

THE CHILD CARE MANUAL

IBERIA PEDIATRICS

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Tenth Edition
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This booklet has been prepared to help you become familiar with our pediatric practice and to suggest a pattern of optimal care.

A NOTE OF GRATITUDE

This is the 10th edition of a manual that was first printed in the 1970's. We would like to give credit to the original authors: Dr. Gerald Halphen, Dr. Mike Halphen and Dr. Martin deGravelle. For nearly 40 years, the manual was revised and edited by Dr. Maurice Faugot who worked to keep the manual based on principles learned while working with these early authors. Dr. Allison Rader and Dr. Lynzie Boudreaux collaborated with Dr. Faugot on the ninth edition and they continue to update the information that can be found within the pages of this child care manual.

FOREWORD

PEDIATRIC CARE

In order to obtain the best possible care for your child, it is important for you to understand and recognize good pediatric care, how it is delivered and how to use your pediatrician's services effectively. Achieving and maintaining physical and emotional well-being for the children and young adults under our care is the ultimate goal of the pediatricians and staff at Iberia Pediatrics.

YOUR PEDIATRICIANS

The doctors at Iberia Pediatrics are formally trained pediatric specialists. After completing college and four years of medical school, they spent three additional years in specific pediatric training.

Drs. Boudreaux, Rader and Sorrel have fulfilled the requirements to become board-certified by the American Board of Pediatrics and are members of the American Academy of Pediatrics.

OFFICE HOURS:

8:00 a.m. – 5:00 p.m. (Monday - Friday)

FOR AN EMERGENCY

IN EMERGENCY SITUATIONS, REMAIN CALM. Before you come into the office or go to the hospital, you should FIRST call the office and state the extent of the emergency to the person answering the telephone. The staff is trained to know the most efficient procedure to follow in such a situation.

OFFICE VISITS: Well Child and Sick Child

Both well-child and sick-child visits at the office are an important part of comprehensive medical care.

During a well-child visit we are mainly concerned with: observing the child's growth and development, counseling and teaching parents, early detection of illness through screening examinations and/or laboratory tests, immunizations, and getting to know one another.

During a sick child visit it is better to limit our counseling to the disease at hand. Well-child and sick-child visits should be scheduled separately since well-child examinations are difficult to perform when the child is sick.

Please arrive before your scheduled appointment time. Late arrivals may cause delays for the rest of our patients. Our office always strives to keep on schedule. We ask for your patience if we are running late due to emergencies or when complicated situations arise.

Write down the questions you want answered before coming for the appointment. We encourage questions!

PROFESSIONAL FEES

Fees for consultations, prolonged care, and serious problems are usually related to the complexity of the case and/or the amount of time involved. This may include work done before or after you have been in the office – obtaining history and information from authorities, data from physicians seen previously, and hospital records. There may be a separate fee for any procedures that are performed.

There is an earnest desire to provide you with a pediatric service which is unexcelled and at a fair fee. A discussion of fees is always welcomed. Please note that our fees are often determined by individual insurance companies. We generally charge the same amount to all companies but in many cases adjustments are then given as determined by our contract with the insurance company. All appropriate adjustments will be made as determined by our contract with your insurance company once the claim has been filed. Please feel free to talk to the office manager/billing department regarding any questions about insurance or fees.

LABORATORY TESTS

If needed, laboratory tests may be performed during some well and sick-child visits. Some of these tests can be performed within the office. At times, orders may be provided for testing to be performed outside of our office. Insurance companies that pay for tests performed in private labs or hospitals will usually pay for tests performed in the doctor's office.

QUESTIONS WELCOME

The health care of your children is our primary concern, and if we can promote a better understanding of any medical problem, we will be better able to serve you and your entire family. Please feel free to ask any questions.

DATES TO REMEMBER

INFANCY

- 4-7 days** History & Physical Exam
- 1 month** History & Physical Exam, Developmental Screen
- 2 months** History & Physical Exam, Developmental Screen, Vaccines
- 4 months** History & Physical Exam, Developmental Screen, Vaccines
- 6 months** History & Physical Exam, Developmental Screen, Vaccines
- 9 months** History & Physical Exam, Developmental Screen, Hgb/Lead
- 12 months** History & Physical Exam, Developmental Screen, Vaccines

EARLY CHILDHOOD

- 15 months** History & Physical, Developmental Screen, Vaccines
- 18 months** History & Physical, Autism & Developmental Screen
- 2 years** History & Physical, Developmental Screen
- 30 months** History & Physical, Autism & Developmental Screen
- 3 years** History & Physical, Developmental Screen, start BP screening
- 4 years** History & Physical, Developmental Screen, Hearing/Vision, Vaccines
- 5-12 years** History & Physical, Anemia & Urine Screen periodically

ADOLESCENCE

- 14-18 years** History & Physical, Anemia & Urine screen as needed

HISTORY/PHYSICAL (as above):

This will include some or all of the following:

Recent and Past Medical History, Height, Weight, Head Circumference, Blood Pressure, Developmental and Behavioral Assessment, Physical Exam and then concluding with Anticipatory Guidance.

INTRODUCTION

This booklet was designed to aid parents in caring for their children. In the past we have found that it is most often the **little things** such as colic and a common cold that provide the greatest amount of anxiety and frustration to parents. In addition, parents are often overwhelmed by advice from well-meaning family and friends.

The instructions found within this manual are suggestions. Each child is different, and what might hold true for one may not for the next. Thus, this booklet should serve as an aid to your common sense. However, should advice from this manual not seem to match your own child's needs, or if the situation appears too complex to be handled with the manual, then do not hesitate to call us.

IMPORTANT PHONE NUMBERS

Iberia Pediatrics	365-0268
After - Hours	967-8434
Acadian Ambulance	(800) 259-1111
Poison Control	(800) 222-1222
LOLO W&C Hospital	521-9100
Iberia Medical Center	364-0441
IMC North Campus	364-0441
Ochsner LGMC	289-7991

CALLING FOR APPOINTMENTS

Our office visits are by appointment. Call **365-0268** to schedule your visit.

OFFICE POLICIES:

A copy of the office policies, financial policies, registration forms and consent forms can be found on our website (www.iberiapeds.com).

\$30 MISSED APPOINTMENT or NO SHOW POLICY:

When an appointment is made please understand that our office has reserved a space, appointed clerical and nursing staff as well as reserved the physician's time for your child. We request the courtesy of a phone call if you are unable to keep your appointment. No Show Visits will receive a \$30 bill from the office.

PROBLEMS AT NIGHT AND ON WEEKENDS

Occasionally your child will get sick after we are closed. If it is a problem that you feel cannot wait until the next day, then you may reach the pediatrician who is on-call by calling 365-0268 or the after-hours nurse line at 967-8434.

Here are some suggestions to help make your call easier to handle when speaking to the after-hours nurse:•

- Provide your name and phone number if the call is to be returned.
- Provide your child's name and age/date of birth
- A brief description of your child's problem
- Give names of medication(s) your child may be taking
- Any known drug allergies
- Preferred pharmacy if medication is necessary

IMPORTANT: If you feel the situation is a true emergency, then please be certain that the person answering the phone understands this. Please use the after-hour number only for problems that cannot possibly wait until normal daytime office hours. Thank you!

DAYTIME PHONE MESSAGES

Occasionally your child will have a problem for which you will need some advice and which does not require an office visit. Before you call us, be sure you've read the section on **Common Childhood Problems**. Our nurses will be able to help you with many of the routine problems that you might have and for the more complicated problems your doctor will certainly be happy to answer your questions.

THE FAMILY MEDICINE CHEST

Every family should have a medicine chest to handle minor ailments. If you have children in the house under age 10, make certain that all medications are secure and safely out of reach.

Listed below are the medications and supplies which we feel you should have handy. Please refer to the appropriate section of this manual for indications and dosages. All of these supplies are available without prescription.

- Acetaminophen (Tylenol) and/or Ibuprofen (Advil or Motrin)
- Antibacterial soap (Betadine solution)
- Antibacterial ointment (Neosporin, Polysporin, Triple Antibiotic Ointment)
- Hydrogen Peroxide
- Alcohol (Isopropyl alcohol)
- Anti-Itch medicine – Benadryl, Hydrocortisone
- Thermometer
- Bandages: Band-Aids, or Curads; adhesive tape and sterile gauze
- Hydrocortisone Cream 1%

NEWBORN CARE

In the beginning it is important to love and hold your infant. Remember you cannot spoil your baby by holding them too much! Try to avoid having too many friends and relatives holding your infant in the first few weeks, as this could expose them to infections.

BATHING, CLEANING, AND SHAMPOOING

Mother Nature has provided your baby with just the right amount of natural oils on their skin. Try not to use too much soap since it removes these natural skin oils. Just plain water may be all that is needed, however, if a soap is used we recommend something mild and fragrance free, such as Dove. Initially sponge baths will be adequate for your baby. Once the umbilical cord has fallen off then the baby may be immersed in one to three inches of warm water. When bathing your infant, the room temperature should be comfortable.

