

Dear Parent,

Thank you for choosing Great Destinations Pediatrics! We welcome you to our practice and hope you will find a warm and friendly environment.

Our philosophy is to work with you, in partnership, to care for your child. We believe providing you with information and educational materials is one of the most important things we can do. For this reason we have created this booklet of information. In it you will find out how our practice works and the most common childhood questions and problems you will face. This booklet is in no way comprehensive, and we encourage you to ask for more information on any subject of concern that you may have. We also recommend you purchase one or all of these excellent books from the American Academy of Pediatrics: Caring for Your Baby and Young Child (Birth to Age 5), Caring for Your School-Age Child (Ages 5 to 12), and/or Caring for Your Adolescent (Ages 12 to 21).

From time to time we will provide you with additional handouts of commonly asked questions and problems which may arise with child-rearing. We are always happy to make recommendations of books and provide resources for you.

We look forward to a happy and healthy relationship.

Sincerely,

Mark Gettleman M.D., F.A.A.P.
Karen Prentice D.O., F.A.A.P.
Kristin Shepherd M.D., F.A.A.P.
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ABOUT OUR OFFICE

Address: 18555 N. 79th Ave., Suite D-101
Glendale, Arizona 85308
Phone: (623) 878-2800
Fax: (623) 878-9150
Website: www.gdpeds.com

Services Provided

Dr. Gettleman, Dr. Prentice, Dr. Shepherd, Dr. Hineman and Dr. Lombard are pediatricians who are board certified by the American Academy of Pediatrics (FAAP). They specialize in caring for newborns, children, and adolescents (birth to 18 years old). Newborn babies are seen within twenty-four hours of birth at Arrowhead and Thunderbird hospitals.

Hours and Appointments

Regular office hours are Monday through Friday 7:30 AM to 4:30 PM and Saturday 9 AM to 11 AM. Saturday mornings are reserved for sick children only, calls are taken on Saturdays starting at 8:30 AM. We work by appointments only, as this helps our efficiency. Please call first thing in the morning if you feel your child needs to be seen that day. We try to reserve the last one to two hours of our day for sick children. It is helpful to notify your baby-sitter or daycare to call you by 3 PM if they feel your child is ill and needs to be seen that day. We will try to work your child in when necessary. In addition, we will try hard to see your child at their appointment time. However, please understand that if we get behind schedule we are most likely spending extra time with a sick child and would do the same with yours if the need arises.

We require that you notify the scheduler when you make your appointment, of any of the following: change of insurance, address, telephone number, and emergency contact. By doing so, this will eliminate unnecessary delays in your child's care.

“Walk-in and sibling add-on” appointments place the physician and staff in a difficult and uncomfortable position. We want to take care of your child's illness, however, it is unfair to our patients who have scheduled an appointment to ask them to wait while someone without a prescheduled appointment is seen. Please call to schedule your appointment. If you feel that your child cannot wait to be seen, ask to speak to the triage nurse.

If you are unable to arrive for your appointment on time, please call to inform the staff. They will review the schedule to determine if the appointment will need to be rescheduled or work you in behind the scheduled appointments.

Please be aware that failure to cancel your child's appointment may hinder another patient's ability to be seen by our physicians. Therefore we request a courtesy call 24 hours prior to the patient's scheduled appointment. A “No-Show” charge of \$25.00 will be applied without notification. Repeated “no-show” appointments may be subject to discharge from the practice.

Telephone: How to Get Help

Urgent Questions During the Day

If your child is experiencing an emergency (not breathing, unconscious, etc.) PLEASE call 911. If it is not an emergency, but you want to speak with someone at our office right away, please let our receptionist know when you call. If the office staff is busy and needs to take a message, and your call is not returned within 30 minutes of the stated call back time or if you feel your child is worsening, please call back.

Well Child Questions

We are happy to help you with behavior type questions and/or well-child issues. To best serve you, we have a voice mail system you can use at any time. Simply call our number and ask the receptionist for the voice mail of the triage nurse, or if it is after hours, listen to the recording on how to access her voice mail. Please remember to give your child's name, age, your name and the number you want your call returned to. Our triage nurse has been trained in pediatrics to answer your questions as your doctor would. If she feels your question or particular problem is too complex she will either recommend bringing your child in for an appointment or have your doctor call you back. If you wish to speak with your doctor, please specify this on the message that you leave. Your doctor is happy to speak with you, but please understand it may take longer to get an answer to your questions as the doctor must wait for a break in between patients, lunch or evening to call you back.

Urgent Questions After Hours

1) For your convenience we offer an after hours triage service which is comprised of pediatric registered nurses. 2) The nurse's main function at night is to offer medical advice and decide if your child needs to be directed to the Emergency room or wait until the next day to be seen at the office. 3) We will not make a diagnosis over the phone since we cannot examine your child. Because of this, we will not call in an antibiotic. If your child is sick enough to require antibiotics immediately then they are sick enough to go to the Emergency room. We want you to call if you are worried about your child, but we would appreciate it if you call during office hours for non-urgent questions.

