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## Three Convenient Locations

North Clinic has served the northwest community for more than 50 years. Throughout the years, we've expanded our practice from one office to three convenient locations to better meet patients' needs. You might say we've grown along with you and your family.

### *Maple Grove*

9825 Hospital Dr., Suite 300  
Maple Grove, MN 55369

### *Plymouth*

15655 37th Avenue N., Suite 100  
Plymouth, MN 55446

### *Osseo*

50 Central Avenue  
Osseo, MN 55369

### *General Information*

**763-587-7900**

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



## Appointment Phone Number & Hours

All offices open Monday – Friday 7:30 am – 5:00 pm.

The Maple Grove office is open on Saturdays 8:30 am – 12 Noon.

To schedule an appointment, call

**763-587-7999**

Appointment lines open Monday – Friday 7:00 am – 6:00 pm  
and Saturdays 8:00 am – 12 Noon

*Adult and Pediatric Walk-in appointments available for minor and acute illnesses.*

# Welcome

Congratulations on your new arrival! We appreciate that you chose North Clinic to care for your child and hope that your experience as a parent will be both satisfying and rewarding. We at North Clinic are dedicated to providing the highest quality health care for your child.

North Clinic is an independently owned, primary care based organization with select specialty services. We specialize in caring for the entire family – from youngest to oldest.

Specialties include:

- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Colon/Rectal Surgery
- Podiatry
- Rheumatology
- Hearing Health
- Diabetes Education
- Registered Dietician/Nutritionist

After the delivery of your child, you will meet one of our family physicians. The physician will examine your newborn, answer your concerns or questions and advise you on timing for an appropriate follow-up visit to the clinic.



## Record of Well Child Check-Ups

This first section of pages is to be used to record information from your child's checkups. Please bring this handbook to all of your well child exams.

### *Well Child Check – 2 Weeks*

**Next check-up:** 2 months old

<b>DATE/AGE</b>	_____	(picture)
<b>WEIGHT (pounds):</b>	lb                      oz	
<b>LENGTH (inches):</b>	_____	
<b>HEAD CIRCUMFERENCE:</b>	_____	

#### Your baby can:

- See 10-12 inches in front of his/her face
- Fix gaze on your face and follow movement
- Attempt to hold his/her head up
- Squeeze your finger
- Startle at loud noises
- Enjoy skin to skin contact

#### Activities and toys to help your child grow:

- Books with the colors red, black, and white
- Toys that play music
- Hanging toys that can be seen and reached for from underneath

# 2 Months

## Well Child Check – 2 Months

Next check-up: 4 months old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> lb                      oz	_____ (picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your baby can:

- Make noise and smile at people, follow faces and brightly colored objects
- Become bored and fussy if activity doesn't change, but can also briefly calm self by sucking on fingers or hands
- Hold his/her head up (perhaps unsteadily), begin to push up when lying on tummy
- Begin to keep his/her hand open for a few seconds rather than keeping it in a fist

### Safety tips:

- Don't leave your baby unattended on changing tables or couches, even for a moment
- Cribs should not be placed by a window
- NEVER leave small objects in your baby's reach, even for a moment

### Activities and toys to help your child grow:

- Toys without small pieces or sharp edges

- Lots of talking, hugging, kisses, and loving
- Including your child in family activities
- Reading or singing to your baby, especially at bedtime; this also helps to establish a bedtime routine
- Putting baby in the crib while drowsy, but still awake will help him/her learn to fall asleep on his/her own
- Having a consistent daily routine to establish rhythms and response

### Act early and talk to your baby's doctor if your baby:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up, while on tummy

### Vaccines Given:

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# 4 Months

## Well Child Check – 4 Months

Next check-up: 6 months old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> <b>lb</b> <b>oz</b>	_____ (picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your baby can:

- Lie on his/her stomach and push up onto elbows; may be able to roll from tummy to back
- Hold his/her head up unsupported
- Push down with legs when held in a standing position
- Bring hands to mouth, hold a toy and shake it, and may swing at dangling toys
- Smile, laugh, and squeal; he/she may babble and copy sounds
- Watch faces closely, follow objects with eyes, reach for toys after seeing them
- Cry in different ways to express hunger, pain, or being tired
- Respond to affection, recognize familiar people
- May sleep through the night with naps during the day

### Safety tips:

- NEVER use a walker! They can go down stairs or tip easily, causing injury
- Keep smaller objects away from your baby, as they present a choking hazard

### Activities and toys to help your child grow:

- Read to your baby, who will be interested in the shapes and colors in the book, as well as the sound of your voice

- Encourage interest in people and activities around him or her
- Sing nursery rhymes
- Splashing, kicking, and playing with bath toys are an enjoyable way to foster development
- Have a consistent daily routine

### Act early and talk to your baby's doctor if your baby:

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold his/her head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

### Vaccines Given:

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# 6 Months

## Well Child Check – 6 Months

Next check-up: 9 months old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> lb                      oz	_____ (picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your baby can:

- Roll from front to back and back to front
- Sit without support, and support self on legs or bounce when standing
- Rock back and forth; may crawl or creep on tummy along the floor
- Recognize familiar faces and knows when someone is a stranger
- Like to play with others, especially parents
- May respond to own name and recognize meaningful words such as mommy, daddy, and bye-bye
- String vowels together when babbling; may say consonants (with “m” or “b”), may repeat sounds
- Reach for objects; pass things from one hand to another; bring things to mouth

### Safety tips:

- Your baby is beginning to explore, but has no sense of danger. It is important to baby proof your house if you haven’t already done so
- Lower the crib mattress and keep the sides of the crib up so baby cannot pull him/herself over and fall
- Consider attending a CPR class that covers infant CPR and choking if you haven’t already done so

### Activities and toys to help your child grow:

- Clapping and singing songs
- Encourage sounds of real words like “mama” and “dada;” repeat sounds your baby makes
- Call your baby by name to get his/her attention
- Play with plastic measuring spoons, rings, and interactive games like peek-a-boo and pat-a-cake

### Act early and talk to your baby’s doctor if your baby:

- Doesn’t try to get things that are within reach
- Shows no affection for caregivers
- Doesn’t respond to loud sounds or noises
- Has difficulty getting things to mouth
- Doesn’t make vowel sounds (“ah,” “eh,” “oh”)
- Doesn’t roll over in either direction
- Doesn’t laugh or make squealing sounds
- Seems stiff with tight muscles
- Seems floppy, like a rag doll

### Vaccines Given:

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# 9 Months

## Well Child Check – 9 Months

Next check-up: 12 months old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> lb                      oz	_____ (picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your baby can:

- Pull up to stand when by a table or chair; may stand alone for several seconds
- Sit without support; crawl
- Feed self with finger foods; bring things to his/her mouth; use 'pincer grasp' with thumb and index finger
- Understand "no;" make many different sounds; copy sounds and actions of others
- Have favorite toys
- Recognize favorite people and be afraid of strangers
- Play peek-a-boo and look for things after seeing you hide them

### Safety tips:

- Consider upgrading your car seat if your baby is around 20 lb (based on manufacturer). Car seats should still be rear-facing and in the back seat
- Use gates around stairs to protect your baby from falls
- Avoid lifting baby by the arms as this can cause a painful dislocation of the elbow
- Wearing shoes while outside may protect your baby's feet. Shoes are not needed while inside

### Activities and toys to help your child grow:

- Play peek-a-boo and clapping games

- Name body parts; sing nursery rhymes
- Encourage toys that push and pull
- Floating bath toys, soft rubber balls, plastic containers
- Colorful picture books

### Act early and talk to your baby's doctor if your baby:

- Doesn't bear weight on legs with support
- Cannot sit with help
- Doesn't babble
- Doesn't respond to own name
- Doesn't play games involving back and forth play
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to another

### Vaccines Given:

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### Labwork Done:

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# 12 Months

## Well Child Check – 12 Months

Next check-up: 15 months old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> lb	_____ oz
	(picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Lab work: (lead test, hemoglobin)

#### Your child can:

- Pull to stand and stand alone for several seconds; may start walking
- Be shy or nervous with strangers; has favorite people and things; cries when parents leave
- Begin to point at things you name; hands you a book when he/she wants to hear a story
- Use gestures, like waving “bye-bye” or shaking head “no”
- Say at least one word you recognize; often can say “mama,” “dada” and “uh-oh”
- Find hidden things easily; bangs two things together; uses objects correctly (like drinking from a cup or brushing hair)
- Follow simple directions

#### Safety tips:

- Continue to avoid toys with sharp edges or small parts
- Children at this age can start climbing; make sure if they are alone they are in a safe place that is thoroughly childproofed

#### Activities and toys to help your child grow:

- Caregivers should discuss and agree what behavior and objects are allowed or not allowed. Children learn best when rules are consistent

- Children at this age love to climb and crawl – look for playground equipment with tunnels, bridges, and ramps
- Stackable toys, large puzzle pieces, floating bath toys, and musical toys are entertaining
- Safe household items such as plastic or wooden spoons, plastic bowls

#### Act early and talk to your child’s doctor if your child:

- Doesn’t crawl
- Can’t stand when supported
- Doesn’t search for things that they see you hide
- Doesn’t say single words like “mama” or “dada”
- Doesn’t learn gestures like waving or shaking head
- Doesn’t point to things
- Loses skills he or she once had

### Vaccines Given:

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# 15 Months

## Well Child Check – 15 Months

Next check-up: 18 months old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> <b>lb</b>	_____ <b>oz</b>
	(picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your child can:

- Walk alone; may walk backwards
- Point at named body parts, like eyes, ears, mouth, and nose
- Put together 1-3 words
- Follow simple directions
- Scribble with a pen
- Imitate parents doing household tasks
- Throw a ball
- Drink from a sippy cup

### Safety tips:

- Keep in mind your child is now an “explorer;” child-proofing your home is important
- Keep sides of the crib up; your child may try to climb out. Do not place the crib close to other furniture that your child can use to crawl out of the crib. If he/she climbs out frequently, try putting their mattress on the floor and a gate over the door during the night while everyone else is sleeping
- Have your child sit still while eating to prevent choking. Do not let them walk while eating

### Activities and toys to help your child grow:

- Crayons
- Simple musical toys (bells, triangles, tambourine)
- Outdoor toys, such as sidewalk chalk, plastic pail and shovel, large balls for kicking and throwing
- Read to your child. Name animals, objects, colors, and count objects as you read

