Welcome

TO

HACKENSACK PEDIATRICS

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After Hours Emergency: See Back Cover

For the _____ Family

www.hackensackpediatrics.com

This book is dedicated to the many children we've had the privilege of taking care of for the past 4 decades, the future children that will also become an invaluable part of our lives, and their wonderful families. We take great pride in our efforts to provide the best care for you.

By putting this book together, we aspire to offer you the tools to become confident, knowledgeable, and nurturing parents. We welcome and congratulate you as you venture into the wonderful world of parenthood.

Special thanks to Dr. Mohamed Tantawi, Dr. Ladak, & Dr. Benezra for their tremendous time and effort in putting this book together.

Also my special thanks to Abbott Nutrition for their continued support to our patients.

Mona M. Tantawi, M.D., F.A.A.P.

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INTRODUCTION

We welcome you to Hackensack Pediatrics and thank you for choosing us as your primary care provider. The purpose of this booklet is two fold: (1) to acquaint you with our practice & (2) quick access to frequently asked questions during/after hours. Topics include: infant & child care, growth & developmental issues, a variety of common illnesses, and much more. Doctors sometimes differ in their approach to a particular patient depending on the circumstances. However, the information provided below is a general consensus of management in most situations. Additional sources recommended for more detailed information includes: *Caring for Your Baby and Young Child - Birth to Age 5* edited by Steve Shelov, M.D.

OFFICE HOURS

Monday thru Thursday_____ 8:00 a.m. - 7:00 p.m.
Friday_____ 8:00 a.m. - 4:30 p.m.
Saturday_____ roughly 8:30 a.m. - 12:00 p.m.
Sunday_____ closed

*Office closed for lunch 11:45 a.m. - 1:00 p.m. on Fridays only

Saturday is for Emergencies Only

HOW OUR PRACTICE IS ORGANIZED

We practice as a group. For newborn care at Hackensack University Medical Center, one of our physicians will examine your baby and answer any questions you may have on a daily basis. This will allow you to meet one or more physicians from the practice.

Our office staff is very well trained and experienced. They often can handle many problems over the telephone (if not answered by this booklet). Please remember to always ask the name of the staff member with whom you spoke for continuity of care.

When you call, the following information would be very helpful:

* If there is a life or death emergency **call 911**.

(1) Name and age of your child
(2) If your baby is ill, check a rectal temperature before calling. If you don't know how to take a rectal temperature, our clinical staff will be happy to teach you.
(3) Have your pharmacy address and phone number ready in case it is needed.
(4) Have a pen & paper ready so that you can write down instructions given.

(5) Please refrain from using your telephone until the call has been returned, especially in the case of an emergency.

(6) **If calling the emergency number after the office is closed, please take the block off your phone (*82) prior to calling. Give the service your area code and phone number, child's name and age, and nature of the problem. If not a true emergency, please call during office hours**.

If for any reason the nurse or medical assistant are unable to help you during office hours, she will: (1) consult with one of the doctors and call you back, or (2) leave a message for a physician to call you back. If you would like to speak to a specific doctor, a message will be left on his/her desk so that he/she can call back at the first opportunity. Unless it is a true emergency, a physician will not interrupt a patient's visit to take a phone call.

APPOINTMENTS

The office works by *appointment only* for sick & well visits. We run a tandem time schedule. You cannot simply walk-in. If you do, **unless it is deemed to be a true life-threatening emergency** you will usually have a long wait since preference will be given to patients with appointments who are on time, even if they come in after you. PLEASE BE ON TIME for your appointments. If you are late, you have lost your time slot, and your appointment may have to be rescheduled for another day or time.

WELL VISITS: You will bring your baby to the office for eight scheduled well baby visits in the first 18 months, then yearly beginning at two years of age. We encourage you to alternate these visits between two physicians. In the event that your primary physician is not available, the alternate physician will be familiar with your child. This will allow the rest of the group to have a back-up consultant if needed in emergency/sick care.

If vaccines are given at other locations, please bring documentation so that we can keep your files updated. Try to develop a habit of jotting down questions about your child's health or behavior at home. Bring this list with you to well child office visits to discuss with the physician. We welcome your questions, especially if they are not answered in this booklet or other reading materials.

SICK VISITS: To cut your waiting time down to a minimum we will leave openings for each physician every day for sick patients. Once a specific doctor is fully booked, we cannot always "squeeze" in your child's appointment with that doctor, unless there is a last minute cancellation. However, we do make it an absolute priority to accommodate all sick children for same-day appointments. Your cooperation is crucial for an efficient schedule to succeed.

CANCELLATIONS: A minimum of 24 hours cancellation is expected if you are not able to keep your appointment. There will be a charge of $25 for missed appointments (not showing up) or last-minute cancellations. Missed appointments result in significant inefficiency for the office. Patients who will be identified as chronically missing their appointments will be asked to find another practice.

REFERRALS

Many insurance companies (especially HMO's) require a referral from your primary care physician before you can see a specialist. If it is a new problem, you must schedule an appointment with us for an evaluation. We will discuss at that time the need for a specialist. Although many of these requirements are inconvenient and time consuming, they are imposed on both the physician and patients by the insurance company.

All referrals must be telephoned into the office at least one week prior to your specialist appointment. This will give the office time to complete necessary paperwork and get the insurance approval.

- There will be no exceptions made to the above unless it is requested by your physician (i.e.: emergencies). There will also be no "back-dated" referrals. It is against the law.
- A referral is not a guarantee of payment by your insurance.
- Please know the rules of your policy with the insurance company.

EMERGENCY CARE

Most HMO's also require authorization from your primary care physician **before** you go to the emergency room (ridiculous but unfortunately it is the system). You simply cannot walk into the emergency room without calling your physician first, unless it is a life threatening situation (which in that case call **911**). Even if the E.R. contacts us, you will be responsible for contacting the insurance company for authorization (**only exception** is a true life threatening event).

We offer access to physician's consult and advice after office hours for **emergencies only**. Please only call after hours for true emergencies. Overuse late at night will affect the physician's performance in the office the next day. If not a true emergency, please call during office hours. We thank you for respecting this policy.

FEES AND INSURANCE

A list of the most common office visits, procedures and their fees is available upon request. Payments are expected at the time of service. Please never delay medical care for your sick child for financial reasons. If there is a problem with payment(s), please speak to the office manager to make other arrangements. If you

do not have insurance, we offer significant discounts for sick and well visits. In addition, immunizations can be obtained in our office at a discounted fee if you do not have insurance.

Our group participates in most insurance plans and many offer different levels of benefits. Our physicians and staff attempt to keep abreast of the different variants in each plan. However, it is more important than ever for you to understand the coverage in your particular plan. Some procedures done in the office may not be covered by your plan. If these services are necessary or requested, you will be expected to pay for it at the time of service, if not later.

It is your responsibility to inform us before your visit of any changes in your insurance. We also expect you to bring your child's insurance card to every visit in order to verify and update our computer data.

If you have any indemnity plan (non-HMO), you will receive a universally accepted insurance form that can be attached to your insurance form. This is needed to submit for reimbursement.

If you have any questions regarding billing, please call our billing department at 201-487-8222 and wait for the prompt.

NEWBORN CARE

ESSENTIAL EQUIPMENT/CAR SAFETY

1. ***Car Seat*** **-** They are required by law in New Jersey (as well as most other states). The most effective restraint is a 5-point harness. Until your child weighs more than 30 lbs. **and** is 2 years old, the car seat faces backwards in the back seat. Car seats must conform to federal safety standards. Check the consumer books for ranking. If greater than 30 lbs. **and** 2 years old, your child can face forward in an appropriate car seat for size. Children 40 inches tall can use a booster seat. If you are having difficulty properly installing your car seat you can try calling your local police department as many times they have an officer designated to help.
2. ***Humidifier*** **-** Helpful in cold winters with dry heating systems. The new ultrasonic models are quieter. Water must be changed daily and cleaning instructions followed closely. Do not buy a hot vaporizer because they are frequently associated with burns. We prefer cool mist ones.
3. ***Nasal Suction Bulb*** **-** It's essential for helping young babies with breathing difficulties caused by sticky or dried nasal secretions.
4. ***Thermometer*** **-** A rectal thermometer is most accurate in a newborn. The digital form reads in about 30 seconds and is worth the extra few dollars. Do not use a thermoscan for newborns.

POTENTIALLY HARMFUL EQUIPMENT

Walkers - About 40% of children using walkers have accidents that require medical attention. Walkers do not help children learn to walk. In fact, walkers can delay both crawling & walking if used over 2 hours/day. If you decide to use one, keep the door locked & block stairs with gates. Keep in mind children in walkers have crashed right through gates. A better alternative is the stationary "exersaucer".

AT HOME - VISITORS AND OUTINGS

When you first come home from the hospital, visitors should be limited to immediate family members & a few close friends (as long as they have no infectious illnesses). Encourage kissing of the feet & avoid kissing the face & hands. This is usually how illnesses spread. Discourage prolonged visits. Your primary concern should be your baby & recuperation. The baby can be taken out for fresh air or a stroll (depending on the weather), but you must avoid crowded public spaces/homes for a minimum of 3 months, particularly during the winter. Dress the baby in one more layer than what you would feel comfortable in (i.e. if you only need an undershirt & shirt, the baby needs 3 layers).

FIRST VISIT TO THE DOCTOR'S OFFICE

The 2 week check-up is one of the most important visits during your baby's first year of life. By this time your baby will usually have developed symptoms of any physical condition, if there is an illness, that was not detectable during the hospital stay. We will also be assessing growth and development.

TAKING CARE OF TWINS

Taking care of newborn twins can be exhausting but extremely rewarding. If you are breastfeeding, you may choose to feed them both at the same time or one right after the other (tandem feeding). It depends on what is easier for you to handle. If one of your twins has difficulty with reflux (spitting up) or burping, you may find it easier to feed one child at a time. If you are bottle-feeding, you most likely will need to feed them one at a time (unless you have extra support. It helps if you can rely on others for support). Take naps when the babies take naps. Remember to drink lots of fluids. With twins it is easiest if you can keep them on a schedule (feeds every 2-3 hours and not on demand, sleeping and napping at the same time, etc…). It will make life a lot easier for you and encourages the children to be in sync. Remember, each baby is their own individual. One twin may reach certain milestones before the other, while the other may be advanced in other ways. Every child has their own strengths and weaknesses. Most often they catch up with time. If you are concerned there are delays, please let your pediatrician know. But try not to compare them to each other. It is important to know that it will get easier with time. ☺

NEWBORN – INFANT CONCERNS

BOWEL MOVEMENTS – WHAT'S NORMAL?

Babies less than 6 months of age commonly grunt, push, strain, draw-up the legs, and become flushed in the face during passage of bowel movements (BM's). This is normal as long as it does not cause pain (significant crying).

The frequency of BM's varies from one baby to another. Many have a BM soon after each feeding (especially breastfed babies). By 3-6 weeks of age, some breastfed babies have only one BM a week. This is still normal. Breast milk leaves very little solid waste to be removed. Therefore, infrequent stools should not be considered a sign of constipation as long as the stools are soft (preferably like mustard but no firmer than the consistency of peanut butter), & your infant is otherwise normal, gaining weight steadily, & nursing regularly. If your baby is formula-fed, he/she may have at least one BM a day, but occasionally they also skip days.

Because an infant's stools are normally soft and a little runny, it's not always easy to tell when a young baby has mild diarrhea. Signs include a sudden increase in frequency (more than one BM per feeding), and unusually high liquid content in the stool. Diarrhea may be a sign of infection, food-intolerance, or a change in baby's diet or mom's diet if breastfed (see section on diarrhea for suggestions, page 36).

Whether breast- or bottle-fed, if your baby has hard or very dry stools, it may be a sign that he/she is not getting enough fluid, or he/she is losing too much fluid due to illness, fever, or heat. Once solid foods have been started around 4-6 months of age, it may indicate that he/she is eating too many constipating foods (see section on constipation, page 27).

CRYING

Crying is your new baby's method of communication. It may mean several things including: hunger, uncomfortable, too hot, too cold, wet, tired, overstimulated. Occasionally babies have fussy periods during the day or night when nothing consoles him/her, but seem more alert after these periods and may sleep more comfortably. This kind of fussy crying seems to help babies get rid of extra energy so they can relax.

Soon you'll be able to tell what each particular cry means. For instance, a hungry cry is usually short and low-pitched, and it rises and falls (similar sound to the "leave-me-alone" cry). An angry cry tends to be more turbulent. A cry of pain or distress generally comes on suddenly and loudly with a long, high-pitched shriek followed by a long pause and a wail. There could also be a mixture.

What to do:

1. Rocking – in a glider or rocker, or by swaying side-to-side
2. Touch – gently stroking the head or patting the back/chest
3. Swaddling – wrapping the baby snugly in a receiving blanket
4. Communication – singing or talking, playing soft music
5. Movement – walking with the baby in your arms, a stroller, or car
6. Burping – relieve any trapped gas bubbles
7. Warm baths – if the cord has fallen off (not all babies like this)

Remember to call immediately if:

1. It becomes a painful cry rather than a fussy one
2. Your baby cries constantly for more than 3 hours
3. You are afraid you may hurt your baby
4. You have shaken your baby
5. You can't find a way to soothe your baby (inconsolable)

COLIC

***Definition* –** unexplained crying; intermittent crying 1-2 times per day; healthy child (not sick or in pain); well-fed child (not hungry); bouts of crying usually last 1-2 hours; child fine between bouts of crying; onset under 4 weeks of age; and resolution by 3 months of age.

***Cause* –** When babies cry without reflux, indigestion, being hungry, overheated, too cold, in pain, or sick, we call it "colic." About 10% of babies have colic. No one is certain what causes colic, but it tends to occur in high-needs babies with a sensitive temperament. Colic is not the result of bad parenting so don't blame yourself. Colic is also not due to excessive gas. Allergies/intolerance to certain types of formulas can cause crying but this is not considered colic; usually it is associated with watery/mucousy stools or vomiting. Colic is not caused by abdominal pain. When babies cry they assume a flexed position and their stomach muscles feel hard because it's part of the crying mechanism. However, always remember, colic is a diagnosis of exclusion (in other words, the baby is totally healthy).

***Expected Course* –** This fussy crying is harmless. It starts to spontaneously improve at 2 months and is usually gone by 3 months. In the long run, these children tend to remain more sensitive and alert to their surroundings. Although the crying can't be eliminated, the minutes of crying per day can be dramatically reduced with the following tips:

Coping with Colic:

(1) See section above on Crying

(2) Sometimes rubbing the tummy with slightly warm olive oil can be calming.

(3) You can try some chamomile tea. Make sure the only ingredient in it is chamomile (no honey!). Make it like a normal cup of tea. You can add a touch of sugar just to give some mild flavor. Cool it down and give 1 ounce one to two times per day.

(4) SleepTight® – a device that mimics the sound and motion of a traveling car. It's only available by calling 800-NO-COLIC.

