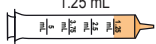
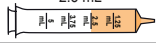
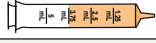
























How to give the right amount of ACETAMINOPHEN (also known as Tylenol) is different depending on which medicine you plan to give.

Dose: Give every 4 to 6 hours as needed for fever or pain. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.

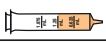

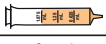

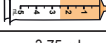





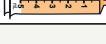














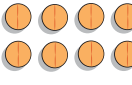


Do NOT use with any other medicine containing acetaminophen.

Weight	Age	Infant's Acetaminophen (160 mg / 5 mL)	Children's Acetaminophen (160 mg / 5 mL)	Children's Acetaminophen Chewables (160 mg)	Children's Acetaminophen Dissolvable Packets (160 mg / powder pack)	Adult's Acetaminophen Tablets (325 mg)	Adult's Acetaminophen Tablets (500 mg)
6 to 11 pounds (3 to 5 kilograms)	0 to 3 months	1.25 mL 	—	—	—	—	—
12 to 17 pounds (about 5 to 7 kilograms)	4 to 11 months	2.5 mL 	—	—	—	—	—
18 to 23 pounds (about 8 to 10 kilograms)	12 to 23 months	3.75 mL 	—	—	—	—	—
24 to 35 pounds (about 11 to 15 kilograms)	2 to 3 years	—	5 mL 	1 tablet 	—	—	—
36 to 47 pounds (about 16 to 21 kilograms)	4 to 5 years	—	7.5 mL 	1 1/2 tablets 	—	—	—
48 to 59 pounds (about 22 to 26 kilograms)	6 to 8 years	—	10 mL 	2 tablets 	2 packets 	1 tablet 	—
60 to 71 pounds (about 27 to 32 kilograms)	9 to 10 years	—	12.5 mL 	2 1/2 tablets 	2 packets 	1 tablet 	—
72 to 95 pounds (about 33 to 43 kilograms)	11 years	—	15 mL 	3 tablets 	3 packets 	1 1/2 tablets 	1 tablet 
96 pounds or more (more than 43 kilograms)	12 years or older	—	10 mL  and 10 mL  10 mL + 10 mL = 20 mL	4 tablets 	—	2 tablets 	1 tablet 

How to give the right amount of IBUPROFEN (also known as Motrin, Advil) is different depending on which type of ibuprofen you plan to give.

Dose: Give every 6 hours if needed, for fever or pain. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.

Do NOT use with any other medicine containing ibuprofen.

Weight	Age	Infant's Ibuprofen Drops (50 mg / 1.25 mL)	Children's Liquid Ibuprofen (100 mg / 5 mL)	Children's Ibuprofen Chewable Tablets (50 mg)	Junior Strength Ibuprofen Tablets (100 mg)	Adult's Ibuprofen Tablets (200 mg)
0 to 11 pounds (up to 5 kilograms)	0 to 5 months	—	—	—	—	—
12 to 17 pounds (about 6 to 7 kilograms)	6 to 11 months	1.25 mL 	2.5 mL 	—	—	—
18 to 23 pounds (about 8 to 10 kilograms)	12 to 23 months	1.875 mL 	4 mL 	—	—	—
24 to 35 pounds (about 11 to 15 kilograms)	2 to 3 years	2.5 mL 	5 mL 	2 tablets 	—	—
36 to 47 pounds (about 16 to 21 kilograms)	4 to 5 years	3.75 mL 	7.5 mL 	3 tablets 	—	—
48 to 59 pounds (about 22 to 26 kilograms)	6 to 8 years	5 mL 	10 mL 	4 tablets 	2 tablets 	1 tablet 
60 to 71 pounds (about 27 to 32 kilograms)	9 to 10 years	—	12.5 mL 	5 tablets 	2 1/2 tablets 	1 tablet 
72 to 95 pounds (about 33 to 43 kilograms)	11 years	—	15 mL 	6 tablets 	3 tablets 	1 1/2 tablets 
96 pounds or more (44 kilograms or more)	12 years or older	—	10 mL  and 10 mL  10 mL + 10 mL = 20 mL	8 tablets 	4 tablets 	2 tablets 

Encourage extra fluids.

Dress your child in light clothing. Clothing should be kept to a minimum because most heat is lost through the skin. Do not bundle up your child. It will cause a higher fever and can be dangerous. While your child feels cold or is shivering (the chills), give him a light blanket.

Discourage vigorous activity. Vigorous activities produce additional heat that the body must release. Normal, quiet play is fine.

A temperature less than 106° F (rectal) does not cause any permanent harm. If you treat your child's fever with acetaminophen or ibuprofen and the temperature reaches 106° F, you should call the office. Fever greater than 106° F is usually associated with heat overload, such as overdressing a child with a fever or leaving a child in a closed car.

Rectal temperature is the most accurate measure of true body temperature. Oral temperature is appropriate for children, generally older than five years, who can hold a thermometer under their tongue with the lips closed. Ear temperatures are not accurate before age six months. Axillary temperature (under the arm) is the least accurate method. When you take a temperature, we prefer that you tell us the temperature and how it was taken rather than adding or subtracting degrees to arrive at a supposed rectal temperature.

How to use a rectal thermometer: When taking a rectal temperature, hold the middle of the thermometer with the thumb and index finger and insert about one inch into the rectum after lubricating with Vaseline or K-Y Jelly. A digital rectal thermometer is recommended.

When to take your child's temperature: In general, take the temperature once a day in the morning until the fever is gone. Take it more often if your child feels very hot or is acting miserable despite taking acetaminophen or ibuprofen. Take the temperature just before calling our office.

With most infections, the level of fever bounces around for two to three days. Shivering or feeling cold means the fever is going up. A flushed (pink) appearance means the fever has peaked. Sweating means it is coming down. The main purpose of taking temperatures is to learn whether fever is present or absent, not to chart its every move.

CALL THE DOCTOR IMMEDIATELY IF:

- Your infant is six months old or younger and has any fever of 100.4° F or higher.
- Your child is seven months to 36 months and has a fever of 102.2° F and higher.
- Your child has a fever at any age that goes above 104° F (40° C).
- Fever lasts more than three days (72 hours).
- Your child has a fever and is drowsy, has a loss of mental alertness (lethargy), difficulty breathing, a newly spreading rash, abdominal pain, joint pain, persistent vomiting/diarrhea or other unusual symptoms.
- Your child has a stiff neck (cannot bend his/her neck forward) and complains of sensitivity to bright light (signs of meningitis).
- You think your child needs to be seen.
- Your child becomes worse.

GIVING MEDICATIONS TO REDUCE THE FEVER

If the fever does not begin to go down after you have cooled your child by removing clothing and you determine a medication should be given (see above), give acetaminophen or ibuprofen.

DO NOT give your child aspirin to reduce fever unless the doctor recommended it.



Please Note:

1. Do not give acetaminophen or ibuprofen to children less than three months of age without consulting a physician. This is because fever in this age group needs to be recorded in a healthcare setting.
2. Keep medications out of sight and reach of children.

3. Measuring the dose for liquid medicines (should be in “ml” or metric units): It is easier to give the right amount of liquid medicine when using a syringe than when using a kitchen teaspoon or tablespoon. Use the syringe or tool that comes with the medicine. If a tool does not come with the medicine, ask your pharmacist for one.

Fractures and Dislocations (See also SPRAINS/STRAINS)

Fractures, or breaks in a bone, occur frequently in childhood from trauma. The most common sites of fracture in children are the wrist, forearm, fingers/toes, the lower leg and the collarbone. A common dislocation in childhood is the nursemaid’s elbow, which occurs from pulling or yanking the child’s arm.