Remember that excessive bathing can cause your baby to have dry skin. If the skin is excessively dry, a small amount of baby oil may be applied. You may also want to soak the baby in plain warm water, without using soap, and then, after drying the skin, generously apply skin lotion. Good quality skin lotions that are fragrance free are helpful.

BABY SHOES

At one time shoes were felt to be critical for good foot development and walking habits. However, observation of children growing up in other countries without the benefit of high-topped shoes revealed that their feet were perfectly normal. Now, studies performed in major medical centers by orthopedic surgeons and pediatricians have demonstrated that young infants do very well with barefoot walking or wearing shoes with soft soles.

BOWEL MOVEMENTS

Your infant may have a bowel movement as often as after every feeding or as infrequently as once every few days. Do not be concerned as long as the stools passed are not excessively hard or loose. Yellow stools with a moderate amount of curd and water are normal, especially if the infant is being breastfed. Also, breast fed babies will seem to have more frequent and runny bowel movements in the first few months. They will gradually become more firm and less frequent with time.

It is important to understand that some grunting and straining will occur while your infant passes a bowel movement. This should not be thought of as a problem or sign of constipation unless it is excessive. (See section on Constipation for further discussion)

CAR SEATS

We recommend that you purchase or borrow a car seat for your new baby before the child leaves the hospital. Be sure that it is one of the approved infant car seats. Also, be sure that the seat is fastened securely to the car and that the baby is fastened to the seat correctly. Please read the manufacturer's instructions regarding proper installation and appropriate size and age of the baby.

Louisiana law (effective August 2019) states the following:

Children <2yo: rear-facing child safety seat

Children 2yo-4yo: forward-facing child safety seat with an internal harness

Children 4yo-9yo: child booster seat using a lap shoulder seat belt

Children 9yo-12yo: restrained with lap shoulder seat belt if proper fit w/o booster

Children <13yo: remain in rear seat of a vehicle, properly restrained

CIRCUMCISION CARE

Initially the circumcised penis will look somewhat swollen and red. There may also be sites of healing that have a yellow appearance. Rinse the area with lukewarm water, keep the penis clean/dry and apply Vaseline generously for 1-2 weeks until it is well-healed. Immediately following the procedure, there may be some oozing of blood. This is normal. The area should be examined by your pediatrician if excessive bleeding occurs or if the penis becomes unusually red, swollen or appears infected.

COLIC

Colic has been a problem for infants and their parents for thousands of years. Nearly all infants have episodes of colic and some appear to suffer from it more than others. It should be remembered that colic is almost always a "normal" part of growing up. All babies will outgrow it by 3-4 months of age.

There are several possible causes of colic and there are also many remedies:

- 1) Always feeding your baby while he is sitting erect
- 2) Burp him after every 1-2 ounces
- 3) Allow your baby to sit upright for 20-30 minutes after each feeding
- 4) Make certain the nipple hole of the bottle allows adequate flow of milk
- 5) Consider carrying your baby in a body-wrap carrier (various brands)
- 6) You may put the baby in a car seat and take him for a ride
- 7) Consider switching to a soy formula or sensitive preparation
- 8) If you are breastfeeding, you may try to eliminate some foods from your diet (dairy/lactose-containing foods and caffeine are good to start)
- 9) Some colic may be caused by excessive gas in the baby. Consider Mylicon or similar OTC gas drops to help alleviate gas symptoms
- 10) Tylenol may also be useful if the baby seems to be hurting.
Consult your pediatrician if Tylenol is being used for this type of pain.
- 11) Consider probiotic drops
- 12) Should the above measures fail, then it would be best that we check him in the office. Prescription meds or other interventions may be considered.

CONGESTION OF INFANCY

All noses produce a certain amount of normal mucus each day. However, because of the small size of an infant's nasal passages, this mucus can produce problems in babies by making it a little difficult for them to breathe and nurse at times. This problem is called **normal congestion of infancy**. This is commonly seen in babies between 2-10 weeks of age. This symptom is felt to be self-limited and most infants will typically outgrow this problem after that age.

Normally, you do not need to do anything for this symptom if the baby is breathing well. Keeping the room with appropriate humidity can prevent the nasal passages from becoming too dry. A cool mist humidifier may be placed in the baby's room to help this problem. Other interventions that can be helpful include use of saline nose drops, your bulb suction, and keeping your baby sitting upright as much as possible when he is congested.

CRADLE CAP

If flaking and scaling of the scalp (cradle cap) occurs, we recommend that you use a medicated shampoo such as Head & Shoulders or Selsun blue. Before shampooing, gently loosen the scales on the baby's scalp using a soft brush or your fingernail. When applying the medicated shampoo, apply it onto the dry scalp thoroughly for approximately 5-10 minutes. After this time, gently lather, brush scales and carefully wash off the medicated shampoo.

CRYING INFANTS

Infants have limited ways of communicating. Crying is one of those ways!

Crying is how your baby makes his needs known and his displeasure felt. Most parents quickly learn to identify whether their baby is crying from hunger, restlessness, pain, anger, or some other reason. Many babies go through unexplainable fussy periods each day as they adjust to living in the world. Don't worry about spoiling a tiny baby by holding him. He needs to know you're there to meet his needs.

There are a number of things you can do to help comfort your baby:

- Give the baby something to suck, such as a pacifier.
- Give the baby more physical contact and movement. Walk, rock or pat him. Take the baby for a stroller ride or car ride.
- Swaddle the baby in a blanket. Be sure the clothing worn and room temperature is appropriate. •
- Change his position.
- If all else fails, just let him cry for a while. Often babies fall asleep after a good cry, so allow him to cry up to 10 minutes on his own.

DIAPER RASH

Diaper rash is usually the result of too much moisture and inadequate ventilation to the diaper area. It is best treated by keeping the diaper area clean and dry. Should a diaper rash develop, using zinc oxide topical products (example: Desitin, A & D ointment, Boudreaux's butt paste) are very helpful for diaper rashes. Also, leaving your baby's diaper off while he naps will speed healing. Should the diaper rash persist, or if you notice that your baby also has thrush, then call the office.

ENVIRONMENT

Room temperature should be comfortable. Suggestions would be for the room to be 74 -78 degrees during the warm season and 66 - 70 degrees during the cool season. Do not overdress your infant, as he will become overheated.

Your baby should not leave home excessively during the first few weeks of life and should definitely be kept out of crowds (family get-togethers, church meetings, shopping centers, etc.) for the first two months of life. Any person with a cold or respiratory infection should not come in contact with your baby if at all possible.

EYES

At birth, your baby's nurse will apply infection-preventing medicines which may temporarily make your baby's eyes red and swollen. Should any redness, swelling, or discharge occur soon after birth, then call us. Do not put drops or any other substance in your baby's eyes without our instructions.

Bright red splotches on the whites of the eyes are common following birth and should disappear in 2-3 weeks without problems.

Some babies have persistent leaky and mucousy eyes in the first few months of life. This may be due to a clogged tear duct and should resolve when the baby gets closer to six months of age. Please mention this problem to the doctor during the baby's check-up.

GENITAL AND BREAST AREAS

Many newborn girls have a mucus or slightly bloody discharge from the vagina during the first two weeks. This is normal and no cause for worry. Just clean the area with a cotton ball or wash cloth soaked in warm water. A thin discharge from the nipples is also seen in some babies, both male and female. They may have enlarged or swollen breasts. No treatment is necessary as it will go away on its own. If you notice any redness of the swollen areas, notify us.

INFANT ACNE

Babies often develop a rash that looks like acne at a few weeks of age. It is usually most prominent on the face but may be on the scalp and trunk. It may appear to improve and then worsen throughout the day and some days are worse than others. It is caused by normal hormone changes and it will resolve at several months of age. No good treatments are available or necessary.

JAUNDICE

It is common for babies to appear slightly yellow or orange colored at 3-5 days of age. This usually represents normal jaundice of the newborn. However, it is a problem if the baby becomes excessively jaundiced since this can affect the baby's brain. One remedy for treating mild jaundice is to place the baby near a window where indirect sunlight is available. While this is helpful, the most important way that jaundice is cleared is by adequate feeding and stool output. Monitor your baby's feedings closely and contact our office if their interest in feeds changes significantly or if you feel that the jaundice is a problem.

PACIFIERS vs. THUMB SUCKING

Recent studies show that pacifiers and thumb sucking may be beneficial to infants and young children. Newborns and infants have a very strong and persistent sucking reflex which needs to be satisfied. Sucking will often relieve stress in a fussy, crying baby. In addition, the pacifier or thumb appears to be useful in molding the proper shape of the mouth. Most experts feel that pacifiers can be allowed up until 2 years of age without causing any problems. If you remove the pacifier too soon when the baby still has a strong sucking reflex then, in some cases, that baby will begin sucking his thumb and this is a more difficult problem to solve.

