Caring For Your

A Guide to Well Care and Common Illnesses

Children's Medical Group of Saginaw Bay™

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Caring For Your Baby
Instructions for
Newborn & Child Care

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Baby's Name _____

Birthdate _____

Birth Weight _____

Birth Length _____

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This information is given in order to relieve you of small anxieties that occur with any new baby. If at any time there is doubt about the instructions listed below, or other problems not mentioned, feel free to call us.

Getting To Know Your Baby

Sometimes, new parents are unsure of themselves. But, as long as your baby is loved, well fed, and comfortable, you need not worry that you are inexperienced parents.

Your baby is an individual from the day he or she is born. As the parents, the people most closely involved, you will come to know your baby best. Trust yourself. Don't take too seriously all the advice of well-meaning friends and relatives.

All babies sneeze, yawn, belch, have hiccups, pass gas, cough, cry, and get fussy. These are normal behaviors. Sneezing is the only way that babies can clean their noses. Hiccups are just little muscle spasms, and they often can be stopped by giving the baby a few swallows of lukewarm water. Crying is a baby's way of saying, "I'm wet," "I want to be held," "I'm too hot," I'm too cold," "I'm bored," "I'm hungry." You will gradually learn to know what your baby means when he or she cries.

Because your baby has not had time to build up resistance to infection, try to limit visitors during the first few weeks at home. Discourage friends and relatives from handling the baby. There will be lots of time for that later.

General Care

Your baby should have regular medical examinations, even though he or she appears well. These visits will give us a chance to check on your baby's growth and development and to talk with you about baby care. We will also give the baby "shots" (or immunizations, or injections) to protect against some childhood diseases.

Your baby's first full check up will be when your baby is 3-5 days old. Please call our office for an appointment.

Phone us during office hours when you feel you need advice. We will be happy to give you guidance and answer your questions. You will find it helpful to have paper and pencil ready for writing down any instructions we may give.

If an emergency occurs, call us immediately.

These are some signs of illness that should be reported to us:

- Fever, with rectal temperature of l00.5^{0}F or higher
- Refusal of feedings or repeated vomiting (not just spitting up)
- Excessive crying without obvious cause
- Listlessness or constant sleepiness
- Frequent fluid bowel movements (with mucous, blood, or foul odor) .
  Any unusual rash (not just prickly rash)

Safety

You want to do everything possible to assure a safe environment for your baby. Beginning with the first car trip home from the hospital, you should always use an infant car seat whenever you take the baby for rides. Rear facing car seats should not be used in the front seat of a car with an airbag. A baby can be seriously injured in a sudden stop if held in a passenger's arms rather than secured safely in an infant car seat. We will be glad to help you choose a good infant car seat.

There are many simple ways to assure your baby's safety at home. For example, never leave the baby alone on a table or other high place, where he or she could roll off.

Be sure the slats on the crib and playpen are no more than 2 3/8 inches apart, so the baby's head cannot possibly get caught between them. The mattress should be firm, flat and fit the crib snugly on all four sides. Keep the crib free of clutter. This means no pillows and no toys that the baby could become entangled in.

Babies are attracted to colorful and shiny objects. Keep small objects like buttons and pins away from the baby's reach so he or she is not tempted to pick them up and swallow them.

A baby's delicate skin can be burned easily. When you take the baby outside, protect him or her from hot rays of the sun. Always test the water before your baby's bath to be sure it is not too hot. Smoking cigarettes while feeding or playing with the baby could be dangerous, because hot ashes could fall on the baby. Also, don't hold the baby while cooking. Hot fat could splatter on the baby, or he or she could touch hot pans or their contents.

Comfort

Room Temperature

Try to keep an even, comfortable temperature in your baby's room. Windows may be opened in warm weather, provided the baby is not in a draft and the room temperature does not fall below 68^0F.

Crib

Cover the mattress with a waterproof cover, quilted pad, and soft baby sheet. Do not use a pillow. In the first two weeks, place your baby to sleep wrapped (swaddled) in a blanket. After the first few weeks, do not use any blankets in the crib. We recommend putting your baby to sleep on their back or side until they are old enough to roll over.

Clothing

A baby does not require any more clothing than an adult. Dress your baby according to the temperature. Some babies are allergic to certain materials, so watch for rashes in areas in contact with clothing.

Outdoors

You can take your baby outside whenever the weather is pleasant. Babies born during warm weather may be taken outside shortly after they go home. You should avoid taking your baby to crowded places in the first 2 months of life.