- Toddlers like to explore and play next to someone. However, children at this age don’t yet know what it means to share. Encourage sharing, but understand they may struggle with the concept
- Encourage imaginative play, such as tea parties or dressing up
- Simple jigsaw puzzles, plastic containers, or similar toys – children this age like to put together, pull apart, put in, and take out things
- Praise your child frequently and ignore tantrums as much as possible
- Encourage play with similarly aged children

### Act early and talk to your child’s doctor if your child:

- Doesn’t start to learn new words
- Doesn’t point to things or recognize familiar objects
- Doesn’t recognize familiar people, like caregivers
- Doesn’t stand on his/her own or hasn’t attempted walking
- Doesn’t know simple gestures, like waving or shaking head
- Loses skills he or she once had

### Vaccines Given:

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# 18 Months

## Well Child Check – 18 Months

Next check-up: 24 months old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> lb	_____ oz
	(picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your child can:

- Walk well and start to run; may walk up steps
- Pick objects up off of floor without falling, may pull toys while walking
- Turn pages in a book; may point to pictures when you name them
- Point to show others something interesting or get attention, and point to show others what he/she wants
- Play simple pretend, such as feeding a doll
- Follow simple one step directions, such as “sit down” or “bring me your shoes”
- Scribble with crayons
- Feed self with spoon; drink from a cup; help undress himself or herself
- Know what ordinary things are for, such as a phone, hairbrush, or spoon
- Speak 5-10 words

### Safety tips:

- Be aware and careful with small objects that can cause choking, such as buttons, coins, hard candies, or small toys
- Always use a car seat for your child every trip, and wear your own seatbelt every time to set a good example

### Activities and toys to help your child grow:

- Discipline is not the same as punishment. Discipline is the process of praising good behavior, setting limits, and interrupting unacceptable behavior. Discipline can be seen as the process of teaching children family rules; how to use words to express anger and how to cope with normal frustrations

- It is important for all caregivers to be consistent with limits, and to respond immediately when a rule is broken. Children will push and test limits to learn their firmness
- Tantrums are inevitable in almost all children and will pass with time if handled appropriately. They are related to frustration and can be worse if your child is hungry, tired, or sick. Be calm and remove your child to a quiet and safe place to calm down if needed
- Reward or praise your child when you observe good behavior
- When he/she makes a mistake, tell him/her what you would like them to do instead. Give clear directions
- Do not offer a choice unless you’re willing to accept either choice
- Unacceptable behavior should have clear and immediate consequences
- Never call your child names, shame him or her, or threaten to leave. This causes insecurity

### Act early and talk to your child’s doctor if your child:

- Doesn’t point to show things to others
- Doesn’t gain new words or know at least 6 words
- Can’t walk
- Doesn’t notice or mind when caregivers leave or return
- Loses skills he or she once had

### Vaccines Given:

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# 2 Years

## Well Child Check – 24 Months (2 Years)

Next check-up: 3 years old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> <b>lb</b> <b>oz</b>	_____ (picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your child can:

- Jump up and down; go up and down stairs with holding on; climb furniture without help
- Begin to run, kick a ball, throw balls overhand
- Begin to draw straight lines and circles
- May use one hand more than the other
- Talk in 2-3 word phrases; knows 100 words or more
- Follow simple, two-step instructions such as "Pick up your shoes and put them in the closet."
- Point to pictures when named; can name a few themselves
- Get excited when with other children; play beside and with other children
- Show defiant behavior; show more and more independence
- Copy other children and adults
- May sort shapes and colors; plays make-believe games; builds towers of 4 blocks or more
- Encourage your child to dress themselves and help with "chores," which allows them a sense of independence and purpose
- Children this age enjoy riding toys, puppets, swing sets, play dough, puzzles, picture books. Toys that imitate everyday activities such as tools, kitchen sets, cars and trucks and dolls are good
- Crayons, finger paints, brushes and cutting with child-safe scissors help fine motor skills
- Cooking, baking, planting in the garden, and taking walks as a family are good activities for your child
- Nursery rhymes are fun stories and easy to learn for children at this age
- Provide opportunities for them to play with friends

### Safety tips:

- Always supervise children playing outside or near the street
- Use helmets for riding toys and tell them the helmet is to protect their head
- Continue to use a car seat for all car rides

### Activities and toys to help your child grow:

- Limit television and computer viewing to less than 2 hours a day; monitor what your child is watching
- Encourage books, playing games, drawing pictures

### Act early and talk to your child's doctor if your child:

- Doesn't use 2-word phrases, for example, "drink milk"
- Doesn't know what to do with common household objects like a hair brush, phone, fork, or spoon
- Doesn't copy actions or words
- Can't follow simple instructions
- Doesn't walk steadily
- Loses skills he or she once had

### Vaccines Given:

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# 3 Years

## Well Child Check – 3 Years

Next check-up: 4 years old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> <b>lb</b>	_____ <b>oz</b>
	(picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your child can:

- Run easily, climb well, balance on one foot, pedal a tricycle, kick a ball, jump in place
- Talk in full sentences; speak clearly so that strangers can understand him/her; ask questions
- Understand words like “in,” “on,” and “under.” Use words like “I,” “me,” “we,” and “you”
- Know own name, sex, and age; can name friends
- May have imaginary friends; play make-believe with dolls, animals, and people
- Show affection for friends and family without prompting
- Dress and undress self (may have some trouble with zippers or buttons)
- Write more clearly; draw or copy shapes
- Know different colors; begin to count; sing the ABCs

### Safety tips:

- Discuss traffic and why it is important to stay out of the street with your child
- Use caution while your child is riding a tricycle – stay on the sidewalk, and have your child wear a helmet at all times
- Be safe in the water. Teach your child to swim, but watch him or her at all times around pools and use properly fitting flotation devices
- Make sure your child is using a properly fitted car seat. If they have outgrown the height or weight limit of a forward facing harness seat,

it may be time to transition to a booster seat. Always have your child sit in the back seat of the vehicle

### Activities and toys to help your child grow:

- Limit television and monitor what your child is watching. Encourage hands-on activities like coloring, playing games, playing outside, looking at books
- Children this age enjoy hands-on toys like arts and crafts; moving or rolling toys; games and puzzles
- Allow your child to help with some everyday activities like baking or simple chores
- Read to your child frequently; allow him/her to turn pages
- Encourage time with friends and other children of the same age

### Act early and talk to your child’s doctor if your child:

- Falls down a lot, or has trouble with stairs
- Drools or has unclear speech; or doesn’t speak in sentences
- Can’t work simple toys (peg boards, turning handles); doesn’t play pretend or make-believe
- Doesn’t want to play with other children or toys
- Doesn’t make eye contact
- Loses skills he or she once had

### Vaccines Given:

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# 4 Years

## Well Child Check – 4 Years

Next check-up: 5 years old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> lb	_____ oz
	(picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your child can:

- Hop, jump, stand on one foot for up to 2 seconds; use stairs with alternating feet
  - Pour; cut with supervision; and mash own food
  - Wash and dry his/her hands; brush own teeth; dress self
  - Use a pencil or crayon with good control; may start writing letters; exhibit a dominant hand
  - Draw a person with 2-4 body parts
  - Sing a song or poem from memory; tell stories; tell you what they think will happen next in a book
  - Name colors and numbers; count to 10; start to understand time
  - Is more creative with make-believe; prefers playing with other children to playing alone
- such as setting or clearing the table or cleaning their room
- Board games and card games help to develop a sense of rules and problem-solving skills
  - Set firm limits and outline their consequences if broken. Be consistent with enforcing the rules
  - Read lots of books! Read books about school to prepare them for kindergarten
  - Magnifying glasses, binoculars, and bug nets can make investigating outdoors fun
  - Limit television and computer time to less than 2 hours a day
  - Provide lots of opportunities to play with pencils, crayons, paints, chalk, and cut and paste projects

### Safety tips:

- A child this age can begin to learn his/her name, address, phone number, and parents' names (in case they get lost)
- Fire safety can be taught. Develop a fire escape plan and practice it twice a year. Make sure smoke detectors are working and replace batteries twice a year (Daylight Saving days, for example)
- Check your child's car seat requirements. If they are too tall or heavy, it may be time for a booster seat
- Teach your child about respect for his or her body, and talk about "good touch / bad touch." Let him/her know it is never OK for someone to touch their private parts without Mom or Dad knowing about it

### Activities and toys to help your child grow:

- It is OK to assign simple chores at this age,

### Act early and talk to your child's doctor if your child:

- Can't jump in place
- Has trouble scribbling or speaks unclearly
- Resists dressing, sleeping, and using the toilet
- Shows no interest in other children or people outside the family
- Doesn't use "me" and "you" correctly; doesn't understand "same" and "different"
- Can't retell a favorite story
- Shows no interest in interactive games or make-believe
- Doesn't follow 3-part commands

### Vaccines Given:

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# 5 Years

## Well Child Check – 5 Years

Next periodic check-up: 6-9 years old

<b>DATE/AGE</b>	_____
<b>WEIGHT (pounds):</b> lb                      oz	_____ (picture)
<b>LENGTH (inches):</b>	_____
<b>HEAD CIRCUMFERENCE:</b>	_____

### Your child can:

- Learn full name, address, phone number, and parents' names
- Dress himself; can use the toilet independently; feed self with a fork and spoon
- Understand and follow rules in board games and cards; plays games with others
- Understand the concept of opposites (up/down, hot/cold, in/out)
- Tell what is real and what is make-believe
- Want to please and be like his/her friends
- Speak clearly; tell simple stories using full sentences; use future tense
- Count to 10 or more; draw a person with 6 body parts; can print name and numbers and copy shapes
- Know about everyday things like money and food
- Know how to do a somersault; can swing and climb; may be able to skip

### Safety tips:

- Teach your child about street safety. Show him/her the curb, how to stop at the curb, and get help from an adult before crossing
- Talk about stranger safety, including "good touch" and "bad touch"
- Be aware of safety at other people's homes. Don't be afraid to ask about tools, matches, guns, etc.

