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P ediatric A dvise D ay or night

DO I NEED TO CALL THE DOCTOR?

*Many of our parents have expressed an interest in having answers to common pediatric healthcare questions at their fingertips. Well, here it is!**

We've created this easy-to-use reference guide for your convenience. We encourage you to familiarize yourself with its contents and refer to it prior to calling for medical advice. Your questions may be answered without ever picking up the phone!

- Is this considered an emergency?
- Can I wait until morning to call the office or do I need to call right now?
- Do I even need to call the doctor?
- What steps can I take to manage my child's illness at home?

Your child's health can best be handled during the day when our staff and your child's records are readily available. However...we know that healthcare concerns can occur 24 hours a day. As always, if you feel your child's condition requires immediate attention, the answering service number is listed below. (So that we may provide round the clock care to our ill patients as needed, please refrain from calling with routine, or non-urgent questions, when the office is closed). This also saves greatly on medical costs. Your cooperation is appreciated!

*Information is also available on our website www.longpondpeds.com

If you would like to give us your comments regarding this new 'parent tool', please email us at providers@longpondpeds.com. or send comments to our office address. We'd love to hear from you.

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Rochester, NY 14606

Office: **225-0950**

Answering Svc: **327-3443**

Fax: **225-9093**

WE RECOMMEND THAT YOU KEEP THIS GUIDE BY THE PHONE (or somewhere easily accessible)
Limited replacement copies are available upon request

INTRODUCTION

CONGESTION / COUGH

Symptoms:

- Runny or stuffy nose (drainage may be clear, cloudy, yellow or green – colored drainage does not mean sinus infection).
- Associated symptoms: fever, sore throat, cough, red eyes.
- The average child will have as many as 8 colds per year. Children in daycare setting may get a cold every 2-3 wks during winter.
- *Antibiotics and cold medications will not cure the cold.*

Treatment:

There is no cure for a cold but comfort and support can be offered by:

- Giving acetaminophen for fever or discomfort – see dosing chart.
- Increasing daily fluid intake.
- Using a cool mist humidifier to moisturize secretions (remember to change water daily).
- Raising the head of the bed 30-45 degrees (Infant may sleep in car seat).
- Using nasal saline drops or spray and nasal suctioning for night time cough. Cough is one way the body rids itself of mucous, so unless it is painful or keeping the child awake, do not give cough suppressants – if older than 2 a cough suppressant such as Delsym could be considered to help control the cough at night.

Call 911 if:

There is concern for choking on food or toy and/or color change is noted (bluish lips).

Call immediately if:

Breathing much faster than usual or the child appears very sick.

Call during regular hours if:

- Mild cough/cold has been present for more than 2 weeks (more than 3 days in an infant less than 3 months) or the child is starting to wake up at night from the cough.
- Complaints of chest tightness, wheezing, or coughing so violent that it causes vomiting or bloody mucous.
- Cough associated with fevers higher than 102 degrees F.
- Ear infection (fussy, waking overnight, not eating well) is suspected or any other concerning symptoms are present.

CONGESTION / COUGH

CONSTIPATION

Symptoms:

- Hard, dry stools that come infrequently.
- Sometimes cause pain and bleeding during bowel movement.
- No bowel movement for more than four days (exception: exclusively breast fed infants may go longer periods up to 7 days).
- Abdominal pain.

Treatment:

Infant (0-4 months)

- Try using a well-lubricated thermometer or Q-tip to stimulate the rectum.
- Prune or pear juice: 1oz daily per month of age (example 2month child may have 2 oz a day – max 4 ounces daily).
- If these steps do not work, call for further consultation during regular office hours.

Infant 4 months – 1 year

- Treatments as described above plus:
- Limit binding foods such as bananas, rice, cereal, and applesauce.
- Increase high fiber content foods (fresh fruit – especially pears, prunes, apricot and veggies).
- Add fruit juices to diet (no more than 4-6 oz per day).
- A warm bath may decrease abdominal cramps and encourage a BM.
- If these steps do not work, call for further consultation during regular office hours.

Over 1 year

- Treatments as described above plus:
- Limiting binding foods (pasta, white bread, rice & bananas) plus excessive dairy product (milk >16-20 oz a day, cheese, yogurt).
- Increase high fiber foods including bran, whole grains (popcorn if over 3 years of age).
- If these steps do not work, call for further consultation during regular office hours.