You should immobilize a possible fracture or dislocation using a popsicle stick for fingers or a sling for arm injuries. An ACE wrap can be used for compression as appropriate, and the extremity involved can be elevated. Apply ice to reduce swelling, and give acetaminophen or ibuprofen for pain (see FEVER section for dose).

CALL FOR EMERGENCY HELP IF:

- The bone has broken the skin or the broken bone appears through an open wound.

- You suspect a serious head or spinal injury. DO NOT move your child.
- Your child appears in shock (e.g., your child has symptoms of dizziness, shallow breathing and cool, clammy, pale skin).

CALL THE DOCTOR IMMEDIATELY IF:

- The affected area seems angled oddly or seems out of place.
- Moderate pain persists after the trauma despite giving acetaminophen and immobilizing the affected area (acetaminophen takes 30–45 minutes to have an effect).
- The limb is cold, blue or numb.
- Your child is not able to bear weight or does not want to move the extremity.

Gun Safety

Gun violence is the leading cause of death in children and adolescents as of 2020.

Please talk to your physician about gun safety, especially if you own a gun and have one in your home.

Make sure guns at home are not loaded.

Make sure the unloaded gun and ammunition are locked in separate locations with a key or combination lock (safe, lockbox, gun safe) to which

children and teens or other high-risk individuals do not have access.

Teach your children to never handle a gun. Ask about unlocked guns before sending your children to other households.

If you own a gun and have someone in the home struggling with depression, make sure they do not have access to the locked gun.

We highly encourage gun safety classes.

Head Injury

Head injuries can result in scalp injury/laceration, skull fracture, intracranial injuries or bleeding and concussion.

1. Overview:

- Most head injuries only cause a swelling or bruise to the scalp. The main symptom is pain where the head was injured.
- The skull bone protects the brain from getting injured.
- Big lumps or bruising can occur with minor injuries to the scalp. This is normal. Reason: The scalp has a large blood supply.
- Swelling of the scalp does not mean there is any swelling of the brain. The scalp and brain are not connected. They are separated by the skull bone.
- The mildest brain injury is a concussion. Most of those also turn out fine.
- Here is some care advice that should help.

2. Wound Care:

- If there is a scrape or cut, wash it off with soap and water.

- For any bleeding, put direct pressure on the wound. Use a gauze pad or clean cloth. Press for ten minutes or until the bleeding has stopped.

3. Cold Pack:

- Use a cold pack or ice bag wrapped in a wet cloth. Put it on any swelling. Do this for 20 minutes.
- Reason: Prevent big lumps (“goose eggs”). Also, this helps with the pain.
- Repeat in one hour, then as needed.

4. Watch Your Child:

- Watch your child closely during the first two hours after the injury.
- Have your child lie down and rest until all symptoms have cleared. (Note: Mild headache, mild dizziness and nausea are common.)
- Allow your child to sleep if he wants to, but keep him nearby.
- Wake him up after two hours of sleeping. Check that he is alert and knows who you are. Also check that he can talk and walk normally.

5. Diet:

- Offer only clear fluids to drink in case he vomits. Allow a regular diet after two hours.
- Exception: Babies can continue breastfeeding or formula.

6. Pain Medicine:

- To help with the pain, give acetaminophen (such as Tylenol) or ibuprofen. Use as needed.
- Exception: Do not give until two hours have passed from injury without any vomiting.
- Never give aspirin to children and teens.

7. Special Precautions for One Night:

- Mainly, sleep in the same room as your child for the first night.
- Reason: If a problem occurs, you will recognize it if you are close by. Problems include a bad headache, vomiting or confusion. Also, look for any change in your child's normal behavior.
- Option: If you are worried, wake your child once during the night. Check how he walks and talks.
- After 24 hours, return to a normal sleep routine.

8. What to Expect:

- Most head trauma only causes an injury to the scalp.
- The headache at the site of impact gets better in two to three days.
- The swelling may take a week to go away.
- Often, when a head injury has occurred on the forehead above the eyes, there will be significant bruising around the eye(s) the morning after the injury. This should be no cause for concern unless there is significant pain around the eye.

- If your child has a concussion (symptoms include nausea, persistent headache, dizziness, cognitive slowing, concentration issues, vision changes, word-finding difficulty and balance problems), it is important to consult with the doctor. Brain and physical rest is important, and return to sports should be delayed until symptoms are improved. If this protocol is not followed and head injury occurs a second time, serious brain damage can occur.

CALL FOR EMERGENCY HELP IF:

- Your child has a seizure.
- Your child is unconscious after the injury.
- Your child has altered mental status.
- Blood is coming from an ear canal, nose or eyes.
- Your child's pupils are not equal in size.
- Your child has forceful repeated vomiting.
- You suspect a neck or back injury (DO NOT move your child).

CALL YOUR DOCTOR IMMEDIATELY IF:

- Your child has any loss of consciousness after the head trauma.
- Your child vomits more than once.
- Your child has an immediate black eye or blackness behind the ear.
- Your child is extremely sleepy or drowsy.
- Your child cries for more than 15 minutes after the head injury.
- Your child has bleeding from the site of the head trauma.
- Your child cannot remember getting the injury.
- Your child has a severe headache.
- Your child has cognitive slowing, word-finding difficulty, dizziness, balance issues, vision changes or nausea.



Headaches

Headaches can be caused by fever, viral or bacterial illness, meningitis, sinusitis, allergies, muscle tension, migraines or RARELY in children, by tumors.

If your child develops a headache, give acetaminophen or ibuprofen (see FEVER section for appropriate dose), make sure your child has eaten and is hydrated and have your child rest; you could also try an ice pack and neck muscle stretches. Look for any associated symptoms.

CALL FOR EMERGENCY HELP IF:

- Your child has slurred speech or double vision.
- One eye pupil is larger than the other.
- Your child is confused or is not acting normally.
- Your child is difficult to wake up.
- The headache is accompanied by weakness in an arm or a leg.

CALL THE DOCTOR IMMEDIATELY IF:

- A fever, vomiting or stiff neck accompanies the headache.
- A headache is so severe that your child cries, clutches her head or has to lie down.
- A headache has occurred after head trauma or a fall (see HEAD INJURY).
- The headache is rapidly progressing.
- Your child wakes up with a severe headache.

CALL THE DOCTOR TODAY IF:

- Your child frequently complains of a headache.
- The headache lasts more than three days.
- Headaches are waking your child up at night.
- You think your child needs to be seen.



Immunizations

It is recommended that your child receives immunizations as part of her health maintenance. These immunizations are given in accordance with the guidelines established by the American Academy of Pediatrics, the Advisory Committee on Immunizations Practice and the American Academy of Family Practice.

Vaccines are given to have a child's immune system exposed to common viruses, killed bacterium or some of an organism's identifying protein or carbohydrate. When a child is exposed to the actual disease, they can fight the infection more easily. The state of New Hampshire requires immunizations for all children before they attend school, daycare or camp.

We are frequently asked if vaccines are safe. Rest assured, the vaccines in the United States have undergone rigorous safety testing by the federal Food and Drug Administration. They are safe. Some offer complete protection against an illness, whereas others protect most immunized children from getting sick and the others from getting as

sick as they would have otherwise. Some vaccines require more than one dosage to take effect, which is why they're given in a series of two or more. For some vaccines, booster shots are needed every decade or so to strengthen the immune system defenses.

Vaccines do not cause autism. Many research studies have been done to address this issue. There may be confusion because children with autism are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to assume the vaccine is the cause. Increasing evidence shows that even though the symptoms of autism may not be visible until the second year after birth or later, autism starts before a baby is born.

