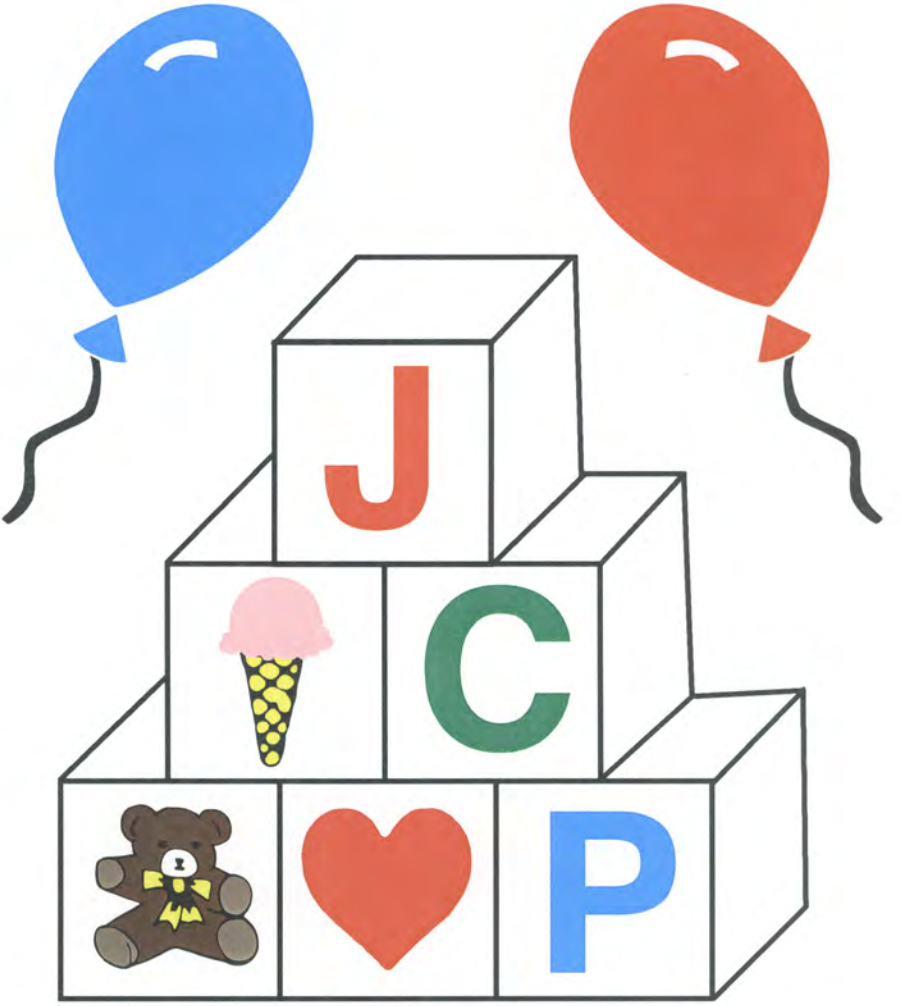

JOHNSON CITY PEDIATRICS

301 MED TECH PARKWAY, SUITE 180
JOHNSON CITY, TENNESSEE 37604
PHONE: 423-794-5540

OFFICE HOURS BY APPOINTMENT

jcpeds@sofha.net

Please like us on Facebook

WELCOME TO OUR PRACTICE

This booklet is written to our patients to explain our practices and to give some information about the more common problems encountered in the care of well and sick children.

Office Hours
Monday-Friday 7:30 am-7:30 pm by appointment. We are open Saturday mornings from 7:30 am-11:30 am. We do not see patients on Sunday.

We begin answering the phone on office days at 7:30 am. After 7:30 pm you can reach our on call physician through our answering service.

Name: _____

Date of Birth: _____

Place of Birth: _____

Birth Weight: _____ lbs _____ oz (_____ kg)

Birth Length: _____ inches (_____ cms)

Head Circumference: _____ inches (_____ cms)

Problems if any:

_____

_____

_____

_____

_____

_____

INTRODUCTION

The doctors and personnel of Johnson City Pediatrics are committed to the well-being of your child and to high quality medical care for children. We would like each child to have the opportunity to develop to his or her maximal ability. This requires the best state of health possible. We are, therefore, interested in the prevention of illnesses and accidents, adequate nutrition, optimal growth and development, and, of course, the medical needs of the children we serve. We would like parents to be informed; we will make every effort to explain tests and treatments that we order. If you have questions pertaining to your child's health or questions about recommendations that we make, do not hesitate to ask us about them.

