

TenderCare pediatrics

Welcome to Tender Care Pediatrics! This book contains basic childcare information that is designed to assist parents in newborn care, and to help parents when their child is sick. It also contains information regarding office policies. As this book is meant only as a helpful guide, we welcome any questions that you may have concerning your child's general well being, whether they are covered in this book or not.

General Information

- Office Hours: Monday and Wednesday: 9:00am-5:00pm
Sept.-May Tuesday 10:00am-6:00pm
Thursday: 9:00am-3:00pm
Friday: 9:00am-4:00pm
Saturday: By appointment for emergency only.
- Summer Hours: Monday: 12:00pm-7:00pm
June-Aug. Tuesday: 10:00am-5:00pm
Wednesday: 10:00am-5:00pm
Thursday: 9:00am-3:00pm
Friday: Closed
- After Hours: Please save routine information calls for regular office hours. If you have an emergency, please call the office. The answering machine will tell you how to contact Dr. Caso. Dr. Caso will cover any emergency calls after hours and on the weekends. If for any reason the answering machine is not functioning, Dr. Caso can be reached at: (610) 217-8318. No calls will be answered between 9:00pm and 8:00am. If your child is truly having an emergency, proceed to the emergency room.

Appointments

Well visits should be scheduled in advance. Annual physical exams if scheduled around your child's birth date will be easier to recall. Sick visits will be scheduled as the calls come in on a daily basis. Parents can start calling the office at 8:30am for appointments. Please do not send your child to school or daycare with a fever, sore throat, ear pain, vomiting or diarrhea.

Our first contact with your newborn will be in the hospital. After discharge we would like to recheck the baby within one week to make sure all is well. Infants are then examined monthly for the first six months, then every three months until two years of age. Children between the ages of two and up are scheduled for yearly physical examinations. Any forms required for school, camp, or sports will be filled out at the time of the appointment if at all possible. There is a \$5.00 charge per child for any forms which require more than a signature.

About the Practice

Our role at Tender Care Pediatrics is to promote wellness and optimize growth and development. Therefore, we are concerned with children not only when they are ill, but also with keeping them well. We will promote this through the well child visits, in discussions of normal growth and development, immunization administration, and counseling related to parental concerns. At these well visits your child's progress will be discussed and anticipatory guidance will be offered to you. Dr. Caso takes a holistic approach to medicine. Homeopathy and vitamin supplementation as well as traditional medicine is offered. Altered vaccine schedules are also permitted as well as non-vaccination.

Services Rendered:

- Prenatal Parent Consultations
- Pediatric Consultations
- Parenting Information through Discussions at Visits, Library and Handouts
- Physical Examinations: Well and Sick
- Immunizations
- Allergy Injections
- Hormone Injections
- Nebulizer Teaching
- Naturopathic Medicine Consults & Herbal Supplementation

~~Functional Medicine Testing~~

Procedures:

- Blood Drawing
- Urine Catheterization
- Lumbar Puncture
- Minor Surgery (Stitches)
- Suture or Staple Removal
- Simple Fracture Care
- Wart Removal (Cryosurgery)
- Burn and Wound Care
- Ear Piercing
- Hearing Evaluation
- Hair Analysis
- Functional Medicine Testing

- Vision Evaluation
- Pulse Oximetry
- Blood Pressure
- Height, Weight and Head Circumference Evaluation

Laboratory Testing:

- Throat Cultures
- Urinalysis
- Anemia Testing
- Rapid RSV, FLU Testing & Strep

Feeding Schedule

It is always best to breastfeed if at all possible. If not, you will be instructed on the specific brand of formula to use. Bottles should be offered every 2 to 3 hours to young infants. As your baby grows, bottles can be spaced further apart. Your baby will determine how much formula to be given. Small feedings of 2-4 ounces are normal during the first few weeks, but will increase as your baby grows. Generally by 2-3 months a baby will take approximately 32 oz. per day. That amount will decline to 27 oz. per day by nine months and 20-24 oz. per day by 12 months of age. Your baby should always be held during a feeding. Sterilization is not necessary. To clean bottles use hot soapy water and a bottle brush to remove old caked-on formula. Make sure nipple holes remain open. Boiling city water to prepare formula is not necessary. Use clean tap water. After preparing formula, pour into clean bottles and refrigerate. They may be fed warm, room temperature or cold formula. **DO NOT** add cereal to formula bottles unless instructed to do so. Cows milk should not be given before 12 months. When starting cows milk, you should limit the total volume to 8-10 oz. per day. Avoid letting your baby fall asleep with a bottle. Formula, milk, or juice tends to remain in the mouth and causes dental cavities. It also makes it more difficult to get the baby off of the bottle by one year of age.

Breast Feeding

Nursing is pleasurable, satisfying and a good form of nutrition. To prevent nipple soreness, it is recommended that the baby be allowed to nurse 5-10 minutes on each breast per feeding for the first few days, and then allowed one to two additional minutes a day to a maximum of 20 minutes. Feed off of both breasts at each feeding, and alternate the breast offered first to assure equal milk production. Good breast care will help to prevent soreness. Creams with lanolin, calendula or aloe, coconut oil or your breast milk may be used. Air dry sore nipples and avoid using soaps or alcohol on the nipples. If nipples get sore, do not nurse more frequently than every 2 hours. Allowing the baby to nurse on demand in the first 2 weeks will help to make a good level of milk production.

