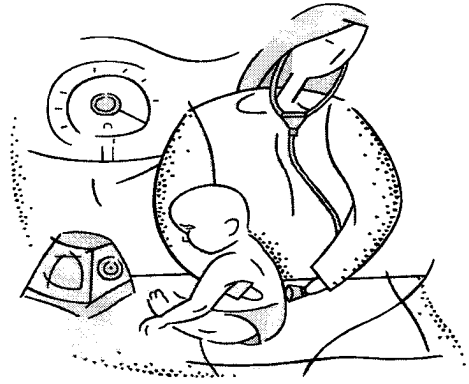


WELCOME

Welcome to the Ebert Children's Clinic!

Dr. Christine Ebert-Santos has been a pediatrician since graduation from the University of Michigan Medical School in 1977. She has four children of her own. After 20 years providing complete pediatric care to the people of Saipan, in the Commonwealth of the Northern Mariana Islands, she opened her clinic in Frisco where her parents and brothers have lived since 1979.



Our goal is to provide personalized, compassionate health care for your children. We are available 24 hours for urgent calls at the clinic, hospital or in your home within reason. You may call for advice or to set an early appointment for the next day. If your child is having pain, trouble breathing, excessive crying, bleeding, or possibly having mountain sickness, we will see you immediately. On weekdays, Dr. Ebert-Santos is in meetings between 7:30 am and 8:30 am and may not be reachable by cell phone. If she does not answer, leave a message so she can call you back. In case of emergency, please page her if the cell phone is not responding.

Non-urgent calls for routine appointments are best made during our office hours listed on the cover and under Office Policies.

Calls about insurance and billing will be best handled during those hours also. Please check with your insurance company about your child's coverage for routine physicals, immunizations, copays, and deductibles to avoid unpleasant surprises. We offer a 20 percent discount for cash payment at time of service for those enrolled in our practice.

You can find us online at www.ebertchildrensclinic.com

Sincerely,

Dr. Christine Ebert-Santos

INDEX

Topic	Page
Welcome.....	1
How to Use This Handbook.....	3
Office Policies.....	4
Statement Regarding Errors.....	5
Alternative Medicine.....	5
Altitude.....	6
Colds.....	7
Colicky and Fussy Babies.....	8
Constipation.....	10
Coughing.....	11
Croup.....	12
Diaper Rash.....	13
Diarrhea.....	14
Earache/ Ear Infection.....	15
Fever.....	16
Myths about Fever.....	17
Head Injury.....	18
Hives.....	19
MMR Reaction.....	20
Nosebleeds.....	21
Pink Eye/ Conjunctivitis.....	22
Poisoning.....	23
Sore throat.....	24
Stomach.....	25
Sunburn.....	26
Teething.....	27
Urinary Discomfort.....	28
Vaccine Reaction.....	29
Vomiting.....	30
References (books and websites).....	31
Appendices.....	33
• Growth Chart to Three Years	
• Growth Chart to 18 Years	
• Medicines Prescribed	
• Drug Doses	
• Recommended Immunizations and Time Frames	

WE CARE ABOUT KIDS



How to Use This Handbook

This handbook will help answer common questions about typical childhood illnesses. If your child is sick, read the appropriate chapter(s) for advice on what to do before calling us.

Charts to help you keep track of growth, immunizations, and medications are provided. Good records help your memory, your child's health, and may be vitally important in case of emergency.

We will occasionally hand out new or updated information for your handbook. Please insert this information immediately. Each page is dated to assure you have the latest copy.



Office Policies

1. Payment for service is due at the time of the visit. Should a bill be necessary, such as for after hours care, the bill is due upon receipt. A service charge of \$5.00 is made for any part of a balance carried over 30 days. If you need to make special arrangements, please contact the office manager to formulate a payment schedule.
2. All office visits should be scheduled. If your child is ill, you should call the office first before coming in. Walk –in patients (except for extreme emergencies) are an interruption in our schedule which delays care to all scheduled patients who follow.
3. All appointments you schedule and do not keep are documented. Please cancel an appointment if you cannot make it.
4. Please be on time. If you are less than 10 minutes late for well care, we will try to see you, depending on the doctor’s schedule. If you are 15 minutes late, we may have to reschedule the appointment. Otherwise, your being late would cause the next patient’s visit to start late, even though he/she is on time.
5. Any account that is turned over to a collection agency for non-payment or breaking your credit arrangement with the office, may be dismissed from our care.

If we follow these guidelines, your children will be seen and treated efficiently with minimal time delay.

<u>Office/Clinic Hours</u>	Monday – Friday 8am to 5pm.
<u>Physical Address:</u>	Ebert Children’s Clinic 730 N. Summit Blvd. Suite 101 Frisco, Colorado Near to Starbucks in the Crossroads shopping center
<u>Mailing Address:</u>	Ebert Children's Clinic P.O. Box 4250 Frisco, CO 80443-4250
<u>Phone Numbers:</u>	Office Phone: (970) 668-1616 After Hours Phone: (970) 390-1616 **If no answer, call pager (970) 949-7676. Fax: (970) 668-5650 Email: ebertchildrens@yahoo.com Website: www.ebertchildrensclinic.com

At Ebert Children's Clinic we value your friendship and trust. When you first walk through the door, our relationship begins. By the time you leave, we are friends. And we want to help each other.

We all know we could do things better. You are part of the effort to maintain the highest quality of caring for your child. Please let us know if you feel one of us is being discourteous or if an error has been made.

On our part, if we believe we've made a mistake, even if it is of no consequence, we will tell you about it. When we find a problem, we will take steps to correct it and prevent the same problem from recurring.