This booklet has been designed to inform you as to how our practice works and to provide you with the answers to frequently asked questions. We hope that you will read the entire book and keep it for future references.

ABOUT OUR PHYSICIANS

We are extremely proud that we were selected as one of the few pediatric offices in the country to pioneer pediatric research. Our practice also started the Neonatal Intensive Care Unit at Johnson City Medical Center Hospital many years ago, and we are proud that it has flourished and become one of the state perinatal centers.

JILL W. WIREMAN, M.D.: Dr. Wireman is originally from Louisville, KY. She received her undergraduate degree from Duke University, Durham, North Carolina and her medical degree from the University of Kentucky. Dr. Wireman is Board Certified by the American Board of Pediatrics and is a member of the American Academy of Pediatrics. She has served as chairperson of the Department of Pediatrics at JCMCH. She is also a member of the Tennessee Medical Association, the Tennessee Pediatric Society, and the Tri-County Medical Association. She has been practicing pediatric in Johnson City since 1993. She is married and has two children. She is an Assistant Clinical Professor of Pediatrics at Quillen College of Medicine at East Tennessee State University.

CHRIS R. LEDES, M.D.: Dr. Ledes is a native of Memphis. He received his undergraduate degree from the University of Tennessee, Knoxville, and his medical degree from James H. Quillen College of Medicine in Johnson City. He completed his pediatric residency at the University of Kentucky in June of 1998. He is Board Certified by the American Board of Pediatrics and is a member of the American Academy of Pediatrics. He is also a member of the Tennessee Medical Association and the Tri-County Medical Association. He has been practicing pediatrics in Johnson City since 1998. Dr. Ledes is married and has three children. He is an Assistant Professor of Pediatrics at Quillen College of Medicine at East Tennessee State University. Dr. Ledes has served as chairman of the Department of Pediatrics at Johnson City Medical Center Hospital.

MICHELLE S. BULLMAN, M.D.: Dr. Michelle Bullman is a native of Asheville, North Carolina. She completed her Bachelor of Science in chemistry from Elon University in 1999, after which she attended medical school at the Brody School of Medicine at East Carolina University until 2003. She then went on to complete her residency training at University Health Systems of Eastern North Carolina in 2006. She is Board Certified by the American Board of Pediatrics and a member of the American Academy of Pediatrics and the Medical Association. She is married and has a daughter.

BRYAN J. PRUDHOMME, M.D.: Dr. Prudhomme is originally from Lafayette, Louisiana and moved to Johnson City in 2000 where he attended medical school at James H. Quillen College of Medicine. He completed his pediatric residency at ETSU in June 2007. In his free time, he enjoys woodworking, soccer, camping, and spending time with his wife and children. He is Board Certified by the American Board of Pediatrics and a member of the American Academy of Pediatrics.

APRIL D. LOWERY, M.D.: Dr. Lowery is a native of Johnson City. She received her Bachelor of Science from East Tennessee State University and her Medical degree from James H. Quillen. College of Medicine. She completed her pediatric residency training with East Tennessee State University in June 2010. She is Board Certified by the American Board of Pediatrics and a member of the American Academy of Pediatrics. She is married to Dr. Bryan Prudhomme and has four children.

SHASTA B. HELSEL, M.D.: Shasta Helsel, MD, a native of Morristown, Tennessee, has returned to the area to serve the children of East Tennessee. She received her undergraduate degree from the University of Tennessee, Knoxville, and completed her medical degree at East Tennessee State University's Quillen College of Medicine. Dr. Helsel performed her internship and residency at the University of Hawaii Intergrated Pediatric Residency Program in Honolulu, Hawaii.

Dr. Helsel is Board Certified by the American Board of Pediatrics and is a member of the American Academy of Pediatrics. She has been practicing pediatrics for 11 years. Her focus is educating children and teens on the importance of staying well and making lifelong healthy choices.

She is married to LTC Bryan Helsel (Ret.), MD, a cardiothoracic surgeon. and is the mother of two children. In her leisure time, Dr. Helsel enjoys spending time with her family, exploring new places, cooking and crafts.

AFTER HOURS/EMERGENCIES

After 7:30 pm you can reach our on call physician through our answering service until 11:00 pm. We do not take non-emergent calls after 11:00 pm. Most phone calls can be handled better during office hours. Physicians, like other people, require some time to sleep, to relax, and to study. Please, do not abuse the after hours and weekend phone calls and visits. If you do call after hours, please have a pencil and paper available to write down instructions and have your pharmacy phone number available.

