



Riverview

**MEDICAL
GROUP**

Noblesville Pediatrics Parenting Handbook

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Phone Extensions

- #1 Appointments
- #2 Referrals
- #3 Prescriptions
- #4 Nurse Voicemail
- #5 Clinical Office Manager

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ABOUT NOBLESVILLE PEDIATRICS

Welcome to Noblesville Pediatrics. We are pleased you have chosen us to provide primary care to your child. We are a group of pediatricians and a nurse practitioner specializing in the care of children from infancy through adolescence. Please take time to read this section and familiarize yourself with our office policies. The remainder of this book covers normal newborn care, childhood illnesses, immunizations, medicine dosages, and other issues you may encounter with the health of your child.

Appointments. Appointments are available Monday through Friday from 8:00 AM to noon and 1 PM to 4:45 PM. We see children by appointment only. We make every effort to see your child in a timely manner. Please call in the morning if you feel your child needs to be seen that day. Well child checkup appointments are scheduled at least four to six weeks in advance.

Telephone Calls. Feel free to call the office if you have questions regarding your child's condition, medication, treatment, or test results during office hours. Nurses are available to answer many of your questions and arrange prescription refills.

Consent for Treatment. As a parent, there may be times when you ask a grandparent, aunt, or babysitter to bring your child to their appointment. For these situations, we have "consent for treatment" forms. Your completion of this form allows us to provide care for your child without your presence. Forms are available at our office and at the Riverview Health website www.riverview.org.

Canceling. If you are unable to keep your appointment, please notify the office as soon as possible. We appreciate a 24-hour notice for physicals and a 4-hour notice for sick visits. This courtesy allows us to be of service to other patients needing to be seen. If three appointments are missed without notifying us in advance, we may ask you to find another practice to care for your child.

Emergency Care. If your child has an urgent condition that cannot wait until the office reopens, please call the office and a recorded message will direct you to the physician on call, a member of Noblesville Pediatrics. Someone is on call 24 hours a day, 7 days a week. If you leave a message with the answering service and we do not return your call within 60 minutes, please call back. The physician on call may have you bring your child into the office for an urgent visit on weekends. Please call in the morning on weekends if you feel that your child may need to be seen.

ABOUT YOUR PEDIATRICIAN

Brian K. Benjamin, M.D. - Dr. Benjamin graduated from the University of Southern Indiana in 1995. He attended Indiana University School of Medicine. Following graduation in 2002, he completed three years of pediatric residency at Indiana University/Riley Hospital for Children. He did one year of a pediatric cardiology fellowship before returning to general pediatrics. Dr. Benjamin is board certified in pediatrics and is a fellow in the American Academy of Pediatrics. He joined the practice in July 2006. Dr. Benjamin and his wife currently live in Noblesville.

Joanne H. Chaten M.D. - Dr. Chaten was born and raised in Cleveland, OH. She attended John Carroll University in Cleveland, Ohio for her undergraduate studies and Medical College of Ohio at Toledo for her medical training. She completed her pediatric residency training at Medical College of Virginia. She is board certified in pediatrics and is a fellow in the American Academy of Pediatrics. Before joining Noblesville Pediatrics in 1992, she practiced general pediatrics in Roanoke, VA, Richmond, VA, and Royal Oak, MI. She lives in Carmel and has five grown children.

Michael Fitzgerald, M.D. - Dr. Fitzgerald was born and raised in Central Indiana. He graduated in 1989 from Ball State University with a bachelor's degree in Art Education. After teaching in Indiana and Ohio for seven years, he went back to medical school and graduated from Indiana University in 2002. He started at Noblesville Pediatrics in 2004 while doing a residency clinic. Dr. Fitzgerald joined the practice in the summer of 2005 after completing his residency at Indiana University. Dr. Fitzgerald is board certified in pediatrics and a fellow in the American Academy of Pediatrics. He lives in Noblesville with his wife and two teenagers. In his spare time, he still enjoys doing pencil portraits.

Joy J. Kain, M.D. - Dr. Kain spent her childhood in Illinois, Virginia, and Indiana. She attended Manchester College in N. Manchester, IN and completed medical school at Indiana University. She completed her pediatric residency training and served as chief resident at Methodist Hospital. Dr. Kain is board certified in pediatrics and is a fellow in the American Academy of Pediatrics. She joined Noblesville Pediatrics in 1995. She lives in Fishers with her husband and two daughters.

Theresa P. Mason, M.D. - Dr. Mason grew up in Central Indiana. She attended Miami University in Oxford, Ohio for her undergraduate studies and completed her medical degree at Indiana University. She completed her internship at Methodist Hospital in Indianapolis in 1993, and then served as a General Medical Officer for the U.S. Navy for 4 years. She returned to Methodist Hospital to complete her residency. She joined Noblesville Pediatrics in 2000. Dr. Mason is Board Certified in Pediatrics and is a fellow in the American Academy of Pediatrics. She lives in Noblesville with her husband and three children.

Cara Hokanson, C.P.N.P. - Cara grew up in Central Indiana and attended Purdue University, where she received her Bachelor of Science degree in Nursing. After college, Cara worked as a registered nurse on the postpartum / newborn nursery unit at St. Vincent Women's Hospital for 8 years. In 2010, Cara earned her Master of Science in Nursing degree from Indiana University and became a certified Pediatric Nurse Practitioner. Prior to joining Noblesville Pediatrics, Cara worked as a Pediatric Nurse Practitioner at Peyton Manning Children's Hospital Pediatric Gastroenterology Clinic. She currently lives in Westfield with her daughter.

IS MY NEWBORN NORMAL?

ACTIVITY Newborn babies can breathe, eat, sleep, hear, taste, smell, dirty their diapers, and call you by crying. And believe it or not, that's about all they can do.



Many parents wonder if sneezes and coughs means that your baby has a cold. The coughs and sneezes are natural reflexes to help clear his or her small breathing passages of normal mucus production.

BREATHING Newborn babies often have a regular irregular breathing pattern while sleeping. You may notice that her breathing may vary from being very shallow and quiet, increasing in intensity to being deep and strong. This is normal.



CRYING All babies cry. They may cry more than you expect and more than you think is necessary. Crying is your baby's way of telling you, "I'm tired, I'm hungry, I want to turn over, I'm thirsty, I'm hot, I'm cold, I want to be held," or "I'm bored." Unfortunately, most of us aren't always going to know exactly what each cry means. If you are reasonably sure your baby has been fed, doesn't have a dirty diaper, and is

not in pain, then it is perfectly safe to allow him to cry for periods of time. Crying does not harm your baby. Although most babies sleep for over three fourths of the day, many babies have a time of day when they are awake and fussy. Periods of excessive crying are not unusual in the first three months and these usually occur in the late afternoon or evening. At times, crying can be very stressful to a family. Do not be afraid to place your baby in his crib and close the door of his room for short periods of time.

SKIN AND BIRTHMARKS If you are like most parents, you will perform frequent and very complete physical examinations of your baby. Certain things you find may alarm you, but most of what you see will be entirely normal.

Baby skin is thin and is usually a lively pink color. Dry or scaly skin is frequently seen during the first week of life. Birthmarks on eyelids (angel kisses), nasal bridge, and back of the neck (stork bites) are normal and may fade with age. Dark areas on the back and buttocks of some babies are caused by normal skin pigment and are not bruises.

Your baby may have a few small white spots across her nose or forehead. These are temporarily plugged sweat and oil glands that will open naturally with time.

JAUNDICE Many normal, healthy infants develop a yellowish tinge to their skin in the first few days of life. This is called jaundice and reflects an elevated level of bilirubin in the blood, a normal breakdown product of red blood cells. Newborns have immature livers and don't break down the bilirubin as well as an older child or adult.

Jaundice usually first appears on the face and then spreads down the chest and abdomen to the legs. Usually, jaundice resolves on its own. If the jaundice is significant, the doctor may check some blood tests and possibly recommend phototherapy. The baby is placed under special lights, which help break down the bilirubin through the skin.

You should let us know about jaundice if it seems to be getting a lot worse, if the baby's eyes look yellow, or if it lasts more than a week.

HEAD Many babies' heads undergo some "molding" during the birth process. They may look a little lopsided and have some bruising. The skull bones may also slightly overlap. This is all normal and will go away in a few days. Alternating the position of the head during sleep helps to prevent "flat spots" on the skull.

All babies have "soft spots" where the skull bones come together. The biggest one is on the top of the head. This area may even pulsate. This is not a tender area and may be thoroughly washed. Areas of hair loss are also normal.

EYES At birth, erythromycin ointment is placed in your baby's eyes to prevent infection. Red spots in the eyes, caused by the breaking of blood vessels during birth, will soon disappear.

After a few days, your baby will begin to open her eyes more and more and look around. Newborn babies cannot focus well and cannot follow moving objects at birth. However, they can see you and like bright colors. Over the first two months, they will focus better and be able to follow moving objects. They may occasionally look cross-eyed, but this is no cause for concern unless it persists beyond 6 months of age.

Your baby may have a mild mucus discharge from the eyes, which represents a "clogged tear duct". This can be rinsed away with water and a clean washcloth. You should contact us if the eyes get bloodshot or if the discharge seems unusually large in amounts or of long duration.

