University of Iowa Stead Family Children's Hospital | Pediatric Associates

WELCOME TO PEDIATRIC ASSOCIATES OF UNIVERSITY OF IOWA STEAD FAMILY CHILDREN'S HOSPITAL

Iowa City Office
605 East Jefferson Street
Iowa City, Iowa 52245
(319) 351-1448

Coralville Office
2593 Holiday Road
Coralville, Iowa 52241
(319) 339-1231

Changing Medicine. Changing Kids' Lives.®

University of Iowa Stead Family Children's Hospital | Pediatric Associates

This pamphlet introduces our services and policies, and it offers general advice to help ensure the health of your child, including newborn care and care for a sick child. We look forward to serving your family!

Scheduling an Appointment

Iowa City Office Hours

Monday – Thursday	7:00 am – 8:00 pm
Friday	7:00 am – 5:00 pm
Saturday	8:00 am – 12:00 noon
Sunday	12:00 noon – 4:00 pm

Evenings and Weekends: appointments for acute illnesses only (Iowa City office only)

Coralville Office Hours

Monday - Friday	7:00 am – 5:00 pm

Iowa City Office
(319) 351-1448

Coralville Office
(319) 339-1231

To Reach a Doctor After Hours
(319) 356-0500

Changing Medicine. Changing Kids' Lives.®

About Our Providers

All of our providers are specialists, either board-certified pediatricians or board-certified pediatric nurse practitioners. Our providers include a board-certified pediatric psychologist, Susan VanScoyoc, PhD, a specialist in emotional and behavioral health, as well as adjustment to medical conditions, for children up to age 18. Your child's pediatrician can refer you to Dr. VanScoyoc if appropriate.

Our physicians hold clinical assistant professorships in the Stead Family Department of Pediatrics at the University of Iowa Carver College of Medicine. On occasion, the doctors will have a medical or nursing student with them while seeing patients. If you prefer not to have a student with the doctor when your child is seen, please tell the nurse.

Appointments

We accept patients from birth to age 21. Routine appointments can usually be made a few days in advance. When your child is ill, you can call for a same-day appointment that can be scheduled during times we set aside for sick children. Walking in without an appointment will create unnecessary waiting and delay. We know that your time is valuable, which is why we make every effort to stay on schedule. You can choose to see any of the doctors, but on occasions when your doctor's time is limited, we might suggest you see another doctor. If you are unable to keep an appointment, please cancel it as far in advance as possible so that another patient may use that time. The office reserves the right to charge patients for appointments not kept.

When You Call

When your child is ill and you think he or she should see a physician, call the office and speak with one of the nurses. Our nurses are compassionate, skilled, and experienced in the care of children. They know what advice to give and when the child needs to see the doctor.

When you call, give your name, the child's name, age, symptoms, and the duration of the symptoms. If you think your child has a fever, take the temperature before you call. Have a pencil and paper available to write down instructions, medications, and dosage. For non-emergency problems – such as bedwetting, constipation, and temper tantrums – we recommend you call before 5 p.m. Monday through Friday so that our staff will have enough time to discuss your child's medical issue with you.

After Hours

When the office is closed, call the Pediatric Associates of University of Iowa Stead Family Children's Hospital nurse line, 319-356-0500, for advice. The doctor on call can be paged as needed.

Online

Reach us online to schedule appointments, request a prescription refill, or pay a bill. To sign up, go to uichildrens.org/pedsIC and select "Patient Portal."

Suggested Well-Child Visits and Immunization Schedule

Newborn .....±HB

2-4 Weeks .....no shots

2 months .....DTaP/HB/IPV/PCV/HiB/RV

4 months .....DTaP/HB/IPV/PCV/HiB/RV

6 months .....DTaP/HB/IPV/PCV/HiB/RV

9 months .....no shots

12 months ..... HA/PCV/HiB/MMR

15 months ..... DTaP/chickenpox

18 months .....Catch-up or no shots

2 years ..... HA

3 years ..... Catch-up or no shots

4 years ..... IPV/DTaP/MMR/2nd chickenpox

5 years ..... school exam, any missed shots

6-18 years .....exams every year

11-12 years and older.....three HPV

10-15 years ..... MCV/TDaP

16-18 years ..... MCV

Influenza is given yearly in the fall beginning at 6 months of age.