Voice Mail System

For your convenience we have a voice mail system in operation after normal business hours. Please keep this guide on hand to help you learn the various different features you can utilize.

1. Automated Appointments Press 3

This is a convenient way to make well check appointments after hours. Simply leave your child's name, date of birth, your phone number and name, and the reason for the visit, for example, one year old check up. Give us the day, physician you want to see, and time you wish the appointment to be. We will call you within 24 hours to confirm the date and time of the appointment. Please try to make these visits two to four weeks in advance.

2. Triage Nurse Press 4

If your question is non-urgent and can wait for the next day, leave a message and our triage nurse will call you the following business day (Monday through Friday).

3. Prescription Refills Press 4

We do not refill routine prescriptions after hours. If you leave a message with your child's name, medication, dosage and pharmacy phone number, we will refill the medication in the morning.

4. Over the Counter Medication Dosages Press 5

This line is helpful if you need dosages for common over the counter medicines, such as Tylenol, Advil, Dimetapp, etc.

5. To Give Suggestions for Improving Our Practice Press 6

6. To Speak to the Triage Nurse Press 5

If you have an urgent question that cannot wait for the morning, press 9 and an operator from our directory will take your information and page the triage nurse. Please remember to disable your call block by dialing *87 after you hang up. If you have not received a call from the triage service within 30 minutes of your request, please call our office again to inform the answering service.

Financial Policy

Welcome! Please take time to review the following policies and procedures that we at Great Destinations Pediatrics have set in place to better serve you. We look forward to establishing a long and wonderful relationship.

We require a legal guardian accompany a minor patient unless prior written authorization is given to this office. The adult accompanying the minor is required to pay in accordance with our policies. We do not accept third party assignment, nor do we recognize or enforce the term of divorce decrees.

Payment is expected at each visit, be it a deductible, co-payment, percentage or payment in full services rendered. If you are waiting for coverage to become effective or have no insurance, payment will be expected at the time of the visit. For your convenience we accept cash, checks, Visa, MasterCard and Discover. There is a \$30.00 charge for all returned checks. NSF checks must be redeemed with certified funds (cashier's check, money order, certified check, or cash).

Our practice handles all claims and billing questions. You can reach our billing staff at (623) 878-2800, extension 16. Or you can reach them via e-mail at cgoodman@gdpeds.com. Any accounts with outstanding balances greater than 60 days from the date of service will be subject to collection. We realize at times that there may be a financial hardship. Please communicate with our billing staff and they will assist you.

Due to various plans now in effect in the market place, it has become a very complicated process to become familiar with each plan. We therefore are requiring your cooperation so that we may better serve you and give you the proper healthcare you deserve without spending an exorbitant amount of time obtaining benefit information from your insurance company. It is your responsibility to know all of the information from your insurance plan to avoid any confusion or nonpayment of services. Examples being: well visit coverage, immunization, in-house testing, contracted laboratories, radiology, durable medical equipment, and sick visit coverage.

We require you to notify the scheduler when you make your appointment of any of the following: change of insurance, address, telephone numbers and emergency contacts. By doing so, this will eliminate unnecessary delays in your child's care.

WHAT DO BABIES DO?

All babies cough, cry, sneeze, belch, pass gas, and hiccup. Sneezing is especially common in the newborn period as this is a very helpful way for your baby to clear his or her nasal passages. Hiccoughs are common and harmless, but if your baby seems uncomfortable a small amount of breastmilk or formula may help relieve the hiccoughs. Grunting and making faces during a bowel movement is also very common as a baby and does not indicate illness.

FEEDINGS

What to feed your infant is a very important decision for each family. The American Academy of Pediatrics as well as most experts agree that breast-feeding is best for the newborn. If it is impractical, impossible or you choose not to breast-feed, we recommend a cow-base formula such as Enfamil or Similac with iron. We never recommend low iron formula as all newborns need iron to prevent anemia. There has been no correlation between iron and constipation in babies.

Breast-feeding

At first nursing may seem awkward for both you and your baby (this is very common and in time nursing should become easy and an enjoyable time to cuddle and nurture your baby). Sometimes, especially in the first week, you may experience nipple tenderness. This can be minimized if you try to place the baby's entire mouth on the areola (colored part of the nipple). You may also feel cramping in your lower abdomen during breastfeeding. This is a result of the baby sucking milk and stimulating a hormone in your body to contract your uterus back down to size. Tell your obstetrician you are breastfeeding and he or she will prescribe a pain medication safe for your baby. Your baby at first will want to eat quite frequently sometimes every 1 to 2 hours. As long as you are not experiencing nipple soreness, cracking or bleeding, "demand" feeding is a desirable way to nurse. The first 3 to 4 days your baby will receive colostrum, which is rich in nutrition and antibodies which protect your baby from infection. After the 3rd or 4th day your full breast supply should be in. You will know your baby is receiving enough milk if he or she urinates at least 6 to 7 times a day and stools several times a day. Do not let your newborn go more than 4 to 5 hours without a feeding. Remember to continue taking your prenatal vitamins as long as you breastfeed. If you experience any difficulties nursing or this is your first baby to nurse, please utilize the hospital's lactation consultant.

