

Sandy Springs Pediatrics and Adolescent Medicine

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Monday - Friday

Noon - 12:30pm

After Hours

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Welcome! We are very pleased you have chosen us to assist you with your child’s health care. Our goal is to provide you with optimum health care for your child by working with you to prevent disease and accidents, and to treat acute and chronic illnesses.

Pediatricians

Sandy Springs Pediatrics was established in 1968. We are a group of Board Certified Physicians specializing in newborn, child, and adolescent healthcare. We have seven physicians and a physician assistant. Our Physician Assistant is nationally certified and licensed in the State of Georgia to provide care under the supervision of a physician. We recommend that you see our PA in the event your physician is unavailable for routine physicals or illness. We have admitting privileges at Children’s Healthcare of Atlanta at Scottish Rite, and Northside Hospital. Our web site www.sspediatrics.com has education information on each physician.

Appointments

Appointments are made for all new patients, well checkups and sick visits. The number of available well appointments is determined by the time of year. In the winter there are fewer well appointment times than in the summer. Please make your well appointment as far in advance as possible. Cancellations should be made at least 24 hours in advance in order to allow us to offer your appointment time to other patients needing care. **There is a \$25 fee if you do not cancel or reschedule your appointment 24 hours in advance. If you are more than 20 minutes late for your well appointment you will be rescheduled to the next available appointment time. Please allow plenty of travel time to accommodate Atlanta traffic.**

A parent or legal guardian must accompany all children/teens under the age of 18. The parent/guardian may complete an authorization form for another designated person to seek medical care for their child/children.

Well Child checkup schedule:

Newborn 7 to 10 days after discharge

1 month	2 months	4 months	6 months
9 months	12 months	15 months	18 months

Annual checkups for ages 2 years and up

Sickness

If your child is ill and needs to be seen, please call for same day appointments Monday through Saturday. Please note your wait time will vary depending on the number of patients being seen and the severity of their illnesses.

Well and non-urgent appointments can be made via MedBuddy (see our webpage for link). All appointments can be made by phone **404-252-4611 option 3** Monday – Friday 8:00a.m.–12:00 p.m. and 12:30 p.m.–5:00p.m. Please note the advice line wait is dependent on the number of incoming calls. There should not be more than a **5-minute wait before your call is transferred** to the option to leave a message or return to the call queue. If you return to the call queue your call is put at the back of the line.

Saturday there will be a phone nurse available to triage and schedule appointments for the day at 8:30 a.m. You will be scheduled with the first available time slot and provider. Please be patient as the nurse is helping the patient who called before you.

Scheduled Appointments
Monday through Thursday
8:00 a.m. to 5:30 p.m.
Friday
8:00 a.m. to 4:30 p.m.
Saturday
9:00 a.m. to 12:30 p.m.

Phone Calls

In case of life-threatening emergency, please call 911 immediately.

During office hours, Monday – Friday 8:00 a.m. to 12:00 p.m. and 12:30 p.m. 5:00 p.m. the nurse line is available for telephone advice and consultation, **404-252-4611 option 2**. Please note the advice line wait is dependent on the number of incoming calls. There should not be more than a **5-minute wait before your call is transferred** to the option to leave a message or return to the call queue. If you return to the call queue your call is put at the back of the line.

1. Please have pharmacy phone number, paper and pencil available.
2. Our nurses are medical assistants, LPNs, or RNs who are trained to handle many common pediatric problems. Please explain briefly the nature of your call so they may correctly address your needs. Phone nurse responses are from “Pediatric Telephone Protocols”, by Barton D. Smith, M.D. or from specific answers given to them by our physicians.
3. Please give us the following details that we can evaluate your child better:
 - a. How long has the child been ill?
 - b. Is there any fever? If so, how high, how long it has lasted, and what method was used to take the temperature.
 - c. Has the child taken any medication?
 - d. Has the child been in contact with anyone such as a family member, a friend or classmate who has become ill?
 - e. Are there any symptoms that preceded the present illness which are now present? (i.e., vomiting, diarrhea, runny nose, complaints of pain in some specific location, increased or decreased frequency of urination, discolored urine, changes in eating habits, etc.)
 - f. Does the child have a history of chronic conditions? (i.e., asthma, seizures, reflux, etc.)
4. In many cases our phone nurse will take down the information and one of our providers will call you back. Many times the provider will write down instructions and the phone nurse will call you back. The providers answer messages between patients, during lunch, or at the end of the day. The most seriously ill cases will be handled first. **Please allow 3 hours for a return phone call.**
5. When leaving a message for the phone nurse please speak slowly and clearly, leave your name, your child’s name (please spell their first and last name) and date of birth, phone number where you may be reached and a brief message specifying your reason for calling. **Please allow 3 hours for a return phone call.**
6. Prescription refills should be requested in the morning. **There is a \$25 fee for after hours refill requests. Please allow 24 hours for return phone call.**
7. We believe that a physical examination in our office is an essential part of providing quality pediatric care. For your child’s well being, we cannot diagnose or treat new illnesses over the phone.

Keep in mind that Monday mornings are the busiest phone times. You may leave a message on the phone nurse's line and your call will be returned as soon as possible. Messages left after 4:30pm will be returned the next business day.

After Hours Calls

After hours calls should be limited to problems of an acute nature, which require attention before the office reopens. For urgent problems after hours, please call our answering service at **770-985-7886**. They will route your call to the Children's Healthcare of Atlanta Nurse Advice Line. If the nurse feels a physician should be notified she will have the service beep our on-call physician. **Please do not ask the answering service to page the physician on call before speaking with the CHOA nurse. If you have privacy director or any kind of call block these must be inactivated for us to return your call. Please keep your line open for the physician's return call.** If you have not received a return call within one hour of your call, please call back. **Please try to call during office hours if possible.**

We generally use Children's Healthcare of Atlanta at Scottish Rite Emergency Room for children who must be seen after hours. We prefer that you use CHOA emergency department. Urgent care centers should only be used for minor problems.

If your insurance requires authorization for an emergency room visit, it is your responsibility to contact our Referral Coordinator (ext 335) the following business day.

Prescription Policy

To avoid misdiagnosis and to ensure your child's safety it is office policy not to call in antibiotic prescriptions for patients who have not been recently seen.

For patients who do not appear to be responding to prescribed medications and for all routine prescription refills, we request that you call during normal business hours when charts are available for our review, care is optimized, and errors avoided. **There is a \$25.00 fee for prescriptions called in to a pharmacy when the office is closed.** You may request routine refills through MedBuddy as well. You may register your child with MedBuddy through a link on our website, www.sspediatrics.com.

Financial Policy

We accept CASH, CHECKS, VISA OR MASTERCARD – Note: we use TeleCheck for processing checks and will need your phone number and drivers license.