IPV= Injectable Polio Vaccine

HiB=Haemophilus Infuenza

HA=Hepatitis A

HB=Hepatitis B

MMR=Measles, Mumps, Rubella

HPV=Human Papilloma Virus

RV=Rotavirus Vaccine

PCV=Pneumococcal Vaccine

MCV=Meningococcal Vaccine

DTaP=Diptheria, Tetanus, Accelluar Pertussis

NEWBORN CARE

Breast-fed Babies

While in the hospital, your baby will nurse every 1 to 3 hours. Allow your baby to feed for as long as she or he wants unless you feel tenderness; in that case, ask the nurse or lactation consultant for assistance. Your baby may be sleepy and not wake spontaneously to feed. If it has been 3 hours and this occurs during daytime hours, try to stimulate your baby to nurse. Try changing the diaper, undressing to the diaper, and skin-to-skin contact. Learning to assess hunger cues is important; behaviors such as rooting, lip licking, and hand sucking are good indicators. Try not to wait until the baby is crying.

Colostrum (the first milk) is highly nutritious and sufficient to satisfy your baby until your milk supply increases. This happens approximately 3 to 5 days after delivery.

When you take your baby home from the hospital, we encourage you to nurse the baby at least 8 times per 24 hours. It is normal for your baby to be fussy and want to nurse more frequently during the evening hours. These are called "cluster feedings." This does not mean your milk supply is low. It is simply less abundant during the evening hours, which means that your infant can nurse frequently without causing upset stomach. Try to reduce over-stimulating your infant during the day—for example, limit visitors or outings with large groups of people—to help reduce evening tension. After "cluster feedings," babies usually go into a deep sleep for 4 to 6 hours.

We recommend waiting at least 2 to 4 weeks to introduce a bottle. This lets you establish a full milk supply, and it may be less difficult for your baby to go between breast and bottle. Babies may refuse the bottle; if this happens, call the office for advice. You may also want to use the pad of your finger for a "pacifier," rather than an actual pacifier, if your baby is still fussy and you're sure she or he is full. Pacifier use should be avoided or minimized during the first few weeks of breast-feeding.

Manual and electric breast pumps can be purchased, or electric pumps can be rented. Breast milk can be used for up to 4 hours at room temperature. It can be stored in the refrigerator 4 to 5 days and frozen 4 to 5 months. When in the freezer, your breast milk needs to be in the coldest part, and ***NEVER*** kept in the door. A convenient way to store breast milk is in an ice cube tray with a lid. One cube equals approximately one ounce of breast milk. Cubes are easy to pop out and warm up. It is also acceptable to supplement with formula if needed. Formula in powdered form is most convenient so that smaller amounts can be prepared and there is little waste.

It is sometimes difficult to know how much milk a breast-fed baby is receiving. If your baby nurses at least 8 times per 24 hours, swallows for at least 10 minutes per feeding, appears content after feeding, and has at least 4 to 5 bowel movements each 24 hours, the baby is getting enough milk. The bowel movements should increase to at least 4 times a day after the first 4 to 5 days since birth. After the first 1 to 2 months, the bowel pattern may change and your baby may go several days without a bowel movement. If you have concerns about whether or not your baby is getting enough milk, call our office.

Try burping your baby after each breast. Some babies burp easily, while others do not. If you have tried to burp your baby for 1 to 2 minutes without success, go on to the next breast.

Discomfort with Breastfeeding

Sometimes breastfeeding can result in sore breasts. There are several causes. Engorgement of the breasts occurs in the first few days of breast-feeding and is the result of milk production and fluid retention in the breasts. Frequent feedings help prevent it. The fluid retention is only temporary and will resolve in a few days. During this time, hot compresses just before and during nursing may help the milk flow more readily. Expression of milk manually or with a breast pump might relieve engorgement, but avoid excessive pumping. Ibuprofen (Motrin and Advil) or acetaminophen (Tylenol) may be taken for breast pain.

Tender nipples can occur if the baby does not have a wide-open mouth when he or she latches on or if she or he is suckling incorrectly. Many new mothers notice discomfort with the first several sucks at each nursing for 8 to 10 days, but if you have other discomfort while breast-feeding, call our office. Proper positioning is the best way to prevent or treat sore nipples. To minimize tenderness, make sure the baby has as large a mouthful of breast as possible. Breaking the baby's suction seal with your finger after feeding will help minimize tenderness as well. Sometimes after discharge from the hospital, small blisters or cracks in the nipples may develop. This can be helped by rinsing your nipples with plain water after each feeding and then applying lanolin or hydrogel dressings. If you experience persistent cracking, call your personal physician.