Bottle-feeding

In the first few weeks of life your baby will probably eat every 2 to 3 hours. Usually babies drink 1 to 3 ounces every 2 to 4 hours. Your baby will naturally increase this amount to 2 to 4 ounces every 2 to 4 hours. Do not let your newborn go more than 4 to 5 hours without a feeding. Your baby does not need extra water, juice or foods until he or she is between 4 and 6 months of age.

URINATION

Your baby should urinate between 6 and 12 times a day.

BOWEL MOVEMENTS

All newborns first bowel movements are tarry and black. Your baby's stools will eventually turn green and yellow. For the breast-fed baby the stool will be runny, yellow and cottage cheese like. Six to eight stools per day is very typical for the breast-fed baby. Formula fed babies usually have green stools every day, every other day or up to 6 to 8 times per day. If you notice blood in the stool or a white colored stool contact our office immediately.

SLEEPING/SIDS PREVENTION

The American Academy of Pediatrics recommends all healthy newborns sleep on their back or side to prevent crib death or SIDS. Other ways to reduce the risk of SIDS are as follows:

1. Use a firm, flat crib or bassinet mattress.
2. Avoid pillows or stuffed animals in your babies crib.
3. Avoid thick quilts, comforters and thick, loose bedding.
4. Avoid overheating by keeping the thermostat set at no more than 70 degrees and avoid over-bundling your baby.
5. Ban smoking around your baby.
6. Consider breast-feeding.
7. Make sure your baby receives all required vaccinations.
8. Never co-sleep with your baby. If you sleep with your baby in bed with you, you risk your baby breathing in the carbon dioxide you breathe out and dying of SIDS.

BABY GIRLS

Commonly in the newborn female a whitish discharge and sometimes blood in the vaginal area occurs. This is caused by mother's hormones and is not harmful to the baby.

CIRCUMCISION

According to the American Academy of Pediatrics, circumcision is not a medical necessity. Most parents make this choice based on religious or social reasons. We perform circumcisions in our office within the first month of life. We use a lidocaine block so your baby will not feel discomfort during the procedure. If you have any questions regarding circumcisions, please ask.

UMBILICAL CORD

The cord will fall off in 2 to 3 weeks. Before the cord falls off, only sponge bathe your baby. If you notice redness around the skin of the umbilical cord, swelling or a discharge, please call our office.

FEVER

It is not necessary to take your healthy newborns temperature on a routine basis. However, if you feel your newborn is acting ill, feels warm, is unusually fussy, or feeding poorly please take baby's temperature rectally. If his or her temperature is 100.5 or higher please call us immediately and do not give any medications.

SKIN

Normally a newborn's hands and feet are bluish-purple and their skin is splotchy. You may also notice your newborn's skin peeling. This is a normal occurrence and we do not recommend any lotion or cream use until your baby is older. If you notice baby's eyes or skin turning yellow please call us. Please remember, babies sunburn easily and need to be kept in the shade or covered.

MOUTH

If you notice white patches inside your baby's mouth that do not come off with a soft cloth, this is probably thrush and will require treatment.

NAILS

You will notice that your baby's nails grow very quickly. You can either use baby nail clippers or a file to keep your baby's nails short and clean.

DIAPER RASH

By changing your baby's diaper after each bowel movement and urination, you can help prevent diaper rash. Sometimes however, your baby's bottom will become red and raw. More frequent changing, airing out of the diaper area, and a diaper cream, such as Desitin, A&D, or Zinc Oxide should help. Avoid baby powders.

AVOIDING ILLNESS

Please avoid crowded places with your newborn such as churches, sporting events, and nurseries or preschools. If visitors to your home are ill, ask them to come back when they are well.

SAFETY

1. One of the most important things you can do for your baby is to use a car seat!! The infant car seat should be used in the back seat, facing the rear of the car. Never place your child in the front seat if your car has air bags. Remember to not only secure the car seat belt, but the seat belt should be placed through the car seat. Your local fire department can check the placement of your baby's car seat.
2. Lower your hot water thermostat to below 120 degrees.
3. Make sure you have a smoke alarm in your home.
4. Have a fence surrounding your pool and keep it closed and locked. If you own a hot tub, use a cover which can be locked close.
5. Do not use a baby walker. Walkers do not enhance your baby's development and can be very dangerous. Babies in walkers can tip over, roll down stairs, fall into fireplaces and pools.

RECOMMENDED READING

The Complete and Authoritative Guide: Caring for Your Baby and Young Child, Birth to Age 5

Author: Steven P. Shelow, M.D.

Healthy Sleeping Habits, Happy Child Author: Marc Weissbluth, M.D.

Solve Your Child's Sleep Problems Author: Richard Ferber, M.D.

1-2-3 Magic (Discipline Method) Author: Thomas Phelan, Ph.D.

Seven Steps to Homework Success

Author: Sydney S. Zentall Ph.D. and Sam Goldstein, Ph.D.

Problem Solver Guide for Students with ADHD Author: Hravey C. Parker, Ph.D.