Payment is due at the time of service:

1. Present your insurance card at check-in to ensure we have the correct insurance on file. It is your responsibility to inform the front office of any changes in your insurance, address, or phone numbers. It is your responsibility to know your insurance coverage and if our provider is a contracted provider. **Let us know if there are any questions of coverage or problems with one of our providers not being listed as a contracted provider prior to your child being seen.**
2. If Sandy Springs Pediatrics has a contract with your insurance company, you will be expected to pay 1) deductible, 2) your percentage of charges, or 3) copay listed on insurance card, and non-covered services. The billing department will file the claim with your insurance.

3. If your insurance requires you to choose a **PCP (Primary Care Physician) and we are not listed on your child's insurance card, you will be required to pay for the visit at time of service.**
4. If Sandy Springs Pediatrics does not have a contract with your insurance company, you will be required to pay the visit in full at time of service. We will file the claim for you as a courtesy on an unassigned basis or you may file the claim yourself with a copy of the charge slip given to you at checkout.
5. Patients who have no insurance will be required to pay for the visit in full at time of service.
6. The person who brings the child into the office is required to pay any of the above when services are rendered. If through a divorce another party is responsible for the bill it will be your responsibility to obtain reimbursement from that party.

Medical Records

Medical records are the property of Sandy Springs Pediatrics.

1. All medical records are retained until your child turns 26. Patient records are kept at an off-site facility if it has been more than 2 – 3 years since being seen in our office or if records have been transferred to another practice.
2. Medical record requests must be made in writing with the legal guardian's signature authorizing release of the records. If the child is over the age of 18, they must request the records. When requesting records, please give child/children's names, dates of birth, parents' names and the approximate year they were last seen in our office.
3. Smart Corporation copies all records. They scan records once a week for our office. There is a per page charge depending on the number of pages. Smart Corporation will bill you direct.

Professional Fees

1. Our fees are reviewed and updated on a yearly basis.
2. Office visit charges are based on severity of illness; records/labs ordered and/or reviewed, examination, time spent both with patient and reviewing records, and counseling time with parent and/or child.

We are here to serve you and your family. If you have a complaint or suggestion regarding service, personnel, or fees, please let us know. Please help us help you.

Dosage Charts for Fever/Pain Medications

Tylenol/Acetaminophen Pediatric Dosage Chart for Drops, Syrup and Chewables

Age	Dosage				
	Weight	Drops	Syrup	Chewables 80 MG	Chewables 160 MG
Under 3 months	Under 12 lbs	½ dropper	¼ tsp	-	-
3 – 9 months	12 – 17 lbs	1 dropper	½ tsp	-	-
10 – 24 months	18 – 23 lbs	1 ½ dropper	¾ tsp	-	-
2 – 3 years	24 – 35 lbs	2 droppers	1 tsp	2 tablets	-
4 – 5 years	36 – 47 lbs	3 droppers	1 ½ tsp	3 tablets	1 ½ tablets
6 – 8 years	48 – 59 lbs	-	2 tsp	4 tablets	2 tablets
9 – 10 years	60 – 71 lbs	-	2 ½ tsp	5 tablets	2 ½ tablets
11 years	72 – 95 lbs	-	3 tsp	6 tablets	3 tablets
12 years & older	96 lbs & over	-	3 – 4 tsp	6 – 8 tablets	3 - 4 tablets

How supplied:

Drops: Each 0.8 ml dropper contains 80 mg acetaminophen

Syrup: Each 5 ml teaspoon contains 160mg acetaminophen

Chewables: Regular tablets contain 80 mg acetaminophen each. Double strength tables contain 160 mg acetaminophen each.

Dosage may be given every 4 hours as needed but not more than 5 times daily. If your child is over 6 months of age, you may give ibuprofen every 6 to 8 hours for fever/discomfort uncontrolled by acetaminophen (see table below).

Motrin/Ibuprofen

Age	Dosage				
	Weight	Oral Drops 50 mg/1.25 ml	Suspension 100 mg/5 ml	Chewables 50 MG	Chewables 100 MG
5 – 11 months	12 – 17 lbs	1 dropper	½ tsp	-	-
12 – 23 months	18 – 23 lbs	1 ½ dropper	¾ tsp	1 ½ tablets	½ tablet
2 – 3 years	24 – 35 lbs	2 droppers	1 tsp	2 tablets	1 tablet
4 – 5 years	36 – 47 lbs	-	1 ½ tsp	3 tablets	1 ½ tablet
6 – 8 years	48 – 59 lbs	-	2 tsp	4 tablets	2 tablets
9 – 10 years	60 – 71 lbs	-	2 ½ tsp	5 tablets	2 ½ tablets
11 years	72 – 89 lbs	-	3 tsp	6 tablets	3 tablets
12 years & older	90 lbs & over	-	4 tsp	8 tablets	4 tablets

Newborn Care

Infant Safety

It is imperative and a State Law that all children three years and younger remain in an infant car seat.

Never leave a baby or young child unattended in bath water or on a surface, which he could roll off and fall to the floor. See that your young child never plays with the toilet; keep seat cover down.

Be careful of sunburns, bathwater burns, hot coffee or tea burns, cigarette burns, and burns from cooking food.

All medicine, plants, cleaning agents, and fluids should be put up and away from children (and preferably locked)

Keep Syrup of Ipecac at home; however, do not administer it without first getting the advice of your doctor or **Poison Control, 404-616-9000.**

Infant Comfort

Babies are most comfortable in moderate temperature, greater than 68 degrees in the winter and reasonable cool temperatures in the summer. Do not overdress. Hands and feet tend to be cool as a rule.

Outdoor Dress

During warm weather infants should be dressed as you would dress yourself for comfort. During cold weather cover baby's head with a hat and dress your baby in a similar fashion as you would dress for warmth.

Cord Care

The baby's cord should fall off between one and three weeks of age. Before this occurs clean the cord with alcohol two or three times per day. Do not be alarmed if the cord bleeds a bit or oozes. If the bleeding is excessive or persistent, or if there is a foul odor, please contact our office.

Circumcision

The circumcised area will initially appear red and swollen. It should gradually heal in two weeks. Apply Vaseline several times a day to reduce the irritation. This is not necessary if your baby has a plastic bell applied.

Bathing

Initially bathe your baby by sponging with water. Once the cord has fallen off, you may bathe your baby in an infant tub. Only a little soap is needed.

Wash the hair occasionally with shampoo. Do not be afraid of the soft spot. Dry your baby with a towel. Powder is not necessary.

Stools

Infant stools come in all sorts of shapes, sizes, and colors. The stools will vary in color from green to brown to yellow, and in consistency from loose to mushy to formed, and in frequency from 6 a day to one every 48 hours. Breast fed babies tend to have looser stools than formula fed babies.

To help prevent diaper rash, use Desitin®, Vaseline®, or A&D® ointment to the diaper area.

Feeding

Feeding time is a very special time for parent and child as this allows bonding, the sharing of love, and the development of security. Mother should find a comfortable place with little noise and distraction. The mother should be relaxed, and the infant should be warm and dry.