Bottle-fed Babies

During the first 2 to 3 days after birth, your baby may not be too eager to feed. That is normal as babies are born with enough extra fluid to get by for several days. Most babies are taking 1 to 3 ounces per feeding by the time they go home. Formula is available in three forms; ready-to-feed is the most expensive and the least amount of work. Concentrate and powder are more popular. When mixing, tap water can be used, unless you use well water that has not been tested for bacteria and nitrates.

Water and bottles do not need to be sterilized. Washing with soap and hot water, or in the dishwasher, is adequate. The type of nipple or bottle best taken by your baby varies, so any type can be tried. When bottle feeding, burp your baby after each 1 to 2 ounces, until you know how frequently your baby needs to be burped. Use caution if bottles are warmed in a microwave because the milk can get very hot in spots but the container stays cool.

Food Do's and Don'ts

Solid foods should be introduced between 4 and 6 months of age. Foods and juices can cause your baby problems if introduced too early. Because of a small risk of infant botulism in the first year of life, babies should not be given honey during this year.

Sneezers and Wheezers

Several things that babies do may seem abnormal to you, but actually are normal. For example:

- Sneezing, sniffling, snorting, and sounding congested can often happen. These are not usually due to colds, but just small nasal passages with mucus.
- Babies often spit up, sometimes after every feeding. If there is no projectile or forceful vomiting, this is OK.
- Babies often breathe funny – sometimes fast, sometimes, slow, and sometimes even stopping for a few seconds. This is referred to as periodic breathing.
- Hiccups also occur frequently. This sometimes happens with every feeding. It does not seem to bother the baby, and nothing needs to be done about it.
- Eyes often move in an uncoordinated manner, and occasionally the baby will appear cross-eyed. Until 6 months of age, this is normal, unless it seems to happen most of the time.
- Sometimes the eyes develop matter in them after birth. This is usually due to poorly draining tear ducts. If this becomes a yellow or green pus and needs wiping every hour, call your doctor.

Stools

Stools vary in babies. At first, dark green or black tar-like stools, called meconium, will appear. After a few days, the stools become more "normal" and may be yellow, green, or brown. The baby may have 6 to 8 stools per day or may have one stool every 6 to 7 days. They may be watery (but not pure water) or semi-formed. Constipation is when the baby has rock-hard stools and pain with passing. If this happens, 1 teaspoon of Karo syrup can be offered in 3 to 4 ounces of breast milk or in the formula, but use a maximum of 6 teaspoons of Karo syrup per day. Call your doctor if you feel the child is not having appropriate stools or the abdomen is enlarged and hard.

Urine

Babies will, at first, retain fluids waiting for the breast milk to come in. You may only see 1 or 2 wet diapers per day. After 4 or 5 days, however, your baby should have 5 to 6 wet diapers per day. Occasionally a pink crystal-like or dusty material may appear in the wet diapers. This is normal and usually passes in a few days. "Ultra" diapers may develop gelatin-like granules when wet; this is not harmful to your baby.

Baby Skin

Your baby's skin will naturally appear dry and may peel in the first 3 weeks. This is normal, and no special attention is needed. Lotions are not necessary. Bathing after the cord falls off is appropriate, and 2 to 3 times per week is usually adequate. Mild soaps, such as liquid baby bath soap, may be used. Shampoo for the scalp can be used as needed. It is common to notice cradle cap, or a yellow greasy crustiness of the scalp, which can be treated by lightly combing after rubbing in a baby shampoo. It rarely makes the baby uncomfortable, but if it concerns you, talk with your doctor at the baby's checkup. Many babies also develop a facial rash ("infant acne") during the first few weeks. This is normal and does not bother the baby.

Wipers and Diapers

Keep the diaper area clean and dry. No specific lotions or creams are needed routinely. It is not necessary to wash after each wet diaper. Stools, however, are more irritating than urine and should be cleaned off right away. If a diaper rash develops, diaper rash ointment can be applied. If the rash gets worse, call our office. Do not be afraid to cleanse the folds and creases of the labia. Always wipe "front to back" over the vaginal area. A cheesy substance from birth is often present in the creases of the labia and will work itself out with gentle cleansing over time. A milky vaginal discharge may also develop, which will resolve in the first few months of life. Occasionally a small amount of blood may be found in the vaginal area during the first week. This is normal.