FEEDING YOUR NEWBORN

A breast-feeding mother often wonders if her baby is getting enough calories. Your baby is doing fine if he or she demands to drink every 2 to 3 hours, drinks for 10-15 minutes on each breast, sleeps well after meals, and wets 6 or more diapers per day. Keep in mind babies may want to sleep more and feed less in the first few days of life. If there are any concerns, please call during regular office hours and schedule a weight check. Bottle-fed babies vary on the amount per feeding, but generally eat every 2-3 hours as well. Sometimes they can go a little longer in the middle-of-the-night (4-5 hours). A good rule is to feed your newborn roughly 2-3 ounces every 2-3 hours during the day.

**** IMPORTANT: DON'T GIVE YOUR BABY HONEY UNTIL AFTER THE AGE OF 1 YEAR. It can cause botulism which results in respiratory arrest & death.****

For Bottle Feeding:

Similac ProAdvance® is a convenient and well balanced formula that is very close to breast milk. It is simple and easy to prepare.

1. Wash the top of the can with soap and rinse well.
2. Shake very well, then pour 3 ounces of this formula into clean nursing bottles. When 3 ounces is no longer enough for your baby, you can gradually increase the amount in each bottle. Usually babies will increase about ½ ounce every 2 weeks. Rule of thumb; one to two ounces per pound per day, total not to exceed 32 ounces per day. It is not necessary to sterilize bottles. Washing them with soap and hot water is sufficient. However, sterilizing the nipples is recommended.
3. Store bottles of formula in the refrigerator.
4. If using powder, follow proper instructions on the can.

If you use disposable type bottles, ***Similac Formulas***® are very simple to prepare. Boil the nipples and bottle covers for 10 minutes. Put the nipples and covers on the bottles and store them in the refrigerator. Just before feeding, remove a bottle

from the refrigerator and warm it in a pan of hot water for a few minutes, or you may use a bottle warmer. Test the temperature of the formula by shaking a few drops onto the inside of your wrist. It should feel warm, but not hot. **DO NOT USE A MICROWAVE TO HEAT BABY FORMULA OR BREASTMILK.**

Storage of Milk

Formula that has not been sucked on can be stored at room temperature for 3 hours, fridge for 3 days, or freezer for 3 months. Untouched breastmilk can be stored at room temperature for 5 hours, fridge for 5 days, or freezer for 5 months.

- ***Similac ProAdvance***®
- ***Similac ProSensitive***® for lactose intolerant babies
- ***Similac ProTotal Comfort***® for babies with mild milk protein intolerance
- ***Similac Isomil***® soy formula
- ***Similac For Spit Up***® for reflux babies
- ***Alimentum***® hypoallergenic for babies with significant milk protein intolerance

Starting Solid Foods: Around **4 months** of age, most babies are developmentally ready to eat solid foods off the spoon. Some studies suggest that trying to introduce solid foods prior to 4 months may increase the incidence of food allergies. Discuss when to start foods during the 4 month physical if your child has had food allergies with the formula or breast milk.

Start with **Stage 1 foods:** cereals (rice -> oatmeal -> barley -> mixed grain). Mix 1 tablespoon of cereal with breast milk or formula. In the beginning, make the cereal fairly thin. Thicken the consistency as your baby gets used to thicker food. Initially you are going to give solid food once a day. Then, increase the serving size & frequency gradually as your baby learns how to eat (eventually by 6 months solids should be given three times a day). Observe for any adverse reactions, such as vomiting, loose stools, cramps or skin rash. If you suspect a reaction, stop the suspected food item. If symptoms persist call the office.

Next, usually by 5 months of age, start **Stage 1 vegetables** (yellow -> green), then fruits and juice. Juice should be watered down and given on occasion (like a treat). It is better not to get your child used to daily juice. Start only one new food item every 5 days, so as to make sure your child does not have an adverse reaction. Remember to alternate between the yellow and green vegetables. If your child's skin gets a yellow-orange tint, you're probably feeding too many yellow vegetables.

By 5-6 months of age an average baby can take up to 3-4 ounces of vegetables (one to two times per day), & 3-4 tablespoons of cereal. Formula or breast milk should be about 24-30 ounces per day (divided into 3-5 bottles each day). Remember, this is an average. Some kids may need a little less or more.

After 6 months of age you can double the amount of solid food divided into three meals per day. For example (THIS IS JUST AN AVERAGE EXAMPLE):

Breakfast -	3 Tbsp. of cereal + 4 oz. of fruits
Lunch -	2 Tbsp. of cereal or meat + 4 oz. of vegetables
	+ 2 oz. of diluted fruit juice or fruits
Dinner -	3 Tbsp. of cereal or meat + 4 oz. of vegetables
	+ 2 oz. of diluted fruit juice or fruits

* 24-26 oz. of formula or breast milk per day (divided into 3 bottles per day) *

After 6 months of age, you can start fruits and meats; white meats first (i.e. chicken, turkey, veal & lamb) then beef. Start with 1 tbsp./day, then you can increase to a maximum of 2 oz./day. If your baby does not like jar meat, try homemade (example: overcook a piece of chicken then blend with broth). If your baby is not accepting of meat, mix it with his/her favorite food. After trying all the meats individually, you can start **Stage 2** foods in all categories.

Stage 3 foods can usually start around age **9 months** when the child is more able to chew and handle chunks. You can try Cheerios and soft star cookies if your child has teeth and is chewing. By now dairy should be about 20-26 oz per day. You may give occasional yogurt starting at 9 months.

Table foods - Can be introduced gradually after 6 months of age. It must be age-appropriate. Initially mashed or pureed, then chopped finely by 9 months. After 1 year of age, your child may be mostly on table foods. Exceptions!! - things that are choking hazards (examples: whole grapes, raisins, nuts, popcorn, hard candy, peanut butter sandwiches, hot dogs). Some kids may take longer to get the "hang of" chunky foods & table foods. Don't stress. Just keep trying.

Introduce the cup between 6-8 months of age. Most babies will accept water or juice from the cup and eventually milk. **Wean off the bottle** by 18 months of age (maximum 24 months). This will help to avoid delays in language development, ear infections, and tooth decay. For the same reasons, never put the baby to bed with a bottle.

Safety Tips:

A) Do not re-feed directly from the baby food jar.
B) Best not to microwave bottles or foods in the jar.
C) Place serving on dish and store jar with unused portion in the refrigerator.
D) Store opened baby food in refrigerator only 2 DAYS.
E) Stir microwaved foods well because they heat unevenly.
F) Do not save any uneaten foods from the baby's dish.

*** A nursing mother's diet can cause gas in the breastfed infant. Try to avoid:**

1. Broccoli
2. Cabbage
3. Onions
4. Legumes – Beans/Lentils
5. Garlic
6. Excess Spices
7. Chocolate
8. Caffeine (in coffee, tea, soda)

**In general, any foods that cause gas / heartburn in mom may also distress the baby.*

Some babies may show early signs of "food intolerance/allergies" with eczema, mucousy stools, excessive gas that causes great discomfort & indigestion. The good thing is most children will outgrow these intolerances. However, if your child exhibits these signs and you are breast-feeding, the following foods could exacerbate your child's symptoms. Mom may want to consider avoiding (in the following order):

1. Milk (and any products containing milk)
2. Soy (soy milk & any products containing soy)
3. Eggs (and any products containing eggs)
4. Wheat (in breads, cereals, pastas, cookies, cakes, etc…)
5. Tomatoes
6. Orange Juice
7. Strawberries
8. Peanuts & Peanut Butter
9. Shellfish (shrimp, lobster, scallops, clams, etc…)
10. Chocolate
11. Corn

FEVER

Do not give Tylenol® or any other medicines, unless prescribed by the physician, to a baby under 2 months. Motrin is **not** recommended to infants less than 12 pounds (preferably not less than 6 months of age). If your baby feels hot, check the temperature immediately. If the baby is bundled up, unwrap him/her and recheck the temperature in 20 minutes. If fever ≥ 100.4 °F is present and your infant is less than 2 months old, call our office **immediately** (emergency service if after hours), or go to the E.R. If your baby is over 2 months and just received shots, give Tylenol®. Call if fever greater than 103 °F or if child is inconsolable. Please see medication dosing chart at the end of this book.

PACIFIERS

The pacifier can be introduced during the first month or two of life to substitute for the thumb. Although the orthodontic type of pacifier is preferred because it prevents tongue thrusting during sucking, the regular type usually causes no problems. Use a one-piece commercial pacifier. Don't put the pacifier on a string around your baby's neck; it could lead to strangulation. Rinse with water not your mouth. **Some studies suggest a decreased risk of Sudden Infant Death Syndrome (SIDS) with pacifier use**.

Advantages of pacifier: It is more difficult to stop thumbsucking which can cause a severe overbite if it continues after the permanent teeth have come in.

When to wean the pacifier: A good age to make it less available is when your child starts to crawl. Give it only at night or nap-time. A pacifier can interfere with normal babbling and speech development. This is especially important after 12 months of age when speech should progress rapidly. It would be best to get rid of it at 12 months. **Absolutely no pacifiers after 24 months or your child might develop an overbite that my not be correctable with braces down the road.**

PREVENTING SLEEP PROBLEMS

***Newborns*:**

- A newborn **MUST sleep on their back or sides** (slightly tilted to the side).
- Place your baby in the crib when he/she is drowsy but awake. ***(This is the most important step. Without it, the other steps will fail).***
- Hold your baby for all fussy crying during the first 3 months. *Babies can't be spoiled during the first 3 months of life*.
- Carry your baby for at least 3 hours each day when he/she **isn't** crying.
- Don't let your baby sleep for more than 3 consecutive hours during the day.
- Make middle-of-the-night feedings brief and boring *(minimal stimulation).*
- Don't awaken your infant to change wet diapers during the night, unless they have had a bowel movement or have a bad diaper rash.
- Place your baby in their own bed. Never co-sleep. *You won't sleep restfully. It is very difficult to move them to their own bed once they're used to yours. Studies show it is dangerous as parents may accidentally roll onto the baby.*

Two-Month-Old Babies:

- Move your baby's crib to a separate room.
- Try to delay middle-of-the-night feedings.

Four-Month-Old Babies:

- Try to discontinue the middle-of-the-night feeding before it becomes a habit. Breast-fed babies do not need more than 5 nursing sessions per day.

SPITTING UP

Most babies under the age of 1 year spit-up to a small degree. The muscle between the stomach and the esophagus tends to be loose in this age group, especially premature infants. This can lead to Gastroesophageal Reflux (GE Reflux). It improves with age usually by 6-9 months.

Home Care:

(1) Feed smaller amounts. Over feeding makes spitting-up worse. It takes at least 2 hours to empty the stomach.

(2) Burp your child frequently to prevent excess gas.

(3) Positioning – Keep upright for at least 15-30 minutes after a meal. Don't bounce around. Place towel or wedge *under* the mattress to elevate head during sleep (similar to the angle of a baby lying in a car-seat). Do not use pillows.

(4) Avoid direct pressure on the abdomen.

(5) If instructed by a healthcare provider, add 1 teaspoon of plain rice cereal per 1 ounce of formula to thicken the feeds.

It becomes a **medical concern** that should be discussed during office hours if your baby: (1) does not improve with the homecare advice given above, (2) becomes increasingly cranky, (3) does not gain weight properly, and (4) any other concerns or questions. If you think he/she is vomiting large amounts, see page 36 for further recommendations.

It becomes a **medical emergency** if it causes your child to choke/cough/turn bluish around the lips, or he/she develops projectile vomiting. Call **911** for assistance regardless of the time.

TEETHING

Teething can begin as early as 4 months of age. It is normal to see drooling and biting of hands. As the tooth gets closer to erupting (usually around 6-9 months) the baby may get fussy, cranky, and/or develop fever. You may use cold teething rings when the symptoms are mild & he/she is not too fussy. You may give Tylenol® or Motrin® if he/she develops a fever or is fussy (see doses at end of book).

ACCIDENTS – HOW TO KEEP YOUR BABY SAFE?

Most childhood injuries are unintentional, but almost all of them are preventable in one way or another. Injuries can be a major cause of grief and sadness in a family, so learn how to protect your child. Here are some guidelines to help you childproof your home.

During infancy 0-6 months

- Secure the baby in a **car seat**, never place the seat on anything but the floor.
- **Don't** leave the baby unattended on a changing table, bath, bed, chair, or couch.
- Never leave young **children or pets** alone with the baby.
- Place **powder,** baby **cleaners,** and small **objects** out of reach of the baby.
- Make sure there is a **non-skid mat** in the bathroom and the bathtub.
- Use **small cords** to attach pacifiers, toys, or religious objects to the baby's clothes.
- Install smoke and carbon monoxide detectors in the house.
- Place the infant down when holding hot drinks.
- Toys should be unbreakable, with no small parts or sharp edges.

6-12 months

- The child becomes more mobile, use a playpen as an island of safety.
- Never leave your baby unattended in a bath. Not even for 1 minute.
- Place safety latches on all cabinets containing potentially harmful substances: (medicines, vitamins, mouthwash, cosmetics and cleaning supplies).
- Use gates on stairs, lock doors to basement, use a fence barrier around pool.
- Cover electric outlets, insulate extension cords, avoid dangling cords.
- Set the hot water temperature at no more than 120°F.
- Don't give foods that can be easily aspirated (peanuts, hot dogs, grapes, raisins, popcorn, etc…)
- Make sure there are no plastic bags or balloons within reach of the baby.

TODDLER CONCERNS

ACCIDENTS – HOW TO KEEP YOUR CHILD SAFE?

Remember, most childhood injuries are unintentional but usually can be prevented. Follow these guidelines to keep your child safe:

1-5 years

- Running, climbing, and jumping allow the child to reach and develop.
- Make sure window screens and guards are in place.
- Never leave your young toddler unattended in a bath. Not even for 1 minute.
- Keep stools and chairs away from counters and stoves.

- Sharp objects like knives should be out of reach of children.
- Avoid placing coffee table in center of family room (cover edges & corners).
- Provide a barrier in front of fireplace or other heat sources.
- Advise the child to be careful around strange animals.
- Talk about not following strangers, nor accepting inappropriate touching.

5 years - Adolescence

- Stress the importance of wearing a helmet and protective gear when riding bikes; stress the importance of seat belts in the car.
- Also talk about wearing protection when skating or practicing sports.

How should I manage injuries?

The best way to treat injuries is to ***prevent*** them.

Burns: for an active flame the child should "drop and roll". Don't run. Apply plenty of cool water immediately, **nothing else please.** For electrocution remove the child from contact with non conductive material, call 911 immediately.

Choking or foreign body: do not intervene if the child can cough, breathe or speak. A natural cough is better than an artificial one. Do not put your finger in the mouth unless you can see the object. You may use the Heimlich maneuver in children over 1 year or gentle back blows for children under 1 year (these procedures are part of CPR which every parent should know. They are given in local fire departments & ambulance corps).