### Activities and toys to help your child grow:

- Encourage your child to play with other children and make new friends. Arrange play dates

- Have your child help with simple chores, such as setting the table, cleaning after meals, cleaning room
- Limit television and computer time to less than 2 hours a day
- Allow your child to help measure laundry detergent or cooking ingredients, to begin learning math skills
- Providing material for art projects like child scissors, paste, construction paper encourages creativity

### Act early and talk to your child's doctor if your child:

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy, or sad)
- Is unusually withdrawn and not active
- Is easily distracted; has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what is real and what is make-believe
- Can't give first and last name
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help

### Vaccines Given:

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# Appointments

We suggest that you schedule well-child exams and routine check-ups well in advance. We try to maintain our schedule and see your child at the scheduled time. We understand that it can be difficult waiting with a child for an appointment. You can help us by arriving on time for your appointment. We do our best to stay on schedule, but unexpected events may cause delays. We appreciate your patience. If this happens, we will inform you of the delay and offer you the option of rescheduling the appointment or seeing a different provider.

## *NC SmartChart*

The *NC SmartChart* will give you direct, secure online access to portions of our electronic health record (EHR). Certain lab results, appointment reminders, medication lists, immunizations and summaries of the visits you have with your healthcare provider are available when you use your *NC SmartChart*.

Your *NC SmartChart* will give you a new, convenient way to communicate with your North Clinic healthcare provider and our nursing staff to ask **non-urgent** questions. You will be able to request prescription renewals, send and receive messages, receive educational information from North Clinic, and stay better connected to those who provide your direct health care.

Start enjoying the benefits of your secure, confidential and convenient *NC SmartChart* today! Registering for your NC SmartChart is easy and only takes a few minutes. You may call us directly at **763-587-7806** and we will be happy to register you over the telephone. Or you can register on line at [northclinic.com](http://northclinic.com) and click on *NC Smart Chart*.

## *Telephone Calls*

During office hours, medical questions regarding your child will be directed to our Patient Call Center. If you have a question that the department cannot answer, your name and telephone number will be taken. A physician or physician assistant will call you back within 24 hours for routine concerns and as soon as possible for urgent issues. Please make non-emergency calls regarding common problems such as teething, feeding, coughs, colds, sore throats, and prescription refills during regular office hours.

For those rare occasions when you need to call after hours regarding a problem that cannot wait until the office is open, call any of the office phone numbers. You will be connected to our answering service. The physician on call will be contacted and will return your call.

When the office is closed, we kindly request that your calls be limited to situations you feel constitute a medical emergency or problems that cannot wait until the office is open.

If you suspect your child may have a fever, please take your child's temperature before calling.





# Your Baby

Your newborn's appearance may not be exactly what you expected. There are characteristics of a newborn that are only seen during this period of life.

Some variations are seen more frequently. These features are common, normal and will disappear as your child grows.

## *Fontanelle*

This is the baby's "soft spot" where the bony plates of the skull meet. Don't be afraid to touch or wash the scalp over the soft spot. As your baby grows, the spot will fill in and become bone.

## *Breast Hypertrophy*

Some of the mother's hormones cross the placenta and enter the baby's bloodstream. This may cause enlarged breast tissue causing the breasts to appear swollen on both girls and boys.

## *Erythema Toxicum*

This is a newborn rash consisting of irregular, red, raised blotches with a small white bump in the middle. It usually starts in the first day of life and resolves by the end of the first week.

## *Milia*

These are blocked oil glands that may appear on your baby's face, especially the nose. They look like pinpoint white dots and will improve during the first few weeks of life.

## *Vaginal Discharge*

If your baby is a girl, you may note some whitish or bloody discharge from her vagina. This is due to maternal hormones and will end in several weeks.

## *Circumcision (boys)*

If you elect to have your baby circumcised, it may be performed by your baby's doctor, either in the hospital or after discharge in the clinic.

Some insurance companies no longer cover the cost of circumcision since it is not considered medically necessary. If you wish to proceed without insurance, the circumcision will need to be performed at the clinic. This should be done within the first two weeks of life.

## *Jaundice*

During the first few days of life, some babies (about 50 percent) develop jaundice. This appears as a yellow coloring of the skin, and a yellow hue to the whites of the eyes and around the nose. In its most common form, jaundice occurs when there is a build-up of old red blood cells. Jaundice usually appears on the second or third day of life, and most babies will reach their peak of yellowness by the fourth or fifth day. Jaundice usually resolves spontaneously. If we think your baby is too yellow, we may order a blood test. Occasionally, we will place a baby under phototherapy, or light therapy, to reduce the level of jaundice. If your baby is yellow from head to toe or the whites of the eyes are significantly yellow, call your provider.





# What Do Babies Do?

There are certain activities newborns do that are unlike what you see in older children. Some activities serve as functions, such as communication and emotional release.

## *Spitting Up*

It is common for babies to spit up some after feeding. The milk may appear curdled due to the normal action of the stomach. Spitting up is not a problem as long as your baby is gaining weight. Spitting up can be caused by delayed burping, eating too quickly, pressure on the stomach after a feeding, or over-activity after feeding.

The following are some suggestions to help minimize spitting up:

- Feed your baby smaller amounts, more often.
- Burp your baby midway through each feeding and after every feeding.
- Rest and have quiet time after each feeding.

Call our office if these measures are not helping, or if:

- The spitting is getting worse with time.
- The baby is having trouble keeping down all of the feeding.
- The spitting is causing the baby to cough or have breathing problems.

## *Hiccuping*

Babies will often hiccup, especially after feeding. The hiccups usually last for only a few minutes and will resolve on their own. If they are persistent, you can try to burp the baby again or feed the baby a small amount of formula or breast milk.

## *Crying*

Crying is your baby's earliest form of communication. It is his or her way of making his or her need for food, affection, warmth, relief of discomfort, or sleep known.

After a few weeks, you will learn how to interpret your baby's cries. Crying varies from child to child depending on their temperament and physical make up. The average baby cries about two to

four hours a day. Many new parents ask, "Will it hurt to let my baby cry 10 to 15 minutes?" The answer is a definite NO! Many babies regularly cry 10 to 15 minutes before going to sleep. This may be their way of unwinding and should not be interpreted as distress if the baby is otherwise doing well.

Often your baby will have a certain time of the day that he or she will fuss or cry more. This may be late afternoon or early evening and is often a stressful time in many households. Switching the baby's feeding or bathing schedule may help. Not all crying is secondary to hunger. Things to check include whether the baby needs a diaper change, is in pain, is hungry, or needs to be burped. Often just a soothing voice or touch will calm your baby.

If your baby cries excessively and you need some help determining why, please call us. It is important to remember in the first few months of life that holding and cuddling babies will not spoil them. They need your voice and your touch to establish a sense of security.

## *Colic*

Colic is an unexplained condition that seems to consist of symptoms ranging from general fussiness to episodes of prolonged crying. Babies may clench their fists, flex their legs, turn red, and make sucking movements as if they were hungry. There may be excessive belching, large amounts of gas, and a great deal of stomach rumbling.

Colic usually starts at around two to three weeks of age. It is most common in the first born and is usually gone by four months of age. It is important to remember that you are doing nothing wrong! Taking care of a colicky infant is tiring and frustrating. These are normal feelings. It is important for parents to support each other and to give each other periodic breaks. Don't be afraid to ask family and friends for help in giving you a break.

There is no proven treatment for colic, but some of the following ideas may help:

- Cuddle and gently rock your infant.
- Take your baby for a ride in the car or stroller.
- Rock your baby in an infant swing.
- Burp your baby more often during feedings.
- Play music to help soothe your baby.
- Carry your baby in a front pack.
- Try to remain calm. Your baby can sense frustration and uneasiness, and this may affect your baby's ability to be comforted.

Occasionally, a formula change may help with colic. Please talk to us before switching to other formulas.

At times you may feel that caring for a colicky infant is just too much. At these times it is okay to bundle your baby tightly and place the baby in the crib to cry. If you ever feel that you may hurt your baby, please call us, day or night. Sometimes talking with someone can help relieve your frustration and help put things in perspective.

Remember, your baby will outgrow this problem. We are here to help you at this difficult time.

## *Sleeping*

Newborns generally spend most of their time sleeping and are only awake for feedings. As your baby grows, their wake time will progressively increase. Babies vary greatly in the amount of sleep they require. Anywhere from 10 to 20 hours can be normal. Your baby will probably not sleep through the night at first. Most babies begin sleeping through the night at six months of age, or 12 to 14 pounds. Adding cereal to your baby's evening feedings has not been shown to help babies sleep through the night sooner.

The American Academy of Pediatrics has recommended that all newborns sleep on their backs. This recommendation is based on a number of studies that suggest a decreased risk for Sudden Infant Death Syndrome (SIDS) with this positioning.

## *Bowel Movements*

Bowel movement patterns vary from baby to baby. Many babies may not have a stool for two to three days after coming home from the hospital. This is normal. Nursing babies tend to have loose, seedy, and golden-colored stools. They may have them as frequently as after every feeding or every two or three days. Formula-fed babies tend to have soft stools which are yellow or brown in color.

Frequent changes in color (yellow, brown, or green), consistency (watery or pasty) and frequency are normal in the first year of life. Many babies grunt, strain and turn red with each bowel movement. This is a normal response to the passage of stool and does not mean your child is constipated.

## *Teeth*

Babies usually get their first teeth between four and eight months. Some children do not get their first teeth until after one year of age. Your baby may show a variety of symptoms, including chewing, drooling, a runny nose, irritability, interrupted sleep, slightly elevated temperature (up to 100.5 degrees F), and slightly loose stools.

Dental care should start immediately with the first teeth. Use of a baby toothbrush, gentle brushing and plain water are recommended. Toothpaste with fluoride is discouraged until the child is old enough to spit, and not swallow, the paste. The first dental exam is usually between two to three years, but check with your dentist as recommendations vary. If you have well water, please check with us for recommendations about fluoride supplementation.



# Baby Care

No set of instructions could ever include all you need to know to care for your baby. Here are some suggestions to help you get started.

## *Cord Care*

The umbilical cord stump will fall off within one to two weeks after birth.

- Small amounts of blood or leakage of clear, watery material may accompany the detachment of the cord.
- Sponge bathing is recommended until the cord comes off.

## *Bathing*

After your baby's umbilical cord falls off (at about two weeks of age), you may begin tub bathing. Use of soap should be limited to two to three times a week. Soapless baths may be given, if desired. Avoid over-bathing your baby and using perfumed or deodorant soaps, as these may be irritating. Babies tend to have dry looking skin anyway. Baby oils, lotions and creams usually are of little value, may tend to clog the baby's pores and increase the tendency to develop rashes. Choose a fragrance-free soap, such as Cetaphil soap. **REMEMBER: NEVER LEAVE YOUR BABY UNATTENDED IN THE BATH!**

## *Skin Care*

**Diaper rashes** are the most common rashes that concern parents. Irritation of the skin by urine or stool is the most frequent cause of diaper rash.