If you should need to contact our on call physician after hours, you may do so by calling our office number (794-5540) for instructions on how to reach us and we will return your call as soon as possible. If we do not return your call within 30 minutes, please call back. We want to return every call but an occasional page does not get through to us. Please call back until you get us.

If your child has an **emergency situation** occur after 11:00 pm, we ask that you go the Children's ER at Johnson City Medical Center. If it is a **non-emergent situation**, please call the office the following morning at 7:30 am to schedule an appointment. The office phone number is 423-794-5540.

Unless a child is having a life-threatening emergency, please do not go to the hospital first. Call us first and we can make suitable arrangements to see your sick child. This can save a considerable amount of time and money, prevent us from leaving the hospital as you arrive, and expedite Emergency Room Care. During busy times or after hours, we may request that the Emergency Room physician evaluate your child. We are always available to this physician and telephone consultation is common. We will come to the hospital to examine your sick child at any time that we deem necessary after speaking with the emergency room physician.

FINANCIAL POLICIES

We recognize the need for a definite understanding between the patient and doctor regarding financial arrangements for medical care. Payment in full (co-pays and deductibles) is requested at the time of service, unless arrangements are made prior to treatment. Like you, we are very concerned about the overall cost of healthcare. Please understand that we take this step in an attempt to

avoid increasing the fees for our services. Feel free to speak with our Patient Account Representative if you have any questions or if we may be of assistance.

If we are contracted with your insurance company, we will file your insurance claim for you. Please be prepared to pay your appropriate co-pay or deductible amount. If we are not under contract with your particular insurance company, you will need to pay in full at the time of service, but as a service we will send in a claim for you. Should you wish to file your own claim, please notify the receptionist. We will file all insurance for hospitalizations and certain injuries which require in-office procedures.

Your consideration in the above matters will help us to keep the cost of health care as low as possible.

IMMUNIZATIONS

We understand the controversy surrounding vaccinations, however the physicians of our group strongly recommend giving vaccines as scheduled by the American Academy of Pediatrics.

Immunizations are very important in the prevention of many serious infectious diseases. You will be provided with vaccine information sheets detailing the necessity of each vaccine and its possible side effects. We recommend a schedule of vaccinations, which may change periodically, based upon the most recent recommendations of the AAP. These recommendations come from the American Academy of Pediatrics and from the Advisory Committee on Immunization Practices of the Center for Disease Control.

Current vaccines include: **DTaP** (Diphtheria, Tetanus, accellular Pertussis or whooping cough), **IPV** (Inactivated Polio Vaccine), **HIB** (Haemophilus Influenzae type B), **Hepatitis B**, **Hepatitis A**, oral **Rotavirus**, **Meningococcal**, **MMR** (Measles, Mumps, Rubella), **Varicella** (Chicken Pox), **Tdap** booster (Tetanus, Diphtheria, Pertussis), **HPV** (Human Papillomavirus Vaccine), and **Prevnar 13** (Pneumococcal Conjugate Vaccine). Other special vaccines will be recommended as indicated for your child. Newer vaccines may have combinations of the above-mentioned standard vaccines. These may be added to the schedule when they are approved.

After your child's immunization you can expect fever, fussiness and muscles soreness. He/she may sleep more and not eat as well. These symptoms are signs that your child is responding well to the vaccines and are expected. Acetaminophen or Ibuprofen (only for children older than 6 months) may be given if needed. For dosing please see pages 23-24. You may also give your child a warm bath and rub his/her legs to relieve muscle soreness. Some vaccines are also likely to cause a rash. No treatment is needed for this type of rash and will resolve on its own.

CARE OF YOUR NEW BABY

Your baby is an individual from the day he or she is born. No two babies are alike. Well-meaning friends and relatives and many magazine articles will offer advice that may be confusing or inaccurate. There is much misinformation on the internet also. If you have concerns or questions, bring them to our attention either while you are in the hospital or during your visits to the office.

I. OFFICE VISITS

We ask that all babies come to the office within a week of discharge from the newborn nursery. This should be by appointment. Your baby should have a complete office check-up again at age four weeks unless, of course, he or she needs attention before then. During the check-up visits we will discuss your child's growth and development. We recommend the following schedule, which may be varied according to each child's needs, for well child evaluations/check-ups:

1 month
2 months
4 months
6 months
9 months
12 months
15 months
18 months
24 months
30 months
3 years of age
Yearly after age 3

Physical examinations are done annually. It is very important that children continue with regular physical examinations during their adolescence. They experience both physical and emotional changes during this period of their development.

