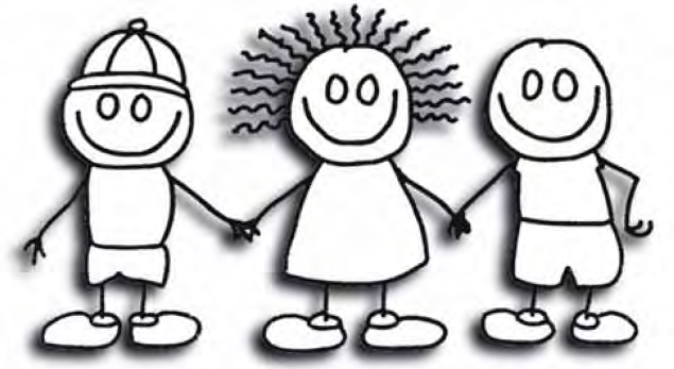
Johnson County Pediatrics



Patient Handbook

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JOHNSON COUNTY PEDIATRICS
PATIENT INFORMATION BOOKLET

The physicians and staff of Johnson County Pediatrics would like to welcome you and your child to the practice and would like to thank you for the opportunity to serve as your child's pediatrician.

This booklet has been prepared to serve as a resource for parents. In the medical sections we have attempted to answer many of the commonly asked questions regarding the care of your child.

The first few pages contain information regarding our office procedures.

Johnson County Pediatrics is located at:

The Antioch Hills Medical Building
8800 West 75th Street
Suite 220
Shawnee Mission, Kansas 66204

The office hours are as follows:

Monday-Friday 8:00 a.m. - 5:00 p.m.
Saturday 9:00 a.m. - 12:00 p.m.

When the office is closed, one of our physicians is on call 24 hours a day.

APPOINTMENTS

Johnson County Pediatrics has walk-in hours available for established patients Monday through Friday from 8:00 a.m. until 11:00 a.m. On Saturday, walk-in hours are from 9:00 a.m. until 12 noon. You may bring your sick child in during these times without an appointment. If your child's doctor is available, you can request to see them, otherwise there are always 2 or 3 other providers available to see sick patients in the walk-in clinic. **Children with fractures, lacerations repairs, chronic problems and behavior issues must be seen by their primary physician at another scheduled appointment time.**

Otherwise, all patients are seen in the office by appointment only. All appointments are one of three types: well check, follow-up or sick appointments. We encourage you to make your well check appointments as far in advance as possible.

All well checkups and follow-ups will be scheduled with your doctor or nurse practitioner. Every attempt is made to schedule sick appointments with your doctor; however, if your doctor is unavailable, your child may be scheduled with one of our other doctors or nurse practitioners.

Our providers make every attempt to stay as close to their schedule as possible; however, due to unscheduled emergencies, they will at times run behind schedule. We will make every effort to notify you if your provider is running behind schedule.

We maintain an all R.N./L.P.N. nursing staff to answer questions regarding your child. If a nurse is not available to take your call, a message will be taken and the nurse will return your call usually within one hour; however, there may be times when there are so many calls, it may be impossible to return all calls within one hour. Have your patient information booklet when calling, because the nurse will often refer to information contained in this booklet.

FINANCIAL POLICIES

Our office participates with a number of insurance plans. For further information regarding those plans, please contact our business office at 384-5310. Payment is expected at time of service, unless you have an insurance plan that we participate with or previous arrangements have been made. Payments can be made with cash, check, Mastercard or Visa.

If we are not billing your insurance plan we will provide you with a copy of the encounter form for each office visit. This form will have all of the necessary information and coding, thus allowing you to submit your claim to your insurance company.

AFTER HOUR CALLS

We are always available to parents and strive to provide the best possible medical care. As a practice, we answer many calls after five and before opening the next morning. Please be advised that for life-threatening emergencies, a parent should immediately dial 911. For emergent care, the answering service may be called. All other issues, including routine prescription refills and non-threatening medical conditions, are not appropriate after hours. In the instance when complex telephone advice management is required, a charge may be incurred.

PREVENTIVE MEDICINE

We are interested not only in the treatment of illness but also in the maintenance of good health. We feel that a complete physical examination on a routine basis is good preventive medicine because it will facilitate the development of a good doctor/patient relationship and potentially serious illnesses may be detected in early asymptomatic stages. Physical examinations are recommended according to the following schedules.

Age:	
1-2 weeks	18 months
2 months	2 years
4 months	3 years
6 months	4 years
9 months	5 years
12 months	then every 1 to 2 years until adulthood.

Please note that these recommendations are for complete physical examinations and are in addition to other necessary health care that will occur over the years. Additional studies we suggest periodically include: blood counts and a urinalysis.

We believe that immunizations are very important for all children and would like to stress that parents have their children immunized at the time of their routine well-child visits. The area school systems require proof of up-to-date immunizations prior to school attendance. You will be given a booklet for recording the immunizations. Please bring it with you at each visit. Immunizations may be obtained at the Health Department, but we do suggest having your well check-ups here first.

IMMUNIZATION SCHEDULE

Newborn	Hepatitis B
2 month	Pediarix (DTaP, IPV, Hepatitis B), Hib, Pneumococcal, Rotavirus
4 month	Pediarix (DTaP, IPV, Hepatitis B), Hib, Pneumococcal, Rotavirus
6 month	Pediarix (DTaP, IPV, Hepatitis B), Hib, Pneumococcal, Rotavirus
9 month	Hemoglobin Check
12 month	Pneumococcal, MMR, Varicella, Hepatitis A
18 month	DTaP, Hib, Hepatitis A
2 year	Hemoglobin Check
5 year	DTaP, IPV, MMR, Varicella
12-15 year	Tdap, Meningococcal, HPV

HOME MEDICINE CHEST SUPPLIES

For your family's safety, these and all other medical supplies should be stored in a secured, safe location. A small plastic or metal toolbox fitted with a lock works well and can be used for traveling.

Tylenol or Tempra drops, elixir or chewable tablets.
The Poison Control number (913) 588-6633 should be by your phone. ***DO NOT*** give Ipecac syrup after a poisoning.

Bandaids
Bulb syringe for babies
Petroleum jelly
Sterile gauze pad 4 x 4 square
Sealed rolled gauze bandages-2 in. wide
Adhesive tape
0.5% Hydrocortisone cream (e.g., Cortisone)
Ice bag
Hot water bottle or heating pad
Flashlight
Neosporin ointment
Benadryl Elixir
Thermometer

Always keep supplies in the same place and return materials after use. Replace missing or depleted items promptly. Check the condition of supplies regularly. If sterile packages have been broken, replace with fresh units. Basic supplies mentioned here will suffice for the immediate care of most injuries or illnesses.

BABY CARE INFORMATION
BABY HYGIENE

Skin Care:

Infants should be washed with warm water and a mild soap approximately every two to three days. Suggested soaps are a liquid baby bath, Dove or Tone, which don't contain any perfumes, dyes or deodorants. Complete daily bathing is too drying to the skin and not necessary. Every day the baby's face and bottom should be washed. Oils, powders or lotions should not be used on the infant's skin unless otherwise recommended by the physician. Powder is not recommended as the infant may inhale the dust. Baby oil doesn't do much for the infant's skin, and lotions can cause reactions. If the infant has dry skin, Eucerin Lotion, that contains no additives, is recommended. The hair should be vigorously, but gently brushed daily to remove dry skin cells and washed on bath day. When brushing the hair, brush it against the way it grows.

Eyes should be washed with water using a clean washcloth or cotton balls. The face should be washed with warm water, no soap. Ears should be washed with washcloth or cotton balls, cleaning the outer part of the ear only. Never insert anything hard into the ear canal, including Q-tips.

When to Bathe:

Any time of the day is fine to do the infant's bath. Parents need to assess their child to see which time is best. Some infants are easier to handle after a feeding; others may spit up.