First aid measures**:** for trauma remember "RICE": **R**est - immobilize, do not use or move the injured area; **I**ce area 10-15 minutes each hour for 2 hours; **C**ompress - apply pressure to stop bleeding and/or decrease swelling; and **E**levate the injured area to stop swelling and/or bleeding. For wounds or cuts, stitches are only needed when (1) edges are gaping, (2) in the mouth when they cross the lip line, and (3) in the tongue if they are over 1 inch or go completely through. For head trauma please refer to head injury precautions in this booklet.

APPETITE - "Toddler's Slump"

The first year of life a baby will triple his/her birth weight. After the first year, they normally gain ½ lb. per month. Because they are not growing as fast they need less calories. It is normal for your toddler to eat only one good meal a day, approximately 1/3rd of an adult portion. You should limit milk and dairy products to 20-24 oz. per day. Otherwise, the appetite may drop even further and your child can become anemic. In addition, do not allow your child to fill up on "junk" food, juices, or punch. Now is the time to establish good eating habits.

High Calorie Ideas for Toddler Recipes:

Fortified Milk

• Add 2-4 Tablespoons of powdered skim milk to 1 cup whole milk.

Super Shake

• 1 cup ice cream
• 1 package Carnation Instant Breakfast
• 1 cup fortified milk

Super Pudding

• 1 cup fortified milk
• 1 package (4 ½ oz) instant pudding
• 1 cup heavy cream
• Make into ½ cup servings

Super Grilled Cheese

• Dip cheese sandwich into egg and fortified milk mixture before grilling with lots of butter or margarine. This will be like French toast with cheese in the middle.

DISCIPLINE / TANTRUMS

Begin discipline after 6 months of age. The main cause of spoiled children is a lenient, permissive parent who doesn't set limits and gives in to tantrums and whining. Children tend to do better and are more secure in a structured environment that allows room for growth and constructive creativity.

Guidelines for Setting Rules: Use rules that are fair and attainable depending on age and stage of development. Be clear, concrete, and consistent. State the appropriate and acceptable behaviors. Mean what you say and follow through! Ignore unimportant or irrelevant misbehavior. Praise good behaviors. Concentrate on 2-3 rules initially. All caretakers must be consistent for it to work (verbally and nonverbally)! You must work as a team in order to be successful.

Discipline Techniques and Consequences: In the beginning use structure, distraction, verbal & nonverbal disapproval and brief time-outs (1 minute/year of age with a max of 5 minutes). Time outs can start around age 18 months so that they understand the concept by age 2. Be firm and consistent but try not to shout or show loss of emotional control. Both parents should try not to disagree with disciplining in front of the child. Be a team so the child doesn't learn to manipulate one parent against the other. After 3-5 years, add natural or logical consequences (immediately after the incident by the adult who witnessed the misdeed). Direct the punishment against the behavior, not the child. Make a one-sentence comment about the rule when you punish your child. Also restate the preferred behavior, but avoid a long speech. Ignore your child's arguments while you're correcting him/her. These are delay tactics. Have a discussion with your child at a later more pleasant time. Make the punishment brief. Follow the punishment with love & trust. After 5 years of age, in addition to the above tactics, delay privileges until desired task is completed.

Temper Tantrums: an immature way of expressing anger. Try to teach your child that tantrums don't work and that you don't change your mind because of them. Basically ignore the tantrums but make sure the child can't hurt him/herself. By 3 years of age, you can begin to teach your child to verbalize their feelings. We need to teach children that anger is normal but that it must be channeled appropriately.

Response to tantrums: (1) Support and help children having frustration- or fatigue-related tantrums. (2) Ignore attention-seeking or demanding-type tantrums. (3) Physically move children having refusal-type tantrums to desired location. (4) Use timeouts for disruptive-type tantrums. (5) Hold children having harmful or rage-type tantrums (only if it helps).

SLEEP PROBLEMS

Habitual night feeding: Disrupted sleep after 4 months of age in the 10% of babies who haven't learned to sleep 6 hours or more without feeding. After 6 months they should be able to sleep about 8 hours or more without feeding.

- By 4 months gradually stretch daytime feeding intervals to 4 hours or more to eliminate the "grazing" habit.
- Feed the baby in a room other than the bedroom.
- Stop any naptime or bedtime feeding before the baby falls asleep.
- Make nighttime feedings brief and boring.
- Phase out nighttime feedings by gradually reducing the amount until the baby no longer craves food at night (you can dilute the milk with water. For example 5 ounces milk, 1 ounce water. Add more water and less milk each day. Eventually it will be all water and not worth waking up for).

Habitual night crying: Occurs after 4 months of age in babies who have been "trained" to rely on parents to get them to sleep.

- Put the baby in the crib when he/she is drowsy but still awake.
- Leave the baby to cry it out, checking on him/her briefly every 5 minutes. The baby will cry 30-90 minutes the first night but should sleep through the night within one week. The crying intervals will get shorter each night as he/she learns to self-soothe. If you go in, do not pick him/her up and keep the light off. Minimal stimulation is important. The exception to all of this is if the child is sick or needs to be changed.

Bedtime refusal: Affects children older than 2 years.

- Start a pleasant bedtime ritual, then enforce that the child follows the rule, close the door (barricading it if necessary) if he/she screams or comes out.

- Reopen the door every 15 minutes to briefly remind the child that it will stay open if he/she follows the rule.

Nighttime wakening or early rising: Affects children older than 2 years.

- Delay bedtime and reduce naps.
- Sternly order your child back to their room if he/she crawls in bed with you, escorting the child if necessary.
- Set a radio alarm for an appropriate time, then enforce the rule that he/she cannot leave the room until the music comes on.

*Source: Adapted from Dr. Barton Schmitt's *Your Child's Health* (New York: Bantam Books, 1991).

TOILET TRAINING ("Potty Power!!")

Bowel & bladder control is a necessary social skill. Toilet training your child takes time, understanding, & patience. This discussion is intended to give you information that will help guide your child through this important stage of social development. The first & most important rule is not to rush your child into using the potty. A child must be ready.

When is a child ready for toilet training?

There is no set age at which toilet training should begin. The right time depends on your child's physical and psychological readiness. A child younger than 12 months has no control over bladder or bowel movements and little control for 6 months or so thereafter. Between 18 and 24 months, a child can start to show signs of being ready, but a child may not be ready until 30 months or older.

Your child must be able to control the muscles that regulate the bowel & bladder to be toilet trained. Knowing how to get to the potty or toilet and then undress quickly also is important. It is normal if the child cannot potty train until age 4 years.

In addition, your child must be emotionally ready. He or she needs to be willing and cooperative, not fighting or showing signs of fear. If your child protests vigorously, it is best to wait for a while and try again in a couple weeks or later.

Things that cause stress in the home may overwhelm the effort to learn this important new skill. Sometimes it is a good idea to delay toilet training in the following situations:

- The family has just moved or will move in the near future.
- A new baby is expected in the next several weeks or has recently been born.
- There is a major illness, a recent death, or some other family crisis. However, if your child is progressing without problems, there is no need to stop toilet training.

Try to avoid a power struggle over toilet training. Children at the toilet training age are becoming aware of their individuality. They look for ways to assert independence. Some children may demonstrate their power by holding back bowel movements. Your best approach is to treat toilet training in a relaxed manner and to avoid becoming upset. Remember that no one can control when and where a child will urinate or have a bowel movement except the child. Your goal is to teach your child appropriate behavior that he or she can master as a part of growing up.

Look for any of the following signs that your child is ready to begin training:

- Your child remains dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- Facial expressions, posture, or words reveal that a bowel movement or urination is about to occur.
- Your child can follow simple verbal instructions.
- Your child can walk to and from the bathroom, undress, & then dress again.
- Your child seems uncomfortable with dirty diapers & wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear grown-up underwear.

Some children respond well to a weekend of "**intensive potty training**." The way this works best is to pick a weekend where you plan to stay home. For a few days leading up to the weekend increase fiber (so they don't become constipated) and tell your child you will be having a "potty party." On Friday night roll up the carpets if you can, remove all stuffed animals (except the one they can't live without), cover the sofas with vinyl tablecloth, decorate the bathroom with balloons and streamers, and lastly, place a chart with the child's name on the door of the bathroom. Saturday morning your child goes straight into underwear as you make a big deal about the potty party. Every 10-15 minutes you must ask the child "Do you have to go potty?" as you and your child touch the underwear to make sure there are no drops of urine. If you feel a few drops, or the child says "yes" to going, then run to the potty, teach your child how to lower his/her pants & underwear, and let your child sit. If he/she urinates, make a big deal, turn on music & dance, and give them a small sticker to place on their chart. If the child has a bowel movement, make a bigger deal, give a small toy, dance to music, and give a larger sticker to let them place on the chart. Note that there will likely be some accidents (usually just urine). But if you are diligent, many children will be 90% potty-trained by Sunday night. Of course the child may still sleep with a pull-up overnight but should only wear underwear when awake.

CHILDHOOD CONCERNS

BED WETTING (ENURESIS)

Enuresis is the involuntary passage of urine during sleep. It is a very common problem affecting 40% of 3 year olds, 10% of 7 year olds, and 3% of 12 year olds. We consider it normal until at least 6 years of age. ***Causes:*** 1) most of these children have inherited small bladders which can't hold all the urine produced in the night; 2) they don't awaken to the signal of a full bladder; 3) It runs in families so if both parents had wet the bed as children, there's a 70-80% chance the child will also wet the bed. If one parent wet the bed, there's a 40% chance; 4) Stress such as a new sibling or starting school can be a cause; 5) In rare cases it can be secondary to urinary tract infections or constipation.

Suggestions:

- Be supportive and positive. Don't make it a big deal.
- Encourage your child to get up to urinate during the night (you might have to wake him/her to urinate around 11-12 before you go to sleep).
- Encourage postponing urination during the daytime (to train the bladder).
- Encourage daytime liquids. Avoid evening/nighttime liquids.
- Obtain a moisture alarm (sold in medical supply stores & online). Will ring loudly at the first drop of urine. Over time tends to help stop bedwetting.
- Protect the bed from urine. You can use disposable absorbent underpants.
- Establish a morning routine for wet pajamas and bedding.
- Respond positively to dry nights. Respond gently to wet nights.

Call during regular office hours if:

- Your child also has daytime wetting.
- Your child used to be dry at night (> than 3 months) but is wetting again.
- Your child is over 12 years old.
- Your child is over 6 years old and it doesn't improve with the suggestions listed above. If your child develops pain with urination, see page 36.

CHOLESTEROL - TOO HIGH?

If your child's cholesterol is high or borderline the following suggestions should be started to reduce the risk of coronary heart disease as studies have shown that artery damage can begin as young as two years presenting with problems in adulthood. Even if no one else has high cholesterol, the entire family should follow the same regimen (exception: children under 2 years of age). Living a long and healthy life requires healthy eating and exercise patterns.

LOW-FAT DIET

- Serve more fish, turkey, and chicken since they have less fat than red meats. Buy lean ground beef. Use lean cold-cuts for sandwiches.
- Trim the fat from meats and remove the skin from poultry before eating.
- Avoid the meats with the highest fat content, such as bacon, sausages, salami, pepperoni, and hot dogs.
- Limit the number of eggs eaten to 2-3 per week.
- Limit the amount of all meats to portions of moderate size.
- Use 1% or skim milk instead of whole milk (after the age of 3).
- Use margarine and butter sparingly. Avoid food fried in butter or fat. Avoid fried foods in general.
- Increase your child's fiber intake (found in most grains, vegetables, & fruit).
- Cook with olive oil. Olive oil is recommended over the other types of oil because it increases the HDL ("good type" of) cholesterol.
- Give Omega-3 fish oil daily. It is found over-the-counter.

FAMILY EXRCISE PROGRAM

Your goal should be 20-30 minutes of vigorous exercise 5 times per week. The exercise must involve the large muscles of the legs and cause your heart to beat faster. Examples – biking, walking, using stairs instead of elevators, jump rope, exercise to a video, join a team, swimming, & jogging. Limit TV, video and computer games to 30-60 minutes per day.

SCHOOL READINESS

Each child is viewed as unique in his/her developmental style. But generally all children follow the same sequence of developmental milestones. At age 5 children should have readiness skills to enter Kindergarten. The exact time of enrollment in KG depends on your child's birth date and your school district's cut off date.

The following are generally accepted guidelines to determine if your child is ready to enter Kindergarten. It is strongly recommended to enroll them in a pre-school at age 4 years.

Gross Motor Skills: Beginning to skip and balance on one foot.

Fine Motor Skills: Buttons clothes, uses scissors to cut in a straight line.

Visual-Motor Skills: Copies a triangle, draws a person with a body.

Speech and Language: Speaks in long sentences, able to describe events and pictures. Speech should be well understood by strangers. Child is able to follow three stage verbal instructions.

General Fund of Knowledge: Days of the week, able to count to 10.

Personal-Social-Emotional Maturation: Is completely toilet trained. Has self-care skills to dress, undress and wash. Understands and follows routines, makes transitions easily, separates readily and for prolonged periods from parents. Child is able to participate in a group setting.

If your child does not seem to have the expected skills, do not hold them back but discuss your concerns with your pediatrician and the school officials.

WEIGHT - TOO MUCH?

Your child is considered overweight if he/she weighs more than 20% over the ideal weight for height. We follow percentiles during well child visits. The best time to establish healthy eating patterns, to minimize the possibility for obesity, is in infancy (examples – don't overfeed, don't pacify with food or the breast, don't force them to finish, don't start solids before 4 months, etc.). Less than 1% of obesity has an underlying medical cause. Overweight children have a much higher risk of diabetes, asthma, high blood pressure/cholesterol, sleep apnea, heartburn, depression, & low self-esteem.

Losing weight is very difficult. Keeping the weight off is also a chore. Curb it before is gets out of control! Encourage your child by having a positive attitude. Minimize junk foods, sweets and excessive juice/soda/punch (don't have it in the house). The entire family should eat the same diet and get involved in a fun exercise program. It is very important to protect their self-esteem. Accept your child for who they are. Don't make the weight an issue. Never say you're "fat". Don't deprive them of food if they're hungry, but supply healthy snacks. Set a realistic goal (lose about 1 pound/week), or at least maintain current weight (for growing kids) as your child will still have the potential to "grow into" their weight with time.

Decrease Calorie Consumption: Eat 3 well-balanced meals of average-size portions every day (discourage seconds; if you are going to give seconds wait 10 minutes). Offer no more than 2 healthy snacks per day. Drink a glass of water before meals and chew food slowly. Please review the dietary suggestions recommended below. Avoid rich desserts. Give 1 multivitamin per day. Get your child involved in meal preparation. Make time to have family dinners. Keep your kitchen stocked with healthy foods. Make fast food and junk food a "once-in-awhile" food.

Increase Calorie Expenditure: Establish an exercise routine. Start with realistic lifestyle modifications so you can achieve your goals. Increase your activity a little more each week so it is sustainable.