NOSE Your baby's nose may become congested with mucus. You may use a bulb syringe to help clear the congestion. Squeeze the bulb before placing the tip in the nostril, then slowly release the bulb and let the suction draw out the mucus. This simple maneuver is safe and very effective.

Sometimes, the mucus is thick and difficult to suction. It may help to place 2-3 drops of saline



nose drops for infants into either side just prior to using the bulb syringe to aid in its removal. These drops are available without a prescription at any drug store. The best time for this is just prior to feeding so your baby's nose will be as clear as possible while eating.

EARS Your baby can hear. He will not only respond to loud noises with a startle, but will also be comforted by your smooth and reassuring voice. Talk to your baby- she's a good listener.

Under NO circumstances should objects (*including Q-tips*) be placed in the ear canal for cleaning. The ears clean themselves. Wax production is normal and will normally remove itself without your assistance.

Many parents ask how they can check their baby's hearing. By about 6 months of age, you should be able to arouse him from sleep by voice alone.

MOUTH All babies like to chew and suck on objects, especially thumbs and pacifiers. This is perfectly acceptable. (**Caution:** *never tie a pacifier around your baby's neck because of strangulation risk.*) Thumb sucking often persists longer and there is no need for concern unless it persists beyond 5 years of age.

Occasionally, white plaques or spots will appear in some babies' mouths and they may act uncomfortable during feeding. This may indicate a yeast infection (thrush) and you should notify our office.

NIPPLES Many babies' nipples appear raised and swollen; they may even have a milky discharge. This is due to hormonal changes and will normally subside. Do not squeeze or rub medication on the nipples, as it will only irritate them.

GENITALS The genitals of both boys and girls may be swollen at birth. Girls commonly have a white discharge with some blood streaks from the vagina for 1-2 weeks. This is normal. Boys often have a swollen scrotum that may contain some fluid, which will disappear. If the swelling comes and goes or worsens, it may indicate a hernia. Please let us know if your boy shows signs of a hernia.

BOWED LEGS AND CURVED FEET Many babies have some unusual shape to their legs or feet, and they may hold them in an unusual resting position. This is usually due to how they positioned themselves in their mother's womb and is rarely cause for alarm or treatment.

NEWBORN CARE

The suggestions that follow are not intended to be a set of rules by which you must raise your baby. Please don't try to follow any set pattern for the care of your baby. Although many people have suggestions on how they feel you should raise your baby, the advice of well meaning friends and relatives may be politely ignored. Remember, this is your baby, and take other's suggestions with that in mind. If you desire alternatives to our suggestions, we will be happy to discuss them with you.

BABY NEEDS:

- Car seat
- Digital thermometer (*ear thermometers are often inaccurate for kids under 3 years old*)
- Measuring droppers (*use with all medicines because regular tableware may vary in volume*)
- Bulb syringe
- Crib
- Smoke detector

ROOM TEMPERATURE

The ideal room temperature for your baby is 68 to 72 degrees.

CLOTHING

Dress your baby as you would dress yourself. Your baby's hands and feet may feel cool, but if his body is warm, he's fine. Cotton material is best. Avoid wool as it may irritate your baby's skin. Always wash new clothing before putting it on your baby for the first time. Use Dreft to wash clothes and diapers. Softeners and anti-statics are best avoided until the baby is at least 5-6 months old. Dryer sheets (softeners) can be especially troublesome.

CRIB

Your baby's crib slats should be no more than 2 3/8 inches apart. The surface should be free of splinters and painted with a non-lead based paint. The mattress should be the appropriate size for the crib. Do not permit hanging toys to be within reach of your baby. The mattress should be firm, not too soft. Avoid pillows, stuffed animals, blankets and bumper pads as they present a suffocation hazard. Do not let babies sleep on waterbeds as they can also suffocate your child. Avoid sleep positioners to decrease risk of SIDS.

SLEEPING

Your baby will sleep a good deal and may be awake a total of only 4 hours a day initially. The most recent recommendations are that normal babies be put down to sleep on their



back. Studies suggest that this may reduce the incidence of SIDS. Babies are normally very noisy when they sleep. They move around, grunt, and breathe with varying patterns. This activity can keep parents awake if they and the baby are in the same room. When a baby awakens to be fed, you will hear them even if they are a couple rooms away. We recommend that for your baby's safety, she should not sleep with you in your bed.

To encourage your baby to sleep through the night, do not awaken her for a night feeding unless we recommend it. If she awakens on her own (*beyond 6 months of age*) allow her ten minutes of fussing before you pick her up. She may choose to go back to sleep. It is also helpful to put your baby to bed when she is drowsy, but awake. This will encourage your infant to associate going to sleep with her bed.

BATHING

Bath time is usually a fun time for babies and parents alike. Until your baby's umbilical falls off and the navel has healed, you should only sponge bathe. No soap is necessary for the first several weeks. Thereafter, use a mild soap and a gentle baby shampoo. **Always** test the water temperature with your elbow first. Wash the baby's scalp each time you bathe him. Wash his face with warm water only- no soap. Never insert anything (*including Q-tips*) into the ear canal. Earwax that is accessible to your finger is all that needs to be removed. Babies do not need daily baths. Never leave your baby alone or with brothers or sisters in the bath for any reason. **Let the phone or doorbell ring.**

LOTIONS & POWDERS

Your baby's skin will look its best without the addition of numerous lotions, powders, or homemade concoctions. Most infants' skin requires no supplemental lotions. It is common for newborns to have dry, peely skin. This will resolve on its own. If, however, your baby develops areas of apparent dry skin, use a mild moisturizing cream, such as Lubriderm, Moisturel, or Eucerin. If she develops a rash, discontinue all products and contact us if it persists.



CRADLE CAP

Cradle cap is a combination of dried oil with the peeling of old skin from the scalp. It is not dry skin, which requires baby oil; in fact, this may aggravate the condition. To aid in its removal:

1. Lather the scalp using baby shampoo at the beginning of the bath. Allow the scalp to soak 5-10 minutes, then rinse.
2. Take a soft brush or toothbrush and gently stroke the scalp to loosen old skin. Doing this two or three times a week is adequate

in most cases. If this is ineffective, you may try Selsun® medicated shampoo two times per week. Carefully shield the eyes when using the shampoo.

UMBILICAL CORD

The umbilical cord will usually fall off within 1-3 weeks, and until it does, the navel (belly button area) should be kept clean and dry. Apply alcohol to the base of the cord 1-2 times daily until it falls off. When it falls off, there may be some oozing of blood, but this will stop. After the cord has fallen off and the area has healed, you may begin tub baths. If the area looks red or infected, you should contact us.

CIRCUMCISION

If your baby is circumcised, the area may be kept covered with a thin layer of Vaseline until it has healed to prevent irritation from the diaper. No other care is needed, and no band-aids should be applied.

CARE OF THE DIAPER AREA

The diaper area should be cleaned with water and a mild soap. Diaper wipes are also acceptable. If a red spot develops, Aquaphor, Vaseline, or A&D Ointment can be used as an aid to healing. If the diaper rash is particularly severe and does not respond to these ointments, we should be contacted.

The following steps aid in preventing diaper rash:

1. Frequent diaper changes.
2. Cleanse area after each change.
3. Allow to dry completely.
4. Use Desitin, Vaseline, A&D Ointment, or Aquaphor if areas of irritation or redness are present.

If diaper rash occurs:

1. Increase frequency of diaper changes, rinse with water, and air dry at each change.
2. Avoid diaper wipes.
3. Leave baby undiapered when possible.
4. After air-drying, apply Desitin, Vaseline, Aquaphor, or A&D Ointment with each change.
5. Call us if the rash doesn't respond to these measures in several days.

HEAT RASH

This rash consists of small red bumps in the armpits, groin, and on the back of the neck. Sponge the area with a cool cloth and allow to air dry.

OTHER RASHES

Many newborns have a rash, which may appear on their chest, back, arms, or legs. This looks like little splotches, which come and go. This fades by two weeks of age and needs no treatment.

During the first two months of life, infants often develop a rash on their faces that resembles acne. This is newborn acne and is due to a normal hormonal change that infants go through. This is best treated by washing the face with plain water once a day and blotting the skin dry. The baby's face should be exposed to air, and it's helpful to prop her from side to side while sleeping to help with this. Powders, oils, and creams are not helpful and should be avoided. This newborn acne will not lead to scarring. If the face appears particularly dry, apply a small amount of Moisturel or Eucerin lotion once a day.

TEETHING AND TEETH



At 2-4 months of age, babies start to drool because they don't swallow their secretions well. Teething is not associated with fever greater than 100.5, runny nose, or cough. Looser stools may occur. Teething often causes discomfort. Most teeth begin to appear at 4 to 12 months. If this causes particular discomfort, give oral Tylenol up to every 4 hours as needed. Infants may enjoy chewing on cold teething rings.

Brushing teeth should begin after teeth have erupted. Use a soft bristled brush or washcloth with a small amount of water or baby toothpaste before bedtime. Your baby should first see a dentist around 18-24 months of age.

VISITORS AND VISITING

Friends and relatives are interested in your baby and want to hold, hug, and kiss him. Unfortunately, you may not know who has a cold, sore throat, cough, or other infection. Therefore, we would tend to overprotect babies for the first few months. Encourage friends and relatives to wash their hands before holding your baby and refrain if they are ill. Weather permitting, you may take your baby outdoors after the first several days. In the winter, it is best to wait several weeks before taking your baby out. For the first two months, it is best to avoid contact with other children and with large groups of people such as in a crowded shopping center.