Attention Deficit Disorder and Learning Disabilities

Author: Barbara D. Ingersoll, Ph.D. and Sam Goldstein, Ph.D.

How to Get Your Kids to Eat. . . But Not Too Much Author: Ellyn Satter

How to Win at Sports Parenting Author: Jim and Janet Sundberg

Bringing up Boys Author: Dr. James Dobson

The Strong Willed Child Author: Dr. James Dobson

Your Child's Weight: Helping Without Harming Author: Ellyn Satter

Child of Mine: Feeding with Love and Good Sense Author: Ellyn Satter

Phoenix for Families Author: Michelle Burgess

The Wonder of Boys Author: Michael Gurian

Toilet Learning Author: Alison Mack

Web Links:

Immunization Information

www.vaccineinformation.org/safety.asp

www.cdc.gov/od/science/iso/abot_iso.htm

www.immunize.org

www.immunizationinfo.org

General Parenting Resource

Star Sleeper: www.starsleeper.nhlbi.nih.gov/

www.safekids.org

Internet Safety: www.netsmartz.org

Consumer Product Safety Commission: www.cpsc.gov/

American Academy of Pediatrics: www.aap.org

National Highway Traffic Safety Administration: www.nhtsa.dot.gov

Breastfeeding and Medications:

www.babycenter.com/general/physrecoverybaby/8790.html%20

Venomous Critters: www.pharmacy.arizona.edu/index.php

Autism Link: www.autism-society.org

Arizona Early Intervention Program: www.azdes.gov/azeip/faq.asp

www.raisingarizonakids.com

www.quackwatch.com

www.wetbuster.com/alarms.htm

INFANT DIET

Solid Foods

The American Academy of Pediatrics recommends all babies be kept on breast milk or formula through the infant's first years of life. Nutritionally, infants do not need solids until four to six months of age.

The best way to introduce solids is to start with a small amount of rice cereal (one to two tablespoons) mixed with breast milk or formula. Always use a spoon and bowl for solids and avoid placing solids in the bottle unless this is specifically recommended by your doctor for medical reasons. Try rice cereal feedings once or twice a day for one week. If your baby tolerates this without evidence of intolerance such as vomiting, diarrhea, or skin rash, you may progress to jar foods. Start with Stage 1 single item foods such as green beans or squash. Remember to have one week between new foods and never start more than one new food at once. You may feed your baby one-third to one-half a jar twice a day until you are sure they tolerate it, then the amount can be increased. Remember breast milk or formula is still your baby's main source of nutrition in the first year of life.

After your baby has been through all the stage 1 foods (usually by around six to seven months of age) you may progress to stage 2 foods. Your baby may want two to three solid meals (baby food) per day. At this point, the introduction of teething biscuits and soft finger foods is appropriate. By eight to nine months of age stage 3 and table foods may be introduced. Please avoid eggs, peanut butter and whole milk until after one year of age. Honey should also be avoided in the first year of life due to the risk of infant botulism.

After one year of age your baby should mainly be on table foods. Be cautious of foods your baby could choke on, such as popcorn, peanuts, raw vegetables, grapes, hot dogs, hard candy, etc. Also at one year of age your baby can be weaned from breast milk if you desire and placed on whole milk. Formula fed babies can be changed to whole milk. We recommend limiting milk to two to three eight ounce cups per day. Until age 2 years only use whole milk as the extra fat in the milk is required for proper brain and nervous system growth. For children 2 years and older use skim milk.

Juice

Recent studies show that excessive intake of juice may hinder growth (height) and cause obesity. Fruit juices are also very high in sugar and can cause loose stools. Please refer to the following guidelines regarding juice intake.

Birth to 6 Months: From birth to six months of age your baby does not require juice. If your baby is constipated we may recommend full strength prune or apple juice in small amounts (1 to 2 ounces) until a soft stool is achieved.

Juice (cont.)

6 Months to 1 Year: No juice is preferable or 1-2 ounces per day. Start with milder juices such as apple or white grape juice. Save the citrus juices until after 9 months of age.

1 to 3 Years: No juice is preferable or up to 4 ounces per day.

3 to 3 Years: 4-6 ounces of juice max per day.

Remember that in Arizona it is very hot and dry and your active child should drink water for the thirst and try to minimize excessive use of Kool-Aid, soda pop and Gatorade.

Dental Care

Wiping your baby's teeth with a wet cloth is recommended occasionally throughout the day and at night after the last feeding. After your baby has six to eight teeth start using a soft toothbrush with a pea size amount of children's toothpaste morning and night.

Never put your baby to bed with a bottle as this can cause "baby bottle rot" or cavities of the upper teeth.

Discourage the use of soda, sweet drinks and candy on a regular basis.

At one year of age discard the bottle and only give your child a cup.

Skin Care

Newborn: Until your newborn's belly button falls off, you should not give baby a bath but simply sponge bathe your baby. It is normal for your baby's skin to peel and be dry and lotions and creams are unnecessary in the first one to two months of life. Avoid direct contact with the sun as your newborn's skin is sensitive and will easily burn.