GUIDELINES FOR A 1500 CALORIE DIET

BREAKFAST:
4 ounces of juice
8 ounces of milk (*use for cereal)*
1 serving - bread, cereal, waffles, etc.
(for example: 1 slice bread or ¾ cup cereal)
1 egg (*when served)*
1 tsp. butter or some syrup *(if needed)*

LUNCH:
8 ounces of milk (*low fat or skim only)*
1 serving starch *(1 serving = 1 bread, ½ cup noodles, ½ cup rice, ½ cup potatoes)*
1 serving vegetables *(count starchy vegetable as starch)*
1 tsp. of fat - mayonnaise or margarine *(if needed)*
1 serving of meat, poultry, fish or cheese
1 serving fruit (*may have seconds if no seconds of meat taken)*
1 serving of soup

AFTER SCHOOL: 1 serving – 1 fruit, 1 low-fat cookie, 1 cup jello or pudding

DINNER:
1 cup juice
1 serving of meat, poultry, fish *(may have seconds of Fish)*
Vegetables/Salad *(unlimited)*
1 serving of starch *(1 serving equals ½ cup rice, ½ cup noodles, ½ cup potatoes, 1 slice bread/roll)*
1 serving fruit (*may have seconds if no seconds of meat taken)*
1 tsp. of fat - mayonnaise or margarine *(if needed)*
1 serving of soup

EVENING SNACK: 1 serving fruit or 1 low-fat cookie, etc.

****Starchy Vegetables:*** count as starch
1 serving – ½ cup corn or ½ cup peas or 1 potato

CHILDHOOD ILLNESSES

ALLERGIES / HAY FEVER

SYMPTOMS:

- Clear nasal discharge with sneezing, sniffling, and nasal itching.
- Occasionally associated with red/watery/itchy/swollen eyes, sinus and ear congestion, fatigue, cough secondary to a postnasal drip, constant throat clearing, mouth-breather, dark circles under eyes, etc.
- Hay fever symptoms occur during the pollen season (spring), grass season (summer), or ragweed season (fall), or year-round for dust, molds, pets, certain foods, etc.

TREATMENT:

1. ***Antihistamine:*** Benadryl® (see page 54 for dosage) if over 6 months of age. If these medications are not effective or too sedating, call the office. Zyrtec® (see page 54 for dosage) and other similar meds are excellent alternatives.
2. ***Limit Exposure to:*** **Pollen** – keep windows closed in car and home, use air conditioner when possible, you may have to stay indoors. **Dust** – Remove stuffed animals, use damp cloth to dust, vacuum & clean sheets with hot water weekly, use HEPA filter, remove carpeting if possible (or at least keep them thin and small). **Mold** – Don't use carpeting in bathroom and kitchen. Avoid overuse of humidifiers (change water daily and clean weekly). **Pets** – occasionally may have to be kept outside, definitely keep out of child's room.
3. ***If eyes are affected,*** wash the face and eyelids to remove allergen. Then apply a cold compress to the eyelids. You can use Zaditor® (1 drop in each eye twice a day). It is over-the counter and works great for many kids and adults.

UNNECESSARY ANTIBIOTICS CAN HARM YOUR CHILD

Antibiotics should not be used to treat viral infections. More resistant bacteria have developed as a result of antibiotic abuse. We are reaching a point when we will have no effective antibiotics for certain infections, or limited options (i.e.: MRSA).

When are antibiotics not needed?

Common colds, sore throats caused by viruses (positive strep throat requires antibiotics and this must be diagnosed by a laboratory test in our office), croup or bronchitis rarely need to be treated with antibiotics. Antibiotics are needed for more long lasting or severe cases. Approximately 15 percent of ear infections are caused by viruses and will not benefit from antibiotics.

ASTHMA

Asthma is a reactive airway disease (sensitive airways) that can be triggered by respiratory infections, cold air, exercise, stress, laughter, or by different allergens. Many parents have a phobia about the diagnosis of asthma and they only picture children who are gasping for air and having difficulty breathing. Please know that there is a great spectrum seen in asthma. **Most children have a mild presentation but still require proper management**. Many children with asthma will present with no wheezing and a constant hacking cough (cough variant asthma) that does not respond to cough medications. Children with recurrent croup or bronchitis may have underlying asthma. Children with asthma are usually able to lead a normal life and participate in any activities they want if treated and managed properly.

** For more information, please read Children with Asthma: A Manual for Parents by Dr. Plaut.*

BRONCHIOLITIS

Bronchiolitis is a viral infection of the lower respiratory tract in children under 2 years of age. It starts like a common cold with a runny nose and sneezing. After a few days the child develops a wheezy cough and trouble breathing. In some infants symptoms appear much more quickly. For mild cases you can use a cool-mist humidifier and normal saline nose drops with suction. Give your child plenty of fluids. Bring the child during office hours for evaluation and treatment plans. If your child has difficulty breathing, or breathing becomes faster than 50 breaths per minute when your child is not crying, call immediately for further advice or go to the E.R.

CHICKENPOX (Varicella)

A safe and effective vaccine is available and recommended for all children age one year and older. If your child did not receive the vaccine, call the office for information on the vaccine or an appointment. If your child develops chickenpox he/she will have itchy red spots that start on the trunk (body) and then spread over the arms, legs and face in the next five days. It will change from red spots to fluid-filled blisters that will start to crust. Your child might have fever for the first four days. He/she is infectious one day before the rash appears and up until all the lesions are dry and crusted (in approximately one week). You can use Tylenol® for the fever, Benadryl®, Calamine® Lotion, Aveeno® oatmeal bath, & Dermoplast® over-the-counter anti-itch spray to relieve the itching. Your child cannot attend school until all lesions are dry and crusted.

Chickenpox is not an emergency and the child does not have to be seen in the office unless he/she develops complications (fever for longer than four days, vomiting, infected skin rash).

COLDS (UPPER RESPIRATORY INFECTIONS)

You can help your child by giving medications that will relieve some of the symptoms. There is no cure as it usually just runs its course. Antibiotics will **not** shorten the illness if it is viral. A cold typically lasts 7-10 days.

TYPICAL COURSE: Runny or stuffy nose usually associated with a cough and fever. The fever usually occurs in the first 2-3 days with clear, runny mucous. Then the mucous may become slightly yellow/green when they first wake-up for a couple of days (especially if infants aren't frequently suctioned or an older child can't blow their nose). Subsequently, the mucous turns clear. The cough can continue for 2 weeks. Additional symptoms can occur including: sore throat, decreased appetite, swollen lymph nodes in the neck, and red eyes without discharge.

FREQUENCY: Children younger than 5 years get as many as 10-14 colds per year, usually clustered in the fall and winter months, especially if in daycare. The frequency gets less as they get older (as they build up natural immunity).

SYMPTOM RELIEF:

<u><3 months</u>: Call the office

<u>3-24 months</u>: Put 3 to 4 drops of normal saline in each nostril, wait 1 to 2 minutes, then suction nose with bulb syringe. Call the office.

<u>>24 months</u>: Use over the counter cold medications that are appropriate for age based on symptoms.

**** For Triaminic, Robitussin, or Mucinex doses see end of this book.***

Call the office immediately if breathing becomes difficult and no better after clearing the nose.

Call during regular office hours if:

- Fever greater than 3 days.
- Thick yellow/green mucous pouring out of the nose repeatedly throughout the day (not just a little when the child first wakes-up from sleep).
- Nasal discharge or congestion lasting more than 10 days.
- Infant isn't drinking usual amount for the day. Eating may be less but the child must drink fluids to avoid dehydration.
- Earache or sinus pain (see pages 28 & 35 if office is closed).
- Sore throat is getting worse (see page 35 if office is closed).
- Your child is getting overall worse or any other concerns.

CONSTIPATION (Passage of Hard Stool)

The true definition of constipation is "passage of hard stool." Some newborns and children may not move their bowels everyday. Do not be nervous if this happens. This is normal as long as the stool is soft when it does come out. Some children have "slow guts" and will not move their bowels everyday. If you are concerned the baby is straining too hard or the stools are getting too formed or thick, please call for an appointment. In general the following advice can help.

For infants less than 1 year, give fruit juice (grape or prune) 1-2 oz/day diluted with 1-2 oz. of water. If your child is eating solid foods you need to add high fiber foods to his/her daily diet. These include apricots, prunes, peaches, pears, plums, raisins (if older than 2 years), beans, broccoli or spinach twice daily. Avoid peas, carrots, squash, bananas, and apples. Do not give more than 20-24 oz. of whole milk after 1 year of age. It is binding and too much dairy can cause anemia.

Some school age children develop constipation that might go on for weeks and months where the retained stool will stretch the large intestine to the point of losing the urge to defecate. The most common reason for relapses and failure of treatment is under-treatment and prematurely discontinuing therapy. If the child has been constipated for six months, you should continue treatment for six months.

For school age children the first step is to clean out the hard stool by giving a pediatric Fleets enema every night for three consecutive nights. In the meantime start over-the-counter **MIRALAX**® (please follow recommended doses) for a few days in a row. If the stool gets too loose, cut down on the amount. Once the stools are softer and regular, you can stop and start over-the-counter **BENEFIBER®.** It has no taste or texture and dissolves in anything. For ages 2 – 4 years you may give ½ - ¾ teaspoons three times a day. For 4 – 6 years you may give ¾ - 1 teaspoon three times a day. For 6 – 12 years you may give 1 – 1 ½ teaspoons three times a day. For over 12 years of age you may give 2 teaspoons three times a day. Once your child is more regular, if he/she goes one full day with no bowel movement, you should give a dose of MIRALAX® the next morning to avoid the vicious cycle from starting all over.

CROUP (Barky Cough)

Croup is a viral infection in and around the voice box (larynx). Your child may go to bed with a runny nose and mild cough but wake-up during the night with a scary cough that sounds like a seal's bark. The child's breathing may become noisy and labored. He/she may or may not have fever. Most cases of croup can be handled at home. Turn on the shower and let the bathroom fill-up with steam. Stay with your child in the steamed bathroom for 15-20 minutes. If the child's breathing does not improve call the pediatrician for further help. The doctor might call in anti-inflammatory medication (Orapred® or Prednisolone) or might advise an E.R. visit. If the child's breathing truly becomes labored you must go to the E.R. If the cough

sounds barky but the breathing is not labored, you can call for an appointment in the morning. Taking your child for a walk or car ride in the cool night air may help the child breathe better. Remember to use a cool-mist humidifier in the child's bedroom during the night. If your child's breathing improved and you did not need to call the pediatrician at night, please call in the morning for further assessment and advice. Sometimes the barky cough subsides a bit during the day only to come back strong again the next night.

COUGH

Most coughs are triggered by an upper respiratory infection, which is usually due to a viral infection. Keep in mind, coughing is the body's way to clear the lungs and protect them from pneumonia. If your child has been diagnosed with asthma, or has a history of responding well to nebulizer treatments, please start your prescribed medications (nebulizer or inhalers).

TREATMENT:

To loosen the cough and thin the secretions: drink plenty of fluids, especially warm liquids (i.e.: – lemonade, apple juice, tea) and 1 teaspoon of honey (if older than 1 year of age) or corn syrup (if under 1 year of age). Give over-the-counter Mucinex® (doses at the end of this book).

To suppress a dry cough that interferes with sleep or school attendance: you can use Dextromethorphan (DM) which is found in many over-the-counter medications. Only use if over the age of 2 years or prescribed by your doctor. For Robitussin-DM® or Mucinex-DM® doses see the end of this book. You can also use a cool-mist humidifier. Avoid exposure to cigarette smoking.

Call the doctor immediately or go to the E.R: if your child's breathing becomes fast and labored (when your child isn't coughing).

Call during regular office hours if cough:

1. Lasts >3 weeks
2. Causes vomiting 3 times
3. Causes chest pain
4. Causes exhaustion or lost sleep

EAR INFECTIONS

A verbal child will tell you if he/she has an earache. A nonverbal child usually presents with cold symptoms for a few days, then develops fever and starts to wake up from a nap or at night screaming in pain and touching the ears.

You can give Tylenol® or Motrin® to ease the pain and the fever. Keep your child propped up, keep a heating pad against the ear (no more than 10-15 min) or warm up cooking oil and add a few drops in each ear. Make sure it is only warm to touch, not hot. During office hours call for an appointment. After hours if all these measures did not work within one hour, please call the pediatrician for further help. *Do not go to the emergency room.*

ECZEMA

Eczema is an allergic skin disorder that can be triggered by certain allergens (e.g.: cow's milk, food intolerance/allergy, certain soaps/shampoos or detergents). Formula change to a soy-based formula may help in many cases. Many children will respond well to partially hydrolyzed protein formulas. In some cases a hypoallergenic formula like Alimentum® may be necessary. Short, infrequent bathing is recommended. Do not use soap or shampoo. Instead use Cetaphil® cleanser. Pat the skin dry, then apply Aquaphor® ointment to help keep the skin moist. Also Eucerin® or Eucerin Intensive Plus® creams are great options. You can apply these to any part of the body, including the face, 3-4 times per day. Double rinse the child's clothes and linens and do not use any kind of fabric softeners. Cotton clothing is preferred. Avoid wool and polyester clothing directly on the skin. Occasionally steroid creams may have to be prescribed for severe cases.

FEVER

Fever is your child's friend. **DO NOT PANIC**, do not panic, do not panic.

Fever is a natural response from the body to fight infection. It is defined as a rectal temperature of 100.4°F or higher. Fevers tend to rise in the evenings. You do not have to treat fever unless your child seems uncomfortable, very irritable, or has a history of febrile seizures. Remember, children tend to tolerate fever better than adults do. Fever less than 106°F will not cause brain damage. Also remember that every time you treat fever you interfere with the body's natural defense to fight infections but sometimes it is necessary to make your child comfortable. Follow these instructions:

- For infants less than 3 months consult our office immediately. **Don't give meds**.
- For children 3 to 6 months of age give Tylenol® according to the dosing printed at the end of this book. Repeat dose every four hours as needed. If the fever is above 103°F use tepid water sponge baths.
- For children 6 months of age and older give Motrin® (or Advil® or Ibuprofen) according to the dosing printed at the end of this book. Repeat dose every six hours as needed. Do not use alcohol. Do not try to bring your child's

temperature down rapidly as your child will shiver and the temperature will shoot up again. Remember it will take up to one hour to get the full effect of the Motrin®. If Motrin® and sponge bathing do not bring the temperature down by 2 to 3 degrees within one hour you can give a dose of Tylenol®. If the fever is above 103°F use tepid water sponge baths.

Remember:

- Always use Motrin® first if over 6 months of age. Use Tylenol® only as a backup if Motrin® is not helping enough OR if younger than 6 months of age.
- You can repeat the Motrin® dose every 6 hours, only if needed.
- If your child is vomiting you can use Tylenol® suppositories. No prescription is necessary. Use the same dose in milligrams as for oral Tylenol® and repeat every four hours as needed.
- Do not combine rectal and oral Tylenol® at the same time.

Call the office if:

- Your child is less than 3 months.
- Your child looks "toxic" (listless, child whimpers rather than cries vigorously, no eye contact with familiar faces, lethargic).
- Your child has any severe medical condition (heart disease, severe asthma, sickle cell disease, diabetes, etc.).
- If your child doesn't perk-up after the fever comes down (it is normal for children to be much less playful when they have a fever).
- Your child has any localizing signs (difficulty breathing, neck stiffness, redness or swelling in any extremity/joint/soft tissue, problems with urination, severe diarrhea or severe abdominal pain). See pages 60-63 for Tylenol®, Motrin®, and Advil® dosage charts.