Care of Navel and Circumcision

The umbilical cord will usually take about 10 - 14 days to fall off. Use a cotton ball or Q-tip to apply alcohol to the base of the cord. Do this two (2) times per day until the cord falls off. As the cord separates, you may notice some bleeding from the cord. This is normal. If you notice thick, foul smelling drainage from the cord, you need to call us.

If your baby boy is circumcised, watch for swelling or bleeding. A&D Ointment or Vaseline should be applied at the site of the circumcision at each diaper change for 2 to 3 days. If your baby boy is uncircumcised, leave the foreskin alone until it is fully retractable. This can take as long as 5 years. We will check the foreskin at the well baby exams and let you know when you need to start daily cleaning.

Bathing

It is a good idea to have a fairly regular time for bathing your baby. The room should be warm with no drafts. Keep bathing supplies together to save yourself steps. Wash your baby by sponging until the navel (and penis, if circumcision was performed) is healed. Then, you can bathe your baby in a small tub containing 3 inches of comfortably warm water. Check the temperature of the water with your elbow.

Wash the baby's face with plain, warm water and a soft cloth; do not use soap. To clean around the eyes, use cotton dipped in cool water. Wipe from the bridge of the nose toward the ears. Do not try to clean the inside of either the nose or ears, but clean outer areas with a moist washcloth or cotton ball.

Wash your baby's head with a mild shampoo. Work from front to back to keep suds out of the baby's eyes. Clean carefully over the soft spots on a young baby's head. If you notice a greasy scaling (cradle cap), use a dandruff shampoo twice a week.

Use a mild soap and warm water to wash the baby's body. Be sure to wash in the folds of skin. Rinse well. Pat the baby dry. Do not use powder after the bath because the baby could inhale the powder and have trouble breathing. If the skin is very dry, you may use baby lotion sparingly after the bath.

Nail Care

Trim your baby's nails with blunt ended nail scissors. This may be necessary several times a week.

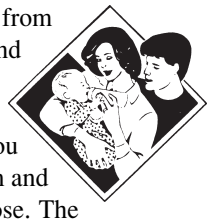
Stools

Stools of newborn babies vary considerably in size, color, consistency and frequency. A baby may have several bowel movements daily or none for a few days. Stools may be yellow, brown, or green and may be firm, loose, or pasty. Soft, loose, pasty stools are typical for breast-fed infants.

Change your baby's diaper as soon as possible after each bowel movement or wetting. Clean the diaper area and wipe it gently with a washcloth moistened with water or use alcohol-free baby wipes. After cleaning the diaper area, apply a light coat of A&D Ointment or Vaseline to the area to protect the skin. When your baby is sleeping through the night, use Desitin prior to putting your baby to sleep for longer lasting protection.

Feeding

At Feeding Time



Feeding is one of your baby's most pleasant experiences. At feeding time, the baby receives nourishment from food and a feeling of security from parents' loving care. The food helps your baby to grow healthy and strong. Parental love starts your baby in the development of a secure and stable personality Both you and the baby should be comfortable at feeding time. Choose a position that will help you to relax as you feed your baby For your baby's comfort, be sure he or she is warm and dry. Whether breast-feeding or bottle-feeding, hold your baby close. The baby's head should be slightly raised and rest in the bend of your elbow.

A Schedule with Flexibility

A feeding schedule usually is most satisfactory if it is flexible, allowing the baby to eat when he or she becomes hungry. Very young babies usually want to be fed every 2 to 4 hours, but older babies may wait for 5 hours between feeding. Although crying is the only way a young baby can complain of hunger, crying may mean other things as well. If your baby occasionally cries within 2 hours after feeding, hunger probably is not the problem.

Type of Feeding

Breast milk is the best feeding for a baby. If you do not choose to breastfeed, we will recommend an infant formula, probably one fortified with iron. Breast milk or infant formula is the only food your baby needs in the first 4 to 6 months of life. Breast milk or infant formula should be continued until your baby's first birthday.

The cow's milk that the rest of your family drinks in not an appropriate feeding in the first year of life.

Technique of Breast-Feeding

You may need to help a newborn baby start nursing. Do not push the baby toward the breast. Instead, as you hold the baby, gently stroke the cheek nearer the breast.

