

# Patient Information

## PEDIATRIC ASSOCIATES OF IOWA CITY AND CORALVILLE



Stanley A. Hackbarth, M.D., F.A.A.P.  
Ingrid E. Goldenstein, M.D., F.A.A.P.  
Shirley B. Paul, M.D., F.A.A.P.  
Joseph D. Boysen, M.D., F.A.A.P.  
Michelle Miller, M.D., F.A.A.P.  
Stacy Granner, M.D., F.A.A.P.  
Miriam Gardner, M.D., F.A.A.P.  
Kathryn Skopec, M.D., F.A.A.P.  
Tracy Shaw, M.D., F.A.A.P.  
Samuel Kinzer, M.D., F.A.A.P.  
Rebecca Boscaljon, M.D., F.A.A.P.

605 E. Jefferson Street  
Iowa City, Iowa 52245  
(319) 351-1448

2593 Holiday Road  
Coralville, Iowa 52241  
(319) 339-1231

[www.pedsic.com](http://www.pedsic.com)

# PEDIATRIC ASSOCIATES OF IOWA CITY AND CORALVILLE

Stanley A. Hackbarth, M.D., F.A.A.P.

Ingrid E. Goldenstein, M.D., F.A.A.P.

Shirley B. Paul, M.D., F.A.A.P.

Joseph D. Boysen, M.D., F.A.A.P.

Michelle Miller, M.D., F.A.A.P.

Stacy Granner, M.D., F.A.A.P.

Miriam Gardner, M.D., F.A.A.P.

Kathryn Skopec, M.D., F.A.A.P.

Tracy Shaw, M.D., F.A.A.P.

Samuel Kinzer, M.D., F.A.A.P.

Rebecca Boscaljon, M.D., F.A.A.P.

605 E. Jefferson Street  
Iowa City, Iowa 52245

2593 Holiday Road  
Coralville, Iowa 52241

[www.pedsic.com](http://www.pedsic.com)

Office hours by appointment

Phone hours 7:00 a.m.-8:00 p.m. M-Th

7:00 a.m.-5:00 p.m. Fri

Saturday 8:00 a.m.-12:00 noon

Evenings and Saturdays – acute illness only  
(Iowa City office only)

Coralville office hours  
8:00 a.m.-5:00 p.m. M-F

**351-1448**

Iowa City

**339-1231**

Coralville

After hours emergencies

**351-1448**

If no answer, call Mercy Hospital

**339-0300**

## Pediatricians

We are pediatricians, specialists in the care of infants, children, and adolescents. We accept patients from birth to age twenty-one. Our training consists of three years of post-medical school residency in the care of children, and we are certified by the American Board of Pediatrics and are Fellows in the American Academy of Pediatrics.

## Pediatric Psychologist

If psychological issues arise, there are multiple services available. Ask your physician about the most appropriate referral.

We have one pediatric psychologist on staff at Pediatric Associates, Dr. Emily Warnes. She is a specialist in development, learning and the emotional and behavioral health of children and adolescents from birth to twenty-one years of age. Dr. Warnes' training consists of five years of post-graduate training in psychology followed by three years of internship and post-doctoral fellowship in pediatric psychology at University of Nebraska Medical Center. Dr. Warnes is a licensed psychologist and credentialed by the National Register of Health Service Providers in Psychology.

## Well-Child Care

### Suggested Well-Child Visits & Immunization Schedule

Newborn .....	± HB	18 months.....	DTaP/Chickenpox
2-4 weeks .....	no shots	2,3 years .....	no shots
2 months .....	DTaP/HB/IPV/PCV/HiB	4 years .....	IPV/DTaP/ MMR/2nd Chickenpox
4 months .....	DTaP/HB/IPV/PCV/HiB	5 years.....	school exam, any missed shots
6 months .....	DTaP/HB/IPV/PCV/HiB	7, 9, 11, 13 years .....	exams every other year
9 months .....	no shots	11-12 years and older ..	girls receive three HPV
12 months .....	PCV/Hib/MMR	10-15 years.....	Tdap

Some physicians may recommend oral rotavirus vaccine at 2, 4 and 6 months.