When nursing please watch the foods that you eat. If you eat gassy foods then your baby will be gassy. The foods to avoid are broccoli, cauliflower, onions, garlic, beans and excessive amounts of dairy. If you eat a certain food and your baby nurses and gets excessively cranky/gassy, avoid that food in the future. Tomato sauce may also be a problem for babies because it is very acidic. You may also want to avoid peanuts and shellfish for the first 6 months due to their allergenic potential.

Also when nursing make sure you are drinking 4-6 (8) ounce cups of water daily to keep your breast milk healthy. You will also want to eat fish 2 times weekly for the Omega 3s which support your baby's brain growth - salmon is one of the best.

If a baby is exclusively breast fed for the first 4-6 months of life, the American Academy of Pediatrics states the child should be supplemented with Vitamin D supplements starting at 1 (one) month of age. Supplement 400IU Vit D₃ to baby, or mom may take 6500IU Vit D₃ daily.

Feel free to discuss any problems with Dr. Caso. We can also refer you to local breast feeding organizations and support groups. See enclosed list for community resource numbers. Dr. Caso is breast feeding certified, so please start with her first.

Solids

Baby foods should not be introduced prior to four months. If your baby seems satisfied with formula or breast milk, baby foods can be delayed until 6 months of age. When starting a new food wait three days before starting something else. Watch your baby for signs of allergy or intolerance, such as a rash, gassiness, vomiting or diarrhea. As your baby eats more food, he or she will drink less formula or breast milk. Table food can be introduced at 9 months, and anything except choking hazards and raw honey can be tried by the child, including products containing milk. At 12 months of age you can start introducing cows milk or goats milk. I prefer raw unpasteurized milk from the farm (Klein Dairy Farm in Forks Township), but organic whole milk is also okay. 8 oz. of milk daily is all that is needed after 12 months of age. More than this can induce anemia.

Avocado and banana are the best starting foods. Avocado has important fats for the developing brain. Avoid rice cereal altogether, since it is high in arsenic. If starting with cereal, oat can be started first. However, if there is a family history of celiac disease or gluten intolerance, grain should be delayed until 12 months of age.

General Instructions at Home

The best sleeping position for a baby is on his/her back. This helps to reduce the risk of SIDS, and is now recommended by the AAP. The only exception to this rule is if the baby spits up or regurgitates often in which case he/she should be placed on the right side. These positions are the safest because if the baby should regurgitate part of the feeding, it will not aspirate into his/her lungs. While awake and playing, he/she will be happier if placed on his/her back. However, it is also important to give your child some tummy time.

During the first few weeks, you should try to limit visitors that may be sick or recovering from an infectious illness. It is also important not to take the baby out to too many places in the first month of life to reduce the chance of the infant becoming seriously ill.

It is important not to over-dress or under-dress a baby. A good rule of thumb to follow is to dress the baby in one more layer than an adult would wear. All clothing should be loose fitting.

Eyes

To clean eyelids, use a soft cloth dipped in tepid water. Wipe from nose to ears. Avoid cotton balls to avoid getting pieces in the eyes.

Ears

Clear outer areas only with a moist cotton tipped applicator or cotton ball. Do not attempt to clean the inside of the ears with a cotton tipped applicator.

Nose

The nose has very important functions, which include humidification of the air we breathe, smell, and also to filter particles that could be harmful to the lungs. Thus, babies do tend to sneeze a lot, usually because of small particles in the air. Sneezing by a baby rarely means that he/she has allergies or a cold. Nasal congestion is also very common in babies and children of all ages. Having a stuffy nose or nasal discharge may cause the child to be uncomfortable, and decrease his appetite because he/she cannot breathe well. In babies, the best way of treating this problem is by humidifying the air (vaporizer or cool mist humidifier), and also by using saline nose drops (Ocean Mist or a solution with 1/4 tsp. table salt and 4 oz. of water). To use the drops, place baby on his/her back and place 3 or 4 drops in one nostril. Suction the nostril with a long tip bulb syringe. Repeat the procedure for the other side. The best time to do this is before feedings. Excessive nasal congestion can also be a sign of milk allergy, and if it persists, a soy formula can be tried to see if symptoms abate.

Mouth

To clean the mouth of a baby, gently rub the gums with a clean, cool cloth. Once teeth arise, clean the teeth 2-3 times daily with a nonfluoridated toothpaste. Once the child is able to spit, fluoride toothpaste or an all natural toothpaste with Xylitol can be used instead. No flouride supplementation is needed. If your child eats a well balanced diet, he/she will not have a problem with cavities. If you have concerns, speak with Dr. Caso directly.

Head

A baby's head can be lathered gently with a baby shampoo. If you notice a greasy scaling (cradle cap), scrub with a small towel or soft brush. A lubricant like baby oil or coconut oil may help, but in extreme cases Sebulex shampoo (2 times weekly) or any cradle cap shampoo can be used.

Nails

Use a baby fingernail clipper for trimming. A small nail file can also be used.

Navel

The navel should be kept dry and clean. The cord must be exposed to the air in order for it to dry. Do not cover it with the diaper. If it is covered with diapers it will retain moisture and may become infected. If there is discharge, odor or redness in or around the navel, please call the office during business hours.

When Your Child is Ill

Minor illnesses can often be managed at home by using the following tips outlined in this booklet. If your child's symptoms suggest the need for medical attention or you need advice, please call during office hours. A nurse or physician will help you with your concerns, and may suggest an alternative treatment regimen or an appointment.