FIFTH DISEASE

Fifth disease is a viral illness caused by Parvovirus B19 that usually affects school age children. It presents with red cheeks (slapped face appearance), then a flat lacy rash appears on the extremities and the body. The rash comes and goes for several weeks and gets exacerbated by heat. The child is contagious only before the rash appears. Once the rash emerges they are no longer contagious. No treatment is needed and it resolves spontaneously.

If a pregnant woman is exposed she should inform her obstetrician as the virus might affect the fetus. This is very important.

FLU (INFLUENZA)

The flu is a viral illness that typically occurs between November and March every year (although the H1N1 "swine-flu" strain of 2009 came in May and June. This shows us that influenza is unpredictable and may present itself in warmer months). Children with the flu look VERY sick and can develop pneumonia. Symptoms may include high fever up to 105°F, bodyaches, chills, headaches, runny or stuffy nose, sore throat, cough, abdominal pain and loose stools. The illness can last for 1-2 weeks. Treatment consists of symptomatic therapy to keep the child comfortable. Antibiotics are not indicated unless it has progressed to pneumonia, sinusitis, bronchitis, etc…. If your doctor suspects your child has the flu, he/she may prescribe Tamiflu® but it is mostly beneficial if started in the first 2-3 days of illness. Flu vaccine is available every year starting in September through the flu season (assuming no shortage). There is also a painless nasal spray vaccine (Flumist®) but it is contraindicated in severe asthmatics or children living with someone undergoing chemotherapy. The vaccine is recommended for all children ages 6 months and up. It is mandatory for all children in daycare (above 6 months of age), preschool, or patients with chronic illnesses like asthma, diabetes, & kidney disease. **The vaccine is effective and safe and DOES NOT cause the flu**, but it does take 2 weeks to build up immunity. During this 2 week period patients should be careful not to be exposed to the flu. Please note that most insurances cover the cost of the flu vaccine.

HAND, FOOT, & MOUTH SYNDROME (Coxsackie)

SYMPTOMS:

- Small ulcers/sores in the mouth, usually painful
- Small water blisters/red spots on palms/soles, between fingers/toes, or buttocks.
- Fever
- Mainly occurs in children 6 months to 4 years

CAUSE: Coxsackie A virus

COURSE: Fever for 3-4 days. Mouth ulcers resolve in 7 days, rash in 10 days.

HOME CARE: Avoid giving your child citrus, salty, or spicy foods. Change to a soft diet with plenty of clear fluids. Popsicles and sherbet are often well received. Have your child swish and swallow an equal mixture of Benadryl® and Maalox® 30 minutes before meals, can be repeated every 6 hours as needed (see end of book for Benadryl® dose). Give Tylenol® (if over 2 months) or Motrin® (if over 6 months) as needed for fever (see doses at the end of book).

CONTAGIOUSNESS: The spread of infection is extremely difficult to prevent. However, the condition is harmless. Therefore, these children do not have to be isolated. They can return to normal activities when the fever resolves.

CALL IMMEDIATELY IF: your child shows signs of dehydration (see page 36).

CALL DURING REGULAR OFFICE HOURS IF:

1. Your child isn't drinking much despite the suggestions above, but isn't dehydrated.
2. Fever >4 days.
3. Gums become red and swollen.
4. Your child is getting worse.
5. You have other questions or concerns.

HEAD INJURY

Toddlers and children fall a lot and many times will hit their head. Not uncommonly they will sustain a bump on their head from falling. You can apply cold compresses to cut down on the swelling. Usually the child does not need a skull x-ray or to be seen by a physician unless he/she has a large bruise or lump (1 inch in diameter or more – roughly the size of a golf ball), has a deep cut with gaping edges that might need stitches, or develops any of the following signs:

- Drowsiness, dizziness, stupor, or unconsciousness
- Personality changes
- Confusion
- Weakness or numbness of arms or legs
- Persistent vomiting
- Blurred or double vision
- Difficulty walking or maintaining balance
- Blood or clear fluid draining from nose or ear

INSTRUCTIONS:

- Do not use any medication other than Tylenol® (acetaminophen) unless prescribed by a doctor. No aspirin.
- It's okay to eat if hungry and not vomiting. Keep things light.
- Rest for a few hours after head trauma. It's okay to sleep, but if it is bedtime, there should be someone who will awaken the patient once or twice during the night to make sure the child is responding appropriately.

HIVES

SYMPTOMS:

- Itchy rash, raised pink spots with pale centers (looks almost like mosquito bites), rapid and repeated changes of location, size, and shape.

CAUSE:

It's an allergic reaction to a food, drug, viral infection, insect bite, etc. Frequently the cause is not found. It is not contagious. The most common cause is usually a herpetic infection. Don't worry, not the sexually transmitted kind.

TREATMENT:

Benadryl® every 6 hours as needed or Zyrtec® at bedtime (doses at end of book). ***Do Not Give Benadryl® or Zyrtec® if Under 6 Months of Age.**

Call 911 immediately if: (1) breathing becomes difficult, (2) tongue becomes swollen, or (3) child turns pale or blue.

Call during regular office hours if: (1) most of the itch is not relieved after taking the medication for 24 hours, (2) hives last more than 1 week, (3) fever, joint swelling or pain occurs, or (4) any other concerns or questions.

PINK EYE (Conjunctivitis)

Conjunctivitis could be due to infection with either bacteria or viruses. Bacterial infection is usually associated with yellowish eye discharge. Conjunctivitis could also be due to allergies (usually associated with itching and tearing). Bacterial pink eye can be treated with antibiotic eye drops. You can use warm compresses and call during office hours for eye drops. If the redness remains after a few days the child has to be seen. Call the pediatrician if your child also has a high fever, severe eye pain, appears lethargic, has swelling or redness around the eye, or cannot move the eye in all directions. These could be signs of a more serious infection. For itchy, allergic pink eye you can treat with over-the-counter Zaditor® (1 drop in each eye twice a day). No prescription needed. For younger children please make an appointment to see your doctor. Bacterial conjunctivitis is contagious until the yellowish discharge stops (about 24 hours after antibiotic eye drops have started).

POISON PROOFING YOUR HOME

- Keep all drugs, medication, household cleaning products, and cosmetics locked up and out of your child's reach.
- Use safety latches on drawers and cabinets that contain objects that might be dangerous to your child.
- Post the Poison Control Center number (800-POISON-1) and other emergency numbers near every phone in your home and tell your babysitter to do the same.

RASHES

There are many causes for rashes. Generally, itchy rashes are due to allergies - e.g. hives (page 33) or eczema (page 29). A few infections can also cause an itchy rash - e.g. chickenpox (page 25) or scarlet fever (see page 35 for sore throat). Non-itchy rashes could be due to Roseola (page 34), Fifth disease (page 30), or Coxsackie virus (page 31). Measles is a rare cause of rashes since most children are immunized & usually these children are quite sick with high fever, red eyes, and cough.

Diaper rash is the most common type in babies. Other causes of rashes are fungal (ringworm or tinea) which is usually mildly itchy, appears like a ring with a clearing center. If you suspect this, you should call for an appointment as your child may need a prescription cream.

When you should be concerned:

Rashes are emergencies when the child has a high fever that is not responding to medication, is acting very sick and lethargic, the rash is petechial (deep red marks that don't blanch or disappear with pressure), or has a stiff neck.

DIAPER RASH

Change your baby's diaper at least every two hours during the day and once at night. When practical keep the baby's diaper off altogether. Use superabsorbent disposable diapers and be sure the diaper does not fit too tightly. *Resist excessive cleaning or washing.* After your baby urinates it is not necessary to clean him/her with soap. Warm water is perfect. Bowel movements may be followed with gentle cleansing using warm water and a small amount of mild soap, such as Dove® or Cetaphil® cleanser. Be sure to rinse away the soap well. It's best to stay away from diaper wipes when the baby has a rash. Consider using a barrier cream, such as Balmex® or Desitin®. Look for the highest concentration of zinc oxide in the ingredients. Desitin® has one with 40%. If the rash doesn't respond to these steps within three days, call our office. Also arrange for an appointment if the rash seems to be getting worse, or is bright red or raw.

ROSEOLA

Roseola is a viral illness that affects babies between 5-24 months of age. It presents with 2-3 days of recurrent fever as high as 105°F that will partially respond to Tylenol® or Motrin®. Then the fever breaks and a red flat rash appears all over the body, face, and extremities. Again, this will last for 2-3 days then disappear. Once the rash appears the temperature will not go up again. There are no other symptoms except for puffy eyelids and the child usually eats okay when the fever is down. Except for sponge bathing and fever medication to keep the child comfortable, no other treatment is usually required.

SINUSITIS

Sinusitis usually develops after your child has had a cold for at least 10 days. Signs of sinusitis are:

- Persistent nasal discharge 2 weeks or longer
- A cough during the day and night that often gets worse at night
- Tenderness in the face
- Headaches
- Occasionally yellow or green nasal discharge

Sinusitis is not an emergency since the process develops over several days and weeks. Please call the office for an appointment for proper evaluation. Treatment usually requires antibiotics.

SORE THROAT *(including Strep Throat)*

Signs of strep throat include a sore throat, fever, and swollen glands in the neck. If there is also a skin rash the condition is called scarlet fever. Since many viruses can cause similar symptoms, your child should be seen during office hours to make the proper diagnosis. In the meantime, you can make your child comfortable by giving Tylenol® or Motrin® for fever and pain. You can also use throat lozenges (if your child is over five) or Chloraseptic® spray (be careful not to spray in the eyes). If the child is old enough to gargle, use warm salt water or hydrogen peroxide diluted with warm water. If the diagnosis of strep throat is confirmed in the office, your child will receive antibiotics for 5-10 days. After 24-36 hours from starting the antibiotics, he/she will feel better and may return to school as they will no longer be considered contagious. If the sore throat is from a virus, then antibiotics are not necessary as they do not help. Simply give Tylenol® or Motrin® and they will get better with time as the virus runs its course.

STOMACH PAIN

If your child complains of stomachaches on and off but goes on with his/her normal activities, usually the reason is not serious. The most common reason is constipation (see page 27 for advice). The second most common reason is lactose intolerance. Try a lactose free diet for two weeks. Use **LACTAID®** milk and give two chewable caplets of **LACTAID®** or **DAIRYEASE®** with ingestion of any dairy products (e.g. yogurt, milk, cheese, ice cream). If the abdominal pain improves on this diet, this will confirm the diagnosis.

There are rare serious causes of abdominal pain (e.g. urinary tract infection or appendicitis) but usually the pain is severe, persistent, and associated with other symptoms. In this case please call the office immediately.

URINARY TRACT INFECTIONS

Urinary tract infections can cause the following symptoms:

- painful and frequent urination
- fever
- vomiting
- abdominal pain

Call if your child has symptoms suggestive of a UTI. A clean-catch urine sample will be needed to confirm the diagnosis. The urine needs to be obtained in our office during office hours. Your child will then go on antibiotics but the clean-catch urine sample **must** be collected first. Do not go to the ER unless symptoms include severe flank pain and high fever. Please call the physician first if after hours.

VOMITING AND DIARRHEA

Vomiting and diarrhea are usually caused by a viral infection. It usually lasts only about a day or two but in some cases can last up to a week. If your child is vomiting give nothing by mouth for the first hour. Then start with small sips of clear fluids (Pedialyte®, Gatorade®, flat Sprite®). For babies under 6 months give only Pedialyte®. For > 6 months you can try Gatorade® or flat ginger-ale. To instantly flatten soda, simply stir vigorously with a spoon. Increase the amount of fluids gradually starting with spoon feeding, then ½ ounce every 10-15 minutes, then one ounce, & so on. If the child starts to vomit again, back off on the amount of fluids & start all over again. If the vomiting stops, give as much fluid as the child wants. After 12-24 hours start giving easy to digest foods depending on the child's age (toast, rice, potatoes, carrots, applesauce, bananas, chicken soup). Advance to a regular diet as tolerated over the next few days. If your child is improving, you can restart on regular milk (if older child) or formula (if a baby). If diarrhea recurs, try Lactaid milk for one week (if older child), or Similac Isomil DF® if a baby.

For formula-fed babies, give ½ formula - ½ water for the next 24 hours, in addition to the age appropriate foods mentioned above that the child was on before the illness. On the third day, advance to full strength formula as usual if tolerated.

For breast-fed infants, continue breastfeeding with Pedialyte® in between, in addition to the age appropriate foods mentioned above that the child was on before the illness.

FOR DIARRHEA, give over-the-counter Acidophilus (Probiotics) – a great, natural substance that settles & resets the intestines. There are many excellent pediatric versions available over-the-counter (liquid, chewables, or powder that can be mixed in food). Please give 2-3 times a day until diarrhea resolves.

Watch for signs of dehydration which include:

- decreased urination or dry diapers (8 hours without urination for infants, 12 hours without urination for older children)
- decreasing wetness of the tongue and dryness inside the mouth (no saliva)
- decreased amount of tears when crying
- lethargy (this is seen when dehydration is severe)

Observe your child for signs of dehydration. Call the office if your child:

- is less than three months old
- exhibits any of the above signs of dehydration
- has blood in the stool & has vomiting and abdominal pain without diarrhea
- continues to have diarrhea for a week or more.

VACCINE INFORMATION

***** None of the vaccines in our office contain Mercury or Thimerosal *****

Our Official Philosophy on Vaccines

In recent years there has been a lot of controversy about whether vaccinations could be the cause of, or a trigger for, Autism (a developmental disorder characterized by social and language delays). Much has been written about it online and discussed in the media. It is hard to know what is fact and what is fiction. Especially when you, as parents, are genuinely looking to do what is best for your child. We understand this concern and would like to address some of the medical facts and dispute some of the misinformation so as to help you make a decision that you are comfortable with. We also care very much about what is best for your child and protecting your children from life-threatening diseases. We would only treat your child as if they were our own. Please keep in mind that not everything you read about online, or hear about in the media, is fact. There is a lot of "hype" with regards to vaccines and a significant amount of misinformation.

1) Many have speculated about whether thimerosal or mercury (used as a preservative in vaccines) could be a contributing factor to autism. In 2001 the FDA demanded that thimerosal and mercury be removed from all vaccines except for influenza. Despite this, we unfortunately have continued to see an increase in the incidence of autism in America. If there were a correlation, we would have expected to see a decrease, but this did not happen. As a side note, we do not have any thimerosal or mercury in our vaccines except for some doses of flu vaccine.

2) The controversy started in 1998 when an article by Wakefield and 12 co-authors claimed that measles-mumps-rubella (MMR) vaccine may have contributed to the development of autism in 9 out of 12 children studied. Note, this is a very small study of only 12 children. In 2004 it was revealed that the study was biased because it was funded by trial lawyers (fighting the vaccine industry) and Wakefield was the only one aware of this bias. Once revealed, the 12 other co-authors retracted their signatures admitting that it was biased and unfounded.