In babies who have been circumcised, no special care is needed after 24 hours. If the baby's penis tends to stick to the diaper, apply Vaseline to the end of the penis as needed. The penis can be gently cleansed when needed.

Belly Buttons

The cord should be left open to air as much as possible. In 2 to 3 weeks it will fall off. It may get very smelly and gooey the last few days. After the cord falls off, tub baths can be given. 2 or 3 baths per week are adequate. Call your doctor if the skin around the cord gets red, raised, and hard or if the cord site continues to be moist or bleeds for several days after the cord has fallen off.

Yellow (Jaundiced) Babies

Most babies develop a yellow tinge to their skin, which is called jaundice. This is most often caused by an immature liver not removing bilirubin (a breakdown product of red blood cells). This usually peaks at 4 or 5 days old. With breast-feeding, jaundice may sometimes persist for several weeks. Call your doctor if you think the baby has severe jaundice.

Urgent Situations Requiring a Call to the Doctor

Fortunately, there are not many newborn emergencies. However, some events should be shared with your pediatrician:

- Fevers over 38°C (100.4°F) in the first 2 months. In this young age group it is difficult to tell how sick a child really is.
- Projectile vomiting after every feeding, when occurring in the first 2 months.
- Other events obvious to you, such as a non-waking infant, bloody stools, etc.

For non-acute problems, call the office during weekday office hours. If you have an emergency after hours, call the office number for a recording about how to reach the pediatrician.

Siblings

Older siblings can feel jealous about a new baby. Basically they do not want to share your time and affection. Therefore, the older child may demand more attention. To ease the situation:

- Stay in touch with the sibling while in the hospital.
- Spend the first moments with the sibling when you come home.
- Give a gift to the sibling from the baby.
- Say "our baby."
- Encourage the sibling to touch and play with the baby in your presence.
- Enlist the older child as a helper.
- Give extra time, "sibling's time," as one-on-one quality time each day.
- Accept regressive behavior.
- Give time-outs for aggressive behavior.

Baby Fashions

It is always difficult to know how you should dress your baby, especially with frequent weather changes. Common sense will be your best guide, but realize that in the hospital nursery the temperature is 75°F and the babies have an undershirt and two thin receiving blankets. If you keep your home warmer or cooler than that (68°F - 76°F), you must make the appropriate adjustment in clothing. We are usually guilty of over-wrapping our children. If the baby is getting hot and sweaty, take off some layers.

Crying

One of the biggest challenges in caring for babies is trying to figure out why babies are crying. Obviously, if it has been 2 or more hours since the last feeding, the child may be hungry. But if you've just fed your baby, perhaps he or she is hot, cold, wet, or having abdominal gas cramps. Gas cramps will sometimes occur after feedings, and the baby may scream in pain. He or she may pull up the legs and turn red. Often they will act like they want to suck, as that's the only way they know how to comfort themselves when in pain. If this is happening, it sometimes helps to change positions—try walking, bouncing, or rocking. Applying a warm wash cloth on the baby's abdomen sometimes helps. A feeding can be tried, although sometimes this makes it worse. Sometimes babies just have to cry themselves out of it. Should these crying times last most of the day, notify your physician.

Self-quieting skills of each baby differ because of temperament. Just because your baby is not as easily consoled as other babies does not mean you should blame yourself for this.

Parents often ask if they spoil their baby. This will not happen the first several weeks. Be aware, however, that not every baby will fall asleep in your arms. Some babies need to be lying quietly to fall asleep, and the more they are held, the more disrupted their schedule can be. As your child gets older, it will be prudent to let your baby fall asleep in the crib, rather than in your arms. It will teach your child to fall asleep independently. You can, of course, rock the child for a time before he or she falls asleep.

At night, many babies wake up frequently, cry briefly, and fall asleep again. You do not need to jump right up and pick up the child if it is not feeding time. Many times a gas cramp or pain will wake the child briefly. Keep in mind that if you respond to every cry your baby makes, neither you nor your baby will get much sleep.

Effects of Smoking

If you smoke, be aware of the effects it will have on your baby, including more respiratory diseases, especially wheezing; more ear infections; and long-term hazards of increased cancer risk, heart disease, abnormal lung function, and increased risk of sudden infant death.