A breast fed baby will nurse for approximately 5–7 minutes per breast during the first 3 days of life. As your milk comes in, gradually increase the nursing time to 10–15 minutes per breast. At least one breast should be emptied with each feeding. A complete feeding generally lasts 20–30 minutes. Newborn infants may nurse every 2–4 hours; older infants may go longer between feedings, especially when sleeping at night. Supplementary bottle or solid food should be unnecessary; however, sterile water may be offered after breast-feeding during the first few days.

If you are planning on leaving your baby for a day out or an evening out, expressed breast milk or Similac® Advance may be used. Similac® Advance for breastfeeding supplementation is available in 8 oz. Ready to Feed cans, or powder form.

We encourage our mothers to breast feed their babies. However, if this does not work for you, you may use Similac Advance. Similac Advance comes in various forms for your convenience (i.e. 32 oz., and 8 oz. Ready to Feed cans, 13 oz. concentrate or 1 lb. Powder). Use plastic or glass bottles or Playtex plastic liners. All useable bottles and nipples should be cleaned in the dishwasher or with hot water and soap.

Most newborn infants will take approximately 2 ounces per feeding and gradually increase to 6-8 ounces reaching a maximum of 32–36 ounces per day. Warm the Similac Advance to approximately body temperature.

Never prop a bottle and leave your baby alone to eat. Never allow your infant to sleep with a bottle as this could cause choking and, later, tooth decay.

Burping

Burping helps to remove swallowed air. To accomplish this hold your baby upright with the head over your shoulder. Then apply a few pats on the back. If you fail to procure a burp, then continue to feed. Do not be alarmed if the infant spits a little with burping. Remember to burp several times during the feeding and again when feeding is completed.

Solid Foods and Juices

Generally, solid foods are not introduced until 4–6 months of age; however, do not start these until discussed with your physician.

Vitamins

Babies fed exclusively breast milk need a vitamin D supplement after 2 months of age and a fluoride supplement after 6 months. Your physician will prescribe these. Formula fed babies generally don't need vitamins unless specified by your doctor.

Smoking

If you (or anyone in your household) smoke, please remember not to smoke indoors. Do not even bring the baby in a room where there has been smoking for the last 10–15 minutes. Studies have conclusively shown that babies who live in households where there is smoking have a statistically higher incidence of upper respiratory infections, asthma, ear infections, meningitis, and have a higher rate of hospitalizations than babies living with non-smoking families. If you smoke, let your baby be the one to help you stop this dangerous habit.

Immunizations Schedule

Birth	Hep B
2 months	DtaP/HepB/IVP, Hib, Pneumo 7
4 months	DtaP/HepB/IVP, Hib, Pneumo 7
6 months	DtaP/HepB/IVP, Pneumo 7, (Hib)*
6 – 24 months	Influenza Vaccine (October – March)
9 months	-----
12 months	Hib, Varicella, Pneumo 7
15 months	MMR, DtaP
2 years	Hepatitis A (optional with booster dose after 6 months)
4 years	IPV, MMR, DTaP
11 years	Adult dT

College freshman – recommend Menomune

Influenza Vaccine is recommended for all children 6 – 24 months, high risk Individuals and anyone wanting to reduce the risk of infection.

Acne

Acne is caused when pores in the skin become plugged and inflamed. It begins to occur in puberty when certain hormones in the body are increased, causing more oil gland activity in the face, back, and upper chest. The cells that line the oil glands shed and clog the pores causing whiteheads and blackheads. When the whiteheads rupture, they cause inflammation and pimples.

Things that make acne worse are “popping” pimples, too much scrubbing, things that rub the skin (hats, headbands, hair), menstruation, heavy cosmetics, and in some people, stress and tension.

Acne is not caused by eating certain foods or by dirt. You may inherit a tendency toward being susceptible to developing acne if other members of your family have acne. There is no cure for acne, and it can last for years although it does tend to improve over time. In order to keep acne controlled you need to have a consistent, patient, and persistent treatment plan. It takes at least 4–6 weeks to see any improvement.

Suggested Treatment for Acne

- Wash only 2 –3 times per day with a mild soap using hot water to wash and cool water for the final rinse. Avoid harsh soaps or abrasives.
- Use 5% benzoyl peroxide gel or lotions. Begin with one application per day and go to twice a day after a week if your skin isn't too red or peeling. You should apply it over the entire area where pimples may occur, not just where the current pimples are. Apply it 30 minutes after washing to be sure the skin is completely dry, and do not apply it to the delicate skin around the eyes, mouth, and corners of the nose. After 4-6 weeks, if there is no improvement, you can go to 10% benzoyl peroxide, again beginning once a day and increasing to twice a day as your skin tolerates it. Notify your pediatrician or pediatric dermatologist if these measures do not control the acne. There are other medications to try under the careful supervision of your physician.

Burns

The best treatment for burns is their prevention. The most common causes of burns in young children are: scald burns caused by hot liquids overturned by children, excessively hot bath water, and burns caused by heating elements, such as curling irons and stoves. Sunlight and certain chemicals may also cause burns.

Burns are divided into three categories. **First degree** burns are those which are superficial causing redness but no blistering. They can be uncomfortable but seldom cause major problems. The main goal in treating these burns is the relief of pain. **Second degree** burns are those in which there is blistering. These burns are more serious as they can easily become infected. If well treated, they seldom lead to more than minimal scarring. **Third degree** burns destroy the entire thickness of the skin and are therefore extremely serious. Serious scarring can result and skin grafting may be necessary if third degree burns are present. They are less painful as the nerves are destroyed.

Tylenol® or other over-the-counter pain medications can accomplish treatment for pain of burns. If a stronger pain medication is necessary, it will be likely that a physician should see your child. While no other treatment may be necessary in first degree burns, a physician should see second and third degree burns.

Care should be taken not to contaminate the wound with bacteria. If the area is small, wash it gently with soap and water followed by lightly covering it with a topical antibiotic ointment such as triple antibiotic ointment. Next, place a fresh clean gauze covering on the burn and cover the dressing to prevent it from falling off. Remove the old dressing material daily, washing the wound gently and checking for signs of pus-like drainage,

excessive swelling, increased redness or fever, which may indicate the beginnings of an infection. If any of these signs are present, please contact us. If there is a question about the severity of a burn, please call us to discuss the matter.

Chicken Pox

Chicken pox is an infection caused by a virus, causing rash and fever. Routine vaccination now prevents most cases of chicken pox. Anyone exposed to chickenpox who has not been vaccinated should contact our office promptly. There is often one day of not feeling well before the rash breaks out. The rash begins with red bumps that look like insect bites, which then develop into blisters containing clear fluid. The fluid may become cloudy before the blisters begin to crust over and scab. The rash can be anywhere on the skin, scalp, or in the mouth, throat, or vagina. After being exposed, the illness begins in 10-21 days and will last 5–7 days. Your child can infect others from 2 days before the rash appears until the last blisters completely scab over.