Infants: Under six months of age try to avoid direct sun exposure. If your baby will be in direct sun use a PABA-Free children's sunscreen with an spf of 15 or more. It is unnecessary to spend extra money on sunscreens with spf higher than 15 as these are no more protective than the 15. Limit your infant's time in the sun.

Children: Children love playing outdoors, but in Arizona especially the sun is very strong. Constant reapplying of sunscreen is necessary to protect your child's skin, as well as the use of shade and protective clothing such as hats, sunglasses and t-shirts over swimming suits.

WHEN TO MAKE AN APPOINTMENT

PREVENTATIVE OFFICE VISITS

Birth	PKU, Hep B
2-3 days	Newborn Exam
2 weeks	PKU, circumcision for boys
2 months	DTaP, IPV, HIB/Hep B, PV7
4 months	DTaP, IPV, HIB/Hep B, PV7
6 months	DTaP, IPV, PV7
9 months	Hemoglobin, +/- lead
12 months	MMRV
15 months	DTaP, HIB/Hep B, PV7
18 months	Hep A
2 years	Hep A
3 years	Developmental Exam
4 years	DTaP, MMRV, IPV
5 years	Developmental Exam

After 5 years of age well checks are recommended every year.
At 11 years of age a tetanus booster is recommended.

For detailed informational sheets published by the Centers for Disease Control and Prevention (CDC), please visit
www.cdc.gov/nip/publications/vis/default.htm

WHEN TO MAKE AN APPOINTMENT

Many parents ask us, “When should I bring my child to the doctor?” The short answer is, “Whenever you are worried.” We are here for you. We may not be able to cure your child, but we are always willing to see and evaluate them. Sometimes you don’t want to come in, but you are afraid of missing something. The following are some guidelines that may save you the hassle of unnecessary trips to the office.

1. Fever

Fevers are generally not bad. They don’t boil the brain or cause seizures (they may bring out a febrile seizure if your child is set up for one). A fever is a symptom, just like a cough or a runny nose. As long as your child is alert and acting fairly normal, fevers shouldn’t scare you. However, if your child is 2 months or less and has a temperature of 100.5 taken rectally or higher call us immediately.

When to come into the office:

Your child is under three months with a fever greater than 100.5 rectally.

Your child looks really sick and/or is not acting normally.

Your child has a fever greater than 104 rectally.

Your child’s fever lasts more than 5 days without other symptoms.

Your child has a fever and neck pain or severe headache.

For symptomatic relief of pain or fever in babies between 2 months and 2 years, we recommend Tylenol* (acetaminophen). For children 2 years or up, Tylenol* or Advil* can be used.

2. Runny nose

Most runny noses are caused by either upper respiratory infections or allergens. Children average 6-12 upper respiratory infections (common colds) each year. Usually, each one lasts 2 weeks and traditionally begins early in the winter. Runny noses can last for 6 months straight. While unpleasant, this is very normal.

What happens is a virus attacks the nose and causes congestion. This drips down the throat and causes a sore throat. Then comes the cough, which is a good thing, because without it, the mucus could drip to the lung and cause pneumonia. However, most kids don’t spit out the mucus they cough up. Instead, they tend to swallow it which irritates the stomach and eventually causes either vomiting or diarrhea.

Unfortunately, there is no cure for the common cold. And because they are caused by viruses, antibiotics won’t help! There are some medications that work on the symptoms and may offer some relief. You have to try them to know whether or not they are effective for your particular child. Personally, we do NOT like decongestants. If you stop the drip, you generally stop the cough. The problem with decongestants is that they are like adrenaline and will “wire” some kids. Some cold prescriptions, like Dimetapp,

will combine the decongestant with an antihistamine. The antihistamine causes drowsiness which hopefully counteracts the "wiring" effects of the decongestant.

Other helpful hints

1. Try a cool mist humidifier-the humidity makes breathing easier.
2. Push fluids-the sicker your child, the faster he breathes. This increases his or her metabolic rate which uses more water. By replenishing the lost fluids, your child will feel better.

When to come into the office

As always, if you're worried come into the office. Also, since approximately 6% of colds progress to ear infections or pneumonia, which we simply cannot prevent, if you notice your child grabbing his ear or having difficulty breathing, call the office and bring him in. Finally, if your child has a cough without a runny nose or the runny nose has lasted longer than two weeks without any change, it's best to have him or her examined.

One more important item about colds

Green mucus does not indicate a bacterial infection as many people believe. All the coloring means is that water and protein contents in the mucus have changed. Some viral upper respiratory infections have green mucus which lasts for 4 to 7 days. If green mucus is present for longer than 10 days, come in and see us.

3. Vomiting and Diarrhea

Vomiting and diarrhea are ways the body gets rid of what doesn't belong, like viruses, toxins, etc. We usually can't stop this process. Even if we could, it would just mean the virus could replicate more and the illness would last longer.