II. SIGNS OF ILLNESS

Signs of illness in the first few weeks that should be reported to us are (a) jaundice or increasing yellow color of the skin, (b) repeated or forceful vomiting (not just spitting up), (c) refusing food several times in a row, (d) extreme lethargy or lack of activity, (e) difficulty breathing, (f) unusual rash, (g) fever, (h) excessive crying.

III. CRYING

All babies sneeze, yawn, burp, have hiccoughs, pass gas, cough, and cry. Crying is the baby's way of indicating, "I'm hungry", "I'm wet", "I have a stomachache", or "I'm bored." Normal babies cry as a means of releasing energy and often do so in the evening or night. You will gradually learn to know what each cry means. Even a well baby will probably cry for some period of time. Crying does not harm the baby.

IV. FEEDING

Feeding is one of the baby's first pleasant experiences. The baby receives nutrition from his/her food and emotional nourishment from his/her mother's love. The food helps the baby grow healthy and strong. The mother's love helps the baby feel secure. Your baby needs both kinds of nourishment.

At feeding time both you and your baby should be as comfortable as possible. The baby should be dry and warm. You might choose your favorite chair and relax with your baby in as calm an atmosphere as you can arrange at the time you have set aside for feeding.

Hold your baby in your lap with his or her head slightly raised, and resting in the bend of your elbow. Whether breast-feeding or bottle feeding, hold the baby comfortably close.

For Breast Feeding: If the nipple is touched to the baby's cheek the baby will turn to search for the nipple. The nipple can then be guided into the baby's mouth. Keep the breast from pressing against the baby's nose so breathing is not affected.

In the first few days you may nurse the baby from both breasts at each feeding. Ten minutes at each breast is usually long enough. The best stimulus for the production of milk is emptying the breast. Therefore, once you have begun produce milk and your milk supply is adequate, you may feed from only one breast at each feeding. You will then at the next feeding start with the opposite breast.

Babies are different from each other and some will finish feeding quickly and others take longer. Babies generally take most of the milk in the first few minutes of the feeding period. Within 20-30 minutes the baby has taken all the milk that he or she is going to take and there is little reason to prolong feedings beyond this time.

It is important for you to eat a balance diet. You should continue taking your prenatal vitamins as long as you are breast-feeding your baby. Babies who are breast-fed should receive Vitamin D supplementation. Tri-Vi-Sol 0.1ml daily will provide this. If there is any particular food that disagrees with you or seems to cause problems with the baby it should be avoided. You may eat all other foods. On occasion, if you desire, you may offer your baby a bottle with either breast milk or formula. This lets the baby get used to a bottle so that if you leave the baby with a sitter the baby can still eat without difficulty. Pumped breast milk may be refrigerated for 3-7 days or frozen up to 3-6 months.

For Bottle Feeding: Seated comfortably and holding your baby, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. Formula may be fed warm or cold. If you prefer to warm it, place a bottle in a pan of hot (not boiling) water or in a bottle warmer for a few minutes. Do not overheat bottles.

The temperature can be tested by shaking a few drops on your wrist. **DO NOT HEAT FORMULA OR BREAST MILK IN MICROWAVE** ovens as bottles can explode, the milk can have “hot spots” and babies fed microwaved formula have been burned. It is not necessary to sterilize ready to feed formula or formula prepared with city water. Washing bottles and nipples in a dishwasher or with hot soapy water is sufficient cleaning.

Your baby has a strong, natural desire to suck. Sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after the nipple has collapsed. So take the nipple out of the baby's mouth occasionally to keep the nipple from collapsing. This makes it easier for the baby to suck and lets the baby rest a bit.

Burping: Burping your baby helps remove swallowed air. Even if fed properly, both bottle-fed and breast-fed babies usually swallow some air. Hold the baby upright over your shoulder or place the baby face down over your lap and pat or rub the back very gently until air escapes. Burping can also be done by holding the baby in a sitting position, leaning slightly forward on your lap, with your hands supporting the baby's stomach. Of course, sometimes there is no burp because there is not need and it is not necessary to try to force a burp.

Feeding Schedule: Feeding schedules are usually most satisfactory if the hours are set roughly and the baby is allowed to eat when hungry-for example, any time between two and four hours after the last feeding. Newborns usually need to be fed about every three hours but may go up to four hours between feedings. It is better not to wake the baby for feeding. Should the baby occasionally wake and cry less than two hours after a feeding, it is probably not from hunger. However, should the baby consistently awaken and cry less than two hours after feeding, the amount of the feeding may be insufficient.