Guideline for Effective Phone Calls

- Take the child's temperature.
- If at all possible, make the call yourself if you are with the child. If the child is at daycare, pick the child up first and evaluate the child yourself before calling the office.
- Have a pencil and paper ready in order to write down any instructions given. Have the telephone number of your pharmacy in case a prescription is needed.
- Give the receptionist the child's full name and birth date, as well as your phone number and the pharmacy number. If the child has any medical problems, please report them at the time of call.
- Describe the problem, its duration and symptoms.
- If possible, have the child near the phone when you call. An older child may be able to tell you what hurts.
- When you are not sure whether to call, trust your instincts.

Emergencies

If the following symptoms occur, the child should be seen immediately at the nearest emergency room:

- Loss of consciousness for any reason (injury or otherwise).
- Difficulty to arouse or you cannot wake up the child.
- Seizure, convulsion or shaking episode that cannot be stopped.
- A head injury that results in the following:
 - Unconsciousness, no matter how short.
 - Extreme sleepiness.
 - Vomiting after 4-6 hours.
- Extreme breathing difficulty:
 - Very fast breathing or loud wheeze.
 - Obvious blueness around mouth.
 - Skin sucked in below or between the ribs.
- Bleeding from the rectum, or blood in vomit (except if a small amount of blood occurs after a large bowel movement).
- Deep wounds (large or wide cuts).
- Difficulty breathing or loss of consciousness after taking medicine, eating food or a bee sting.
- Burns if large area of body covered, or around an entire body part.
- Poisoning if instructed by poison control.

The Poison Control number is 1-800-722-7112 or 1-800-222-1222.

When to call the Doctor After Hours

- If a child has fallen and you are unsure if a bone is broken, or the child has obtained head trauma.
- If a child has been vomiting for 4-6 hours, and you have stopped all foods and are giving only clear liquids as discussed in vomiting section, and the child is still vomiting.
- If a refill is needed on a rescue medicine, and the child is having an acute wheezing attack (Xopenex or Albuterol).
- Profuse rectal bleeding or bleeding with emesis.
- If the child is breathing fast or wheezing and appears uncomfortable.

Please do not panic over fever! It is a normal body mechanism to get rid of the infection which is starting. Avoid tylenol or motrin if at all possible, so your body will see the fever and rid the body of the infection faster. Also, fasting at the start of the fever will also help. In children, push fluids to prevent dehydration but avoid food if they do not want to eat. The body needs to fight the infection, not concentrate on digesting foods.

Aspirin should not be used to treat fever. Acetaminophen or ibuprofen can be used if the fever is greater than 103 degrees. Remember that fever medications are temporary. They take about one-half hour to work, but the fever may return in several hours. If the fever medicine does not keep the temperature below 105 degrees, you may need to bathe the child in a mildly warm bath for 15 minutes. Avoid allowing the child to develop the chills. Do not use cold water or alcohol. Tylenol or Motrin should never be used more than 3 times a day, and they should never be alternated. Please use one or the other. There is no need to continuously medicate a child for fever. Remember, fever is good for a child's body. It helps the body to fight infection by charging up the immune system.

When to Call the Office for Fever:

- A child less than 2 months of age with a temperature greater than 100.4 rectally.
- A child who has a fever without any other signs of illness for more than 48 hours.
- A child with a fever and sore throat for more than 24 hours.
- A child with a fever and earache, or pulls, rubs, or digs at one or both ears.
- A child with a fever who is cranky and has had frequent ear infections in the past.
- A child with a fever who is extremely sleepy.
- A child with a fever who is taking no liquids.

Constipation:

Your child does not need to have a bowel movement daily. However, if your child has pain when moving their bowels or the stools are extremely hard, measures should be taken to soften the stools. Constipation many times is caused by eating a diet too high in fat and protein, carbohydrates and dairy, and not enough fluids and fiber. To help correct this problem, additional fluids should be given. Older children can be given foods with bulk such as whole grain cereal, bread, and crackers, wheat products, raw vegetables (preferably with the skin) as well as cooked, and fruit (including dried fruits-raisins, dates, figs, apricots, and prunes). Adding dark Karo syrup to infant formula (1 tsp. per 8 oz. of formula) 1-3 times a day may help over a period of several days, or simply giving 1-2 oz. of apple or prune juice 1-2 times daily can help. For older children Senokott, Milk of Magnesia, Metamucel or Benifiber will help soften stools. Avoid constipating foods such as milk products, cheese, pasta, and greasy foods.

Gentle rectal stimulation using a thermometer may help, as may exercising a baby's legs. Laxatives, suppositories, or enemas should not be given to children of any age unless ordered by the physician.

Also remember that breast-fed babies utilize most of the milk they take in, and by 3 to 4 months of age can go up to a week without a bowel movement. Do not confuse this with constipation. If the bowel movement is soft, and the child is not gassy or fussy, then the child is fine.

Diarrhea:

Diarrhea is defined as more than 5 loose watery bowel movements in 24 hours. It can be due to infection, food allergies, or medication side effect. If diarrhea starts after starting an antibiotic, try to continue the antibiotic for 24-48 hours using dietary adjustments, such as avoiding juice and fruits and increasing starch and fiber, or add in a probiotic separated from the antibiotic by 2 hours. If the diarrhea continues or worsens, stop the antibiotic and call the office during office hours. The medication may need to be changed. If diarrhea occurs shortly after starting a new food, discontinue the food and the diarrhea should stop within 48 hours. Try the food again in about 2-4 weeks. If the diarrhea restarts, wait 1-2 months before reintroducing the food.