We encourage all smoking parents to consider quitting. To help you quit, consider speaking with your physician. If you have tried to quit before, don't be discouraged. The odds of success actually increase with each attempt. If you or someone else in your household is unable or unwilling to quit, smoke outside. Even smoke from another room eventually reaches your baby.

Safety Concerns

If this is your first baby, many aspects of your life are about to change, and you will be making more adjustments to your life as time goes by. One adjustment will be the realization that you now have a responsibility to provide a safe environment for your child.

In the first few months, please remember:

- **Place the baby on his or her back for sleeping.**
- Place the baby where he or she cannot roll off onto the floor. Occasionally, even a newborn will roll over accidentally.
- Monitor siblings when they are too young to know they could hurt their baby sibling.
- Do not place objects in the crib that the child could place in the mouth and choke on.
- Do not place the baby on soft cushions, pillows or water beds, especially face down. Babies do not need pillows to sleep.
- Crib bars should be no more than $2^{3}/_{8}$ inches apart.
- Be certain that any paint on the crib is not lead-based.
- Avoid inhalant irritants, such as insecticides, paint, paint remover, formaldehyde, smoke, etc.
- Babies sunburn easily, so avoid exposing your baby to direct sunlight for long periods of time.
- Use infant car seats with every ride.
- Learn and review CPR techniques. Issues involving older children will be discussed as you return for well child exams.

Infant Stimulation

Parents often feel the need to provide stimulation to maximize their child's development. There is no evidence that educational toys, music, movement classes, or watching educational recordings enhances child development. We feel that the most important stimulation for infants is loving interaction with the parents. Let babies be babies.

CARE OF THE SICK CHILD

Fever

Normal oral (by mouth) temperature is 98.6 degrees F (37 degrees C) and can be as high as 100 degrees F. Rectal temperatures run slightly higher. Fever accompanies many childhood illnesses and is one way the body fights infection. Fever is often the first or only sign of a viral infection or other illness. Fever itself is not harmful but should be treated if the child is fussy or uncomfortable.

If high fever is present, look for other symptoms that suggest a call to the office: high fever associated with vomiting, stiff neck, or pain with urination; a fever that persists longer than 72 hours; fever in a child under 2 months if greater than 100.4 degrees F (38 degrees C).

Treatment of fever consists of using acetaminophen (such as Tylenol) and ibuprofen (such as Motrin and Advil).

Temperature Conversion Scale

Fahrenheit	Centigrade
104	40
103.8	39.9
103.6	39.8
103.5	39.7
103.3	39.6
103.1	39.5
102.8	39.4
102.7	39.3
102.6	39.2
102.4	39.1
102.2	39
102	38.9
101.8	38.8
101.6	38.7
101.5	38.6

Fahrenheit	Centigrade
101.3	38.5
101.1	38.4
100.9	38.3
100.8	38.2
100.6	38.1
100.4	38
100.2	37.9
100	37.8
99.9	37.7
99.7	37.6
99.5	37.5
99.3	37.4
99.1	37.3
99	37.2
98.8	37.1

These medications can be given along with antibiotics if necessary.

ACETAMINOPHEN AND IBUPROFEN DOSAGE RECOMMENDATIONS

Age Group	0-3 mo.	4-11 mo.	12-23 mo.	2-3 yrs.	4-5 yrs.	6-8 yrs.	9-10 yrs.	11 yrs.	12-14 yrs.
Weight (lbs)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	75-95	96+

Acetaminophen (such as Tylenol)

Suspension (160 mg/5 ml)	¼ tsp. (1.25 ml)	½ tsp. (2.5 ml)	¾ tsp. (3.75 ml)	1 tsp. (5 ml)	1 ½ tsp. (7.5 ml)	2 tsp. (10 ml)	2 ½ tsp. (12.5 ml)	3 tsp. (15 ml)	_
Children's chewables or soft chews (80mg)	_	_	_	2 tabs	3 tabs	4 tabs	5 tabs	6 tabs	_
Junior strength chewables (160 mg)	_	_	_	_	1 tabs	2 tabs	2 ½ tabs	3 tabs	4 tabs

Ibuprofen (such as Advil, Motrin)