3) New Jersey has one of the highest incidences of autism in the country. It is not clear why. We do know that we vaccinate our children in New Jersey with the same schedule and same number of vaccines as the rest of the country. There are no additional vaccines given to New Jersey children to contribute to autism. If it were true that the current American Academy of Pediatrics vaccine schedule may contribute to autism, then there should be a relatively similar incidence of autism in the country. It is more likely that the reason for the increase of autism in New Jersey is related to its industrial history, being one of the oldest states in the country with many industrial factories. Environmental factors must be considered a possible contribution to the increase in autism in our state.

4) The best and most convincing argument against vaccines causing autism came out of Europe. In Denmark 500,000 children born between 1991 and 1998 were retrospectively studied. In this **very large** study, half of the children were fully vaccinated and half were never vaccinated at all. When looking at the incidence of autism in the two groups, it was found that the incidence of autism was the same in both groups. There was no increase in the incidence of autism in the vaccinated children. This is an incredible study with a very large number of individuals being evaluated. It is rare to find such a significant cohort, but it should be appreciated how statistically significant these findings are.

5) Many parents ask us if there is a benefit to splitting up the vaccines. There have been no studies to prove that separating the vaccines confers any decrease in the risk of developing autism. We do prefer to give the vaccines in accordance to the American Academy of Pediatrics guidelines because it gives the child a "break" of about 2-3 months in between shots so that they do not experience the discomfort of possible side effects frequently (fever, sore legs, etc…). However, if you would prefer to split up the vaccines, we are flexible and would be willing to work out a schedule to keep the child on-track. Usually most parents who prefer this schedule will give 2 or 3 at a time, and then return 1-2 weeks later for another 1, 2, or 3.

6) As stated above, MMR vaccine was the initial vaccine that created the concern. According to the AAP guidelines it should be given between 12 – 15 months. Many parents are still concerned about giving their children the MMR vaccine when the time comes. Most pediatricians will give this vaccine at the 12 month check-up. Our office has chosen to defer this to the 15 month check-up. Not because we believe the vaccine will cause autism. More because if the child were to develop autism, there are usually more obvious signs by 15 months. This will help prevent regret or confusion for the parents who may have feared that the MMR vaccine caused the autism, if it had been given at 12 months. At the 15 month check-up, our office will conduct an M-CHAT questionnaire which is an Autism screen. If the child passes, then we are comfortable giving the MMR vaccine with your consent. If the child does not pass, we will investigate further and possibly give the child more time to see if the language and social development improves. Some parents have asked to split the MMR into 3 separate shots (measles, mumps, and rubella – given 1 month apart). No studies have proven any benefit to splitting these vaccines. In fact, there are many documented cases of children who have autism who had received the MMR vaccine split up. But more importantly, there is no way to get the measles, mumps, and rubella vaccines split up anymore. The United States no longer manufactures them this way, and hasn't done so in many years. The only way to protect our children against measles, mumps, and rubella is to give the combined MMR vaccine. Keep in mind that the actual diseases caused by measles, mumps, or rubella can be very serious for our children and pregnant mothers. Please read page 50 for more details on the potential consequences and sequelae of measles, mumps, or rubella disease.

Finally, please remember how serious all of these diseases are that are being prevented by vaccinations. Many of them can cause death, brain death, deafness,

blindness, and other serious sequelae. These diseases are still out there and still devastating children all over the world. Particularly, the younger the child the more vulnerable they are for complications of these diseases. We are very lucky and privileged as Americans to have access to these life-saving vaccines. We must remember that we do not live in a "bubble" as these diseases do emerge with some frequency throughout our nation. When it does, it often creates panic and fear once discussed in the media (i.e. Swine Flu in 2009, Coronavirus in 2020). Many times it is too late to give the vaccine to a child who is unimmunized once there is exposure or an outbreak.

Wishing you and your children a lifetime of wonderful health.

HACKENSACK PEDIATRICS

DIPHTHERIA, TETANUS, AND PERTUSSIS (DTP)

Diphtheria, Tetanus, and Pertussis are very serious infectious diseases.

Diphtheria

- Diphtheria causes a thick covering in the back of the throat
- It can lead to breathing problems, paralysis, heart failure, and even death.

Tetanus

- Tetanus causes painful tightening of the muscles, usually all over the body.
- It can lead to "locking" of the jaw so the person cannot open their mouth or swallow. Tetanus can lead to death.

Pertussis (Whooping Cough)

- Pertussis causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These symptoms can last for weeks. Pertussis is very deadly.
- It can lead to pneumonia, seizures (jerking & staring spells), brain damage, and death.
- In recent years we have seen a resurgence of Pertussis in teenagers and adults. It is not only a "baby illness." This age group usually infects the infants.

Diphtheria, tetanus, and pertussis vaccines prevent these diseases. Most children who get all of their shots will be protected during childhood. Many more children would get these diseases if we stopped vaccinating. There is also an adolescent and adult version of this vaccine to protect that age group again as immunity wears-off for most people by then (please see "Adacel/Boostrix" vaccine on page 42).

DTaP VACCINE

- Protects against diphtheria, tetanus, and pertussis
- Newer & better than DTP

DTaP vaccine is less likely to cause reactions than DTP. **We only give DTaP vaccine in our office so your children are less likely to have any side effects**.

What are the risks from these vaccines?

- As with any medicine, vaccines carry a small risk of serious harm, such as a severe allergic reaction or even death.
- If there are reactions, they usually start within 3 days and don't last long.
- Most people have no serious reactions from these vaccines.

Mild reactions (common):

- Sore arm or leg
- Fussy
- Tired
- Fever
- Less appetite
- Vomiting

* Mild reactions are much-less likely after DTaP than after DTP

Moderate to Serious Reactions (uncommon):

• Non-stop crying (3 hours or more)	100 of every 10,000 doses
• Fever of 105°F or higher	30 of every 10,000 doses
• Seizure (jerking or staring)	6 of every 10,000 doses
• Child becomes limp, pale, less alert	6 of every 10,000 doses

* With DTaP vaccine, these reactions are much less likely to happen.

Severe Reactions (Very Rare):

There are two kinds of serious reactions:

- Severe allergic reaction (breathing difficulty, shock)
- Severe brain reaction (prolonged seizure, coma or lowered consciousness)

* Most experts agree serious reactions are much less likely with DTaP vs. DTP.

Is there lasting damage?

- Experts disagree on whether pertussis vaccines cause lasting brain damage.
- If they do, it is very rare.

What can be done to reduce possible fever and pain after this vaccine?

- Give your child Tylenol® (if over 2 months) before/after the shot every 4 hours as needed for 1-2 days (doses are at end of the book).
- This is important if your child has had a seizure or has a parent, brother, or sister who has had a seizure.

What if there is a moderate to severe reaction?

- Any unusual conditions call a doctor or get the child to a doctor right away. Tell your doctor what happened, the date and time it happened, and when the vaccine was given. Ask your health department to file a Vaccine Adverse Event Reporting System (VAERS) form, call the VAERS yourself at 1-800-822-7967, or report online at www.vaers.hhs.gov.
- The National Vaccine Injury Compensation program is a federal program that helps pay for the care of those seriously injured by vaccines. For details about this program call 1-800-338-2382, or visit their website at: www.hrsa.gov/vaccinecompensation.

TETANUS AND DIPHTHERIA VACCINE (TD)

Tetanus (lockjaw) and diphtheria are serious diseases. Tetanus is caused by a bacteria that enters the body through a cut or wound. Diphtheria spreads when the bacteria passes from an infected person to the nose or throat of others.

Tetanus causes:

Serious, painful spasms of all muscles. It can lead to "locking" of the jaw so the patient cannot open his/her mouth or swallow.

Diphtheria causes:

A thick coating in the nose, throat, or airway. It can lead to breathing problems, heart failure, paralysis, and death.

Benefits of the vaccines:

Vaccination is the best way to protect against tetanus and diphtheria. Because of vaccination, there are many fewer cases of these diseases. Cases are rare in children because most get DTaP (Diphtheria, Tetanus, & acellular Pertussis) or Tdap (Tetanus, Diphtheria & Pertussis for teenagers & adults) vaccines. However, we are seeing more cases of pertussis (whooping cough) in all ages because teenagers and adults need revaccination. There would be many more cases if we stopped vaccinating people.

ADACEL or BOOSTRIX VACCINE (Tdap)

(Tdap – Tetanus, Diphtheria, and Pertussis for teenagers & adults)

Adacel is recommended now for all adolescents & adults aged 11 years and older. It replaces the original TD vaccine since many adolescents were coming down with pertussis infections (whooping cough). A small amount of acellular pertussis was added to the vaccine to boost adolescent immunity against this serious bacteria.

Side effects / What are the risks from Tdap or TD vaccine:

The most common side effect is local swelling, pain, and redness at the injection site and rarely fever. As with any medicine or vaccine there are very small risks that serious problems, even death, could occur afterwards. The risks from the Tdap vaccine are much smaller than the risks from the diseases themselves if people stopped vaccinating. Almost all people who get Tdap or TD will have no problems from it.

HEPATITIS B VACCINE

Hepatitis B is a serious disease. The Hepatitis B virus can cause short term (acute) illness that leads to:

- Loss of appetite
- Diarrhea and Vomiting
- Tiredness
- Jaundice (yellow skin and eyes)
- Pain in muscles, joints, and stomach

It can also cause long term (chronic) illness that leads to:

- Liver damage (cirrhosis)
- Liver cancer
- Death

About 1.25 million people in the U.S. have chronic Hepatitis B virus infection. Each year it is estimated that:

- 200,000 people, mostly young adults, get infected with Hepatitis B virus.
- More than 11,000 people have to stay in the hospital because of Hepatitis B.
- 4,000 to 5,000 people die from chronic Hepatitis B.

Hepatitis B Vaccine can prevent Hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

What are the risks from Hepatitis B vaccine?

A vaccine, like any medication, is capable of causing serious problems such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm or death is extremely small. Getting Hepatitis B vaccine is much safer than getting the Hepatitis B disease.

Most people who get Hepatitis B vaccine do not have any problem with it.

Mild reactions:

- Soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, or less, and about 1 out of 4 adults, or less)
- Mild to moderate fever (up to 1 out of 14 children and adolescents, or less, and 1 out of 100 adults, or less)

Severe reactions:

- Serious allergic reaction (extremely rare)

What if there is a moderate or severe reaction? What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever, or behavioral changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness, wheezing, hives, paleness, weakness, a fast heartbeat, or dizziness. If such a reaction were to occur, it would be within a few minutes to a few hours after the shot.

What should I do?

- Call a doctor, or get the child to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccine was given.
- Ask your health department to file a Vaccine Adverse Event Reporting System (VAERS) form, call the VAERS yourself at 1-800-822-7967, or report online at www.vaers.hhs.gov.

CHICKENPOX (VARICELLA) VACCINE

Chickenpox (also called Varicella) used to be a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults. Since most children are vaccinated now, we hardly ever see the disease. Therefore, it is more important than ever to vaccinate your child because they are unlikely to contract the

disease when young. As they get older, the risks of serious complications significantly increases if they were to contract the disease.

- The chickenpox virus can be spread from one person to another through the air, or by contact with fluid from chickenpox blisters.
- It causes a rash, itching, fever, and tiredness. The rash usually starts on the tummy and then spreads.
- It can lead to severe skin infections, scars, pneumonia, brain damage, or death.
- A person who has had chickenpox can get a painful rash years later called shingles.
- Prior to the vaccine about 12,000 people were hospitalized for chickenpox each year in the U.S.
- About 100 people used to die each year in the United States as a result of chickenpox.

Chickenpox vaccine can prevent chickenpox:

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer spots, are less likely to have a fever, and will recover faster.

What are the risks from Chickenpox Vaccine?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm or death is extremely small.

Getting Chickenpox vaccine is much safer than getting chickenpox disease.

Mild reactions:

- Soreness or swelling where the shot was given (about 1 out of 5 children, or less, and up to 1 out of 3 adolescents & adults, or less).
- Fever (1 person out of 10, or less).
- Mild rash up to a month after vaccination (1 person out of 20, or less). It is possible for these people to infect other members of their household, but this is extremely rare.

Moderate reaction:

- Seizure caused by fever (less than 1 person out of 1000).

Severe reactions:

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely that experts cannot tell whether they are caused by the vaccine or coincidental incidence. If they are, it is extremely rare.

What if there is a Moderate or Severe reaction? What should I look for?

Any unusual condition such as a serious allergic reaction, high fever, or behavioral changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness, wheezing, hives, paleness, weakness, a fast heartbeat, or dizziness within a few minutes to a few hours after the shot. A high fever or seizure, if it occurs, would happen 1 to 6 weeks after the shot.

What should I do?

- Call a doctor, or get the child to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccine was given.
- Ask your health department to file a Vaccine Adverse Event Reporting System (VAERS) form, call the VAERS yourself at 1-800-822-7967, or report online at www.vaers.hhs.gov.

POLIO VACCINE

Polio is a disease caused by a virus. It enters a child's (or adult's) body through the mouth. Sometimes it causes paralysis (can't move arms or legs). It can kill people who get it, usually by paralyzing the muscles that help them breathe.

Polio used to be very common in the United States. It paralyzed and killed thousands of people a year before we had a vaccine for it.

Inactivated polio vaccine (IPV) can prevent polio.

History: A 1916 polio epidemic in the United States killed 6,000 people and paralyzed 27,000 more. In the early 1950's there were more than 20,000 cases of polio each year. Polio vaccination began in 1955. By 1960 the number of cases had dropped to about 3,000; by 1979 there were only about 10. The success of polio vaccination in the U.S. and other countries sparked a worldwide effort to eliminate polio. *Today*: No wild polio has been reported in the United States for over 40 years. But the disease is still common in some parts of the world. It would only take one case of polio from another country to bring the disease back if we were not protected by the vaccine. If the effort to eliminate the disease from the world is successful, someday we won't need polio vaccine (i.e. small pox vaccine as an example). Until then, we need to keep getting our children vaccinated.

What are the risks from IPV?

Some people who get IPV get a sore arm or leg where the shot was given. The vaccine used today has never been known to cause any serious problems, and most people don't have any problems at all with it. However, a vaccine, like any medicine, could cause serious problems such as a severe allergic reaction. The risk of a polio shot causing serious harm or death is extremely small.

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior.

If a serious allergic reaction were to occur, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness, wheezing, a fast heartbeat, hives, dizziness, paleness, or swelling of the throat.

What should I do?

- Call a doctor, or get the child to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccine was given.
- Ask your health department to file a Vaccine Adverse Event Reporting System (VAERS) form, call the VAERS yourself at 1-800-822-7967, or report online at www.vaers.hhs.gov. Reporting reactions help experts learn about possible problems with vaccines.