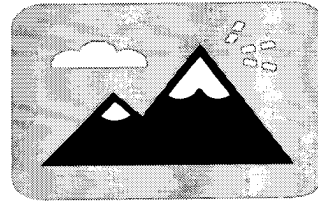
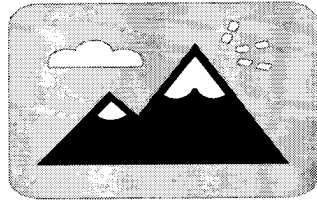


Alternative Medicine

We all practice alternative medicine in our lives: massage for tummy aches, hot lemonade with honey for congestion, ginger ale for upset stomachs. There are many treatments and preventative measures which work for some and not for others. Luckily most conditions in children improve with time whatever we do.

Studies show several herbs are effective in common childhood conditions for which medical doctors don't have good remedies. Examples are chamomile or fennel for colic, Echinacea or zinc for colds, ginger for stomach aches, garlic oil for earaches, acupuncture for colic or chronic pain. However, the type of preparation and the dosage has not been standardized. Therefore it is difficult for us to make any specific recommendations. Fortunately there are resources in our community that parents can use for information or prescriptions. We will be most interested in learning about any successful remedies you find in these areas for your child.

Altitude



Description

Living in or visiting the mountains causes many changes in the heart and lungs. The lower oxygen concentration and lower pressure of the atmosphere are factors affecting everyone. Our lungs grow larger and red blood cells increase over several months, bringing the amount of oxygen delivered to the tissues to the same level as at sea level. But even a cold can cause dangerously low oxygen in a visitor or resident in the mountains. Poor sleep, shortness of breath, irritability, and poor appetite can be symptoms of Acute Mountain Sickness (AMS).

Treatment

1. A few days of extra oxygen may be all that is needed. A prescription is required.
2. Give ibuprofen-see drug dosage section.
3. Give extra fluids and avoid strenuous activity.
4. Newborns should have their oxygen checked during the first two weeks.
5. Other treatments can prevent AMS in older children and adults.

Call if:

1. Your child experiences a headache that won't go away with ibuprofen.
2. Your child is having trouble breathing or sleeping.

Colds

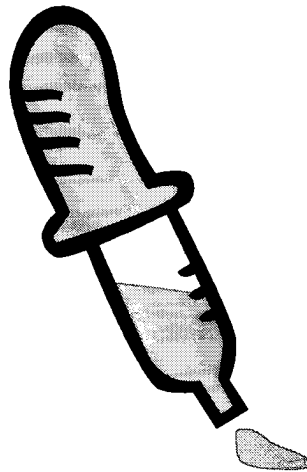
Description

On the average, your child will get 6-8 minor upper respiratory infections (colds) a year. These are caused by viruses that don't respond to antibiotics. Your child's own immune system will destroy the infecting virus in its own time. Relief of symptoms is all that can be offered to the child. The average duration of the acute symptoms is 7-10 days. The average duration of the chronic symptoms (cough, runny nose) may be up to one month. Keep in mind that colds are caused by direct contact with someone else who has a cold, not by cold air, drafts, or wet feet.

Stuffy noses are unavoidable but troublesome to the small baby who hasn't learned to breathe through the mouth.

Treatment

1. Fever discomfort- refer to the section on fever.
2. Cough control- refer to the section on cough.
3. Nasal congestion:
 - a. Increase oral fluid intake
 - b. In small children, clear nostrils with bulb syringe (suction) and nose drops made of ½ teaspoon of salt and 1 cup water. Put 2 drops in one nostril and suction after 1 to 2 minutes. Then, repeat the drops without suction. Repeat as needed every 2 to 3 hours.
 - c. Use a humidifier.
 - d. Sleepy Time tea (Celestial seasonings) is a good, mild, and natural decongestant. Give 2 to 3 ounces every 3 to 4 hours.
 - e. If the above measures aren't sufficient, refer to dosage tables for mild decongestants.



Call if:

1. Breathing is difficult or fast.
2. Fever measured rectally is over 100.4 degrees F (38 degrees C) for more than two days.
3. Child has trouble drinking.

Colicky and Fussy Babies

Description

Many babies develop symptoms of colic in the early months of life. It is usually described as irritability which is hard or impossible to console by normal means (e.g. cuddling). The parent may then become very frustrated. Colic usually starts between the second and fourth weeks of life, peaks from six to ten weeks, and may last several months.

There are two descriptive types of colicky babies.

1. Those colicky babies whose crying seems to be closely associated with feedings regardless of time of day. These babies tend to fuss after most feeding, have problems with gas, have gurgling bowel sounds, and frequently quiet down after a brief spell of sleep. They will usually remain quiet until the next feeding. It is presumed that these babies have colic in response to difficulty with digestion. This may be due to an immature digestive tract and/or food intolerance.
2. Those colicky babies who tend to cry at specific isolated times of the day unrelated to any obvious environmental activity. They usually fuss in the evenings or nights, and don't usually have significant symptoms of indigestion such as gas or gurgling. It is felt that these babies are suffering from environmental over stimulation, and they usually respond well to quiet, soothing activities (see below).

These two types of colic aren't distinct and separate and often overlap. Therefore measures for improvement often overlap as well.