Drops (50 mg/ 1.25 cc)	_	1.25	1.875	2.5	_	_	_	_	_
Children's liquid or suspension (100 MG/5 ml)	_	_	¾ tsp. (3.75 ml)	1 tsp. (5 ml)	1 ½ tsp. (7.5 ml)	2 tsp. (10 ml)	2 ½ tsp. (12.5 ml)	3 tsp. (15 ml)	_
Children's chewables (50MG)	_	_	_	2-3 tabs	3 tabs	4 tabs	5 tabs	6tabs	_
Junior strength chewables/ tablets (100 MG)	_	_	_	1 tab	1 ½ tabs	2 tabs	2 ½ tabs	3 tabs	4 tabs

Acetaminophen doses should be given every 4 hours as needed, but not to exceed 5 doses in 24 hours. If weight and age do not correlate, use weight to figure medicine dose. Ibuprofen is given every 6 hours. Tylenol or other acetaminophen suppositories are available over the counter in 80, 120, 325, 650 mg sizes and can be used when unable to take oral medicines.

Leaving the child lightly clothed when he or she has a fever will help to bring the temperature down; bundling the child in heavy clothing and blankets will only drive the temperature higher and make the child uncomfortable.

Temperature Measurement

Ear thermometers are not as accurate as oral or rectal thermometers for infants under 6 months. For this age, rectal or armpit is better; for babies younger than 2 months old, a rectal thermometer is preferred. To take rectal temperature, lay your baby on his or her belly and use your forearm to hold the baby still. Place Vaseline on thermometer. Spread buttocks and insert the rounded bulb 1 inch into rectum. Read after 3 minutes or when the thermometer "beeps."

Colds

"Colds" (upper respiratory infections) are caused by viruses and do not respond to antibiotics. Symptoms consist of runny or stuffy nose, sore throat, cough, and sometimes fever during the first day or two. You can expect your child to have 6 to 10 colds each year.

Treatment consists of measures to relieve the symptoms. Cool mist vaporizers used when the child is sleeping will allow the secretions to be loose so that the child may cough or sneeze them out more easily. Increased fluid intake will also make the secretions looser. If fever is present, more fluids are required. Fever and discomfort may be treated with ibuprofen or acetaminophen as outlined above for fever.

In infants, a nasal bulb syringe can be used to clear secretions from the nose. **Cold medicines are not recommended under 6 years of age.** Saltwater nose drops (1/4 teaspoon salt in 8 ounces of water) may help to alleviate stuffy noses by placing 2 to 3 drops in each nostril every 2 to 4 hours as needed. Wait a minute after placing the drops in the nostrils, and then use the bulb syringe to suck out secretions.

Antihistamines dry up secretions and are good for allergies, and they sometimes help with very watery nasal drainage. Side effects of antihistamines can include sleepiness, fatigue or irritability; the medication should be stopped if these are a problem.

Decongestants open up nasal passages to allow better drainage and are good for stuffiness, congestion, and sinus infection. Side effects of decongestants are nervousness, irritability, and poor sleeping.

For allergic reactions and itching, try giving Benadryl.

	6 mo.-2 yr.	2-5 yr.	5-12 yr.	Over 12 yr.
Liquid	¼- ½ tsp. (1.5 – 2.5 ml)	½-1 tsp. (2.5 – 5.0 ml)	1-2 tsp. (5.0 – 10.0 ml)	2-4 tsp. (10.0 – 20.0 ml)
25mg Tablet	-	-	1	1-2

Coughs and Sore Throats

For coughs, in patients over 1 year of age, 1 teaspoon of honey can be helpful. Humidifiers and elevating the head will also help. Sore throats often accompany viral "colds." However, if a sore throat persists for over 24 hours and is accompanied by fever, tender swollen glands in the neck, or a rash, this may represent strep throat. If this is the case, call the office and the nurse will determine whether the child needs to see the doctor or come in for a strep test only. If the test confirms strep, an antibiotic will be given. Most other sore throats are caused by viruses and can be relieved by Chloraseptic spray, throat lozenges (not to be used in children younger than 4 years old as they could be a choking hazard), and other symptomatic measures. If sore throat is extremely severe, the child should see a doctor.

Ear Infections

Ear infections are a frequent consequence of colds. If during the course of a cold your child suddenly develops a fever or ear pain, this may mean that the ears have become infected. Small children will often not tell you that their ears hurt but if infected, children will often be very fussy, especially at night or when lying down. They may even pull or dig at their ears. If ear infection is suspected, the child should be treated for fever or pain and a call made to the office so that the ears may be checked by a doctor. If an ear infection is diagnosed by examination, the doctor may prescribe an antibiotic. If a child shows no improvement after at least 3 full days of treatment, the child should be re-examined.