If diarrhea occurs because of infection, it will usually take between 7-10 days to run its course. The office should be notified if the diarrhea lasts more than one week, if there is blood in the stool, or if the child is having more than 10 watery stools daily and is not drinking adequately. The office should also be notified if diarrhea lasts more than 48 hours in a child less than 8 weeks of age. The signs of dehydration secondary to diarrhea will be loss of energy or extreme sleepiness, dry mouth, no tears, sunken soft spot in an infant, no urination in 8-12 hours (or 6 hours if under 6 months), or sunken eyes. If blood appears in the stool, it will need to be cultured for such organisms such as Salmonella or Shigella, ect.

Spitting-Up:

Most babies spit up, and usually this is not a concern. Over the first six months of life this will improve as your child's stomach muscles get stronger. However, if your child is spitting up excessively there are things you can do to help:

- Keep baby upright for 1 hour after feeding.
- Avoid tummy time for 1-2 hours after feeding.
- Smaller, more frequent feeds.
- Burping frequently.
- If your baby is extremely fussy and gassy during and/or after feeding, or is having watery stools, your baby may need a different formula. Or, if nursing, watch your diet. Dairy products are the biggest offenders. You may want to try a soy or lactose-free formula. If this does not help you can also try the most elemental formulas such as Alimentum or Nutramigen.
- If the spitting up is excessive, Enfamil AR (prethickened formula) can also be tried, or Similac for Spit-Up. These formulas, when they are exposed to stomach acids, thicken to help keep it down. If you do not wish to buy a different formula, you can thicken your formula with 1 Tablespoon of oat cereal per oz. of formula. This will make the formula thick so you may need to open up the tip of the nipple with a tiny x.
- If you think your child is not gaining weight, or is excessively cranky because the spitting up is excessive, please call the office during office hours so we can evaluate your child for a possible need for medications.

Poisoning:

The best poison control is prevention. Throw away all old medicines. Keep medicines (including vitamins and iron pills) out of reach of children, and in containers with childproof caps. Keep all cleaning products out of reach or in a locked cabinet. Know which houseplants are poisonous, and keep them out of your child's reach, and never store poisonous material in juice or milk containers that are familiar to children.

Should your child eat any poisonous substance, immediately call the Poison Control Center (800-722-7112). The nurse at the Poison Control Center will instruct you on how to treat your child. Be prepared to tell the nurse what was eaten and how much.

Head Lice:

The first sign of lice in the hair will be itching. Under closer inspection, you may actually see lice or nits. They usually first appear in the hair behind the ears. The key to getting rid of lice is to treat all family members at the same time. Clothing, bedding, hats, combs, brushes, stuffed animals, or any other object that has been in close contact with the infected child should be cleaned. If the object cannot be cleaned, it can be placed in plastic bags sealed tightly for 2-3 weeks. Over the counter preparations are available and are effective if used right. However, it is important to repeat the treatment if any live lice are seen in one week.

Hives:

These are large, irregular, raised, red areas that can come and go all over the body. They are usually itchy, and secondary to an allergic reaction. Benedryl or other antihistamines can be given for relief. The hives will usually come and go over the course of a week before going away completely. If your child gets hives on their face, or has trouble breathing or swallowing, take the child to the emergency room at once or call 9-1-1.

Impetigo:

Usually starts as small red areas that turn yellow and crusty. It is a skin infection and needs to be treated with topical antibiotic creams, and if it is extensive it should be treated with oral antibiotics. Treatment can be started at home with any topical antibiotic ointment applied 4 times daily. If it does not improve within a week, call the office.

IBUPROFEN (Motrin, Advil, etc.)					
Age*	Weight	Infant Drops 100 mg/12.5 ml	Children's Suspension 100 mg/5 mL	Junior Chewables 100 mg tabs	Junior Tablets 100 mg tabs
6-11 mos	12-17 lbs	1.25 ml	***	***	***
12-23 mos	18-23 lbs	1.875 ml	***	***	***
2-3 yrs	24-35 lbs	not recommended	1 tsp	***	***
4-5 yrs	36-47 lbs	not recommended	1.5 tsp	***	***
6-8 yrs	48-59 lbs	not recommended	2 tsp	2 tablets	2 tablets
9-10 yrs	60-71 lbs	not recommended	2.5 tsp	2.5 tablets	2 tablets
11-12 yrs	72-95 lbs	not recommended	3 tsp	3 tablets	3 tablets

Doses may be administered with minimum intervals of 6 hours, not to exceed 4 doses in 24 hours.

* If possible use weight for dosing; otherwise use age.

*** Do not use this form in this weight/age unless directed by a physician.

ACETAMINOPHEN (Tylenol, Tempra, etc.)				
Age*	Weight	Children's Suspension 160 mg/5 mL	Children's Chewables 80 mg tabs	Junior Chewables 160 mg tabs
0-3 mos	6-11 lbs	1.25 ml	***	not recommended
4-11 mos	12-17 lbs	2.5 ml	***	not recommended
12-23 mos	18-23 lbs	3.75 ml	***	not recommended
2-3 yrs	24-35 lbs	5 ml	2 tablets	not recommended
4-5 yrs	36-47 lbs	1.5 tsp	3 tablets	not recommended
6-8 yrs	48-59 lbs	2 tsp	4 tablets	2 tablets
9-10 yrs	60-71 lbs	2.5 tsp	5 tablets	2.5 tablets
11 yrs	72-95 lbs	3 tsp	6 tablets	3 tablets

Doses may be administered 4 or 5 times daily or as directed by your doctor. Do not exceed 5 doses in 24 hours.