Call immediately if: Constipation is not an emergency – but if complaining of severe abdominal pain – especially located in the lower right belly or associated with loss of appetite or fever, you should contact the office immediately as this could represent appendicitis.

CONSTIPATION

CROUP

Croup - A viral respiratory infection that can cause severe breathing trouble in children especially the very young. There is no cure for this infection – symptoms are treated with supportive measures until they resolve.

Symptoms:

- Tight, low pitched barking cough (seal-like bark) - tends to be worse at night.
- Voice or cry is hoarse-sounding.
- Child may have **stridor** – crowing or gasping-like noise when child breathes **in** as croup becomes worse.
- Symptoms tend to increase in the evening and can last up to 5-6 days.
- Associated symptoms include fever or nasal congestion.

Treatment:

Croup without stridor

- Cool mist vaporizer at night.
- Increase daily fluid intake. Use warm fluids if having cough spasms to relax airways.
- Ibuprofen (for children > 6 mos) or Tylenol (for children < 6 mos.) if fever present – see dosing chart. Cold medicines or antibiotics do not cure the illness.

Croup with stridor

- Take child outside for 5-10 minutes into cold night air or have the child breathe in air from an open freezer.
- Foggy bathroom – turn on the hot water in the shower and close the bathroom door. Try to stay calm. If the child senses that a parent is anxious, the child's breathing can worsen. Bring the child into the foggy room to breathe the warm moist air for 10-15 minutes

Call the office immediately if.

- The above measures do not improve the difficulty breathing.
- Any bluish color is noted in the lips or skin.
- Severe respiratory distress is present at any point (retractions between or above the ribs, difficulty speaking)
- Stridor is noted even when the child is calm and resting.

Call during office hours if:

- Mild croup-like cough persists for more than 5 days or had significant difficulty with coughing the previous night

CROUP

DIARRHEA/VOMITING

Most vomiting and diarrhea is caused by viral infections. This is a common illness and rarely dangerous. If vomiting doesn't stop within 12-24 hours, please call your doctor during office hours. Diarrhea is a watery stool that occurs more than four times per day and can last for several days.

Treatment:

Vomiting

Rest the stomach for 1 hour by giving nothing. Then, give 1-2 tsp of room temperature clear liquids such as water, Pedialyte, or juice every 5-10 minutes for one hour. If breastfeeding, continue but for shorter intervals more frequently.

If the liquids are kept down, increase the liquids by small amounts 2-3 tsp. until child is retaining 2-4 ounces at a time. But, if vomiting occurs, you must restart the process. **PEDIALYTE SHOULD NOT BE CONTINUED FOR MORE THAN 24 HOURS.**

Gradually (over 2 days) return to regular diet. Start with small amounts of low-fat bland diet (ie. dry toast or crackers).

Monitor for signs and symptoms of dehydration, which include: dry mouth, no tears, and decreased urine output (less than 4 wet diapers in 24 hours). Older children should urinate at least every 8 hours.

Diarrhea

If vomiting is also occurring, follow the above instructions.

If there is no vomiting, adequate fluid intake is essential to prevent dehydration. It is important to provide more fluid than the child loses through diarrhea. Signs of adequate hydration include a normal or near-normal number of wet diapers, a moist mouth, and an alert child who is reasonably active.

If breastfeeding: Continue to breastfeed at more frequent intervals. Supplement with Pedialyte by bottle or dropper if urine output decreases. Call office immediately if diaper remains dry for a period greater than 8 hours.

If formula feeding: Increase the amount of formula or supplement with Pedialyte to make up for additional fluid losses.

Info continued on next page.....

DIARRHEA/VOMITING

DIARRHEA / VOMITING

(continued)

Provide a regular diet with a few simple changes. Avoid most juices as they can loosen stools – white grape juice can be helpful and is least likely to aggravate diarrhea. If diarrhea is prolonged, avoid milk products which may be difficult to digest. Encourage starchy foods as they are absorbed the best (ie. cereals, rice, bread, crackers, noodles, potatoes, applesauce, bananas).

Monitor for signs and symptoms of dehydration, which include: dry mouth, no tears, and decreased urine output (less than 4 wet diapers in a 24 hour period).

Despite the above steps, diarrhea may last days after the illness seems over. If the child seems well, there is nothing to worry about.

