

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.