Relief of itching is very important to keep your child comfortable. Lukewarm baths with Aveeno or baking soda (1/2 cup) or applying calamine lotion to the blisters can reduce the itching. Antihistamines such as Benadryl® may also provide some relief. Only acetaminophen (Tylenol®, Tempra®), not aspirin, should be used for fever. The fingernails should be kept short to avoid scratching and infecting the sores.

Call the office if your child develops vomiting for more than 4 hours, persisting fever, extreme sleepiness or difficulty waking, severe cough, chest pain, or shortness of breath, severe stomach pain or if the skin around the sores becomes red, warm and tender.

Colds

A cold is a viral illness that causes a cough, runny nose, and often a sore throat. Antibiotics do not kill cold viruses. A mild cold may need no treatment. Cold medicines may help the symptoms of colds, such as runny nose and cough, but do nothing to cure the illness more quickly. Fever should be treated with an appropriate dose of fever-reducing medicine such as Tylenol® (see “Fever” in this booklet for more information).

A runny nose can be treated with saline nose drops such as NaSal®, which may be purchased without prescription. Other than saline drops, please call during office hours before giving infants less than 6 months of age any cough and cold medications.

If there is a cough, purchase a cold preparation that has dextromethorphan. Increase your child’s intake, but allow the child to eat and drink any food that he desires. Vaporizers and humidifiers are occasionally helpful if the air is particularly dry, such as during the winter months. If you have used one of these and find no change in the child’s condition, there is no reason to continue its use. Cough persisting for more than a few days or cough associated with fever or chest pain should be seen by a physician.

Raising the head of the bed or crib 30° or less may help your child have less nasal congestion and sleep more readily.

Please call us immediately if your child has difficulty breathing (straining and pulling to get air in and out). This does not refer simply to the child sounding quite congested when he breathes. Children with difficulty breathing may breathe greater than 60 times per minute, have intercostal retractions in which the skin between their ribs sinks in with each breath, or have other signs which may make it appear that the child is in great difficulty.

If a cold does not resolve within two weeks, a fever of 101° or higher lasts 3–4 days, or the child’s nasal discharge lasts for longer than 10 days, an office visit is advised.

Conjunctivitis

Conjunctivitis is an infection or inflammation of the membranes that cover the eye and eyelids. It is common in the newborn period and should be examined by your pediatrician to establish the cause of infection.

Conjunctivitis is common in childhood as well and is frequently referred to as “pinkeye.” Redness of the eye, the lids, with swelling and a discharge is usually seen. Often in bacterial infections, the eyelids will be matted and stuck together in the morning upon awakening. These infections should be seen by your pediatrician and treated with antibiotics. This is not, however, an emergency but a condition that should be attended to promptly during office hours. If there is much swelling of the lids, redness, discharge and fever, the infection may have extended deeper into the surrounding tissues and should be seen as soon as possible.

Many conditions, which look similar to bacterial infections of the eyes, are due to viral infections, allergies, foreign particles or other irritants (such as swimming pool water) and do not require antibiotics.

Remember that in the newborn period, many babies will have a condition known as “wet eye.” This causes a clear drainage with a small amount of mucus, but little or no redness or swelling of the lids. This is caused by a blockage (usually temporary) of the baby’s tear duct and usually is relieved by gentle massage. Do this by placing your little finger on the side of the baby’s nose, near the angle of the eye and using a rocking motion with pressure, three times a day. Occasionally, an ophthalmologist will need to see your baby if the condition persists after 12 months of age.

Constipation

Constipation does not refer to the number of bowel movements a child has in a 24-hour period, or even longer. Constipation refers to the passage of very hard bowel movements that by their dry, hard consistency make it difficult and painful for the child to use the bathroom. Although infants can appear to be straining to pass a stool, as long as the stool that results is soft, there is no constipation.

Children may have stools six to eight times each day, or once every third or fourth day. As long as the stools remain other than extremely hard in consistency, there is no need to worry about any of these patterns.

Constipation can be caused by diet, illness, or psychological factors. Rarely, there is a congenital defect in the large intestine which causes constipation. Adjusting a child’s diet to increase the roughage and fiber, such as providing fruit (except bananas), raw vegetables, whole grains, increased amounts of water and decreased amounts of dairy products may be all that is necessary in an older child. Adding Karo syrup, one teaspoon per two ounces of formula, to the formula of younger children may be necessary to alleviate constipation during infancy.

If your child is quite uncomfortable, you may use a glycerin suppository, such as BabyLax®, to help stimulate a bowel movement and relieve constipation. Consult us by phone during regular office hours before giving multiple suppositories or using other home remedies such as laxatives, enemas, or mineral oil.

Cradle Cap

Cradle cap is a harmless skin condition which is present when there are oily, yellowish scales or crusted patches on the scalp of an infant. While it is usually only present on the scalp, it may also be present on the forehead, eyebrows, and behind the ears.

The best treatment for this is to use an antidandruff shampoo, such as Head and Shoulders®, once or twice weekly, taking care to avoid getting it in the eyes. An alternate treatment is to rub baby oil or olive oil into the

scalp, allow it to remain there for ten minutes, remove the scales with a fine toothed comb, and then shampoo the hair.

If signs of infection, such as redness or a hard, yellow-brown scabbing crust should occur, it will be necessary to have your child seen by their pediatrician.

Croup

Croup is an illness of the respiratory system, usually caused by a virus, involving the vocal cords and upper airways. It causes a barking cough, which often becomes worse at night and sounds alarming but usually is not dangerous. Your child may also have a fever, decreased appetite, and a harsh crowing sound when breathing in (stridor).

Comfort and reassurance may help, as the stridor or cough tends to worsen with anxiety and activity. Home treatments that may give some improvement include taking your child into a bathroom that has been steamed for 10-15 minutes, then exposing your child to cool night air or cool air from the refrigerator. Either cool or warm mist may also help, but be sure to keep hot humidifiers out of reach of small children to avoid burns.

The worst of the illness usually lasts 2–3 days, but a wet cough may persist up to 1–2 weeks. A cough suppressant can be tried to help relieve the cough.

Call immediately if your child has very fast breathing, over 70–80 times per minute, bluish color to the lips, a persistent cough, difficulty breathing, or a fever of 103° or higher with croup symptoms, stridor during the day.

Diaper Rash

Diaper rashes are common in infants and can have various causes. For a mild rash, the most common cause is irritation caused by a wet diaper. This can be helped with careful cleansing when changing wet diapers and using Desitin® ointment, or A&D® as needed.

Infants can also become irritated in the diaper area when having diarrhea because of the contact with the skin with multiple loose stools. If you notice this is beginning to occur, a thicker cream such as zinc oxide or one of the thick white ointments, as they are more protective and should be used (see Yeast Infections).

Diarrhea

Diarrhea refers to the passing of more than 8-10 watery stools or unusually frequent in any one 24-hour period.