SUN EXPOSURE

In the summer, your baby's skin will need to be protected when she is outdoors, even from indirect sunlight. Babies should be shielded from direct sun exposure whenever possible. Sunscreen lotions with SPF of at least 15 are recommended for babies 6 months and older, especially when swimming. SPF greater than 30 may be used on infants under 6 months of

age when you are unable to avoid sun exposure when shade is not available, such as camping or attendance at baseball games. Apply sunscreen to a small test area prior to generalized use to check for sensitivity. Be careful not to get sunscreen into your baby's eyes because it will sting. We also recommend hats on babies for protection, as well as encouraging extra fluids on hot days.

TRAVEL

Infants generally travel very well. Plan ahead to allow more frequent stops for feeding and diaper changes. Infants should **always** travel in **approved car seats** in the rear facing position until the baby is 2 years old.

For those babies taking airplane rides, it may be helpful for the baby to be nursing or sucking on a pacifier during take-off or landing. This allows for equilibration of ear pressure during changes in altitude.

FEEDING

Feeding time is a pleasurable time for both parent and child. Both of you should be comfortable. Choose a room that is quiet and a chair that is comfortable. This will help you to be calm and relaxed as you feed your baby. Your baby should be warm and dry so that he is comfortable too. Hold your baby in your lap, with his head slightly raised, and resting in the bed of your elbow. Place a pillow under your elbow for added support. Whether breastfeeding or bottle-feeding, hold the baby comfortably close. Do not drink hot liquids or smoke while feeding your baby. A spilled drink or falling ash could seriously burn your child.

BREAST FEEDING

Breastfeeding is a very natural and beautiful way of feeding your baby. It is an active process that requires two participants. To successfully breast feed, a mother must have her own personal motivation. A woman should not feel guilty for not wanting to breastfeed. This is a personal choice.

There are numerous advantages of breastfeeding. Mother's milk is readily available, fresh, warm, and is designed by nature specifically for babies. Breast milk contains all the fluid and nutrients necessary for babies to grow and develop for the first 6 months of life and maybe even to a year. Infants who are breastfed have a lower risk of infections because breast milk contains antibodies and proteins, which help prevent infection. These benefits are seen only in babies breast fed for at least 3 months.

Because breast milk is a complete diet for young infants, there is no need to begin solid foods until 6 months of age. Breast milk contains iron, which is easily digested by babies. Breast milk may, however, be deficient in vitamin D. An infant vitamin drop should be added at 1 month old if the baby is exclusively breastfeeding or consuming less than 16 ounces of formula daily.

Nursing should begin as soon as it is convenient after delivery in a setting that is relaxed for the baby and mother. This may be in the delivery room, recovery room, or postpartum room. The initial attempts by the infant to breastfeed are to stimulate milk production rather than to obtain calories. At first, your baby may not nurse well at each feeding, but each day, nursing will improve. Don't be discouraged if your baby does not seem interested in nursing each feeding. Babies are all born with extra body water, which they lose over the first 3-4 days. During this time, their appetite will gradually improve.

During the first 3-5 days after birth, your breast secretions are called colostrum. This is a thick, yellow liquid secreted in small amounts, which contains high concentrations of glucose, calories, and antibodies (*to prevent infection*). Your baby should initially nurse from each breast for 5 to 10 minutes at each feeding on demand or about every 1½ to 3 hours. Alternate the first breast offered at the beginning of each feeding. If your baby becomes drowsy before finishing feeding, you may want to switch breasts after 8-10 minutes of nursing to prevent your baby from tiring and completing his feeding. If your baby has a particular problem, such as jaundice, we may suggest a temporary supplement with formula. However, if both you and your baby are healthy, these supplements are unnecessary.

For the first 3 to 4 weeks of life, we feel it is best for you and your baby to have a demand-feeding schedule. Most babies fall into a rather predictable 2 to 4 hour feeding schedule. As a general rule, you may feed your baby up to every 2 hours if there is a time of day when he is awake and fussy. During the day, if your infant sleeps longer than 4 hours, wake him up to feed him. At night, let your baby sleep as long as he wants. This will gradually allow a longer sleeping stretch to occur at night.

During the first 3 to 4 weeks, you will produce a transition, or immature, milk which is not quite as rich as mature milk. For this reason, your baby may want to nurse frequently (*that is, every 2 to 3 hours*). This is normal, and although it is tiring for nursing mothers, it is nature's way of making your milk supply meet your baby's demands. Supplemental formula and solid food are not recommended unless you have discussed this with us.

It is best to burp your baby halfway through and at the end of a feeding. Breast fed babies normally have yellow, seedy, watery stools. These may occur after each feeding and tend to become less frequent as your baby gets older. Older breast fed babies may only have one or two stools per week. This is normal. As long as the stools are not hard and pellet like, your infant is not constipated.

While you are breastfeeding your baby, your health is important. It is important that you get extra rest, eat a well-balanced diet, and drink extra fluids. It is helpful to drink a glass of water while you are nursing to insure

that you are taking in the additional fluids your body requires to produce an adequate milk supply. Occasionally, your baby may be bothered by something you eat. Common offenders are caffeine containing drinks, nicotine, chocolate, spices, tomatoes, vegetables in the cabbage family, and orange juice. Don't give up any food unless it regularly bothers your baby. You should remain on your prenatal vitamins as long as you are nursing.

Certain medications will come through in the milk, but usually only in small amounts. However, discuss any medicines you will take with the doctor in the office. Let your physician know that you are nursing if she wants to prescribe medication. If you have a cold or other viral illness, it is best to continue nursing right on through your illness.

If you need to be away for a feeding, you may pump your breasts and store the milk so that your baby can be bottle fed with breast milk. Breast milk may be kept refrigerated for 24 hours and frozen for 90 days. Do plan ahead, though, because you will probably need to pump your breasts more than one time in order to obtain enough milk for a single feeding (*usually 4 to 6 ounces*).

How long to breastfeed is your choice. As it sometimes takes 4-6 weeks for you and your baby to establish a regular pattern of nursing, it is generally a good idea to continue for at least this long. Many babies are breast fed for 9 to 12 months. They can then be weaned directly to a cup. The greatest concern for most new mothers is, "Will I be able to produce enough milk for my baby?" The amount of milk produced is determined by the amount taken in by your baby. The milk glands are stimulated by the baby's sucking to produce more milk. Generally, mothers are able to produce much more milk than their infant needs. If your baby is having six or more wet diapers per day, he is almost certainly receiving an adequate amount of milk. In order to determine if your baby is receiving enough milk, we will follow his weight and examine him periodically. Supplemental bottles of formula may be offered after your milk supply is well established. Supplemental bottles (*or bottles*) introduced too early may interfere with the baby's appetite for breast milk and thereby interfere with nursing. After 2-4 weeks, an occasional supplemental bottle of formula generally does not interfere with breastfeeding. Breastfeeding alone is not an effective form of birth control.

BREAST CARE

Wear a well-fitting nursing bra 24 hours a day for comfort and support. Your breasts should be washed with a mild soap and water daily and air-dried. Before each feeding, wash your hands. Some nipple tenderness is quite normal at first and will pass within the first few days. Sore nipples can be helped by exposing them to the air as much as possible and

varying feeding positions. If you have sore nipples, nurse no longer than necessary to empty your breasts (*5-10 minutes on each side*).

When your milk first comes in, or a feeding is missed, your breasts may feel tender and full. This results from stretched milk ducts, which are engorged with milk. Several measures can be used to relieve this fullness: a cool cloth on the breast between feedings, applying warmth (*a warm shower or heating pad*) on the breast before feeding to enhance let down, feeding the baby on the fuller side first, gentle hand expression of milk, and nursing frequently for shorter periods of time.

BOTTLE FEEDING



During the first day of life, most babies will take ½ to 1 ounce at each feeding. This will increase gradually so that by 72 hours of age, your baby should be taking at least 1-2 ounces each feeding. As your baby grows, the amount of formula taken at each feeding will increase, and the number of feedings each day may gradually decrease.

Several forms of formula are available- powered formula, concentrated liquid (*which is mixed with water*), and Ready-To-Use (*requires no mixing but is slightly more expensive*). Most mothers use the powered or concentrated liquid form. Powered formula is prepared by adding one scoop of the powder to 2 ounces of water. Concentrated liquid is prepared by adding equal parts water and formula (*i.e. one 13 ounce can of formula plus 13 ounces of water*).

If you have city water, you do not need to sterilize the water before mixing it with the formula. If you have well water, it is necessary to boil the water used to mix the formula for the first four weeks. Water boiled for 5-10 minutes can be placed in a clean jar and kept in the refrigerator for mixing that day's formula. Once mixed, formula should be refrigerated and used within 24 hours. Washing bottles, nipples, and caps in the dishwasher or in soapy water and rinsing in hot water is satisfactory. Sterilization is usually not necessary.

The brand of bottle and/or nipple you use is not important. The nipples should drip slowly when the bottle is inverted. It may be necessary to enlarge the hole in the nipple with a hot needle. Nipples that drip fast should be discarded. The cap of the bottle should be loose enough so that air bubbles can enter the bottle as the baby sucks.