The nipple and the dark area around it (the areola) should be in the baby's mouth. Pressure of the baby's mouth on the areola releases milk from your breast. You may need to place a finger or two on the breast to keep it away from the baby's nose. Otherwise, the baby may have trouble breathing.

Use both breasts during each feeding. When you first begin to nurse, put the baby to each breast for about 5 minutes. Gradually build up to 10 to 15 minutes at the first breast. Continue at the second breast until your baby is satisfied. Many babies will suck for a long time. However, the milk is usually emptied from each breast in 10 to 15 minutes. Prolonged nursing can be exhausting for you and your baby.

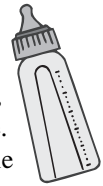
Begin each feeding at the breast you finished with the previous time, especially if the baby did not feed long at that breast. We suggest you put a diaper pin on your bra strap to remind yourself which breast to begin with at the next feeding. We generally recommend waiting until your baby is at least 2 weeks old before you begin any supplemental bottle feeding.

If you need to be separated from your baby at feeding time, you can leave either a bottle of milk that you "expressed" (squeezed) from your breasts or a bottle of prepared infant formula.

Technique of Bottle-Feeding

Hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby receive formula instead of air. Air in the baby's stomach may give a false sense of being full and may also cause discomfort.

Sucking is part of the baby's pleasure at feeding time. A baby may continue to suck on a nipple even after it has collapsed. So take the nipple out of your baby's mouth occasionally to be sure it hasn't collapsed.



Never prop a bottle and leave your baby alone to feed. The bottle could slip and make the baby gag. Also, drinking from a propped bottle may be related to tooth decay (cavities) in older infants. Remember, too, your baby needs the security and pleasure of being held at feeding time. Face to face contact is very important for your baby. Never leave the bottle in the crib.

Most babies feed for 15 to 20 minutes. Sometimes your baby will take all the formula in the bottle and sometimes not. Don't worry; this is normal. You should never force your baby to eat or to finish every bottle. Throw out any formula left in the bottle.

When your baby regularly finishes the entire bottle at each feeding - and sometimes cries for more - it may be time to increase the amount of formula. Your baby will need larger amounts of formula as he or she grows.

After feeding time, rinse the bottle with cool water and squeeze water through the nipple hole. Although you will wash the equipment thoroughly later, nipple holes may clog if they are not rinsed right after use.

Test nipples regularly to be sure the holes are the right size. If the nipple holes are too small, the baby may tire of sucking before getting all the formula he or she needs. If the holes are too large, the baby will get too much formula too fast. The baby may also get so much air that he or she spits up all or part of the feeding.

When the nipple holes are the right size, warm infant formula should drip smoothly without forming a stream. To enlarge holes that are too small, use a white-hot needle. An easy way to heat the needle is to put the blunt end in a cork and heat the point in the flame of a match or cigarette lighter.

Burping

Burping your baby helps remove swallowed air. To burp your baby, hold him or her upright over your shoulder, and gently pat or rub the back. Another way is to place the baby face down across your lap and gently rub the back.

Or you can sit the baby on your lap, leaning slightly forward with your hand supporting the chest.

Burp your baby several times during as well as after each feeding. Sometimes, a baby will not be able to burp. Do not try to force the baby to burp if the first few attempts are not successful. Don't be alarmed if your baby spits up when being burped.

Other Feeding

Do not give your baby sugary liquids like soft drinks, ades, or juices to drink from a bottle. They can harm your baby's teeth and also can cause diarrhea. Regular milk also is not as good as breast milk or infant formula for a baby in the first year of life.

You should wait to give solid foods to the baby until he or she is 4-6 months old. When that time is near, we will discuss with you the addition of new foods to the baby's diet.

Formula Preparation

A simple way to prepare formula is to mix it and pour it into clean nursing bottles, and then to sterilize the formula in the bottles. You should prepare your baby's formula this way until we tell you otherwise.

Note: If you use water from the city system or bottled water and follow these instructions, sterilization is not necessary. If you use well water or are not careful in preparing the formula, sterilization is necessary to prevent infection.

All items used in preparing your baby's formula must be clean. Scrub bottles, nipples, and caps with hot water and detergent, using a bottle brush. Squeeze water through the nipple holes. The measuring pitcher, can opener, and other articles should also be washed well. Rinse everything thoroughly with hot water.

Just before you mix the formula, wash your hands well. Then wash the top of the formula can with soap, rinse it, and dry it before opening. Be sure you check the expiration date on the can; don't use formula after that date.