How Much Formula: The amount of formula your baby takes will vary. Babies have a right not to be hungry and you can't make a baby want to eat.

Most babies feed for 15-20 minutes. You will probably find that sometimes your baby will take all of the bottle and sometimes the baby won't. This is normal. With growth more formula will be needed. When your baby regularly takes all of the formula and still does not seem satisfied it may be time to increase the amount of formula offered.

Water: Formula, when prepared properly, and breast milk contain all the water that baby normally needs. During hot summer months, if the baby is outdoors or in a warm room you may offer the baby some water. Otherwise, the baby does not need extra water.

After Feeding: Regurgitation or "spitting-up" is a normal occurrence in most babies. Many infants "spit-up" frequently. After feeding some babies bring up a mouthful or two of milk. Others will regurgitate at intervals between feedings. This is to be distinguished from vomiting in which contents of the stomach are forcibly ejected through the mouth and nose. Repeated vomiting should be reported to us.

V. VITAMINS AND SOLID FOODS

We will discuss these with you when we see your child for the first check-up. Until that time your baby, whether on breast or bottle, does not need any solid foods or vitamins. When it is time to begin foods your baby will take them well from a spoon. We do not recommend infant feeders. Breast-fed babies and formula fed babies who don't receive fluoridated water will require fluoride drops after the age of 6 months. Babies who are breast-fed should receive Vitamin D supplementation. Tri-Vi-Sol 0.1ml daily will provide this.

VI. BABY CARE

Fever: Fever in the first two months is not normal. **IF A BABY LESS THAN TWO MONTHS OLD HAS A FEVER, PLEASE NOTIFY US**. Please refer to the medical information section for more discussion about fever.

Bathing: The room should be warm and without drafts. Until the naval and circumcision are healed wash the baby by sponging. After these have healed you can use a tub or bathinette. The face and ears should be washed with plain water and a soft cloth, no soap is necessary. The baby's head should be lathered gently with baby shampoo. Work from the front to the back to keep the shampoo out of the baby's eyes. There is no danger in washing the soft spot and it should be washed in the same way as the rest of the scalp. Pat dry with a soft towel. The skin folds around the little girls vagina should be opened gently and washed with plain water starting at the top and going downward. The body should be washed with a mild soap; be sure to wash in the creases and rinse well. No oils or lotions are necessary on the baby's skin. These may clog the pores.

Cord Care: The navel should be kept clean and dry. Clean the entire navel and cord with alcohol three to four times a day. Do not cover with binders or

other coverings. Sometimes after the cord falls off there may be a few drops of blood but this is not cause for worry.

VII. CIRCUMCISION

Circumcision is a surgical procedure to remove the foreskin covering the glans or head of the penis. It is not medically necessary for this procedure to be performed on all newborn boys. The benefits of the procedure are that the incidence of infections of the urinary tract in boys who are circumcised is reduced, the incidence of carcinoma of the head of the penis (which is a rare disease) is reduced, and there is no possibility of developing infection or inflammation of the foreskin. The drawbacks to the procedure are the unusual occurrence of bleeding, infection, or difficulties related to the surgical procedure itself. Factors influencing your decision regarding circumcision include religious reasons, whether the baby's father or you older sons are circumcised, and your desire regarding this. Circumcision is most commonly performed during the neonatal period because newborns heal rapidly and rest comfortably without much need for pain control. After the newborn period, general anesthesia is required for circumcision. However, we do wish to emphasize that circumcision is elective and is not a necessity. If you have specific questions regarding this, do not hesitate to ask us.

If your baby boy is circumcised, the circumcision should be washed with plain water. Watch for swelling or bleeding. Vaseline or A&D Ointment may be applied for protection until healing is complete. If a plastic ring (plastibell device) was left on the penis, only plain water is needed. The ring will fall off within 7-10 days. Avoid using diaper wipes until the circumcision is completely healed.

VIII. BOWEL MOVEMENTS (STOOLS)

Your baby may have a bowel movement after each feeding or may not have one for several days. Your baby may strain with bowel movements, but unless the stool is hard and pellet-like, this is perfectly normal. Stools are normal if they are putty-like. They may stain the diaper. In breast fed infants, the stools are usually watery, golden color, and soak into the diaper.

After each bowel movement and when changing wet diapers, wash the diaper area with diaper wipes or a soft wet cloth.

Cloth diapers may be washed in a washing machine or by a diaper service. If washing cloth diapers at home, you should put them through a second rinse.

IX. BREASTS

Boys or girls may develop breast enlargement due to the mother's hormones. This is normal and during the newborn period no treatment is needed.