What to do:

Infant:

- If breastfeeding, continue breastfeeding
- If formula feeding, Pedialyte® should be given for 6 hours. This is followed by a soy formula (e.g., Isomil® DF) mixed half as strong as the usual preparation for 24 hours, then Isomil® DF for 1-2 weeks.

Older Children:

- Clear liquids such as 7-Up, Gatorade or Sprite for 6 hours followed by clear liquids and a modified B.R.A.T. diet (bananas, rice, applesauce, toast or crackers, pastas, or lean protein such as chicken) for 24 hours followed by a regular diet, but limit milk or milk products (except yogurt which is a recommended food for diarrhea) for 1–2 weeks.

Call us immediately if:

- There is a large amount of blood mixed with the stool.
- Along with the diarrhea, there has been vomiting to the point that mucous membranes in his mouth are now dry and sticky and no longer moist and wet.
- He appears especially ill, fever, crapes, vomiting

Call us promptly during regular office hours if:

- The diarrhea has lasted longer than 3 days with more than 8 stools per day.
- The fever is higher than 101° for more than 24 hours.
- There are streaks of blood in the stool.
- The diarrhea is accompanied by persistent vomiting

Earache

Earaches are common in children and may or may not be associated with an infection of the middle ear called otitis media. Ear infections are not considered emergencies, and it can take up to three days for the discomfort of an ear infection to resolve once antibiotics are started. There are several things you can do if your child wakes up with an earache:

- Give an appropriate dose of a pain reliever (Tylenol, acetaminophen, or if the child is 6 months or older Motrin or ibuprofen)
- Have the child sit upright for about 30 minutes
- Have the child take a drink, which may equalize pressure on both sides of the eardrum

Fever

A fever is a temperature of 100.5° or greater rectally. Temperatures normally vary during the day. Children can have temperatures up to 100° as a normal variation. Fever is a symptom of an illness and finding the cause may require a visit to the office. If your child is less than 2 months old with a fever of 100.5° or greater, please call our office before administering any medication. A rectal temperature is most accurate since it picks up temperatures from the body's core.

What to do:

- It is not necessary to treat a temperature less than 102°, unless the child is uncomfortable
- For a temperature of 102° or more, or if the child is uncomfortable, give Tylenol or some other form of acetaminophen (see dosage chart). You may also give Motrin or ibuprofen if the child is 6 months or older (see dosage chart).
- Encourage fluids
- Keep the child cool
- Use a minimum of clothing; keep the house cool; if temperature is 104° or greater, sponge bathe or bathe the child in lukewarm water for 10-15 minutes.

Call us immediately if:

- The fever is 105° or higher **after** fever-lowering medicine has been given or the child is less than 6 months of age

- He looks and acts extremely ill (i.e., is difficult to arouse, refuses to eat, is disinterested in playing, speaks without making sense, or appears extremely sick after fever-lowering medicine has been given.)
- The fever is greater than 100.5° in an infant less than 2 months of age.
- The child has a convulsion for the first time (body stiffness, eyes roll, limbs jerk)

Call us promptly during regular office hours if:

- The fever is greater than 101° for more than 24 hours and your child is under 1 year of age
- The fever comes and goes, but other symptoms are present for more than 3 days

Hand, Foot and Mouth Disease (Coxsackie A Virus)

An infection that occurs mainly in children between 6 months and 4 years of age. It has no relationship to hoof and mouth disease of cattle. The symptoms are a low-grade fever, 100° to 102°F (38° to 39°C); small, usually mildly painful ulcers in the mouth, and small water blisters or red spots on the palms and soles, and on the webs between the fingers and toes (five or fewer blisters per limb). Small blisters or red spots may also appear on the buttocks or lower legs.

The fever and discomfort usually disappear in three or four days and the mouth ulcers usually resolve in seven days, but the rash on the hands and feet can last 10 days.

Hand, foot and mouth disease is quite contagious and usually some of your child's playmates will develop it at about the same time. The incubation period after contact is three to six days. Your child may return to school or day care when the fever returns to normal. Most children are contagious from two days before the rash appears until two days after it disappears.

Home care instructions

- Offer a soft diet for a few days and encourage your child to drink plenty of clear fluids. Cold drinks, ice pops, ice cream and sherbet are often well tolerated. Do not give your child citrus fruit, salty foods or spicy foods. They will further irritate his mouth. Also avoid foods that need much chewing. For infants, you may try giving liquids by cup rather than a bottle because the nipple can cause pain.
- Give acetaminophen or ibuprofen if necessary. Acetaminophen or ibuprofen may be given for a few days if your child's fever is above 102° F (39°) or the mouth ulcers are very painful. See the section on "Fever" for dosages.

Head Injury

Head injuries are very common in children. Most head injuries are not serious; however, if your child does have a blow to the head, there are some things to look out for. Complications of head injuries include: concussion, which is a temporary problem with brain function but no actual brain injury; skull fracture; loss of consciousness; headaches, internal bleeding.

Signs to watch for that may indicate a complication of head injury include: 1) persistent nausea or vomiting, 2) new drainage of clear or bloody fluid from the nose or ears, 3) persistent headache or dizziness, 4) seizure, 5) labored breathing, 6) difference in pupil size or pupils that do not get smaller when a bright light is shined in them, 7) excessive sleepiness or a change in behavior.

Initially after a head injury, if there was no loss of consciousness or seizure, observe your child for 48 hours for any of the above signs, wake every 2 hours. Initially give only clear liquids because vomiting commonly occurs once or twice after a head injury. If there is a cut on the scalp, cleanse it gently. Notify the office if a wound doesn't stop bleeding after 10-15 minutes of pressure, if you think the wound needs sutures, or if your child has any of the previously mentioned signs.

Head Lice

Lice are small, grayish-tan, wingless insects that live in the hair, feeding off the scalp. If your child comes home with head lice, don't panic. Millions of children contract lice each year. Children play in close contact with one another and exchange things such as hats, clothing, brushes, combs, pillows, and other personal items which can result in transmitting head lice from one child to another. They can be easily and effectively treated with cream rinse or shampoos to kill the lice and their eggs (nits).

To examine for head lice, carefully examine the hair and scalps of all family members for lice and their eggs. While the lice are small, grayish-tan, wingless insects that you can see on the scalp or one of the hair shafts, the lice eggs (nits) are small, white specks which are found firmly attached to the hair shafts, usually close to the scalp. These are usually found at the nape of the neck and behind the ears.

If you find lice or nits, again **don't panic. This is not an emergency situation.** Nix Cream Rinse can be purchased over-the-counter at your local pharmacy. Follow the directions on the package and do not repeat treatment more frequently than every 7 days. After using the cream rinse or shampoo and drying the hair thoroughly, the nits may be removed with a special nit comb. Combing to remove the nits is not absolutely necessary, but should be done for cosmetic reasons. Some schools have a no nit policy, which prevents children from returning to school until their hair and scalp reveals no nits. The American Academy of Pediatrics does not feel this is necessary.