Vaccines can cause side effects. Most are minor, such as fever or soreness or swelling at the injection site. But in rare cases, reactions can be severe. On balance, the benefits of vaccines far outweigh the risks.

Immunization recommendations can change yearly. At your child's routine exam, please discuss any concerns you have about giving immunizations to your child.

There are situations where your child should not receive immunizations.

IMMUNIZATION SIDE EFFECTS:

Vaccine adverse reactions are generally classified as 1) local (e.g., redness: least severe and most frequent) 2) systemic (e.g., fever: more frequent) or 3) allergic (e.g., hives or anaphylaxis: most rare). Allergic reactions are usually due to inactive ingredients, like egg, proteins, gelatin or neomycin, that are used to make the vaccine. Another type of reaction is fainting, more common in adolescents with certain vaccines like the HPV shot. All vaccines can cause fussiness, crying, decreased appetite, fatigue and restless sleep. This is due to soreness at the vaccine site.

What follows is a list of the most common side effects. Call your doctor if the reaction seems severe or the child is experiencing pain, lethargy or a fever over 100.4° F for children less than six months old.

DTaP: DTaP is now the most commonly used vaccine for prevention of diphtheria, tetanus and pertussis. Side effects are soreness or redness at the injection site, drowsiness and irritability the day following immunizations. These side effects are less common than those associated with the DTP vaccine, which preceded DTaP as the vaccine of choice but is no longer recommended.

Hib: The most common side effects of the Hib vaccine are pain at the injection site in up to 29 percent of babies and fever in up to six percent.

IPV: Side effects of IPV are pain at the injection site, redness and warmth. No other complications have been noted. IPV replaces the oral polio vaccine (OPV). OPV is no longer recommended because in rare instances (about one case for every 2.4 million doses administered), the vaccine, which is made from a weakened live polio virus, caused vaccine-

associated polio paralysis. IPV is made from an active form of the virus.

PCV13 (Pneumococcal): Reactions to the PCV13 immunization are mild and may include localized redness or swelling at the injection site, irritability, drowsiness, low fever and decreased appetite.

Rotavirus: Most common side effect is irritability and mild, self-limited diarrhea and vomiting. Rarely, a more serious intestinal blockage called intussusception can occur, so any infant exhibiting abdominal pain, swelling or bloody stool needs immediate evaluation.

MMR: Fever and rash occur in 10% of children. These symptoms start later. They usually begin between one and four weeks after vaccination. More serious reactions can occur in babies who have severe allergies to eggs or to the antibiotic neomycin or gelatin, because these are ingredients in the vaccine. It is generally thought that eggs are not a significant factor and the other ingredients are the issue.

Varicella: Reactions are mild. Occasionally, small chicken-pox lesions will appear a week or two after the vaccine is given. Allergy to gelatin may be contraindication.

Hepatitis A: The most frequently reported side effect of hepatitis A vaccination is soreness at the injection site.

Hepatitis B: The most frequent side effects are soreness and swelling (10–20%) and headache. For children who are allergic to yeast, you should discuss if they can receive this vaccine.

HPV: Pain, redness or swelling in the arm where the shot was given; fever; dizziness or fainting (fainting after any vaccine, including HPV vaccine, is more common among adolescents than others); nausea; headache; feeling tired; or experiencing muscle or joint pain.

Influenza: Soreness, redness and/or swelling from the shot; headache; fever; nausea; and muscle aches. Some studies have shown a rare association

of the flu shot with Guillain Barre Syndrome (GBS). However, other studies have not. GBS also occurs, rarely, after influenza illness. It is more likely to get GBS from influenza than the flu shot. However, those that have a history of GBS are generally advised to avoid the flu shot. Those with egg allergy should discuss the flu vaccine with their doctor.

COVID-19: Most common side effects are headache, fatigue, localized arm pain and fever. Rarely, myocarditis has been reported, which is generally mild and self-limited. Of note, post-COVID infection myocarditis happens more often and is more severe than vaccine-associated myocarditis. Unfounded claims linking COVID-19 vaccines to infertility have been scientifically disproven.

EASING IMMUNIZATION PAIN:

Chances are, your baby will cry when receiving a shot. Try to be with your child when she receives the shot. This will make your child less fearful. Bring along a favorite toy or security blanket. Breastfeed your infant or give a bottle or pacifier immediately after the vaccination, as sucking will decrease their discomfort. It is not recommended to routinely give acetaminophen prior to or just after receiving a vaccine, as this may reduce the immune system's ability to mount a response to the vaccination and develop immunity.

VACCINATING A SICK CHILD:

Colds, mild stomach flu and even low-grade fever DO NOT reduce the effectiveness of any vaccine. But, if your child has a more severe illness and higher fever, your doctor might reschedule your child's immunizations.

TREATING MILD REACTIONS AT HOME:

Cold Pack: For pain at the shot site, use a cold pack. You can also put ice in a wet washcloth on the sore shot site. Use for 20 minutes as needed.

Pain Medicine: To help with the pain, give acetaminophen (such as Tylenol) or ibuprofen. Use as needed.

Hives at the Shot Site: If itchy, can put on 1% hydrocortisone cream. No prescription is needed. Use twice daily as needed.

Fever: Fever with most vaccines begins within 12 hours and lasts two to three days. This is normal, harmless and possibly helpful. Fevers may improve antibody production.

For fevers above 102° F (39° C), give acetaminophen (such as Tylenol). If over six months old, can give ibuprofen.

For all fevers: Give extra fluids. Keep your child well hydrated.

CALL YOUR DOCTOR IMMEDIATELY IF:

*After receiving an immunization, your child:

- Develops a high-pitched, inconsolable cry for more than two to three hours.
- There is a rectal temperature greater than 100.4° for infants less than 6 months, greater than 102.2° for 7-36 months or greater than 104° for > 36 months old.
- Has a fever that starts after two days.
- Has a fever that lasts more than three days.
- Had a seizure.
- Develops hives or has difficulty breathing.
- Experiences severe drowsiness (unable to arouse).
- Has a large amount of redness or pus drainage from the injection site.
- Has redness that starts after two days (48 hours).
- Has redness that becomes larger than two inches (five centimeters).
- Has pain or redness that gets worse after three days.
- Has pain or redness that lasts more than seven days.
- You think your child needs to be seen.
- Your child becomes worse.

Lice

Head lice is a scalp infection with tiny gray bugs (lice). They are about the size of a sesame seed.

Lice lay many white eggs (nits) in the hair.

The nits are easier to see than the lice. Nits are tiny white specks firmly attached to hairs. They hatch into lice in about a week.

Itching of the scalp is the main symptom.

A scalp rash may be present. The back of the neck is the favorite area.

Head lice are most often spread by direct hair to hair contact. Most transmission occurs in the home, and it is rare in school. Lice crawl—they do not jump. Sleepovers or sharing a bed are common ways to transmit lice.

PREVENTION OF SPREAD TO OTHERS

- Avoid close contact with others until after the first anti-lice treatment.
- Lice that are off the body rarely cause infection. Reason: Lice can't live for over 24 hours off the human body. Vacuum your child's room.
- Soak hairbrushes for one hour in a solution containing some anti-lice shampoo.
- Wash your child's sheets, blankets and pillowcases. Wash any clothes worn in the past two days. Wash in hot water (130° F or 54° C). This kills lice and nits.
- Items that can't be washed (hats, coats or scarves) can be set aside. Put them in sealed plastic bags for two weeks. This is the longest period that nits can survive. (Note: This step probably is not needed.)
- Sprays are available for upholstery or carpet if the child has spent a lot of time resting his head against a particular surface.