HAEMOPHILUS INFLUENZAE TYPE B (HIB)

Haemophilus Influenzae Type B (HIB) infection is a serious disease caused by a bacteria. It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings, which can lead to death, lasting brain damage, and deafness.

Hib disease can also cause:

- Pneumonia
- Severe swelling in the throat, making it hard to breathe.
- Infections of the blood, joints, bones, and membrane around the heart.
- Death

Before Hib vaccine about 20,000 children in the United States under 5 years old got severe Hib disease yearly and nearly 1,000 babies died each year. Hib vaccine can prevent Hib disease. Many more children would get Hib disease if we stopped vaccinating.

What are the risks from the Hib Vaccine?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risk of Hib vaccine causing serious harm or death is extremely small.

Most people who get Hib vaccine do not have any problems with it.

Mild reactions:

- Redness, warmth, or swelling where the shot was given (up to ¼ of children).
- Fever over 101°F (up to 1 out of 20 children, or less).
- If these problems happen, they usually start within 1 day of vaccination. They may last 2-3 days.

What if there is a moderate or severe reaction? What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever, or behavioral changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness, wheezing, hives, paleness, weakness, a fast heartbeat, or dizziness within a few minutes to a few hours after the shot.

What should I do?

- Call a doctor, or get the child to a doctor right away.
- Tell your doctor what happened, the date and the time it happened, and when the vaccine was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, call VAERS yourself at 1-800-822-7967, or report online at www.vaers.hhs.gov.

The National Vaccine Injury Compensation Program

In the rare event that your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those thought to have been harmed by vaccines. For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at: www.hrsa.gov/vaccinecompensation.

MENINGOCOCCAL VACCINE (MENACTRA & BEXSERO)

Meningococcal disease is a serious illness caused by a bacteria. It is the leading cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings. Meningococcal disease can also cause serious blood infections.

About 2,600 people get meningococcal disease each year in the United States. 10-15% of these people die despite treatment with antibiotics. Of those who live, another 10% lose their arms or legs, become deaf, have permanent problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. High school and college students, particularly those who live in dormitories, have a 6 fold increased risk of getting meningococcal disease.

Meningococcal vaccine can prevent the common strains of meningococcal disease in older children and adults. Meningococcal vaccine is not effective in preventing all types of the disease. But it does help to protect many people who might become deathly ill if they hadn't received the vaccine. Drugs such as penicillin can be used to treat meningococcal infection. However, despite that, about

1 out of every 8-10 people who get the disease dies from it. Those who do survive often have serious consequences for life. This is why it is important that people with the highest risk for meningococcal disease get the vaccine.

Pediatricians are giving either Menactra or Menveo vaccine, which is routinely given to all children 11 years & up, and for high-risk children aged 2 – 11 years old. Bexsero (the "B" strain) is given to all teenagers aged 16 years and older.

What are the risks from Meningococcal Vaccine?

A vaccine, like any medicine, is capable of causing serious problems such as allergic reactions. The risks of this vaccine causing serious harm or death is extremely small. Getting the vaccine is mush safer than getting meningitis disease.

Mild reactions:

Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last 1-2 days. A small percentage of people who receive the vaccine develop a fever.

What if there is a serious reaction? What should I look for?

Look for any unusual condition, such as a severe allergic reaction, high fever, or unusual behavior. If a serious allergic reaction occurred it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness, wheezing, a fast heartbeat, hives, dizziness, paleness, or swelling of the throat. In rare cases a serious reaction called *Guillain-Barre Syndrome* may occur where the individual experiences ascending paralysis (from the leg up) and severe headaches. But no evidence or studies have substantiated a true correlation between *Guillain-Barre Syndrome* and this vaccine.

What should I do?

- Call a doctor, or get the child to a doctor right away.
- Tell your doctor what happened, the date and the time it happened, and when the vaccination was given.
- Ask your health department to file a Vaccine Adverse Event Reporting System (VAERS) form, call the VAERS yourself at 1-800-822-7967, or report online at www.vaers.hhs.gov.

PNEUMOCOCCAL CONJUGATE VACCINE (PREVNAR)

Pneumococcal disease is a serious disease that causes significant illness and death. In fact, pneumococcal disease is responsible for about 200 deaths each year among children under 5 years old.

Pneumococcal disease is the leading cause of bacterial meningitis in the United States (meningitis is an infection of the covering of the brain). Each year pneumococcal disease causes many health problems in children under 5 including:

- over 700 cases of meningitis
- 17,000 blood infections
- 5 million ear infections

Important facts:

- Children under 2 years old are at highest risk for serious disease.
- Pneumococcus bacteria spreads from person to person through close contact.
- Pneumococcal infections can be hard to treat because the disease has become resistant to many antibiotics. This makes prevention of the disease even more important.
- Pneumococcal conjugate vaccine can prevent pneumococcal disease.
- Pneumococcal conjugate vaccine is licensed for infants and toddlers. It is excellent at preventing pneumococcal disease amongst these children. It also helps prevent the disease from spreading person to person.

The vaccine's protection lasts at least 3 years. Since most serious pneumococcal infections strike children during their first 2 years, the vaccine will protect them when they are at greatest risk as we start vaccinating with this vaccine at 2 months of age. For some older children and adults your doctor may choose to give a different vaccine called Pneumococcal Polysaccharide Vaccine (Pneumovax).

What are the risks from Pneumococcal Conjugate Vaccine?

In clinical trials, Pneumococcal Conjugate Vaccine was associated with only mild reactions:

- Less than 3 out of 10 children had redness, tenderness, or swelling where the shot was given.
- About 1 out of 10 (or less) had a mild fever.

However, like any medicine a vaccine could cause serious problems such as severe allergic reactions. The risk of this vaccine causing serious harm or death is extremely rare.

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior. If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breath, hoarseness, wheezing, hives, paleness, weakness, a fast heartbeat, dizziness, or swelling of the throat.

What should I do?

- Call a doctor, or get the child to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccine was given.
- Ask your health department to file a Vaccine Adverse Event Reporting System (VAERS) form, call the VAERS yourself at 1-800-822-7967, or report online at www.vaers.hhs.gov.
- Contact the Center for Disease Control and Prevention (CDC) by calling 1-800-232-4636

MEASLES, MUMPS, AND RUBELLA (MMR)

Measles, mumps, and rubella (German measles) are very serious diseases. They spread when germs pass from an infected person to the nose or throat of others.

Measles causes:
- Rash
- Cough
- Fever

It can lead to:
- Ear infection
- Pneumonia
- Diarrhea
- Seizures
- Brain damage
- Death

Mumps causes:
- Fever
- Headache
- Swollen glands under the jaw & in front of of the ears

It can lead to:
- Hearing loss
- Meningitis (*infection of brain and spinal cord covering)*
- Males can have painful, swollen testicles, infertility

Rubella causes:
- Rash
- Mild fever
- Swollen glands
- Arthritis (*mostly women)*

Pregnant women can:
- Lose their babies

Babies can be born with birth defects such as:
- Deafness
- Blindness
- Heart disease
- Brain damage
- Other serious problems

What are the risks from MMR vaccine?

As with any medicine, there are very small risks that serious problems, even death, could occur after taking a vaccine. The risks from the vaccine are much smaller than the risk from the diseases if people stopped vaccinating. Almost all people who get MMR have no problems from it.

No evidence truly substantiates whether MMR vaccine has been linked to Autism. However, in our office we will postpone the administration of this vaccine until it is clear that your child is not exhibiting signs of Autism. For more details see "Our Official Philosophy on Vaccines" page 38.

Mild to moderate reactions:

Soon after the vaccination, there may be soreness, redness, or swelling where the shot was given. 1-2 weeks after the first dose, there may be a rash (about 5 out of every 100 people). This usually lasts 1-2 days. Swelling of the glands in the cheeks, neck, or under the jaw. A seizure usually caused by fever. This is very rare.

1-3 weeks after the first dose there may be pain, stiffness, or swelling in one or more joints lasting up to 3 days (occurs in 1 out of every 100 doses in children, or less). Rarely, pain or stiffness lasts a month or longer, or may come and go; this is most common in women.

Tylenol® or Motrin® (non-aspirin) may be used to reduce fever and soreness.

Severe reactions:

** Note, these problems happen very rarely.*

- Serious allergic reaction.
- Low number of platelets (a type of blood cell) that can lead to bleeding problems. This is almost always temporary.
- Prolonged seizures, decreased consciousness, or coma.
- Problems following MMR are much less common with the second dose.

Ask your health department to file a Vaccine Adverse Event Reporting System (VAERS) form, call the VAERS yourself at 1-800-822-7967, or report online at www.vaers.hhs.gov. The National Vaccine Injury Compensation Program gives compensation to individuals thought to be injured by vaccines: 1-800-338-2382.

ROTATEQ VACCINE (Rotavirus Vaccine)

RotaTeq is an oral vaccine that can help protect your child from getting the rotavirus infection which causes fever, vomiting, diarrhea, and dehydration. The vaccine is given by mouth at 3 different times, each about one to two months apart. Nearly all children become infected with the rotavirus by the time they are 5 years old. This infection can be quite serious for younger children, especially infants, and if severe can lead to death. It is the leading cause of dehydration & hospitalization secondary to GI infection worldwide.

RotaTeq helps protect against diarrhea and vomiting only if they are caused by the rotavirus. It does not protect against other causes of diarrhea and vomiting. RotaTeq may not fully protect all children that get the vaccine, and if your child already had the virus it may not help them. The active ingredients of the vaccine include 5 live rotavirus strains (G1, G2, G3, G4 and P1).

Before giving RotaTeq let the doctor know if your child has:

- Any illness with fever. A mild fever or cold by itself is not a reason to delay taking the vaccine.
- Diarrhea or vomiting (not just normal spit-ups).
- Not gaining weight or growing as expected.
- A blood disorder or any type of cancer.
- A weak immune system because of a disease (including HIV infection).
- Receives treatment or takes medicines that may weaken the immune system (such as high doses of steroids) or has received a blood transfusion or blood products within the past 42 days.
- Was born with gastrointestinal problems, or has had a blockage or abdominal surgery.
- Has regular close contact with a member of the family or household who has a weak immune system (a person taking medicines or chemotherapy that may weaken their immune system).

Who should not receive RotaTeq?

Your child should not get the vaccine if he/she had an allergic reaction after getting a dose of this vaccine.

What are the risks from RotaTeq vaccine?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risk of RotaTeq vaccine causing serious harm or death is extremely small. Most children who get the RotaTeq vaccine do not have any problems with it.

- The most common side effects reported were diarrhea, vomiting, fever, runny nose, sore throat, wheezing, coughing, or ear infection. If your child develops sudden abdominal pain, vomiting, blood in their stools, or other changes in their bowel movements, it may be a sign of a serious problem. This presentation is **extremely** rare but if it were to happen you should **call the doctor immediately**.

You may also report any adverse reactions directly to the Vaccine Adverse Event Reporting System (VAERS) by calling 1-800-822-7967 or report online at www.vaers.hhs.gov.

GARDASIL VACCINE (HPV Vaccine)

Gardasil is a vaccine that helps protect against the diseases caused by Human Papillomavirus (HPV). There are 9 strains covered in the vaccine. The diseases caused by HPV are: 1) Cervical cancer, 2) Penile cancer, 3) Throat cancer, 4) Abnormal and precancerous cervical lesions, 5) Abnormal and precancerous vaginal lesions, 6) Abnormal and precancerous vulvar lesions, and 7) Genital warts in girls and boys. Gardasil helps prevent these diseases but it will not treat them once you have them. You cannot get these diseases from the Gardasil vaccine.

HPV is a common virus. In 2005 it was estimated that 20 million people in the US have the virus. There are many different types of HPV; some cause no harm. Others can cause diseases of the genital area. For most people the virus goes away on its own. When the virus does not go away it can develop into cervical cancer, precancerous lesions, or most commonly genital warts, depending on the HPV type. Cancer of the cervix is a serious disease that can be life-threatening. This disease is caused by certain HPV types that can cause the lining of the cervix to change from normal to precancerous. Genital warts in either boys or girls can be disfiguring and life-long as we currently have no cure. They often appear as skin-colored growths. They are found on the inside or outside of the genitals. They can hurt, itch, bleed, and cause discomfort. These lesions are usually not precancerous.

In 2005 the CDC estimated that at least 50% of sexually active people catch HPV during their lifetime. A male or female of any age who takes part in any kind of sexual activity that involves genital contact is at risk (not only intercourse). Many people who have HPV may not show any obvious signs or symptoms. This means that they can be carriers and pass the virus to others and not know it.

What you should know about GARDASIL:

Gardasil is recommended for girls and boys ages 9 through 26 years. It is given as two or three separate doses over the course of approximately 6 months. Vaccination does not substitute for routine cervical cancer screening. As with all vaccines, Gardasil may not fully protect everyone who gets the vaccine. It will not protect against diseases due to other HPV strains. The strains that it does protect against have been selected because they cause approximately 70% of cervical cancers and 90% of genital warts. This vaccine will not protect you against HPV types to which you may have already been exposed.

Before giving GARDASIL let the doctor know if your child:

- *Has had an allergic reaction to the vaccine or current illness with fever.*
- *Has a weakened immune system (for example, due to infection such as HIV).*
- *Is pregnant or planning to get pregnant.* ***GARDASIL is not recommended for use in pregnant women.***

What are the risks from GARDASIL vaccine?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risk of Gardasil vaccine causing serious harm or death is extremely small. By far the majority of individuals who get the Gardasil vaccine do not have any problems with it.

- *The most common side effects include*: pain, swelling, itching, and redness at the injection site; fever, nausea, dizziness, vomiting, or fainting are also possible. Allergic reactions are extremely rare but may present as difficulty breathing, wheezing, hives, or rash. Other uncommon reactions could be swollen glands, Guillain-Barre syndrome (see Meningococcal side effects), or headache. Please notify your doctor if any adverse reactions occur. You may also report any adverse reactions directly to the Vaccine Adverse Event Reporting System (VAERS) by calling 1-800-822-7967 or report online at www.vaers.hhs.gov.

VACCINE SCHEDULE*

2 months: Pentacel (DTaP-Hib-Polio), Prevnar, Hepatitis B, & Rotateq (oral)
4 months: Pentacel (DTaP-Hib-Polio), Prevnar, Hepatitis B*, & Rotateq (oral)
6 months: Pentacel (DTaP-Hib-Polio), Prevnar, & Rotateq (oral)
9 months: Hepatitis B
12 months: Proquad (MMR-Chicken Pox), Prevnar, & Hepatitis A
15 months: DTaP-Hib
18 months: Hepatitis A (*must be a minimum of 6 months after the 1st Hepatitis A*)
4 years: DTaP, Polio, & ProQuad (*must be after 4th birthday*)
11 years: Adacel & Menactra (*must be after 11th birthday*)
12 & up: Gardasil
16-17 yrs: Menactra & Bexsero

* This dose not required if 1st dose of Hepatitis B given in the hospital at birth.
***** Schedule is according to the American Academy of Pediatrics guidelines. It may change at any time. In addition, new vaccines may be introduced. Either way you will be informed*.