Genitalia:

Girls:

Wash perineal area front to back, to prevent urinary tract infections. It is normal to see clear or white vaginal discharge, and even a slightly blood tinged discharge at times. Blood tinged discharge is a remnant from maternal hormones, and usually resolves by 2 or 3 weeks of age.

Boys:

Uncircumcised males require no special care other than keeping the area clean and dry. Care after circumcision with a Mogen or Gomco clamp requires Vaseline gauze dressing for 24 hours, to prevent the penis from adhering to the diaper. After 24 hours,

apply a small amount of petroleum jelly to the penis at every diaper change until redness and swelling subside, being careful not to occlude the opening. Wait for redness and swelling to subside before tub bathing, usually five to seven days. Parents may notice a yellowish discharge after one or two days. This is a normal part of the healing process. Do not try to wash it off.

Cord Care:

When bathing your newborn, sponge bathing is recommended until the cord has fallen off and the navel area is dry. Use a cottonball to apply rubbing alcohol to the cord 3 times a day. Make sure to apply alcohol to base of entire cord by maintaining traction on cord until attachment to skin is clearly seen. This does not hurt the infant, as there are no nerves in the cord, but he may cry due to cold, wet alcohol against his skin. The cord should fall off in about 7 to 14 days. Watch for signs of infection such as redness, pus or foul smelling discharge. If signs of infection are noted, report them to the office. It is normal to see very slight bleeding from the umbilicus after the cord is off. Continue to cleanse with rubbing alcohol once a day until completely healed. Diapers should be folded down, below the umbilicus to also help with drying.

Nail Care:

Hold infant facing away from you on your lap and grasp hand firmly. Use small scissors or emery board to trim nails straight across, not to a sharp point. Watch for snags. Nails can be trimmed whenever comfortable for both parent and infant, perhaps after a feeding.

CAR SAFETY

Significance of Car Accidents:

Automobile accidents are the leading cause of death and injury to children. Each year approximately 2,300 American children under 14 years of age are killed and another 165,000 in this age group suffer significant injuries as a result of car crashes. After the first few weeks of life, more children die due to car accidents than any other type of accident or any single disease entity.

Why Restraints Are Needed:

According to studies done by the National Safety Council, three out of four accidents occur within 25 miles of home and 50 percent occur at speeds of 30 mph or less. Even at a speed of 30 mph, when a crash occurs, a small 10 pound baby would be thrown forward with a force of 300 pounds. This force is equivalent to the fall of a person from a third story window. These statistics point out the need for restraint devices at all times.

In most instances, accidents occur so rapidly that there is no time to grasp a child, nor is it possible, because of the forces involved in the collision. The child, as a result

of the crash, is thrown into the dashboard or some other part of the car, is crushed by an adult not wearing a safety belt or is thrown from the car. Remember, too, that despite the fact that you consider yourself a safe driver, accidents may be caused by someone else's carelessness.

Convincing evidence has proven the effectiveness of safety belts and restraint devices in reducing the probability of death and serious injury in vehicle crashes. A study of deaths to child auto passengers in the state of Washington demonstrated that the use of child restraints can reduce deaths by 90%. Likewise, this research showed that serious injuries are reduced by 78% when children are restrained.

There are many types of car seats for infants, toddlers and children available on the market. We recommend seats that have been thoroughly tested for crash worthiness. Remember that restraints manufactured before 1980 are not required by law to be proven safe by crash testing.

Things to Consider When Buying A Car Restraint:

1. There is no one best restraint; individual needs should be considered. The model should be appropriate for child's weight and ability to sit unsupported.
2. Instructions for installation and use should be provided and followed closely.
3. Before purchasing, test the seat in your own car to make certain it will fit.
4. Some models are more complicated than others. The car seat installation can be checked by the fire department to ensure proper usage.

Car Restraint Guidelines:

1. Use rear facing car seat until child is 1 year old *AND* 20 pounds.
2. Once over 20 pounds *AND* 1 year old, can use forward facing seat with internal harness until child is 40 pounds.
3. Children over 40 pounds and aged 4 to 7 years old must ride in a booster seat UNLESS they are over 80 pounds and over 4' 9" tall.
4. Child may use seat belt alone when:
   - Shoulder belt lies across the middle of chest and shoulder, not the neck or throat.
   - The lap belt is low and snug across the thighs, not the stomach.
   - The child is tall enough to sit against the vehicle seat back with his legs bent at the knees and feet hanging down and can stay in this position comfortably throughout a trip.
   - These conditions are usually met when the child is 4' 9" in height, is between 8 to 12 years of age, and over 80 pounds.

Facts About Car Safety:

1. The safest location for infants/children in car seats is in the back seat. Never place a car seat in the front seat.

2. Small children are not sufficiently protected sitting on an adult's lap. In the event of a crash, they would be thrown from the adult's grasp.
3. Parents set a good example for their children by wearing seat belts themselves.
4. Car restraints should be used at all times; not just for long trips.
5. If you have a car seat, be sure it is used properly. For example, if the seat has a top anchor strap, it must be fastened when used in order to provide adequate protection.
6. The child may initially resist the use of a car seat. Parents must teach the child that riding without a restraint will not be tolerated.
7. Research shows that children riding in car seats exhibit much higher levels of appropriate behavior than those riding loose.
8. It is important to stop frequently on long trips and to provide safe diversional materials (soft animals, etc.) when traveling with your child.

COLIC

Colic is unexplained crying in infants. It can last for up to one or two hours and may happen several times a day. Babies with colic are healthy, not hungry and are content between crying times. Colic usually begins during the first month of life and ends by 3 months of age. A lot of what is called colic is actually acid reflux, so talk with your doctor if your baby is fussy a lot of the time.

Coping with colic:

1. Try cuddling and rocking your baby during crying times.
2. Try to find the position that is most soothing to your baby. Try any of these ideas:
   - infant seat
   - front baby carrier or sling
   - swaddling
   - baby swing
   - stroller
   - riding in the car
   - walking with your baby
3. Repetitive, soothing sounds such as music, vacuum cleaner, clock ticking or clothes dryer may comfort your baby.
4. Try anything else that may be helpful such as a pacifier, warm bath or massage.
5. Promote nighttime sleep. Wake your baby every three or fours hours during the day to feed or play with him.
6. As a last resort, it's okay to let your baby cry himself to sleep. Wrap (or swaddle) your baby in a blanket and put your baby on his back in his crib or bed. Check on your baby every 15 minutes until he goes to sleep.
7. Get rest and help for yourself. Try to nap when your baby naps. Get a friend or family member to help with chores and caring for your other children or the baby.

Call our office if:

- Your baby has a fever, diarrhea or vomiting.
- Your baby cries constantly for more than two hours or you cannot find a way to soothe your baby.

- Your baby's cry changes and it sounds weak or painful.
- You are afraid you might hurt your baby.
- You have other questions or concerns.

REMEMBER:
Colic does not last forever, it just seems like it.

COMFORT

Room Temperature:

Try to keep an even, comfortable temperature in the baby's room (about 70). On hot days provide ventilation but avoid drafts. On cold days check on your baby occasionally to see if he is covered enough to be warm and comfortable. Windows may be opened, providing the baby is not in a draft and the room temperature does not fall below 68.

Sleeping Position:

The American Academy of Pediatrics recommends that children under the age of 12 months be placed on their back for a sleeping position. This is because recent studies have shown an increased incidence of Sudden Infant Death Syndrome (SIDS) in infants who sleep on their stomachs.

The risk of SIDS or Sudden Infant Death Syndrome to an infant is very small; however, there are certain groups of children who are at higher risk. These include a variety of genetic, environmental and social factors, primarily premature births (especially with a history of apnea or bronchopulmonary dysplasia), low birth weight for age, cold weather, lack of prenatal care or poor socioeconomic conditions, maternal smoking and/or drug ingestion. The biggest risk is a history of a sibling with a previous SIDS event. In a family having an infant with SIDS the risk for the subsequent child varies from 5 in 1,000 to 10 in 1,000, or about five times the usual risk. Twins or triplets are probably not at higher risk for SIDS than subsequent siblings.