Follow the directions on the formula can for preparation of the formula.

To Warm Formula

If your baby prefers warm formula, remove a bottle from the refrigerator just before feeding and put it in a pot of hot (not boiling) water for a few minutes. Or use a bottle warmer. Do not use a microwave oven because the formula may become scalding hot while the bottle remains cool to the touch. Most babies do fine with room temperature formula.

Before feeding the baby, test the temperature of the formula by shaking a few drops on the inside of your wrist. If should feel warm, but not hot.

Vitamins and Iron

Formula with iron provides all the necessary vitamins and minerals except fluoride. Babies who are breast fed or who do not have city water may need fluoride drops at six (6) months. Breastfeeding mothers should continue to take their prenatal vitamins as long as they are breastfeeding. Breast milk will provide all the needed vitamins and iron except fluoride and Vitamin D.

Crying and Gas

Crying is your baby's way of saying "I'm wet," "I want to be held," I'm too hot," I'm bored," "I'm hungry." You will learn to tell your baby's cries apart by the time he/she she is three months old.

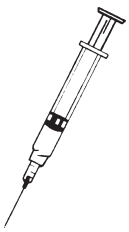
Every baby is gassy because of swallowed air during sucking and crying. Your baby will swallow more air with a clogged nipple, when sucking on an empty bottle and when sucking on a pacifier, thumb or blanket. You can comfort your baby by holding, gentle patting or rubbing, or walking your baby around.

Crying is a normal stage of development. Most babies develop a "fussy" period that lasts for a couple of hours. It usually occurs in the evening. It will happen at about the same time every day and end about 2 - 4 hours later. If your baby is happy and content the rest of the day, it is not the breast milk or formula. Your baby will pass gas during this time because of the crying, but the gas is the result not the cause. Dealing with this period is not easy, don't blame yourself. You are not doing anything wrong. Try to calm your baby by offering a pacifier, gently rocking him/her, talking or playing music. Sometimes walking your baby or taking him/her for a car ride will help. This stage peaks at six weeks of age and goes away at about three months. If your baby has these spells throughout the day or cries for more than six hours, please let us know.

Well Visits and Immunizations

The following is the schedule of well visits and immunizations that we follow in the office:

3-5 days:	Well Visit (HBV #1 if not already given)
2 weeks:	Well Visit
2 months:	Well Visit and DTaP #1, Hib Conj #1, IPV #1, Pneumo Conj #1, HBV #2, and Rotavirus #1
4 months:	Well Visit and DTaP #2, Hib Conj #2, IPV #2, Pneumo Conj #2, and Rotavirus #2
6 months:	Well Visit and DTaP #3, Hib Conj #3, IPV #3, Pneumo Conj #3, HBV #3, and Rotavirus #3
9 months:	Well Visit (HBV #3 if not already given)
12 months:	Well Visit and MMR #1, Varivax #1, HAV #1, Hemoglobin and Blood Lead
15 months:	Well Visit and DTaP #4, Hib Conj #4, Pneumo Conj #4
18 months:	Well Visit and HAV #2
24 months:	Well Visit and Blood Lead
30 months:	Well Visit
36 months:	Well Visit, Vision and Hearing
48 months:	Well Visit, Vision and Hearing, DTaP #5, IPV #4, MMR #2, Varivax #2 and Urinalysis
60 months:	Well Visit and Vision and Hearing



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Well Visits and Immunizations (Continued)

7 yr.-18 yr:	Yearly Well Visit and Vision and Hearing
11 yr:	Tdap, MCV4 #1, HPV #1 (HPV #2 - 2 months later, HPV #3 - 6 months later)
16 yr:	MCV4 #2

Immunizations

During the first several years of your child's life, he/she will receive several immunizations. Most of these are given more than once to protect your child immediately and for the future.

Meningococcal Conjugate

This is a vaccine to prevent infections due to a group of bacteria called Neisseria meningitidis. These bacteria can cause meningitis and sepsis. The bacteria can cause a serious, overwhelming, rapidly fatal infection called meningococcemia. Death from infection can be as high as 10%. This infection can occur at any age but is most common in infants, adolescents, and young adults. The vaccine can cause pain, redness and swelling at the side of the injection.

