**PARENT GUIDE**

**TO**

**PEDIATRICS**



**PEDIATRIC ASSOCIATES INC., OF BROCKTON**

**(508) 584-1234**

**PRACTICE LIMITED TO:**

**Infants, Children and Adolescents**

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PEDIATRIC ASSOCIATES INC., OF BROCKTON

WELCOMES YOU AND YOUR FAMILY

We are happy to welcome you and your family into our practice. We have created this booklet to help you understand our practice policies, and to provide you help with some simple pediatric concerns. It suggests what you can do to handle certain problems and lets you know when to call the office. However, not all problems can be discussed in the booklet but remember advice is always available by phone.

Our office staff is available by phone 8:30am to 5 pm Monday through Friday and until noon on the weekends and holidays. When you call you will be connected to our call center that can then either connect you to one of our nurses or book you an appointment. Our nurses can give you general advice, however if they feel you need to speak with one of our providers they will either transfer the call or take a message to have the provider call you back as soon as they can. Calls are returned the same day.

Phone calls to the office outside of our regular office hours go to our answering service. A message is taken and our on call physician will return the call usually within the hour. If you do not hear back from the physician in one hour, please call again. After 9 pm the answering service will refer the call to our night call service. Your call will be returned by a professional trained to give medical advice. The on call physician is available for further assistance if needed.

We hope that you find this booklet helpful and that you will have it available for anyone caring for your child. We always welcome your comments and suggestions.

Please visit our website.

PEDIATRICASSOCIATESOFBROCKTON.COM

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**PRACTICE INFORMATION**

**Visits:** Routine well exams are important so that we can prevent disease and promote health. We have a special program for infancy to adolescence and will make regular appointments a certain intervals. A schedule of routine visits and immunizations is available.

**Staff:** Besides the pediatricians and their associates; there are nurse practitioners, nurses and secretarial support. The nurses will answer questions no matter how insignificant they seem. If it worries you, please tell us. The doctor will treat illness, prevent and detect disease, and should also be consulted about emotional and school adjustment problems.

Nurse Practitioners are available to see patients for illnesses and routine exams. They may be able to spend additional time with you. If you do not wish to see a nurse practitioner please tell the secretary when you call.

**Hours:** The offices are open from 9:00am to 5:00pm Monday through Friday. One office is open in the evening until approximately 6:00pm. If we sign the phones out for any reason, our answering service will take your call. We are also open Saturdays; two offices are open on Sundays and one on the holiday mornings until early afternoon for sick visits only. Phones go on at 8:30am. *PLEASE CALL EARLY.*

**Telephones:** We are available at our various locations, seven days a week, five nights a week, 365 days a year. We also have someone available for medical advice 24/7.

Emergency calls (day or night) please call 911 (emergencymedical services) for life threatening emergencies in which your child may require resuscitation (your child is not breathing, is choking severely, is unconscious, or is having seizures, for example).

Call our office for minor emergencies such as dehydration, difficulty breathing, wounds that need suturing, or fractures. When you call in, always *state clearly,* **“This is an emergency”.** Do not let the office or answering service put you on hold.

For poisonings call the **Poison Control Center at 1-800-222-1222**.

*Calls about sick children during office hours:* We see sick children by appointment only. If your child is sick and you want the doctor to see him, call ahead for an appointment so you won’t have to wait. Try to call us about sick children during early morning office hours (phones go on at 8:30am).

All medical calls are screened by a triage nurse who has been specially trained to make decisions about which patients need to be seen by the doctor and how to provide home care for the children who don’t need to be seen, If the nurse is unable to assist you, she will ask you to bring the child to the office or have a physician call you back.

If the office staff or nurse is busy and needs to take a message, ask for an approximate callback time. While waiting for a callback, try to keep your line open. If your call isn’t returned within 15 minutes *after* the predicted callback time, call our office again. Keep in mind that Monday mornings and afterschool are our busiest times.