As long as your child is alert, the important thing to watch for is dehydration. There are lots of ways to see if your child is dehydrated. Here are some warning signs:

No tears when crying
Cold, clammy skin
Fast heart rate
No wet diaper

Dry mouth (this is the best-if you put your finger in your child's mouth and it is dry or tacky, we need to see them)

To keep your child hydrated, push fluids. You want to use something with sugar and salt to replenish the body with what it's losing if at all possible. Pedialyte is best, however, a sports drink like Gatorade is also acceptable. Flat soda, juices, water and soup are poor choices. Pedialyte Popsicles in small amounts are helpful.

Often times kids will throw up hydrating liquids. If that happens cut the amount you are giving in half. For example, if 4 ounces is thrown up, try two, or one, or one half, or even a teaspoonful. Don't worry about eating solids. As long as your child is hydrated and receiving sugars and salts in the Pedialyte or Gatorade, she or he will be fine.

When to come into the office

Dehydration

Children less than 2 months-especially with projectile vomiting

Bloody diarrhea

Throwing up lasts more than three days with no diarrhea

Severe abdominal pain or a distended hard belly

Severe pain on the right lower side

If accompanied with a sore throat, bad headache or painful urination

4. Strep Throat

Sore throats are very common. Most are caused by viruses. These must run their course because antibiotics don't kill viruses. Some sore throats are caused by streptococcus, like strep throat. The reason strep throat can be more dangerous is that it can progress to rheumatic fever which can damage the heart. Fortunately, antibiotics do work well to prevent this, as long as you begin treatment within 10 days of the sore throat onset. Because of this, and the fact that even antibiotics won't make your child feel better quicker, there's no need to rush your child to the emergency room when a sore throat appears. Just make an appointment, and we'll be happy to see them.

The only way to definitively diagnose strep throat is to do a culture which involves swabbing your child's throat with a long, cotton-tipped stick. The throat sample is then tested in the lab. If it is positive, an antibiotic will be prescribed.

How to know when a sore throat is not strep

1. If your child is under 3 years of age.

For the strep bacteria to cause problems, it needs to invade the body. The receptor which allows this to happen is not developed until after the age of two.

Strep usually occurs in school aged children and can be accompanied by symptoms of headache, stomach ache and fever. You may also see white patches on the throat, enlarged lymph nodes, or swollen glands.

2. Runny noses and coughs are not associated with strep. If your child has either of these along with his sore throat, most likely he does not have a strep throat.

5. Breathing Problems/Respiratory Distress

There are many causes for breathing problems including colds, pneumonia, bronchiolitis, RSV, asthma, reactive airway disease and croup.

Most children will have a runny nose or nasal congestion and a cough. It is hard to judge your child's respiratory distress based on the quality of cough. We want you to look at your child carefully. Signs of problems include:

1. Not being alert (not recognizing you and not interacting with you)
2. Blue lips
If either of these are noticed this is a medical emergency and you should call 911.
3. A respiratory rate greater than 60. To take this, watch your child's chest and count the number of times it goes up and down in one minute.
4. Reactions. If the skin between the ribs gets sucked in with every breath or you see the stomach suck in and you can see your child's lower ribs, your child is retracting and you need to call us.
5. Labored breathing. If your child is working to breathe, as if she or he just ran a marathon, but she is sitting or sleeping, you need to call us.

These five warning signs indicate that your child needs to be seen as soon as possible. For numbers 1 and 2 above, call 911 immediately. If you notice any of these signs after-hours, you should go directly to an urgent care or emergency room.

Other helpful measures

If your child has been diagnosed with asthma or reactive airway disease, give them a breathing treatment with Albuterol (Proventil or Ventolin or Xopenex).

If your child has croup, (a raspy seal like barking cough) go into the bathroom, close the door and turn the shower on hot, and sit with your child outside of the shower for 20 to 30 minutes.

6. Ear Infections

There are three parts to the ear: outer, middle and inner. Some infections occur in the outer ear (swimmers ear) or inner, but most occur in the middle.

Typically what happens is your child gets a cold, the mucus pushes bacteria up the Eustachian tube (which connects the middle ear and throat) and into the middle ear. This usually happens about a week after a cold begins.

Some symptoms include: fever, fussiness, and ear pain.

Treatment for ear infections starts with symptomatic relief (Tylenol® or Motrin®) to counter the pain until your child can be seen by a physician. Some ear infections are treated with antibiotics. The problem is because of the overuse of antibiotics some bacteria have become resistant so the antibiotics don't always work. We know that 80% of ear infections resolve on their own and the less your child is exposed to antibiotics the better. Waiting out an ear infection is an acceptable alternative.

If your doctor does place your child on an antibiotic, it is important to finish the full course of antibiotics. Usually it takes 10 days to kill all the bacteria. If your child still has not improved in 3-4 days, the doctor will need to see him again.

Sometimes if the middle ear space is full, the eardrum will rupture and a yellow/white discharge may be seen from the ear canal. This is no more dangerous than a normal ear infection. In fact, most children feel better when this happens because the pain from pressure is relieved. Treatment is required. Never place drops in your child's ear unless your doctor has recommended this.

Things that may increase the risk of getting ear infections include:
Bottle feeding instead of breast feeding (especially bottle propping)
Day care
Smoking

Children typically outgrow ear infections by 2 years of age.