Your baby should be kept on formula for the first 12 months of life. These formulas provide every known requirement your infant needs during the first 4-6 months if she receives no solids at all. Do not give your baby cereal or baby food until we have discussed it at a well baby visit. Formula is probably best accepted if it is at room temperature. Formula can be warmed by using a pan of warm water or running the bottle under warm

water. Do **NOT** microwave formula. Many babies have been burned. Test the bottle to make sure it is not too hot or cold by dropping a drop onto the inner aspect of your wrist. Hold the bottle inverted so that the nipple end is always filled with milk. Burp your baby half way through the bottle and after the feeding is completed. You may burp her by holding her upright in a sitting position or on your lap and gently patting on her back. She may feed as long as she wants.

INTRODUCTION TO BABY FOODS

Solid foods are not started until 4-6 months. Breast milk or formula will supply all the nutrients necessary for growth and development. The following suggestions are given to help you and your baby add solid foods. When you start baby foods, always use a small spoon. A "baby spoon" or small spoon with a long handle is recommended. Remember, a baby has to learn to use the tongue and throat muscles in order to take solid foods from a spoon. At first, this may be confusing to your baby, but with repeated practice, your baby will do better.

1. Never put baby foods in a bottle or use an "infant feeder" unless you have discussed this with your baby's doctor.
2. Put the food towards the back of the baby's tongue. This will help to decrease spitting out. If she does spit some out, it's probably because it is new to your baby and not because it doesn't taste good.
3. Start with 1-2 teaspoons once or twice a day, as your doctor directs, and gradually increase the amount to 4-5 teaspoons.
4. Offer only one new food at a time. Offer a new food at least 3-4 days before introducing a new one; that way if signs and symptoms such as rash, hives, diarrhea, or vomiting develop, you will know which food to eliminate.
5. If your baby rejects a food, offer it the next day or wait a week or so and try it again. Babies do develop likes and dislikes.
6. Baby foods may be commercially prepared or you can make your own as long as they are well cooked, strained, or put through a blender or baby food mill. Do not add spices, salt, honey, or sugar. Do not keep longer than 24 hours unless frozen.
7. As new varieties of foods are introduced, your baby's meal patterns should be like the rest of the family's with three meals a day and 1-2 snacks.

What food should be started first? Although there is no set pattern, the following guidelines may be helpful.



1. **Cereal** - Cereals can be started at about 4-6 months of age. Start with rice cereal first. Mix 1-2 teaspoons with a small amount of breast milk, formula, or water. Increase amounts gradually. Do not add sugar, salt, or honey.
2. **Fruits** - Fruits can be started at about 4-6 months of age. Start plain fruits first. Fresh, mashed bananas may be used instead of commercially prepared ones. Save mixed fruits for last. These may be offered 2-3 times per day.
3. **Vegetables** - Vegetables can be started at about 4-6 months of age. Begin with yellow vegetables such as carrots, squash, and sweet potatoes, or mild tasting green vegetables. Start mixed vegetables after your baby has had the plain ones first. Offer these 2-3 times per day.
4. **Meats** - Strained meats are added last, generally at about 8-9 months of age. Mixed dinners are a good way to try new meats.

Between 6-9 months of age, your baby will be ready to start using a cup. Start by offering very small sips of a liquid (water or formula) several times a day. You may want to use a cup or a "sippy cup" as your baby decides she wants to do it herself.

BOWEL MOVEMENTS

A baby may normally have a bowel movement after each feeding or only every 2 to 3 days. **The frequency of bowel movements is not usually of great consequence.** The stools are usually soft and greenish-yellow but may take on the color of something the baby has eaten.

Your baby may strain when he has a bowel movement, but unless the stool is hard and pellet-like, this is normal. You need not become concerned unless the stools are very watery or quite firm and hard for the baby to pass. If one of these is the case, contact us during office hours. Do not use medicines, home remedies, or suppositories without contacting us.

It is very unusual for breast fed babies to be constipated. They normally have stools, which have a seedy and watery consistency. As they get older, they become very efficient at absorbing your breast milk. They often change from having a stool after each feeding to having one only once or

twice a week. This is normal! They may still grunt and strain to have a bowel movement, but when it comes, it will invariably be loose and seedy.

FLUORIDE

Daily ingestion of adequate fluoride from either fluoridated water or a vitamin-fluoride product can mean healthier teeth for your child. If the fluoride content of your family's water source (*such as well, filtered, or bottled water*) is unknown, this can easily be determined and reported to you by the Indiana State Board of Health. We offer WAF-kits (*Water Analysis Fluoride*) at cost to you at our office. This comes complete with all instructions and a mailing label. If your water source is determined to be deficient or contains a minimal amount of fluoride, we will write you a prescription for the appropriate vitamin and/or fluoride product.



WELL CHILD CARE

Our role as your child's pediatrician is not only to see him or her for acute illness, but to also provide comprehensive well child care. During the first two years of life, we will see your child frequently. Your baby's growth and development will be followed closely, and immunizations will be given. In the first two years, we will discuss proper nutrition, development, and help you with other problems such as discipline, so that you and your child can build a solid and healthy foundation for future growth and development.

Older children should have yearly check-ups. During these visits, a physical examination will be done to catch any potential problems early in order to treat it well. Also, any problem with discipline, nutrition, bed-wetting, school, etc., will be discussed.

SCHEDULE OF VISITS

1-2 weeks	6 months	19-20 months
1 month	9 months	2 years
2 months	12 months	3 years
4 months	15 months	Yearly Thereafter

IMMUNIZATIONS

Immunizations have been a godsend in the prevention of many infectious diseases. Every year, they prevent countless serious illness and thousands of deaths from germs such as diphtheria, pertussis (*whooping cough*), tetanus, measles, mumps, and rubella (*German measles*).

Vaccines are among our safest and most reliable medicines. Each year in the United States, about 100 million doses of vaccine are given, most to infants and children as part of their routine immunizations.

Vaccines, however, like any medicine, can cause side effects. These are usually mild and brief. Very rarely are they serious. However, the benefits of being protected by immunizations are felt to greatly outweigh any risk from the vaccines.

The following pages contain information about commonly given vaccines. This information will be reviewed with you when immunizations are due. If you have any questions, be sure to ask before immunizations are given.

DTaP - This vaccine provides protection against diphtheria, tetanus, and pertussis (whooping cough). It is administered as an injection or shot.

Mild reactions following administration of the DTaP vaccine are fairly common. These include pain at the injection site, mild to moderate fever (*100-104, rectally*), fussiness, and redness/swelling at the injection site. These side effects usually last only one or two days. A bump at the injection site may last up to two weeks.

Baby acetaminophen (*Tylenol*) administered just before the immunization and repeated every 4 hours for 1-2 days appears to significantly reduce

reactions. Cool compresses on the injection site may also help reduce baby's discomfort.

More serious reactions, such as those affecting the brain or nervous system, have been reported rarely. It has not always been clear in these cases whether the DTaP vaccine or some other factor caused the problem. Nevertheless, you should call us if your baby exhibits any of the following within 48 hours of a DTaP injection:

- High pitched persistent crying for more than three hours
- Excessive sleepiness (*baby may be difficult to wake*)
- Unusual limpness or paleness
- Rectal temperature of 104° or higher
- Convulsions/seizure

Tdap - Tetanus/diphtheria/pertussis booster. The first booster is received 5 years after the completion of the DTaP series. Further boosters are needed every 10 years throughout your child's life. Boosters are given sooner in the event of dirty wounds and some animal bites.

IPV - Polio. Polio is a paralyzing illness that is no longer seen in the United States but remains prevalent in other parts of the world. The vaccine is a "killed" vaccine and therefore has no risk of causing polio.

MMR - MMR provides protection against measles, mumps, and rubella (*German measles*). The MMR is administered as an injection or shot. Some children may develop fever after receiving the MMR and a few may develop a mild rash. These generally occur 7-12 days after the vaccination and last only a day or two. You should call us if your child develops a high fever or acts ill. Very rarely (*about one in a million doses*) the vaccine has been thought to cause more serious reactions such as inflammation of the brain. MMR does not cause autism.

Haemophilus Influenza Type B (HIB) - The HIB vaccine protects against infection with Haemophilus influenza type B, once the most common cause of bacterial meningitis and epiglottitis in children under 5 years of age. Side effects are rare and are usually limited to mild fever and local swelling.

Hepatitis B - Hepatitis B vaccine is given as an infant immunization. It is designed to protect your child from Hepatitis B, a potentially serious liver disease. Older children and others living in a household with someone who has Hepatitis B should be immunized if they did not receive it as an infant.

Hepatitis A - This vaccine protects children from a virus that causes potentially serious liver disease as well flu-like symptoms, jaundice and severe stomach pain and diarrhea. The virus is found in stool and diarrhea and can be easily passed among household and daycare contacts and from infected food handlers. It is given as a two dose series.

Rotavirus - This vaccine protects against a virus that causes severe diarrhea in babies that is sometimes accompanied by vomiting and fever. The vaccine is orally taken at 2, 4, and 6 month visits. Side effects of this vaccine include mild, temporary diarrhea within 7 days of getting the vaccine.

Varivax - The varicella/chicken pox vaccine is effective in 80-90% of children immunized. The 10-20% of children who do contract chicken pox despite immunization contract a much milder case of chicken pox than otherwise expected. Side effects may include fever and a mild rash within 2 weeks after the immunization.