Consult your physician if fever persists for more than 3 days or if pain continues for more than 5 days.

In case of accidental overdosage, consult a physician or poison control center immediately.

*** Do not use this form in this weight/age unless directed by a physician.

BENEDRYL ALLERGY – Not to be used under 12 months of age unless instructed by physician.				
Dosing Frequency – Every 4-6 Hours				
Age*	Weight	Liquid 12.5 mg/5 mL	Dye-free Liquid 12.5 mg/5 mL	Chewable Fastmelt® Tablets 12.5 mg/tab
under 3 mos		Consult your doctor		
4-11 mos**	12-17 lbs	1/4 tsp	1/4 tsp	—
12-23 mos	18-23 lbs	1/2 tsp	1/2 tsp	1/2 tab
2-3 yrs	24-35 lbs	3/4 tsp	3/4 tsp	3/4 tab
4-5 yrs	36-47 lbs	1 tsp	1 tsp	1 tab
6-8 yrs	48-59 lbs	1 1/4 tsp	1 1/4 tsp	1 1/4 tablets
9-10 yrs	60-71 lbs	1 1/2 tsp	1 1/2 tsp	1 1/2 tablets
11 yrs	72-95 lbs	1 3/4 tsp	1 3/4 tsp	1 3/4 tablets
12+ yrs	96+ lbs	2 tsp	2 tsp	2 tablets

* Please check with clinician before using for the first time, especially for children under age 2.

** If possible use weight for dosing; otherwise use age.

INFECTIOUS DISEASES IN CHILDREN® www.idinchildren.com

⊕ = Physician info ⊕⊕ = Patient info

ID Web Watch: The Well Baby Visit

www.cdc.gov/health/infantsmenu.htm ⊕ ⊕⊕

Parents will find more than 65 fact sheets on infants and children's health on this Web site.

www.kidsgrowth.com ⊕⊕

KidsGrowth.com is a unique Web site tailored specifically toward the concerns and interests of today's parents. The site was developed and created by well-respected medical leaders in the field of pediatrics and adolescent medicine.

<http://kidshealth.org> ⊕⊕

KidsHealth has separate areas for kids, teens and parents – each with its own design, age-appropriate content and tone. There are literally thousands of in-depth features, articles, animations, games and resources – all original and all developed by experts in the health of children and teens.

<http://familydoctor.org> ⊕ ⊕⊕

This Web site is published by the American Academy of Family Physicians (AAFP), which promotes and maintains high-quality standards for family doctors who are providing continuing comprehensive health care to the public.

www.intelihealth.com ⊕ ⊕⊕

Aetna IntelliHealth's mission is to empower people with trusted solutions for healthier lives by providing credible information from the most trusted sources.

www.vh.org/VCH/CommonProblems/CommonProblems.html#An ⊕ ⊕⊕

The goal of the Virtual Children's Hospital digital library is to make the Internet a useful medical reference and health promotion tool for pediatric health care providers and patients. The Virtual Children's Hospital digital library contains hundreds of textbooks and booklets for health care providers and patients.

www.mayohealth.org/home ⊕ ⊕⊕

The mission of this Web site is to empower people to manage their health by

providing useful and up-to-date information and tools that reflect the expertise and standard of excellence of Mayo Clinic. It gives you access to the experience and knowledge of the more than 2,000 physicians and scientists of Mayo Clinic.

www.discoveryhealth.com ⊕ ⊕⊕

This Web site features links to information on diseases and conditions and a pregnancy center for the expecting parents.

www.healthanswers.com ⊕⊕

Patients can get the latest health care information through articles and videos on over 60 health-related topics.

www.healthtalk.com ⊕⊕

HealthTalk interactive connects patients with people who can answer questions through interactive Web broadcasts that are designed to offer more than clinical medical information. HealthTalk allows patients to ask questions of experts in the Web casts, then archives the programs and transcripts on its Web site.

www.mdadvice.com ⊕⊕

www.MDAdvice.com is an internet-based medical site providing highest-quality health information, daily medical news, a health library, resources, drug information, articles, references, free medical questions and answers with experts, informative material, community support groups, live health chat, real-time interactive tools and more.

The editors and publishers of INFECTIOUS DISEASES IN CHILDREN do not endorse any of the above Web sites or products mentioned.

Poison Ivy:

Groups of itchy blisters in a linear fashion that result from contact with the oil of the plant. It cannot be transmitted from person to person. Only the oil can transmit it. Make sure that any clothing or shoes that the child was wearing are washed in hot water. Also be careful of your pets. They can also have the oil on their fur and continue to transmit the oil to other family members. Using antihistamines such as Benedryl can help itching. Baths using oatmeal, epsom salt or baking soda can also help. Calamine lotion and other anti-itching creams are also available. Over the counter steroid creams can also be effective. They can be used 2-3 times daily. If there is swelling around the eyes or no improvement over 3-4 days, call the office during office hours for an appointment.

Thrush:

Thrush is a yeast infection which some babies get in their mouth. The first sign might be refusal to eat because of soreness in the mouth. You can see white, patchy spots on the tongue, gums, roof of the mouth, or inside the cheeks or lips. They may look like dried milk, but thrush cannot be wiped off like dry milk can. The thrush infection can travel through the digestive tract and result in a diaper rash. Call the office during office hours if you think your child may have thrush so a prescription can be given if needed. Probiotics can also be used to treat thrush and can be purchased at the office or any health food store. If your child does have thrush, make sure anything that goes into the child's mouth is repeatedly sterilized or the child may keep reinfecting themselves. Also, if nursing, the mother must treat her nipples with a prescription medicine after each nursing session.