Some physicians may recommend two hepatitis A vaccines beginning at 1 year or older.

Meningococcal (meningitis) vaccine for older children can be given at college entrance, or earlier.

IPV = Injectable Polio Vaccine	dT = Adult Diphtheria, Tetanus
Hib = Haemophilus Influenza	PCV = Pneumococcal Vaccine
DTaP = Diphtheria, Tetanus, Accelluar Pertussis	HB = Hepatitis B
MMR = Measles, Mumps, Rubella	Tdap = Adult Diphtheria, Tetanus, Pertussis
	HPV = Human Papilloma Virus

This recommendation changes at times, and the most current schedule can be found on our web site.

## Coralville Office

Our Coralville office is located at 2593 Holiday Road, Coralville. It was built to offer west side patients easy access to our Pediatricians. Patients regularly being seen there will have their records kept at that office. (Scheduling at the Coralville office will be separate from the Iowa City office. We encourage all of our patients to establish their care at only one of the offices.)

After hours coverage will be provided by the Iowa City office for all patients.



## Appointments

Routine appointments can usually be made a few days in advance. Times are set aside each day for sick children, for which appointments should be made. Walking in without an appointment will create unnecessary waiting and delay. Patients are encouraged to see whichever doctor they desire, but there will be occasions when your doctor's time is limited and it will be suggested that you see another doctor. If you are unable to keep an appointment, please cancel it as far in advance as possible so that another patient may use that time. The office reserves the right to charge patients for appointments not kept. We make every effort to stay on schedule, since we know that your time is valuable. However, emergencies do arise and take priority. If we anticipate that there is going to be a long delay, we will try when possible to notify you so that your appointment can be rescheduled or your time schedule can be rearranged.

## Parking

Parking is available for our patients adjacent to the building.



## After Hours

The doctors rotate coverage for emergencies that occur when the office is not open. If an emergency arises, please call the office number which is answered 24 hours a day. Instructions will be given to you as to how to

reach the doctor on call. Non-emergent questions can be asked to call the Mercy On-Call nurse at 319-358-2767 or 1-800-358-2767. Routine calls should be made before 5:00 p.m. Mon-Fri, when we have a full staff to spend adequate time discussing the problem.

PLEASE read this booklet before calling—it may answer your questions.



## Telephone Policy

Appropriate use of the telephone can save us all time, travel, and expense. When your child is ill, we encourage you to make use of the information that this pamphlet provides, since this is the same advice you would receive if you were to call. If after utilizing this information you feel that your child should be seen, call to make an appointment. It is not necessary to speak with a nurse prior to making an appointment. If you are not certain whether your child needs to be seen, call the office and speak with one of the nurses. Our nurses are skilled, concerned, and experienced in the care of children. They know what advice to give and when the child needs to be seen by the doctor.

When using the telephone, be as accurate as possible. Have a pencil and paper available so that you may write down advice, medications, and dosage. Give your name, the child's name and age, the child's symptoms, and the duration of the symptoms. If you think your child has a fever, take the temperature before you call.

When contacting the physician on call after office hours, please identify yourself and your child when the call is returned.

For non-emergency problems, such as bedwetting, constipation, temper tantrums, etc., we ask that you call before 5:00 p.m. M-F, when we have a full staff to spend adequate time discussing the problem.

## Teaching

Some of the doctors hold Clinical Assistant Professorships in the Department of Pediatrics at the University of Iowa. The majority of teaching is done in the office, so on occasion the doctors will have a medical student, or nursing student with them while seeing patients. If you prefer not to have one of these students with the doctor when your child is seen, please tell the nurse.

## Mercy Hospital

All hospitalizations, emergency room visits, most x-ray and laboratory procedures are done at Mercy Hospital at 500 East Market Street. If your child is injured or ill, call the office or the doctor on call before going to Mercy Hospital if possible.

Some insurance coverage requires emergency room visit, x-rays, and lab procedures be done at UIHC. We do not have hospital privileges at UIHC, but we can arrange your care there.

## Fees

FULL PAYMENT IS DUE ON THE DAY SERVICE IS PROVIDED; however, if this is not possible, a copy of your account charges will be provided the day of your visit. Payment of your account is expected within 15 days of receipt of charges. In the event that timely payment cannot be made, special and specific arrangements may be made by calling our Billing Department at 319-351-1448.