To prevent spreading lice from one person to another, make sure people with head lice do not share articles such as combs, brushes, towels, hats, scarves, pillows, etc., that have come in contact with their head, neck, or shoulders. Use hot water to wash lice-exposed clothing, towels, and bed linens. Soak combs and brushes in hot water for 10 minutes. Dry clean hats and clothing that cannot be washed or seal them in a plastic bag for at least two weeks. Vacuum carpets, upholstery, pillows, and mattresses, which may have been exposed to the person with head lice.

Be on the lookout for signs that indicate that other members of your family have been infected or that the child has become infected again. The most common symptom is severe itching on the back of the neck and head. If you notice your child scratching excessively in this area, check his/her head for nits and lice. Again, if nits or lice are found, don't panic. Follow the directions carefully on the over-the-counter products to remove lice, especially for the frequency of application of shampoo. As these head lice medications have been used for some time, some resistant head lice strains are out there. If after following the directions on the package lice are still alive, then an application of thickly applied mayonnaise or olive oil overnight with a plastic shower cap over the hair should smother them. Wash out the application in the morning and again comb nits out with a fine toothed comb.

Hives (Urticaria)

Hives or urticaria is a rash characterized by large areas of raised, slightly reddened swelling (welts), which frequently occurs as an allergic reaction. Common causes include: medications (both prescribed by your physician and purchased over the counter), foods (especially shellfish such as shrimp, nuts, eggs, strawberries, tomatoes), plants, pollens, animal dander, chemicals (including those used at home and work and cosmetics),

insect bites or stings, infections (especially viruses), and occasionally causes such as heat, cold, sunlight, stress or certain rare diseases.

Treatment includes cold water compresses, bathing in a baking soda bath (diphenhydramine) by mixing one-half box of baking soda in several inches of lukewarm water, and oral medicines, such as Benadryl, which can be purchased without a prescription. Benadryl 12.5mg/5ml should be given in doses of approximately one teaspoon per 25 pounds of body weight and can be given every six hours, but not more than four times in one day.

Contact us immediately if, in association with the hives, your child has any trouble breathing, wheezing, hoarseness, difficulty swallowing, or swelling of the face or tongue.

Impetigo (Skin Infections)

Impetigo is a skin infection caused by bacteria. Impetigo can look like crusted, scabbed areas of skin, especially with yellow honeycomb appearing scabs, or can be areas of large blisters that pop leaving large, round areas of red, raw skin which progressively increase in size and spread. Occasionally, impetigo can look like pus-filled pustules or blisters.

Contact with the sores or with the fluid draining from them can lead to the infection spreading to other sites and to other people. The initial treatment for impetigo is to keep the skin area clean and dry by soaking the area well with soap and water, removing the scabs. Keep the infected area open to air; if necessary, cover it with a bandage to prevent scratching. A simple area of impetigo can sometimes be treated with a topical antibiotic such as a triple antibiotic ointment available without a prescription.

If several areas are present or the area of infection is large, impetigo is best treated by an oral antibiotic that can be prescribed after seeing your child. Any areas of skin infection with large areas of surrounding redness or accompanied by a fever of 101° or greater should be seen by a physician.

Ingrown Toenails

Tenderness, redness, and swelling of skin surrounding the corner of the toenail on one of the big toes is an ingrown toenail.

Prevention includes:

- Avoiding tight fitting or narrow shoes.
- Cutting the toenails straight across, leaving the corners. Do not cut them too short.

Treatment:

- Soak feet twice a day in bathtub.
- Let foot soak in water and bacterial soap.
- While the foot is soaking, massage outward the swollen part of the cuticle.
- Use an antibiotic ointment (i.e. Neosporin). If the cuticle is just red and irritated, an antibiotic ointment is not needed. If cuticle becomes swollen or oozes secretions, apply an antibiotic ointment 5-6 times a day.

Have your child wear sandals on his/her feet to prevent pressure on the toenail while it heals. Newborns often have ingrown toenails; massaging the toes daily may help, and remember to cut nails straight across and avoid rounding.

Call our office immediately if a fever develops which exceeds 101°, your child is having chills, or a red streak spreads beyond the toe.

Call during office hours if the toe develops pus or yellow drainage, if the problem is not better in a week, or is not resolved in two weeks.

Nosebleeds

There are many tiny blood vessels within the lining of our nose. Low humidity, frequent nose blowing, picking the nose, or blows to the nose can irritate these blood vessels and cause bleeding. For frequent nosebleeds, a small amount of Vaseline used inside the nose 1-3 times daily should help.

If your child's nose begins to bleed, have him/her sit upright on your lap or beside you. Pinch the nostrils together gently for 5 minutes to allow a blood clot to form. Although it is tempting, do not peek to see if the bleeding has yet stopped, as this will break any clot that is forming.

After pinching the nose together for 5 minutes, remove your hand to see if the bleeding has stopped. If the bleeding continues, again try pinching the nose closed gently for an additional 5-minute period. If bleeding persists longer than 30 minutes, please call us.

Pinworms

Pinworms are small, white, thin, straight, pin-sized worms which inhabit the rectum and the colon. They emerge during sleep onto the perianal skin causing intense itching. There are no adverse effects from pinworms other than possible mild vaginitis or vaginal inflammation caused by their itching in girls.

Pinworms can be acquired by acquiring eggs from the skin during scratching and transferring them to the mouth. They may also be swallowed when inhaled while handling clothes and bedclothes of infected individuals. If your child exhibits marked anal itching, it is not unreasonable to check for pinworms.

Pinworms are easily treated with oral antiparasitic medicines including Pin-X, which is available over the counter. It is often necessary to treat each member of the family, although **pregnant women should not take this medication**. While pinworms can be quite annoying, they are certainly **not life threatening** and **not an emergency situation**.

Poisoning

Toddlers and preschoolers are quite curious. Because of this, they often find innovative ways to get into prescription medicines, household products and plants that are poisonous. Prevention is always our main goal. By 8-9 months it is important to have household cleaning products, household detergents and other household aids such as dishwasher detergents put up far out of reach of the infant. This is best done by putting them in secure spots that are both out of the reach of the child and locked to prevent access. Local hardware stores carry a wide variety of latches for cabinets which are quite useful for the young child. It is also important to store products in the original container. Things such as motor oil, gasoline, and other outdoor products should never be left at a height a child could easily reach, nor should they be left in non-original containers such as putting gasoline in Coke bottles.

At your early checkups we will remind you to buy a one-ounce bottle of Ipecac. Ipecac is a medication that can be given to cause vomiting in order to rid the stomach of poisonous products if they have been swallowed. **Remember, give Ipecac only after being instructed to do so by Poison Control or our office.**

It is important to never give Ipecac prior to calling Poison Control at 404-616-9000 (metro Atlanta) or 1-800-282-5846 (throughout Georgia). Some poisons are more dangerous if vomited. If your child has gotten into something which you are afraid may be poisonous, do the following:

1. If possible, have the original container at hand, keeping it with you as you seek help.
2. Call Poison Control at 404-616-9000 (metro Atlanta) or 1-800-282-5846 (throughout Georgia).
3. If your child is blue, has difficulty breathing, or is lethargic, take your child immediately to the nearest emergency department. Dial 911 to summon an ambulance.
4. Remember to take the original container of the product swallowed by the child with you to the emergency department.
5. Give Ipecac **only after** being instructed to do so by Poison Control or our office.