*Working parents with sick children:* We keep appointments open during the last hour of the day for sick children who need to be seen after school or daycare. Make sure your babysitter or daycare center understands that they should call you before 2pm if your child becomes ill. If you think your child may need to be seen the same day, please call ASAP and before our office closes.

*Well-child questions:* We are happy to provide you with the health information you need to be a better parent. Please place calls about behavior questions or other well-child issues during weekday office hours.

*Prescription refills:* We can refill prescriptions only during office hours because we need to have your child’s chart handy to check dosages and disease status. Plan ahead so you don’t run out of important medicines. Always have the phone number of your pharmacy handy when you call the office.

*Night time (after-hours) calls:* After office hours, call us only for non life threatening emergencies or urgent problems that can’t wait until morning. Call about mild illnesses can usually wait. We need to keep our line open at night for urgent calls. After hours your call will be received by our answering service and transferred to your physician or the nurse triage center that is covering your physician’s calls. The doctor or nurse will usually return you call within 1 hour. If you do not receive a callback within one hour in a non-emergent situation, please call again. If the call is extremely urgent please ask the answering service to page the doctor.

*Weekend and holiday calls:* If you r child becomes ill or is injured during a weekend or holiday, call our office. If possible, call before 12noon so we can plan the day. After 5pm, limit calls to non-life threatening emergencies or other urgent problems that can’t wait until morning.

**Please have the following information available when you call (except in life threatening emergencies):**

* Your child’s main symptoms
* Any chronic disease or health problem your child has
* Your child’s temperature if he/she is sick
* Your child’s approximate weight (for calculating drug dosages)
* The names and dosages of any medications your child is taking
* Your pharmacy’s phone/fax number
* Your questions (it’s a good idea to write them down)
* Pencil and paper handy to take down instructions, and have your child nearby in case you need to check something about his/her condition

**Literature:** We have a collection of pamphlets, booklets as well as internet resources on our website [www.PediatricAssociatesofBrockton.com](http://www.PediatricAssociatesofBrockton.com) . We hope that you will avail yourself to these.

**Emergency Care Services:** Research shows that hospital emergency rooms are being used for non-emergency situations too often. This tends to cause long waiting periods and takes time away from patients who need urgent care and often ER physicians are not familiar with your child’s history and medical problems.

We urge you to always call and involve us in your care. Obviously, if there is an emergency we ask that you go to the nearest emergency room and do your best to identify yourself as our patient, so that we may as quickly as possible be involved in your care.

Most importantly, please call us and let us know that you are having a problem.

We hope that by working together on this aspect of your care, we will be able to insure you receive high quality care in a timely manner.

**Hospitals:** We are on the staff at Signature Brockton Hospital, Caritas Steward Hospital and South Shore Hospital, and affiliated with Floating Hospital for Children at Tuft’s Medical Center and Boston Children’s Hospital.

**Appointments:** Patients are taken as quickly as possible. Delays cannot be avoided due to the type of specialty. We will take each child in order of appointment, but if emergencies arise we will have to accommodate them. There may be a time when your child is taken before all others, due to an emergency.

If you have been notified of a routine appointment and miss that appointment this creates scheduling problems. We require a minimum of 24 hour notice for all appointment cancellations. Less than that may incur a $25. fee per incident. Repeated incidents may lead to discharge from the practice.

Yearly physicals exams are required.

**Managed Care Policies:** Managing your care is important to us and your insurance carrier; therefore we ask for your cooperation with these policies.

1. HMO subscribers must call their PCP (Primary Care Physician) before making appointments with specialists. If you do not obtain prior approval for that appointment you will be responsible for the charge.

2. Emergency room visits are not to be used for minor illnesses. You should call your doctor first and he will see the child or authorize a visit to the appropriate facility. If your doctor is not in the office one of the covering doctors within the practice will see you or recommend the necessary steps to take.