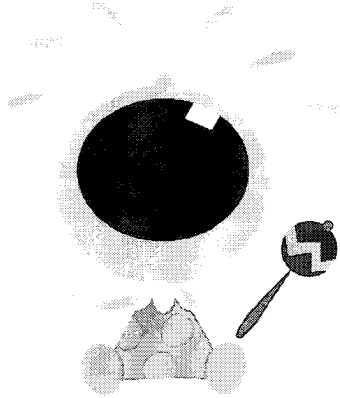
Treatment

For those babies whose colic appears primarily digestive, you may try:

1. Feeding in a comfortable, quiet, soothing environment. Attend to hunger signals rapidly.
2. Placing warm water bottles on the "tummy," which can be very soothing after the feeding.
3. Spending time after the feeding cuddling and supporting the baby.
4. Brewing peppermint, spearmint, or Sleepy Time teas (Celestial Seasonings) as directed and served 1 to 2 ounces at a time.
5. Dietary restrictions:
 - a. For breast-feeding mother, try restricting chocolate, caffeine, excessive dairy products, spicy foods, and gassy vegetables.
 - b. For formula-fed babies, use soy formulas (ProSobee) or Nutramigen.
6. Mylecon drops in a dose of 0.6 ml every 3 to 4 hours with feedings for very gassy babies.
7. Colic massage-firm downward stroking and clockwise circular stroking of the abdomen.



Colicky and Fussy Babies... continued



For those babies whose fussing appears to be over-stimulation, you may try:

1. Any of the above measures.
2. "White noise" (e.g. radio static, vacuum hum) to drown out background stimulation.
3. Soothing rhythmical movements, rocking in arms, cradle, or swings.
4. Walks in a stroller, car rides.
5. Swaddling in blankets or chest carrier or other ways of providing a quiet, warm, confined, and reassuring environment.

Alternative approaches to colic include acupuncture and craniosacral treatments.

Call if:

1. The colic is significant even with the above, i.e., baby is inconsolable.
2. The baby has vomiting, changes in bowel habits, a distended abdomen, and fever.
3. You are having difficulty coping with colic in any way.

Constipation

Description

The most common call we receive is from parents worried about their baby's bowel movements (BM). Fussiness, fevers, vomiting, and poor appetite are some of the symptoms parents fear are caused by a baby who has not had a BM. Babies have not yet fully coordinated the tightening of the stomach muscles and the relaxation of the rectal opening. This is normal, and not a sign of constipation. Some babies have five stools a day, and some have one a week. As long as the stools are soft, these are normal and there is no problem with the baby's bowel. If the baby has hard, dry stools that can be streaked by blood then this is a concern. Nevertheless, constipation does not cause stomach aches, vomiting, fever, or fussiness. Refer to section on stomach.

Treatment

The best treatment for hard dry stools is more liquid in the diet.

1. Formula fed babies can receive two ounces of water twice a day. A teaspoon of dark Karo syrup in 2 ounces of water can help soften the stools.
2. The toddler who has hard painful stools can get in a vicious cycle of holding back and having bigger and more painful stools and leakage around the stool mass. This requires aggressive treatment managed by the doctor. But this can be prevented with early detection of constipation and treatment by diet and a teaspoon of Milk of Magnesia once or twice a day.
3. Older children need fiber, fruit, and grains in their diet.

Call if:

1. The above measures fail to produce soft, regular stools.
2. There is a persistent swelling of the abdomen.



Coughing

Description

Coughing is the way the lungs expel extraneous material such as the mucus associated with a deep chest cold. While it is an irritating symptom, it remains an important protective mechanism for your child. Coughing is associated with several illnesses, the most common of which is simple upper respiratory infections. Though the vast majority of coughs are caused by the common cold, other less frequent causes include pneumonia, allergies, asthma, bronchiolitis, and foreign bodies. These less common causes are usually associated with a more ill-appearing child with other symptoms including high fever, increased breathing rate, and labored respirations. Coughing is not a dangerous symptom, but a positive sign that your child is coping with his/her illness. It may persist for up to five weeks following the acute illness!

Treatment

- 1 Decrease mucous thickness and production by the following means:
 - a. Encourage clear liquids (Lytren, Pedialyte, Jello water, Sleepy Time tea).
 - b. Run a humidifier 24 hours a day in your child's room and play area.
 - c. Elevate the head of the bed to a 30 degree angle (this can be accomplished by placing pillows under the mattress.)
 - d. If the above measures do not produce improvement, you may try placing your child in a steamy bathroom (similar to treatment for croup) for 20 to 30 minutes.
- 2 Use cough suppressants only if the cough is interfering with your child's sleep.
 - a. Corn syrup (under one year of age) or honey (over one year of age) mixed with lemon juice in warm liquid will soothe sore throats and decrease irritant coughing.
 - b. Cough preparations with dextromethorphan (DM) are most effective. Please refer to the section on cough medications in the drug dosage section.
- 3 Codeine is rarely more effective than dextromethorphan and should be used only after the physician's direction.

Call if:

1. The cough is associated with shallow, rapid respirations, or extreme sleepiness.
2. The cough persists longer than one month without any improvement.
3. The cough becomes dramatically worse.
4. Fever develops after 2 to 3 weeks of continued coughing.



Croup

Description

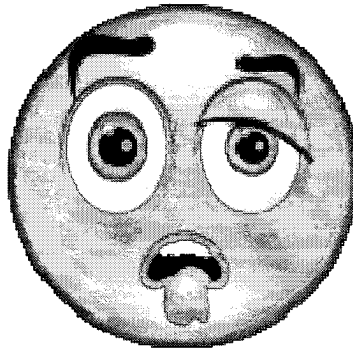
Croup is a unique cold in which the virus settles around the vocal cords, giving the cough a “barking seal” quality. Stridor is difficulty getting air in during inspiration (breathing in) and signifies swelling around the vocal cords. Croup generally lasts 3 to 5 days, and usually is worse in the evenings.

