

In the event of a serious illness, it is important that you ask questions and understand the disease process and its effect on your child. In case of trauma or surgery, you will want to know the anticipated convalescent time and activity restrictions following discharge. The clinic physician and nurses will be available to answer your questions.

MANAGED CARE/HMOs

If you belong to a Managed Care medical plan (HMO, POS, etc.), there are certain important points you should be aware of to maximize your coverage.

It is essential that you read your contract, including all the fine print, so that you are aware of services covered and not covered by your plan. Each plan is different in this regard and misunderstandings can be avoided if you are familiar with your specific plan and its requirements prior to seeking care. Some of the Managed Care plans require a co-payment. This fee is due at the time of service.

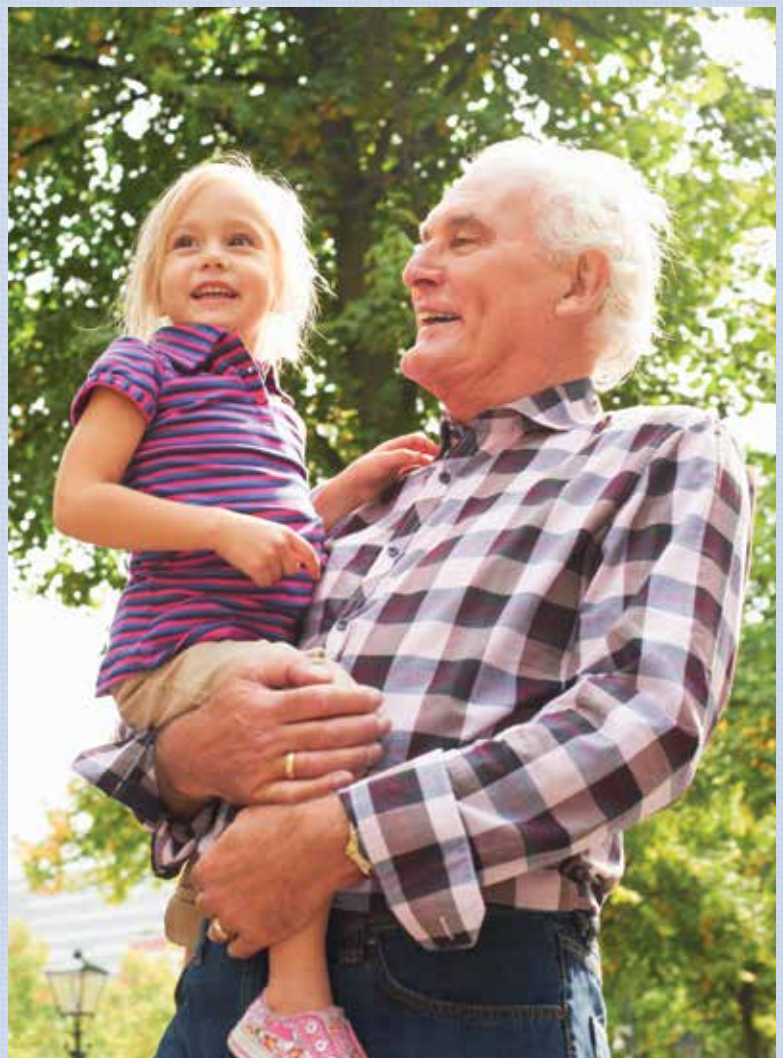
For questions regarding your plan, please contact your provider directly.

OFFICE FEES

A schedule of fees for regular, night, Saturday, Sunday, holiday, emergency and after-hours visits is available upon request. If you have any questions, bring them to our attention at this time. Charges for services provided are sent to your insurance provider. Cash payments are also accepted at the time of service.

INSURANCE PAYMENTS

All billing and insurance questions should be directed to the Customer Service Department at 630.942.7998, Monday through Friday during business hours. They will assist you promptly and help resolve your concerns.



VACCINATIONS

CHILD'S NAME _____

	#1	#2	#3	BOOSTER	BOOSTER
DTaP					
HIB					
Tdap					
IPV (POLIO)					
MMR					
HBV					
VARICELLA					
INFLUENZA					
PNEUMOCOCCAL					
MENINGOCOCCAL					
ROTAVIRUS					
HEPA					
OTHER					
	DATE	RESULTS	DATE	RESULTS	

CHILD'S NAME _____

	#1	#2	#3	BOOSTER	BOOSTER
DTaP					
HIB					
Tdap					
IPV (POLIO)					
MMR					
HBV					
VARICELLA					
INFLUENZA					
PNEUMOCOCCAL					
MENINGOCOCCAL					
ROTAVIRUS					
HEPA					
OTHER					
	DATE	RESULTS	DATE	RESULTS	

READING RESOURCES

INFANT DEVELOPMENT

Infants and Mothers

— T. Brazelton

The First Twelve Months of Life

— F. Caplan

What to Expect the First Year

— Eisenberg, Murkoff and Hathaway

Caring for your Baby and Your Child, Birth to Age 5

— American Academy of Pediatrics

Guide to Baby Products

— Sandy Jones

Touch Points

— T. Brazelton

The Nursing Mother's Companion

— Kathleen Huggins

Breastfeeding: A Parent's Guide

— Amy Spangler

TODDLER/PRE-SCHOOLER DEVELOPMENT

Toddlers and Parents

— T. Brazelton

The Second Twelve Months of Life

— F. Caplan

SCHOOL-AGE DEVELOPMENT

Caring for Your School Aged Child, Age 5–12

— American Academy of Pediatrics

PARENTING/DISCIPLINE

1-2-3 Magic, Effective Discipline for Children 2–12

— Thomas Phelan

How To Talk So Kids Will Listen & Listen So Kids Will Talk

— A. Faber and E. Mazlish

SOS — Help for Parents

— L. Clarke

The Difficult Child: A Guide for Parents

— S. Turecki and L. Tonner

Your Defiant Child

— Russell A. Barkley

OTHERS

Solve your Child's Sleep Problems

— Richard Ferber

Healthy Sleep Habits, Happy Child

— Marc Weissbluth

Getting to Dry: How to Help Your Child Overcome Bedwetting

— Maisels

Guide to Your Child's Symptoms, The Official Reference, Birth Through Adolescence

— American Academy of Pediatrics

CHOOSING DUPAGE MEDICAL GROUP

Thank you for choosing us as a partner in your child's care. Your family's health is important to us and we hope this booklet becomes a valuable resource for infant and child care information. Please use it as a guide to DuPage Medical Group's services, procedures and facilities.

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To schedule an appointment,
please call 1.888.MY.DMG.DR (1.888.693.6437).

DuPage Medical Group

WE CARE FOR YOU

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