Poison ivy and Contact Dermatitis

Poison ivy or contact dermatitis, as it is also called, is caused by contact with the oil of the poison ivy plant or similar plants whose chemicals cause a blister-like itching rash. Poison ivy can occur only after actual contact with the sap of the plant or from the smoke of a burning plant. Once it has been bound to the skin it cannot spread to other sites, although other areas of poison ivy may become apparent over the next one to two days. It is possible to contact additional sap from clothing that has sap on it and has not yet been washed.

The obvious best treatment is prevention of contact with poison ivy plants or similar plants. If you do accidentally come in contact with the plant, wash the involved skin and clothing immediately. Treatment involves applying cool compresses made by soaking gauze pads or washcloths in Burrow's Solution which can be obtained at a local pharmacy. It is helpful to do this three or four times daily. Calamine lotion, Caladryl Clear, or Cortaid can also be applied to relieve itching and hasten healing. Oral Benadryl, one teaspoon for every 25 pounds of body weight, can be given every six hours for itching.

If these measures fail to relieve itching or control poison ivy, or the rash involves the face, please call our office. If there is fever, excessive swelling, pain, redness, or pus-like drainage from the area, please call our office.

Ringworm

Ringworm is a lesion that is generally pink, scaly, and ring-shaped, with a raised border and clear center. The patch of skin is usually 1/2 - 1 inch in size and mildly itchy. Ringworm is caused by a fungus infection of the skin often transferred from puppies or kittens. It is not contagious enough to worry about. After 48 hours of treatment, it is not contagious at all. It is not necessary to miss any school or daycare.

If the lesion is on a hairless surface, buy Lamisil, Lotrimin or Mycelex cream. Apply the cream twice daily to the rash and 1 inch beyond its borders. Continue this treatment for one week after the ringworm patch is smooth and is gone. Encourage your child to avoid scratching the area.

Call our office during normal office hours if ringworm is unimproved after 2 weeks of therapy.

Ringworm of the Scalp

Ringworm is generally on the scalp or a hairy skin surface. It is characterized by round patches of hair loss that slowly increases in size. The scalp may have scaling and usually occurs in children ages 2-10.

Ringworm is a fungus and not a worm. It infects the hairs causing them to break. This is usually transmitted from other children sharing combs, hats, brushes, barrettes, pillows, and bath towels. Less than 10% of cases are caused from infected animals.

Ringworm of the scalp is not dangerous but can spread. Hair growth is normal after treatment, but may take 6-12 months to recover.

Call our office during normal office hours if you find evidence of scalp ringworm.

Roseola

Roseola is a common illness in children between the ages of 4 months and 2 years. It is caused by a virus, Herpes virus 6, which is related to but different from other Herpes viruses. Roseola begins with a high fever (103-104°) for 3-5 days. **After the temperature drops to normal** the child develops rash that consists of small pink spots mostly over the neck, chest, and body. The rash is usually very faint but can get heavy; it lasts about one day. The diagnosis of Roseola is often not made until after the characteristic rash appears.

The most important way to make your child feel better is keeping the fever down. Please see the fever section of this book for advice about lowering fever.

Please call the office if your child has excessive sleepiness or irritability, persistent vomiting, diarrhea, cough, pain on urination, if the fever lasts for more than 5 days, or a sore throat is associated with the rash.

Streptococcal Pharyngitis (Strep Throat, Strep Tonsillitis)

Most sore throats accompany a cold or flu and are caused by viruses. They are usually somewhat painful and annoying but last only 2 or 4 days and go away on their own without antibiotics. "Strep throat" is a throat infection caused by *Streptococcus* bacteria. If left untreated it can lead to more serious problems such as rheumatic fever, a disease causing inflammation of the joints, (arthritis), heart, or other tissues. Sometimes strep throat is followed by inflammation of the kidneys (nephritis). Fortunately both conditions are very uncommon.

Strep bacteria are spread by infected nose or throat mucus, either through the air with coughing or sneezing or by direct contact. Illness begins from 12 hours to 6 days after exposure.

A sore throat caused by strep can be mild with just a "tickle," or very painful, especially when swallowing. It is often, but not always, associated by fever (100.5° F; 38° C or higher), headache, stomachache, and sore swollen lymph nodes (glands) in the neck. Some children complain only of headache or stomach pain. When earache is present, it is caused, in most cases, by throat pain extending up to the ear.

On examination of the throat, the tonsils are usually swollen and bright red and may have white or yellow patches of pus visible on the surface. The roof of the mouth may also be red or contain small red spots. A distinctive bad breath odor is common. When strep throat is accompanied by a red rash and fever, it is called scarlet fever.

If strep throat is left untreated, discomfort lasts 2 to 5 days; with antibiotic therapy it lasts about 1 to 3 days. The rash of scarlet fever fades after several days but is often followed by flaking or peeling of the skin, especially around the fingertips 1 to 3 weeks later. A throat culture or rapid strep test can tell us if your child has strep throat.

Antibiotic treatment for strep throat, usually penicillin, can be given either by mouth or as an injection. Oral antibiotics **must be taken for a full 10 days** to prevent complications or recurrences. If you miss a dose, double the next one. You should not miss an entire day. Once your child has received antibiotic therapy for a few days and is feeling better, it is easy to forget to continue and finish the treatment. Failure to complete the

full course may well result in a relapse of the infection and return of the illness, sometimes within hours of the last dose of antibiotic.

Be sure to discard the child's toothbrush and replace after a few days on antibiotics.

Children with strep throat are contagious until 24 hours after the start of antibiotic therapy. Children may return to school or daycare 24 hours after beginning antibiotics and when temperature and activity level are normal.

Call us during regular office hours if your child complains of an earache; neck glands become very tender, swollen or red; fever or illness lasting more than 5 days; someone else in the family has a sore throat (after a strep diagnosis has been made).

Vomiting

Vomiting in children is most often due to an intestinal virus. Most viruses are accompanied by diarrhea. Vomiting with an intestinal virus seldom lasts longer than 24 hours.

If your child develops nausea and vomiting, provide them with frequent small amounts (1-2 tablespoons every 15 minutes) of clear liquid such as Pedialyte or Kao-lectrolyte. When your child has had no vomiting for 6 hours, you can start solids beginning with easily digested foods such as crackers, soup, and toast. Call us immediately if: the material vomited is bright yellow or pea green in color on more than one or two occasions; the vomit contains a moderate to large amount of blood; the child is very sleepy and difficult to arouse, especially if he has a high fever; there are signs of dehydration, such as dry sticky tongue and mouth. Vomiting which has lasted less than 24 hours is not usually associated with severe dehydration, the younger the child the more rapid the dehydration. Call us promptly during regular office hours if your child otherwise appears well, but the vomiting has lasted longer than 24 hours.