Burns:

Never eat, drink, smoke, or carry anything hot while holding your baby to avoid a burn. The kitchen can be a very dangerous place for a child, especially when preparing meals. Make sure children are away from the stove area when cooking so that hot liquids or grease can not spill or splash out at them. Also, to protect your child from tap water, reduce the temperature of your hot water heater to less than 120 degrees.

If your child receives extensive burns, go to the emergency room immediately. If a small area is burned and is blistered, the child may need a burn cream and should be evaluated as soon as possible. Raw honey is great for soothing burns as well as coconut oil!

Nose Bleeds:

The most common reason for a nose bleed is a tear in the nasal mucosa secondary to nose picking. If your child is having a bleeding episode, bend him forward and simply apply pressure right below the bridge of the nose. Continue to apply pressure for approximately 10 minutes. After the bleeding has stopped, do not let the child blow their nose as the clot may dislodge and the bleeding may restart. If the bleeding does not stop in spite of the pressure, call the office. The child may need to be seen in the emergency department or a ENT for cautery of the bleeding vessel.

If the child has recurrent nose bleeds:

- Use a cool mist humidifier to increase moisture in the air.
- Use Ocean Saline Mist 3-4 times daily to moisturize the mucosa membrane.
- Apply Vaseline or Neosporin ointment with a Q-tip to the mucosa 3 times daily for approximately a week.

PLEASE NOTE: ALL COUGH & COLD MEDICATIONS HAVE BEEN REMOVED FROM THE MARKET FOR CHILDREN UNDER 4 YEARS OF AGE AND ARE NOT ADVISED FOR CHILDREN UNDER THE AGE OF 6 YEARS.

Last, but not least, there are medication charts for you to refer to so you don't need to call the office for dosage information. Also included are a list of websites where you can go to get information on your child's health.

To treat diarrhea, the only items that need to be stopped are fruit juices and dairy products. Otherwise, a regular diet should be maintained. It is not necessary to limit the child's diet for diarrhea. However, increasing the fiber in the diet will help slow down the diarrhea. Also, adding a probiotic will help. Bananas, rice cereal, toast, applesauce, and other grains are all examples of foods that can help slow down diarrhea. For children under the age of 15 mo., Isomil DF, a diarrhea formula, can also help decrease diarrhea (this can be found at most pharmacies). It is also important to make sure your child is being adequately hydrated. For every large watery stool, an extra 4-6 oz. of fluid should be given. This can be Isomil DF, Pedialyte or any other electrolyte solution, water, coconut water, or any other fluid your child will drink. NEVER give medicines such as Kaopectate to small children.

Colic:

Colic or "newborn fussiness" is defined as prolonged crying in an infant for unknown reasons. The baby may have stomach pain, or be overly tired or overly stimulated by the events and sounds of the day. Colic usually occurs in the evening hours when the baby is about 1 month of age. Colic peaks at 4-6 weeks, and is usually gone by 3 months. There is not much that can be done for colic. However, here are some tips:

- If the baby is extremely gassy and fussy, gas drops such as Mylicon (or any store brand gas drops) or gripe water can be tried.
- Changing the formula may help (can switch to a soy or hypoallergenic formula and see if the colic improves).
- If nursing, keep the diet as bland as possible avoiding caffeine, spices, excessive dairy, tomato sauce, garlic, onions, broccoli, cauliflower and beans.
- White noise such as the sound of the vacuum, a bathroom fan, hair dryer, etc. can offer a soothing single sound that can aid in calming an overly stimulated baby.
- Rocking the child, taking the child for a car, stroller, or bicycle ride, or even putting the child in a car seat on top of the dryer for the noise and vibration also sometimes helps (but never leave the child unattended).
- Rub the baby's back or tummy.
- A warm bath.
- Gripe water, chamomile tea and lavender can also help with colic.
- If nothing seems to help, leave the baby uninterrupted for a 30 minute period. Most infants will eventually cry themselves to sleep.

Vomiting:

A viral infection, or food intolerance usually causes vomiting. Vomiting is different from spitting up. Small infants will spit up small amounts after a feeding. Burping the baby and giving smaller, more frequent feedings may help.

How to Treat Vomiting:

- After the first vomiting episode, withhold all food or liquid for 2-3 hours. Then you can begin with clear liquids. Pedialyte or any other electrolyte solution is best, but if your child will not take this, then any other liquid that your child will drink is fine except for milk.
- Small amounts of liquid should be given (1 oz. every 20 minutes). Do not let your child drink a whole cup or bottle at once or the vomiting will restart. After 2 hours of 1 oz. every 20 minutes, increase this amount to 2 oz. every 20 minutes. Keep increasing the amounts hourly once you see that your child can keep the liquids down. After 8-12 hours with no vomiting, try bland foods in small amounts. With infants, start with half strength formula, then 3/4 strength, and then full strength.
- Examples of clear liquids: Pedialyte or any other electrolyte solution, coconut water, water, weak tea, electrolyte Popsicles or regular Popsicles.

If vomiting continues no matter what is done, call the office after 4-6 hours of continuous vomiting so a medication can be ordered to stop the emesis.

If your child shows the following symptoms, take the child to the emergency room:

- Vomiting with severe abdominal pain.
- No urination in 12 hours (8 hours in children under 6 months of age).
- Signs of dehydration as listed in the diarrhea section.
- Blood in emesis.
- Child is difficult to awaken.