TREATMENT WITH NIX (FOR AGES TWO MONTHS AND UP)

- Buy Nix anti-lice creme rinse (no prescription needed) and follow package directions.
- First, wash the hair with a regular shampoo. Then, towel dry it before using the anti-lice creme. Do NOT use a conditioner with this shampoo. Reason: It will interfere with Nix.
- Pour two ounces (full bottle or 60 ml) of Nix into damp hair. People with long hair may need to use two bottles.
- Work the Nix creme into all the hair down to the roots.
- If needed, add a little warm water to work up a lather.
- Leave the shampoo on for a full ten minutes. If you don't, it won't kill all the lice. Then, rinse the hair well with water and dry it with a towel.
- REPEAT the anti-lice shampoo in nine days. Two treatments are always needed. The second treatment will kill any new lice that have hatched from eggs.
- Don't wash the hair with shampoo until two days after Nix treatment.
- Avoid hair conditioners before treatment. Do not use them for two weeks after treatment. Reason: Coats the hair and interferes with Nix.

TREATMENT WITH CETAPHIL CLEANSER

- Go to your drugstore and buy Cetaphil cleanser in the soap department. No prescription is needed. It works by coating the lice and suffocating them.
- Apply the Cetaphil cleanser throughout the scalp to dry hair.
- After all the hair is wet, wait two minutes for Cetaphil to soak in.



- Comb out as much excess cleanser as possible.
- Blow dry your child's hair. It has to be thoroughly dry down to the scalp to suffocate the lice. Expect this to take three times longer than normal drying.
- The dried Cetaphil will smother the lice. Leave it on your child's hair for at least eight hours.
- In the morning, wash off the Cetaphil with a regular shampoo.
- To cure your child of lice, REPEAT this process twice in one and two weeks.
- The cure rate can be 97%.
- Detailed instructions can be found online: www.nuvoforheadlice.com

REMOVING NITS (NOT URGENT OR ESSENTIAL)

Nit removal is not necessary. Only live lice can spread. It should not interfere with the return to school. Some schools, however, have a no-nit

policy. They will not allow children to return if nits are seen. The American Academy of Pediatrics advises that no-nit policies no longer be used. The National Association of School Nurses also takes this stance. If your child's school has a no-nit policy, call your child's doctor.

Nits may be backcombed from the hair with a fine-toothed comb or special nitcomb. This will take a long time. Wetting the hair with water can make it easier.

RETURN TO SCHOOL:

- Your child can return to school after one treatment with the anti-lice shampoo.
- A child with nits doesn't need to miss any school or childcare. Nits do not spread to others, nor do they cause lice in others.
- Remind your child not to share combs and hats.
- Be sure to tell the school nurse or childcare center director. She can check other students in your child's class.



Nosebleeds

The most common causes of nosebleeds are dryness in the nose, picking or scratching inside the nose, vigorous blowing and allergies or colds.

With the child sitting, apply firm pressure by squeezing between the thumb and index finger just below the hard part of the nose (not at the nostrils). You may need to apply pressure for 15 minutes.

Lean your child's head slightly forward. Do not have them tilt their head back. Instruct them to breathe through their nose.

If pressure alone fails, use a piece of gauze. Wet it with a few drops of water. Another option is to put a little petroleum jelly (such as Vaseline) on it. Insert the wet gauze into the side that is bleeding. Press again for ten minutes. The gauze puts more pressure on the bleeding spot.

If your child has lots of nosebleeds, buy some decongestant nose drops. An example is Afrin. No prescription is needed. Put three drops on the

gauze, insert and press. These nose drops also shrink the blood vessels in the nose. (Caution: Don't use decongestant nose drops if your child is younger than one year.) If you don't have gauze, use a piece of paper towel. Repeat the process of gently squeezing the lower soft parts of the nose. Do this for ten minutes.

Once the nosebleed is controlled, apply Vaseline around the opening from which bleeding occurred for several evenings at bedtime to try to prevent recurrences. Saline nasal sprays can be used as well to moisten the mucous membranes of the nose. If the air is dry as in the winter, a humidifier can be placed in the child's room. Avoid ibuprofen, as it can make bleeding worse.

You should contact the doctor if you are unable to stop the bleeding after ten minutes of applying correct pressure, if there are multiple recurrences or if bleeding or bruising exists at other sites.

POISON IVY (Poison Oak/Poison Sumac)

Certain plants (poison ivy, poison oak and poison sumac) can cause a skin reaction. This reaction (also called a contact dermatitis) is a specific rash that appears as small blisters in a linear or clustered pattern. The surrounding skin is usually red, as well. The rash is very itchy and can continue to emerge over several days after exposure to the plant sap.

Prevention of the poison ivy rash is accomplished by avoiding contact with the plant. If contact does occur, reduce the chance of developing a rash by washing exposed area with soap and water directly after contact. Products are available to help remove the plant oils. One such product is Zanfel. Also, concentrate on thoroughly washing under the fingernails to remove any remaining sap. Poison ivy is spread by the oil of the plant only, NOT by touching fluid in the blisters.

You can treat poison ivy at home by using OTC 1% hydrocortisone cream two to three times a day, as well as calamine lotion on the skin. Giving your child a bath with colloidal oatmeal can be helpful. Cool compresses, soaking in cool water and running an ice cube over the skin can also help. Benadryl given by mouth will also help relieve itching. Do not use a topical antihistamine lotion or topical antiseptic with benzocaine. Occasionally, a prescription for systemic steroids is necessary.

Make sure you wash all pets and clothes that may have been exposed to the plant oils.

You should call our office during regular hours for an appointment if the rash spreads to the area around the eyes (you should not get cortisone cream in the eyes), if the rash lasts three weeks or longer or if the skin starts to look infected.



Poisonings

Most poisonings occur when parents or caregivers are home but not paying attention. The most dangerous potential poisons are medicines, cleaning products, laundry detergent pods, liquid nicotine, antifreeze, windshield wiper fluid, pesticides, furniture polish, gasoline, kerosene and lamp oil.

TREATMENT:

If your child is unconscious, not breathing or having convulsions or seizures due to poison contact or ingestion, call 911 or your local emergency number immediately. If your child has come in contact with poison and has mild or no symptoms, call **Poison Control at 1-800-222-1222. You can also chat live through their website, nnepc.org. There is also a texting option by texting POISON to 85511.**

THE POISON CONTROL CENTER WILL NEED THE FOLLOWING INFORMATION:

- Child's name, age and weight.
- Your telephone number and location.
- The kind of poison your child ingested or touched and amount taken.
- The ingredients on the label of pills/ medication or substance.
- The exact time of exposure to the poison.
- A description of his symptoms, including any vomiting, drowsiness or trouble breathing.

Different types and methods of poisoning require different, immediate treatment:

Swallowed poison—Take the item away from the child and have the child spit out any remaining substance. Do not make your child vomit. Do not use syrup of ipecac.

Swallowed battery—If your child has swallowed a button-cell battery, seek treatment in a hospital emergency department immediately.

Skin poison—Remove the child's clothes and rinse the skin with lukewarm water for at least 15 minutes.

Eye poison—Flush the child's eye by holding the eyelid open and pouring a steady stream of room temperature water into the inner corner for 15 minutes.

Poisonous fumes—Take the child outside or into fresh air immediately. If the child has stopped breathing, call 911, start cardiopulmonary resuscitation (CPR) and do not stop until the child breathes on his or her own or until EMS arrives.