- Frequent diaper changes and washing the area with plain water will prevent the majority of diaper rashes.
- Once a rash has started, continue to change the diapers frequently and wash the area.
- Try removing plastic covers on cloth diapers and taping disposable diapers loosely to allow airflow over the irritated skin.
- Leave the diaper off for short periods of time.

- Use moisturizer if needed – fragrance-free, such as Aquaphor or Vanicream.
- Use a hair dryer on the cool setting, and keep a hand in the air stream to monitor temperature.
- Application of creams is beneficial as a barrier when the diaper will be on for a period of time, such as Boudreaux's or Desitin.

If a diaper rash lasts for a week or more despite these measures, a yeast rash may be present. Yeast infections are characterized by a deep, red rash with an irregular speckled border. You can buy antifungals, such as Lotrimin AF, without a prescription. Use with each diaper change.

**Heat rash**, or prickly heat, is caused by blockage of the baby's sweat glands. The face, neck, trunk, and diaper area are the usual affected areas. The rash appears as groupings of small red pimples. It is most common in the summer or when the baby is over-dressed. Treatment involves not over-dressing the baby and keeping him or her in a cool environment.

**Cradle cap** is an accumulation of white or yellow scaly material on the scalp. The treatment consists of shampooing with a mild soap two to three times a week. In stubborn cases, shampooing with Sebulex or Sebex will eliminate the condition. Firm scrubbing with the fingertips, followed by thorough drying is also helpful. Do not pick at the scales.

## *Sun Protection*

This is especially important in infants and children. No child under the age of six months should be exposed to the sun. Dress your baby in appropriate clothing to cover exposed areas, and use non-PABA sunscreens. All children over the age of six months should wear sunscreen with a minimum SPF of 30.

Insect repellent may also be used if needed. Use only those repellents that do not contain DEET.

## ***Penis Care***

If your son is circumcised, apply Vaseline to the tip of the penis with each diaper change until the bright redness disappears.

It is normal to see some blood staining in the first few days after the circumcision. Wash the penis with a cloth soaked in warm water. Avoid using commercial wipes as they may contain alcohol which can irritate the newly circumcised penis. If your son is not circumcised, care of the penis is very simple. Gently pull back the foreskin without forcing it and wash with soap and water. It is not uncommon for a boy to be several years old before the foreskin can be pulled back to expose the entire tip of the penis.

## ***Vagina Care***

Newborn girls will frequently have a white milky discharge from the vagina that is occasionally bloodstained. This is normal and is due to maternal hormones. Gentle cleansing with a wet cotton ball or soft washcloth should be adequate. Always wipe your baby girl's bottom from front to back to avoid contaminating the vagina with stool, which is a cause of urinary tract infections.

## ***Newborn Eyes***

Babies cannot produce tears until the end of their first month. The tears normally drain through the lacrimal ducts located at the inner corner of each eye. The ducts are tiny in infants and are blocked in 1 in 100 babies. Blocked tear ducts may make your baby look tearful even when your baby is happy. This is due to the duct not draining normally and the tears pooling in the eyes. Babies with blocked tear ducts may also have thin, watery discharge, as well as crusting.

- Gentle massage of the inner corner of the eye or warm compression can help unblock the ducts.
- A prescription antibiotic may be needed when thick, green or yellow discharge is present.

- Most blocked ducts clear on their own.
- In rare cases which don't improve, your child may need to be seen by an eye specialist.

## ***Pacifiers***

You may use a pacifier as an extra means of comfort in the newborn and infant period. Pacifiers should be one-piece, contain a shield with a ventilation hole, and have an orthodontic shape. Never attach a pacifier to the baby's clothing with a string or strap.

## ***Friends and Relatives***

People are interested in your infant and want to hold and hug him or her. Unfortunately, they may be a potential source of infection to your baby. Children who are not siblings should not hold or kiss your baby. Adults who have colds or infections should not handle your child. Good hand washing can be helpful in preventing the spread of germs, which cause infections.

Remember, too, that you will be tired for some time and will need your rest to keep up with your baby's sleeping and eating habits. We suggest that you limit visits and phone calls for the first few weeks at home.

## ***Dressing Your Baby***

Your baby will be comfortable in the same temperature that makes you most comfortable (65 to 70 degrees F.). Turning the room into a sauna will only make your baby fussy and may cause heat rash. Clothe your baby as you would clothe yourself, inside and outside. You may take your baby outdoors when you feel up to going outside. It is important to protect your baby from wind, direct sunlight, and extremes of either hot or cold.



# Feeding

By the time your baby is born, you will most likely have decided whether or not to breast feed. Be assured, no matter how you feed your baby, the most important consideration is a relaxed atmosphere of acceptance and lots of love.

## *Breast Feeding*

Breast feeding is recognized as the preferred method of infant nutrition. Beyond the convenience of a ready food supply in a sterile container, breast fed babies have a lower incidence of allergies, spitting up, colic, diarrhea, SIDS and eczema. Breast-fed babies may have more protection against infection as well and breast-fed babies do not have the problems associated with intolerance to cow's milk.

Milk production has many factors. Please make sure you are eating a well-balanced diet and consuming an adequate amount of calories. Make sure that you are staying well hydrated. Each woman requires a different amount of water intake, but you should never feel thirsty.

When you breast feed, try to relax and sit or lie in a comfortable position. Typically, breast-fed infants nurse for 5 to 15 minutes on each breast every two to three hours. Most infants getting enough milk will wet diapers four to six times a day. Uterine cramping may occur initially with breast feeding, but will resolve after several days up to a week.

The following are helpful resources when you have questions concerning breast feeding:

- North Clinic offers lactation services. Please speak with your provider or call to schedule an appointment with one of our lactation consultants. Or visit our website at [www.northclinic.com](http://www.northclinic.com)
- **North Memorial's lactation line**  
763-581-8340  
[www.northmemorial.com/breastfeeding](http://www.northmemorial.com/breastfeeding)

- **The La Leche League**  
1-800-LALECHE (1-800-525-3243)  
[www.llli.org](http://www.llli.org)
- **Medela** (manufactures breast pumps)  
1-800-435-8316  
[www.medelabreastfeedingus.com](http://www.medelabreastfeedingus.com)

## *Collecting Milk*

1. Wash your hands with soap and water.
2. Collect by pumping the milk directly into a bottle.

## *Storing Milk*

Close the bottle tightly and refrigerate immediately after collection. Write the date and time of collection on the bottle. Breast milk may be refrigerated up to 72 hours. If not used within a 24-hour period, it may be frozen three to four months in a freezer or in a deep freezer for six months. Frozen milk may separate, but this does not affect the quality of the milk.

To thaw frozen milk for use, hold the container under cold running water, gradually increasing the temperature of the water until the milk returns to a liquid form. Warm the bottle in hot tap water. Thawed milk should be used within four hours. Never refreeze milk. Shake well before using.

## *Vitamins*

400 IU of Vitamin D supplementation is recommended for breast-fed babies. Over-the-counter supplements, such as D-Vi-Sol, are widely available.

## *Formula Feeding*

For mothers who are unable or choose not to breast feed, we recommend an iron-fortified infant formula. **We do not recommend any low-iron formula. Babies should remain on formula or breast milk until their first birthday.** Formula comes in a variety of forms.



## Formula Types

**Ready-to-use.** This formula comes premixed in meal-size bottles or bigger cans. No further preparation is necessary. It is the most convenient form, but also the most expensive.

**Concentrate.** This formula must be mixed with an equal amount of water to turn it into a form suitable for drinking. Once opened, the formula can be stored in the refrigerator up to 48 hours. Only mix the amount you expect your baby to eat; discard the remainder in the bottle after each feeding.

**Powder.** This formula must be mixed with water according to the directions on the can. Generally, use one unpacked, level scoop of powder for every two ounces of water. This is usually the least expensive formula. Once the powder is mixed, it can be stored in the refrigerator for 24 hours. After feeding, discard any unused formula after 1 hour.

As a newborn, your baby will probably begin eating only about one-half to one ounce at a feeding. This will gradually increase. Feeding times will range between every two to three hours initially. This will extend to every four to six hours as your baby grows. We recommend you keep a “flexible” schedule.

Formula eaten **per day** may vary, but here are some guidelines:

<b>Up to a month</b> .....	<b>12-22 oz</b>
<b>1-2 months</b> .....	<b>16-24 oz</b>
<b>2-3 months</b> .....	<b>20-26 oz</b>
<b>3-4 months</b> .....	<b>22-28 oz</b>
<b>4-5 months</b> .....	<b>24-32 oz</b>
<b>6-12 months</b> .....	<b>26-32 oz</b>

## Preparing for Feeding

- Make sure your baby is fully awake.
- It is not necessary to sterilize the bottle or boil the water if you are using city water.

- Heat the bottle in a pan of warm water – or use a bottle warmer. **We do not recommend using the microwave to heat formula.**
- Shake a bit of formula onto your wrist to make sure the formula is not too hot.
- Hold your baby in a comfortable position.
- Your baby’s mouth should be above the level of your baby’s stomach, around a 45 degree angle is best.
- Be sure the nipple and the neck of the bottle are always filled with **formula and not air.**
- Never prop the bottle; part of the feeding experience is the security and pleasure of being held and it is dangerous to leave a child unattended when feeding.

## Burping

Often when feeding your baby may swallow air. This may be uncomfortable. Depending on how much air your baby swallows, one burp during a feeding and one after is usually enough. You may burp your baby in a number of ways, but always place the infant’s head above his or her stomach.

- Hold your baby upright with his or her head over your shoulder, gently patting your baby’s back.
- Place your baby sitting on your lap, support your baby’s head and gently pat the back.
- Have your baby lay on his or her side at a slight incline with your hand supporting the head and pat the back.

## Other Helpful Feeding Recommendations

- Don’t give your baby honey until 1 year of age. Some cases of infant botulism from raw honey have been reported.
- Avoid overfeeding. Stop feeding when your baby turns away from food or shows disinterest.
- Use a baby spoon to feed cereal and other foods. Do not put cereal in the bottle. Do not feed directly from squeezable pouches.