X. VAGINAL DISCHARGE

You may expect your baby girl to have a small amount of vaginal discharge or bleeding in the first two weeks. This is due to the mother's hormones and requires no treatment. It is not a matter of concern.

XI. BABY'S GENERAL COMFORT

Room Temperature: Try to keep an even, comfortable temperature in the baby's room. On hot days provide ventilation. On cold days check your baby to se that he or she is covered enough to be warm and comfortable. Room temperatures of 72-75 degrees are about right.

Sleeping: You may expect your new baby to do a lot of sleeping. Babies should sleep on their backs, as this reduces the incidence of Sudden Infant Death Syndrome.

Bassinet or Bed: The baby's mattress should be firm and flat and fit snugly in crib. No pillows or stuffed animals should be used. You may protect the mattress with a waterproof cover. A soft baby fitted sheet may be placed over this.

Clothing: Your baby does not require any more clothing than an adult. Dress the baby according to the temperature so that the baby remains comfortable.

Outdoors: Sunlight can cause significant sunburn. Babies burn more easily and quickly than older children and adults.

XII. SUNSCREEN USE

Babies younger than 6 months of age should not be exposed to direct sunlight. If this is unavoidable, sunscreen should be used sparingly on exposed areas.

XIII. NEWBORN SCREENING TESTS

All newborn babies have a set of screening blood tests to rule out multiple metabolic and blood disorders. This is drawn in the hospital prior to discharge. If these tests are not normal you will be notified.

XIV. VISITING

During the first two months do not expose your new baby to large crowds and avoid contact with individuals who may be sick.

XV. SMOKING

Aside from being harmful to you, smoking also causes problems for babies exposed to the smoke. If you cannot stop smoking, do not smoke in the car or house, even if children are not present at that time.

XVI. CARSEATS

Tennessee State Law requires a child safety restraint system while transported in a motor vehicle. Children should always be buckled in their car seats. Suitable car seats are available through many retail stores.

- ***Under 1 year of age and weighing 20 pounds or less***
  Rear facing position in rear seat with car seat appropriate for age and weight

- ***1 year through 3 years and more than 20 pounds***
  Forward facing position in rear seat with car seat appropriate for age and weight

- ***4 years through 8 years and less than 4'9"***
  Belt-positioning booster seat system in rear seat with booster seat appropriate for age and weight

- ***9 years through age 12 and 4'9" or more in height***
  Seat belt system in rear seat

- ***13 years and older***
  Must use passenger restraint system while riding in vehicle

IN ALL CASES, the child restraint, the belt positioning booster seat, and the seat belt system MUST MEET federal guidelines AND BE USED PROPERLY. You can always contact your local highway patrol to assist you with child restraint seats.

SAFETY TIPS FOR YOUR NEW BABY

1. Use common sense at all times.

2. Have fire extinguishers available and know how to use them.

3. Install smoke detectors and test them periodically.

4. Stop smoking, and keep baby away from those who do smoke. Second hand smoke exposure increases the risk of specific childhood illnesses including SIDS, upper respiratory infections, ear infections, asthma, etc.

5. Reduce your hot water heater thermostat to 120 degrees.

6. Properly install a child restraint device in your car. Buckle your baby carefully for every ride, including the ride home from the hospital. Buckle yourself too.

7. Baby should always sleep on their back, NOT on their side or belly.

8. Do not microwave formula or breast milk.

9. Do not leave the baby unattended on a dressing table, bed, or chair, or in a bathtub or sink.

10. Do not leave the baby alone with pets or young siblings.

11. Never leave the baby alone in the house or car.

12. Choose your babysitters and childcare providers carefully.

13. Do not shake your baby.

14. The crib slats should be no more that 2 and 3/8ths inches apart and the mattress should fit snugly.

15. Do not place necklaces or strings around the baby's neck. Do not attach long strings to the crib to hold pacifiers, toys, or religious medallions.

16. Specific information about products for use with children can be obtained from the Consumer Products Safety Commission.