PREVENTION OF POISONINGS IS KEY:

- Keep harmful products locked up and out of your child's sight and reach.
- Use safety latches or locks on drawers and cabinets where you keep dangerous items.
- Take extra care during stressful times and when you are away from home.
- Call medicine by its correct name. You do not want to confuse the child by calling medicine "candy."
- Always replace the safety caps immediately after use.
- Never leave alcohol within a child's reach.
- Seek help if your child swallows a substance that is not food. Call the Poison Help Line at 1-800-222-1222 or your doctor. Do not make your child vomit.
- Keep the following telephone numbers by your phone:
POISON CONTROL: 1-800-222-1222
DOCTOR DMC PRIMARY CARE:
(603) 537-1300
EMERGENCY: Usually 911
- Keep products in their original containers. Never put non-food products in food or drink containers.



- Read labels with care before using any product.
- Teach children not to drink or eat anything unless it is given by an adult.
- Do not take medicine in front of small children. Children tend to copy adult behavior.
- Check your home often for old medications and get rid of them by disposing of them properly. Many communities have a locked drop box for old or unneeded medications. You can search for a drop box at <https://apps2.deadiversion.usdoj.gov/pubdispsearch>. If no drop box is available in your area, mix medications with something unappealing like old coffee grounds or kitty litter, seal it in a plastic bag and put it in the trash. Only flush medications if you have no other choice.
- Get rid of substances used for old-fashioned treatments, such as oil of wintergreen, boric acid, ammoniated mercury, oil of turpentine and camphorated oil.
- There is more of a danger of poisoning when you are away from home, especially at a grandparent's home. Check carefully for dangerous substances that may be within reach in the house or in purses.



Rashes (See also DIAPER RASH)

The specific cause of rash is often difficult to determine. The following are some general principles you can use:

GENERAL TREATMENT:

If the rash is itchy, you may give Benadryl.

Hydrocortisone cream (0.5% or 1%) twice daily for five to seven days may help. This is available over the counter. Do not use cortisone if you believe your child may have chicken pox.

Medication allergy: If your child develops a rash while on medications, you should stop the medication and contact our office immediately.

Hives: Hives are a specific type of rash with large, raised itchy areas with an irregular border. They

are often fleeting, disappearing in one place only to appear in another. Benadryl is helpful for hives. You should contact a physician immediately if there is any difficulty breathing associated with the hives.

Impetigo: Impetigo is an infectious rash that may start as an open sore or reddened and quickly develops a honey-colored crust and oozing. The rash may spread quickly. You may treat impetigo by washing the affected area with soap and water (you can soak off the scab with soapy water) then applying antibiotic ointment (examples: Bacitracin or Polysporin) three times daily for seven to ten days. Cover the wounds with a bandage. Encourage your child not to scratch, as this will spread the bacteria. If mild, your child can go to school if the area can be covered completely. Sometimes, antibiotics orally are needed for severe cases.

CALL THE DOCTOR TODAY IF YOUR CHILD HAS IMPETIGO AND:

- Your child has more than two sores distributed on more than one body area.
- The sores get bigger or more numerous despite home treatment for 48 hours.
- After seven days of home treatment, the rash has not cleared up.
- Your newborn has the symptoms of impetigo.

Chicken Pox: Chicken pox is a specific rash caused by a virus. We are not seeing it much anymore because children are vaccinated against it. The disease is highly contagious and is spread by the respiratory (breathing) route. In general, the rash begins on the trunk as red bite-like bumps, which break out over several days and develop blisters (vesicles), which then scab and heal over time. The disease occurs in stages, with different crops of lesions appearing sequentially. A child is contagious from one to two days BEFORE the onset of the rash until all the pox are scabbed, usually a period of seven to nine days. The incubation period of chicken pox (the time of the exposure to the outbreak of the pox) is ten to 21 days.

TREATMENT FOR CHICKEN POX:

- Avoid direct sunlight.
- Rest (encourage quiet play).
- Calamine lotion on the pox.
- Give oatmeal (colloidal) baths (water should be lukewarm).
- Offer ice chips/ice pops/plenty of fluids.
- Reduce fever and inflammation with acetaminophen or ibuprofen (see FEVER section for doses).

DO NOT GIVE ASPIRIN if your child has chicken pox.

Heat Rash: Heat rash is a series of fine pick-to-red dots that typically appear on the upper chest (back

or front, at the back of the neck, in the groin or the folds of the arms). Treat heat rash by washing the area with water and patting it dry. Try to avoid overdressing the child.

Eczema: Eczema is a very common rash occurring in about ten percent of all children. It is an itchy rash due to sensitive skin. Skin contact with irritating substances can cause flares. Use hypoallergenic cleansers like Cetaphil, but avoid most other soaps, bubble baths, other triggers (foods, animals, pollen, wool fibers, etc.) and excessive bathing; moisturize the skin often; and use a humidifier. Often, steroid creams are prescribed. Use the steroid cream first, then a moisturizer as the top layer.

CALL THE DOCTOR IMMEDIATELY IF:

- Your child suddenly develops a purple or blood-colored rash.
- Your child develops a fever and appears sick.

CALL THE DOCTOR TODAY IF:

- Your child has any rash you cannot easily identify.
- Your child's rash persists after using the above guidelines for 48 hours.

**You should call during regular office hours for advice. When you call, please describe the location of the rash, its size and color, whether it is itchy, whether your child is taking medication, whether there are any associated symptoms of illness and what you have used to treat the rash.

COMMON SKIN RASHES

SKIN PROBLEM	FEVER	DESCRIPTION	LOCATION	DURATION
Acne	No	Elevated red pimples, sometimes blackheads	Face, back, chest	Until treated
Athlete's Foot	No	Colorless or red rash; mild to intense itching; cracking; scaling; oozing blisters	Between toes	Until treated
Chicken Pox	Yes	Flat red spots become raised bumps, then blisters, then crusts; intense itching during blister stage; irritability; headaches; fatigue; loss of appetite	May begin anywhere, appearing in new crops every one to two days; highest concentration on torso and face	Five to 14 days
Cradle Cap (Seborrhea)	No	Rash changing from white to yellow to red; crusting and occasional itching; fine, oily scales	Scalp, eyebrows, eyelids, behind ears, groin	Until treated
Diaper Rash	No	Red rash; no itching	Under diaper	Until treated
Eczema	No	Red rash; moderate to intense itching; moist or oozing	Elbows, wrists, knees, cheeks	May get better or worse for months or years despite treatment
Fifth Disease	Yes	Bright red ("slapped cheeks") rash with flat, lacy appearance; rash comes and goes	Starts on face; spreads to arms and legs; then entire body	Seven to ten days
German Measles (Rubella)	Yes	Swollen glands; flat or slightly raised red rash; headache; inflamed eyes; runny nose; sore throat; loss of appetite	Starts on face; spreads to torso; then extremities	Two to four days
Hives	No	Pale, raised lesions with flat tops, surrounded by red; intense itching	May appear anywhere	Minutes to days
Impetigo	Maybe	Red sores with golden crusts; occasionally itchy	May appear anywhere	Until treated
Measles	Yes	Cough, red eyes; eyes sensitive to light; runny nose; flat pink spots changing to red	Starts on face; spreads to chest, abdomen, arms, legs	Four to seven days
Pityriasis Rosea	No	Oval pink or beige flat spots in a "fir tree" pattern over the back and extremities, often preceded by larger "herald patch"; can be very itchy	Starts on back or upper extremities	Six to eight weeks