Treatment

1. Run a humidifier 24 hours a day with windows and doors shut.
2. Encourage cool fluids.
3. Control any fever to make the child more comfortable (refer to acetaminophen in the drug dosage section).
4. If stridor or cough spasms occur, bundle your child up warmly and go out into the cool night air for 20 minutes. If your child does not improve (or actually worsens), call us. If your child improves, go immediately into a bathroom which has already been steamed up by running hot shower for 10 minutes.
5. Avoid medications; especially cough suppressants and those which may make your child unusually drowsy.

Call if:

1. Stridor persists, even when the child is calm.
2. Respirations become labored with rib retractions (i.e. pulling of the skin between ribs with breathing).
3. Your child is agitated, constantly uncomfortable, or seems to be fighting to get air into the chest.
4. Your child’s lip color is pale gray or blue.
5. Your child is experiencing excessive drooling or swallowing difficulties.



Diaper Rash

Description

Babies often get mild diaper rashes from irritation of constantly damp skin or caustic effects of stool and urine. These rashes are often red, occasionally raised, and present in those areas of the body in closest contact with the stool and urine. Allergic reactions to baby wipes or disposable diapers can cause troublesome rashes. Redness mainly located in the creases may be due to yeast.

Treatment

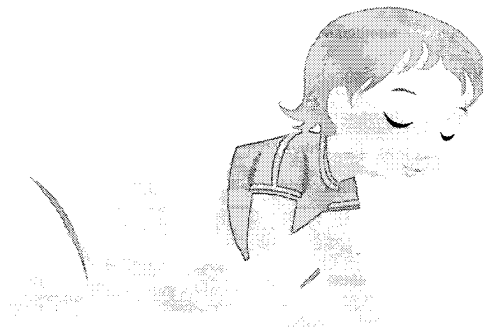
1. Check frequently for wet or dirty diapers.
2. Cleanse the skin well with clear running water.
3. Pat the area dry, don't rub it. A hairdryer on low setting used from a distance may also be helpful.
4. For the brave, keep diapers off as much as possible to air out the skin.
5. Desitin, A and D ointment, or zinc oxide provide a protective barrier from stool and urine and should be used when diapers are on.
6. Double rinse cloth diapers and add one cup of vinegar to the first rinse.
7. Do not use corn starch, vinegar, or other ointments.
8. Clean baby with cotton balls and water or baby oil.
9. Change diaper brands.
10. Try an over the counter yeast medicine like Mycelex or Lotrimin.

Call If

1. The rash is fiery red and/or blistered.
2. The rash worsens after three days of the above treatment.
3. The rash is spreading beyond the diaper area.
4. The rash develops pimples or yellow crusting.

Prevention:

Prevention is the key. Frequent diaper changes, thorough cleansing with running water and good drying techniques will greatly reduce the number of diaper rashes your baby will acquire.



Diarrhea

Description

Diarrhea refers to an increase in the frequency and water content of the stool. Milder forms of diarrhea (e.g. less than 4 to 5 stools per day of soupy consistency) require no intervention as they will resolve when the underlying illness does, and generally do not respond to therapy anyway. More severe forms of diarrhea may be due to infections of the intestinal tract. The vast majority of these infections are viral and thus are self-resolving. Our goal in therapy is supportive measures for the prevention of dehydration and discomfort, and hastening the recovery.

Treatment

1. In general
 - a. Make sure child passing urine
 - b. Use warm compresses for crampy abdominal pain.
2. Infants 0 to 6 months
 - a. Continue breastfeeding or formula
 - b. If on formula, give Lytren or Pedialyte, alternating with formula, for 12 to 48 hours, depending on the severity and response.
3. Infants 6 to 12 months
 - a. Continue breastfeeding or formula
 - b. Give a variety of the following clear liquids for 12 to 48 hours:
 - i. Lytren, Pedialyte, Ricelyte, or other electrolyte solution
 - ii. Flat soda pop
 - iii. Jello water (add twice as much water as the package calls for)
 - iv. Weak broth (Use double the water recommended)
 - v. Gatorade
 - c. In 12 to 24 hours, when diarrhea is improved or at least no worse, then begin feeding the constipating solids:
 - i. Bananas
 - ii. Apples
 - iii. Rice cereal
 - iv. Toast foods (saltines, dry toast, etc.)
 - v. Cooked carrots
4. Children over one year
 - a. Try a regular bland diet, avoiding high fiber or high fat foods, and encourage foods that are constipating (see above).

Call if:

1. After 48 hours the frequency of stools is greater than 8 times/day or is increasing.
2. Blood or pus is present in the stool.
3. Vomiting lasts more than 12 hours or greater than 10 times in 24 hours.
4. Abdominal pains persist longer than two hours or are very severe.
5. The following signs of dehydration develop:
 - a. Dry mouth and tongue.
 - b. No tears.
 - c. Markedly decreased or darkened urine

Ear Ache & Ear Infection

Description

Signs of a possible ear infection are fussiness, fever, pulling on ears, waking up crying, trouble sucking on the breast or bottle.

Treatment

The goal of treatment is to provide comfort until we can examine your child.