NEWBORN SCREEN

The Newborn Screen is a test that will be collected by your baby's nurse in the hospital. All newborns born in the state of Louisiana have this lab test performed. These tests are routinely done at the time that your baby is discharged from the hospital. If your baby was less than 24 hours old at the time the blood test was collected, then a repeat test will be ordered. You may check on the results of these tests at your baby's 1 month checkup.

SPITTING UP

This is common, especially in young babies under six months of age. Several simple measures usually help. (1) Always feed upright, not laying down or reclining, (2) Burp frequently during feedings – after every 1 to 2 ounces and (3) keep seated upright for 30 minutes after feedings.

You may thicken each bottle with one tablespoon of rice cereal if the above measures do not work. Should your baby be spitting up large amounts and appears to be choking, turn him on his side and suction the mouth and nose with a bulb suction. If the spitting up persists and involves a large amount of food, then bring your baby in for a checkup.

Some other suggestions if your baby spits up frequently:

- Don't play with your baby too much after feedings
- Don't overfeed your baby. When he is full, he will stop nursing
- Don't lay the infant in his crib with the bottle propped on a pillow

SLEEPING HABITS

Safe sleep habits are important and usually discussed at well visits. Current recommendations say that all babies be placed on their backs to sleep. It is no longer recommended to let them sleep on their stomach or even on their sides.

Experts also recommend that an infant be placed in their own room by the age of 1-2 months. By the time they are 3-4 months old, most babies should be sleeping through the night with their last feeding around 9-10 p.m. However, many babies will awaken for short intervals during the night. For this reason, it is important to have your baby in his own room. Breastfed infants may sleep with a different schedule and we are happy to discuss sleep training approaches with you.

It is important that your infant has a separate sleeping space from you. They should never sleep in the bed with you.

THRUSH

A frequent problem encountered in infants is thrush. This is not a serious condition, but actually only a minor yeast infection. It will appear as white patches on the baby's inner cheeks, gums, and sometimes on the inner lips and on the tongue. Unlike milk, it cannot be wiped off easily. A white patch that is only on the tongue is usually not thrush. If your baby develops thrush, please schedule an appointment to discuss treatment options.

UMBILICAL CORD

The umbilical cord usually falls off 1-3 weeks after birth. Once the cord separates, a small amount of blood or discharge is expected. Keep the skin clean and dry. Once the cord is off, the infant can be bathed in the tub. Should the cord and surrounding skin become excessively red or foul smelling, call for an appointment.

FEEDING SUGGESTIONS

Your baby is special because he or she is very different from all other babies. Each baby's feeding schedule must be individualized and there are no hard and fast rules that apply to all babies. As you will notice, the section is "Feeding Suggestions", with the emphasis on suggestions.

It is very important to feed your baby properly, especially during the first year. Good nutrition will provide the foundation for future good health and growth. Everyone loves babies, and you will receive lots of advice from well-meaning relatives and friends about how to feed your baby, but remember, the most important advice that you should follow is that which you receive from your pediatrician.

MILK

BREASTFEEDING

Doctors agree that there's nothing better than mom's breast milk during your baby's first year of life. This is because mother's milk is designed especially for human infants and easier to digest than other forms of milk. There is also protection from infections provided to the baby. More mothers are now beginning to breastfeed. Information can be found through lactation support groups, online and at your pediatrician's office.

Pediatricians strongly urge you to consider breastfeeding your new infant. There are many people available to support and help you when you begin nursing your infant. Most mothers who have done it agree that it is a very rewarding and gratifying experience!

FORMULA

In those instances where breastfeeding is not desired or when the mother is unable to breastfeed, then a commercially prepared infant formula is the recommended replacement. Infant formula is designed to be very similar to mother's milk and will provide the correct type and amount of protein, fats, carbohydrates, minerals and vitamins. Your pediatrician may recommend which type of formula your baby should use.

Preparation of Formula

Formula may be prepared and given warm (temp increased to body temperature) although most babies will tolerate formula at room temperature very well. An entire day's formula can be prepared, bottled, and placed in the refrigerator each morning. After 48 hours it should be discarded. Once a bottle has been removed to feed the baby, it should be given within the next 3 - 4 hours. Do not place partially empty bottles back into the refrigerator.

Bottles and nipples do not need to be sterilized anymore. Research shows it is not needed. A good washing with soap and water will suffice. If you are using a concentrated formula or powdered formula, and if you are unsure about the water quality, then the water which is added may be boiled and allowed to cool before being mixed during the first month. In most cases regular tap water or bottled water is adequate. You should not use distilled water.

Switching To Homogenized (Whole) Milk

Breastmilk and infant formulas are the only types of milk that are usually recommended for your baby during the first 9 to 12 months. Whole milk and evaporated milk are very different from mother's milk and infant formulas. Do not start your baby on them until you've discussed it with the child's pediatrician. When it is time to switch the baby to whole milk, it should be done over a period of several days, with the new milk being introduced slowly at first. Try mixing a small amount of the new milk in with the formula and then gradually increase the amount of the new milk over several days. It is recommended that you use regular

vitamin D whole milk at first. Continue whole milk until 2 years of age. Low fat (skim milk), 1% or 2% milk is not recommended until after 2 years of age.

Juice and Water

Baby juices are now felt to be unnecessary and even unhealthy for babies. They have a high calorie content and have only minimal nutritional value. Instead you can begin giving the baby small amounts of water at 4 - 6 months of age. This teaches them to drink water when they are thirsty. If you give juice to your baby it should be watered down and considered a treat, not nutrition. Juice should be limited to only 2 - 4 ounces per day and this should be diluted with water. Do not allow your toddler to walk around with a sippy cup containing juice as this will cause tooth decay and poor nutritional habits.

ADDING SOLID FOODS

Breast milk or formula is the most important food you will be feeding your baby during the first 9 to 12 months. In fact, nutrition experts from the American Academy of Pediatrics recommend that you try to feed your baby **only** breast milk or formula during the first 4 to 5 months. We feel that whenever you introduce solid foods to your baby's first year diet, it is only a supplement to the milk. Breastmilk or formula is the main essential for good nutrition during that time.

There is no ideal age when all babies should be started on solid foods, but about 4 to 6 months old is the time usually suggested. There may be a few babies that will require solid foods sooner, but most will do well on milk alone. The pediatrician will discuss this with you. You may find that as your baby grows during the first 2-3 months, milk alone may no longer seem to satisfy him. This is normal and common. If you are patient, within several weeks, this period of "excess appetite" will soon pass. After that the baby will continue to do very well on milk alone until about 4 to 6 months old.

If you find that your infant is taking more than 32 ounces of milk per day and is not satisfied then the addition of cereal might be of some help. If you feel that your baby may need to start on cereal or solid foods before 4 to 5 months of age, please contact us so that we can make sure that everything is being done appropriately. If your baby is taking only 4 to 6 ounces of milk per feeding or is breastfeeding every three to four hours and seems satisfied with this, then there is no reason to start the baby on solid foods yet. Also, if he is taking less than 32 ounces of formula a day then cereal is not needed.

When and How to Add Solid Foods

A good sign that it is time to start your baby on solid foods is when he is old enough to reach out and grab food off of your plate and bring the food to his mouth. This natural instinct to eat usually appears near 4 to 5 months of age when the baby's digestive system is developed enough in order to process solid foods. Adding solid foods is like climbing stairs—it should be done one step at a time! Add only one new food every couple of days. If your baby tolerates this food, then you try another. Regarding food allergies, there is new evidence showing that starting solid foods early can actually help prevent food allergies from developing.

Some tips:

- Give the new food first at the morning or noon feeding. Your baby wants several ounces of formula before he eats his solid food – especially when he is hungry.
- Use a small, flat spoon and place the food towards the back of his tongue. At first he will find the food strange and he may spit it out. A baby will know how to suck when he is born, but it takes time and practice to learn how to swallow solid foods. Don't give up! Try again another day!
- The large number of foods available for the baby can be very confusing to many parents. Try to find four or five types of foods from each food group that seem to agree with your baby and stick to those.
- Mashed up table foods such as carrots, squash, and potatoes may be started instead of (or in addition to) baby foods.
- New studies show that we need not delay introducing foods considered to be “highly allergenic” until the baby is older. Foods like eggs, corn, fish and peanut butter may be given in the first year without concern for allergies. Certainly, if allergies occur, then adjustments can be made. Your pediatrician will discuss this with you when an introduction is appropriate.

FRUITS AND VEGETABLES

You may start by using baby foods or mashed up table foods. Remember baby foods are a convenience, they are not a necessity. Many table foods are perfectly safe and appropriate for your baby as you begin introducing foods.

There are many types of baby foods available. Some of them are listed in “stages” and some folks feel that babies should be started on strained food and progressed up to the different stages. This is not absolutely necessary since most babies seem to tolerate mashed up foods quite well. In short, you may start the baby on baby foods or your own foods.

There are many choices available that you may try. You may start feeding your baby such things as mashed potatoes, carrots, peas, squash and other vegetables. If you wish to try some table foods, then start with these same vegetables. These should be mashed up into a consistency that looks like it was “chewed”. It is not necessary to have pureed food.