COMMON SKIN RASHES

SKIN PROBLEM	FEVER	DESCRIPTION	LOCATION	DURATION
Poison Ivy	No	Red, linear, elevated blisters; intense itching; oozing; swelling	Exposed areas	Seven to 14 days
Prickly Heat	No	Slightly raised white or red dots; surrounding skin may be red, itchy	Torso, neck, skin, folds of arms, legs	A few days
Ringworm	No	Slightly raised red rings; occasionally itchy, flaky or scaly	Anywhere, including nails and scalp	Until treated
Roseola	Yes	Itchy, flat, pink rash, occasionally with some bumps; high fever, sometimes with convulsions; runny nose; sore throat	Starts on torso; spreads to arms, neck, face, legs; usually preceded by three to five days of high fever	One to two days (rash); three to seven days (fever)
Scabies	No	Red, crusting, slightly elevated rash; intense itching	Arms, legs, torso, wrists, armpits, between fingers and toes (older children); head, neck, hands, feet (infants)	Until treated
Scarlet Fever	Yes	Flat pink rash resembling a sunburn, rough to touch; sore throat; red tongue	Starts on face, elbows; spreads rapidly	Five to seven days



Sinusitis (See also COLDS)

Sinus pain can be caused by viruses, bacteria or allergies. Bacterial sinusitis occurs after a cold has been present for at least seven to ten days. It occurs in only two percent of colds and starts as a viral sinus infection. It is not contagious. The symptoms may include any or all of the following: thick, colored (green or yellow) nasal discharge that persists for ten days or longer (if associated with additional signs); cough (typically worse at night or in the early morning); headache; fever (often return of fever after previous resolution); and/or swelling or a sense of fullness or pressure above or below the eyes. Because of the nature of sinus development, sinusitis is very uncommon in young children.

Bacterial sinusitis is treated with antibiotics. Other measures include encouraging hydration, saline nasal rinses, saline drops with suctioning/blowing, humidifier, non-sedating allergy medications for allergic sinusitis and acetaminophen/ibuprofen.

Sinusitis is not an emergency. You may call the office for an appointment during regular office hours.

Sore Throat

Sore throats are most commonly caused by viral infections that do not need treatment with antibiotics. Other than viruses, a bacteria called Streptococcus can cause a sore throat. About 20% of sore throats are caused by Strep. Strep is most common between ages five and 15. It is uncommon under age two. This pain can resolve spontaneously, but it should be treated to prevent later complications of Strep (rheumatic fever, glomerulonephritis, abscesses, scarlet fever). Characteristically, Strep causes fever, bright red swollen tonsils with whitish patches (exudate), swollen lymph nodes in the neck and stomachache. Significant cold symptoms are usually absent (e.g., runny nose, cough or hoarseness). Sometimes, a characteristic rash appears. It typically appears first in the groin or the lower abdomen and may spread. It consists of fine red dots with a rough (sandpaper) texture and is called SCARLET FEVER (see RASHES section). Strep is contagious. Your child should not return to school or daycare until she has taken antibiotics for 24–48 hours. Strep is diagnosed by obtaining a throat swab. We can run a rapid Strep test in the office. Sometimes, a throat culture is sent, as well (usually if the rapid Strep test is negative and the suspicion is high).

SORE THROAT PAIN RELIEF (VIRAL OR BACTERIAL)

Age over one year: Can sip warm fluids, such as warm chicken broth or apple juice. Some children prefer cold foods, such as popsicles or ice cream.

Age over six years: Can also suck on hard candy or lollipops. Butterscotch seems to help.

Age over eight years: Can also gargle. Use warm water with a little table salt added. A liquid antacid can be added instead of salt. Use Mylanta or the store brand. No prescription is needed.

Medicated throat sprays or lozenges are generally not helpful.

To help with the pain, give acetaminophen (such as Tylenol) or ibuprofen. Use as needed.

For fevers above 102° F (39° C), give acetaminophen (such as Tylenol) or ibuprofen. Note: Lower fevers are important for fighting infections.

For ALL fevers: Keep your child well hydrated. Give lots of cold fluids.

CALL THE DOCTOR IMMEDIATELY IF:

- Your child cannot swallow or fully open his mouth or begins drooling.
- Your child cannot breathe normally.
- Your child sounds as if he has marbles in his mouth when he speaks.
- You feel your child's condition is getting worse by the hour.

CALL THE DOCTOR TODAY IF:

- The sore throat is not getting better despite home remedies after two days.
- Your child has a fever, swollen lymph nodes in the neck and whitish patches on the throat.
- Your child has a rash with a sore throat.

*Once an antibiotic is prescribed, **it is important to finish the full course of treatment** to avoid the heart and kidney effects of a Strep infection. After starting antibiotics, your child should feel better within 48–72 hours. If other family members develop symptoms, they should be tested for Strep.

Splinters (SLIVERS)

1. Tiny, Pain-Free Splinters:

- Tiny, pain-free slivers near the skin surface can be left in.
- They will slowly work their way out with normal shedding of the skin.
- Sometimes, the body also will reject them by forming a little pimple. This will drain on its own, or you can open up the pimple with a clean needle.

2. Tiny, Painful Plant Splinters:

- Plant stickers or cactus spines are hard to remove. Fiberglass spicules may also be hard to get out. Reason: They are fragile. Most often, they break when pressure is applied with tweezers.
- Tape: First, try touching the spot lightly with tape. The stickers should attach to the tape. You can use packaging tape, duct tape or another very sticky tape.
- Wax hair remover: If tape doesn't work, use wax hair remover. Put a thin layer on. Let it air dry for five minutes. You can also speed up the process with a hair dryer. Then, peel it off with the stickers. Most will be removed. The others will usually work themselves out with normal shedding of the skin.

3. Needle and Tweezers:

- For large slivers or thorns, remove with a needle and tweezers.
- Check the tweezers first. Be certain the ends (pickups) meet exactly. If they do not, bend them. Clean the tool with rubbing alcohol before using them.

- Clean the skin around the sliver briefly with rubbing alcohol. Do this before trying to remove it. If you don't have any, use soap and water. Caution: Don't soak the spot if the foreign body is wood, because this can cause swelling of the splinter.
- Use the needle to uncover the large end of the sliver. Use good lighting. A magnifying glass may help.
- Grasp the end firmly with the tweezers. Pull it out at the same angle that it went in. Get a good grip the first time. This is important for slivers that go straight into the skin. This is also important for those trapped under the fingernail.
- For slivers under a fingernail, sometimes part of the nail must be cut away. Use fine scissors to expose the end of the sliver.
- Slivers (where you can see all of it) often can be removed at home. Pull on the end. If the end breaks off, open the skin with a sterile needle. Go along the length of the sliver and flick it out.

4. Antibiotic Ointment:

- Wash the area with soap and water before and after removal.
- Use an antibiotic ointment once after the sliver is taken out. An example is Polysporin. No prescription is needed. This will help to decrease the risk of infection.

CALL THE DOCTOR IF:

- You cannot get the splinter out and it is painful.



Sprains/Strains (See also FRACTURES)

When muscles and tendons or ligaments are injured by twisting or excess stretching, sprains or strains result.

They are characterized by swelling or bruising of the affected area and significant pain with movement. The most common site of sprain is the ankle, followed by fingers and toes and knees.

FOR SPRAINS/STRAINS, YOU SHOULD:

- Rest the affected area by limiting use.
- Apply ice for the first six hours after the injury to reduce swelling.
- Compress the area with a firmly applied elastic bandage (e.g., ACE wrap) by starting above the affected area and ending below the area.
- Elevate the injured area (above heart level).
- Give ibuprofen (see FEVER section for appropriate dose) to relieve pain and swelling.