7. Diaper Rash

Diaper rashes are a pesky part of childhood and the long lasting cure is toilet training. But until this can be achieved, there are a couple treatment options, depending on the type of rash.

By far the most common type is an irritated rash caused by contact with urine and stool. Once there is skin breakdown, continued irritation reeks havoc on the babies bottom. Unfortunately there is no quick fix. The babies skin will repair itself if we can limit the contact with urine and stool. For years it was recommended that you let your child go without diapers and air dry. This works for diaper rash but leaves a very messy floor. The next best thing is to change the diapers very frequently. We also recommend using a cream that will provide a good barrier, something thick and sticky (like Desitin®). The more you apply it, the better it works.

The second type of diaper rash is a yeast infection. Yeast are organisms that love warm, dark places. The infection tends to start deep in the crevices and cause deep red skin surrounded by little red dots. This rash will not respond to barrier creams, they need anti-fungal medicine like Nystatin® or Lotrimin®. A thin layer placed under a thick layer of a barrier cream works best.

Rarely a bacterial infection will occur. These are usually intensely red and commonly begin around the anal opening. If you see this or your child's diaper rash does not improve in one week, bring them in for a doctor to examine.

8. Antibiotics

Antibiotics are wonderful life saving medications. They also can be troublesome and dangerous. Our bodies are full of good bacteria which help and protect us. Antibiotics don't differentiate good bacteria from bad. When we kill the good ones, many things can grow in their place, including yeast (causing thrush or diaper rashes) or dangerous bacteria (causing diarrhea or serious diseases). Antibiotics cause many reactions, some are as simple as a rash, others are life threatening. These can occur even if your child has been on a particular antibiotic many times in the past.

Antibiotics also cause resistance. As bacteria are exposed to antibiotics they adapt so they can survive. Some bacteria we can't even kill! The more antibiotics are overused the worse this problem will become.

As with all medications, the risks must be weighed against the benefits for your child of using the medication. That is why we only use an antibiotic if there is potential benefit.

HIDDEN DANGERS OF MEDICATIONS

There are many medications and treatments that are helpful to your child, but some can be dangerous and even deadly. Just because you can buy them or they are prescribed doesn't make them safe.

1. Teething medications: (examples include Oragel[®], Anbesol[®] and Humphries[®])

These work by numbing the gums. The problem with these is they mix with saliva, then numb the throat. This diminishes a protective reflex and your baby may swallow saliva into their lungs. In addition, the lidocaine in Oragel[®], for example, can be very harmful to your baby's heart if too much is swallowed. We recommend cold pacifiers, teething rings, clean washrags or your fingers.

2. Pain relievers: (examples include Tylenol[®] or Ibuprofen-Advil[®]/Motrin[®])

DO NOT USE ANY OF THESE IN A CHILD UNDER 2 MONTHS OLD! In children this small, a fever (anything greater than 100.5 rectally) could be a sign of a serious illness. If a pain reliever is used this may mask the fever and we may miss the only warning sign before your baby gets really sick. If your baby has a fever, a doctor needs to see them.

3. Colic remedies: (examples include Humphries[®] or Levsin[®])

The medical community still doesn't know what causes colic and there still is not a medical cure for it. Some medicines people give can stop the intestines from moving food along. As you can imagine, this can cause more serious problems. Some medications are mild and sold over the counter (Humphries[®]), some are more powerful and may only be given by a physician because they contain narcotics and other dangerous ingredients (Levsin[®]). We do not believe these medications should be given to our kids.

Knowing your babies colic symptoms will disappear on their own will hopefully keep you from causing more harm looking for a cure. Realize that your child will have no lasting impact from colic and that your baby's colic symptoms are not your fault.

Holding, rocking, rhythmic sound like washing machines and vacuum cleaners may help. You may also try car rides and baby massage or tummy rubbing. Many parents find using infant swings and vibrating infant seats helpful.

Most babies with colic do not have a formula allergy, but about 2-3% do. We don't normally recommend "formula jumping" because it doesn't work and becomes expensive and frustrating. But if your baby is bottle fed (don't change if breast feeding) and you think there may be an allergy, you may want to have a trial of a hypoallergenic formula like Nutramigen[®], Pregestimil[®] or Alimetum[®]. Other signs of allergies include bloody diarrhea and eczema. If you don't see a change in 3 to 4 days, you may switch back to your original formula.

4. Cold Medications: DO NOT USE DECONGESTANTS (Like Pseudoephedrine[®]) IN CHILDREN LESS THAN 6 MONTHS OLD. Young children naturally have a fast heart rate. Decongestants speed up the heart, which is not good for babies.

5. Vomiting/Diarrhea Suppositories: (Phenergan[®], Tigan[®] or Compazine[®])

These must be given by a doctor. We do not recommend using these, but some emergency rooms give them out liberally. Most vomiting and diarrhea is serving a purpose, to rid the body of a toxin or virus. To stop this protective function would cause more harm in the long run. The second concern is there may be bad side effects, especially in children. So, if one of these is prescribed, please give us a call to discuss it.