PCV13 - Prevnar. This vaccine helps prevent childhood diseases caused by the bacteria streptococcus pneumonia, also known as pneumococcus. Pneumococcal infections are the most common invasive bacterial infections in children in the United States. These infections include meningitis (*an infection that causes inflammation of the membranes surrounding the brain and spinal cord*) and bacteremia (*bacteria in the blood*). Side effects of the immunization include injection site reactions, fever, irritability, drowsiness, restless sleep, and decreased appetite.

MCV4 - This vaccine helps protect against four of the five types of meningococcal bacterium, which can cause meningitis. Infants and adolescents, especially college students living in dorms, have the highest incidence of the disease. Side effects of the immunization can include pain or redness at the site of injection. The vaccine is not made from whole bacteria so it cannot cause meningitis.

Human Papillomavirus (HPV) - Gardasil. This vaccine protects against the virus (HPV) that causes most cases of cervical cancer in women as well pre-cancerous lesions. Gardasil also protects both males and females against the most common strains of genital warts. Many teenagers and at least 50% of all adults have acquired at least one type of this virus that is spread by close intimate/sexual contact. The vaccine is given in three doses, beginning at age 11 before they are potentially exposed. Patients cannot get HPV from the vaccine. Common side effects are similar to other vaccines and include pain, itching, swelling and redness at the injection site as well as mild fever.

ILLNESS

Illness in the first two months of life is unusual. However, babies at this age may not fight infections well. Therefore, your baby should not have contact with people known to have an infectious illness. All people should wash their hands before holding the baby, especially in the first few months of life.

If your baby has any of the following symptoms in the first 2 months of life, we should be contacted:

- Fever greater than 100.5 taken rectally or under the arm
- Refusal of 2 or more feedings in a row
- Forceful vomiting of 2 or more feedings in a row
- Excessive irritability or lethargy

COLDS/UPPER RESPIRATORY INFECTIONS

Colds (URI) are caused by viruses. The typical child has 10-12 URIs in one year. They are the most frequent infection in childhood. Symptoms of URI include runny nose (*first, a clear discharge, later, a thicker, colored discharge*), sneezing, fever (*101-103*) initially for 2-3 days, decreased appetite, red eyes, mild sore throat, cough, slightly swollen glands, and decreased activity. Colds typically last 1-2 weeks. Sinus infections are rare in young children and are unlikely to develop before 14 days of cold symptoms. Green nasal discharge does not necessarily indicate a bacterial infection.

Treatment of colds is aimed at improving symptoms to make your child feel better. Fever may be treated with Tylenol or Motrin. Encourage your child to increase fluid intake and rest. Humidification of the air with a cool mist vaporizer may be helpful. Nasal saline can be used to help relieve congestion. Elevating the head may make it easier to cough effectively at night. Cold and cough medications are not recommended under 4 years of age. They may be used cautiously in older children following package directions for child's age and weight. Single agent medications, rather than multi-symptom products, are preferred. Cold medications will not make the cold better faster and should only be used if they make your child more comfortable during this illness.

Please call the office if your child has:

- A fever for more than 3 days
- Trouble sleeping at night
- Ear pain
- Trouble breathing
- Poor drinking and decreasing urination
- Symptoms lasting greater than 2 weeks



EAR INFECTIONS

During your child's first year of life, there is a significant chance that she will have an ear infection. This happens when fluid accumulates behind the eardrum during a cold or throat infection. If bacteria or viruses infect this fluid, the eardrum may become red and bulging, causing pain and fever in your child.

Two thirds of children have at least one ear infection prior to their second birthday. Some children are at higher risk for ear infections. Children exposed to "second hand smoke" have a higher incidence of ear infections. Because children cared for at day care centers are exposed to more viral illnesses, they are at risk for more ear infections. Bottle feeding while laying flat may also increase the chance of ear infections.

Signs and Symptoms

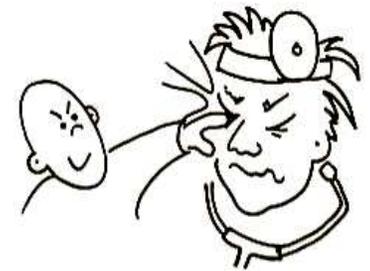
- Ear pain
- Fever
- Waking up at night
- Ear drainage (*blood tinged yellow fluid or pus drainage*)
- Refusal to drink bottles
- Hearing loss
- Vomiting (*occasionally*)

Treatment

If your child has signs or symptoms of an ear infection, please call the office during office hours for an appointment. We need to examine your child if you feel they have an ear infection because there are other causes of ear pain.

EYE INFECTIONS

If the white of your child's eye and the inside of her lower lid becomes red and the eyes are matting, she probably has a condition called conjunctivitis. Also known as "pink eye," this inflammation usually signals an eye infection but may also be due to other causes such as irritation, an allergic reaction, or (*rarely*) a more serious illness.



Call us during office hours if your child experiences these symptoms. If your child's eyelid becomes swollen shut and purplish in color, or if your child complains of severe pain or blurred vision, please call us immediately.

If your child's eye is mildly red with no matting, then you can safely watch for several days or try Artificial Tears. If your child's eye is draining yellow or green discharge and is matted shut upon awakening, then your child

may need treatment for conjunctivitis. Most cases of conjunctivitis can easily be treated with eye drops or ointment. You should see improvement in the eye redness and mattering within several days of treatment. If the eye continues to be bothersome after 2-3 days, let us know. Also let us know if your child complains of ear pain because some of the bacteria that cause conjunctivitis can also cause ear infections.

SORE THROAT

Your child will probably experience several sore throats per year. Sore throats can be associated with colds and other viral illnesses. Sometimes bacterial infections, especially "strep throat" may occur.

The symptoms of strep throat include sore throat, difficulty swallowing, headache, nausea/vomiting, and usually fever. However, viral infections can cause similar symptoms. If a sore throat is accompanied by a runny nose or cough, it is more likely to be due to a viral infection or cold.

A strep test or throat culture is the easiest and most accurate way to differentiate the cause of your child's sore throat. These tests can be done during normal office hours and are not an emergency. You may watch a sore throat for 24 hours to see if other symptoms suggesting a cold begin.

Treatment for strep throat includes antibiotics prescribed after test results confirm the diagnosis. Viral infections are not treated with antibiotics. Symptomatic treatment includes cold foods and drinks, Tylenol or Motrin for fever and discomfort, and salt water gargling or Chloraseptic spray in older children.

Children diagnosed with strep throat are contagious for 24 hours after antibiotics are begun. Viral infections are usually contagious during the fever phase of the illness.

CROUP

Croup is a viral illness seen most commonly in infants and young children. Symptoms are caused by swelling of the upper airway (*trachea*). Symptoms include low-grade fever, barking seal-like cough, and runny nose. Symptoms are usually worse in the evening and nighttime. The abrupt barking cough may awaken the child. The child may appear to be short of breath. The barking cough may last 3 or 4 nights. A looser cough may follow the barking cough for several more days. Treatment for coughing episodes includes elevating the head of the bed, cool mist humidifier, and steam from the shower or cold humid night air. Tylenol or Motrin may be given for fever.

If your child's cough or shortness of breath is not relieved by the above treatment, you will need to call us. Special aerosol treatments and steroids are sometimes needed. Rarely, children need to be hospitalized.

DIARRHEA

Stool patterns for children vary with age and diet. An occasional loose stool is not cause for alarm. If, however, the bowel pattern changes suddenly to loose, watery stools that occur more frequently than usual, your child has diarrhea.

Causes

- Viruses- the most frequent cause in children
- Bacteria
- Parasitic infections (*Giardia*)
- Food or milk allergy
- Side effects of medications (*most commonly antibiotics*)
- Food poisoning

Treatment

There is no effective medication for viral intestinal infections. Antibiotics are only used to treat certain types of bacterial or parasitic infections. Treating these types of infections would be done after a stool culture shows bacteria or parasites.

We do not recommend over the counter medications for diarrhea for children. Please call the office before beginning antidiarrheal medications.

The main stay of treatment is diet changes. If your child is not vomiting, we do not recommend a "clear liquid diet". Instead, give your child bland, constipating foods such as potatoes, bananas, cereal, applesauce, rice, and toast. Stay away from high sugar foods such as Jell-O, fruit juices, Gatorade, or pop.

Diarrhea from viral infections can last 10-14 days.

Call the office if your child has:

- Fever lasting longer than 3 days
- Bloody stools
- Vomiting for greater than 24 hours
- Distended (*swollen appearing*) abdomen
- Severe abdominal pain
- Refusal to drink
- Diarrhea lasting longer than 10 days
- Signs of dehydration including no urination for 12 hours, dry mouth, or absent tears

VOMITING

Causes

The common causes of vomiting vary with age. During the first few months of life, most infants will spit up small amounts of formula or breast milk. This is a normal occurrence and will decrease with age. If young

infants exhibit forceful vomiting that is projectile and associated with weight loss, an abnormality at the stomach exit may be present.

After the first few months of life, the most common cause of vomiting is viral infections of the stomach or intestine. The infection may cause fever, vomiting, diarrhea, and abdominal pain. Other more infrequent causes of vomiting include strep throat, ear infections, urinary tract infections, and appendicitis.