## Other Helpful Feeding Recommendations (continued)

- Feed only formula or breast milk for the first four to six months – no solid foods.
- Use formula or breast milk until your baby’s first birthday. You may then start whole or 2% cow’s milk.
- Don’t add any sugar or salt to your baby’s food. Check labels of packaged food and avoid added sugar and salt.
- Introduce one new food every 2-3 days once your baby is ready for vegetables and fruits. This will help identify if your baby has any food intolerances or allergies.
- Feed baby food from a bowl, not the jar.
- Don’t offer your baby sweet desserts, candy, soft drinks, fruit-flavored drinks, or sweetened or sugar-coated cereal.
- Buy plain vegetable, fruit, and meat baby food. Combination dinners contain added starches and water.
- Ask your baby’s doctor about any concerns or questions you have about infant nutrition.

INFANT FEEDING CHART SOURCE (age in months)					
Foods	0-4 Months	4-6 Months	6-8 Months	8-10 Months	10-12 Months
<b>Breast Milk or Full Year Infant Formula</b>	5-10 feedings a day 17-32 fluid ounces a day.	4-7 feedings a day. 26-40 fluid ounces a day.	3-5 feedings a day. 26-33 fluid ounces a day.	3-4 feedings a day. 21-32 fluid ounces a day. And eating 3 food meals a day.	3-4 feedings a day. 21-29 fluid ounces a day by cup or bottle. And eating 3 food meals a day.
<b>Cereals &amp; Breads</b>	None	Rice or barley infant cereals (iron fortified)  Mix 2-3 teaspoons cereal with formula, water, or breast milk, and feed with baby spoon. (Don’t expect baby to eat much at first.)	Single grain infant cereals (iron fortified)  3-9 tablespoons a day, 2 feedings a day.  Oven-dried toast or teething biscuits in small, pea-sized pieces	Infant cereals or plain hot cereals.  Toast, bagel or crackers. Teething biscuits in small, pea-sized pieces.	Infant or cooked cereals. Unsweetened cereals.  Whole wheat bread.  Mashed potatoes, rice noodles, spaghetti.
<b>Vegetables</b>	None	None	Strained or mashed, cooked vegetables: dark yellow or orange (not corn), dark green.  Start with mild tasting vegetables such as green beans, peas, or squash.  1/2 to 1 jar or 1/4 to 1/2 cup a day.	Cooked, mashed vegetables	Cooked vegetable pieces.  Some raw vegetables; tomatoes, cucumbers
<b>Fruits</b>	None	None	Strained or mashed fruits (fresh or cooked), mashed bananas, applesauce.  1 jar or 1/2 cup a day.	Peeled soft fruit pieces: bananas, peaches, pears, oranges, apples.	All fresh fruits peeled and seeded or canned fruits packed in water.
<b>Protein Foods</b>	None	None	Try <b>plain</b> yogurt	Ground or finely chopped chicken, fish and lean meats (remove all bones, fat and skin). Egg yolk, yogurt, mild cheese, thinned peanut butter, cooked fried beans.	Small tender pieces of chicken, fish or lean meat.  Whole egg, cheese, yogurt.  Cooked beans.

The amounts listed in this chart are averages. Don’t be concerned if your baby eats more or less than these amounts.

# Safety

Throughout the years of nurturing our newborns through childhood and beyond, safety is a major concern. Preparation and prevention are the two best methods to avoid accidents.

## *Car Seats*

Statistics show that of all infants born today, one in 60 will die as a result of a motor vehicle accident. Many more will be seriously injured. These deaths and injuries could be reduced by 70 to 80 percent with the use of car restraints. For infants, the best car seat design is the bucket type in the rear-facing position. Some are designed to convert from rear-facing to front-facing as your child grows.

The key to using car restraints successfully is to use them consistently. A child who is restrained in the car from infancy onward will come to expect this as the norm.

**NEVER PLACE A CHILD UNDER AGE 13 IN THE FRONT SEAT OF A CAR WITH A PASSENGER-SIDE AIRBAG**

## *Safety Checklist*

- Poison Control 1-800-222-1222. Place the Poison Control phone number on all phones in the house. Place Mr. Yuk stickers on hazardous items and teach your child what Mr. Yuk means.
- **Post North Clinic's telephone number in a convenient place. 763-587-7900**
- Use child locks on doors or cabinets where dangerous items are stored.
- Never leave your baby unattended on top of the changing table, bed, or in an infant seat on top of a table.
- Place all toxic soaps, liquids, cleaning fluids and medicines in locked cabinets away from young children.
- Cover or insulate hot radiators or pipes.
- Place plug caps in unused electrical outlets.
- Keep electrical cords in good condition and up and away from children.
- Use gates at stairways to keep children from falling.
- Screen and place safety bars on windows above the first story to prevent falls.
- Anchor scatter rugs to prevent slipping.
- Dispose of combustible litter in the basement or attic.
- Use flame-retardant fabrics for home furnishings.
- Lock up all firearms.
- Install smoke alarms and change batteries regularly.
- Keep matches and sharp objects out of children's reach.
- Keep high chairs and play pens away from the stove and kitchen work area.
- Turn pot and pan handles toward the back of the stove.
- Make sure your baby's toys are too large to swallow.
- Stay with children when they are bathing. Always attend to children when near water. Never let them swim alone.
- Teach your child the emergency telephone number, "911."
- Practice fire drills in your home.
- Set your hot water heater to 125 degrees F. or less. Turn your faucet to hot only and measure the peak temperature, to be sure.
- Insist that all children who ride bikes or who are passengers on a parent's bike wear approved bike helmets.
- We discourage the use of walkers because they may tip or roll down stairwells.
- We recommend all parents take a CPR class that includes managing upper airway obstruction.



## ***First Aid***

Accidents do happen, despite your best efforts to be alert and conscientious parents. This section covers some basic first aid measures to help you cope with common mishaps.

You will be able to manage accidents and common mishaps best by being prepared. Every family should have a first aid kit stocked with items such as:

- Acetaminophen and ibuprofen
- Adhesive tape
- Antibiotic ointment such as bacitracin
- Band Aids
- Gauze bandages of various sizes
- Hydrogen peroxide
- Tweezers, to remove splinters
- Non-stick Telfa pads
- Scissors
- Thermometer

The first aid kit should be kept in a convenient location, in a well-marked box and out of the reach of children. An identical kit should be kept in each car.

It is helpful to list emergency numbers on a 3"x5" card in each kit. The numbers should include your clinic, the nearest emergency room, Poison Control number, the local emergency service number and your pharmacy number. Keep these numbers near your phones at home and an additional copy in your diaper bag.

## ***Poisoning***

The Poison Control number for Hennepin County is 1-800-222-1222, and is staffed 24 hours a day. Post the number near your phone. In an emergency, call them and carefully follow their instructions. The American Academy of Pediatrics no longer recommends using syrup of ipecac.

## ***Burns***

For a burn on a hand or foot, immediately immerse in cool water. For a burn on the trunk

or face, apply cool compresses. Do this until the pain is relieved, which should take less than 20 minutes. Do not use butter, oil, vaseline, or creams. They may contaminate the burn and will slow the healing process. After soaking, gently pat the burned area and cover it with a non-stick bandage. Antibiotic creams are usually not necessary.

Notify our office if:

- There are burns on the face, hands, feet or genitals.
- The burn involves a child younger than one year.
- Pain from a burn lasts longer than 48 hours.
- The burned area seems large or deep.

## ***Cuts***

Wash with clear water and soap, then hold the injured area under running water to flush out dirt and foreign matter. This is the most important step. Dry with a soft, clean, lint-free cloth, then apply a sterile non-stick Band-Aid. Remove the Band-Aid shortly after bleeding has stopped to allow air to the wound. Check with your physician or physician assistant about any cuts that are gaping open, are on the face, don't easily stop bleeding, or otherwise cause you concern.

## ***Scrapes and Abrasions***

Most children scrape their knees and elbows while playing or just running around. Clean the area gently with sterile gauze or a clean washcloth using soap and water to remove dirt and foreign matter. Soaking the area while in the bathtub is a good alternative for a younger child. If bleeding continues after cleaning, apply slight pressure and cover with a sterile, non-stick Band-Aid. With cuts, remove the Band-Aid when the bleeding has stopped. Let nature's Band-Aid (a scab) form, and allow the air to dry the wound. Continue daily cleansing and leave the area open to the air, if possible. Cover wounds that ooze or are likely to be re-injured.

## ***Puncture Wounds***

A puncture wound can be caused by a nail, pin, tack, or other sharp object. Let the wound bleed as much as possible to carry dirt and foreign material to the outside since you can't clean the inside of a puncture wound. Wash the wound thoroughly with soap and very warm water. Check as closely as possible for any remaining foreign material. Soak the wound several times daily for the next four to five days to keep the puncture wound open. This allows debris, germs and remnants of foreign material to drain. Check your child's immunization status. A tetanus shot may be needed if more than five years have passed since the last one. The tetanus shot should be given within 48 hours. Puncture wounds to the hand, abdomen, chest or head should be evaluated by a physician.

## ***Object in the Eye***

If you can see the object, wash your hands and use a moist cotton swab to gently remove it from the baby's eye.

You can also try to wash the object out with cool water or saline poured into the eye while someone holds the baby still. If this is unsuccessful, try pulling the upper lid down over the eye for a few seconds.

If, after these attempts, you can still see the object in the eye, or if the baby seems uncomfortable, go to the doctor's office or the emergency room. The object may become embedded or may have scratched the eye. Don't try to remove an embedded object yourself. Cover the eye with a sterile gauze pad taped loosely in place with a few clean tissues or clean handkerchief to alleviate some of the discomfort in route.

## ***Head Injury***

Many head bumps are minor in nature and occur when babies or toddlers walk into coffee tables or fall off the couch. Other head injuries caused by skate boarding, biking or in-line skating can be prevented by parents requiring their children to wear helmets and other protective gear. Apply ice to the bruised area immediately, although a "goose-egg" may form anyway. The child may

vomit once, complain of a headache, and even want to sleep. The child may be quieter than usual or may be clingier. This would not be unusual; and in all likelihood, your child will return to normal in a matter of hours. Call our office if:

- Your child is knocked unconscious.
- Your child cannot remember the injury.
- Your child has a seizure.
- Your child is bleeding from the nose, ears, or mouth.
- Your child has black eyes or bruising behind the ears.
- Your child's behavior changes.
- Your child vomits more than once.
- Fluid drains from the nose.
- Your child experiences irregular breathing or heartbeat.
- Your child is unable to walk steadily.