Always start by feeding a very small amount of the food that you are trying. Perhaps give several spoonfuls in the beginning and then gradually increase the amount after a few days.

You may divide the feedings as follows:

Morning	Breast milk or formula Fruit 1-2 Tablespoons
Lunch	Breast milk or formula Fruit or Vegetables 2 Tablespoons
Afternoon	Breast milk or formula Fruit or Vegetables 2 Tablespoons

Early Evening	Breast milk or formula Fruit or Vegetables 2-3 Tablespoons
Evening	Breast milk or formula

Meats

When your baby is eating cereal, fruits and vegetables well, then it may be time to start him on meats. This may be between 7 and 9 months of age. At this time you will probably find that he is ready for three meals a day with two extra bottles of formula.

You might divide the feedings as follows:

Morning	Breast milk or formula Fruit 1-2 Tablespoons
Lunch	Vegetables 2 Tablespoons Meat 1-2 Tablespoons Breast milk or formula
Supper	Fruit 2-3 Tablespoons Breast milk or formula
Before Bedtime	Breast milk or formula

Meat is very important for your baby. He will need some every day, but please remember that until he is able to chew, you must be very careful with the preparation of the meat. Your baby will need to have soft meat in very small pieces until he has enough teeth to chew properly.

- Start with a taste of chicken or veal from baby food meat or even mashed up table food meat.
- Give a little more each day until your baby is eating 1 to 2 tablespoons once a day. Don't be discouraged if your baby does not immediately eat the meat. You might try adding a small amount of fruit on the spoon with the meat until your baby gets used to the taste.
- Remove only the amount of meat you will need for the feeding. Cover the jar and refrigerate. Do not keep it longer than 2 days once the jar is open.

To cook meat for your baby, remove as much fat as you can. Do not fry or smother. Then shred, grind or chop the meat into tiny pieces so that your baby will swallow it more easily. Babies do not like fat or grease in their foods.

Other Solid Foods:

Mashed Dried Beans: Beans are a good source of iron. If sometimes you do not have meat, you may give your baby pinto or other beans. Boil the beans without fat or seasonings and mash until smooth. Thin the mashed beans with milk or unseasoned cooking juice from the beans, or plain water. This is recommended after 7-8 months of age.

Eggs: Eggs may be added between six and seven months. We now know that delaying the feeding of eggs may actually increase the chances of developing food allergies. You may serve scrambled or boiled eggs.

Feeding After 12 Months of Age

As your baby begins to acquire the large molar teeth in the back of his mouth, he will be able to chew larger and larger pieces of food. However, go slowly in order to prevent choking. By this age, your baby should be getting on a dietary schedule similar to yours. Be certain to avoid foods with high sugar content and poor nutritional value. At about this time your baby is sitting up well and may be learning to feed himself by starting to pick up food with his hands. It may be messy but let him do it and encourage him to feed himself.

Weaning from the Bottle and Starting the Sippy Cup

Begin to introduce the sippy cup at 7- 9 months of age. Start slowly by offering a few sips of milk or water from the cup or even from a small glass. Do not be impatient if he does not drink much of the liquid initially. Work slowly but keep increasing the number of times you offer him the cup and he will increase the amount of milk he will drink from the cup.

Once you are satisfied that the baby is able to drink well from the cup then you should take the bottle away. The goal for weaning the bottle is 12 to 15 months of age. It is normal for the baby to drink less milk once he is off of the bottle. Nighttime schedules should consider healthy dental habits. Your baby's last intake should be at dinner time, then brush teeth and only offer water overnight. This is important once the primary teeth have erupted.

VITAMINS – IRON – FLUORIDE

VITAMINS

To ensure that your breastfed infant gets all necessary vitamins and nutrients, breastfeeding moms should continue to take their prenatal vitamins. Breastfed infants need supplemental vitamin D. Formula-fed infants get all the vitamins and nutrients necessary from their formula.

IRON

Breast milk is a good source of iron for your baby. When your baby is on a formula, he should be placed on an iron-containing formula or some other supplemental iron source no later than 2-4 months of age.

FLUORIDE

Fluoride can be important in that it works to prevent tooth decay and it can be started at 6 months of age if there is no fluoride in the baby's water. Fluoride toothpaste should not be used until you are sure that the child is not swallowing much of it when brushing. Treatments by your dentist or pediatrician are helpful, but the incorporation of fluoride into the diet and into the developing tooth enamel is the best way to ensure healthy teeth. Since your child's teeth are developing during the first 16 years of life, it is during this time that fluoride should always be available. Fluoride may be present in the water supply in some areas but this is not the case in most of Acadiana. Fluoride may be given as a prescription from your dentist or pediatrician.

Some advice for giving your child's vitamins:

- Always give the drops in the side of the baby's mouth. Placing drops in the back of his throat may cause choking.
- Keep vitamins (especially chewable tablets) in a safe place with other medications.
- Vitamin drops sometimes taste better when refrigerated.
- If the child doesn't like the vitamins, you could try to put a few drops into each of the feedings throughout the day.

IMMUNIZATIONS

The recommended schedule for immunizations is updated often. The schedule currently followed and recommended by our office can be found at the end of this Child Care Manual. Feel free to read more at www.cdc.gov/vaccines.

We no longer recommend giving Acetaminophen (Tylenol) to infants before their immunizations. There is new evidence that it can reduce the immune response needed for effective immunizations. You can consider using fever and pain reducers (Acetaminophen/Ibuprofen) if the baby develops a significant fever or if the baby is unusually fussy after receiving the immunization.

Information regarding the safety and effectiveness of each vaccine will be provided to you prior to each immunization. If you have any questions please ask your pediatrician.

What to do about Immunization Reactions:

- For local pain and swelling: use cool compresses, Tylenol/Ibuprofen until the pain and swelling subsides
- Fever should be managed as outlined by the Child Care Manual
- Notify our office if your child develops a high fever (temp > 101), fussiness/inconsolability, neurologic concern, seizure activity, urticaria (hives) or any other symptoms that you worry may represent as adverse reaction

VACCINE CONCERNS

We at Iberia Pediatrics firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as healthcare providers and that you can perform as parents/caregivers. We follow CDC recommendations and adhere to the published recommended schedule.

We understand that you may have concerns or questions about immunization safety or schedules. We are always happy to provide information and engage in respectful discussion with families with the shared goal of protecting your child and our community from preventable disease.

Ultimately we believe that it is the parents' right to decide on giving vaccines to their children. We respect this right and will work with parents who have specific concerns regarding vaccines.

COMMON CHILDHOOD PROBLEMS

ALLERGIC RHINITIS

It is said that 20-25% of people have an allergy problem of some degree. Most of these individuals have mild symptoms requiring limited treatment. Occasionally symptoms become more significant. If your child is experiencing symptoms of allergic rhinitis, please contact our office to discuss symptoms and treatment options. For mild symptoms, you can consider using medications that are available over-the-counter. Some of the oral medicines that we recommend are Allegra, Benadryl, Claritin, Zyrtec and Xyzal. See the Medications section for dosing.

Topical medications found over-the-counter like 1% hydrocortisone cream help for allergic and eczematous rashes.

Eye drops for allergic conjunctivitis (allergy eyes) such as Zatidor and Zyrtec Allergy Eye Drops are very effective options.

ANTIBIOTICS AND OTHER PRESCRIPTION MEDICINES

Parents sometimes request antibiotics for various conditions that children develop. There are many types of infections that require treatment with an antibiotic, however, most childhood infections, such as the common cold (URI), intestinal flu and other febrile illnesses are caused by viral organisms. Antibiotics do not help these conditions. Use of antibiotics in these settings may actually cause more problems such as removal of our good, protective bacteria or contributing to promoting the development of resistant bacteria or “super bugs”. We will usually request to see your child before prescribing an antibiotic. We need to make a proper diagnosis first and then we can prescribe the appropriate antibiotic if needed.

Please be careful about using medications unless specifically prescribed for the type of illness your child may have. For example, it is okay to use a medication prescribed for nasal congestion whenever your child has a cold. However, do not give medication when you are not certain of the dosage or the indication for the medicine. Check with us or your pharmacist first.

ASTHMA/BRONCHOSPASM

If your child has cough and cold symptoms with a history of asthma or having needed nebulizer breathing treatments in the past, then you should consider using the nebulizer machine again with the current illness. If your child is wheezing, or you suspect wheezing, it is appropriate to begin treatments. An exam in the office is always appropriate with these symptoms. Please call us with any questions.

BOILS AND ABSCESES

Skin infections caused by staph or strep bacteria have become very common in recent years. These usually present as cellulitis or abscesses. When these symptoms are first noted, you should begin applying warm compresses, use antibacterial soap to clean the area and monitor closely. If the area is small, we encourage clean techniques for expressing pus and applying antibiotic ointment. If fever begins or clinical worsening occurs, an evaluation in the office is needed.