WE ACCEPT CASH, CHECKS, MASTERCARD AND VISA

Our requirements for payment of your account and for maintaining your account in good standing are as follows:

- All charges are due and payable within 15 days of receipt of statement.
- If payment cannot be made when due, you must contact our Business Department to set up a payment arrangement.
- After 90 days, if no payments have been received and no extended payment arrangements have been made, necessary collection proceedings will begin.
- We should be notified of address changes immediately since undeliverable statements are turned over to collection agencies.
- We should be notified of any insurance changes since incorrect information will result in unpaid claims that will be your financial responsibility.

Credit card payments may be made online at [www.pedsic.com](http://www.pedsic.com).

## Insurance

We will submit to most insurance policies. Present your insurance card at the time of service for verification of submission. We will need to see a copy of the front and back of your insurance card. Without a card we cannot file for you. You will also be required to provide us with information about the insured party such as their date of birth and social security number and employment information. This is information that your insurance company requires us to have to submit your claims.

## Visiting Patients

We are happy to see visiting patients, however we expect full payment at time of service. If you have insurance that will cover your visit please provide that to us. If we receive payment from the insurance company we will reimburse any overpayment to the appropriate party.

## Collection Accounts

If your account has been sent to a collection agency, every future visit will need to be paid in full at time of service regardless of your insurance coverage. This will be the policy until your account is back in good standing.

## Bankruptcy Accounts

If we are served a Bankruptcy notice, all future visits in this office will be paid in full at time of service regardless of your insurance coverage. You will no longer be able to charge any visits to your account.

## Medicaid/Title XIX

Pediatric Associates of Iowa City and Coralville is participating with the Iowa Medicaid program. We require that a card be presented before every visit to confirm eligibility. If the physician's name on the card is not on staff at Pediatric Associates, it is the patient's responsibility to call 1-800-338-8366 to get the name changed to their primary physician at our office. Until a cor-

rected card is sent to you, it is the patient's responsibility to get prior authorization from the physician on the card for any upcoming services. If you fail to get authorization or the physician on the card does not approve the visit it will be your financial responsibility, to be paid in full at the time of service.

## Returned Check Fee

There is a \$25.00 fee for any checks that are returned to us.

All patient due payments, including co-payments, coinsurance and deductibles, not made on the day of service may be subject to a \$5.00 service charge.

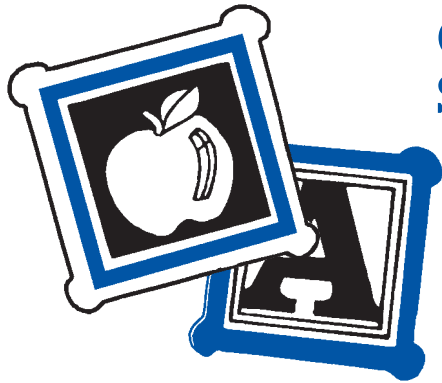
## Patient Dismissal Policy

### Front office policy:

- 1) Any overtly abusive language including verbal and/or threats of physical violence from either patient or patient's family will result in immediate dismissal of patient from Pediatric Associates.
- 2) Families that have missed more than four (4) appointments in two (2) calendar years will receive a warning letter. The fifth missed appointment will result in a certified letter of dismissal from the practice.

### Business office:

- 1) Any overtly abusive language including verbal and/or threats of physical violence from either patient or patient's family will result in immediate dismissal of patient from Pediatric Associates.
- 2) The family has filed bankruptcy twice against our office. Upon the second bankruptcy, the family will be discharged from the practice.
- 3) The account has been in collection for nine (9) or more months and there have been no attempt by anyone to contact our office regarding the account.
- 4) Patients who have cashed directed payments from a third party payer and have not paid on their account.
- 5) Families that have insurance that require they select a Primary care doctor who fail to select one of our physicians for three (3) months.



## Care of the Sick Child

The remainder of this pamphlet is to provide our patients with some basic information to better deal with illnesses in your children. By utilizing the information provided in this pamphlet, you as parents and we as physicians can feel comfortable and confident in dealing with illness in the children about whose health we are so vitally concerned.