1. Warm compresses applied to the ear.
2. Distract your child by going for a ride, a walk, or play a game.
3. Eardrops will be especially useful. You may use Auralgan otic Solution (a prescription eardrop) or warm salad oil. The Auralgan preparation contains benzocaine. Warm up one or the other and test it against your wrist to be sure that it will not burn the child. Instill 3 to 4 drops along the wall of the external ear canal until the canal is filled. This procedure may be repeated every 20 minutes as necessary for ear pain. Plug the ear canal afterwards with a cotton ball.
4. Give your child acetaminophen or ibuprofen- please see drug dosage section.
5. Elevate the head of the crib or bed.
6. In older children, chewing gum or blowing up balloons may help.
7. Antibiotics will be prescribed for some infections.

Call if:

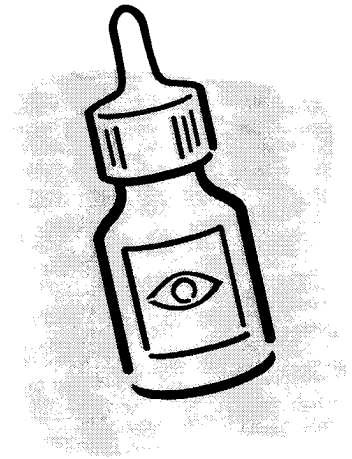
1. The earache is no better 12 to 24 hours after trying the above measures.
2. The ear infection is no better after 48 hours on the prescribed antibiotic. This may represent a possible failure of the antibiotic to cure the infection.

Prevention

- 1 Vaccines (flu and pneumococcal) are especially helpful.
- 2 Avoid respiratory infections by washing hands regularly and avoiding crowds.
- 3 Avoid baby bottles and pacifiers.
- 4 Eliminate cigarette smoke exposure.

Final points if your child has an ear infection:

1. An earache, fortunately, is not an emergency and can await medical attention until morning without added risk or complication.
2. Immediate relief of pain from one or two doses of antibiotics is rare.
3. Most antibiotics take days to cause improvement, including fever, although it sometimes comes sooner.
4. Please finish the prescribed course of treatment for your child even if he/she is better sooner.
5. The fever may spike the first night on the antibiotic.
6. Don't ignore signs of general worsening- for example, increased irritability, lethargy, or temperature greater than 105 degrees F.
7. You can bathe your child and get his/her ears wet.
8. You can always give Tempra, acetaminophen, or ibuprofen with the antibiotics.
9. Ear infections are not contagious.



Fever



Description

Fever is a sign that the body is attempting to fight off an infection. High fevers are not dangerous in and of themselves. A fever's only significance is to say that the child is ill; it is our job to find out the cause of that fever. Some children are perfectly comfortable with an elevated temperature. Only when a child seems uncomfortable should the fever be treated. Rectal temperatures are always recommended over axillary because they are more accurate. If unfamiliar with this method, please consult the office for directions. A temperature of 100.5 degrees F or less is not considered a fever in a baby. A rectal temperature of 100 degrees F is equivalent to an axillary temperature of 99 degrees F.

Treatment

1. If your child is 2 months or younger, has not yet received any immunizations, and has a fever of 100.6 degrees F or higher, call the office immediately before you do anything else.
2. If your child is 2 months or older, has a rectal temperature of 100.6 degrees F or higher, and is uncomfortable, you may try the following to reduce discomfort:
 - i. Give acetaminophen every 4 hours or ibuprofen every 6 hours as necessary. Please refer to the drug dosage section.
 - ii. Encourage drinking or breastfeeding.
 - iii. Keep clothing to a comfortable minimum.
 - iv. If your child is still uncomfortable after the above measures, you may sponge the child in lukewarm water (never in alcohol) for at least 15 minutes, but only to induce comfort, not simply to bring the fever down. Or allow the child to play in the bath tub with toys while you put water over his/her back and shoulders. Immerse as much of the child's body in the water as possible.

Call if:

1. At any temperature the child is very uncomfortable.
2. Fever persists longer than 48 hours.
3. Your child appears more ill than can be accounted for by the fever alone (e.g., once the temperature is lowered, your child is still lethargic, difficult to arouse, very uncomfortable, or not improved).
4. The temperature is 103 degrees F or higher.
5. There is a possibility your child has influenza which is treatable if diagnosed during the first 48 hours of fever.

Head Injury

Description

Most injuries to the head are minor and require nothing more than observation and ice packs.

Signs of a more serious head injury include:

1. Loss of or change in level of consciousness.
2. Clear or bloody drainage from nose or ears.
3. Repeated vomiting (one or two episodes is common within the first hour).
4. Noticeable unsteady gait or coordination.

Treatment (for minor head injuries)

1. Give your child acetaminophen or ibuprofen- please refer to drug dosage section.
2. Apply cool packs to the swollen site.

Call if:

1. You are concerned about a change in your child's behavior or the above signs occur.



Hives

Description

Hives is a common skin disorder characterized by the appearance of pink to red elevated spots of various sizes with pale centers. They are also called welts. They are almost always itchy and usually disappear after 48 hours. However, they may come and go for several days. They are not contagious.

The reasons for their appearance may include (try to think about any of these possibilities):

1. New foods, toothpaste, cosmetics, clothing, plants, detergents, soaps, insect bites, and medication.
2. Association with streptococcal infections.
3. The result of an allergy.
4. Viral infections.
5. Hot or cool temperatures or sweating.

Treatment:

1. Give your child cool baths.
2. Give your child antihistamines such as Benadryl either by prescription or over the counter.

Call if:

1. Your child has difficulty breathing or swallowing.
2. Hives develop after medications have been prescribed, including antibiotics.
3. Itching is significant 24 hours after initiation of medication.
4. Hives persist for over one week.
5. Your child has swelling in his/her hands, feet, or face.
6. Your child's eyes become swollen or mattered or the whites of the eye become red.
7. The child's lips become swollen or cracked.