DTaP

This is a combined vaccine aimed at diphtheria, tetanus, pertussis. Diphtheria is a bacterial infection that can cause serious infection in the throat and can lead to difficulty breathing, paralysis, or heart failure. About 1 in 10 people who gets diphtheria dies. Pertussis, or whooping cough, can cause serious lung disease, especially in young babies. About 1 out of 200 babies with pertussis dies. Tetanus, or lockjaw, is a disease that occurs after a cut or wound lets bacteria into the body. It can cause paralysis and death. The pertussis component of the vaccine is acellular which causes less reaction than the whole cell pertussis vaccine. Most children will have redness and swelling at the site of the shot. Some children may also have fever, increased fussiness, or increased sleep. Less than 1 in 1,750 may have a seizure (usually related to fever) which does not cause any permanent injury. Most experts agree there is no correlation between vaccination and SIDS. We will ask you to give your baby Tylenol to decrease any fever or tenderness which may result from the shot.

Tdap

Tdap is the booster vaccination against Tetanus, Diptheria and Pertussis for children 11 yrs and older through adulthood. The vaccine is given at age 11 and is good for 10 years (5 years if there is an open wound). Tetanus vaccination is recommended every 10 years after age 11.

Hib Conjugate

This is a vaccine against one of the most common bacterial infections in childhood - Hemophilus influenza type B. This bacteria can cause meningitis, pneumonia and sepsis in children, especially under age two. The vaccine can cause redness and swelling at the site of the shot.

Polio

Polio is a viral infection that can cause permanent crippling or paralysis. One out of every 10 people die. The polio vaccine is available as an injection (IPV) and as a liquid (OPV). We no longer use the OPV because of the very rare occurrence of vaccine acquired polio (less than 1 in 8 million doses) since natural polio no longer occurs in the U.S. The IPV has no risk of causing polio even in persons with an abnormal immune system. The IPV causes redness and swelling at the site of the shot.

MMR

MMR is a vaccine against the viral infections measles, mumps, and rubella. Measles and mumps can cause brain damage. Rubella can cause birth defect if a mother gets the infection during her pregnancy. About l out of 5 children may get a rash, low grade fever, and runny nose 10 to 14 days after the shot. Rarely, children-can have joint swelling and pain 2 to 4 weeks after the shot which usually disappears within 6 weeks.

Varivax

Varicella is the virus which causes chicken pox. The vaccine is 70% to 90% effective at preventing chicken pox in vaccinated children. The most common side effects are a chicken pox rash at the site of injection or on the total body up to six weeks after the shot. Once vaccinated, your child should not be in contact with someone who is immunosuppressed, or pregnant women who have not had chicken pox, for six weeks.

HepA

Hep A is a vaccine against Hepatitis A infection (HAV). Hepatitis A is a viral infection that can cause liver disease. One in five persons need hospitalization and death occurs in 3-5 cases per 1,000. It is spread by close personal contact and sometimes by eating food or drinking water containing HAV. The vaccine can cause redness at the site of injection and headache, loss of appetite or tiredness. The vaccine is a two dose series at 12 and 18 months.

HBV

HBV is a vaccine against Hepatitis B infection. Hepatitis B is a virus that can cause serious liver disease and can lead to chronic liver failure and death. It is transmitted by blood transfusions, by sexual intercourse, or by IV drug abuse. It is also transmitted from mother to baby during pregnancy if mom is infected. An infant who acquires Hepatitis B will frequently carry the disease for a lifetime. The vaccine can cause redness and swelling at the site.

Pneumococcal Conjugate

This is a vaccine to prevent infections caused by a group of bacteria called Streptococcus pneumoniae. This bacteria can cause meningitis, pneumonia, sepsis and ear infections. This conjugate vaccine is very effective in children under two. The unconjugated pneumococcal vaccine is used in adults. The vaccine can cause redness and swelling at the site of the injection.

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HPV

HPV is a vaccine against the nine most common types of human papillomavirus. These types are responsible for 70% of cervical cancer and 90% of genital warts. The vaccine is given as a three dose series, with the second dose 2 months after the first and third dose 4 months later. The vaccine can cause redness and swelling at the site, and less commonly, fever.

Rotavirus

Rotavirus is a virus that causes severe diarrhea in children under 2 years old. The virus can also cause fever and vomiting. Prior to rotavirus vaccine, rotavirus infection caused more than 200,000 emergency room visits, 55,000 to 70,000 hospitalizations, and 20-60 deaths in the United States every year. Infants who get the vaccine are much less likely to be hospitalized or to see a doctor because of rotavirus diarrhea. The vaccine is an oral vaccine. Side effects from the vaccine are most commonly irritability, or mild, temporary diarrhea or vomiting.