By keeping the pamphlet close by for reference, many unnecessary calls and office visits can be eliminated, thus making the use of our (doctors', nurses', parents') time more efficient.

## Fever

Normal oral (by mouth) temperature is 37° (98.6°). Rectal temperatures run slightly higher. Fever accompanies many childhood illnesses and is one of the body's ways of fighting infection. Temperatures between 37.5° and 38.5° are considered low grade and are not as significant as higher temperatures. Knowing the child's temperature is important in determining the significance of your child's illness. Do not use a temperature strip on your child's skin.

Fever is often the first or only sign of a viral infection or other illness. Fever itself is not harmful, but should be treated if the child is fussy or uncomfortable (see next page).

If high fever is present, look for other symptoms for which you should call the office, i.e., cough, vomiting, stiff neck, pain with urination, or extreme lethargy. Call if fever persists greater than 3 days. Fever in a child under 2 months should be reported immediately if greater than 100.4°F.

Treatment of fever consists of acetaminophen (such as Tylenol), ibuprofen (such as Motrin and Advil) and other measures as mentioned below to lower the temperature and make the child comfortable. It is not necessary for the child's temperature to return to completely normal when fever is treated, but only to the point where the child can rest comfortably.

## Temperature Conversion Scale

Fahrenheit	Centigrade	Fahrenheit	Centigrade
104	40	100.2	37.9
103.8	39.9	100	37.8
103.6	39.8	99.9	37.7
103.5	39.7	99.7	37.6
103.3	39.6	99.5	37.5
103.1	39.5	99.3	37.4
102.8	39.4	99.1	37.3
102.7	39.3	99	37.2
102.6	39.2	98.8	37.1
102.4	39.1	98.6	37
102.2	39	98.4	36.9
102	38.9	98.2	36.8
101.8	38.8	98	36.7
101.6	38.7	97.9	36.6
101.5	38.6	97.7	36.5
101.3	38.5	97.5	36.4
101.1	38.4	97.3	36.3
100.9	38.3	97.2	36.2
100.8	38.2	97	36.1
100.6	38.1	96.8	36
100.4	38		

You MAY use these medications in addition to antibiotics and prior to being seen.

### \*ACETAMINOPHEN AND MOTRIN DOSAGE RECOMMENDATIONS

Age Group	0-3 mos	4-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-8 yrs	9-10 yrs	11 yrs	12-14 yrs
Weight (lbs)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	75-95	96+
<b>ACETAMINOPHEN (such as Tylenol)</b>									
DROPS (80 mg/0.8 cc)	½	1	1½	2	—	—	—	—	—
SUSPENSION (160 mg/5 cc)	—	½ tsp.	¾ tsp.	1 tsp.	1½ tsp.	2 tsp.	2½ tsp.	3 tsp.	—
CHILDRENS CHEWABLES or soft chews (80 mg)	—	—	—	2 tabs	3 tabs	4 tabs	5 tabs	6 tabs	—
JUNIOR STRENGTH CHEWABLES (160 mg)	—	—	—	—	—	2 tabs	2½ tabs	3 tabs	4 tabs
<b>IBUPROFEN (such as Advil, Motrin)</b>									
DROPS (50 mg/1.25 cc)	—	1.25	1.875	2.5	—	—	—	—	—
CHILDRENS LIQUID OR SUSPENSION (100 mg/5 cc)	—	—	¾ tsp.	1 tsp.	1½ tsp.	2 tsp.	2½ tsp.	3 tsp.	—
CHILDRENS CHEWABLES (50 mg)	—	—	—	2-3 tabs	3 tabs	4 tabs	5 tabs	6 tabs	—
JUNIOR STRENGTH CHEWABLES/TABLETS (100 mg)	—	—	—	1 tab	1½ tabs	2 tabs	2½ tabs	3 tabs	4 tabs

\*\*Other forms such as drops or chewable tablets are also available.

\*Acetaminophen doses should be given every 4 hours as needed—not to exceed 5 doses in 24 hours. If weight and age do not correlate, use weight to figure medicine dose. Ibuprofen is given every 6 hours.