**Referrals and Prior Authorizations:** In the care of our patients, and according to many insurance plan requirements, we, as your physicians are asked to help in the “REFERRAL” process. This means identifying specialists who feel are high quality physicians and who are appropriate for each of our patient’s individual clinical needs. The various insurance plans that we participate in have provider directories or listings of specialists that you and we care use together.

Your insurance plan has asked that our patients not “self refer”. This means that a patient should not plan to see a specialist without first discussing or reviewing the specific clinical details with his or her primary care physician. Please understand that we may need to see you in the office to evaluate a specific problem and will make recommendations based on that evaluation.

Our staff needs sufficient time to process your referral. For this referral to be processed, **at least 72 hours advances** notice is required. All referrals are evaluated by your health care provider. *Emergency* situations in which last minute notice is given to our referral department can be approved. *Non-urgent* last minute referral requests may be denied and appointments with the specialists may need to be rescheduled. We would very much like to avoid these situations and feel we can help serve your health care needs best with your cooperation.

As our practice has grown since 1975, we have been providing many of the services required for our patients care right in our own offices. Because of this, it is vitally important that we, as your physicians, be involved as early as possible in any specialty care needs you may have. Please help us in your care by identifying the problems you are having and speaking with us or our referral department concerning the process to follow.

**Medical Records Transfer:** If you wish to transfer your records to another physician, we require a signed request. A summary of your records (including immunizations and past physical) will be sent free of charge. Records are released to a physician, not an individual. If you request a copy for yourself or request the entire record, there will be a charge of $15. processing fee and $0.50 per page for the first 100 pages, and $0.25 per page for every page thereafter.

**Business Policies:** The following policies have been established to run our office efficiently. We apologize in advance for any inconvenience they may cause.

1. *Please call for all appointments. Walk in patients affect the ability of the staff to service other patients in a timely manner.*

2. *Parents who bring the patient to the office are responsible for the bills. Except under special circumstances, we* ***do not*** *bill a separated or divorced parent.*

3*. If a child is seen without a parent, a letter authorizing Pediatric Associates of Brockton to care for the child and to give immunizations as needed, must accompany the child. Also, please be sure that your child’s HIPAA (Health Information Protection Accountability Act) form is up to date yearly at our office.*

4. *We will not bill a physical well exam as a sick office visit under any circumstances.*

5. *Medicaid patients will not be seen for physical well exams unless they have a valid insurance card at the time of the visit.*

6. *If your family account has a balance over $250. further charges cannot be made.*

7. *If for any reason your account is sent to a collection agency, you will be requested to find another physician within 30 days. After the 30 day waiting period your family will not be seen in our office. After an agreement with the billing department* ***and*** *after the bill is paid, no further charges for visits will be allowed.*

**Fees/Financial Policy:** If you self pay for your care we ask that regular appointments be paid for when the child is seen. Fees are available on request. Copayments are expected to be paid at the time of the visit. We can charge and bill a sick visit, but the maximum amount that can be charged is $250. Billing takes our staff away from more important duties and should be avoided. We will bill your insurance company for any services that may be covered. You are responsible for any services given, whether or not covered by the insurance company.

**Our Financial Policy/Insurance Waiver**

THANK YOU for choosing Pediatric Associates of Brockton as the healthcare provider for your child(ren). Providing *quality medical care* for our patients is our primary concern. We must emphasize that as medical care providers, our relationship is with you, **not your insurance company**. We understand that you may be on a managed care plan and we will try to work with your plan, as we are able. We will try to refer you to a hospital or specialist with in your network, if an acceptable one is available; however, due to the volume of patients we have and all the different insurance coverage, it is impossible for us to keep track of what facilities/labs are accepted under your plan. Therefore, it is your responsibility to make sure your insurance is accepted at the facility/lab we refer you to. In order to achieve these goals and make our relationship with you a positive one, we need your assistance and understanding of our payment policy which is described below.