17. Use child proof latches on doors, cabinets, and drawers.

18. All firearms should be stored away under lock and key and out of the reach of children.

19. Children should always wear safety helmets while riding bicycles, scooters, skates, ATV's, etc.

MEDICAL INFORMATION

I. FEVER: IF A CHILD UNDER 2 MONTHS OF AGE HAS A TEMPERATURE ABOVE 100.4, PLEASE NOTIFY US.

Fever is a sign of illness, but fever itself is generally not dangerous. Many infections that are not serious may cause fevers of 103-104 degrees. Temperatures up to 100.4 degrees rectally are considered normal. If the temperature is excessive and your child acts sick, you may give either Acetaminophen (Tylenol) every 4 hours or Ibuprofen every 6-8 hours, per the dosage indicated in the attached chart on pages 23-24. Ibuprofen is not recommended for children less than 6 months of age. Acetaminophen and Ibuprofen can be toxic to children if excessive amounts are given. We **DO NOT recommend** alternating ACETAMINOPHEN AND IBUPROFEN. Aspirin or Pepto-Bismol are not currently recommended for children. We **DO NOT recommend** sponging a child with alcohol or cold water, as this is very uncomfortable to the child.

II. VOMITING AN/OR DIARRHEA

Vomiting and diarrhea in children are frequently caused by a virus affecting the stomach and bowel. When vomiting occurs, stop giving fruit juice and milk. You may offer small amounts of clear liquids. Preferred fluids are balanced electrolyte solutions such as Pedialyte or Infalyte. Feeding of soft, bland foods such as bananas, rice, applesauce, or toast may be done in small or moderate amounts after the child is tolerating clear liquids. Breast fed babies may continue to receive breast milk during episodes of diarrhea. If weight loss or decrease in urine output occurs, call the office so that we can arrange to see the child.

III. COMMON COLD

As yet, we do not have a cure for the common cold. None of the over the counter cough and cold medicines have been shown to be effective in children. We do not recommend any of these for children less than 6 years of age. If there is a great deal of congestion, a vaporizer or humidifier may be helpful. We prefer cool mist humidifiers with plain water. Nonmedicated saline nose drops may be used in combination with a bulb syringe as needed. If difficulty in breathing is encountered, please contact our office.

IV. SORE THROAT

Many sore throat infections are caused by viruses and do not respond to antibiotic treatment. Strep throat infections do need to be treated with antibiotics. Antibiotics aid in the prevention of rheumatic fever. If your child complains of a sore throat, you may relieve the pain and/or fever with Acetaminophen. If your child complains of a sore throat, they may need to be seen by a physician if symptoms persist. A physician must see patients before antibiotics will be prescribed.

V. MEDICATION

It is important that medications be given as prescribed. The instructions as well as the name of the medication should be on each prescription. We do not prescribe antibiotics for routine colds or viral infections. WE CAN ONLY DETERMINE THE NEED FOR ANTIBIOTIC TREATMENT BY EXAMINING THE PATIENT. Antibiotics should be used until the bottle is empty unless you are otherwise advised. Antibiotics from a previous illness, or those that have been prescribed for another person should never be used without consulting the doctor.

VI. POISONING

In case of poisoning call The Poison Control Center at 1-800-222-1222 immediately. Save any container or any material that is left in the container. Give the name of the products and its contents.

Emergency Measures:

1. Do not induce vomiting if the child:
   a. is unconscious
   b. is having convulsions
   c. has swallowed lye or toilet bowl cleaner or other caustic ingredients.
2. If the child has swallowed lye or acid, give milk or water and contact the office.
3. If the child has inhaled a poisonous gas, carry the child to fresh air. Keep the patient quiet and warm.
4. If a toxic substance is on the clothing and/or skin, remove the contaminated clothing and rinse the contaminated areas thoroughly with water.
5. If irritating substances get into the eyes, hold the eyelids open and wash with a gentle stream of cool running water immediately.

VII. BURNS

To minimize blistering, burns should be bathed with cold water immediately. They should then be thoroughly cleaned with soap and water. Do not put butter, margarine, or fatty substances onto burns. Any child with severe or extensive burns should be seen by us. If in doubt, call.

VIII. PINWORMS

Pinworm infection is a common infection among children and there is no cause for alarm. This is not an emergency. Treatment for pinworms is generally taken by the whole family. If you notice pinworms in your child, you may treat with over the counter medicines.

IX. THRUSH

Thrush is a common problem in infants, where white patches form on the tongue, gums, or insides of the cheeks. This can be confused with residual milk after feeds but thrush will not wipe off with a soft cloth and may have pinpoint areas of bleeding. Thrush is NOT an emergency but does require treatment. You may contact our office during office hours and we will call in meds for your infant. During treatment you must sterilize bottles and pacifier nipples daily. Some mothers who are breast-feeding will require treatment for infection on their breasts as well and should discuss this with their doctor.