DOSAGE CHARTS

**** PLEASE NOTE THAT FORMULARIES CAN CHANGE ****

BENADRYL® SYRUP (12.5 mgs/5 mL)

(for allergic reactions, itchy hives, seasonal allergies)

****** PLEASE NOTE ******

NOT TO BE GIVEN IF UNDER 6 MONTHS OF AGE

CAN BE REPEATED EVERY 6 HOURS AS NEEDED

**** CAUTION: MAY CAUSE DROWSINESS ****

*** Maximum of 4 doses in 24 hours***

Weight in Pounds	*Dose in mL*
12 – 14	2
14.5 – 16	2.5 *(½ teaspoon)*
16.5 – 18.5	3
19 – 21.5	3.5
22 – 24.5	4
25 – 27.5	4.5
28 – 29	5 *(1 teaspoon)*
29.5 – 41	5.5 – 7
42 – 44	7.5 *(1 ½ teaspoons)*
44.5 – 55	8 – 9.5
56	10 *(2 teaspoons)*
56 – 84	10 – 15 *(2 – 3 teaspoons)*
84 – adult	15 – 20 *(3 – 4 teaspoons)*

ZYRTEC® or CLARITIN® (5 mgs/5 mL)

(for allergic reactions, itchy hives, seasonal allergies, sinus drip, & nasal congestion)

****** PLEASE NOTE ******

NOT TO BE GIVEN IF UNDER 6 MONTHS OF AGE

BEST IF GIVEN BEFORE BEDTIME. ONLY GIVEN ONCE A DAY.

**** CAUTION: MAY CAUSE DROWSINESS ****

*** Maximum of 1 dose in 24 hours***

Age	*Dose in teaspoons*
6 – 12 months	½
1 – 2 years	½ - ¾
2 – 3 years	¾
3 – 4 years	1
4 – 5 years	1 – 1 ½
6 years & older	1 ½ – 2

ROBITUSSIN®-DM

(for cough & chest congestion)

****** PLEASE NOTE ******

NOT TO BE GIVEN IF UNDER 2 YEARS OF AGE

CAN BE REPEATED EVERY 4 HOURS AS NEEDED

*** Maximum of 6 doses in 24 hours***

Age	***Dose in teaspoons***
2 – 4 years	¼ – ½
4 – 6 years	½ – ¾
6 – 9 years	¾ – 1
9 – 12 years	1 – 1 ½
12 & older	1 ½ – 2

ROBITUSSIN®- EXPECTORANT (ORIGINAL)

(for mucous & thick chest/nasal congestion)

****** PLEASE NOTE ******

NOT TO BE GIVEN IF UNDER 2 YEARS OF AGE

CAN BE REPEATED EVERY 4 HOURS AS NEEDED

*** Maximum of 6 doses in 24 hours***

Age	***Dose in teaspoons***
2 – 4 years	½ – 1
4 – 6 years	1 – 1 ½
6 – 9 years	1 ½ – 2
9 – 12 years	2 – 3
12 & older	3 – 4

ROBITUSSIN®-CF (MULTI-SYMPTOM COLD)

(for chest congestion, nasal congestion, & cough)

****** PLEASE NOTE ******

NOT TO BE GIVEN IF UNDER 2 YEARS OF AGE

CAN BE REPEATED EVERY 4 HOURS AS NEEDED

*** Maximum of 6 doses in 24 hours***

Age	***Dose in teaspoons***
2 – 4 years	¼ – ½
4 – 6 years	½ – ¾
6 – 9 years	¾ – 1
9 – 12 years	1 – 1 ½
12 & older	1 ½ – 2

**** Please note that these printed doses for Robitussin & Mucinex are based on children that are roughly average weights for their age. It is also based on formularies at the time this book is printed. Doses for any of these meds can change if formularies/products change. ****

TRIAMINIC®

* There are many great Triaminic® products over-the-counter, including chewables and **thin-strips** which are great for kids that are difficult to give oral medicines to. Please look for the product that matches your child's symptoms best (for example, COLD & COUGH for nasal congestion and cough). You will conveniently find the dosing for these syrups, chewables, and thin-strips on the actual bottles and boxes when you buy them. These medicines are **not** recommended for children under the age of 2 years.

MUCINEX®

* You will find many different Mucinex® products over-the-counter. In general, we find these to be the best tasting for young kids, and the mini-melts are great for kids that don't take syrups well. Simply mix & hide in foods/drinks. Below we will list the dosing for children's Mucinex® products. For teenagers and young adults you can use the adult Mucinex® tablets. There are different types available depending on your symptoms.

MUCINEX® COUGH

(for cough & chest congestion)

****** PLEASE NOTE ******
NOT TO BE GIVEN IF UNDER 2 YEARS OF AGE
CAN BE REPEATED EVERY 4 HOURS AS NEEDED
*** Maximum of 6 doses in 24 hours***

Age	***Dose in teaspoons***
2 – 4 years	½ – 1
4 – 6 years	1 – 1 ½
6 – 9 years	1 ½ – 2
9 – 12 years	2 – 3
12 & older	3 – 4

MUCINEX® MULTI-SYMPTOM COLD or CONGESTION & COUGH

(for cough, thin nasal congestion, & chest congestion)

****** PLEASE NOTE ******
NOT TO BE GIVEN IF UNDER 2 YEARS OF AGE
CAN BE REPEATED EVERY 4 HOURS AS NEEDED
*** Maximum of 6 doses in 24 hours***

Age	*Dose in teaspoons*
2 – 4 years	½ – 1
4 – 6 years	1 – 1 ½
6 – 9 years	1 ½ – 2
9 – 12 years	2 – 3
12 & older	3 – 4

MUCINEX® CHEST CONGESTION (EXPECTORANT)

(for thick chest & nasal congestion)

****** PLEASE NOTE ******
NOT TO BE GIVEN IF UNDER 9 MONTHS OF AGE
CAN BE REPEATED EVERY 4 HOURS AS NEEDED
*** Maximum of 6 doses in 24 hours***

Age	*Dose*
9 – 12 months	1 mL
12 – 15 months	1.25 mL
15 – 18 months	1.5 mL
18 – 24 months	2 mL
2 – 4 years	½ – 1 teaspoons
4 – 6 years	1 – 1 ½ teaspoons
6 – 9 years	1 ½ – 2 teaspoons
9 – 12 years	2 – 3 teaspoons
12 & older	3 – 4 teaspoons

MUCINEX® STUFFY NOSE & COLD

(for thin nasal congestion & chest congestion)

****** PLEASE NOTE ******
NOT TO BE GIVEN IF UNDER 2 YEARS OF AGE
CAN BE REPEATED EVERY 4 HOURS AS NEEDED

*** Maximum of 6 doses in 24 hours***

Age	***Dose in teaspoons***
2 – 4 years	½ – 1
4 – 6 years	1 – 1 ½
6 – 9 years	1 ½ – 2
9 – 12 years	2 – 3
12 & older	3 – 4

MUCINEX® MINI-MELTS CHEST CONGESTION

(for thick chest & nasal congestion)

****** PLEASE NOTE ******

NOT TO BE GIVEN IF UNDER 12 MONTHS OF AGE
DILUTE IN FOOD OR DRINK OR DIRECTLY ON TONGUE IF OLDER CHILD
CAN BE REPEATED EVERY 4 HOURS AS NEEDED

*** Maximum of 6 doses in 24 hours***

Age	***Dose***
12 – 18 months	¼ packet
18 – 24 months	½ packet
2 – 4 years	½ – 1 packet
4 – 6 years	1 – 1 ½ packets
6 – 9 years	1 ½ – 2 packets
9 – 12 years	2 – 3 packets
12 & older	3 – 4 packets

MUCINEX® MINI-MELTS COUGH

(for cough & thick chest/nasal congestion)

****** PLEASE NOTE ******

NOT TO BE GIVEN IF UNDER 12 MONTHS OF AGE

DILUTE IN FOOD OR DRINK OR DIRECTLY ON TONGUE IF OLDER CHILD

CAN BE REPEATED EVERY 4 HOURS AS NEEDED

*** Maximum of 6 doses in 24 hours***

Age	***Dose***
12 – 18 months	¼ packet
18 – 24 months	½ packet
2 – 4 years	½ – 1 packet
4 – 6 years	1 – 1 ½ packet
6 – 9 years	1 ½ – 2 packets
9 – 12 years	2 – 3 packets
12 & older	3 – 4 packets

INFANTS TYLENOL® SUSPENSION LIQUID

(160 mgs/5 mL)

<*Generic is called "Acetaminophen">

(for fever, teething, or pain)

****** CAN BE REPEATED EVERY 4 HOURS AS NEEDED ******

Not To Be Given Under 2 Months Of Age Unless You Consult With The Doctor First

Weight in Pounds	***Dose in mL***
6 – 6.5	1.25 *(lowest line on syringe)*
7 – 8.5	1.5
9 – 10	1.9
10.5 – 11.5	2.2
12 – 13	2.5 *(middle line on syringe)*
13.5 – 14	2.8
14.5 – 15.5	3.0
16 – 17	3.4
17.5 – 18.5	3.75 *(third line on syringe)*
19 – 20	4.0
20.5 – 21.5	4.3
22 – 23	4.7
23.5 – 24	5.0 *(top line on syringe)*

***** FOR STRONG FEVERS THAT DO NOT RESPOND WELL TO EITHER TYLENOL® OR MOTRIN®/ADVIL® ALONE, YOU CAN ALTERNATE THE TWO MEDS EVERY 3 HOURS FOR A DAY IF NEEDED, AS LONG AS YOUR CHILD IS OVER 6 MONTHS OF AGE.** (For example, Tylenol® dose at 12:00 p.m., Motrin® or Advil® dose at 3:00 p.m., Tylenol® dose again at 6:00 p.m., Motrin® or Advil® dose again at 9:00 p.m., etc…) *******

INFANTS MOTRIN® OR ADVIL® CONCENTRATED DROPS

(50 mgs/1.25 mL)

<*Generic is called "Ibuprofen">

(for fever, teething, or pain)

****** PLEASE NOTE ******

Not To Be Given If Under 12 Pounds
Preferable if Given After the Age of 6 Months
Best if Not Given on an Empty Stomach

****** CAN BE REPEATED EVERY 6 HOURS AS NEEDED ******

Weight in Pounds	***Dose in mL***
12 – 13	1.25 *(middle line on dropper)*
13.5 – 15	1.56 *(halfway between 1.25 & 1.875 mL)*
15.5 – 17	1.875 *(top line on dropper)*
17.5 – 19	2.0
19.5 – 21	2.25
21.5 – 23	2.5 *(1.25 middle line twice)*
23.5 – 25	2.75
25.5 – 27	3.0

***** FOR STRONG FEVERS THAT DO NOT RESPOND WELL TO EITHER TYLENOL® OR MOTRIN®/ADVIL® ALONE, YOU CAN ALTERNATE THE TWO MEDS EVERY 3 HOURS FOR A DAY IF NEEDED, AS LONG AS YOUR CHILD IS OVER 6 MONTHS OF AGE.** (For example, Tylenol® dose at 12:00 p.m., Motrin® or Advil® dose at 3:00 p.m., Tylenol® dose again at 6:00 p.m., Motrin® or Advil® dose again at 9:00 p.m., etc…) *******

CHILDRENS TYLENOL® SYRUP

(160 mgs/5 mL)

<*Generic is called "Acetaminophen">

(for fever, teething, or pain)

****** CAN BE REPEATED EVERY 4 HOURS AS NEEDED ******

Weight in Pounds	***Dose in Teaspoons***
12 – 16	½ teaspoon
17 – 22	¾ teaspoon
23 – 27	1 teaspoon
28 – 34	1 ¼ teaspoons
35 – 39	1 ½ teaspoons
40 – 45	1 ¾ teaspoons
46 – 51	2 teaspoons
52 – 57	2 ¼ teaspoons
58 – 62	2 ½ teaspoons
63 – 68	2 ¾ teaspoons
69 – 74	3 teaspoons
75 – 80	3 ¼ teaspoons
81 – 86	3 ½ teaspoons
87 – 91	3 ¾ teaspoons
92 – 97	4 teaspoons
At this point you can start giving tablets if able to swallow:	
95+	2 tablets *(325 mgs each)*

***** FOR STRONG FEVERS THAT DO NOT RESPOND WELL TO EITHER TYLENOL® OR MOTRIN®/ADVIL® ALONE, YOU CAN ALTERNATE THE TWO MEDS EVERY 3 HOURS FOR A DAY IF NEEDED, AS LONG AS YOUR CHILD IS OVER 6 MONTHS OF AGE.** (For example, Tylenol® dose at 12:00 p.m., Motrin® or Advil® dose at 3:00 p.m., Tylenol® dose again at 6:00 p.m., Motrin® or Advil® dose again at 9:00 p.m., etc…) *******

CHILDRENS MOTRIN® OR ADVIL® SYRUP

(100 mgs/5 mL)

<*Generic is called "Ibuprofen">

(for fever, teething, or pain)

****** PLEASE NOTE ******

Not To Be Given If Under 12 Pounds
Preferable if Given After the Age of 6 Months
Best if Not Given on an Empty Stomach

****** CAN BE REPEATED EVERY 6 HOURS AS NEEDED ******

Weight in Pounds	***Dose in Teaspoons***
12 – 15	½ teaspoon
16 – 21	¾ teaspoon
22 – 26	1 teaspoon
27 – 31	1 ¼ teaspoons
32 – 37	1 ½ teaspoons
38 – 43	1 ¾ teaspoons
44 – 48	2 teaspoons
49 – 54	2 ¼ teaspoons
55 – 60	2 ½ teaspoons
61 – 65	2 ¾ teaspoons
66 – 70	3 teaspoons
71 – 76	3 ¼ teaspoons
77 – 81	3 ½ teaspoons
82 – 87	3 ¾ teaspoons
88+	4 teaspoons

At this point you can start giving tablets if able to swallow:

88+	2 tablets *(200 mgs each)*

***** FOR STRONG FEVERS THAT DO NOT RESPOND WELL TO EITHER TYLENOL® OR MOTRIN®/ADVIL® ALONE, YOU CAN ALTERNATE THE TWO MEDS EVERY 3 HOURS FOR A DAY IF NEEDED, AS LONG AS YOUR CHILD IS OVER 6 MONTHS OF AGE.** (For example, Tylenol® dose at 12:00 p.m., Motrin® or Advil® dose at 3:00 p.m., Tylenol® dose again at 6:00 p.m., Motrin® or Advil® dose again at 9:00 p.m., etc…) *******

After Hours Emergencies Only

Please call the office number (201) 487-8222,
push 1 to connect to the answering service directly,
or listen for the current answering service phone number.

(When awaiting the doctor's call, you must dial *82 to remove your caller ID block so we can reach you)

** If you do not receive a call back from the doctor or triage-service within 20 minutes, please call the answering service again to have them re-paged **

**** We are here to help. So that we can best serve the needs of all of our patients and our community, please only page the doctor on weekends and after hours when it is a true emergency ****