Sprains take six weeks to completely heal. Any further injury during this time further lengthens the time needed for complete healing. Therefore,

depending on the amount of pain initially experienced, we recommend a compression bandage (ACE wrap) or brace continuously for one to two weeks; then, the bandage/brace may be used intermittently. It should always be applied during those first six weeks during any athletic activity and may speed healing of the injured part and decrease the chance of re-injuring the area. Exercise can begin after the initial pain has decreased. In some cases, your doctor may give you a home exercise program and/or refer for a course of physical therapy.

CALL THE DOCTOR IMMEDIATELY IF:

- The pain is severe.
- The joint is swollen and discolored.
- Your child cannot bend the joint.
- Your child cannot walk or bear weight on her feet or legs or cannot move her arms, hands and fingers normally.

CALL THE DOCTOR TODAY IF:

- The pain or swelling persists or worsens after one to two days.



Sunburn

Sunburn is a first-degree burn characterized by redness of the skin after sun exposure. The reddened skin later peels.

You can prevent sunburn and decrease the risk of skin cancer by applying sunscreen (SPF greater than or equal to 15) liberally and frequently to exposed skin. PABA-free sunscreens are less likely to cause an allergic reaction. Don't forget to use a hat to prevent sunburn to the scalp. Also, avoid sun exposure between the hours of 10:00 AM and 2:00 PM, when ultraviolet radiation is most intense.

We do not recommend using sunscreen on infants younger than six months of age. Try to avoid sun exposure in children this age by using an umbrella or by using hats, long sleeves and long pants.

If your child develops sunburn, you can give acetaminophen or ibuprofen (see FEVER section for dose) for pain and apply cool compresses. A bath with Aveeno (oatmeal) or baking soda added to lukewarm water may provide relief. Aloe vera gel helps soothe the burn. Also, encourage them to drink plenty of water.

DO NOT:

- Apply petroleum jelly or oily ointments or lotion.
- Break any blisters.
- Apply lotions, creams or sprays containing benzocaine.



Swallowed Objects

It is important to differentiate between swallowing an object and choking on an object (when it might enter the airway). Choking (or aspirating) is usually associated with coughing, gasping breaths, difficulty breathing and/or sinking in of the skin between the ribs with breaths (retractions). If you are unable to tell which has occurred, you should contact our office immediately.

If you are certain your child has swallowed an object, it will most likely pass through the intestines with the bowel movements. You can check the stools for the object, especially if the object is anything greater than dime sized, to ensure it has passed.

Remember to child-proof your house and keep all small objects away from small children. Button batteries especially can be deadly.

CALL THE DOCTOR IMMEDIATELY IF:

- Your child has swallowed a straight pin, needle or other sharp object or a battery or magnet.
- Your child develops vomiting and stomach pain.
- Your child cannot swallow water and bread, or gagging and coughing occur with eating.
- The object hasn't passed in three days.
- There is pain in the lower throat area (as when something is stuck).
- You notice any breathing difficulty.
- You have any questions or concerns or think your child needs to be seen.



Swimmer's Ear (See EAR INFECTIONS)

Swimmer's ear (otitis media) is characterized by significant pain experienced when one moves the ear lobe or pressed just in front of the ear. It often occurs after swimming and occasionally occurs after a significant amount of water gets into the ear with a bath or shower. Swimmer's ear is an infection of the ear canal.

A doctor must examine your child's ear in order to diagnose a swimmer's ear infection. Antibiotic ear drops will be prescribed for a swimmer's ear. You should continue using these drops for one to two days after the pain is gone (usually for a total of seven to ten days).

DO NOT use ear drops if your child has **tubes** in the ears or you **suspect a ruptured eardrum**. Your doctor can prescribe special ear drops for these situations.

A mixture of equal parts of white vinegar and alcohol (e.g., 1/2 tsp. each) dropped into the ears may prevent recurrences if used after swimming. A similar mixture (swimmers otic) is also available at most pharmacies for prevention of swimmer's ear. Use three to four drops in each ear. Acetaminophen (see FEVER section for dose) may also help to relieve pain.

Before using any drops, and to prevent recurrence, we recommend shaking the head to remove water from the ear canal and drying the outer part of the canal thoroughly with a finger covered by a towel.

PREVENT EXTERNAL EAR INFECTION:

- Wear earplugs while swimming.
- After they swim, dry your child's ears with a towel.
- Do not insert cotton swab into ear canals.
- Ask your doctor about ear drops that may prevent swimmer's ear.

CALL THE DOCTOR TODAY IF:

- You suspect that your child has an ear infection.
- Your child has a fever or cold symptoms.
- Your child has used antibiotic drops (available by prescription only) for over 48 hours without relief of pain.
- Your child has drainage out of his ear.

Technology

OVERUSE OF MEDIA MAY PLACE YOUR CHILD AT RISK FOR:

- Lack of sleep/rest.
- Delays in learning and social skills.
- Obesity.
- Behavior problems.
- Problematic Internet use (Internet Gaming Disorder).
- Sexting, loss of privacy, sexual predators.
- Cyberbullying.

The below chart summarizes the American Academy of Pediatrics' recommendations for media use by age group and is taken directly from their parent education handout.

MEDIA USE BY AGE GROUP		
AGE	DESCRIPTION	TIPS
Younger than two years	<p>Children younger than two learn and grow when they explore the physical world around them. Their minds learn best when they interact and play with parents, siblings, caregivers and other children and adults.</p> <p>Children younger than two have a hard time understanding what they see on screen media and how it relates to the world around them.</p> <p>However, children 18–24 months of age can learn from high-quality educational media IF their parents play or view with them and reteach the lessons.</p>	<ul style="list-style-type: none"> ■ Media use should be very limited and only when an adult is standing by to co-view, talk and teach (for example, video chatting with family along with parents). ■ For children 18–24 months, if you want to introduce digital media: <ul style="list-style-type: none"> ■ Choose high-quality programming. ■ Use media together with your child. ■ Avoid solo media use.
Two to five years	<p>At two years of age, many children can understand and learn words from live video chatting. Young children can listen to or join a conversation with their parents.</p> <p>Children three to five years of age have more mature minds, so a well-designed educational program such as Sesame Street (in moderation) can help children learn social, language and reading skills.</p>	<ul style="list-style-type: none"> ■ Limit screen use to no more than one hour per day. ■ Find other activities for your children to do that are healthy for their bodies and minds. ■ Choose media that is interactive, nonviolent, educational and pro-social. ■ Co-view or co-play with your children.
Five years and older	<p>Today's grade-schoolers and teens are growing up immersed in digital media. They may even have their own mobile device and other devices to access digital media.</p>	<ul style="list-style-type: none"> ■ Make sure media use is not displacing other important activities, such as sleep, family time and exercise. ■ Check your children's media use for their health and safety.
Tweens and teens	<p>Tweens and teens are more likely to have some independence in what they choose and watch, and they may be consuming media without parental oversight.</p>	<ul style="list-style-type: none"> ■ Parents should engage tweens and teens in conversations about their media use, digital citizenship, what they've seen or read, who they are communicating with and what they have learned from their media use.

See this online tool to create a family media use plan: [HealthyChildren.org/MediaUsePlan](https://www.healthychildren.org/MediaUsePlan)

Thrush

Thrush is a common yeast infection that mostly occurs in infants. It appears as a white coating on the tongue, inside of the cheeks or on the roof of the mouth. This yeast infection can also spread through the digestive tract to the diaper area, resulting in a red rash. Your doctor usually will prescribe an anti-fungal medication (nystatin) to be taken orally and a cream for the diaper rash if needed.

CALL THE DOCTOR TODAY IF:

- Your child has symptoms of thrush.