**SELF PAY PATIENTS:** Full payment is due at the time of service unless an alternate financial agreement has been made with our Billing Office. We Accept cash, personal checks, Visa, MasterCard, Discover and American Express. A fee will be charged for all insufficient checks.

**CONTRACTED PPO/HMO IN NETWORK:** Co-pays are due at the time of service. ID cards must be presented at each visit.

**BILLING:** We will bill your insurance company for all services provided in the office. You are responsible for any balance due. All statements will go out to the primary care givers address (where the patient resides). If you feel that another party other than your insurance company or yourself is responsible for the payment, it is *your responsibility to make payment* and collect from such party.

**MEDICAID/MASSHEALTH:** Current card *must be presented* prior to service or payment in full is expected.

**ADVOCATE HEALTHCARE:** We must have a copy of the patient’s ID card in order for us to file insurance claims. If the patient is not on our eligibility list, you will be asked to sign a waiver accepting financial responsibility. No immunizations will be given if you cannot provide the child’s ID card naming one of our doctors as the PCP unless you pay at the time of service.

**ACCOUNT STATEMENTS:** Every effort is made to avoid the cost of mailingstatements; however, if a statement is sent it will indicate any amounts due by you. Your payment, in full, is due upon receipt of the statement, unless prior arrangements have been made with our billing department. If you feel your insurance made an error in paying the claim, *contact them immediately*. Parents(s) or legal guardian(s) of patients through the age of 26 years *are financially responsible* for any uncovered services provided by Pediatric Associates of Brockton.

**PAST DUE ACCOUNTS:** Seriously past due accounts will be referred to a collection agency. This will result in termination of services with our practice. We will gladly work with you to arrange a payment plan that you can handle. Please call our billing department to set up a payment plan.

Regardless of claims pending, timely payment for the total balance due is your responsibility. If your insurance company withholds payment for any reason, *you must* make payment and resolve the problem with your insurance company.

**BANKRUPTCY:** Any family filing bankruptcy must pay in full at the time of service. Any insurance payment will be refunded. Charts will be copied for transfer to another physician if you cannot comply with this policy.

**IMPORTANT:** We must have a copy of your current insurance card on file for all children. Your insurance company requires that the co-payment is provided at time of service. We are not allowed to bill for co pays. Therefore, you *must* provide payment at time of service.

**The person who brings the child in for treatment is responsible for payment of any co pay or balance.** ***IF* there is a divorce situation, the parent who brings the child into the office is the person responsible for the charges. *We will not become involved with the particulars of your divorce.* We will provide a receipt so that the responsible party can reimburse them. We will not bill third parties for payment of balance due.**

If you have any questions regarding your account at any time, please contact our Billing Department.

**I have read and agree to the terms of this financial policy.**

**Patient Name’s/DOB:**

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**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Responsible Party**

Caring for an Ill Infant or Child

**Crying**

Infants cry for many reasons. Most of the time there is no serious problem. Infants commonly cry due to hunger, tiredness, being over stimulated, or from discomfort. Most of the time crying will stop if the baby is picked up, fed, burped, changed, or rocked. They may seem to cry for no reason at all. Some infants may have an evening fussy period until about two to three months of age. They may seem to cry for no reason at all. Check the baby for anything that might be causing pain including hair wrapped around fingers or toes. Call for intense or inconsolable crying or crying associated with other symptoms, such as vomiting, blood in the stool, fever, or other symptoms.

**Spitting up**

It is common for infants to spit up after feedings. Normal infant spitting is not forceful and usually looks like more liquid than it is. Most infants who spit up usually gain weight well. Spitting up can be treated with smaller more frequent feeds or keeping the baby upright after feeds. Call for forceful spitting, pain with spitting up or poor weight gain.