Call immediately if your child:

- Is an infant less than 2 months old and vomits very forcefully (“projectile vomiting”).
- Becomes very sleepy and is difficult to arouse (at a time they would normally be awake) or has rapid, fast breathing.
- Does not have a wet diaper over an 8 hour stretch.
- Is having frequent, very forceful vomiting or severe abdominal pain for more than 2 hours that is not responsive to warm compresses or warm baths, especially if located in the lower right portion of the belly.◦ There is a possibility he/she may have ingested a poison or plant (call Poison Control at **1-800-222-1222**) if concerned. Try to save vomited material and containers.

Call during office hours if:

- Your child is less than 6 months old.
- Vomiting persists more than 24 hours in a child 6-24 months, or more than 48 hours in a child over age 2.
- Symptoms are mild but have persisted for more than 7 days evidence of dehydration is present (decreased wet diapers, dry mouth, lack of tears when crying).
- Blood or pus in the vomit/stool.

DIARRHEA/VOMITING – cont’d

EARACHE

Symptoms: Pain or discomfort around the ear often accompanied by cold symptoms. Child exhibiting symptoms of previous ear infection(s). (crying, fussy, sleeping poorly).

Treatment:

- Give ibuprofen (if older than 6 months) or acetaminophen – see dosing charts.
- Raise the head of the bed 30 to 45 degrees.
- Apply warm compress to ear – if older than one year.
- If earache persists until morning or the child has a fever, call for an appointment.

Call immediately if: Earache is not an emergency – if you suspect an ear infection overnight try the pain relieving methods listed above and call the office in the morning for an appointment. Because antibiotics take over 24 hours to start working, pain relief management is more important in the middle of the night.

EARACHE

FEVER

Fever = Elevation of the normal body temperature (considered a temperature over 100.4 degrees F)

Fever is a friend – it helps the body fight infection.

Fever is often higher in the evening and lower in the morning.

Most viral fevers will resolve within 3-5 days.

Treatment:

- If temperature is below 101 – no treatment necessary although you can give acetaminophen or ibuprofen if uncomfortable – see dosing schedule on last page.
- Increase daily fluid intake.
- Keep child lightly dressed with clothes that will breathe.
- For temperatures above 103 – bathe child in lukewarm bath 20-30 minutes (water temperature should be around 98 degrees) If child is over 6 months old, you can alternate dosing of acetaminophen and ibuprofen every 3 hours (ie. full dose of ibuprofen; 3 hours later - full dose of acetaminophen; 3 hours later full dose of ibuprofen, etc) Do not do this for more than 24 hours. See dosing chart for more info.

Call immediately if:

- Child is under 3 months of age and has a temperature above 100.4 (rectal temperature preferred).
- Child is difficult to arouse, does not interact with you, or seems very sick regardless of the temperature.
- Child is complaining of stiff neck or not able to move neck.
- Child develops a dark red rash that does not fade when pressed.
- Child develops a fever of 105 or higher.

Call during regular office hours if:

- Fever is present in a child 3-6 months old, or fever for more than 24 hours in a child from 6-24 months old especially without an apparent cause for the fever (cold symptoms).
- Fever lasts longer than 3 days in an older child (>2 years old).
- Persistent temperature above 102 that is not responding to acetaminophen or ibuprofen.
- Child is complaining about pain with urination, sore throat, or ear pain.

FEVER

HEAD INJURIES

Symptoms:

Strike or blow to the head, may not always include loss of consciousness. Following a head injury it is normal for a child to:

- Seem a little pale or fussy.
- Complain of a mild headache.
- Vomit one or two times.
- Get sleepy at normal times (naptime or bedtime).

If brief loss of consciousness – call office immediately.

If child remains unconscious, develops seizure activity, or looks critically ill – call 911.

Treatment:

- Clean any scrapes or cuts with soap and water
- Apply direct pressure to cuts for 10 minutes to control bleeding – Note * head and scalp injuries tend to bleed heavily.
- Apply cool compress or ice pack for 20 minute intervals to affected area to decrease swelling.
- Give acetaminophen for headache – see dosing chart.
- If child is sleepy allow them to sleep, but stay nearby and arouse every two hours during the day or four hours at night for the first 24 hours after a fall.

Call immediately if any of the following are present:

- Serious fall, such as down a flight of stairs.
- Falls of approximately 3 feet or more, in a child less than 2 years old.
- Child has a deep cut that may need stitches.
- Child becomes disoriented, confused or dizzy.
- Child vomits more than twice (is not uncommon for child to vomit right after injury occurs if upset).
- Child is having difficulty speaking, blurred vision, or seems to not be using his/her arms or legs.
- Child is having blood or watery fluid from nose or ears.
- Child cannot remember how injury occurred.
- Child is unusually sleepy.