BROKEN BONES

A possible fracture should be given first aid consisting of immobilization of the affected extremity and ice packs. You should call our office for instructions and where to go for treatment. Generally these types of injuries are best handled in the emergency department.

BURNS

A mild first degree burn results only in local redness and pain. Simple sunburn is an example of a first degree burn. It does not require any special ointments but medication for pain and fever helps. (See the Medication section)

More severe burns (second and third degree) which cause skin disruption and blistering should be seen in our office immediately. When calling our office or answering service, make certain they understand that this is an emergency.

Note: A final but important word on burns: studies show that damage from burns continues for up to 10 minutes after contact with a hot object. Therefore, immerse the burn area in cool water, or run cool water on the burned area for a few minutes after the burn has occurred. This may help to decrease the severity of the burn.

CHICKENPOX (Varicella)

Chickenpox is becoming an increasingly rare childhood disease due to the Varicella immunization. Occasional cases still occur. Chickenpox is a highly contagious viral illness. Its incubation period is 10-21 days after contact. Because it is a viral illness, regular antibiotics do not prevent or cure chickenpox.

There are several other measures which may reduce the severity of the illness:

- Trim your child's fingernails to prevent excessive scratching
- A medicated oatmeal powder, Aveeno Colloidal Oatmeal, can be purchased without prescription. One half cup should be added to a shallow tub of water, and the child should be bathed in this 1-2 times daily and patted dry with a towel.
- Calamine lotion may be helpful, although Aveeno is usually adequate
- Benadryl as needed for itching.

A child with chickenpox is contagious until all of the sores have dried-up and scabbed over, usually 7-10 days, after which he may return to school. Should any of the sores become extremely red or tender when compared to the others, we should be contacted as this may represent a secondary bacterial infection possibly requiring antibiotics.

COMMON COLD (URI)

A common cold or upper respiratory infection is a viral illness, which means it will improve without the use of antibiotics. In most cases it will resolve without problems within 10-14 days. The most uncomfortable stage is during the first 3-5 days when symptoms such as fever, sore throat, body aches, fussiness and decreased appetite will be most common. After that stage, the symptoms seem to improve and then finally resolve when the cold goes away. Since colds are viral infections there is no effective cure available. Studies show that healthy children with normal immune systems will go through 6-8 colds per year during the first few years of life.

There are things that we can do to help children remain comfortable while they are dealing with an upper respiratory infection:

- (1) Acetaminophen or Ibuprofen will decrease the headaches, sore throat, pain and fever usually accompanying a cold. (See Medication section for dose guidance)
- (2) A cool mist humidifier is helpful to keep nasal mucus from becoming dry in the nasal passages. The humidifier can be used with naps or overnight sleep times. Plain water in the unit is adequate. When not in use, the unit should be emptied and kept dry to prevent growth of mold and mildew. Every 3-4 days the unit should be cleaned well with soap and water.
- (3) Upper respiratory infections in small babies (under 4 months of age) present a special problem since nasal congestion, mucus and coughing interfere with feedings and sleep. Medications are not particularly useful in this age group either. A humidifier is often helpful. You can also use salt water (saline) nose drops in combination with a bulb syringe or other suctioning device. **How to use saline nose drops:** Place 2-4 drops in each nostril, wait 30-45 seconds, then suction with a bulb syringe. Repeat this as needed to control nasal secretions. The most helpful times to consider using saline are before feeding and sleeping.
- (4) It is effective to keep infants/children in an upright position as much as possible. They may even be allowed to take their naps sitting upright, but make certain not to leave them unattended on an elevated surface.
- (5) Studies do show the effectiveness of topical medications such as Vick's Vaporub. We recommend rubbing it on the chest, not under the nose. It is safe for all ages. Infants should use the non-menthol preparation of this product.
- (6) Another consideration for use in infants/children is Pediatric Neo-Syneprine nose drops. Unlike saline nose drops, which are relatively natural, Neo-Syneprine is a medication. It works to shrink down nasal membranes and relieve congestion. We encourage following dosing guidelines provided, but drops can be placed in each nostril every 4-6 hours. These drops should not be used for more than 5-6 days. Excessive usage may cause nasal irritation.

When to See the Doctor: Most colds run uncomplicated courses, lasting for 10-14 days. Children will look sickest in the first 3-5 days and then gradually get better. It can be normal for fever to occur in the first few days of a cold but the fever should not last more than 2-3 days. We should check the child if fever lasts longer than that at the beginning of a cold or if fever occurs suddenly in the middle or the end of a cold. (In this context, fever is defined as a temperature of at least 100.4 degrees

or more.) It is now known that the presence of green or yellow mucus is not very helpful in determining the need for antibiotics. Most colds start with clear, runny nasal mucus. It will usually transition from clear to white, then to yellow and finally to green as the cold runs its course. A green or yellow runny nose is usually a normal finding in the middle or end of a cold.

Occasionally an ear infection, sinusitis or tonsillitis may develop from the cold and this may require an office visit. The child may have an earache or really bad cough. Any symptom that appears as difficulty breathing or worsening of the cough should be checked. In addition, if you feel your child is not perking up or improving after several days, then these are all signs that the child should come in for an evaluation. Always trust your instincts if you think your child needs to be checked!

COUGH AND COLD MEDICATIONS which are taken by mouth may be helpful in relieving some nasal congestion and coughing. There are several over-the-counter decongestant/antihistamine preparations available. Some which you may find effective are: (1) Sudafed (2) Dimetapp (3) Pediacare (4) Mucinex (5) Delsym (6) Robitussin and others. Newer infant preparations of meds include Hyland's and Zarbee's. Pay special attention to the age indications on these medications. Honey should be avoided in children < 12 months old.

Multi-symptom cold medications are constantly being reformulated, so be sure that you know that you are giving the proper dose if you use these medicines. The Medication section of the Child Care Manual has dosing guidance for most of these medications.

Remember that these medications will not cure your child's upper respiratory infection, but could lessen the symptoms. We recommend that parents use good judgment and only use cold medications if the child's symptoms are causing considerable discomfort. We do not recommend treating every runny nose or cough. While you may feel equipped to handle your child's symptoms, please contact our office with any questions about management of your child's upper respiratory infection/cold.

CONSTIPATION

If your baby has hard stools or excessive straining during bowel movements then he may be constipated. Previous editions of the Child Care Manual suggested the use of Karo corn syrup, however changes to the formulation have proven this to be less effective. A new recommendation for infants with constipation include the use of fruit juice. The sugars in apple or pear juice aren't digested very well, so they draw fluid into the intestines and help loosen stool. As a rule of thumb, you can give 1 ounce a day for every month of life up to about 4 months (a 3-month-old baby would get 3 ounces). Once your infant is taking solids, you can try vegetables and fruits.

If your baby strains and is unable to pass his stool, a pediatric glycerin suppository or liquid glycerin enema (Pedialax) can be used to help. Suppositories should not be used more than once every 2-3 days. Older children may benefit from using Miralax. We should be contacted if the above measures fail to work. Enemas and strong laxatives should not be used without first speaking to us.

CROUP

Croup is an infection which involves the larynx (voice box) and trachea (windpipe). It results in a harsh, barking cough which is usually worse at night. The barking cough may occur for several nights in a row, but then it is expected to loosen up and resolve like a normal cold. It may be associated with fever. It can be quite frightening to observe these symptoms in your child. Croup is typically caused by viral organisms which do not require treatment with antibiotics. Hence, like other viral infections such as the common cold, it has to run its course.

There are several things which you can do to help reduce its severity. All relate to increasing the humidity of inhaled air, which helps to break up the mucus which may clog the trachea. You can review these measures in the section on the **Common Cold**.

A steamy bathroom can be very helpful in croup. Another suggestion is to dress your child warmly and go outside at night to breathe the cool moist air for a while. If your child has been on a nebulizer in the past you should try using it again to help with croup symptoms. If your child has a high temperature (>102 degrees) or severe croup with difficulty breathing, then you should bring your child into our office or consider going to the emergency department.

CUTS AND SCRATCHES

Most cuts and scratches are minor and will not be a problem if kept clean and protected from infection. Unless involving the eye or mouth, they should be cleaned well and bandaged appropriately. A good product to clean cuts with is an antibacterial solution called Betadine Scrub, which can be purchased over-the-counter. It should be mixed in equal parts with water and then the wound should be scrubbed thoroughly. If the wound is particularly dirty (for example, a scrape or brush burn), peroxide can be added in equal amounts to the Betadine Scrub and water. After the wound is cleaned, an antibacterial ointment such as Neosporin, Polysporin or Triple Antibiotic Ointment may be applied. A sterile bandage should be used to protect the wound. The wound should be cleaned and re-bandaged 1-2 times daily until it is drying up and healing well. A severe cut (especially one that continues to bleed) or a cut involving the eye itself should be checked immediately.