Bassinet or Bed:

The baby's mattress should be firm and neat and have a waterproof cover.

• **Bedding** Make sure your baby is sleeping on a firm mattress or other firm surface. Don't use fluffy blankets or comforters under the baby. Don't let the baby sleep on a waterbed, sheepskin, a pillow or other soft materials. When your baby is very young, don't place soft stuffed toys or pillows in the crib with him or her. While these toys and other things are cute, some babies have smothered with these soft materials in their crib.

Clothing:

Your baby does not require any more clothing, if as much, as an adult, so do not over clothe or over cover him. Dress him according to the temperature. Clothe him in as many layers as you are wearing.

Outdoors:

A fairly good rule to follow is to take your baby out whenever the weather is pleasant. Babies born in the summer may be taken out when they are 2 weeks of age. Babies born during other seasons should be kept indoors from 3 to 4 weeks, unless the weather is particularly nice.

Plenty of sunshine is most beneficial, but exposing the baby to direct sun rays is not advisable.

Congestion:

The infant normally is able to clear his own airway by sneezing. If mucous or milk interferes with the infant's breathing to the degree that he is unable to clear his airway, we recommend a few drops of nasal saline to each side of the nose. We typically do not recommend a bulb syringe as it may irritate the mucous membranes in the nose.

Newborn Characteristics:

The gag, blink and startle reflexes are seen in all newborns. The infant's vision is surprisingly good, especially eight to twelve inches from his face. He prefers a smiling face and soon learns how to make his parents' smile. Infants can sleep through a lot of noise, so there's no need to tiptoe. They have needs for comfort and security, so don't be afraid of spoiling by holding and cuddling.

Infants also have fussy periods. Parents should feel comfortable asking for assistance or free time to relieve them.

Never leave an infant unattended on a high surface, where he can scoot and fall off.

MEDICAL INFORMATION

BITES

With any type of bite, if shortness of breath, wheezing or tightness in the chest or throat is evident, immediately call 911. Other possible allergic reactions to insect bites are hives and local or generalized swelling. These may also require medical attention.

Animal Bites:

Capture and confine the biting animal if possible, but do not destroy it. Identify the animal and its owner if possible. If the animal is a stray, get an accurate description so the police or dog catcher can track it down. If the animal is a stray or ill, the person bitten may need Rabies shots. Usually, if the animal is observed for 14 days and is still alive at the end of this time, Rabies can be excluded. Immediate treatment of the wound consists of thorough cleansing with soap and water for about 10 minutes. A tetanus booster should have been given within the last 5 years. If the bite is on the face or hands, we should be notified, since it may be necessary to institute antibiotic treatment. Cat bites, like human bites, may have a high concentration of bacteria and are more likely to become infected. Please contact the office regarding treatment that may be necessary.

Insect Bites:

The best way to avoid insect bites is to use an effective insect repellent. We recommend applying Skintastic for Kids or OFF for Kids to exposed skin surfaces. If at all possible, when in insect infested areas, wear occlusive clothing and apply spray insect repellent to the clothing. Remember, bees and insects are attracted to light colored clothing, sweaty clothing, hair oils and perfumes.

Bee Stings:

To treat a bee sting, first remove any remaining stinger, then apply ice or meat tenderizer solution (Adolph's) to help relieve discomfort.

Spider Bites:

For spider bites, ice may be applied to relieve discomfort. Call the office if you believe the child was bitten by a Black Widow or Brown Recluse spider, which may cause extreme local pain, muscle spasms or blisters. If the center of the bite becomes an enlarging black area, please notify the office to schedule an appointment.

BURNS

Minor Burns:

If the skin is reddened, unbroken, with no blisters and less than 10% of the total body area affected, the burn is minor. Initial treatment is immersion of the burned area in cold running water for several minutes until no pain is felt when it is removed from the water. Do not use ice. If the skin should blister, do not pop the blister; it provides a natural protection.

More Serious Burns:

If the skin is blistered, charred or broken or the burn covers about 10% of the skin area, this constitutes a more serious burn. All of these burns need to be seen by a physician as soon as possible. Initially, immerse the burned area in cold water. If the burn is extensive, the whole patient (clothes and all) should be placed in a bathtub of cool running water while help is being summoned. Never pull on clothing that adheres to the skin; just leave it for removal by medical personnel.

Important Don'ts In Burn Care:

Do not open blisters.

Do not apply greases, ointments, butter dressings that are not clean, fluffy cotton or any material the physician will find hard to remove.

Prevent Burn Tragedies:

Keep handles of pots or frying pans turned inward on the kitchen range. Don't put hot tea, coffee or liquids on a tablecloth as a child might pull the cloth and tip over the steaming liquid. Don't hold a child in your lap while you drink or pass hot beverages. Never leave a small child alone in the bathtub; he might turn on the hot water faucet and be severely burned. Place the child in the tub facing the faucets, so he won't back into hot metal. Keep tubs, pails and pans of hot water off the floor where children may run or trip. Keep matches and cigarette lighters out of reach. Also beware of the danger of curling irons, as they are one of the most common causes of burns in children. Do not leave electrical cords dangling off the edge of a counter, especially a curling iron or clothes iron. Never leave children alone around a bonfire, outdoor grill, fireplace, glowing coals, open flame or outside lights. Never throw water on a grease or oven fire; smother with salt or baking soda instead and keep a fire extinguisher in your kitchen to use. Set hot water heater so that the water will not burn if inadvertently turned on by the child; 120 degrees F is recommended. You can measure the water temperature by turning the hot water faucet on first thing in the morning, run for 5 minutes, fill a cup with the hot water and test with a meat or candy thermometer. The temperature should be 120 - 130 degrees F. Do not assume the setting on the hot water heater is accurate. The actual water must be tested.

COLDS

A cold is due to a viral infection of the upper respiratory tract, which includes the nose, facial sinuses, throat and upper wind pipe. Colds may occur at any age, but are most frequent in young children or babies. Most infants have 8 to 10 colds in their first year of life. Children in day-care may experience more. The symptoms of a cold are stuffy nose, throat pain, fever, aching, cough and headache. Colds usually last 5-10 days. All of the symptoms need not be present at the same time to confirm the diagnosis of a cold. Since the symptoms of a cold are caused by a virus, antibiotics are of no value.

The treatment for a cold is rest, fluids and acetaminophen (e.g., Tempra, Tylenol) if needed for fever or aches. If there is considerable stuffiness or a bothersome cough, the addition of a decongestant or cough suppressant at night may be advisable for children over 2 years of age. Please contact the office for correct dosages for your child. Other support measures may include a cool mist humidifier in the room at night, elevating the head of the child's bed (e.g., a folded towel under the mattress) or the use of saline nose drops for infants. If the symptoms seem severe, last more than ten days or a fever is present for more than 48 hours, please contact our office. Some patients are disappointed when medications are not prescribed; however, many diseases will clear without medication. We would like to minimize your child's symptoms as much as possible until the cold has resolved. Both potential side effects and benefits will be taken into account, before medications for cold symptoms are recommended.

Influenza is also caused by a virus, but these symptoms are more severe. The flu virus occurs primarily in late December, January and February. The symptoms are as noted for colds, except that the fever is usually higher, the aching greater and the symptoms last from 7 to 10 days. Once again, antibiotics are of no value and the treatment is directed toward managing symptoms. For persistent or severe symptoms, contact the office.

CROUP

Croup is characterized by a harsh, deep, explosive cough, similar to a seal barking. It can be accompanied by fever and hoarseness. When croup worsens and becomes severe, a crowing noise can be heard when your child inhales.