Croup

During the fall and winter, many young children develop an illness marked by hoarseness and a dry, "barky" cough (like a seal), with a low to moderate fever. Croup is caused by a viral infection of air passages and vocal cords. Coughing is generally worse at night and can persist for up to 1 week. A cool-mist humidifier and/or vaporizers can increase the humidity in the child's bedroom, soothing the irritation and offering relief. During particularly bad coughing spells, sitting with your child in a steamy bathroom or in the cool night air for 15 to 20 minutes offers added relief. Croup is generally well-tolerated, but occasionally inflammation and swelling may cause mild blockage of the air passage, requiring treatment. If your child does not get better with the humidity and the cold air, call the office.

Vomiting and Diarrhea

Vomiting and diarrhea are most often associated with a viral illness and usually can be resolved with diet restriction and fluid control. Medications are generally not necessary and should be avoided in most circumstances. Antibiotics usually make nausea and diarrhea worse, unless they are symptoms associated with a bacterial infection.

Dehydration is the biggest concern when your child has vomiting and diarrhea. This is especially true when your child is younger than 18 months old. Parents may notice signs of dehydration including dry mouth, sunken eyes, decreased or lack of urination, and weight loss. If a child has moist lips and mouth and is urinating normally, then they are not significantly dehydrated.

Vomiting is initially treated by restricting liquids and solid foods from the diet. It is often wise to give the child nothing by mouth 1 to 2 hours after vomiting starts. After this initial period, give only Pedialyte or another commercially available fluid and electrolyte solution. Other options include Pedialyte popsicles, Gatorade, or clear broth. Start with small volumes of these liquids (½ to 1 ounce) every 30 minutes and advance to larger volumes if the child tolerates it. Remember to give SMALL, FREQUENT QUANTITIES.

When vomiting ceases (even if there is still diarrhea), begin to advance the child's diet to include crackers, toast, applesauce, bananas, and clear broth. Transition to a full diet when solids are tolerated without difficulty for a day. Hunger is a good sign that the illness is getting better. However, often after a child improves, he or she will eat a large quantity before the gastrointestinal tract has recovered, and vomiting may return. If this occurs, return to more bland foods in smaller volumes.

Treatment for diarrhea depends on the severity of illness. Mild diarrhea (3 to 5 loose stools per day) may not require any specific treatment or dietary change. Moderate and severe diarrhea (8 or more loose stools per day) may require more active treatment. Fluids high in sugar (soda and juice) and fruit should be limited during severe diarrhea. Some pediatricians will also recommend reducing or discontinuing milk intake when diarrhea is severe or prolonged. However, in most diarrheal illnesses, a normal diet (limiting juice and fruit) should be maintained. Breast-feeding mothers should continue to nurse even when baby has severe diarrhea. In most cases, diarrhea will improve or resolve within 5 to 7 days. Do not give your child an anti-diarrheal medicine unless directed by your pediatrician. A child should be seen in clinic if they have signs of dehydration, a high fever (greater than 102 degrees F), bloody stools, or severe abdominal pain that continues even after vomiting or stooling. Call our clinic if loose stools persist more than 14 days as your pediatrician may recommend performing tests for bacteria or parasites in the stool.

Rashes

Diaper rashes can have many causes, including sitting in urine or stool too long, yeast infections, burning of skin from diarrheal stools, skin infections, or certain foods irritating the skin. Home treatment could include changing diapers more frequently (especially if diarrhea is burning the skin), dietary changes to decrease diarrheal stools, eliminating certain offending foods (such as pears or other fruits), using diaper ointment, or treating for yeast infection with Lotrimin. If there is no improvement, call the office for advice.

Other rashes of the body may be a reaction to infections (such as strep throat or viruses), medicines, contact irritants, or foods. The rash itself needs no specific treatment. If itching is a problem, it may be relieved by Aveeno Bath or baking soda baths, Benadryl, or prescription medication obtained by calling the office.

Poisoning

Prevention is the best treatment. Keep all medications, cleaning compounds, and other toxic substances out of the reach of children. NEVER call medicine "candy."