For further information on vaccinations, go to www.cdc.gov, www.aap.org, or www.healthychildren.org.

Fever

Fevers are very common in children and are a sign that your child may be sick or teething. A fever is a result of the body's immune system and may help the body's white' blood cells (WBC's) work better in fighting off an infection. A fever is not dangerous unless it is above 106 degrees F for many hours. Treating a fever with acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) will make your child more comfortable but will not cure the fever. Use one or the other, do not alternate! The main treatment for a fever is directed at the cause (antibiotics for bacterial infections, time for viral infections). We will need to see your child for a sick visit to diagnose the cause of your child's fever. In infants, a rectal temperature is the most accurate.

1. DOSAGE OF ACETAMINOPHEN OR IBUPROFEN PRODUCTS

Weight (lbs):	Age	Acetaminophen (mg)	Ibuprofen (mg)
6-11 lbs	0-3 mos	40	40
12-17 lbs	4-11 mos	80	80
18-23 lbs	12-23 mos	120	100
24-35 lbs	2-3 yrs	160	150
36-47 lbs	4-5 yrs	240	200
48-59 lbs	6-8 yrs	320	250
60-71 lbs	9-10 yrs	400	300
72-95 lbs	11 yrs	480	350

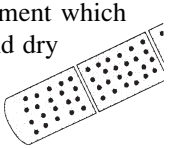
Dose can be given every 4 hours.

2. If the temperature is above 104 degrees F, you can use lukewarm water in addition to acetaminophen or ibuprofen. Let your child sit in the bathtub or use a washcloth and warm water. The cooling effects of the water are the result of water drying from the skin so you don't need cold water. The warm bath will lower the temperature over twenty to thirty minutes but it will go back up. If your child is shivering or uncomfortable during the warm bath, stop and bundle your child until they are comfortable again.
3. We need to see your child under the following conditions:
   - Any fever over l00.4 degrees F in a child under 2 months of age.
   - A fever without any other symptoms that lasts longer then 24 hours.
   - A fever associated with earache, persistent cough or runny nose and congestion, vomiting for more than 8 hours, excessive crying without an obvious cause, listlessness, stools with blood or mucous, difficulty breathing, rash, headache or stiff neck. When reporting fevers, tell us what the temperature was and how you took it - do not add or subtract any degrees

Minor Injury Management

Minor Cuts and Abrasions

Wash the injured area thoroughly with soap and water. Blot dry and cover with sterile dressing for several days if necessary. An antibacterial ointment which you may purchase without a prescription may be used. Keep wound dry until scab falls off. If periodic tetanus protection has been given (within 5 years), no booster is necessary. If the wound appears infected, call the office.



Larger Cuts and Lacerations

Apply pressure to control bleeding. If the wound is on an extremity, elevate. If there is difficulty controlling bleeding or the laceration is large enough to require sutures, call the office or go to the nearest emergency room.

Head Injuries

Most blows to the head do not cause serious injury. Call the doctor's office or go to the emergency room if there is:

1. Inappropriate drowsiness (it is normal for the child to be fatigued after crying as a result of a fall).
2. Difficulty in arousing the child (should be awakened every 2 hrs. during first night).
3. Vomiting (once or twice is not uncommon, but persistent, forceful vomiting should be reported).
4. Unequal Pupils.
5. Increasingly severe headache and/or irritability or personality change.
6. Stiffness of neck.
7. Bleeding or clear fluid from ears or nose.
8. Weakness of arms or legs.
9. Convulsions.

Management of Croup

Croup is caused by a virus which affects the windpipe just below the voicebox. This area becomes swollen and therefore causes noisy coughing and breathing. The cough is deep and barky. Often you will hear a noise when a child with croup breathes in but not when the child breathes out. The croup virus usually also causes a runny nose and sometime a slight fever. Like any viral illness, symptoms may last 7 - 10 days. The first 2 - 3 days are usually the worst.

The child usually gets better during the day and worse at night. Although the noisy breathing can be very frightening both to you and your child, the following steps may help:

1. Put a vaporizer (preferably cool air) in your child's bedroom.
2. Lift up the head of your child a little (a rolled-up blanket under the mattress works well). If your child is having difficulty breathing or wakes up later with more difficulty, try the following:
3. Keep calm and try to keep your child calm. The more upset your child is and the more he cries, the more difficult the breathing becomes.
4. Take your child into the bathroom and steam up the room. Sit with your child for 15 - 20 minutes and let the steamy air work.
5. If breathing is still difficult, go outside in the cold night air (your child should be dressed in a hat and coat). If after 15 to 20 minutes, he continues to have trouble, call us.