HEAD INJURIES

NOSEBLEEDS

Very common in children, especially in the winter – usually caused by dryness and normal rubbing and picking

Treatment:

Sit the child up and lean them forward, have them spit out any blood in mouth. Apply pressure to the soft parts of the nose for 10 minute intervals – have the child breathe through the mouth. If frequent, can apply petroleum jelly (Vaseline) to lining of nose and use humidifiers in the house.

Call immediately if:

Bleeding continues after 20 minutes of constant pressure, bruises are noted that do not appear to be caused by an injury, or large amount of blood loss.

Call during regular office hours if:

- Nosebleeds occur daily even if preventative measures described above are taken
- The child seems more pale or tired than usual or there are other concerns.

NOSEBLEEDS

SORE THROAT

Symptoms:

- Pain or discomfort in the throat, worsens with swallowing.
- Child under 2 may not complain of sore throat, but may refuse previously enjoyed foods or cry with Feedings.

Treatments:

- Gargle with warm salt water (1 tsp per 8 oz. glass of water), over the counter throat sprays or throat drops.
- Give acetaminophen or ibuprofen for comfort – see dosing chart.
- Encourage cold fluids or foods.
- Soft bland diet – avoiding spicy, acidic or rough textured foods.

Call immediately if:

- There is drooling, difficulty breathing, or difficulty swallowing associated with the sore throat.
- The child appears very ill.

Call during regular office hours if:

- Sore throat lasts longer than 24 hours – rapid strep test will be more accurate if symptoms have been present for at least 24 hrs.
- Sore throat accompanied by fever of >102 degrees F.
- Recent contact or exposure to someone with strep throat.
- Accompanied by abdominal pain, vomiting, headache, or rash develops.

SORE THROAT

OVER-THE-COUNTER MEDICATION INFO & DOSING CHARTS

Tips for giving medicine correctly:

- Know your child's weight. Many children's medicines are dosed by weight. The dose will change as your child grows.
- Read the package instructions carefully. Not all medicines should be given at the same hourly intervals or in the same amount. Follow the package instructions and give the full amount of the medicine that is labeled for your child.
- Always use the dropper, dosage cup or other measuring device that comes with the medicine.
- Don't give medicine to a baby who is lying down; this could cause choking.
- Write down the time and amount of each dose given.

Recommended Over-the-Counter Medications

Tylenol (acetaminophen) – used for fever or pain

Motrin/Advil (ibuprofen) – used for fever, pain, inflammation

Sudafed – used for nasal congestion*

Benadryl – used for congestion, allergic reactions. Side effects may include sleepiness

Delsym – to suppress night time coughs only, so child can sleep

* You may have to ask the pharmacist for this, as it may be kept behind the counter.

How to alternate medications:

For fevers 103 or greater (especially if your child is not drinking well), or severe pain, it is reasonable to alternate Ibuprofen and Tylenol every 3 hours. **DO NOT DO THIS FOR MORE THAN 24 HRS.**

Example: 8 am – Tylenol (full dose for age)
11 am – Ibuprofen (full dose for age)
2 pm – Tylenol " "
5 pm – Ibuprofen " "

- - - - SEE NEXT 2 PAGES FOR DOSING INSTRUCTIONS - - - -

TYLENOL (acetaminophen)

- DO NOT GIVE ACETAMINOPHEN TO BABIES UNDER 3 MONTHS OLD without calling your doctor first.
- ALWAYS READ LABEL FIRST, since different medications have different concentrations.
- ALWAYS USE MEASURING DEVICE (dropper, syringe or measuring cup) that comes with the medication or you could risk overdosing. Never use droppers from different medications or spoons from the kitchen.