If you suspect a croup attack, try the following remedies before you call the Doctor:

Run the hot shower full blast with the bathroom door closed. Once the room is saturated and foggy, sit with your child for 10 to 15 minutes. Cuddle him, read to him, whatever it takes to help him relax. If there is no improvement, cover up your child appropriately and take him out into the cool night air for 10 to 15 minutes. A cool mist vaporizer next to your child's bed may help to relieve spasms.

These home remedies may help relieve your child's coughing spasms. If neither of these methods help, call the doctor and/or take child to nearest Emergency Room. If contacting the office, be sure to tell the receptionist, answering service or nurse that it is an emergency. Call the Doctor if:

1. Child is not calming down after mist and/or night air (constantly agitated, unable to sleep or lie down)

2. Fever above 102 degrees F

3. Trouble drinking adequate amount of fluids (may become dehydrated)

4. Drooling and unable to swallow their own secretions

5. Hard and fast breathing that does not improve with sleep (ribs may look as if they're tugging inward)

6. Breathing so hard child is unable to talk (lips or nailbeds may be bluish in color)

7. If your child assumes a tripod posture (leaning forward, extending neck to obtain more air)

Most children with croup may have 3 or 4 nights of tight coughing, but have only mild cold-like symptoms during the day. If breathing is managed at night with the above methods and child is not having difficult breathing or tight coughing during the day, there is no need for an appointment. If child continues to have frequent tight coughing or difficult breathing or "crowing" noise once he has been up and around for a while in the morning, call the office for an appointment. Oral steroids are usually indicated for croup.

CUTS (LACERATIONS)

If the cut is severe and deep, the office should be contacted to discuss the possible need for stitches. To stop bleeding, apply direct, firm pressure for 10 minutes, preferably with a cold, clean wash cloth. A tetanus shot will be given if it has been more than 7 years since a booster or the initial series was given or if the wound is severely contaminated and it has been more than 5 years since the last tetanus shot. If a booster is needed, it should be obtained within 72 hours of the injury. Minor cuts, scratches and abrasions should be washed well with soap and water. Alcohol, iodine, hydrogen peroxide, or other strong antiseptic solutions are not generally recommended because they damage tissues. If the wound is very dirty, after washing you may apply an antibiotic ointment such as Polysporin or Neosporin, but this is not routinely necessary. Apply sterile bandaid or gauze. Change dressing and wash the area twice daily until healed. If signs of infection occur (increased pain, redness, swelling, pus), you should contact the office.

DENTAL HEALTH

Take Care Of Primary Teeth

Primary (baby) teeth can develop cavities from the time they begin to appear (usually between 6 and 10 months of age), so they should be cleaned daily. At first you can clean your child's teeth by wiping them with a damp washcloth. Later, use a soft-bristled, straight-handled child's toothbrush that fits in your child's mouth easily and won't scratch the gums. Have your child sit next to you and lean his or her head backward into your lap, so that you can see all the teeth easily. Use your free hand to hold your child's lips open and gently brush all the tooth surfaces. Up like a rocket (lower teeth), down like the rain (Upper teeth), back and forth like a Choo Choo train (jingle). Do not use a fluoridated toothpaste until your child can spit, usually around age three.

Avoid Nursing-Bottle Syndrome

Once of the biggest threats to babies' teeth is a condition called nursing-bottle syndrome, caused by giving a baby a bottle with formula, milk or juice at bedtime or for long periods during the day.

The sugars in those liquids feed the bacteria in a baby's mouth. The bacteria then produce acids that can gradually dissolve tooth enamel. When the baby is asleep, there is very little saliva in the mouth to wash away the acids and protect the teeth.

Teach Toddlers To Care For Their Teeth

To set a good example, let your child watch and imitate you. Children can begin brushing their own teeth as early as 2 or 3, although you should backup brush until they are 6 or 7. Disclosing tablets, which tint areas the toothbrush missed, can help children do a better job. Children should brush twice a day. Use a fluoride toothpaste only if they are able to spit the toothpaste out. Use a pea-sized amount for young children, and make sure they don't swallow it. Flossing at 2 or 3 is appropriate because the teeth usually fit close together.

See A Dentist Early

A trip to the dentist can be fun. Children will not be afraid of dental treatment unless they learn it from someone. The average age of a child visiting the dentist for the first time is 12 months of age. Familiarize your child with the dental office. Let your child meet the dentist. Play "dentist." Count your toddler's teeth as you shine light on them. Then switch roles, let your child look in your mouth. Read your child a book about going to the dentist. (The Berenstein Bears Visit the Dentist by Stan and Jan Berenstein, Random House, 1981). Make the appointment early in the day. Be low-key. Treat the visit as routine. Answer questions honestly. Explain that the dentist will look at his or her teeth and might take pictures of them with a special camera. Avoid using bribery or threats in an attempt to encourage good behavior, such bribery puts them on guard. They sense something is wrong.

Dental First Aid

Knocked Out Permanent Tooth: Pick it up by the crown, not by the delicate roots. Rinse tooth and place it back in the socket in a child. If you are worried about swallowing the tooth, put it in a glass of milk or damp towel and try to get to the dentist within 30 minutes. If a primary (Baby) tooth is knocked out, usually no treatment is needed, but you should see a dentist for complications.

Broken or Chipped Tooth: Save any pieces of the broken tooth, fragments can sometimes be bonded back onto the injured tooth. Clean the injured area with warm water and use cold compress to keep the swelling down. A sharp edge on the injured tooth may also need to be filed. See your dentist.

If there is no apparent chipping or loosening, keep an eye out for signs of gum damage over the next few days and weeks.

Call your dentist if a tooth discolors, gums swell, an abscess forms or you notice your child favoring one side of the mouth and have any doubt about a dental emergency.

PERMANENT TEETH	Eruption date
UPPER TEETH	**(in years)**
central incisor	7-8
lateral incisor	8-9
cuspid	11-12
first bicuspid	10-11
second bicuspid	10-12
first molar	6-7
second molar	12-13
third molar	17-21
LOWER TEETH	
third molar	17-21
second molar	11-13
first molar	6-7
second bicuspid	11-12
first bicuspid	10-12
cuspid	9-10
lateral incisor	7-8
central incisor	6-7

PRIMARY (BABY) TEETH

UPPER	Eruption date
TEETH	**(in months)**
central incisor	8-12
lateral incisor	9-13
cuspid	16-22
first molar	13-19
second molar	25-33
LOWER TEETH	
second molar	23-31
first molar	14-18
cuspid	17-23
lateral incisor	10-16
central incisor	6-10

DIARRHEA

Diarrhea is frequent, loose or watery stools. Breast fed babies usually have loose bowel movements in early infancy often with each breast feeding. This is not diarrhea. An occasional loose movement in the average child, even if it is 2 to 3 times a day for a number of days, is not diarrhea.

Infants and small children are particularly susceptible to gastrointestinal upsets. Diarrhea in the infant can be of serious consequence because dehydration can occur rapidly with minimal symptoms. Symptoms of dehydration include minimal liquid intake with persistent loss of fluids (vomiting/diarrhea), dry mouth and severe thirst, lethargy and marked decrease in urination.

Frequent loose or watery stools, especially when there is considerable water passed in the movements, is of significance and a physician should be consulted if the treatment outlined below is unsuccessful.

Diarrhea-Infants:

Breastfed: Continue to breastfeed, offer Pedialyte or Gerber Liquilytes (1 to 3 ounces) between feedings.

Formula Fed: Continue formula and supplement with Pedialyte or Gerber Liquilytes between feedings if no vomiting occurs.

If Infant on Solids: Continue with solids; if diarrhea persists, you may try a soy formula such as Isomil or Prosobee.