Warning signs - call us immediately if:

- The croup symptoms begin very suddenly.
- Your child has a fever over 102^0F.
- You see the skin under and between your child's ribs sinking in as he breathes.
- Your child has difficulty swallowing or is drooling a lot.
- Your child has to lean forward in order to breathe.

Vomiting and Diarrhea

Vomiting and diarrhea are common childhood illnesses. They can occur separately, or at the same time. Diarrhea is an unusual increase in the number of stools (or bowel movements) per day or an increase in the looseness or amount of water in the stool. Diarrhea is most commonly caused by a viral infection of the intestinal tract. However, infants and young children can have more frequent or more loose stool for other reasons, including viral upper respiratory infections (e.g. colds or ear infections) or inability to digest certain foods or drinking too much juice. Diarrhea caused by an intestinal virus usually clears up after 5 - 7 days. The treatment of vomiting and diarrhea is aimed at preventing your child from becoming dehydrated while he/she naturally recovers from the infection. Antibiotics are not helpful in treating virus-caused diarrhea. Other medicines such as Kaopectate or Lomotil, medicines which slow down the diarrhea, can make the infection last longer and make your child more ill.

Treatment of Vomiting

Frequently vomiting and diarrhea occur together. Treat the vomiting first and then follow instructions for diarrhea.

1. Do not give any fluids (including water) or solids for 2-4 hours after the last episode of vomiting. This is important.
2. After the initial 2 to 4 hours of stomach rest, start clear liquids very slowly. For infants use pedialyte 1/2 oz. every 20 minutes. For toddlers 1 oz. of pedialyte or gatorade. For older children, Gatorade, popsicles, flat pop and soup broth. Repeat the small amount every 20 minutes.
3. If your child keeps the liquid down after the first hour, double the amount and continue offering every 20 to 30 minutes. You can continue to double the amount every hour.
4. If your child starts vomiting again, wait an additional 2 to 4 hours and try again. If this fails, please call the office.

Note: Trying to hurry the process by offering your child liquids or solids too soon or too much will only cause the vomiting to return.

5. Once your child has kept down liquids for about 4 hours you may start bland foods like crackers, cereal, toast, rice, non-citrus fruits like bananas and apples (applesauce), mashed potatoes, spaghetti, vegetables and soup. It is best to give smaller amounts more frequently. After 2-4 hours of keeping down bland foods, your child may return to a regular diet, including milk products. If diarrhea is present see below.

Treatment of Diarrhea

The main goal of treatment is to keep your child well hydrated. This can best be accomplished by adjusting your child's diet.

1. Breast fed infants: Continue breast feeding and give your baby extra liquids like pedialyte and juice.
2. Other infants and children: If your child is vomiting follow the above vomiting guidelines first. The current recommendation for treatment of diarrhea is to continue giving solid foods and to offer additional liquids. The best fluid to prevent dehydration is pedialyte. Gatorade can be substituted for toddlers and older children, If your child has blood or mucous in the stools please call us. For most children with diarrhea, stopping milk products is not necessary.
3. Foods like bananas, rice cereal, applesauce, toast, boiled rice or spaghetti, cooked carrots, crackers and cereal will help the stools firm up quicker.
4. If the diarrhea lasts longer than seven (7) days please call the office.

Dehydration

The major problem with vomiting and diarrhea is dehydration. This happens when someone loses more fluids than he/she takes in. If your child develops signs of dehydration he/she needs to be seen by us.

Signs of Dehydration

- Dry tongue, lips and inner cheek
- No tears when crying
- No urine for 10 - 12 hours
- Sunken eyeballs or fontanel (soft spot)
- Listlessness (very sleepy)

Other Associated problems

If your child has any of the following, he/she should be seen:

- Severe stomachache or headache
- Blood in vomit or stool
- Very irritable or fussy
- Temperature greater than 103^0F (greater than 100.5^0F in infants less than 2 months old) by rectal temp.
- Earache
- Diarrhea which is not better in 7 - 10 days.
- Child not better after 24 - 48 hours if on a special diet.
- Diarrhea is severe (one bowel movement an hour for several hours)
- Confusion
- Listless or very sleepy
- Continuous vomiting without diarrhea
- Head injury

Diaper Rash from Diarrhea

When stool contacts the skin, the skin can become irritated and red. As you might expect, when an infant or young child has diarrhea, a skin rash frequently develops on the child's buttocks. To protect your child's skin, wash it after each bowel movement, dry it well and cover it with a thick layer of Vaseline or A&D ointment. This protection is especially important at night or during naps when diapers are changed less often. Call our office if your baby's bottom is developing raised red spots or blisters.