MMR Reaction

Description

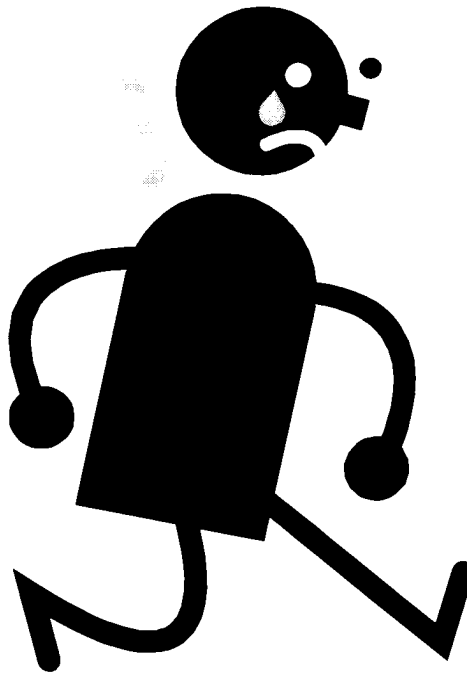
Reactions to the Measles, Mumps, and Rubella (MMR) vaccine commonly do not occur until 7 to 21 days after the immunization is given. A slight temperature may occur and also a very fine rash. However these symptoms do not mean your child is contagious. It is safe for your child to have the MMR reaction if you or your friends are pregnant.

Treatment

1. Use acetaminophen for any discomfort- refer to the drug dosage section.

Call if:

1. The child is very uncomfortable.



Nose Bleeds

Description

Nosebleeds are very common to children especially in dry climates. Many blood vessels are close to the surface of the nasal lining and thus easily break with normal rubbing and picking. Occasionally, nosebleeds are caused by trauma and rarely are caused by a bleeding disorder.

Treatment

1. Have your child sit up and lean forward. Do not have your child lie down.
2. Tightly pinch the entire nose, especially the soft parts (less so the boney parts) for a minimum of 10 continuous minutes. Do not be tempted to release pressure “to check” if bleeding has stopped.
3. Tell your child to relax and breathe through his/her mouth.

Call if:

1. Bleeding persists after 2 attempts at holding pressure continuously for 10 minutes fail.
2. Bleeding episodes persist over several days or weeks.

Prevention:

1. Continuously run a humidifier in the house or child’s bedroom, especially in the winter.
2. Apply Vaseline or antibiotic ointment in each nostril at least twice per day. Be sure to coat the middle wall that separates the two nose chambers.
3. Discourage nose picking!



Pink Eye & Conjunctivitis

Description

Reddening of the white parts of the eyes often accompanies colds in children. The majority of these come from viruses, and redness disappears when the cold does or in a few days. If a pus drainage or mucous drainage occurs, together with red eyes, this is a true conjunctivitis or pink eye. This condition will require a prescription eye medication as detailed below. The edges of the eyelids may be reddened as well. Pink eye is highly contagious and remains contagious until approximately 24 hours after eye medications have been started.

Treatment

1. For RED EYES ONLY:
 - a. Apply warm water on cotton balls as often as needed
 - b. Apply cool compresses to the eyelids as often as needed
2. For RED EYES WITH DRAINAGE (conjunctivitis):
 - a. Clean away all drainage as often as it accumulates
 - b. Give antibiotic ointment or drops if prescribed. To instill the medication, press firmly down on the lower eyelid and place a strip of ointment or 3 to 4 drops of solution onto the red inner part of the eyelid. Your child will then blink the medicine into the right location.
 - c. Apply warm compresses for 5 to 10 minutes, 3 to 4 times daily for 1 to 3 days.

Call if:

1. The child is in pain.
2. Red eyes develop pus drainage.
3. Eyelids begin to mat together with pus after sleeping.
4. The redness alone persists for more than one week.
5. The eyelids become swollen.
6. Discoloration (reddening or purpling) of the upper or lower eyelids or cheeks develops.
7. Eyelid or cheek tenderness develops.
8. There is no improvement in the drainage or redness after 3 to 5 days of treatment with the antibiotic ointment or drops.
9. Older children complain of visual difficulties or changes.
10. General symptoms are worsening such as fever, lethargy, or unusual irritability.



Prevention

Conjunctivitis is highly contagious. Separate your child's washcloth and bath towel from everyone else's. Don't touch or rub your own eyes after you instill the medicine, unless you have washed your own hands carefully. Good hand washing best prevents the spread of conjunctivitis throughout the family.

Poisoning

Accidental ingestion of any plant or potentially dangerous substance warrants a call to the Rocky Mountain Poison Control Center immediately.



CALL 1-800-525-5042 OR 1-303-629-1123.

Please follow the directions given by the center. You certainly may call the doctor to report progress. Do NOT use Ipecac without checking with us or the poison center first.



Sore Throat

Description

“Strep” throat is often associated with headache, fever, rash, and occasionally abdominal pain. If symptoms of a runny nose and congestion exist, the cause is likely viral, which can last several days.

Treatment

If the illness is caused by a virus, symptomatic relief is all that can be provided.