When NOT to Call the Doctor After Hours

- For routine medicine refills.
- For over the counter medication dosages. Refer to this book, or any 24-hour pharmacist.
- For questions on spitting up or constipation.
- For fever and cold symptoms. Please treat symptomatically overnight with Tylenol or Motrin, and call first thing in the morning if you would like your child evaluated. Antibiotics will not be called in without a known bacterial cause.
- For diarrhea, refer to diarrhea section (unless a large amount of blood is seen in the stool). Call in the morning with any questions.
- For sore throat, treat symptomatically with Motrin or Advil and call in the morning for evaluation.
- For ear pain, treat symptomatically with Motrin or Advil and call in the morning for evaluation. If your child has a history of ear infections you may want to have available natural eardrops which help to stop infection. These can be purchased in most health food stores, or you can make your own with garlic and olive oil.

Cold and Coughs

PLEASE NOTE: All cough & cold medications have been removed from the market for children under 4 years of age and are not advised for children under the age of 6 years.

Viral infections or allergies generally cause runny noses. Therefore, antibiotics do not help. Treatment is aimed at keeping the child comfortable. The only cure for a cold is time. Most colds last one to two weeks. Children under the age of five may have as many as 8-10 colds per year.

Colds are best treated by using cool-mist humidifiers (never warm mist), and by increasing fluids. Symptomatic treatment with cold preparations may also be helpful, as well as acetaminophen or ibuprofen. Never use aspirin. Remember that fever is a good thing. It helps your body fight infection.

Children fewer than 6 months can be given salt-water or saline nose drops, followed by suctioning with a bulb.

It is usually best not to suppress a cough. It is the body's way of clearing mucous secretions. Medications, which will loosen the mucous and help the body in getting rid of it, can be used. Cool mist vaporizer can also help.

Croup is a loud, deep, dry cough often occurring with breathing difficulties. The cough usually sounds like a bark. Croup is usually worse at night or early in the morning. You can help your child breathe by using a cool mist humidifier, and keeping the child's room cold. Steam from the shower also helps. Keep the child in the steamy bathroom for 15-20 minutes. If this does not work, going out into the cold night air for 5-10 minutes usually helps. If it is warm outside, put your child's face near the open freezer, and allow the cold air to be breathed in.

When to Call the Office for a Cold or Cough:

- Severe cough with fever for more than 48 hours.
- Severe cough alone which does not improve after 72 hours.
- If the child's activity is greatly decreased.
- Frequent severe bark-like coughs.
- If the child complains of an earache, pulls or rubs one or both ears.
- If the child has had frequent ear infections in the past and has a severe cold for more than 3 days.
- If the child complains of a sore throat for more than 24 hours.
- If nasal discharge has lasted more than one week and is getting worse.

Fever:

Fever is defined as any temperature above 100.4 degrees rectally. Fever is the body's response to infection. Every parent should own a thermometer and know how to take a temperature. To take a temperature under the arm, place the thermometer bulb in the deepest portion of the armpit and hold the arm against the body for three minutes. To take a rectal temperature, lubricate the bulb with Vaseline and gently insert the thermometer about 1/4 inch into the rectum pointing toward the umbilicus. Hold it in place for at least 2 minutes. Never let go of the thermometer while it is placed in the rectum. Children over the age of six can usually hold the thermometer under their tongues for three minutes. Ear thermometers and other forms of temperature taking are not very accurate, and should be avoided. Also, digital thermometers are safer than mercury thermometers. When reporting a temperature, make sure you report the method you used. Do not add or subtract a degree.

Bathing

We recommend sponge baths for the baby until the cord is detached (7-14 days). In the case of a male who has been circumcised, this should not be done until the penis is well healed (7-10 days). After that you may use a baby tub, and wash the infant with a mild soap like Dove or any all natural product. Make sure to rinse the baby well since soaps may irritate the skin. Baths can be given every day or every other day. During the winter, when the air is dry due to the heating system, baths may be limited to three times weekly to preserve skin moisture. Moisturizer may be used if the skin becomes dry and irritated. Please be careful with what products you use on your baby's skin. Do not use any products containing dyes, parabens, or laural sulfates. Your baby's skin is very thin, and harmful additives can be absorbed into their systems. Coconut oil is usually the best moisturizer.

Pacifiers

Pacifiers can soothe a baby when uncomfortable. If your baby wants to suck beyond what nursing or bottle-feeding provides, a pacifier can satisfy that need. We recommend that its use be discontinued by approximately 15-18 months to avoid dental problems or delay of speech.

Circumcision

Circumcision is done when requested by a parent. This will be your personal decision as a parent. To comfort the baby during the procedure, local anesthesia is used. After the procedure, Vaseline gauze is placed on the penis to prevent excessive bleeding and contamination from the stools. The gauze can be removed in 24 hours. Once gauze is removed, the penis can be cleansed with soap and water, and then covered with Vaseline. The circumcision will heal in approximately 7 days. Any excessive swelling or drainage of any kind should be reported to the office. A yellowish scab will occur normally as it heals.

Teething

Your child's first tooth usually breaks through the gums at about 6-10 months of age. However, some babies are as early as 3 months, and some as late as 12 months. Some babies appear to have a cold or runny nose, and some may experience fever or diarrhea.