**Bowel Movements**

Bowel movements (BMs) in exclusively breast fed infants are loose and have a mustard color. Formula fed infants will have more formed or mushier BMs. BMs will change as an infant is exposed to baby foods. Once the infant is on supplemental foods ‘P’ fruits like peaches, pears, plums, or prunes can help if baby’s BMs are hard or infrequent. Call the office for very watery bowel movements or BMs with streaks of blood.

**Illness**

Immunizations help prevent many severe and life threatening infections but all children will get some infections as they grow up. The younger the child the more likely he or she will become ill when exposed to a germ. The more people a child is exposed to the more likely the child will encounter a germ they have not seen before and the more likely the child will get sick. Most children will get sick more often once they start daycare or preschool.

Common Pediatric Problems

**Fever**

Fever is a common indication of infectious illness. A body temperature that is considered a fever depends on the height of the temperature and how it is taken.

In infants the temperature can be taken under the arm or rectally. An underarm temperature over 99 degrees may indicate a fever, but underarm temperatures may vary with how bundled the baby is, or the room’s temperature. A rectal temperature is more accurate. A normal rectal temperature can be up to 100 degrees. Please call the office for a temperature over 100.2 in an infant under 2 months of age.

For children over the age of 1 year - Rectal, oral or temporal artery temperatures can be taken. Oral temperatures require a child to hold the thermometer under the tongue for several minutes. A child under age 3 would be unlikely to be able to do it. An oral temperature over 100 degrees Fahrenheit (F) is likely a low grade fever. Other thermometers are available. Temporal thermometers may be helpful.

Methods of measuring temperature vary a lot in accuracy as do individual thermometers. The most accurate temperature reading probably comes from a rectal thermometer. Fortunately there are few times when exact temperature readings are crucial. Other signs of illness such as lethargy, confusion, irritability, vomiting, and shortness of breath or pain can be more important. Call for any fever that concerns you, especially with other symptoms or over 103 F.

Fever is rarely dangerous by itself though a small percentage of children are prone to seizures with a high fever or a fever that rises rapidly. These tend to occur in young children and are unusual over the age of 6. The child may be unresponsive, and might have stiffness or jerking of the arms and legs. **Call 911** if you suspect a seizure.

Fevers can be treated by dressing a child lightly. The child can be placed in a lukewarm bath for 20-30 minutes, or can be sponged with lukewarm water. Ice baths or alcohol baths should not be used.

Fevers can be treated with medication. Acetaminophen is the fever reducer most commonly used. Ibuprofen can also be used over the age of 6 months. Occasionally your provider might advise alternating Acetaminophen and Ibuprofen. Acetaminophen should not be used more often than every 4 hours and not more than 5 times a day. Ibuprofen can be given every 6-8 hours. Aspirin in not used for fever in children.

Doses of Acetaminophen and Ibuprofen are based on weight. Doses are listed in the back of this booklet.

**Respiratory Illnesses**

The most frequent illnesses your child will encounter are what we call upper respiratory infections (URI). These illnesses include colds, croup, sore throats, and ear infections. Most of the time, these illnesses are caused by viruses. There are over 100 types of viruses that can cause colds. Most colds will last about a week. Though there is no cure for colds there are things you can do to help children feel better. For infants increased humidity may help keep secretions loose. Usually a cool mist humidifier is recommended. Nasal mucous can be removed in the front part of the nose with a bulb syringe. Saline nose drops may loosen mucous in the nose to make this easier. Do not put the syringe deep in the nose because this could cause trauma to the nasal tissue. Some mucous may be in the back of the nose and throat. This will not come out with the syringe.

Cold and cough medications are not indicated for children under the age of 4-6 years. No studies have shown effectiveness of cold medications in this age group. Over the age of 6 years your provider might recommend a decongestant like pseudoephedrine, or phenylephrine. These medicines might decrease swelling of nasal passages. The provider might also advise an antihistamine, like Diphenhydramine (Benadryl). These medicines dry up the nose, and stop post nasal drip which might help a cough. Cough suppressants and expectorants might be advised for certain types of cough. Over the age of 6 years the correct dose of medication should be on the package. Do not hesitate to call us with questions about medications.