Diarrhea Toddlers:

1. Children with mild to moderate dehydration from gastroenteritis may effectively be treated with oral rehydration fluids composed of the proper balance of salts and carbohydrates. Common brands include Naturalyte, Pedialyte, Infalyte, Gerber Liquilytes and Rehydralyte. Do not use soft drinks, juices, chicken broth or sports beverage drinks, because these beverages have inappropriately low salt concentrations, too high of a sugar concentration and may make symptoms worse. Children who have diarrhea and are not dehydrated (or have been rehydrated) should continue to be fed age-appropriate diets. Full strength cow's milk is usually tolerated well in children with mild diarrhea. Yogurt with active culture (e.g. Activia) may be helpful.

2. It is okay to feed the child solid food unless the child is having more than 8 stools a day. If this is the case, please contact the office.

3. Continue to breastfeed if doing so.

4. Stools will gradually increase in size, bulk, and smell. Some solids are expected to pass through incompletely digested. Most of what is ingested, however, is well absorbed and better nutrition may lessen the severity of the illness.

Call The Office If.

1. More than 8 stools in 24 hours.
2. Has not urinated in 12 hours.
3. No improvement in 48 hours.
4. Lethargic, listless or fever higher than 101 degrees F.
5. Blood or mucus in stool.
6. Jelly-like stool.

Stools may not return to normal for 10 days to 1 month. Bowels are slow to recover. How the child looks and acts is more important than the stools themselves.

EARACHE

Children may complain of ear pain following a cold, or occasionally when teething. Symptoms of an ear infection in young children may be a cold that has continued more than ten days, thickened purulent nasal drainage with mattery eyes, temperature, pulling at ears, not sleeping well at night and sometimes pain when sucking. Ear pain associated with a cold will make a visit to the physician advisable. Earaches following a cold are usually due to mucous and swollen membranes with a blockage at the tube that leads from the throat to the ears, these are middle ear infections. If your child's ear is draining, do not use ear drops until consulting the office.

Most children with earaches can be made comfortable with the use of a warm compress applied to the ear and elevating the head of the bed. Acetaminophen or ibuprofen (for children older than 6 months) may be given. You may also place warmed mineral oil or olive oil in the child's ear canal to help with pain, as long as the ear is not draining and your child does not have ear tubes. These measures will help make your child more comfortable until a visit is scheduled at the office.

Another type of ear problem is an outer ear infection, often associated with swimming. This is usually not associated with a cold and is caused by inflammation of the ear canal. Pulling on the ear or sometimes chewing food causes discomfort or pain. This should also be seen in our office so appropriate medications can be ordered.

In children who are susceptible to swimmer's car, prevention can easily be handled at home by using a solution of 1 part white vinegar to 1 part 70% rubbing alcohol, placing 2 to 3 drops in the ear before and after swimming. Also, the child could use ear plugs or Mack's Wax. There are also different ear drop solutions you can buy over the counter that are meant to be used for prevention of swimmer's ear.

FEVER

Fever is a rise in body temperature above normal. If you suspect that your child has an elevated temperature, measure it with a thermometer before calling the office. Placing your hand on a child's forehead or using forehead temperature strips are not reliable methods. We also do not recommend ear thermometers or glass thermometers. Digital thermometers are fine to use. The normal body temperature is 98.6 degrees F. (37 degrees C.) by mouth and 99.6 degrees F. (37.8 degrees C.) by rectum. Normal rectal range is 97 degrees to 100 degrees F. A temperature 1 to 2 degrees above normal is a low grade fever which is minor and fever reducing medicine is not necessary. Temporal artery devices are an emerging technology for testing temperatures.

Oral Temperature-usually can be taken in a child 6 years and over.

1. A thermometer with a long bulb should be used.

2. Do not give cold or hot liquids for 1/2 hour before taking the temperature.

3. Place the bulb of the thermometer under the tongue.

4. Tell your child to close his mouth tightly, but not to bite the thermometer.

5. Leave the thermometer in place for 3 minutes.

Rectal Temperature-use on newborns to age 2.

1. A thermometer with a round short bulb should be used.

2. Coat the bulb of the thermometer with petroleum jelly.

3. The child may be placed on his back, tummy, or across the adult's lap. Gently insert the thermometer approximately 1 inch (1/2 inch for infants) into the rectum.

4. Place a diaper under infant's buttocks for protection, as the insertion of the thermometer into the rectum may stimulate the infant to have a bowel movement.

5. Hold onto the thermometer so the child does not push it out. Also continue to hold onto the child and do not leave him alone while taking his temperature.

6. The thermometer should remain in place 2 to 3 minutes.

7. Don't take an infant's temperature immediately after a bath, as it will not be accurate.

Axillary Temperatures-may be used on a child 2 to 6 years or a child with diarrhea.

1. Hold the bulb of the thermometer under child's arm in the armpit.

2. Hold the child's arm firmly against his body.

3. Leave the thermometer in place for 3 to 5 minutes.

4. Axillary readings are more variable than oral or rectal temperatures, but generally read 1/2 to 1 degree cooler than the oral temperature.

Care Of The Thermometer:

1. Clean the thermometer with cool (not hot) soapy water and rinse thoroughly in cool water. You may also use alcohol to clean thermometer.

2. Store thermometer in a safe place, out of the reach of children.

Fever in itself, is not an illness, but may be a warning of conditions such as these:

1. Infection: viral or bacterial.

2. Minor problems: common cold, immunizations.

3. Factors in the environment: overdressing an infant, hot weather, or a room or car which is too hot.

Things To Do For Fever:

I . Encourage clear liquids such as water, juice, flat soft drinks and Jello water (1 package of Jello and 5 cups of water).
2. Remove all excess clothing.
3. Keep room cool (not above 70 degrees F) and well ventilated.
4. Fever Medication (acetaminophen):

    a. Medications for fever should be given by mouth every 4 to 6 hours, according to your child's weight. Always check temperature before giving. (See the following table.)

    b. Please call the office for advice should your child have a temperature over 104 degrees F.

    c. Do not continue to use these medications for more than 3 days without medical advice because persistent fevers could indicate a more serious problem.

    d. Ibuprofen may be used with infants over 6 months of age. Use as directed.

Fever is a normal response that triggers inflammatory defenses and has a beneficial effect on the work of the immune system. Fever is caused by the body's response to an increase in a set point temperature that is controlled by a region of the brain called the hypothalamus. Hyperthermia is a distinct condition from fever. It is caused by excessive environmental heat exposure, a dysfunction of the central nervous system, heat stroke, or a disease called malignant hyperthermia. Temperatures may climb to 106 degrees F or higher and could be dangerous to the brain, itself. However, in the absence of dehydration or an external heat source, fever does not cause harm to otherwise normal children with infections.

The goal is not to "break" the fever down to normal. The body fights some infections best with a higher temperature. Our goal is to control the temperature at 102 degrees F or below. As long as the underlying cause for the fever remains, the fever will go back up when acetaminophen wears off. Temperatures usually are lower in the morning and rise later in the day. Fever is a symptom and not a disease. The height of the fever does not correlate well with the severity of the illness; i.e. low fever can be caused by serious disease and vice versa. It is generally not a good idea to alternate fever medications.

Acetaminophen Dosage Chart

Weight	Drops 80 mg/0.8 ml	Elixir 160 mg/5 ml	Chewable Tablets 80 mg tabs	Junior Strength 160 mg caplets
6- 11 lbs	1/2 dppr 0.4 ml	-	-	-
12-17 lbs	1 dppr 0.8 ml	1/2 tsp	-	-
18-23 lbs	1 1/2 dppr 1.2 ml	3/4 tsp	-	-
24-35 lbs	2 dppr 1.6ml	1 tsp	2 tab	-
36-47 lbs	-	1 1/2 tsp	3 tab	-
48-59 lbs	-	2 tsp	4 tab	2 cap
60-74 lbs	-	2 1/2 tsp	5 tab	2 1/2 cap
72-95 lbs		3 tsp	6 tab	3 cap
95 lbs and over	-	-	-	4 cap

FRACTURES

A fracture is usually accompanied by swelling, blue discoloration, severe pain and possible deformity of the affected part. There is usually loss of function. As soon as possible, the area should be immobilized, ice pack applied and the extremity should be elevated. Contact the office as soon as possible to see if you should be seen here or referred on to an orthopedic physician.