## ***Nosebleeds***

Keep the child in an upright position or leaning slightly forward to prevent choking. Pinch both nostrils gently between your thumb and index finger for five to ten minutes. Try to calm the baby as crying will increase the blood flow. If bleeding persists, try a cold compress. If this does not work, call our office. Frequent nosebleeds, even if easily stopped, should be discussed.

## ***Insect Bites/Stings***

Most insect bite reactions are minor and localized. Wash the area and apply something cold: either ice or cold packs. If you can see a bee's stinger, scrape it off with the blunt edge of a credit card or with a fingernail rather than trying to remove it with tweezers, which may release more venom in the wound. Call us immediately if the following problems occur:

- Wheezing
- Difficulty breathing or swallowing
- Fainting
- Swelling around the eyes or mouth
- Hives or skin rash
- Abdominal pain

## ***Ticks***

Use a tweezers to remove the embedded head, grasping the tick as close to the child's skin as possible. Pull steadily upward, trying not to kill the tick before getting it out.

If the mouth and pincers remain under the skin, soak the area gently with warm water twice daily. It may take several weeks to heal completely.

## ***Deer Ticks***

This tick may cause Lyme disease. It is very tiny (about as large as the head of a pin). If you find such a tick on your child, save it for identification. Notify your health care provider if a fever, rash, or headache occurs within three weeks. It is important to understand that not all deer ticks carry Lyme Disease. Deer ticks carrying Lyme disease typically do not transmit to humans if embedded in skin less than 24 hours.

By frequently checking your child's body and hair, you are likely to find ticks before they become embedded.

## ***Animal Bites***

Treat the wound by washing gently and thoroughly with soap and water. The bite may look like a cut or a puncture wound. Be sure you know when your child's last tetanus shot was given. A tetanus shot may be needed if more than 5 years have passed since the last one. Tetanus shots should be given within 48 hours.

Bites to the face should be evaluated by a physician or physician assistant. Try to find out whether the animal was vaccinated against rabies. Bites from pets should be reported to the local police.

Animals that attack and bite without provocation may have rabies. Skunks, bats, raccoons and foxes are the main carriers of rabies. Rabies in rabbits and rodents such as chipmunks, squirrels, and mice is extremely rare. Consult your physician or physician assistant as soon as possible if you are in doubt about what to do.



# Immunizations

Babies may be given their first Hepatitis B vaccine before being discharged from the hospital. Thereafter, immunizations will start at the 2 month well check (please see the enclosed immunization and well child schedule).

All babies will receive Erythromycin ointment to the eyes immediately after birth to prevent chlamydia eye infections. All babies will also receive a shot of vitamin K in the thigh after birth to prevent abnormal bleeding in the newborn. All babies are born with slight vitamin K deficiency. This improves as they get older.

Children are immunized to prevent disease that may cause permanent damage. Vaccines are given on a carefully planned schedule to optimize a child's well being. These vaccines have withstood the test of research and time. Although vaccines can cause side effects, reactions are usually very brief and mild. Vaccines are much safer than contracting the diseases that they prevent. To view childhood immunization schedules and the risks from vaccines, please visit the CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

## *Acetaminophen and Ibuprofen*

Acetaminophen (Tylenol, Tempra, Panadol, Liquiprin, and generics) and Ibuprofen (Motrin, Advil, and generics) are two over-the-counter medications that are helpful in reducing pain and discomfort in children and young adults. They often reduce the temperature and relieve the discomfort associated with a fever.

You may use acetaminophen before your child receives vaccinations. A dose of acetaminophen, followed by a second dose four hours later, has been shown to limit the side effects from vaccinations. If your child is younger than three months old, don't treat a fever without talking to your child's physician or physician assistant first.

## *DTap*

**The Diseases:**

**DIPHTHERIA** causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

**TETANUS (Lockjaw)** causes painful tightening of the muscles, usually all over the body.

- It can lead to "locking" of the jaw so the victim cannot open their mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

**PERTUSSIS (Whooping Cough)** causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

**The DTaP Vaccine** – Children should get 5 doses of DTaP vaccine between 2 months and 4-6 years of age. DTaP may be given at the same time as other vaccines.

## *Hepatitis B*

**The Disease**

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus. It can be passed to a child from an infected mother during childbirth. It can cause tiredness, diarrhea and vomiting, loss of appetite, jaundice (yellow skin or eyes), and pain in muscles, joints, and stomach. Chronic hepatitis B can lead to liver damage, liver cancer and death.

Hepatitis B virus is easily spread through contact with blood or other body fluid of an infected person. People can also be infected from contact with a contaminated object, on which the virus can live for up to 7 days.

**The Hepatitis B Vaccine**

Babies normally get 3 doses of the hepatitis B vaccine. Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

## *Haemophilus Influenza*

### **The Disease**

Haemophilus Influenza Type B (HIB) disease is a serious disease caused by 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. However, sometimes the germs spread into the lungs or the bloodstream can cause serious problems.

Before the 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 lining of the brain and spinal cord. It can lead to 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 covering of the heart
- Death

### **The Hib Vaccine**

Several different brands of Hib vaccine are available. Your child will receive either 3 or 4 doses depending on which vaccine is used. Hib vaccine may safely be given at the same time as other vaccines.

## *Polio*

### **The Disease**

Polio is a disease caused by a virus. It enters the body through the mouth. Usually it does not cause serious illness, but sometimes it causes paralysis (cannot move arms or legs), and it can cause meningitis (irritation of the lining of the brain). It can kill people who get it, usually by paralyzing the muscles that help them breathe.

**Today:** Polio has been eliminated from the United States, but the disease is still common in some parts of the world. It would only take one person infected with polio virus coming from

another country to bring the disease back here if we were not protected by vaccine. If the effort to eliminate the disease from the world is successful, some day we won't need polio vaccine. Until then, however, we need to keep getting our children vaccinated.

### **The Polio Vaccine**

IPV is a shot given in the leg or arm, depending on age. It may be given at the same time as other vaccines.

## *MMR*

### **The Diseases:**

#### **MEASLES**

- Measles virus causes rash, cough, runny nose, eye irritation and fever.
- It can lead to ear infection, pneumonia, seizures, brain damage, and death.

#### **MUMPS**

- Mumps virus causes muscle pain, loss of appetite, fever, headache and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries and rarely sterility.

#### **RUBELLA (German Measles)**

- Rubella virus causes rash, arthritis and mild fever.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

### **The MMR Vaccine**

Children should get 2 doses of MMR vaccine. MMR may be given at the same time as other vaccines.

## ***Hepatitis A***

### **The Disease**

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of people with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. A person who has Hepatitis A can easily pass the disease to others within the same household. Hepatitis A can cause:

- “Flu-like” illness
- Jaundice (yellow skin or eyes, dark urine)
- Severe stomach pains and diarrhea (children)
- Liver damage

People with hepatitis A often have to be hospitalized (up to 1 person in 5).

### **The Hepatitis A Vaccine**

Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart. Hepatitis A vaccine may be given at the same time as other vaccines.

## ***Rotavirus***

### **The Disease**

Rotavirus is a virus that causes diarrhea, mostly in babies and young children. The diarrhea can be severe and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

Before rotavirus vaccine, rotavirus disease was a common and serious health problem for children in the United States. Almost all children in the U.S. had at least one rotavirus infection before their 5th birthday.

Rotavirus vaccine has been used since 2006 in the United States. Because children are protected by the vaccine, hospitalizations and emergency visits for rotavirus have dropped dramatically.

### **The Rotavirus Vaccine**

Rotavirus vaccine is a liquid this is swallowed; not a shot. Rotavirus vaccine may safely be given at the same time as other vaccines.

## ***Influenza***

### **The Disease**

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May. Flu is caused by influenza viruses and is spread mainly by coughing, sneezing, and close contact.

The risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- Fever/chills
- Sore throat
- Muscle aches
- Fatigue
- Cough
- Headache
- Runny or stuffy nose

Flu vaccination is recommended every year. Some children, 6 months through 8 years, might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against 3 or 4 viruses that are likely to cause disease that year. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease. It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

## ***Chickenpox***

### **The Disease**

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants.

- It causes a rash, itching, fever and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air or by contact with fluid from chickenpox blisters.



### **The Chickenpox Vaccine (Varivax)**

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

Children who have never had chickenpox should get 2 doses of chickenpox vaccine. Chickenpox vaccine may be given at the same time as other vaccines.

### ***Pneumococcal Conjugate Vaccine***

#### **The Disease**

Pneumococcal conjugate vaccine (called PCV13 or Prevnar 13) is recommended to protect infants, toddlers and some older children and adults with certain health conditions from pneumococcal disease.

Pneumococcal disease is caused by infection with *Streptococcus pneumoniae* bacteria. These bacteria can spread from person to person through close contact.

Pneumococcal disease can lead to severe health problems, including pneumonia, blood infections, and meningitis. Children younger than two are at higher risk for serious disease than older children. Pneumococcal infections can be hard to treat because some strains are resistant to antibiotics. This makes prevention through vaccination even more important.



# Common Childhood Illnesses

Illness is an inevitable part of childhood. Children will get sick, and each illness may affect different children to different degrees. The following sections will give you a brief introduction to the common illnesses of childhood.

## *Fever*

### **Definition**

Your child has a fever if any of the following apply:

- Rectal temperature is over 100.4° F.
- Oral temperature is over 99.5° F.

Mild elevation (100.4° F. to 101.3° F.) can be caused by exercise, excessive clothing, a hot bath, or hot weather. Warm food or drink can also raise the oral temperature. If you suspect such an effect on the temperature of your child, take his or her temperature again in one-half hour.

### **Causes**

Fever is a symptom, not a disease. Fever is the body's normal response to infections and plays a role in fighting them. Fever turns on the body's immune system. The usual fevers (100° F. to 104° F.) that all children get are not harmful. Most are caused by viral illnesses; some are caused by bacterial illnesses. Teething does not cause fever.

### **Expected Course**

Most fevers with viral illnesses range between 101° F. and 104° F. and last for three to four days. In general, the height of the fever doesn't relate to the seriousness of the illness. How sick your child acts is what counts. Fever causes no permanent harm until it reaches 107° F. Fortunately, the brain's thermostat keeps untreated fevers below this level.