Leaving the child lightly clothed when he has a fever will help to bring the temperature down; bundling the child in heavy clothing and blankets will only drive the temperature higher and make him or her uncomfortable. Luke-warm bathing may help to bring the child's temperature down, but we suggest this be reserved for situations where the temperature is very high and the child is very uncomfortable and other measures have failed to bring the temperature down. Tylenol or other acetaminophen suppositories are available over the counter in 80, 120, 325, 650 mg sizes and can be used when unable to take oral medicines.

## Temperature Measurement

Ear thermometers are not as accurate as oral or rectal, especially under 6 months. For this age, rectal or armpit is better; rectal under 2 months is preferred. To take rectal temperature, lay baby on belly and use forearm to hold baby still. Spread buttocks and insert the rounded bulb one inch into rectum. (Place vaseline on thermometer.) Read after 3 minutes, or when digital beeps.



## Colds

“Colds” (upper respiratory infections) are caused by viruses and therefore do not respond to penicillin or other antibiotics. Symptoms consist of runny or stuffy nose, sore throat, cough, and sometimes fever during the first day or two. You can expect your child to have 6-10 colds each year.

Treatment consists of measures to relieve the symptoms. Cool mist vaporizers used when the child is sleeping will allow the secretions to be loose so that the child may cough or sneeze them out more easily. Increased fluid intake will also make the secretions looser. If fever is present, more fluids are required. Fever and discomfort may be treated with ibuprofen or acetaminophen as outlined above for fever.

In infants, a nasal bulb syringe can be used to clear secretions from the nose. **Cold medicines are not recommended under 2 years of age and are not generally recommended under 6 years of age.** Saltwater nose drops (¼ teaspoon salt in 8 oz. of water) may help to alleviate stuffy noses by placing 2-3 drops in each nostril every two to four hours as needed. Wait a minute after placing the drops in the nostrils, then use the bulb syringe to suck out secretions.

For older children, cold medications may be purchased over-the-counter at drug stores. Antihistamines dry up secretions and are good for allergies, and sometimes help with very watery nasal drainage. Side-effects of antihistamines can include sleepiness, fatigue, or irritability; the medication should be stopped if these are a problem.

Decongestants open up nasal passages to allow better drainage and are good for stuffiness, congestion and sinus infection. Side-effects of decongestants are nervousness, irritability, and poor sleeping.

We do not recommend medicine that has fever reducers along with antihistamines and decongestants, as adequate dosage of the fever reducer cannot be achieved.

<b>Antihistamines</b>	<b>6 mo.-2 yr.</b>	<b>2-5 yr.</b>	<b>5-12 yr.</b>	<b>over 12 yr.</b>	
Chlortrimeton	—	—	½ tablet	1 tablet	
Benadryl allergy liquid	¼-½ tsp.	½-1 tsp.	1-2 tsp.	2-4 tsp.	
<b>Decongestants</b>					
Sudafed liquid	¼-½ tsp.	1 tsp.	2 tsp.	4 tsp.	
<b>Antihistamine-Decongestant Combinations</b>					
Triaminic Cold & Allergy	¼-½ tsp.	1 tsp.	2 tsp.	4 tsp.	
Dimetapp Elixir	¼-½ tsp.	½-1 tsp.	1-2 tsp.	2 tsp.	
Pediacare Cough/Cold	½-1 tsp.	1-1½ tsp.	1½-3 tsp.	3 tsp.	
<b>Infant Drops</b>	<b>6-11 mo.</b>	<b>12-23 mo.</b>			
Pediacare D Drops	1 dropper	1½ dropper			
Dimetapp D Drops	1 dropper	1½ dropper			
<b>Cough Suppressants</b>	<b>6 mo.-1 yr.</b>	<b>1-2 yrs.</b>	<b>2-5 yrs.</b>	<b>5-12 yrs.</b>	<b>Over 12 yrs.</b>
Delsym, or Robitussin DM,	¼ tsp.	½ tsp.	½-1 tsp.	1-1½ tsp.	2 tsp.
Vicks 44	—	—	¼-½ tsp.	1 tsp.	2 tsp.

In general, syrups can be used 4x per day or as directed.