In the case of significant cuts and puncture wounds, you should be certain that your child's tetanus status is up to date. For this reason you should always have handy a copy of your child's immunization record. If your child has had a "booster" within the last 5 years, then he should not need a tetanus shot. If you are not certain of this, then call our office.

DIAPER RASH

Diaper rash is usually the result of too much moisture and inadequate ventilation to the diaper area. It is best treated by keeping the diaper area clean and dry. Should a diaper rash develop, using zinc oxide topical products (example: Desitin, A & D ointment, Boudreaux's butt paste) are very helpful for diaper rashes. Also, leaving your baby's diaper off while he naps will speed healing. Should the diaper rash persist, or if you notice that your baby also has thrush, then call the office.

DIARRHEA – See the section on **Vomiting and Diarrhea**

DRY SKIN AND ECZEMA

Dry skin and eczema are very common problems that are seen in infants and children. It is usually found in babies with sensitive skin and it seems to be more common in certain families. It is very common in infancy.

The treatment for this problem would include the following: (1) Use as little soap as possible since this takes the natural body oils off of the skin. You may also want to soak the baby in plain luke-warm water daily, avoiding soap, and then generously apply skin lotion after drying the skin. (2) Use bath oils during bathing to help moisturize the skin. (3) Apply therapeutic skin lotions/creams immediately after bathing and several times a day in order to moisturize the skin. (4) If the child has symptoms of itching, Benadryl can be given to control this problem. If the itching can be controlled, then the skin can heal more effectively. (5) If there are certain areas that seem to be more inflamed then over-the-counter **1% hydrocortisone** cream or lotion is helpful. It should be noted that cortisone cream should not be used for prolonged periods on the face as it may cause damage to the skin.

If your baby is having significant eczema that is not controlled with these medicines then you should bring him in for a check-up.

EAR INFECTIONS

Ear infections are one of the most common childhood illnesses and are most frequent in the first three years of life. Children tend to outgrow this problem in the preschool years. Most ear infections are mild and many will resolve with little or no treatment. Unfortunately some children can become very sick from ear infections and others have recurrent problems that may require seeing ENT to discuss surgical options.

Symptoms of ear infections are variable but typically children will be suffering from a cold and then they become even more fussy. There may be fever at first and perhaps an earache that you may treat with fever and pain meds. The appetite may decrease and the child may look sicker than expected. Children who have tubes in their ears may have pus draining from the ear. Some ear infections may have few of these symptoms or even make the child uncomfortable. If you suspect your child has an ear infection, then call for an appointment.

FEVER

Fever is usually a sign of an infection. Viral infections are the most frequent cause of fever in children. High fever is usually not the result of teething, insect bites, or sun exposure. It is important to realize that fever is one of the ways our bodies fight infection, and that a certain amount of fever helps battle these germs.

Remember, fever (high or low) by itself is not necessarily alarming. A low-grade temperature in a child who is very lethargic and irritable can be more serious than a high fever without other symptoms. A temperature of 100.4 or higher in infants less than 2 months of age is considered a **MEDICAL EMERGENCY**. Take the baby's

temperature rectally if possible, and notify the doctor right away. In older infants and children, you may safely monitor and treat your febrile child at home with the advice detailed below.

A good rule of thumb is to **WATCH YOUR CHILD MORE CAREFULLY THAN THE THERMOMETER** when judging the degree of his illness. When fever is elevated your child may look very sick, but he should “perk-up” every 4 - 6 hours when the fever is down.

Measuring the Temperature

In order to be certain that your child does have fever, you should check his temperature with a thermometer. There are many types of thermometers available and any type is acceptable. When reporting a fever, use the number provided by the thermometer. There is no need to add/subtract or do any manipulation of the number given. It's not reliable to assume a fever by “feeling the child”; if you are concerned you should measure the temperature.

A child's normal temperature fluctuates throughout the day. It may be lower in the morning and rise later in the day. A temperature of 98.6 is only the average temperature for a child. Generally, you should not be too concerned about any temperature less than 100 degrees if their behavior is normal.

If you record a fever, **don't panic**. Even high fever will usually come down 30-60 minutes after giving medicine and/or sponge bathing. Remember the fever alone should not be used to judge the seriousness of your child's illness. Physicians are more concerned about the cause of the fever rather than just how high it may be.

Medications for Fever

There are two commonly used fever medications:

Acetaminophen (Tylenol, Panadol, Liquipren) and **Ibuprofen** (Advil, Motrin).

Aspirin (Bayer, St. Joseph) is no longer recommended. Acetaminophen is more gentle on the stomach and it lasts approximately 4 hours. Ibuprofen is somewhat more effective in reducing the fever and it lasts for 6 hours. You should be careful if using repeated doses for many days because Ibuprofen may cause stomach irritation. Aspirin has been associated with a condition called Reye's syndrome when used to treat fever associated with the flu or chickenpox. For this reason we avoid its use in fever control. See the Medications section for dosing guidance.

Treating Fever

A low-grade temperature in a child who is a little fussy does not necessarily have to be treated. Remember, fever helps our bodies fight infection. Higher temperatures may respond to fever-reducing medications, but if there is no improvement 30-45 minutes after medication is given, the child should receive a lukewarm water sponge bath. Place the child in 2-3 inches of water, and sponge him with the water for about 30-45 minutes - until his temperature begins to return to normal. **NO ALCOHOL OR ICE** should be added to the water.

When a child has fever, be certain to keep him dressed lightly. Do not wrap the child in blankets for him to “sweat out” the fever. If the fever is high, it is important to monitor hydration. Clear fluids (Gatorade, Powerade or Pedialyte solutions) should be encouraged. If there is no nausea, the child should continue a normal diet as tolerated.

FLU

The flu is a serious viral illness that occurs every year and tends to occur in outbreaks or epidemics. Although most patients do well, it can be a life-threatening illness for certain individuals. The symptoms may vary some from year to year but most people remember the flu for being an illness that made them extremely sick. Patients tend to have relatively high fever, headaches, sore throats and generalized aches and pains. They usually develop respiratory symptoms with a runny nose and cough. There is a loss of energy with tiredness and poor appetite. It is very contagious and can cause students to miss 3-5 days of school. Common complications of the flu are ear infections, sinusitis, bronchitis and pneumonia.

Medications are available by prescription to treat the flu. These medicines need to be given in the early stages of the illness to have maximum effect. Therefore, bring your child in as soon as possible if you feel that he might have the flu.

The flu vaccine is available every year around September. All children who are more than 6 months old should be vaccinated yearly.

HEAD INJURIES

Bumps to the head are extremely common in small children. In the usual situation the child is climbing or running and then falls. Usually the child cries for a short while and then will settle down. In some cases vomiting may occur once or twice in the first hour after the fall but then should resolve. If the child returns to baseline activity after resting, continued monitoring at home is appropriate.

Serious head injuries are usually the result of a significant force on the child's head. Examples of mechanisms that can cause serious head injuries would be a car accident, a baseball bat hitting the head, or a fall from a raised surface onto a hard floor. Important clues which should immediately alert you to a serious injury are the loss of consciousness, or a prolonged confused state following the injury. Progressive lethargy or confusion, persistent vomiting, worsening headaches, seizures or uneven pupil size are all important signs of a serious head injury. If any of these signs or symptoms are appreciated, your child needs emergent evaluation.

IMPETIGO

Impetigo is simply a sore or insect bite which becomes infected. Usually the infection occurs when the sore or bite is scratched with unclean fingernails. Make certain to trim the fingernails closely. Impetigo can also be seen as sores or blisters in the diaper area.

The lesions should be cleaned with antibacterial soap. Then apply an antibacterial ointment (like Neosporin) and cover this with a sterile dressing. If the impetigo infection becomes worse, with spreading redness or tenderness, call our office for an appointment.

INSECT BITES

The best way to manage insect bites is to prevent them! Remember that mosquitoes and gnats are most prevalent at dusk. Insect repellent is useful. Should insect bites occur, wash them well with soap and water. Make certain to trim the fingernails to prevent infection from scratching. If excessive itching or

swelling occurs, then you may give an anti-itch medication such as oral Benadryl (see Medication section for dosage guidance).

For stinging insect bites (such as red ants, caterpillars, wasps and bees), apply cold compresses to the area. Do NOT immerse the area in ice, especially for prolonged periods. Acetaminophen or Ibuprofen can be helpful for pain.

PINWORMS

Pinworms are not a medical emergency. Pinworms are small, white threadlike parasites that are extremely common. They crawl out of the anus during the night therefore they are usually discovered when the child awakens at night crying or complaining of itching or burning. Having the child lay on his stomach and using a flashlight to examine the anus during the night or early morning will often reveal the pinworms. If the child is very uncomfortable, they can be placed in a tub of warm water (with a tablespoon of baking soda added) and the genitalia washed thoroughly. This will help to improve nighttime symptoms.

Effective pinworm treatment medications, such as Pin-X, are available over-the-counter. Keep in mind that other members of the family, particularly other children, may need to be treated. When beginning treatment, it is important to wash bed linens and stuffed animals using hot water.