In case of accidental ingestion, call the office or Poison Control (1-800-222-1222) immediately for advice. DO NOT MAKE THE CHILD VOMIT UNLESS YOU ARE INSTRUCTED TO DO SO. With certain substances, vomiting is the wrong thing to do.

If you are asked to bring the child to the office or emergency room, also bring the container, the remaining contents, and any information about the ingested substance.

Head Trauma

Any head injury patient may become sleepy, and vomiting once or twice is common. The following symptoms can indicate more serious injury and a need for further examination:

- Nausea and/or vomiting more than twice, especially vomiting not preceded by nausea, or more than 1 hour after the injury.
- Excessive sleepiness.
- Difficulty being woken from sleep (awaken the patient every 3 hours for the first 24 to 48 hours after the injury).
- Unequal pupils (black parts [in center] of the eye are unequal); sensitivity to light; double vision; loss of vision in certain fields; deviation of eyes to one side; unusual movement of eyes.
- Loss of strength, numbness, tingling in arms or legs, difficulty walking.
- Confusion; lack of orientation to time, place, or person.
- Personality change.
- Seizures with either full loss of consciousness or with only twitching of parts of the body.
- Severe or prolonged headaches. Acetaminophen may be given for headache.

Burns

Burns require immediate attention and can often be treated entirely at home. Most burns occur when a child touches a hot object (stove, barbecue, curling iron) or has hot liquid spilled on him or her. The immediate concern for a burn is to apply cold compresses to the area. In minor burns, this may be all the treatment that is required. Blistered areas may require more treatment, such as antibiotic ointment or dressings. Blisters should be left intact; opening them may increase the chance of the burn becoming infected. If there are large blisters or open areas, the burn may need treatment at the office or emergency room. Call the office if you think the burn needs to be treated professionally.

OFFICE POLICIES

Visiting Patients

Visiting patients are welcome; however, we expect full payment at time of service. If you have insurance that will cover your visit, please provide us the necessary information for submission. If we receive payment from the insurance company we will reimburse any overpayment to the appropriate party.

Collection Accounts

If your account has been sent to a collection agency, every future visit must be paid in full at time of service regardless of your insurance coverage.

Bankruptcy Accounts

If we are served a bankruptcy notice, all future visits in this office must be paid in full at time of service regardless of your insurance coverage. You will no longer be able to charge any visits to your account.

Medicaid/Title XIX

Pediatric Associates of UI Stead Family Children's Hospital participates with the Iowa Medicaid program. We require that a card be presented before every visit to confirm eligibility. If the physician's name on the card is not on staff at Pediatric Associates of UI Stead Family Children's Hospital, it is the patient's responsibility to call 1-800-338-8366 to get the name changed to the primary physician at our office. Our staff will call to get authorization from the doctor on the card for upcoming visits, but if the physician on the card does not approve the visit, it will be your financial responsibility to pay for the visit in full at the time of service.

Returned Check Fee

There is a $25 fee for any checks that are returned to us.

All patient due payments, including co-payments, coinsurance, and deductibles not made on the day of service, may be subject to a $5 service charge.

Patient Dismissal Policy

Front office reception:

1. Any overtly abusive language including verbal and/ or threats of physical violence from either patient or patient's family will result in immediate dismissal of patient from Pediatric Associates of UI Stead Family Children's Hospital.
2. Families that have missed more than 3 appointments in 2 calendar years will receive a warning letter. The fourth missed appointment will result in a certified letter of dismissal from the practice.

Business office:

1. Any overtly abusive language including verbal and/ or threats of physical violence from either patient or patient's family will result in immediate dismissal of patient from Pediatric Associates of UI Stead Family Children's Hospital.
2. The family has filed bankruptcy twice against our office. Upon the second bankruptcy, the family will be discharged from the practice.
3. The account has been in collection for 9 or more months and there has been no attempt by anyone to contact our office regarding the account.
4. Patients who have cashed direct payments from a third party payer and have not paid on their account.
5. Families that have insurance that require they select a PCP, who fail to select our physicians for 3 months.

Web Resources for Parents

uichildrens.org/pedsic
healthychildren.org
cdc.gov - Centers for Disease Control and Prevention

Immunization Information
cdc.gov/nip/vacsafe
cdc.gov/vaccines
KidsGrowth.com
Immunizationinfo.org
Vaccinesafety.edu

General Parenting Resources
KidsHealth.org
Safekids.org
Fitness.gov – President's Council on Physical Fitness & Sports

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