6. Enemas or Rectal Stimulation for Constipation: Constipation is hard, formed stools. When babies poop, they grunt, cry and turn red. While some babies stool twelve times a day, some go every twelve days (that's O.K. if the baby is feeding well and acting well). While many nurses and some books will recommend rectal stimulation with a thermometer for constipation, we discourage this. Constipation can be a complicated disorder, and removing the stool at the exit may not alleviate the real problem. We need to work from the top down. We suggest dietary changes, for an infant, such as giving your baby 2-4 ounces per day of water for 3 to 4 days. You may also try apple or prune juice that is full strength. Only give small amounts of juice (2 to 4 ounces) at first, then increase the amount if needed until your baby has a soft stool. If this doesn't work, try one tablespoon of Karo[®] syrup in the water for 3 to 4 days.

7. Baby Powder: Many people use powder for diaper rashes. While this may irritate the skin, our main concern is that the dust cloud of powder forms around your child, they may breath some into their lungs. We recommend a thick, sticky cream that will act as a barrier between the skin and urine and stool, such as Desitin[®], Balmex[®] or Zinc Oxide[®].

8. One Table or Teaspoon of The Following Can Kill Your Child:

Bengay[®]
Icy Hot[®]
Blistex[®]
Vicks[®]
Camphophenique[®]
Visine[®]
Oragel[®] or Anbesol[®]
Lanacaine Spray[®]
Lomotil[®]
Quinine[®]

Please keep all medications locked or out of reach from little hands.

Do not put nonfood items, such as oil, cleaners, or gasoline, in food containers.

Keep the poison control phone number on your phone: 602-253-3334

SAFETY

Car Seats

All children under five years of age are required by law to be in a full car seat (not a booster seat or seat belt). Children should always ride in the back seat if possible and never be placed in the front seat if the car has air bags. The back middle seat is the safest for your child with the seat behind the driver being the second safest.

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| Infants: | Under one year of age the rear facing infant carrier seat is recommended. If your baby is twenty pounds, you should purchase a larger car seat which can be placed rear facing until your baby is one year old. |
| 1 to 5 years: | After one year of age the car seat can be turned around and your baby placed in a forward facing position if your baby weighs 20 pounds. A five-point restraint car seat is recommended through five years of age. |
| 5 to 8 years: | If your child is small you may want to continue using your five-point restraint car seat, as long as the tops of their shoulders are below the shoulder straps. For larger children a booster seat with seat belt is recommended in order for your child to be high enough for the seat belt to protect them. |
| 8 to adult: | Always make your older child wear his or her seat belt and set a good example by wearing yours. |

Burns

Make sure your hot water heater is turned down to less than 120 degrees. We recommend this to families to prevent serious burns, which could occur if your child turned the bath water on himself.

Never leave a hot cup of coffee or tea on the counter where your toddler could reach and pull it down on herself.

Always use the back burners when cooking to eliminate the risk of injury to your child. Turn handles of pots to the side to prevent your toddler from pulling down hot food on himself.

Use a fireplace screen and watch your child closely around fire.

Keep lighters and matches up and out of reach.

Use caution when ironing or using your curling iron. After use place these items out of reach.

Treatment of Burns: If your child is burned, immediately run cold water over the burn. Wrap the area loosely with a clean cloth and call your physician. Do not use ointment or salves until advised by a physician.

Drowning

Arizona ranks second in the nation for drowning. Some of the drownings result in death and some leave the children in a vegetative state. If you have a pool, please place a fence around it and keep it closed and locked. If you own a hot tub, we advise a locked cover and or a locked gate around it. Remember to always watch your children around the water. Also, keep in mind that a child can drown in two inches of water-so keep toilet seats down and locked, dump out plastic pools after use, empty mop buckets after use, and keep children away from dog water bowls.

Poisonings

Keep all medications locked and out of reach. Keep all household cleaners out of reach such as bleach, dish soap, paints, etc. Again, never put non-food items in food containers. Keep the poison control number (602-253-3334) on hand and call if your child ingests a non-food item.

Dog Bites

Studies show that 90 to 95% of dog bites are caused by the family or neighborhood dog. Please watch your children closely around animals. Many times the active toddler unknowingly provokes the dog to bite. This may be preventable with close supervision.

Treatment of Animal Bites: If your child is bitten by a dog or cat, wash the area with soap and water. Studies show that if the area is rinsed with water for 15 to 20 minutes it is less likely to become infected. Signs of infection include redness and swelling around the bite, red streaks, a yellow, brown fluid and fever. Please call your doctor if your child is bitten by an animal. Make sure the animal biting your child has had all their shots. If your child is bitten by a wild animal, please call our office to see if rabies treatment for your child is needed.

Your Home

There are many hidden dangers in the home. By six months of age you should have the majority of your house baby proofed, including the following:

- cover all unused outlets
- use cabinet locks for cabinets with breakables and sharp objects
- tie drapery cords securely out of reach
- keep medications and cleaners out of reach
- keep bathrooms closed and use a toilet seat lock

Refer to the recommended book, *Caring for Your Baby and Young Child*, for more tips on baby-proofing your home.