POISONING

If your child has ingested a substance which is potentially poisonous, keep in mind that minutes count. Here are guidelines for handling possible poisoning:

Poison Control Phone number is: 1- 800- 222- 1222

(1) IDENTIFY THE SUBSTANCE

Check the container label. Often it will identify the substance and make mention of its toxicity. If it is a medication in an unlabeled bottle try to call the pharmacist for identification. If it is a plant, try to find out its name.

(2) CONTACT POISON CONTROL FOR INSTRUCTIONS

You should call the Poison Control Center at **1-800-222-1222**. Make certain that they understand that the call involves a possible ingestion and should be handled as an EMERGENCY.

(3) WHEN THEY ANSWER THE CALL

If possible be ready to tell them: (a) what was ingested (b) how much was ingested and (c) how long ago it was ingested

(4) THE EMERGENCY ROOM

If necessary you may also go to a hospital emergency room. They will initiate treatment and contact us if needed.

(5) WHEN TO INDUCE VOMITING

Do not induce vomiting unless instructed to by Poison Control. New studies show that in most cases inducing vomiting may worsen the symptoms or cause more complications.

This problem can often be avoided by being safety-minded. Be sure to keep harmful substances in a safe, secure place that is out of reach.

SEIZURES WITH FEVER

Febrile seizures sometimes occur in children between ages 1yo and 6yo who have high fever. It is important to realize that such convulsions are brief in nature (usually lasting 1-5 minutes) and will stop spontaneously (without medication). They do NOT cause swallowing of the tongue or brain damage. Seizures are generally NOT a life-threatening event, although it may certainly appear that way. If your child experiences such a seizure, then lay him on his side until the seizure stops. Be careful if you carry the child during the seizure. Stay with the child until the seizure stops. If this is the child's first seizure, then call us or go to the Emergency Room for an evaluation. If the child has had a previous febrile seizure then you usually do not need to have them checked again right away but call our office to discuss. If the seizure is prolonged, the child needs to be examined in our office or the Emergency Room. If in doubt, always have the child examined. All seizures in babies less than 12 months old should be evaluated.

SLEEP

From infants and toddlers to school-aged kids and teens, parents want to know how many hours of sleep are recommended. While it's true that sleep needs vary from one person to another, there are some very reasonable, science-based guidelines to help you determine whether your child is getting the sleep he or she needs to grow, learn and play.

The American Academy of Sleep Medicine (AASM) provides some helpful guidelines regarding just how much sleep children need at different stages in their development. Keep in mind that these numbers reflect total sleep hours in a 24-hour period.



SPRAINS

Some sprains can be as painful as a broken bone. Management of sprains varies with their severity, but a good approach to management is following **RICE**. This stands for Rest, Ice, Compression (ACE bandage) and Elevation (keeping the injured part above the level of the heart). Acetaminophen and Ibuprofen are helpful in relieving the discomfort of the sprain. Mild sprains will respond well to such measures. A severe sprain with marked swelling and tenderness or a sprain that does not respond to the above measures should be evaluated by a physician.

SWIMMER'S EAR

This is a painful condition that is most common in the summer months due to increased swimming activity. However it can occur throughout the year as a result of children submersing their ears in the bathtub or shower. It results from the normally protective ear wax being flushed out and replaced by moisture. If the inner ear never dries, bacterial and fungal infections can develop. Preventing this condition is possible with the use of OTC products like **swim ear drops**.

TEETHING

Most babies start teething at 6 to 9 months. It is possible to detect some early behaviors that begin at 3 to 4 months. While the majority of babies aren't troubled by the teething process, some get irritable, eat poorly, and have trouble sleeping when teeth begin to arrive.

Remember that you don't have to do anything for normal teething discomfort. If your baby seems very uncomfortable, you may want to give him Acetaminophen or Ibuprofen. Some babies are helped by teething toys and teething biscuits. It is no longer recommended to use prescription numbing medications such as Xylocaine for teething problems due to increased risk for serious and adverse reactions.

VOMITING AND DIARRHEA

Vomiting and/or diarrhea usually represent viral gastrointestinal infections and they typically resolve without special medications.

VOMITING

A vomiting illness may last 6-12 hours before it slows down. The child may look very sick during this time, but there is little danger from dehydration at first. That would not usually occur unless the vomiting persists for more than 12-24 hours. During the early stages of vomiting it may be difficult to get the child to retain any type of fluids. However, when the vomiting does begin to slow down then it is important to administer appropriate fluids so that the child does not get dehydrated.

In younger children this would be a Pedialyte-type product. In older children the Pedialyte products are effective or you may substitute Gatorade or Powerade. Generally it is a good rule to give small amounts of fluids, but to give these small amounts frequently. If the child throws up, take a short break and resume administering fluids in this manner.

Once the vomiting has stopped then a light diet may be administered. In young children you may again administer formula or breast feeding. Please note that some experts suggest that moms may just continue breastfeeding even during the vomiting phase.

It would be important to notify us if you feel that the vomiting is not slowing down after the first 8-12 hours or if the child is not able to take fluids and becomes increasingly sleepy/lethargic.

DIARRHEA

Diarrhea is a very common illness and may occur numerous times a year during the first several years of life. It is usually self-limited, but in infants and young children it may last several days to several weeks. Usually the most severe diarrhea will occur for the first 24-48 hours and then it will slow down. In infants and young children, once again, Pedialyte-type products are appropriate if the diarrhea is severe. Then gradually switch back to breastfeeding or formula as the symptoms improve. In older children you may use the Gatorade, Powerade or Pedialyte-type products.

If the diarrhea is not severe then a light diet may be used in older children. This would include things such as soup, Jell-O, toast, crackers, mashed potatoes and bananas. Infants should remain on breastmilk or a lactose-free formula until the diarrhea slows down and then progress them onto a diet with rice cereal, bananas and other easily digestible foods. If there is blood in the diarrhea associated with temperature over 101 degrees then we should be notified.

If the diarrhea is severe and it appears that the child is becoming dehydrated and you are unable to get the child to take fluids, then we should be notified.

DIETS FOR VOMITING AND DIARRHEA:

SMALL INFANTS (Birth-9 Months)

Clear Fluids

When vomiting, start with 1 -2 ounces of Pedialyte-type fluid every 15-30 minutes. Increase the amount as tolerated.

Breast Milk/Formula

This may be used for several days until the diarrhea slows down. Rice cereal and bland, starchy foods may also be initiated by the second or third day. As the diarrhea improves, a regular diet may be slowly restarted.

OLDER BABIES (9-18 Months)

Clear Fluids

For vomiting, give 1-2 ounces every 15-30 minutes. Pedialyte-type products would be preferable. Gatorade or Powerade may be used in milder cases. Increase as tolerated.

Light Diet

A light diet including Jell-O and bland, starchy foods may be offered. Later if the child is doing well and hungry, strained chicken noodle soup may be offered. You may also try dry toast, crackers, popsicles, dry cereal and mashed potatoes. A soy formula or lactose-free formula may be offered. The diet may be slowly advanced back to normal over 2-3 days. Avoid milk products and rich or greasy foods.

CHILDREN (18 Months and Older)

Clear Fluids

When vomiting, 2-4 ounces of Pedialyte-type fluids should be offered initially. Gatorade and Powerade can also be used. Increase as tolerated. Give this every 20-30 minutes.

Light Diet

Jell-O, bananas, soup, crackers, dry cereal, toast, and mashed potatoes can be given. Milk products should be avoided. After 1-2 days of improvement, the child may be started back on a regular diet.

If vomiting or diarrhea recurs as the diet is being advanced, it may be advisable to return to a lighter diet again. Should you find yourself unable to advance the diet without your child redeveloping symptoms, then you should call the office for further instructions.

MEDICATIONS FOR DIARRHEA OR VOMITING

Recent studies show that some over-the-counter medications may indeed worsen symptoms or cause harmful complications. Therefore it is no longer recommended to use medications such as Emetrol or Immodium when patients are having vomiting and diarrhea. The most effective treatment is the clear liquid diet which is then progressed as the vomiting and diarrhea slows down.

Probiotics such as Lactinex Granules and BioGaia will help to safely treat diarrhea. Refer to package dosing guidelines to ensure the appropriate amount is given.

If your child is having unusually severe vomiting please call the office so that we may discuss the appropriate treatment with you. In general, administration of proper fluids is all that is needed and the vomiting will begin to resolve in several hours. In rare cases we may prescribe medications to help alleviate the vomiting.

MEDICATIONS

There are several good medicines that are available at your pharmacy without a prescription. Unfortunately they often do not include a proper dosage for infants and children. Here are some of the more commonly needed medications and their suggested dose. Please note that if you think that your child is having some type of side effect from the medication then you should stop using it and contact us.