### **Treatment**

**Treat all fevers with extra fluids and less clothing.**

Encourage your child to drink extra fluids, but do not force him or her to drink. Popsicles and iced drinks are helpful. Body fluids are lost during fevers because of sweating. Clothing should be kept to a minimum because most heat is lost through the skin. Do not bundle up your child;

it will cause a higher fever. During the time your child feels cold or is shivering (the chills), give him or her a light blanket.

### **Acetaminophen Products for Reducing Fever**

Children older than two months of age can be given acetaminophen products (Tylenol) and dose according to weight – see chart.

Remember that fever is helping your child fight the infection. Use drugs only if the fever is over 102° F. and preferably only if your child is also uncomfortable. Give the correct dosage for your child's weight every four to six hours, but not more often.

**Caution:** The dropper that comes with one product should not be used with other brands.

### **Dosages of Acetaminophen**

Give the correct dose for child's weight every 4 hours as needed. Do not exceed 5 doses in 24 hours.

### **Ibuprofen Products**

All ibuprofen products are now available without a prescription. Give the correct dosage for your child's weight every 6 to 8 hours as needed.

Ibuprofen and acetaminophen are similar in their abilities to lower fever, and their safety records are similar. One advantage that ibuprofen has over acetaminophen is a longer-lasting effect (six to eight hours instead of four to six hours). However, acetaminophen is still the drug of choice for controlling fever in most conditions. Children with special problems requiring a longer period of fever control may do better with ibuprofen. **Do not use aspirin**, as it can cause a life threatening reaction called Reye's Syndrome.



## ***When to Call the Office***

### **Immediately if:**

- Your child is less than three months old and has a fever.
- The fever is over 105° F.
- Your child looks or acts very sick.
- Inability to get fever down and/or lack of child's appropriate reaction to his or her surroundings once temperature improves.

### **Within 24 hours if:**

- Your child is three to six months old (unless the fever is due to a diphtheria/pertussis/tetanus [DtaP] shot.)
- The fever is between 104° F. and 105°F., especially if the child is less than 2 years old.
- Your child has had a fever more than 24 hours without an obvious cause or location of infection.
- Your child has had a fever more than 4 days.
- The fever went away for more than 24 hours and then returned.
- Fever onset after day 5 of illness.
- You have other concerns or questions.

## ***Colds – Upper Respiratory Infection (URI)***

### **Typical symptoms:**

Fever (if present, should improve after 2-4 days). Nasal congestion, sore throat, clear runny nose (nasal drainage may turn yellow-green after 4-6 days). Typical duration of URI symptoms will be 7-14 days. Mild cough may persist at night for an additional 2-3 weeks.

### ***Worrisome Symptoms – When to call Your North Clinic primary provider:***

- Any fever in infant less than 3 months of age (greater than 100.5 F. rectally).
- A fever lasting greater than 3-4 days and/or new onset fever late in course of URI illness.
- Evidence of dehydration (no urine output in 8 hours in a child less than 1 year old, no urine output in 12 hours in child greater than 1 year old).

- Stiff neck
- Increased breathing difficulty (increased respiratory rates at rest greater than 60 in a child less than 1 year old, respiratory rate greater than 50 breaths per minute in a child greater than 1 year old or respiratory rate greater than 20 breaths per minute in an adult).

### **Frequently asked questions:**

1. Question: Are viral and bacterial infections treated differently?

Answer: **Yes.** Generally, most viral infections resolve spontaneously and are not affected by antibiotic treatment, while most bacterial infections do benefit from antibiotic treatment.

2. Question: Do antibiotics help the URI to clear faster?

Answer: **No,** since these typically are caused by viruses.

3. Question: Do antibiotics for viral URI cause side effects?

Answer: **Yes.** We often see minor side effects, including GI distress, rash, yeast infections, and diarrhea. With more frequent use of antibiotics for viral infections, there is both a greater frequency of drug allergy problems and a greater antibiotic resistance problem with future bacterial infections.

4. Question: Can you have ear pain with URI?

Answer: **YES!** Often, children with a URI develop fluid behind the eardrum that can last up to a few weeks. It causes a pressure type of discomfort and temporary decreased hearing. Most of the time these symptoms are short lived and can be easily controlled with Tylenol or Motrin.

## ***Upper Respiratory Infection Prescription for Children***

### **Cough and cold**

In general, we do not recommend cough or cold medicine for children less than 12 years old. They may not be safe for young children, so call your physician before giving cough medicine.

### **Analgesic**

- Acetaminophen (Tylenol) or Ibuprofen syrup (Advil, Motrin)

### **Other**

- Steamy shower
- Humidifier (cool-mist)
- Increase fluids
- Nasal saline rinses

## ***Ear Infections***

### **Definition**

Ear infections (otitis media) are second only to common colds as the most common illness of childhood. Ear infections commonly follow colds when fluid builds up in the middle ear cavity and becomes inflamed. Signs and symptoms can include hearing loss, loss of coordination, pain, fussiness, restlessness and tugging on the ears.

Ear pain may be worse at night; antibiotics will not relieve pain immediately. The risk of ear infections is increased by exposure to cigarette smoke.

### **Treatment**

- Antibiotics are indicated for intermittent ear infections.
- If there is only clear fluid in the middle ear, it will resolve with time without antibiotics.
- Some ear pain is caused by pressure changes within the ear and resolves with time.
- If an ear infection develops at night, pain may be relieved with acetaminophen, ibuprofen, or a warm compress placed gently against the ear.

### **Call the office**

Most ear infections are not emergencies, and children may be seen during regular office hours. Contact the clinic if new or worsened discharge occurs from the ear.

## ***Sore Throat***

### **Definition**

- The child complains of a sore throat.
- In children too young to talk, a sore throat may be suspected if they refuse to eat or begin to cry during feedings.
- When examined with a light, the throat is bright red.
- If your child also has nasal congestion, cough or sneezing, it is probably viral.

### **Cause**

Most sore throats are caused by viruses and are part of a cold. About 10% of sore throats are due to strep bacteria. A throat culture, or rapid strep test, is the only way to distinguish strep pharyngitis from viral pharyngitis. Without treatment, a strep throat can have some rare but serious complications. Tonsillitis (temporary swelling and redness of the tonsils) is usually present with any throat infection, viral or bacterial. The presence of tonsillitis does not have any special meaning.

Children who sleep with their mouths open often wake in the morning with a dry mouth and sore throat. It clears within an hour of having something to drink. Use a humidifier to help prevent this problem. Children with postnasal drip from draining sinuses often have a sore throat from frequent throat clearing.

### **Expected Course**

Sore throats with viral illnesses usually last three or four days. Strep throat responds well to penicillin. After taking the medication for 24 hours, your child is no longer contagious and can return to day care or school as long as the fever is gone and he or she is feeling better.

### **Treatment**

#### **Local Pain Relief**

Children over eight years of age can gargle with warm salt water (1/4 teaspoon of salt per glass). Children over four years of age can suck on hard candy (butterscotch seems to be a soothing flavor) or lollipops as often as necessary. Children over age one can sip warm chicken broth or warm apple juice.

#### **Soft Diet**

Swollen tonsils can make some foods hard to swallow. Provide your child with a soft diet for a few days, if he or she prefers it.

#### **Fever**

Acetaminophen or ibuprofen may be given for a few days if your child has a fever over 102°F. or has a great deal of throat discomfort.

### Common Mistakes in Treating Sore Throats

- Avoid expensive throat sprays or throat lozenges. Not only are they no more effective than hard candy, they also may contain an ingredient (benzocaine) that can cause a drug reaction.
- Avoid using leftover antibiotics from siblings or friends. These should be thrown out because they deteriorate faster than other drugs. Unfortunately, antibiotics only help strep throats. They have no effect on viruses, and they can cause harm. They also make it difficult to find out what is wrong if your child becomes sicker.

**Rapid Strep Tests.** Rapid strep tests are helpful only when the results are positive. If they are negative, a throat culture should be performed to pick up the 20% of strep infections that the rapid tests miss. Avoid rapid strep tests performed in shopping malls or at home as they tend to be inaccurate.

### *When to Call the Office*

#### **Immediately if:**

- Your child is drooling, spitting, or having difficulty with swallowing.
- Breathing becomes difficult.
- Your child is acting very sick.
- Sore throat gets much worse on one side.

#### **During regular hours**

- When a family member has tested positive for strep, we ask that you make an appointment for any other child with a sore throat for more than 24 hours.
- If a fever lasts more than 3 days.
- If you have other questions or concerns.

**(Exception:** If the sore throat is very mild and the main symptom is croup, hoarseness, or a cough, a throat culture is probably not needed. Throat cultures are recommended for all other sore throats due to a resurgence of acute rheumatic fever that began in 1987. Rheumatic fever is a complication of strep infections that can lead to permanent damage of the valves of the heart.)

## *Chickenpox*

### **Definition**

Chickenpox is an illness caused by the varicella-zoster virus. It has a characteristic rash of red bumps, blisters, and crusts. The pox may appear on any portion of the skin or mucous lining of the body. Children with chickenpox are contagious from two days before the rash appears until the pox crust over (usually five to seven days).

After your child is exposed to the virus, he or she may not develop symptoms for seven to 21 days. Chickenpox is most common during late winter and early spring. A vaccine is available to prevent chickenpox.

### **Treatment**

- Do not give aspirin if you suspect that your child has chickenpox. It has been linked to Reye Syndrome.
- You may bathe your child in a baking soda or oatmeal (Aveeno) bath to help relieve itching.
- You may give diphenhydramine (Benadryl) orally for severe itching if greater than 2 years old.
- You may apply topical Calamine lotion to provide itching relief.
- Dress your child in loose clothing and keep him or her out of the sun to lessen skin irritation.
- Keep your child's fingernails clipped short to prevent scratching. Wash your child's hands frequently with soap to lessen the chance of secondary infection.

### **Call the office:**

- If the pox develop signs of infection such as pustular (thick, white) fluid or an expanding area of redness.
- If your child has difficulty breathing.
- If your child becomes disoriented, hard to arouse, or vomits.
- If your child has other symptoms that concern you, such as fever with stiff neck, severe headache, or light sensitivity.

## ***Vomiting***

### **Definition**

Vomiting is the forceful expulsion of most of the stomach's contents, where as "spitting up" is the effortless spitting of one or two mouthfuls of stomach contents. Viruses are the main cause of the stomach "flu." Most vomiting in any illness usually occurs in the first 24 hours. Associated symptoms may include fever, diarrhea, stomach ache and decreased appetite. Dehydration is unlikely in the first 12 hours.