Call the office if:

- Blood or bile (*a green colored substance*) in the vomit
- Severe abdominal pain
- Severe irritability
- Signs or symptoms of dehydrating including no urination for greater than 12 hours, dry mouth, or absent tears
- Inability to drink any fluids for greater than 6 hours
- Burning with urination
- Earache
- Sore throat
- Severe cough or hard breathing

Treatment

1. Wait 1-2 hours after the last vomiting episode, then give small amounts (i.e. ½ oz.) of clear fluids such as Pedialyte® every 15–20 minutes
2. If your child retains this amount for several hours, then slowly increase the amounts given until the child is tolerating clear liquids for 12 hours.
3. When your child is tolerating clear liquids, you may slowly advance the diet to formula and bland foods such as bananas, rice cereal, applesauce, and toast.
4. Call the office if your young infant has recurrent projectile vomiting.

CONSTIPATION

A child's stool pattern will vary throughout her life. Normal stool pattern may vary from several stools per day to one per week as long as the stools are soft. Periods of constipation may occur at any age. Constipation means the stools are hard, often like balls. Many babies will grunt and turn red in the face when having a stool. This is normal if the stools aren't hard and

the abdomen is soft when not crying. If your infant is younger than 2 weeks and seems constipated, please call the office during office hours. If your baby is older and constipated, you may try giving an extra ounce of water several times a day between feedings or 2 ounces of baby juice diluted half and half with water one or two times a day. If these methods do not help, please call the office.

Older children may also develop constipation. Sometimes, this develops after a period of illness when the child's fluid intake has decreased or after a child has eaten many constipating foods for several days. Children may also learn to resist stooling if they have had a painful stool in the past. When an older child develops constipation, the first things to try are diet changes. Try to encourage your child to eat high fiber foods such as bran, Cheerios, oatmeal, popcorn, fresh fruits (*except bananas*), vegetables, and 100% fruit juices such as prune, apple, and grape. Fiber may be added by giving ½-1 Metamucil wafer per day with 8 oz. of juice or water. Also encourage your child to drink extra fluids but limit milk and cheese to 3 servings per day. Call us during office hours if diet changes make no change in you child's stools in one week or if your child becomes very uncomfortable.

FEVER

By itself, fever is not an illness. Fever is not dangerous; rather, it is a sign that your body is fighting an infection of some kind. We do not worry about brain damage until the fever reaches 107°-108° F. Temperatures may be taken under the arm or rectally in young children or orally in older children with a digital thermometer. Ear thermometers tend to be inaccurate in young children and should be double checked with a digital thermometer. There is no need to add/subtract degrees with any method.

We consider any temperature greater or equal to 100.5° F (38° C) a fever. If your child is under 2 months old and has a fever, you should call us. If your child is older than 2 months and is drinking and sleeping well and has playful or smiling moments, you may treat fever less than 105° F with Tylenol using the dosages found in the charts in the end of the booklet. If your child is 6 months or older, you may use Tylenol or Motrin. Baths with lukewarm water may also make your child feel better. We do not recommend alcohol baths. These may raise the temperature and cause seizure.

Viruses cause most fevers in children. Fevers usually last for 2-3 days. If you would like your child to be seen sooner, please call the office for an appointment. If your child complains of earaches, sore throat, or burning with urination, please call for an appointment.

HIVES

Hives are a skin rash caused by multiple different sources. Hives are reddish raised patches of itchy skin. Lesions vary in size from pencil eraser

size to large patches. The rash comes and goes with new lesions reappearing each day. The rash may last 1-2 weeks. Potential causes include medications, viral illnesses, and other allergens. Treatment includes oral antihistamines such as Benadryl. If Benadryl is no help or your child is taking a medication, please call the office.

CHICKEN POX

Chicken pox is a viral infection caused by the Varicella virus. Symptoms include fever for 2-3 days, a blister-like itchy rash, and a runny nose. The rash begins as small red spots that rapidly progress to white blisters, then scab in several days. Treatment includes antihistamines such as Benadryl, Tylenol for fever, and comfort measures such as Aveeno baths. There is an antiviral prescription medication available if the infection is found early. The rash is contagious until all lesions are scabbed. The incubation period is 14-21 days. The Varivax vaccine prevents chicken pox in 80% of kids vaccinated.

If your child has an underlying chronic condition, please call the office as soon as symptoms appear. If through the course of the illness, one pox looks markedly different than the surrounding lesions, please call the office. This may be a sign of a secondary infection.

COMMON SKIN RASHES	
ADDITIONAL	TREATMENT
Hot, humid weather	Wash with mild soap and dry
Causes fussiness	Wash with antibacterial soap and air dry. Avoid baby wipes. Apply A&D Ointment or Desitin with each diaper change.
Satellite papules outside diaper area. Check mouth	Apply Lotrimin AF 2-3 times a day. Avoid baby wipes.
Crusted sores	Wash area with antibacterial soap to remove scabs. Apply antibacterial ointment 4 times per day.
Flaking or scaling	Lotrimin AF twice per day for two weeks.
Raised flat areas, usually with itching, sudden onset	Benadryl liquid by mouth (see dosage chart)
Oozing, some swelling	Wash with soap. Clip nails. 1% hydrocortisone cream 2 times/ day
Moist, oozing	Wash with mild soap only. 1% hydrocortisone cream twice daily.

NEWBORN RASHES									
ADDITIONAL	TREATMENT	CONDITION	FEVER	ITCH	ELEVATION	COLOR	LOCATION	AGE	DURATION
Fine, oily scales, unknown cause	Comb scales from scalp. Wash 2-3 times/week with Selsun® shampoo.	HEAT RASH	No	No	Raised dots	Red	Trunk, neck, skin folds on arms and legs	Infants	Until controlled
		DIAPER RASH	No	No	Only if infected	Red	Under diaper	Infants	Until controlled
Blotch size ½ to 1"	None.								
40% of newborns have milia.	None. No lotions or oils on face.	MONILIA RASH CANDIDA (THRUSH)	No	Moderate	Slight	Deep red	Diaper area, skin folds, warm moist area	Infants	Until controlled
Common if African-American, Asian, Native American, or Hispanic	None.	IMPETIGO	Rare	Rare/ Mild	Crusts on sores	Golden crusts on red sores	Arms, legs, face, then most of body	Infant to child	Until controlled
		RINGWORM	No	Rare	Slightly raised rings	Red	Anywhere including scalp and nails	Infant to child	Until controlled
Cause: Food, acid, saliva	Wash and dry with mild soap and apply Vaseline to area.	HIVES	Rare	Intense	Raised with flat tops	Pale raised base, red	Anywhere	Variable	Minutes to days
Most common on neck	None.	POISON IVY	No	Intense	Blisters are elevated	Red	Exposed areas	Over 1 year	7-14 days
Cause: mother's hormones	Wash with mild soap and dry. No lotions or oil.	ECZEMA	No	Mild/ Intense	Red/flaky	White	Elbows, wrists, knees, cheeks	Any age	Until controlled

VIRAL OR BACTERIAL RASHES			CONDITION	FEVER	ITCH	ELEVATION	COLOR	LOCATION	AGE	DURATION
3-7 days	Slapped-cheek 1 on and off 4-6 weeks	No treatment or isolation necessary.	CRADLE CAP SEBORRHEA	No	Rare	Some crusting	White to yellow to red	Scalp, eyebrows, behind ears, groin	Infants	Until controlled 1 month- 1 year
7-19 days	Swollen glands, salivation, anorexia	Call for treatment- requires prescription medication	ERYTHEMA TOXICUM	No	Rare	Slight	Red with white center	Face, trunk, nose	2-3 days	7 days
Until Rx	Follow: cold, insect bite, scratching, strep infection	Wash area with antibacterial soap to remove scale. Apply antibiotic ointment 4 times/ day	MILIA	No	No	Slight dots	White	Forehead, nose, cheek	Newborn	1 to 2 months
1-2 days	High fever 3 days, gone with rash	Tylenol or Motrin for fever. No treatment for rash.	MONGOLIAN SPOTS	No	No	Flat-like bruise	Bluish-gray	Back, buttock, large	Newborn	2 to 3 years
5-7 days	Sore throat, peeling skin, especially palms, Hx strep infection	Call office during office hours for strep test.	DROOLING RASH	No	No	Slight	Red	Chin, cheek	Newborn	Until controlled
4-10 days	Headache, malaise, sore throat	Tylenol or Motrin for fever. Benadryl for itching. Aveeno or baking soda baths. (see dosage chart)	STORK BITE HEMANGIOMA	No	No	Flat	Pink	Nose, eyelids, neck	Newborn	Most clear by age 3 years
			NEONATAL ACNE	No	No	Raised dots	Red	Forehead, cheek, chin	2-4 weeks	2-4 months

CONDITION	CONTAGIOUSNESS	FEVER	ITCH	ELEVATION	COLOR	LOCATION	INCUBATION	AGE
FIFTH'S DISEASE (ERYTHEMA INFECTIOSUM)	Onset rash	Yes	No	Flat, lacy	Red	Face to arms to legs then rest of body	4-6 days	Child
HERPES SIMPLEX	Unknown	Yes	Rare	Vesicles red base rupture/ ulceration	Red to yellow crusts	Oral Mucosa, lips especially tongue, gingival Trigger: fever, sun, stress, cold food	2-12 days	Before age 5 years
IMPETIGO	Until 24 hours after Rx starts	Rare	Rare	Crust on sore	Yellow crust red sores	Arms, legs, face, and then other body parts	Infected sore	Child
ROSEOLA (EXANTHEM SUBITUM)	Unknown	Yes	No	Flat/ occasionally with few bumps	Pink	Trunk to arms and neck little on face and neck	4-7 days	6 months to 3 years
SCARLET FEVER (SCARLATINA)	1 day before symptom to 1 day after starting antibiotics	Yes	No	Rough, feels like sandpaper	Red	Face to underarm to entire body in 24 hours	3-5 days	3-10 years
CHICKEN POX (VARICELLA)	Until all lesions crusted	Yes	Often blisters, crusts	Flat, then raised	Red	Anywhere, most often on trunk and face, appears in crops	7-21 days	Child

PREVENTION

Accidents are the number one cause of death in children between the ages of 1 and 16 years. Most accidents and many of the serious consequences are **preventable**. Start childproofing your home at 6 months of age.