A baby who is teething may be fussy, especially at night. Tylenol or ibuprofen may be helpful. However, never use these products more than 1-2 times daily. Frozen teething rings or a cold pacifier can also be soothing. Medications are available that can be rubbed on gums to help relieve the pain. Never rub whisky or any other form of alcohol on your child's gums. Hylands teething tablets also help; you can find them in most stores or any natural teething product such as Baby Orajel Naturals.

Diaper Rash

If diaper rash develops try the following:

- Change wet or soiled diapers often.
- Use clean water to cleanse the diaper area with each diaper change
- Use water in a squirt bottle to clean and rinse diaper area to avoid rubbing.
- Pat dry; do not rub. Allow the area to dry completely before applying a diaper.
- Apply a thick layer of protective ointment or cream (such as one that contains zinc oxide or coconut oil). Do not try to remove the creams completely after the diaper is soiled. Again, just rinse with a squirt bottle and reapply.
- Check with our staff if rash has blisters or pus filled sores, or if it gets worse.
- If red pimples appear around a confluent red area, this could be yeast. An over the counter cream, Lotrimin AF, 3-4 times daily may be required for this.
- Creams with steroids are rarely needed, but if the area is extremely irritated an over the counter steroid cream may help (only apply 1-2 times daily).

Guide to Breastfeeding Success

Lehigh Valley Breastfeeding Coalition

lehighvalleybreastfeeding.com

National Breastfeeding Helpline

800-994-9662

La Leche League

610-865-2599

PA Dept. of Health Healthy Baby Helpline

800-986-2229

Infantrisk.com

Medications and Breastfeeding

TOXNET

LactMed

Medications and Breastfeeding

The Breastfeeding Shop, Emmaus

thebreastfeedingshop.com

Dr. Lisa Caso has completed a comprehensive breastfeeding ~~1/0/0~~ course presented by The Milk Mob Lactation Educators. Breastfeeding information can also be found at www.themilkmob.org. Please contact Dr. Caso with any breastfeeding concerns you may have!

Immunizations

One of the most important things you can do as a parent is to make sure your child receives routine health care, as well as immunizations. Immunizations are given to protect your child against acquiring diseases such as Diphtheria, Whooping Cough (Pertussis), Tetanus (Lockjaw), Measles, Mumps, Rubella, Polio, Haemophilis Influenza, Hepatitis B, Varicella (Chicken Pox) and Pneumococcus (Meningitis, Pneumonia).

We also realize that there are parents who choose not to vaccinate their children. This is an important parental decision. We hope to provide as much information as you need to make an educated evaluation of the pros and cons regarding vaccines. This is a parent's decision to make, and our office will respect it. However, if vaccines are refused, we will have you sign a statement releasing us of liability should your child acquire any of these preventable diseases. Please do not search the internet due to information that is misrepresented because it can be written by disgruntled parents or authority figures who have received payment to publish misinformation. One example of this is the MMR and Autism link article, which was finally retracted due to information that was not valid and it was found that a large sum of money was received to write the article. Also included is a list of reliable websites for immunization information. Please search these websites first, and if you still have questions, please talk to Dr. Caso.

Vaccine and Procedure Schedule:

<p>2 Months: DTaP #1, Hib #1</p> <p>3 Months: Prevnar #1</p> <p>4 Months: IPV #1, Hib #2</p> <p>5 Months: DTaP/Prevnar #2</p> <p>6 Months: IPV #2</p> <p>9 Months: DTaP #3 + Prevnar #3</p> <p>12 Months: Hemoglobin, Hib #3, IPV #3</p> <p>15 Months: DTaP/Prevnar #4</p> <p>18 Months: Hep B #1, MMR #1</p> <p>21 Months: Varivax (Chicken Pox), Hep B #2</p> <p>2-3 Years: Lead screening if appropriate, hemoglobin, Begin Blood Pressure Screening, Hep B #3</p>	<p>3 Years: Routine Visit</p> <p>4 Years: DTaP #5, Varivax #2 Hemoglobin, Urinalysis, Hearing Evaluation, Vision Screening</p> <p>5 Years: MMR #2, IPV #4</p> <p>10 Years: All routine labs - including cholesterol</p> <p>11 Years Adacel - Tetanus + Pertussis booster</p> <p>12 Years Menactra - Meningococcal Meningitis</p> <p>15 Years Gardasil - vaccine for cervical cancer, Hepatitis A - for teens traveling to other countries</p> <p>17 Years Mcnactra #2, Truempa #1 (another meningococcal vaccine required by some colleges)</p>
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Several Internet Web Sites Offering Useful Immunization Information for Caregivers	
Web Site	Sponsor
www.cdc.gov/nip	<ul style="list-style-type: none"> • National Immunization Program (CDC) • Much useful information on immunizations for patients and caregivers • "Parents' Guide to Childhood Immunization" can be helpful • (800) 232-2522 (National Immunization Hotline)
www.partnersforimmunization.org	<ul style="list-style-type: none"> • National Partnership for Immunization • "Reference Guide to Vaccines and Vaccine Safety" can be helpful
www.cipsimmunize.org	<ul style="list-style-type: none"> • AAP • Information on common myths of immunizations
www.immunizationinfo.org	<ul style="list-style-type: none"> • National Network for Immunization Information
www.immunizationinfo.org/parents/evaluatingWeb.cfm	<ul style="list-style-type: none"> • Web link from National Network for Immunization information offering information on how to assess a Web site's credibility
www.vaccinesafety.edu	<ul style="list-style-type: none"> • Institute for Vaccine Safety
www.pkids.org	<ul style="list-style-type: none"> • Parents of Kids with Infectious Diseases