Urination Problems

Pain with urination, frequency of urination, blood in the urine, urgency (a sense of not being able to get to the bathroom before urination occurs) and fever may be signs of a urinary tract infection (UTI). Recurrence of accidents or bed wetting after your child is fully potty trained may also be a sign of UTI.

If your child develops these symptoms, you can give acetaminophen or ibuprofen (see FEVER section for dose) for pain and extra fluids by mouth (particularly cranberry juice) and call the doctor for advice.

You should **call immediately** if your child has a **fever or severe back pain** or **vomiting along with** any of the above symptoms.

UTIs are more common in girls, and soap vulvitis is a common trigger. Bubble baths are discouraged, as the chemical in the soap can lead to urethral irritation and urinary symptoms. Also, girls should wipe from front to back after either urination or a bowel movement. This avoids bringing fecal matter near the urethra, which can also trigger a UTI.



Boys may have redness around the tip of the penis or at the area where the shaft of the penis meets the tip. You may treat this redness with an antibiotic ointment three times a day. If there is pain associated with urination or it persists despite the above treatment, you should contact your doctor during regular office hours for an appointment.

If the pain is located in the scrotum or testicles, you should contact the doctor immediately.

CALL THE DOCTOR IMMEDIATELY IF:

- Your child has symptoms of a urinary tract infection as well as a fever or back pain or vomiting.
- Your child complains of persistent pain in the scrotum or testicles (longer than 30 minutes).

CALL THE DOCTOR TODAY IF:

- Your child has symptoms of a urinary tract infection.

Vomiting (See also DIARRHEA/DEHYDRATION)

Vomiting is often the result of a viral illness that may or may not be associated with diarrhea. There are many other causes of vomiting too numerous to list, but can include allergies, overeating, food poisoning, coughing and motion sickness.

For recurrent vomiting in an infant less than two years of age, we recommend Pedialyte or other oral rehydration solution as a substitute for formula or milk. Give the infant small amounts (one to two teaspoons) of Pedialyte every five minutes and increase the amount of fluid as tolerated. You'll want to stop solid foods until the child has gone eight hours without vomiting. Start with starchy foods and advance as tolerated.

For breastfed infants, you can continue breastfeeding, but breastfeed for a shorter period of time more frequently (e.g., for five minutes at a time every 30 minutes). If the infant goes more than four hours without vomiting, you can return to the usual schedule. You can also pump breast milk and feed one to two teaspoons every five minutes. Oral rehydration solution can be tried as above if the infant fails to respond.

For children two years of age or older, you will want to switch to a clear liquid diet for eight hours. The key to success is small amounts of fluid (two to three teaspoons every five minutes). Older kids can just slowly sip a liquid. Water, Pedialyte and diluted Gatorade can be used. Popsicles work great. The amounts of fluid can be increased as tolerated.

After eight hours without vomiting, if your child wants solid foods to nibble on, let them eat. Introduce simple food such as dry cereal, crackers or toast. Avoid foods that are high in fat and sugar, which upset the stomach.

We usually do not recommend anti-nausea medicine.

See the section on DIARRHEA for signs of dehydration and caution.

You may give acetaminophen (see FEVER section for dose) if your child has a fever.

CALL THE DOCTOR IMMEDIATELY IF:

- Your baby is under one year old and vomits two or more feedings in a day.
- Your child has abdominal pain that is not relieved by vomiting (possible appendicitis—see APPENDICITIS section).
- Your child has signs of dehydration and diarrhea (see DIARRHEA section).
- The vomit is red or looks like coffee grounds (possible signs of bleeding).
- The vomiting is very forceful and “shoots across the room.”
- Your child has a fever, headache or stiff neck.
- You suspect poisoning.
- Your child is confused or lethargic after vomiting.
- Vomiting alone (without diarrhea) persists more than 24 hours.
- Your child vomits after a head injury, seizure or headache.

Recommended Reading

ATTENTION DEFICIT DISORDER (ADD)/DEVELOPMENTAL DISABILITY/BEHAVIOR

- 1.) **Your Hyperactive Child**
by Barbara Ingersoll, PhD | revised 2011
- 2.) **The Misunderstood Child, Fourth Edition:
Understanding and Coping with Your Child's Learning Disabilities**
by Larry B. Silver, MD | Jun 27, 2006
- 3.) **ADHD, 3rd Edition: What Every Parent Needs to Know**
by Mark L. Wolraich, MD, FAAP and Joseph F. Hagan, Jr, MD, FAAP, 2019
- 4.) **The Difficult Child: Expanded and Revised Edition**
by Stanley Turecki and Leslie Tonner | Mar 14, 2000
- 5.) **Quirky Kids, 2nd Edition
Understanding and Supporting Your Child with Developmental Differences**
by Perri Klass, MD, FAAP and Eileen Costello, MD, FAAP | 2021
- 6.) **Autism Spectrum Disorder, 2nd Edition**
by Alan I. Rosenblatt, MD, FAAP and Paul S. Carbone, MD, FAAP | 2019
- 7.) **Setting Limits with Your Strong-Willed Child**
by Robert J. MacKenzie, Ed.D | 2nd Edition | June 2013

GENERAL CHILD CARE AND ILLNESS

- 1.) **The Children's Hospital Guide to Your Child's Health and Development**
by Children's Hospital, Boston Children's Hospital | 2002
- 2.) **Your Child's Health**
by Barton D. Schmitt, MD | Revised Edition | 2005
- 3.) **Caring for Your Baby and Young Child: Birth to Age 5 (7th Ed.)**
by American Academy of Pediatrics; Tanya Remer Altmann, MD, FAAP; David L. Hill | 2019
- 4.) **Caring for your Adolescent Ages 12–21**
by Donald G. Greydanus, MD | 1991
- 5.) **Your Baby's First Year (5th Ed.)**
Edited by Tanya Altmann, MD, FAAP | 2020
- 6.) **The CALM Baby Method: Solutions for Fussy Days and Sleepless Nights**
by Mark Fishbein, MD, FAAP; Patti Ideran, OTR/L, CEIM | 2021
- 7.) **Heading Home With Your Newborn (4th Ed.)**
by Laura A. Jana, MD, FAAP
Edited by Jennifer Shu, MD, FAAP | 2020
- 8.) **Parenting Through Puberty: Mood Swings, Acne, and Growing Pains**
Publisher: American Academy of Pediatrics
Published: August 2018

Recommended Reading (Continued)

GENERAL CHILD CARE AND ILLNESS

- 9.) **Caring for Your Teenager**
Publisher: American Academy of Pediatrics
Published: June 2005
- 10.) **My Child Is Sick!: Expert Advice for Managing Common Illnesses and Injuries**
by Barton D. Schmitt, MD, FAAP, American Academy of Pediatrics | 2011
- 11.) **The Happiest Baby on the Block; Fully Revised and Updated Second Edition: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer**
by Harvey Karp | Oct 6, 2015 (Also can buy the DVD)

TECHNOLOGY

- 1.) **Retro Baby (2nd Ed.)**
by Anne H. Zachry, PhD, OTR/L | 2022
- 2.) **Glow Kids: How Screen Addiction Is Hijacking Our Kids— and How to Break the Trance Paperback**
by Nicholas Kardaras, PhD | September 26, 2017

SLEEP PROBLEMS

- 1.) **Solve Your Child's Sleep Problems: New, Revised, and Expanded Edition**
by Richard Ferber | May 23, 2006
- 2.) **Healthy Sleep Habits, Happy Child, 5th Edition: A New Step-by-Step Guide for a Good Night's Sleep**
by Marc Weissbluth M.D. | revised Aug 24, 2021



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