HEADACHES

Headaches are a common complaint in children. Some causative factors can be fatigue, emotional stress, infection, food additives and trauma. The overwhelming majority are due to spasms in the muscle outside the bony skull.

Frequency, duration, location and severity can often help identify the cause of headache. Have this information in mind when you call your doctor. He or she will also want to know if other symptoms accompany your child's headache.

A severe, persistent headache or the onset of severe headache symptoms in a child without history of headaches, would indicate the need to see the doctor. If severe headache is associated with persistent vomiting, stiff neck or unexplained high fever, contact the office without delay. If headache is associated with neurological symptoms, such as confusion, blurred vision, stomachache, vomiting (especially on waking and not associated with diarrhea or other illness), weakness of arms or legs or fainting spells, bring this to the attention of your physician.

Most headaches can be controlled without visiting the office. Resting in a quiet area, use of acetaminophen products, and ice bag or massage to back of neck or head can be comforting. When severe, recurrent headaches occur, an examination by your physician and further studies may be necessary to rule out migraines or serious illness.

Acetaminophen dosages are calculated according to your child's weight and can be administered every four to six hours if necessary.

If you have a question regarding dosage, check with our office nurse. She will be glad to help you.

HEAD INJURIES

A head injury in a child is always alarming to parents. Though most "dangerous" head injuries are associated with loss of conciousness, this is not always true. The presence or absence of swelling at the site of injury also has no bearing on the seriousness. The extent of the injury usually is determined by examination and observation for a period of 24 hours. Please call our office when your child has had a fall or head injury. Our nurses will give you specific instructions and advise you on how to monitor your child.

HEAD LICE (Pediculosis)

Lice are small, grayish white, sucking insects. The lice themselves are difficult to see, but they lay eggs (nits), which stick to the shafts of the child's hair. The nits are tiny, oval, gray shells seen most readily at the back of the neck and above the ears. The eggs of lice hatch in 5 to7 days.

The bite of the louse may result in severe itching of the scalp. If the child scratches the irritated areas, a skin infection may result and antibiotics may be necessary.

The condition is highly contagious and may be passed from one person to another by direct contact and by the use of personal items, such as combs, hats and clothes. It is important to check all family members closely for lice and nits. Anyone can become infested with exposure. Household members who show signs of lice or nits will need to be treated.

Things To Do If Your Child Has Lice:

1. Shampoo child's hair with your normal shampoo.

2. Use Nix cream rinse (now available over-the-counter), following directions on the package. If your child has very long or thick hair, you may use Step II (also over-the-counter) to aid in removing the nits. Or you may rinse the hair with a vinegar solution (1/2 cup white vinegar and 1/2 cup water) and remove the nits with a fine tooth comb.

3. Look at the child's hair and scalp in 24 hours to make certain that the lice and nits are gone.

4. After shampooing, wash all of the child's bed linens, towels, wash cloths, and washable clothing in hot water and put in dryer (dry at high heat for 20 minutes to destroy nits). Dry clean other clothing items which can't be washed or place in tightly sealed plastic bag for two weeks. The child should be dressed in clean clothes after treatment.

5. Wash combs and brushes in hot soapy water (use a small amount of the shampoo in the water). Rinsing these items in rubbing alcohol can also help decontaminate them.

6. Sprays are available for use on mattresses and upholstered furniture (particularly on seams and crevices). Then brush and vacuum these objects.

7. Children should be allowed back into school once they have been treated for lice. Nits alone are NOT contagious.

Call The Office If:

1. The lice are not controlled after following the suggestions described above.

2. Scratching results in secondary infection (redness, swelling, and drainage on the affected area).

3. Lice are found on other hairy areas of the body.

PINWORMS

Pinworms are tiny white worms, about 12 mm (1/2 inch) long, which look like little pieces of thread. The condition is highly contagious, as the pinworm eggs are easily passed from an infested child to another through direct contact, wearing apparel, toys, etc. The anus of the child with pinworms frequently becomes quite itchy. Worms can be detected around the child's anus, on his pajamas or in the stool. The life cycle of the pinworm is 6 to 8 weeks.

To check for pinworms, have your child go to bed wearing underwear. An hour or two after your child has gone to sleep, quietly enter your child's room with a flashlight and look at the rectal area to see if worms are present. Again, the worms will look like little white pieces of thread that move. Check your child for 3 consecutive nights before concluding pinworms are not present.

Call our office if pinworms are seen or if your child has persistent rectal itching even in the absence of visible worms.

What To Do If Your Child Has Pinworms:

1. Call the office for treatment.

2. Encourage good hand washing. This is especially important before meals and after using the toilet. Daily bathing or showers are preferred.

3. Keep fingers away from the mouth and nose.

4. Keep fingernails clean and short. Discourage nail-biting.

5. Child should not scratch around the anus.

6. If possible, the infected child should sleep alone during treatment.

7. Wash bed linens, towels, wash cloths, and clothing in hot water and dry in automatic dryer. Change linen and underwear daily.

8. Once daily, clean the bathroom floor by vacuuming or damp mopping to pick up eggs.

POISONING

In case of accidental or deliberate ingestion of poison, medicine or plant, immediately call the Poison Control Center at Children's Mercy Hospital (816) 234-3434 or KU Medical Center (913) 588-6633. Post these numbers on your fridge. Please have the medicine/ poison container with you at the phone and be ready to tell them:

1. What was ingested.

2. The approximate amount ingested.

3. How long since the child took the substance.

4. Any symptoms observed in the child at this time.

POISONING PREVENTION

Store all medicines, household cleaning products, and any other poisons in a locked closet or container, not under the sink or on low shelves where children have access to them. Never take a medication without reading the label. If the label is gone or illegible, or the medicine has passed its expiration date, dispose of it immediately by flushing down the toilet.

Do not tell children that medicine is candy. Treat taking medication seriously. Do not let young children observe you taking medication; they may want to imitate you.

Even chewable vitamins can be dangerous, especially those with iron. Other poisoning hazards include laundry soap and electric dishwashing detergent, motor oil, gasoline, prenatal vitamins, camphophenic first aid solution, remover for artificial nails and prescription drugs-especially heart medicines and tranquilizers.

RASHES

CHICKENPOX

Chickenpox is a common viral illness in childhood. It may occur at any age, but usually only once in a lifetime. There is currently a vaccine available to help prevent this illness.

Chickenpox symptoms consist of skin lesions, which vary in appearance, starting with small red spots, forming into fluid filled blisters and then forming scabs. The progression of the rash takes place over several days. Typically, these lesions are the size of the end of a pencil. New crops of blisters may develop each day for 3 to 4 days. The lesions may itch in a mild to intense manner and may be more numerous on the trunk. There may be a low grade fever and a sense of not feeling well.

The child is contagious 1-2 days before the onset of the rash and until all lesions are scabbed over which usually occurs within 7 to 10 days. The incubation period is 10 to 21 days after exposure.

Recommended treatment for itching includes baking soda baths (add enough baking soda to make the water cloudy), Domeboro baths or Aveeno oatmeal baths. Application of Calamine lotion or Bactine spray to the lesions may be helpful as well. Benadryl Elixir may also be used to help with itching. Please contact the office for dosage instructions.

Fingernails should be trimmed closely and the lesions should be watched for secondary infection. Contact your physician if secondary infection develops, itching is severe or a lesion develops in the eye. Acetaminophen may be given during this illness, but aspirin and aspirin containing products should be strictly avoided. Please contact the office if your child has a temperature above 103 degrees F, is lethargic, has persistent vomiting or if the above comfort measures are not helping your child.