X. PINK EYE

Children frequently develop pink eye. If your child has red eyes with swollen lids and thick colored discharge he/she may have pink eye. A warm washcloth will help remove matted drainage and a cool compress will decrease lid swelling. Pink eye can be contagious and requires treatment. We can often call in medications for your child if you call our office.

XI. ALLERGIES

Seasonal or environmental allergies are very common in our area. Children with allergies may experience runny nose, water/itchy eyes, hives, or cough. Many allergy medications are now available over the counter. For children over 2 years of age with allergy symptoms, you may try Loratidine (Claritin) or Cetirizine (Zyrtec) one daily. (Dosing is based on age as below). Benadryl can also be used for seasonal allergies or allergic reactions, but is more likely to cause sleepiness and only last for 6 hours. Dosing for Benadryl is based on your child's weight, not age. Please call the office to discuss dosing.

Children should **NOT** have fever related to allergy symptoms. If your child has a fever or trouble breathing, please call for further instructions.

Cetirizine or Loratadine

AGE	DOSE	FREQUENCY
2-5 years	2.5-5 mg (1/2-1 tsp)	Once daily
>6 years	5-10 mg (1-2 tsp)	Once daily

IBUPROFEN DOSES (***Only for ages > 6 months)
Every 6 hours as needed for fever over 102° F

WEIGHT	DROPS* (50mg/1.25ml)	SYRUP* (100mg/tsp)	Children's Chewable Tabs (50mg)	Jr. Caplets or Chewable Tabs (100mg)	Adult TABLETS (200mg)
12-17 lbs	1.25 ml	½ tsp.	-0- tabs	-0- tabs	-0- tabs
18-23 lbs	1.875 ml	¾ tsp.	-0- tabs	-0- tabs	-0- tabs
24-35 lbs	2.50 ml	1 tsp.	2 tabs	1 tab	½ tab
36-47 lbs	3.75 ml	1 ½ tsp.	3 tabs	1 ½ tab	¾ tab
48-59 lbs	5.00 ml	2 tsp.	4 tabs	2 tabs	1 tablet
60-71 lbs	6.25 ml	2 ½ tsp.	5 tabs	2 ½ tabs	1 ¼ tablet
72-95 lbs	7.50 ml	3 tsp.	6 tabs	3 tabs	1 ½ tablets
96 + lbs	10.00 ml	4 tsp.	8 tabs	4 tabs	2 tablets

*Drops and Syrup are not the same; concentrations are different as indicated.
*1 ml = 1 cc

ACETAMINOPHEN DOSES

every 4 hrs as needed for fever over 102°F

WEIGHT	80 mg/0.8 mL	160 mg/5 mL	80 mg Tabs	160 mg Tabs	325 mg Tabs
Under 12 lbs	½ Dropper or 0.4 mL	¼ tsp or 1.25 mL	0 Tabs	0 Tabs	0 Tabs
12-18 lbs	1 Dropper or 0.8 mL	½ tsp or 2.5 mL	0 Tabs	0 Tabs	0 Tabs
18-23 lbs	1 ½ Droppers or 1.2 mL	¾ tsp or 3.75 mL	0 Tabs	0 Tabs	0 Tabs
24-35 lbs	2 Droppers or 1.6 mL	1 tsp or 5 mL	2 Tabs	1 Tab	0 Tabs
36-47 lbs	3 Droppers or 2.4 mL	1 ½ tsp	3 Tabs	1 ½ Tabs	0 Tabs
48-59 lbs	0 Droppers	2 tsp	4 Tabs	2 Tabs	1 Tab
60-71 lbs	0 Droppers	2 ½ tsp	5 Tabs	2 ½ Tabs	1 ¼ Tabs
72-95 lbs	0 Droppers	3 tsp	6 Tabs	3 Tabs	1 ½ Tabs
96 & over lbs	0 Droppers	4 tsp	8 Tabs	4 Tabs	2 Tabs

** 1 ml = 1 cc

HELPFUL WEBSITES & RESOURCES

Poison Control 1-800-222-1222
www.poisonlifeline.org

Centers for Disease Control
www.cdc.gov

American Academy of Pediatrics Website
www.aap.org

Healthy Children (website through the AAP)
www.healthychildren.org

Consumer Products Safety Commission
www.cpsc.gov

SOFHA Walk-In Clinic for after hours emergency
794-5590

Niswonger Children's Hospital ER
431-6111

BREASTFEEDING RESOURCES

kellymom.com

lalecheleague.org

medela.org

JOHNSON CITY PEDIATRICS

301 MED TECH PARKWAY, SUITE 180
JOHNSON CITY, TENNESSEE 37604

PHONE: 423-794-5540