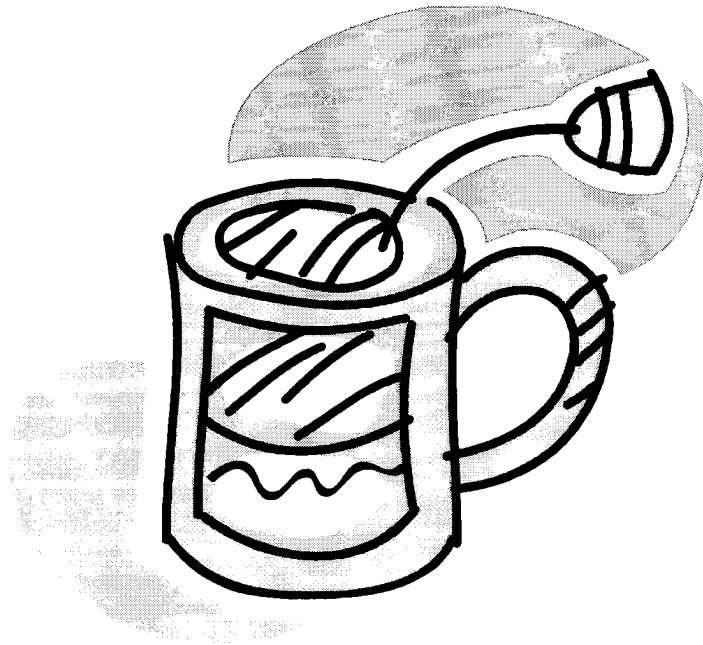
1. Give acetaminophen—refer to drug dosage section.
2. Apply throat sprays such as Chloraseptic or give lozenges or “hard” candy to provide a “coating” action.
3. “Throat Coat” from Traditional Teas is an herbal tea that helps to coat and soothe sore throats. This tea can be purchased at most health food stores. Brew as directed.
4. For possible strep throat, treatment should include an antibiotic (to prevent rheumatic fever). Strep throat is quite uncommon in children less than three years old.

Call if:

1. The sore throat persists longer than 10 days.
2. The child has increasing difficulty swallowing or breathing.
3. Severe pain is present.
4. Drooling is present in a child older than 2 years of age.
5. One tonsil appears noticeably larger than the other.
6. The child shows a noticeable redness or rapid swelling of glands (lymph nodes) on the outside of the neck.

Prevention

Once strep throat is diagnosed, the child is considered not contagious after taking antibiotics for at least 24 hours.



Stomach Ache

Description

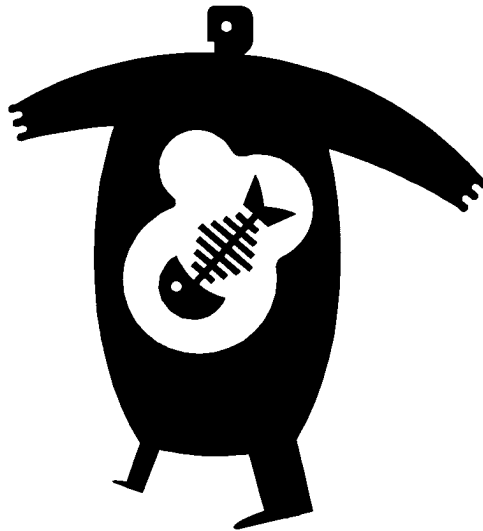
Stomach problems in babies are rarely serious. Spitting up or arching the back with fussy periods after feeding can be a sign of acid in the esophagus. Medicines are available to treat this condition. Straining and turning red at times is normal and not a sign of constipation if the baby's stools have always been soft. The high altitude and low barometric pressure probably causes all of us to have more gas. Babies can be helped by gentle stomach massage. As long as the baby is growing well, there is no need for alarm.

Treatment

1. Use acetaminophen drops occasionally if your baby seems to be in pain.

Call if:

1. The stomach seems swollen or hard.
2. The baby or child refuses to eat or drink anything for more than 8 hours.
3. The child has steady pain for hours and decreased activity.



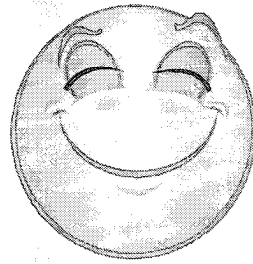
Sunburn

Description

Sunburn is worse at high altitude. Sunburn at a young age increases the chance of skin cancer later in life.

Treatment

1. Apply aloe vera crème, lotion, or plant gel as often as needed for relief.
2. Apply Nivea crème.
3. Give aspirin (this is one time to give aspirin rather than acetaminophen).
4. Apply cool compresses.



Call if:

1. Blisters are present. Blisters may indicate second degree burns.
2. Your child is extremely uncomfortable.
3. The child's face is severely burned.
4. Signs of infection (pus drainage, increasing redness) occur during healing.

Prevention

1. Sunscreens can be used after 6 months of age. Name brand products are more effective than discount brands.
2. Before 6 months of age, cover small areas with sunscreen.
3. Use hats and clothes to protect children of all ages.
4. Protect the eyes with sunglasses.

Teething

Description

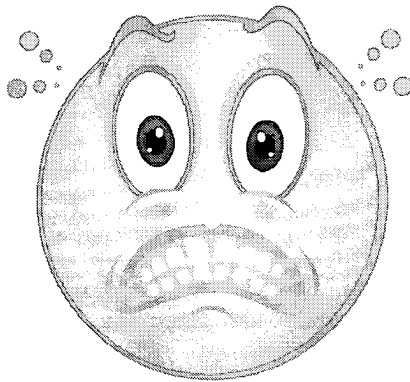
Teething causes teeth. Drooling, chewing on things, fussy episodes, fever, and diarrhea all occur in babies even when not teething.