Note: Delsym and Robitussin DM may be used along with the decongestants. Delsym should only be given every 12 hours.

## Sore Throats

Sore throats often accompany viral “colds.” However, if a sore throat persists for over 24 hours and is accompanied by fever, tender swollen glands in the neck, or a rash, this may represent Strep throat. If this is the case, call the office and the nurse will determine whether the child needs to be seen by the doctor or if the child needs to come in for a Strep test only. If the test confirms Strep, penicillin or another antibiotic will be given. Only those sore throats which yield Strep need antibiotics. The other sore throats are caused by viruses and can be relieved by Chloraseptic spray, throat lozenges (not to be used in children less than 4 years as they may choke) and other symptomatic measures.

## Ear Infections

Ear infections are frequently a consequence of colds. If during the course of a cold your child suddenly develops a fever or ear pain, this may mean that the ears have become infected. (Small children will often not tell you that their ears hurt, but if infected, children will often be very fussy, especially at night or when lying down. They may even pull or dig at their ears.) If ear infection is suspected, the child should be treated for fever or pain and a call made to the office so that the ears may be checked by one of the doctors. If an ear infection is diagnosed by examination, the doctor may prescribe an antibiotic. If a child shows no improvement after three full days or more of treatment, the child should be re-examined.

## Chicken Pox

Chicken Pox (or Varicella) is a virus infection causing small blisters on a red base. There may or may not be fever with it. The rash breaks out over a period of 5-7 days. It occurs 7 to 21 days after exposure and is contagious from 1-2 days before rash until all the blisters scab over. Itching can be treated with Benadryl and/or Aveeno Bath. **DON'T USE HYDROCORTISONE (CORTAID) OR OTHER STEROID CREAMS.** Children are now routinely vaccinated at 12-18 months of age, with booster later. If you have a child who has not been vaccinated, please discuss this with your child's doctor.

## Croup

During the fall and winter months many young children develop an illness marked by hoarseness and a dry, “barky” cough (like a seal), with a low to moderate fever. Croup is caused by viral infection of air passages and vocal cords. Coughing is generally worse at night and can persist for up to one week. Cool-mist humidifiers and/or vaporizers can increase the humidity in the child's bedroom, soothing the irritation and offering relief. During particularly

bad coughing spells, sitting with your child in a steamy bathroom or in the cool night air for 15 to 20 minutes offers added relief. Croup is generally well tolerated, but occasionally inflammation and swelling may cause mild blockage of the air passage, requiring treatment. If your child does not get better with the humidity and the cold air, call your doctor.

## Vomiting and Diarrhea

These symptoms are often associated with viral illnesses. Management of vomiting and diarrhea can usually be achieved by means of diet restriction and fluid control as outlined below. Medications are generally not necessary, but if vomiting is persistent or if the diarrhea is severe enough (many large liquid stools per day) to threaten the child with dehydration, call the office.

Preventing dehydration is of major concern, especially in children under 18 months of age. Several signs of dehydration that parents can easily recognize are sunken eyes, dry mouth, and decreased (or lack of) urination. If the child has moist lips and mouth, and is urinating well, then he is not significantly dehydrated. Also, by giving children only foods that are easily handled, the child will recover more quickly.

**VOMITING**—To treat vomiting, it is often wise at the outset to remove all solid foods and milk from the diet and give the child nothing for 1-2 hours. Then give only clear liquids (those that you can see through), such as Pedialyte and Ricelyte (commercial fluid and electrolyte solutions). Other options include Jello water (add twice as much water as the package indicates), Kool-Aid, popsicles, clear broth, and Gatorade. Start with small amounts of these liquids (1/2-1 oz.) every 30 minutes and advance to larger volumes as the child tolerates. Remember: **SMALL, FREQUENT QUANTITIES!**

When vomiting ceases, even if there is still diarrhea, begin to increase the diet to dry toast, crackers, applesauce, mashed bananas, vanilla wafers, Jello, rice soup (not creamed), dry cereals. Give no milk, orange juice, meat, fatty, spicy or seasoned food.