Antihistamines and Allergy Medication:

Benadryl (Diphenhydramine) -dosing every 6 hours

Weight	Amount
10-20 lbs	2.5ml
21-36 lbs	3.75ml - 5ml
37-70 lbs	7.5ml - 10ml
71-100 lbs	10ml - 15ml
101 lbs & above	15ml - 20ml

Allegra Children's Suspension

1yo - 2yo	2 ml twice daily
2yo - 12yo	5ml twice daily

Claritin (Loratidine) & Zyrtec (Certirizine) Syrup 5 mg/tsp

6mo - 1yo	1.25ml daily
1yo - 2yo	2.5 ml daily
2yo - 6yo	5 ml daily
>6 yo	10 ml daily

Xyzal (Levocetirizine) Children's Suspension

2yo - 5yo	2.5 ml daily
6yo - 11yo	5ml daily
> 12yo	5ml - 10ml daily

Cough and Cold Medications:

For decades these medicines were routinely used in children as young as several months of age, however new studies now show that children's cold medications are ineffective. There are also safety concerns when the medications are given incorrectly, as with any medicine. The FDA no longer recommends using these medications for children less than 4-6 years of age.

Having said this, and because the dose is no longer included on the bottles, we are frequently asked about the dosage of these medicines for use in young children. Included below are doses that were recommended before the FDA came out with their current policy. Please note that we do encourage you to follow the manufacturer's dosing guidelines.

Children's suspension dosing:

MEDICATION	15-24lb	25-34lb	35-44lb	45-64lb
Delsym	0.8ml	1.25ml	2ml	2.5ml
Mucinex cough	1ml	2ml	2.5ml	3-4ml
Mucinex cold Dimetapp PediaCare Robitussin Sudafed	1.25ml	2.5ml	3.75ml	5ml

Dosing frequency would be based on manufacturer's guidelines.

Triaminic products- There is no standardized dosing. This may cause confusion and improper dosing so we don't have dosing recommendations for this product.

Ibuprofen (Motrin, Advil) Dosing

For children older than 6 months old

Dose is based on 10mg/kg and given every 6-8 hours which is the prescription dosing and is slightly more than the over-the-counter dosing recommendations.

WEIGHT	INFANT DROPS 50mg/1.25ml	CHILDREN'S SUSPENSION 100mg/5ml	CHEWABLE TABLET 100mg	ADULT TABLET 200mg
12lb	1.25ml	2.5ml		
18lb	1.875ml	3.75ml		
24lb	2.5ml	5ml		
33lb		7.5ml	1.5 tabs	
44lb		10ml	2 tabs	1 tab
55lb		12.5ml	2.5 tabs	1 tab
66lb		15ml	3 tabs	1.5 tabs
77lb		17.5ml	3.5 tabs	1.5 tabs
>88lb		20ml	4 tabs	2 tabs

Acetaminophen (Tylenol) Dosing

Dose is based on dose of 12-15 mg/kg and given every 4 hours

WEIGHT	DOSAGE	INFANT'S SUSPENSION 160mg/5ml	CHILDREN'S SUSPENSION 160mg/5ml	Children's Soft Chews 80mg each	Junior Strength Caps or Chews 160mg each
6-8 lb	40mg	¼ tsp (1.25ml)	¼ tsp (1.25ml)		
9-11 lb	60mg	⅓ tsp (2ml)	⅓ tsp (2ml)		
12-16 lb	80mg	½ tsp (2.5ml)	½ tsp (2.5ml)		
17-22 lb	120mg	¾ tsp (3.75ml)	¾ tsp (3.75ml)		
23-28 lb	160mg	1 tsp (5ml)	1 tsp (5ml)	2 tablets	1 tablet
29-34 lb	200mg		1 ¼ tsp (6.25ml)	2 ½ tablets	
35-40 lb	240mg		1 ½ tsp (7.5ml)	3 tablets	1 ½ tablet
41-46 lb	280mg		1 ¾ tsp (8.75ml)	3 ½ tablets	
47-58 lb	320mg		2 tsp (10ml)	4 tablets	2 tablets
59-69 lb	400mg		2 ½ tsp (12.5ml)	5 tablets	2 ½ tablets
70-81 lb	480mg		3 tsp (15ml)		3 tablets
82-93 lb	560mg		3 ½ tsp (17.5ml)		3 ½ tablets
94-99 lb	640mg		4 tsp (20ml)		4 tablets
>100 lbs	Give Adult Dosage (please review your med dose before giving) Standard dose: Tylenol 325mg tab; Extra-strength 500mg tab				

PARENTING ISSUES

TELEVISION AND VIDEO GAMES

The American Academy of Pediatrics (AAP) encourages parents to help their children develop healthy media use habits early on.

For children **younger than 18 months**, use of screen media other than video-chatting should be discouraged.

Parents of children **18 to 24 months** of age who want to introduce digital media should choose high-quality programming/apps and use them together with children, because this is how toddlers learn best. Letting children use media by themselves should be avoided.

For children **older than 2 years**, media limits are very appropriate. Limit screen use to no more than 1 hour or less per day of high-quality programming. Co-view or co-play with your children, and find other activities for you to do together that are healthy for the body and mind (reading, teaching, talking and playing together).

All **children and teens** need adequate sleep (8-12 hours, depending on age), physical activity, and time away from media. Designate media-free times (family dinner) together and media-free zones (bedrooms). Children should not sleep with devices in their bedrooms, including TVs, computers and smartphones.

Parents are encouraged to develop personalized media use plans for their children. Media plans should take into account each child's age, health, personality, and developmental stage.

You can find numerous sources discussing this topic. We are happy to provide additional information and resources should you need.

DISCIPLINE

There are few parenting jobs that are more important than discipline and teaching our children how to behave. The subject of discipline can be overwhelming and often totally conflicting viewpoints are presented as each being the only correct choice for parents. This subject seems to boil down to two schools of thought but a middle ground is possible. There are some experts promoting the traditional, time tested methods for rearing children while there are other experts promoting newer ideas that view traditional discipline as being too rigid and harsh. Many parents are incorporating some of these newer ideas along with using more traditional techniques in raising their children. Studies show this can lead to happier, more well-adjusted children.

As a parent you will need to discern which forms of discipline are acceptable to you and will work for your child. We feel that there is no one technique or method of discipline that works for all children or all parents. There are many books available on the subject so that you can look at all sides of the issue. Take some time to discuss this in your home and incorporate ideas that you feel most comfortable with. Let the child know what you expect and what the consequences are for misbehaving. Be consistent in your methods for the most successful outcome.

ADHD and BEHAVIOR CONCERNS

As more children and adults are diagnosed with ADHD, the hyperactive symptoms and inattentive behaviors are now more familiar to parents, teachers and family members. This is important because it allows children demonstrating these behaviors to be identified early, but it can also raise inappropriate concern in other situations.

There are a number of other diagnoses and conditions that may make some think, incorrectly, that a child has an attention disorder. Conditions such as hearing loss, visual disturbances, learning disabilities, language disorders, depression, anxiety and social stress can all manifest with behavior conditions like ADHD.

If there is concern regarding behavior or ADHD, please schedule a brief consultation visit with your pediatrician. At this appointment, we will discuss these behaviors and your concerns. Recommendations will be made, and if there is a need for a complete ADHD evaluation, we can schedule it. We will provide a packet to be completed by parent(s) and teacher(s).

FAITH and MEDICINE

Medical schools are now teaching about the connection between faith and medical care. Research shows that as faith life lifts the human spirit, it promotes healing and recovery. A strong family faith life is healthy for children and for the family.

NOTES:

Iberia Pediatrics

Routine Labs, Vaccines and Services by Age

Birth/1st Visit	HBV (if not given in the hospital)
2 months	Pediarix (DTap, HBV, IPV), Hib, PCV13, Rotavirus
4 months	Pediarix (DTap, HBV, IPV), Hib, PCV13, Rotavirus
6 months	Pediarix (DTap, HBV, IPV), Hib, PCV13, Rotavirus
9 months	Hemoglobin (all patients) Lead level (all patients) Fluoride Varnish Application (if teeth present) (application on teeth every 6 months through age 5 years)
12 months	MMR, Varicella, PCV13
15 months	DTap, Hib, HAV*
18 months	MCHAT screening Catch-up vaccines if needed Photoscreen (yearly exam, begin now or with next wellness)
2 years	Hemoglobin (all patients) Lead level (All Bayou Health, others when indicated) Photoscreen (if not done previously)
30 months	MCHAT screening Photoscreen Catch-up vaccines if needed
3 years	Photoscreen Catch-up vaccines if needed
4 years	DTap, IPV, MMR #2, Varicella #2 Photoscreen OAE hearing screen
5 years-18 years	Vision/Hearing Flu* Catch-up vaccines if needed
11 years	Tdap, MCV4 HPV* series (2 dose, 6 months apart if given before 15th birthday)
16 years	MCV4 #2, Men B* (booster in 6 months) HPV* series if not complete (3 doses if initial dose administered after 15th birthday)

*Recommended by CDC, AAP and Iberia Pediatrics; but not required by Louisiana

*Flu vaccine recommended yearly for all children 6 months and older