Treatment

1. For fever discomfort and irritability, use acetaminophen- refer to drug dosage section.
2. For discomfort, cut bananas, pears, or similar fruits into sticks and freeze them. Allow the baby to chew on the fruit- the freezing action on the gums will help to numb the gums.
3. Teething medications (e.g. Numsit) are generally ineffective.
4. Distract your baby with car rides, games, or walks.
5. Give your baby a teething ring or pacifier. Chill it in the refrigerator first.
6. Tender loving care (TLC) is sometimes the only thing that helps!

Call if:

1. Baby has persistent fever (see fever section) or other symptoms as described in this booklet.



Urinary Discomfort

Description

Pain or burning with urination is most often associated with irritation on the outer genitals and thus is most common in females. There may also be frequent small voiding or an urgency to empty the bladder.

The most common cause of urinary discomfort is an allergy or sensitivity to soap, detergent, dyes in tissue or clothing, or bubble bath. A fever indicates an infection of the bladder or kidney.

Treatment

Relieve discomfort by having your child sit in warm water 3 to 4 times per day and keeping underclothes loose or allowing air to the diaper area.

Call if:

1. There is a rash.
2. There is no improvement in 2 days.
3. Your child has trouble passing urine, or the urine is a dark or red color.
4. Your child has abdominal or back pain or a fever.



Vaccine Reaction

Description

Vaccine reaction may occur with any age group but is most common in the 2 to 6 month old child.

Fever, irritability, and redness or swelling at the shot site may occur 1 to 6 hours after the injection is given.

Many times a lump will be noted several days after the injection. This lump may remain up to several months, but always resolves spontaneously. There is no need to treat or massage these long-standing lumps.

Treatment

1. All three reactions (redness/swelling, fever, irritability) respond to ibuprofen or acetaminophen- refer to drug dosage section.

Call if:

1. These reactions last longer than 48 hours.
2. There are more exaggerated reactions than those described above.



Vomiting

Description

Most causes of vomiting are viral “stomach flu” and resolve in 12 to 36 hours or may develop into diarrhea (please refer to the Diarrhea section). Other causes include coughing spells, medications, food poisoning, and head injury. Treatment by dietary changes is all that is required for stomach flu and food poisoning. The following instructions do NOT apply to vomiting from head injury or medication intolerance.

Treatment

1. Stop all oral intakes for 2 to 12 hours depending on your child’s age and the intensity of the vomiting. An older child may easily go 12 hours with no fluid intake, whereas an infant should go only 2 hours without a small feeding. Small, frequent feedings are most likely to succeed.
2. Begin with the following clear liquids:
 - a. Gatorade-mixed 1:1 with water.
 - b. Oral electrolyte solutions (Lytren, Pedialyte).
 - c. Flat ginger ale.
 - d. Jello Water (Add twice as much water as the package calls for.)
 - e. Broth (Add twice as much water as the package calls for.)Give ½ to 1 ounce every 20 minutes for 1 hour. If this is held down, advance to 1 to 3 ounces of clear liquids every hour for several hours, Remember, stay on clear liquids for only 24 hours.
3. Your child will likely have a good appetite and demand more than the small amounts recommended. Stand firm- giving larger volumes stimulates further vomiting!
4. If the above does not work, wait an additional 2 hours and begin 1 to 2 teaspoons of Emetrol (non-prescription medication for vomiting) every 20 minutes for 3 hours. If retained, give 1 teaspoon Emetrol and 1 to 2 ounce of clear liquids hourly for several hours, then stay on clear liquids for 24 hours.
5. After 12 to 24 hours of no further vomiting, return gradually to a normal diet, beginning first with bland solids (applesauce, cereals without milk, strained bananas, dry toast, crackers, and mashed potatoes) adding dairy products or fatty foods last.

Call if:

1. Vomiting persists longer than 12 hours.
2. Blood or green bile is present in vomitus.
3. Constant abdominal pain persists for over 2 hours.
4. Vomiting is associated with head injury or the possibility of poisoning.
5. Signs of dehydration develop- dry mouth, noticeably decreased urine output, no tears with crying.

References & Suggested Reading

Books

From the Love and Logic Institute, Inc., Golden, CO, 1-800-LUV-LOGIC (1-800-588-5644), 303-278-7552.

Love and Logic Magic for Early Childhood- Practical parenting from birth to six years, Jim Fay and Charles Fay, Ph.D.

Toddlers- Love and Logic parenting for early childhood, Jim Fay and Foster W. Cline, M.D.

Parenting Teens with Love and Logic-preparing adolescents for responsible adulthood, Foster W. Cline, M.D. and Jim Fay.

Hormones and Wheels- Parent survival tips for those chaotic teen years, Jim Fay.

From La Leche League International

Growing Together: A Parent's Guide to baby's First year, by William Sears.

The Baby Book: Everything You Need to Know about Your Baby from Birth to Age Two, by William Sears and Martha Sears.

Diaper Changes, by Theresa Rodriguez Farrisi.

Parents Do Make A Difference, by Michele Borba.

Enjoy Successful Parenting, by Roger W. McIntire.

From Focus on the Family, Colorado Springs, CO, 1-800-232-6459

The Complete Book of Baby and Child Care by Physicians Resource Council

The Strong-Willed Child by Dr. James Dobson.

The New Hide or Seek- Build a Strong Self-Image in Your Child by Dr. James Dobson

References & Suggested Reading

Helpful Websites

The Love and Logic Institute, Inc., www.loveandlogic.com

La Leche League, www.lalecheleague.org

Focus on the Family, www.family.org

The Children's Hospital, Denver, www.tchden.org

Mayo Clinic, www.MayoClinic.com

Ebert Children's Clinic, www.ebertchildrensclinic1.com