REMEMBER: PREVENTION IS EASIER AND BETTER THAN TREATMENT.

DO'S AND DON'TS FOR PREVENTION OF ACCIDENTS

1. Keep crib sides securely fastened.
2. Use restraints in high chair, carriage, stroller, car seats, etc.
3. Never prop baby bottles.

ACCIDENTS

4. Do not hang or tie toys to the crib because your baby may become entangled in the string.
5. Avoid use of pillows until 18 months of age.
6. High chairs should have a broad base to prevent tipping, a safety strap, and a latch on the tray.
7. Teach your child the meaning of the word "HOT" between 9-12 months of age.
8. Use gates on stairways to prevent falls.
9. Windows should open from the top or have guards attached. Prevent falls from upper story windows!
10. In the kitchen area- be alert for spattering grease, keep pot handles turned inward, and keep hot containers in the middle of the table at mealtime. Use back burners whenever possible.
11. Be sure broken glass and razor blades are safely disposed of.
12. Always check bath water temperature- never run hot water first as your child may fall in.
13. Be alert for small objects- peas, buttons, hard candy, popcorn, beads, nuts, raisins. Avoid nuts, gum, raisins, and popcorn until your child is 3 years old.
14. Use safety plugs in unused wall sockets; be sure electric cords are not frayed and secure electrical cords so lamps cannot be pulled down.
15. Be careful when using plastic bags- especially dry-cleaner bags.
16. Make sure that your child cannot get into the Drano or similar products, oven cleaner, furniture polish, antifreeze, insecticide, medication, alcohol, or any other toxic substance. Keep them locked up. Remind grandparents and sitters to do the same.
If you are using one of these items, put it away in a secure place before answering the phone or doorbell. Do not store poisons in innocent looking (*old milk cartons*) or unlabeled containers. Have the Poison Control Center number handy. The Poison Control phone number is 962-2323 or 1-800-222-1222.
17. Always use a car seat or seat belts, even when taking your child in someone else's car.
18. Turn the water heater temperature down so that the hottest faucet water won't burn (*temperature lower than 120°F*).
19. Don't use a lawn mower when children are playing nearby and never allow children to ride on a riding mower.
20. No peanuts or popcorn for your child until 3 years old.

21. Don't turn your back on baby when he is on the bed, table, or bassinet. Never leave baby or toddler alone in the bath, even for a few seconds, even for the phone or doorbell.
22. Keep your baby away from loose cords, i.e. Venetian blind cords. Make sure no cord hangs in or near your baby's crib.
23. Never tie a pacifier around your baby's neck.
24. Consider putting a smoke alarm near the children's sleeping area. Develop and practice escape routes with children in case of a fire.
25. Discourage your child from running with food or other objects in his mouth.
26. Teach road safety, i.e., never run into the street, look both ways before crossing.
27. Teach bicycle safety, i.e., use bicycle helmets on each ride. Get a bike helmet for your child when he gets his first bicycle. Example is the best teacher, wear a helmet yourself!
28. Don't put the baby down on a water bed- he may suffocate.
29. Teach safety in water- never consider a young child "water-safe". Keep toilet lids down and bathroom doors closed. Do not leave pails of water where children may fall into them and be unable to get out.
30. Never leave your baby alone in a room with pets, no matter how gentle.
31. Put plants up and out of reach.
32. Use safety latches for cabinets.
33. Avoid jewelry; necklaces and bracelets may snag and earrings may be swallowed.



CAR SEATS

Automobile accidents are the leading cause of accidental death in children. For this reason, utilization of a car seat each time your baby rides in the car is an absolute requirement. Unrestrained babies and children become flying missiles during a collision. The thing that usually stops them is not their parent, but the dashboard or car window.

Use of the car seat should start on your baby's first ride home from the hospital. Most children accept car seats very well. Consistency is important not only for your child's safety but also to help him accept the fact that when he rides in the car he must be in his car seat. The safest position for the car seat is in the middle of the back seat. Take the car seat with you and use it when riding in someone else's car. Your baby depends on the health and safety of his mother and father, so don't forget seatbelts for yourself and other family members!

The requirements of a car seat are as follows:

1. Must be approved by the National Highway Traffic Safety Administration.
2. Must be used as directed.
3. Must not be used with passenger side airbags.
4. It is recommended to keep your child rear facing until 2 years old.
5. A forward facing car seat should be used from 2 years old to at least 4 years old or 40 lbs.
6. A booster seat should then be used until your child has reached 4 feet 9 inches tall and is between 8 and 12 years old.
7. Children should ride in the rear of a vehicle until they are 13 years old.

SUN PROTECTION

The fastest growing cause of cancer deaths worldwide is skin cancer or malignant melanoma. More than 8,000 deaths per year in the United States are reported, and the figure is growing rapidly. A child or adolescent who experiences a simple blistering sunburn is twice as likely to develop skin cancer later in life. The more sun-induced skin injury (*sunburns*) a child sustains, the greater risk for skin cancer. Therefore, it is the parent's responsibility to help each child decrease this risk by developing good sun protective habits. Teach your child the following guidelines:

1. Avoid prolonged sun exposure (*i.e. school recess is OK*) if possible between 10 AM and 2 PM.
2. Wear sunscreen daily. It should have UVA and UVB protection. It should have SPF of 15 or greater, and it should also be waterproof. Apply sunscreen 30 minutes prior to going out into the sun. Reapply sunscreen more often if your child is in the water.

Children under 6 months of ages should be kept in the shade if at all possible.

3. Fair-skinned or especially sensitive children should wear photo-protective clothing, especially hats that shield the face.
4. Avoid tanning parlors. No tanning beds are healthy.
5. If on medications, inquire about possible sun reactions.

If sunburn develops, follow the instructions for treatment of standard burns.

BICYCLE SAFETY

Nearly 900,000 children under the age of 14 are treated each year for bicycle-related injuries. Nearly 100,000 children suffer head injuries. Approximately 600 children die yearly from bicycle-related injuries. Bicycle helmets reduce the risk of serious head injury by 85 percent; however, in most communities only 2 percent of children actually wear bicycle helmets.

Children should first begin wearing a helmet when they are passengers on an adult bike. Children who are old enough to sit well unsupported and whose necks are strong enough to support a lightweight helmet (*9-12 months*) may be carried in a rear-mounted seat. As with seat belts, parents must serve as role models and should wear helmets too.

Establish the helmet habit early. It's important to be consistent. The minute a child's bike leaves the garage, a bicycle helmet must be worn. Most bicycle injuries occur very near the home. You should buy a helmet that meets the safety standards of the American National Standards Institute.

Children should be taught to ride with the traffic, not against it. Teach your child proper hand signals. The right size bike is also important. A child should be able to put both feet nearly flat on the ground at the same time while sitting on the seat.

POISONING

Poisoning is one of the most common medical emergencies. Each year, about 500 children in the United States die of poisoning. Most, if not all, poisoning is preventable.

Children are naturally inquisitive and curious and will open drawers and doors to find toxic materials. **Make sure** that anything potentially dangerous is locked up and away from your young children.

The most common ingestants are medicines, gasoline and other petroleum products, furniture polish, household washing products, and Drano-like products. All are potentially lethal and should be safely **stored** high and away from children. Don't store dangerous material in friendly containers, *i.e.*, gasoline in a Pepsi bottle. A common source of ingestion is a purse

with medicines inside left unsupervised. Make sure your purse is empty or not available. If an ingestion of a non-food material occurs, follow the steps outlined:

1. Identify the drug or chemical that was ingested. Have the bottle next to you when you call and estimate the amount taken.
2. Call Poison Control at 962-2323 or 1-800-222-1222. Put this number on an emergency list by your phone.
3. The Poison Control Center will tell you if you should go to the emergency room.

PLANTS

The following plants are poisonous to ingest and/or to skin contact. While your child is little, remove them from your home and be aware of their presence in your yard.

AUTUMN CROCUS	JERUSALEM CHERRY
AZALEA	LANTANA CAMARA
BLACK LOCUST	LARKSPUR
BUTTERCUPS	MAYAPPLE
CASTOR BEAN	MISTLETOE
CHERRY TREES- TWIGS, FOLIAGE	MUSHROOM
COMMON NOONSEED	PHILODENTRON
DEANDRE	POINSETTIA
DEADLY NIGHTSHADE	POKEWEED
DIEFFENBACIA (DUMB CANE)	PYRACANTHA
DUTCHMAN'S BREECHES	RHUBARB
ENGLISH IVY	SWEDISH IVY
FOXGLOVE	TULIPS
GYPSUM WEED	WANDERING JEW
HEMLOCK	WATER HEMLOCK
HOLLY	WISTERIA
IRIS	YEW
IVY	

MINOR INJURY MANAGEMENT

The active and curious youngster will inevitably suffer from minor bumps, cuts, bruises, and scratches. Here are a few suggestions for minor injuries. For major accidents or injuries, consult us.