Wheezing

If your child is having great difficulty breathing and is straining and pulling to get air in and out, please call us immediately or go directly to the emergency department.

What we need to know:

- Has the child had any history of wheezing or asthma?
- Does anyone else in the family have asthma or lung problems?
- Is he having difficulty breathing (straining or pulling to get air in or out)?
- Does he have a cold?

Call us immediately if:

- He has a high fever accompanying his wheezing.
- He is straining and pulling to get air in and out.
- He has swallowed any coins or other objects just prior to wheezing.

Call us promptly during regular office hours if:

- The wheezing has lasted longer than 8 hours, even if there is no difficulty breathing.
- The fever is higher than 101° for more than 24 hours.

Yeast Infections (Diaper Rash/Thrush)

Yeast infections are a very common cause of a beefy red diaper rash that can often cover the entire diaper area. Infants under 3 months of age can often develop a yeast infection with no apparent cause. In older infants, toddlers, and young children, the treatment of a bacterial infection with oral antibiotics can cause yeast to overgrow in moist dark areas such as the diaper area.

Yeast may also appear in the mouth as white patches on the tongue or inside the cheeks, which do not scrape off as milk curds would. This condition is called "thrush." If your child has thrush, call the office. We can prescribe a medicine to swab the inside of his mouth. You will also need to boil all pacifiers and nipples daily. If you are breastfeeding and your baby gets thrush, you will also need to be treated so that you are not passing the infection back and forth.

If you notice the diaper rash described above, things to do include:

- Change diapers frequently and keep the areas as dry as possible, but do not use powders or cornstarch.
- Clean the diaper area with warm water or Cetaphil cleanser with each diaper change.
- Eliminate rubber pants for infants and use only white cotton pants for toddlers or young children.
- Buy Gyne-Lotrimin cream (used for vaginal yeast infections) or Lotrimin AF and apply 3 times daily.
- **Call the office during office hours** if the rash is not improving after 3 days of medication. If this is an uncomplicated yeast infection, we can prescribe a cream for the diaper area and/or oral medication for the oral infection. Continue these medications for at least three full days following disappearance of the rash or thrush. If you notice no improvement of the rash or thrush after one week of treatment, call back for further advice. It may take two weeks for the yeast to totally clear, and it may persist as long as your child is on oral antibiotics. Yeast infections also frequently recur each time a child is placed on antibiotics. If you require a refill on medication for yeast infections, please call during office hours, as yeast infections are not medical emergencies.

Microbiology Short Course for Parents

Microbiology is the study of "germs" or microorganisms. The two main groups of microorganisms that we are concerned about as far as causing illnesses are bacteria and viruses.

Bacteria are living cells - this is, they have all the genetic and internal structures that are needed to live and produce.

Viruses are not complete cells. They consist of some genetic material (DNA or RNA) coated with a protective covering or shell. Viruses need to enter human cells and use the "machinery" inside the human's cell to live and reproduce.

Medications have been developed to kill bacterial cells. These are known as antibiotics. The antibiotics have been made in such a way to get past the bacteria's natural barriers and kill them. Bacteria may develop some "resistance" that can counteract some of the antibiotic. It is important not to overuse antibiotics or fail to properly take antibiotics so we can avoid bacteria that develop resistance to antibiotics.

Because viruses are completely different types of microorganisms, antibiotics do not work to kill them. There are very few viruses that we have medicines for at this time (influenza and severe herpes virus infections are two exceptions.) There are vaccines that prevent certain viral infections (polio, measles, mumps, rubella, chicken pox, hepatitis A and B).

The majority of acute illnesses that children get are viral in origin. The viruses eventually are managed by the immune system and the illness is over. In other words, we have to let it "run its course." Common viral infections are usually not serious but can make children feel quite ill for several days. There are also rare times that viruses do cause serious illness or complications that can be severe. There are hundreds of types of viruses. Some commonly known ones are listed below.

- Parvovirus Causes Fifth Disease
- Adenovirus 37 human types. Causes eye infections, cold symptoms, sore throat
- Herpes Roseola, chicken pox, HSV I mouth ulcers, CMV, EBV (mononucleosis).
- Picorna 1 subtype called rhinovirus has at least 100 common cold strains

Enteroviruses are in this group including Coxsackie (hand-foot-mouth syndrome). Enteroviruses can cause fever without other symptoms, vomiting and diarrhea, stomach pain, cold symptoms, sore throat, eye infections, and rashes.

- Reovirus Rotavirus
- Corona Some colds
- Orthomyxo Influenza A and B
- Paramyxo 3 strains of parainfluenza which can cause croup, pneumonia, metapneumovirus
- Rhabdo Rabies

Bacterial infections that are common are things like strep throat, impetigo, urinary tract infections, some pneumonias and bronchial infections, and many ear infections. Bacterial infections often follow a viral infection such as an ear or sinus infection following a "cold." The underlying virus will still get better on its own, but we often treat with antibiotics once a "secondary" bacterial infection occurs or is suspected. Sometimes it is difficult to tell when a virus is still the predominant cause of the illness or if a bacterial infection is beginning. Often watching for persisting or worsening symptoms is necessary to be sure. Once an antibiotic is prescribed, you should see improvement in the illness/symptoms in 48-72 hours.

There are some **common misconceptions** regarding infections that should be cleared up.

- 1) If there is fever, there is "infection" (meaning that the illness is caused by bacteria and needs antibiotics.) Both viruses and bacteria cause infections and illness, including possible fever. The presence of fever doesn't signify that an antibiotic is needed since a large number of viruses cause significant fevers.
- 2) Green runny nose means bacterial infection. This is not necessarily true since in the normal course of a cold the nasal mucus can be yellow or green for several days and then clear up. A continuous, prolonged period (10-21 days) of green runny nose is likely to be a bacterial infection since most runny noses from viral upper respiratory infections will have improved by that time.
- 3) Cold weather or wind makes the children sick. You need a microorganism to get sick! It is true that more illnesses occur in the cold weather months. Part of the reason is that we are all crammed indoors spreading germs more effectively. Part of the reason also is that certain viruses have seasonal variations and mainly occur during winter months (influenza epidemics, RSV, croup viruses, etc.).
- 4) It's good to "catch it early." Because most viral infections must run their course, prudent watching of signs/symptoms is the key. An office visit early in a viral illness cannot prevent the progression of the illness nor can it stave off a secondary bacterial infection. If a child has a very ill appearance, ear pain, pain with urination, continued fast breathing rate (more than 60 breaths per minute), becomes very

lethargic, has fever or greater than 101° for 5 days, or appears dehydrated (dry mouth, infrequent urination), please call for advice.