CONTACT DERMATITIS (Including Poison Ivy)

Contact with a known allergen such as poison ivy or oak, possibly a chemical agent, article of clothing or jewelry can cause a skin eruption. In the case of poison ivy or oak, the rash usually does not appear for several hours to 3 days after exposure. It initially takes the form of small red spots or blisters that itch intensely. Poison ivy does not spread over other areas of the body or to other people, unless the affected individual has failed to wash since exposure. The poison ivy rash is caused by a resin on the plant leaves which usually contacts the exposed areas of the body. When you have contacted what you believe to be poisonous plants, do not touch the area of contact, but wash thoroughly with soap and water as soon as possible. Poison ivy resin on the clothes of the affected individual may spread it to other individuals or other areas of the body. Although the rash may seem to get worse from day to day, after the initial washing, it is not actually "spreading." The areas that appear later reflect less initial exposure to the resin. The fluid from the blisters does not cause spread of the rash to others.

Treatment includes cool baths, Domeboro soaks, topical application of Calamine lotion and Benadryl Elixir, if necessary, for severe itching.

Call the office if the poison ivy rash develops on the face (especially by the eyes), your child can't sleep, the rash becomes infected or large areas of the body are involved.

DIAPER RASH

Most diaper rashes are the result of irritation of the skin caused by prolonged contact with urine. The following measures have been found helpful in the prevention and treatment of irritations of the diaper region. These suggestions, when carried out, also help lessen the chance of an infection.

Prevention Of Diaper Rash:

1. Change the diaper as soon as it is wet.

2. Cleanse the diaper area with clear warm water each time your baby wets and pat dry.

3. Cleanse with mild soap and water after each bowel movement and pat dry.

4. A thin layer of lubrication such as A & D, Vaseline or Desitin can serve as a protective coating.

5. Avoid the use of plastic pants, unless necessary for outings.

6. Frequent diaper changes and exposing the bottom to air are the best methods of preventing a diaper rash.

Treatment Of Diaper Rash:

1. Clean your baby's skin whenever he wets or has a bowel movement in the manner described above. Avoid the use of prepared diaper wipes when possible. They may contain alcohol or soap which may further irritate the rash.

2. Leave the diaper off as much as possible, since the air will help to dry and heal the rash.

3. Some children need a medication to help heal the rash. You can apply a thin layer of A & D or Desitin to help with the rash, if necessary.

4. If the skin of the diaper area appears blistered or you notice tiny pinpoint dots, please consult us.

5. We do not recommend using powders on an infant's bottom. The tiny particles in powders can be easily ingested through an infant's nose and into the lungs.

DRY SKIN

Dry, flaking and itching skin is usually worse in the winter. The treatment is to increase the household humidity, if possible, by running a cool mist humidifier full time. Also bathing less often and using a mild soap such as Neutrogena or Alpha Keri may help, along with applying unscented creams or ointments immediately after the bath. Lotions are less effective than creams or ointments for dry skin.

HIVES

Hives are an allergic reaction to a food, drug, viral infection, insect bite, and a host of other things. Frequently, the cause is not determined. Hives are usually elevated pink spots with pale centers, in various shapes and sizes, and usually intense itching is associated with them. These patches may come on suddenly and may fade in some areas, only to reappear elsewhere.

The most common treatment for hives is an antihistamine medication, such as Benadryl. Please contact the office for dosage information for your child. It is important to continue to give the medication until the hives are gone for 24 hours. Remember that the antihistamine isn't a cure for the hives, but it will help reduce the number and make your child comfortable.

Other comfort measures may include a cool bath with baking soda sprinkled in the water or there are several bath soaks at the drug store, i.e., Aveeno, Domeboro.

Please contact the office if the hives have not completely disappeared within three days or if there is any difficulty with breathing, swallowing or significant facial swelling, especially around the eyes and mouth.

Remember that allergies to medications can develop, even if they were tolerated well in the past. Stop all medications until the office has been contacted.

IMPETIGO

Impetigo is a superficial infection of the skin caused by bacteria. It is more common in the summer, when the skin, which normally is a barrier to infection, is often broken by insect bites, cuts or scrapes. Impetigo is contagious and is spread by direct contact with another infected person. It is important that the other members of the family do not use the infected person's towels or washcloths.

Please contact the office and speak to one of our nurses so the proper treatment may be initiated. Please call back if lesions are not improved in 2 days after starting antibiotics.

It is also important to trim your child's fingernails short, since whenever your child touches the impetigo and then scratches another part of the skin with that finger, he can start a new site of impetigo. Frequent hand washing is important for both the child and the parent.

RINGWORM

Ringworm is a fungal infection of the skin which occurs commonly on the scalp, body or feet. It may be transmitted by cats and dogs or by other humans. It appears as a ring-shaped pink patch with a scaly, raised border. The parent should call if it is in the hair, there are more than three areas involved or you are not sure of the diagnosis.

Ringworm is not contagious enough to worry about. After 48 hours on medicine, it is not contagious at all. The child doesn't need to miss any school and can play with other children.

For treatment of small areas when there are only a few spots involved, we recommend the use of Lotrimin AF, which may be purchased over-the-counter. Apply the cream twice a day. Continue applying it for one week after the area is smooth and seems to be gone. Encourage the child not to scratch, as it delays cure.

The length of treatment can be long. Call if the child is not cured in 6 weeks or if the ringworm spreads after one week on the medicine.

ROSEOLA

Roseola is a common childhood illness characterized by a fever (sometimes high) for 2 to 3 days duration. Once the fever breaks, the child will break out with a fine, pink rash, mainly on the trunk. The rash may last 1 to 2 days. The child may be irritable through the illness. Typically the child has no other symptoms other than the temperature.

The best treatment for this illness is comforting the child and using acetaminophen for the temperature. Cool baths may also be needed, if the temperature does not lower with acetaminophen. Usually this illness occurs in children 3 years or younger. The incubation period is 5 to 15 days. Please call the office if your child continues a significant fever past 24 hours duration.

SCABIES

Scabies is a condition caused by a tiny mite which burrows into the skin, resulting in an itching rash. The rash-like lesions are usually seen between the fingers, inside wrists and elbows, the waist line, thighs, external genitalia in men, nipples, abdomen and lower portion of buttocks in women. It is highly contagious and is spread through clothing and linens, as well as by other infected people. If scabies is diagnosed in your child, it is important that all members of the family are treated, since the incubation period is from 2 to 6 weeks before itching begins in a person without previous exposure. Please call the office for an appointment.

SORE THROATS

Most scratching sore throats associated with other symptoms of a cold or flu can be treated symptomatically with acetaminophen (e.g., Tempra, Tylenol), throat lozenges or gargles. A physician should be consulted for severe sore throats associated with fever 101 or above. Mild sore throats associated with little or no fever can be watched for 48 hours. At that time, if the symptoms persist, a culture of the throat may be taken to determine if "strep throat" is present. If your child has strep throat, an antibiotic will be prescribed. This disease is moderately contagious and infected individuals should wait to return to school or work until they have been on antibiotic for 24 hours and have been without fever for 24 hours.

Other symptoms of strep may include headache, tummy ache or a film on the tongue. If your child is over three years of age and has these symptoms, they should be seen in our office.

SPRAINS, STRAINS AND MUSCLE BRUISES

Most of these injuries can be treated successfully at home. Acetaminophen is advised for pain. Elevate the injured part when possible and apply a plastic bag of ice wrapped in a cold, moist towel over the involved area. Discomfort is usually worse the second day. It should gradually improve over a 7 to 10 day period. When the swelling begins to decrease (in 3 days), it is best to use hot, moist heat 2 or 3 times daily for 20 to 30 minutes at a time. This may be in the form of soaking in a tub of warm water or placing 2 or 3 layers of hot, moist towels covered with plastic on the injured area. A heating pad on low heat may be applied on top of this if desired. Do not allow the heating pad to get wet, as an electrical short may occur.