MINOR CUTS AND ABRASIONS

Wash the injured area with antibacterial soap and water. Blot dry and apply band-aid. If the wound is open and appears infected, wash as above and apply a topical antibiotic ointment and cover with a band-aid. If redness or drainage occurs, call our office.

LARGER CUTS AND LACERATIONS

Wash the injured area with antibacterial soap and water. Blot dry and apply a sterile dressing. Apply pressure to control the bleeding and call us or go to the emergency room if you think stitches may be necessary. If a tetanus booster has been given within 5 years, no extra immunization is required.

PUNCTURE WOUNDS

Wash with antibacterial soap and water. Start soaking in warm salt water (2 tsp. to 1 qt. water) or antibacterial soap twice daily for 15 minutes. Sterile dressings are applied between soakings. If signs of infection or drainage develop, call the office. It is important that a tetanus booster has been given within the past 5 years for protection.

ANIMAL BITES

The most important thing is to locate and detain the offending animal after treating the wound as above. The bite of an animal should be reported to your local police or Board of Health. If the animal is not detained, call the office. Cat bites may require antibiotics. Call the office during office hours.

NOSE BLEEDS

Don't panic. Most nosebleeds can be controlled by direct pressure. Keep the child sitting upright with head forward, and apply direct, firm, and constant pressure to the side of the nose- against the middle of the nose- until bleeding stops, or for at least 10 minutes. If this does not work, call the office.

BURNS

For small burns of any cause, the following procedure is recommended:

1. If from a caustic or acidic substance, flood with large amounts of water
2. Apply cold running water for 5 to 10 minutes
3. Do not apply any ointment such as petroleum jelly
4. Keep clean with antibacterial soap and water
5. Pain control with ibuprofen or acetaminophen can also be used

6. If blistering does develop, do not break the blister purposely. Should they accidentally break, keep clean with soap and water, and cover with loose gauze to keep clean.

If you have any questions about the above treatments, please call us.

HEAD INJURY

Minor falls are a normal part of childhood. Most head bumps are not dangerous or life threatening. Kids with head bumps will have a swollen area that resembles a goose egg. This area can be bruised, red, and tender.

Symptoms of a more serious head injury include vomiting, loss of consciousness, blurred vision, confusion, inability to wake, unequal pupil (the black center in the eye) size, and difficulty with balance.

Treatment of a minor head injury includes applying ice or a cold compress to the swollen area, Tylenol or Ibuprofen for headache or discomfort, and careful observation for 48 hours. For the first 8-12 hours, you should check your child every 2-4 hours to make sure they are acting and sleeping normally. Call the office if symptoms of severe head injury are seen.

Prevention includes no baby walkers, the use of helmets for biking, scooters, and roller blading, car seats or seat belts, and blocked stairways.

THE CHOKING INFANT (UNDER ONE YEAR OF AGE)

RECOGNITION OF AIRWAY OBSTRUCTION

Airway obstruction should be suspected in an infant who suddenly begins to cough, gag, or have high-pitched or noisy breathing.

Airway obstruction may be partial or complete. In partial airway obstruction, the infant may be able to cough, although there may be wheezing between coughs. *If a child is coughing, the airway is only partially obstructed- leave him or her alone!* As long as air exchange continues, do not interfere.

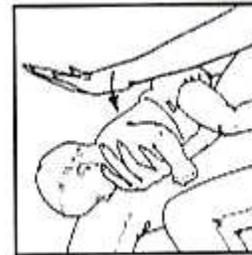
Poor air exchange is characterized by an ineffective cough, high-pitched noises while inhaling, increasing difficulty breathing, and blueness of the lips, nails, and skin. When this occurs, treat the infant as though he or she has complete airway obstruction.

If the infant has a complete airway obstruction, no air can be expelled, so he or she will be unable to make a sound.

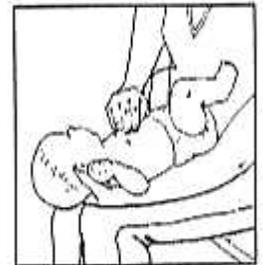
WHAT TO DO:

If the choking infant is unable to breath or make a sound, turn the infant's head and face down over your knees and forcefully give 5 back blows with your open hand (see below). This is done in an effort to propel the object from the infant's windpipe. If this fails, turn the infant face up and deliver five chest thrusts (see below). Repeat these procedures as necessary if there is no response. Finger probing of the mouth should be attempted only if you see a small object in the infant's mouth.

If you are unsuccessful clearing the airway, call 911 immediately.



5 Back Blows



5 Chest Thrusts

THE CHOKING CHILD (1 YEAR AND OLDER)

RECOGNITION OF AIRWAY OBSTRUCTION

Airway obstruction should be suspected in a child who suddenly begins to cough, gag, or have high-pitched noisy breathing. The older child may also use the **"Universal Distress Signal"** of choking, clutching the neck between the thumb and index finger.

Airway obstruction may be partial or complete. In partial airway obstruction, the child may be able to cough, although there may be wheezing between coughs. *If a child is coughing, the airway is only partially obstructed- leave him or her alone!* As long as air exchange continues, do not interfere.

Poor air exchange is characterized by an ineffective cough, high-pitched noises while inhaling, increasing difficulty breathing, and blueness of the lips, nails, and skin. When this occurs, treat the infant as though he or she has complete airway obstruction.

If the child has a complete airway obstruction, no air can be expelled, so he or she will be unable to make a sound.

WHAT TO DO:

If the child's cough is absent or ineffective, you will want to perform the Heimlich maneuver (*Subdiaphragmatic Abdominal Thrusts*). This is done by standing behind the child and wrapping your arms around the child's waist. Grasp one fist with your other hand and place thumb side of your fist in the child's midline slightly above the navel (*see below*). Press fist into child's abdomen with quick inward and upward thrusts. Each abdominal thrust should be delivered decisively, with the intent of relieving the obstruction. Several thrusts may be necessary to expel the object.

BE PERSISTENT!



HEIMLICH MANEUVER

DOSAGES OF COMMONLY RECOMMENDED MEDICATIONS

Acetaminophen (Tylenol®, Feverall®, generic equivalents)

May be given every 4-6 hours

	Drops 80mg/ dropper	Chewables 80 mg/tab	Elixir 160 mg/5 ml	Jr. Str. 160 mg
0-3 mos. 6-11 lbs.	½ dropper		1.25 ML	
4-11 mos. 12-17 lbs.	1 dropper		2.5 ML	
12-23 mos. 18-23 lbs.	1 ½ dropper		3.75 ML	
2-3 years 24-35 lbs.	2 droppers	2 tabs	5 ML	
4-5 years 36-47 lbs.		3 tabs	7.5 ML	
6-8 years 48-59 lbs		4 tabs	10 ML	2 caps
9-10 years 60-71 lbs		5 tabs	12.5 ML	2 ½ caps
11 years 72-95 lbs		6 tabs	15 ML	3 caps
12-14 years 96+ lbs				4 caps

Acetaminophen (Tylenol®, Feverall®, generic equivalents)

Rectal Suppositories

May be given every 4-6 hours

0-3 mos. (6-11 lbs)	½ of 120 mg
4-11 mos. (12-17 lbs)	¾ of 120 mg
12-23 mos. (18-23 lbs)	120 mg
2-3 years (24-35 lbs)	½ of 325 mg
4-5 years (36-47 lbs)	¾ of 325 mg
6-8 years (48-59 lbs)	325 mg
9-10 years (60-71 lbs)	1½ 325 mg
11 years (72-95 lbs)	2 325 mg
12-14 years (96+ lbs)	2 325 mg

Benadryl Elixir

May be given every 4-6 hours

Weight	Dosage
15-25 lbs	½ tsp
25-35 lbs	¾ tsp
35-45 lbs	1 tsp
45-55 lbs	1½ tsp

Mylicon Drops

4 times daily- ½ hour before dinner or bedtime

Infants	0.3 CC
6 Months and Over	0.6 CC

Ibuprofen (Motrin® and Advil®)

May be given every 6-8 hours

Do not use in infants less than 6 months of age.

Weight	Age	Oral Drops 40 mg/mL	Suspension 100 mg/5 mL	Chewable Tablets 50 mg	Chewable Tablets 100 mg	Jr. Str. Caplets 100 mg
12-17 lbs	6-11 mos	1 dppr	½ tsp			
18-23 lbs	12-23 mos	2 dppr	1 tsp	2 tab	1 tab	
24-35 lbs	2-3 years	3 dppr	1½ tsp	3 tab	1½ tab	
36-47 lbs	4-5 years		2 tsp	4 tab	2 tab	2 cap
48-59 lbs	6-8 years		2½ tsp	5 tab	2½ tab	2½ cap
60-71 lbs	9-10 yrs		3 tsp	6 tab	3 tab	3 cap
72-95 lbs	11 yrs		4 tsp	8 tab	4 tab	4 cap