**DIARRHEA**—For diarrhea, treatment depends on the severity of the illness. For mild diarrhea (3-5 loose stools per day) no treatment is usually required. For more severe diarrhea (8-10 loose stools per day) early intervention may shorten the course. In infants with severe diarrhea remove all milk products and solids (if receiving solids), and place the infant on Infalyte or Pedialyte (both oral rehydration solutions) until the stools decrease in severity. **NO INFANT SHOULD RECEIVE AN ORAL REHYDRATION SOLUTION ONLY FOR MORE THAN 24 HOURS FOR DIARRHEA.** Once the number of stools slows, then resume breast feeding or soy formula such as ProSobee, Isomil, Nursoy or Isomil DF. Cow's milk formulas such as Enfamil or Similac should be avoided until the diarrhea resolves, because they may prolong the diarrhea. In older children with severe diarrhea remove milk products and give clear liquids and bland foods as discussed above in the vomiting section.

Return to a regular diet when symptoms subside and the child seems to be definitely overcoming his illness. No strict time limits for any phase of this regimen can be set. Do not rush the child back to a regular diet.

In reality, the virus “plays itself out” no matter what one does and thus the only concern is to keep the child well hydrated with fluids. Most episodes of diarrhea in children are likely to persist longer than vomiting and may resolve slowly over several days.

Please call if you're are not able to begin advancing your child's diet after 3 days.

## Rashes

**Diaper rashes**—There are many causes for diaper rash. Some laundry products, baby wipes, and disposable diapers can cause irritation but most commonly the rash is due to moisture or ammonia products in the urine and stool.

Treatment includes:

- Change diapers more often and keep the diaper area clean and dry. Leave the diaper off for short periods of time during the day. Rubber pants may make a diaper rash worse.
- Rinse the cloth diapers an additional time to remove all soap residue and do not use fabric softener.
- If rash is not improving after a few days, call the office.

**Other Rashes**—Other rashes may be a reaction to infections (such as viral or strep throat), or to medicines or contact irritants.

The rash itself needs no specific treatment. If itching is a problem, it may be relieved by Aveeno Bath or baking soda baths, Benadryl, or a prescription obtained by calling the office.

## Poisoning

Prevention is the best treatment. Keep all medications, cleaning compounds, and other toxic substances out of the reach of children. NEVER call medicine “candy.”

In case of accidental ingestion call the office or Poison Control (1-800-222-1222) immediately for advice. **DO NOT MAKE THE CHILD VOMIT UNLESS YOU ARE INSTRUCTED TO DO SO.** With certain substances, making the child vomit is the wrong thing to do.

If you are requested to bring the child to the office or emergency room, please bring the container, the remaining contents, and any information about the ingested substance with you.

## Head Trauma

Any head injury patient may become sleepy, and vomiting once or twice is not uncommon. The following are symptoms which may indicate more serious injury and indicate a need for further examination:

1. Nausea and/or vomiting more than twice, especially vomiting not preceded by nausea; or more than 1 hour after the injury.
2. Excessive sleepiness; however, patient should be encouraged to rest for the first 24 hours and not participate in strenuous activities.
3. Difficulty being aroused from sleep (awaken the patient every two to three hours the first night after injury).
4. Unequal pupils (black parts [in center] of the eye are unequal); sensitivity to light; double vision; or loss of vision in certain fields; deviation of eyes to one side; unusual movement of eyes.
5. Loss of strength, numbness, tingling in arms or legs, difficulty with walking.
6. Confusion; lack of orientation to time, place or person.
7. Personality change.
8. Seizures with either full loss of consciousness or with only twitching of parts of the body.
9. Severe or prolonged headaches. Temptra or Tylenol may be given for headache.

## Burns

Burns require immediate attention and can often be treated entirely at home. Most burns occur by a child touching a hot object (stove, barbecue, curling iron) or having hot liquid spilled on them. First degree burns are redness only; second degree burns are blistered. The immediate concern for a burn is to apply cold compresses to the area. In minor burns, this may be all the treatment that is required. Blistered areas may require more treatment, such as antibiotic ointment or dressings. Blisters should be left intact; opening them may increase the chance of the burn becoming infected. If there are large blisters or open areas, the burn may need to be treated at the office or the emergency room. Please call the office number if you think the burn needs to be treated professionally.