Please contact the office if the injury seems severe, pain is severe, lasts more than 10 days, there is a loss of function (cannot bend or move the injured area) or the affected area appears "out of line" (deformed).

SWOLLEN GLANDS (Lymph Nodes)

Lymph glands or nodes are normally present all over the body, but are in great concentration in the neck, under the arms and in the groin. Glands can become swollen for many reasons, i.e., bacterial infections or infectious mononucleosis. All children will have glands that can be felt in the neck most any time. They will enlarge with infection. White blood cells are in these glands and when an infection threatens, these glands enlarge to produce more white blood cells to fight the infection. Lymph glands are not harmful but actually beneficial. They may also signal a more serious threat such as strep throat. Glands will enlarge quickly, in a matter of hours, but may take weeks to return to normal size. If the enlargement persists, or if the node is red and painful to the touch, the child should be seen by a physician.

SUNBURN

Overexposure to the sun may cause first degree (redness) or second degree (blisters) burns. Children with first degree burns, or second degree burns over large portions of their body, severe pain or feeling physically ill, should see a physician. Treatment for mild first degree sunburn involves mainly comfort measures: apply cool compresses or have child sit in front of a fan while in a wet T-shirt. You may also apply Pramagel to sunburn areas, as it is soothing and feels cool to the affected area.

SUNBURN PREVENTION

To minimize the risk of skin cancer in later years, it is important to make skin protection a daily routine during the spring and summer months. This is especially true because of the decrease of the protective ozone layer, exposing us to more of the sun's damaging ultraviolet rays. Avoid direct sun exposure in infants under one year of age. They should be kept in the shade in hats and protective light colored clothing. However, if your infant (older than 4 months) will be exposed to the sun, you may use a sunscreen designed for infants. All of us should try to limit sun exposure during peak hours of 10 a.m. to 3 p.m., and routinely apply sunscreen SPF # 15 or above, preferably PABA free, as well. If water activities are involved, sunscreen should be water resistant.

TICK BITES

If you see a tick on your child, remove it as soon as possible. The best way to remove a tick is to pull it out carefully using tweezers or small forceps. Grasp the tick's head (with the tweezers) as close to the skin as possible and gently pull straight out and up without jerking. Be careful not to squeeze the tick's body. After removing the tick, clean the bite area well with soap and water, and disinfect the area with rubbing alcohol. Do not handle the tick. Dispose of it in alcohol or drown it in the sink and flush it down the drain or toilet.

Check the bite area daily for about three weeks to see if a rash develops. If a rash develops, notify the office. You should also notify the office if the child develops a fever, chills, headaches, nausea, vomiting, sore throat, jaw pain, weakness and fatigue, irritability, decreased appetite, joint pain or eye pain.

Tick Bite Prevention:

1. Wear light-colored clothing outdoors (makes ticks easier to see) and check your clothes for ticks every hour or two. Wear long pants, long sleeved shirts, shoes, and socks. Cinching pants at the ankle or tucking them into boots or high socks gives added protection, especially in tall grass or wooded areas.

2. Use a tick repellent with deet (30-50%) such as OFF! or Cutters. It is safest to use the repellent on clothing (instead of directly on skin). Be sure to apply the repellent to shoe tops, socks, and pant cuffs. Skintastic may be applied to skin. Permethrin may be used to treat clothing.

3. When outside for an extended period of time, check for ticks every couple of hours (the sooner a tick is removed, the less chance of being infected). If your children play outdoors, start a bedtime check for ticks during the spring, summer and early fall.

4. Check pets for ticks routinely and remove them promptly. Use of tick collars is recommended.

The ticks that cause Lyme's disease are usually very small, smaller than a sesame seed. They may even look like a mole unless closely examined. A tick that has been attached for a few hours may look like a blood blister with legs.

URINARY TRACT INFECTION

Common signs and symptoms of a urinary tract infection include the following:

1. Frequent urination, sometimes even during the night.

2. Urgency, a need to get to the bathroom immediately. In a child this may show itself as sudden wetting in a well toilet trained child.

3. Complaints of pain and/or burning with urination (after experiencing pain on urination, some children may attempt to hold their urine).

These symptoms may also be associated with fever and complaints of back or side pain. If your child is exhibiting any of these symptoms, please call the office. We will probably schedule your child to see a physician. We will want to collect a sterile urine specimen at the time of the visit, so do not have child empty bladder before leaving home. If your child needs to urinate while you are in the waiting room, please notify the receptionist.

Most urinary tract infections are caused by bacteria from the bowel, so good toilet hygiene is important. Girls are especially susceptible. They should be taught to wipe themselves front to back after urinating. Soap and shampoo are also irritating to the urethra (tube from the bladder to the outside of the body.) Avoid prolonged exposure to these irritants by using soap and shampoo at the end of a bath. Thoroughly rinse the child's groin area and do not use bubble bath.

VITAMINS

Babies who are breastfed need to take 400 IUs of Vitamin D per day. Breastfed babies who get less than 16 oz. of formula per day need Vitamin D supplements. This is available as an over the counter drop. You would give 1 dropper of Trivisol per day.

If your water does not have fluoride added, please contact the office so we may place your baby on Luride drops. You will continue to use the fluoride drops until your child is taking formula for more than half of his daily feedings and/or is well established on solid foods.

Babies that are on standard prepared formulas usually have all the vitamins necessary in the formula itself, if you are mixing with fluorinated city water. Johnson and Jackson County water is fluorinated. If you are using the "ready to feed" formula regularly, a fluoride supplement will be necessary.

We do not normally recommend a vitamin supplement in older children who are taking a well balanced diet, i.e., eating from all four food groups within a week's time. Even during short periods of time when children are not eating well due to illness or teething, vitamins are not necessary. Please check with your own doctor if you have further questions.

VOMITING

Vomiting in infants and children may be associated with numerous conditions. Among the most frequent causes are car sickness, gastroenteritis infections and emotional upsets.

The liquid intake is most important. The child can do well without solid food a number of days if given enough liquids. Babies cannot tolerate dehydration or lack of fluids for as long as older children and adults. If in doubt about the seriousness of the illness, call the office. If diarrhea is also present, this adds to the risk of dehydration and necessitates an earlier call. The following is a guideline to use if your child should develop vomiting:

Less Than 3 Months needs to be examined.

3 to 12 Months:

1. Continue to breastfeed if doing so.

2. Stop all formula and solids for 12 hours.

3. Offer Pedialyte or Gerber Liquilytes at room temperature in small, frequent amounts. (1/2 ounce every 20 to 30 minutes, do not increase quantity until vomiting has improved.)

4. Once improved, slowly wean back to usual amounts of liquid feedings. Give only clear liquids for 24 hours.

5. Regular diet after 24 hours.

Older Than 1 Year:

1. Stop all solids and milk. May continue breastfeedings.

2. Offer small volumes of rehydrating fluids such as Pedialyte, Kaolyte, or Gerberlyte. Start with a volume of one teaspoon every 1-2 minutes. Although this technique is labor intensive, it can be done by a parent and will deliver several ounces per hour. As dehydration and electrolyte imbalance are corrected by the repeated administration of small amounts of the solution, vomiting often decreases in frequency. As the vomiting lessens, larger amounts of the solution can be given at longer intervals. When rehydration is achieved, other fluids, including milk and foods may be introduced.

3. After 12 to 24 hours, offer small amounts of toast, crackers and bland foods.

Watch For Signs Of Dehydration:

1. Decreased urination (wet diapers)
2. Dry mouth
3. Sunken eyes
4. Poor skin elasticity

Call The Office If Your Child:

1. Has not improved by 24 hours.
2. Has not urinated for 12 hours.
3. Is complaining of abdominal pain, distention.
4. Has accompanying fever greater than 102 degrees F.
5. Becomes lethargic or listless.
6. Has persistent vomiting while only taking clear liquids.

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Johnson County Pediatrics