If your baby is breast feeding, keep breast feeding. If your baby drinks formula, switch to oral rehydration solution like Pedialyte.

### **Treatment**

- Two hours after vomiting, begin a clear liquid diet such as Pedialyte. Children older than one year may be started on flat 7-up, Gatorade, or Jell-O.
- Have your child start with small sips. If this is tolerated, increase the amount to an ounce every half-hour.
- If your child starts to vomit again, wait another hour and start over with sips.
- After your child has been on a clear liquid diet for 12 to 24 hours, and if old enough to eat solids, offer a bland diet such as cereal, toast, applesauce, bananas, soup and crackers.

### **Call the office:**

- If you see blood in the vomit.
- If your child shows signs of dehydration, such as urinating fewer than three times a day, has no tears, complains of dryness inside the mouth, has doughy skin, or becomes increasingly drowsy.
- If your child ingested any toxic material or swallowed a foreign body.
- If your child recently hit his or her head.
- If your child has abdominal pain continuously for more than two hours, especially in the right lower side.

## ***Diarrhea***

### **Definition**

Diarrhea is the frequent passing of watery stools and is usually caused by a virus. Babies who are breast fed often have frequent, loose stools that can be mistaken for diarrhea. Most episodes of diarrhea are self-limited. After a diarrheal illness, loose stools may occur for several weeks while the body is healing itself. Associated symptoms may include fever, vomiting, stomach ache, fussiness, irritative diaper rash, and decreased appetite.

### **Treatment**

- Avoid solids for eight hours.
- Stop any medications that may be making the diarrhea worse.
- Clear liquids like Pedialyte may help. Avoid fruit juices, which make the diarrhea worse.
- Bananas, rice cereal, applesauce, toast and crackers may be helpful.
- Feeding your child a normal diet while they are having diarrhea may be the best treatment.

### **Call the office:**

- If your child shows signs of dehydration, such as urinating fewer than three times a day, has no tears, complains of dryness inside the mouth, has doughy skin or becomes increasingly drowsy.
- If you see blood in the stool.
- If the diarrhea is severe (continuous, especially in a young child).
- If there is associated severe abdominal cramping for more than four hours.
- If your child has other symptoms that concern you.

## ***Croup***

### **Definition**

Croup is an infection that causes swelling in the windpipe (trachea) and voice box (larynx).

The swelling causes a “barky” cough, hoarseness, and noisy breathing that is frequently worse at night. Croup is most often caused by a virus and is usually preceded by a few days of cold symptoms.

#### **Treatment**

- A cold-mist vaporizer lessens the symptoms.
- Control your child’s fever with acetaminophen or ibuprofen to make your child more comfortable.
- Use the shower to fill the bathroom with steam and have your child breathe the mist for 10 to 15 minutes.
- If it’s not too cold outside (below freezing), let your child breathe the cool night air.
- Cough medicines are usually ineffective and are not recommended in children less than 12 years old.

#### **Call the office:**

- If your child has trouble swallowing or is drooling.
- If your child is working hard at breathing, sucking in the abdomen or the space between the ribs while breathing, or is breathing rapidly.
- If the croup symptoms develop after your child choked on a foreign body.

## ***Pink Eye (Conjunctivitis)***

#### **Definition**

Pink eye is inflammation of the clear membranes covering the white part of the eye and the undersurface of the eyelid.

#### **Causes:**

1. Infections
  - A. Viral – *most common cause.*
  - B. Bacterial
2. Irritations - From chemicals, environmental factors, such as wind and dust, and foreign bodies.
3. Allergies – “hay fever”, or contact allergic reaction to makeup and skin care products.

4. Much less common but serious eye conditions, such as glaucoma (increased intraocular pressure), iritis (inflammation in fibromuscle layers of the eye).

#### **Typical symptoms:**

##### **1. Infectious**

A. Viral conjunctivitis (most common cause) is usually bilateral, typically associated with viral cold symptoms. May start with mild eye irritation, redness, and mattering that tends to be most prominent after a period of sleep. It is easily spread from the affected to the unaffected eye by direct contact with a washcloth or hand.

B. Bacterial conjunctivitis, more likely occurring in only one eye, often presents without other viral cold symptoms. Bacterial conjunctivitis has more significant eye redness and discomfort, it is typically seen with more eye mattering, that tends to be present throughout the course of the day.

2. Allergic – Mild bilateral eye redness, eye itching and mild watery, stringy discharge, often associated with itchy and runny nose.

#### **Worrisome Symptoms That Require Clinical Evaluation by a Medical Provider:**

1. Change in vision
2. Significant light sensitivity to bright lights
3. Fever
4. Skin redness or rash around the eye
5. Any significant eye pain

#### **Treatment**

##### **VIRAL CONJUNCTIVITIS**

- Contact exposure cautions, i.e., good hand washing, do not share towels or bedding.
- Damp cloth to remove matter from eye.
- Contact your provider if it does not steadily resolve over seven days or if your child develops aforementioned “worrisome symptoms.”



## BACTERIAL CONJUNCTIVITIS

- Use good hand washing
- Use a warm, damp cloth to remove mattering from eye
- Use prescription antibiotic eye drops as ordered by your medical provider

## ALLERGIC/IRRITATIVE CONJUNCTIVITIS

- Avoid offending agent
- Apply cool compresses
- Eye lubricant drops such as Natural Tears or Artificial Tears may be helpful.
- OTC (over the counter) antihistamine eye drops such as Vasocon-A or Naphcon-A eye drops may be helpful.

*\*Even skin care products used previously without problems can become a source of eye irritation and allergic conjunctivitis. Also, remember that what you put on the skin of your hands during the day ends up on your eyes while you sleep at night.*

## ***Respiratory Syncytial Virus (RSV) Bronchiolitis***

### Definition

- Wheezing: a high-pitched whistling sound, produced during breathing out
- Rapid breathing with a rate of over 40 breaths/minute
- Tight breathing (your child has to push the air out)
- Coughing, often with very sticky mucus
- Onset of lung symptoms, often preceded by fever and a runny nose
- Increased amounts of sticky nasal mucus
- Commonly affects infants six months to less than two years old
- Symptoms similar to asthma
- This diagnosis must be confirmed by a medical provider

### Cause

The wheezing is caused by a narrowing of the smallest airways in the lungs (bronchioles). This narrowing results from inflammation (swelling) caused by any of a number of viruses, usually the respiratory syncytial virus (RSV). RSV occurs in epidemics almost every winter.

Whereas infants with RSV develop bronchiolitis, children over two years of age and adults just develop cold symptoms. This virus is found in nasal secretions of infected individuals. It is spread by sneezing or coughing at a range of less than six feet, or by hand-to-nose or hand-to-eye contact. There are many kinds of RSV, which means your child may never become immune to it and can get it again and again throughout their lifetime.

### Expected Course

Wheezing and tight breathing (difficulty breathing out) becomes worse for two or three days and then begins to improve. Overall, the wheezing lasts approximately seven days and the cough about 14 days. The most common complication of bronchiolitis is an ear infection, occurring in some 20% of infants. Bacterial pneumonia is an uncommon complication. Only 1% or 2% of children with bronchiolitis are hospitalized because they need oxygen or intravenous fluids. In the long run, approximately 30% of the children who develop bronchiolitis go on to develop asthma. Recurrences of wheezing (asthma) occur mainly in children who come from families where close relatives have asthma. Asthma is very treatable with current medications.

### Treatment

**Medicines.** Some children with bronchiolitis respond to asthma medicines; others do not. Continue the medicine until your child's wheezing is gone for 24 hours. In addition, your child can be given acetaminophen every four to six hours if the fever is over 102°F.

**Warm Fluids for Coughing Spasms.** Coughing spasms are often caused by sticky secretions in the back of the throat.

Warm liquids usually relax the airway and loosen the secretions. Offer warm lemonade, warm apple juice or warm herbal tea if your child is over four months old. In addition, breathing warm moist air helps to loosen the sticky mucus that may be choking your child. You can provide warm mist by bringing your child into the bathroom with a hot shower running, or you can fill a humidifier with warm water and have your child breathe in the warm mist it produces. Avoid steam vaporizers because they can cause burns.

**Humidity.** Dry air tends to make coughs worse. Use a humidifier in your child's bedroom. Ultrasonic humidifiers not only have the advantage of quietness, but they also kill molds and most bacteria that might be in the water.

**Nasal Washes for a Blocked Nose.** If the nose is blocked up, your child will not be able to drink from a bottle or nurse. Most stuffy noses are blocked by dry or sticky mucus. Suction alone cannot remove dry secretions. Warm tap water or saline nose drops (nasal washes) are better than any medicine you can buy for loosening up mucus. Place three drops of warm water or saline in each nostril. After about one minute, use a soft rubber suction bulb to suck it out. You can repeat this procedure several times until your child's breathing through the nose becomes quiet and easy.

**Feedings.** Encourage your child to drink adequate fluids. Eating is often tiring, so offer your child formula or breast milk in smaller amounts at more frequent intervals. If your child vomits during a coughing spasm, feed the child again.

**No Smoking.** Tobacco smoke aggravates coughing. The incidence of wheezing increases greatly in children with RSV that are exposed to passive smoking. Don't let anyone smoke around your child or inside your home.

## ***When to Call the Office***

### **IMMEDIATELY if**

- Breathing becomes labored or difficult, or if using muscles in their neck, chest and stomach when taking in air.
- Breathing becomes faster than 60 breaths/minute (when your child is not crying).
- Your child starts acting very lethargic, has sunken eyes with few tears, dry mouth, or little or no urine for 6 hours.

### ***Within 24 hours if***

- There is any suggestion of an earache.
- A fever lasts more than 3 days.
- You have other questions or concerns.



## **Resources: Books**

### ***Child Care***

American Academy of Pediatrics. *Caring for Your Baby and Young Child: Birth to Age Five*  
Bantam Books

### ***Breast Feeding***

Huggins, Kathleen R.N. *The Nursing Mothers Companion*. The Harvard Common Press

### ***Child Development***

Eisenberg, Arlene. *What to Expect the First Year*.  
Workman Publishing, N.Y., 1989.

*The Sleep Easy Solution*. by Jennifer Waldbenger

*How to talk So Kids Will Listen and Listen So Kids Will Talk*. by Adele Faber & Elaine Mazlish