Colds or Upper Respiratory Infections (URI)

"Colds" or upper respiratory infections (URI's) are the most common infectious illnesses that children have. On the average, children under 6 years of age have 6 to 8 colds per year. Most of these occur during the fall and winter months.

Almost all URI's are caused by viruses. They occur by contact with someone else who has a viral infection, not by cold air or drafts. Infants and young children who have older brothers and sisters or who are in day care or preschool will be exposed more often to other children with URI's. Thus, they may have more colds during the winter months than other children.

Young children have frequent colds because their body's defense against infections (their immune system) is not yet developed adequately to prevent these colds from occurring. Most children need to acquire 100 or more infections by the time they are 10 years old to develop adequate immunity. Thus, your child's colds now mean fewer colds in the future.

The most common symptom of a cold is a runny or stuffy nose. A sore throat or a dry cough (especially at night) are also common. Fever may be present the first 1 - 2 days. It is usually mild, but may be as high as 102^0 to 104^0F. Children's appetites can be poor when they are sick; don't be surprised if your child does not eat like he/she does normally. Most URI's last from 3 - 5 days, but they can be over in a couple of days.

The treatment of URI's is aimed at relieving the symptoms of the infection. Scientists have not discovered a cure for the common cold. Antibiotics, which are helpful in ear infections or strep throat, are not effective against viruses and thus don't help in treating colds or URI's. The following things may help you and your child feel better as he/she gets over his/her cold. However, none of these methods will shorten the length of time that your child has a cold, nor will it prevent him/her from getting another one.

General Treatment

1. Use a room humidifier at night in your child's room.
2. Elevate the head of the bed (roll a blanket up and put it under the mattress).
3. Offer lots of liquids.
4. Do not give antibiotics (e.g. Penicillin) left over from previous illnesses. This may be harmful to your child.
5. If fever is present, give the appropriate dose of Tylenol.

Treatment of Congestion or Runny Nose

Infants and Children under 4 yrs.: Use saltwater nose drops. These are useful in removing dried or loose mucous from the nose. To make them: Mix 1/4 teaspoon of table salt in 4 ounces of water. Keep this in a clean bottle. Make a new batch every 2 days. To use them: Place 2 drops of the solution in one nostril. Suction out the liquid with a clean soft rubber suction bulb. Repeat the same procedure on the other side. This is especially helpful before feedings, and before and after the infant sleeps.

Older infants and children:

The best treatment is having your child blow his/her nose for 1 to 2 days. However, if your child is having trouble with this, and you or your child is uncomfortable, you may try a decongestant or an antihistamine. These medicines will not cure your child's cold. They may make him/her more active or cranky than usual; or they may make him/her more drowsy. Only use them if needed.

Cough and Cold Remedies (For children 4 and over)

There are three main types of ingredients used in cold remedies:

1. Antihistamines (Benedryl - generic diphenhydramine, chlorpheniramine)
   These drugs reverse the symptoms of allergies. These symptoms are watery and itchy eyes and a clear runny nose with itching. Antihistamines are also used to treat itchy skin from hives, chicken pox, or insect bites. They have no effect on the common cold. Antihistamines cause drowsiness.

2. Decongestants (Sudafed, generic pseudophedrine, phenylephrine)
   These drugs cause shrinking of the blood vessels in the nose and decrease drainage and congestion. They are used to relieve the common cold, allergy or sinus infection. Some children may become irritated or agitated with use.

3. Cough medicine - There are two ingredients commonly available to treat cough. Expectorants (guaifenesin) are supposed to loosen mucous but have little benefit and no side effects. Cough suppressants (dextromethorphan and codeine) work through the brain to decrease the body's stimulus to cough. Dextromethorphan is used for most coughs. In children 1 year and older, 1/2 to 1 tsp of honey can be given every few hours as needed to relieve coughs.