Take every 4 hours as needed		*Infant's Suspension 160 mg per 5 mL	Children's Liquid 160mg/tsp	Soft chews And Chewable tablets 80mg/each	Junior Chewable Tablets 160mg/tab	Fever-all Suppository 120,325 & 650 mg	Adult 325 mg
Dose by Weight	Age	Syringe	Teaspoon	Tablet	Tablet	Suppository	Tablet
6-11 lbs	0-3mos	1/4syringe (1.25 ml)				1/3 of 120 mg	
12-17lbs	4-11 mos	1/2 syringe (2.5mL)	1/2 tsp.			2/3 of 120 mg	
18-23lbs	12-23 mos	3/4 syringe (3.75 ml)	3/4 tsp.			120 mg	
24-35lbs	2-3 years	1 syringe (5 mL)	1 tsp.	2 tablets		1-1/2 120 mg 1/2 325 mg	
36-47lbs	4-5 years		1 -1/2 tsp.	3 tablets	1 1/2 tablets	3/4 325 mg	
48-59lbs	6-8 years		2 tsp.	4 tablets	2 tablets	325 mg	1 tablet
60-71lbs	9-10 years		2 1/2 tsp.	5 tablets	2 1/2 tablets	3/4 650 mg	
72-95lbs	11 years		3 tsp.	6 tablets	3 tablets	3/4 650 mg	
96-119lbs	12 years				4 tablets	650 mg	2 tablets
120lbs							2 tablets
150lbs							3 tablets

* 1 tsp. = 5 ml

MOTRIN/ADVIL (ibuprofen)

Take every 6-8 hours as needed		Infant's Drops 50mg/1.25	Children's Liquid 100mg/tsp	Chewable tablets 50mg	Junior Chewable 100mg/tab	Junior Caplets 100mg	Advil 200mg
Dose by Weight	Age	Dropper	Teaspoon	Tablet	Tablet	Caplet	Caplet
12-17lbs	6-11 mos	1 (1.25ml)					
18-23lbs	12-23 mos	1 -1/2 (1.875ml)	3/4 tsp.				
24-35lbs	2-3 years	2 (2.5 ml)	1 tsp.	2 tablets	1 tablet		
36-47lbs	4-5 years		1-1/2 tsp.	3 tablets	1-1/2 tablets	1-1/2 caplets	
48-59lbs	6-8 years		2 tsp.	4 tablets	2 tablets	2 caplets	1 caplet
60-71lbs	9-10 years		2 -1/2 tsp.	5 tablets	2 -1/2 tablets	2-1/2 caplets	1 caplet
72-95lbs	11 years		3 tsp.	6 tablets	3 tablets	3 caplets	1 caplet
96-119lbs	12 years				4 tablets	4 caplets	2 caplets
121-150lbs							3 caplets

MOTRIN/ADVIL & TYLENOL

SUDAFED

Adults and Children 12 years and over

SUDAFED	Sudafed Non-Drying Sinus	Sudafed Nasal Decongestant	Sudafed 12 hour	Sudafed 24 hour
Active ingredients	Pseudoephedrine HCL 30 mg and Guaifenesin 200 mg	Pseudoephedrine HCL 30 mg	Pseudoephedrine HCL 120 mg	Pseudoephedrine HCL 240 mg
Method	2 liquid caps	2 tablets	1 tablet	1 tablet
Take as needed	Every 4 hours	Every 4 - 6 hours	Every 12 hours	Every 24 hours
Note	Not to exceed 8 liquid caps in 24 hours	Not to exceed 4 doses in 24 hours	Not to exceed 2 tablets in 24 hours	Not to exceed 1 tablet in 24 hours

BENADRYL (Can be given every 6 hours)

CHILD'S WEIGHT IN POUNDS

BENADRYL	10-20 lbs	21-30 lbs	31-40 lbs	41-50 lbs	51-60 lbs	61-70 lbs	71-80 lbs	81-90 lbs	91-100 lbs	Over 100 lbs
Liquid 12.5 mg/5ml (1 tsp)	1/2 tsp	1 tsp	1 -1/2 tsp	1-3/4 tsp	2 tsp	2-1/2 tsp	3 tsp	3-1/2 tsp	3-3/4 tsp	4 tsp
Chewable 12.5 mg each	_____	1 tab	1-1/2 tab	1-1/2 tab	2 tab	2-1/2 tab	3 tab	3-1/2 tab	3-1/2 tab	4 tab
Capsule 25 mg each	_____	_____	_____	1 capsule	1 capsule	1 capsule	1 capsule	1 capsule	2 capsules	2 capsules

DELSYM

(Cough suppressant recommended only for night-time to relieve cough so child can sleep. (Coughs should NOT be suppressed during the day.)

AGE	DOSAGE
1 to 2 years	1/4 tsp.
2 to 6 years	1/2 tsp.
6-12 years	1 tsp.
> 12 years	2 tsps.

SUDAFED – BENADRYL - DELSYM