Sometimes a cold can make the child more prone to an ear infection, or possibly pneumonia. Call for ear pain, deep, persistent or gagging cough, prolonged fever, or any worsening signs of illness.

There are some infections which might require specific treatment. The ‘croup’ is an infection of the windpipe just under the vocal cords. This illness causes narrowing of the airway which can cause shortness of breath. The illness may start with a barking cough and hoarseness but may go on to cause a squeaking or gasping sound when breathing in. The child might be agitated and frightened. Try taking the child into a steamy bathroom for 15-20 minutes which may help soothe the child. Do not put the child in hot water. For some children being taken out into the cool night air works better. If the child is not relieved by these measures the child might need to be taken to the emergency room or if severely short of breath you might need to call 911. The croup typically is worse at night and runs a course of about three nights. Call for concerns since sometimes croup needs to be treated with a medication to decrease swelling in the airway.

Another respiratory illness is bronchiolitis which is a wheezy chest infection of infants. Wheezing is a tight sound, which if severe can sound musical. It is usually accompanied by a persistent tight cough. Humidifying the air and upright positioning allow the baby to be more comfortable. This condition is usually caused by viruses and antibiotic treatment is not usually needed. Call for decreased feeding or sleeping, and if the baby seems to be working harder to breath. If the baby has to work hard to breathe, the skin between the ribs of a baby would pull inward and the baby’s stomach would puff out during breathing. Call the office for these symptoms.

**Sore throat**

Many illnesses will cause a sore throat. Older children will complain of pain on swallowing and younger children might drool or refuse to drink. Sore throats can be caused by dryness of the throat, postnasal drip, harsh coughing, or by infection of the tonsils which are infection fighting tissue on the sides of the throat behind the tongue. Most throat infections are part of a viral illness but some infections are caused by a bacterium called Group A Streptococcus. A rapid strep test or throat culture will identify those infections that are Strep. Strep infections are treated with antibiotics. Sore throats that are not strep will not respond to antibiotics.

Sore throats can be treated with pain relievers such as Acetaminophen or Ibuprofen. Cold foods and liquids can alleviate pain with swallowing. Sore phlegmy throats can be relieved by gargling with warm salt water.

**Diarrhea**

The amount and kind of stool children produce a day depends on the age of the child and the kind of diet the child is on. In general diarrhea is felt to be an increase in the usual number of stools, together with increased looseness. Diarrhea can be caused by intestinal infections which are usually viral but can be bacterial or parasitic. Diarrhea can also be caused by food allergies, a side effect of a medication, or it may be a sign of poisoning.

Infants can continue to breastfeed if they have diarrhea. Pedialyte can be used as well if hydration is a concern. Formula can be continued in a formula fed infant unless it is frequent and very watery. In that case Pedialyte can be used for several feeds until the frequency slows down. Solid foods can be continued if the infant is interested. Foods such as rice cereal, applesauce and bananas are often the first foods to try because they are easily digestible. The diet can be expanded to other healthy foods if tolerated. Sugary drinks and fruit juices should be avoided.

Older children may continue to eat if they are interested. Easily digestible foods such as rice, pasta, breads, cooked lean meats, mashed potatoes, cooked carrots, applesauce, and bananas. Foods with a lot of sugar and greasy foods should be avoided. Most children can continue to drink some milk unless there is frequent very watery diarrhea. In that case lactaid milk might be used.

**Vomiting**

Some infections and other conditions can cause vomiting. Most commonly vomiting is part of a gastrointestinal infection. But vomiting can be due to strep throats, pneumonias, and other kinds of infections. Call for vomiting with severe abdominal pain, severe headache, dizziness, and high fever.

When a child is vomiting stop foods and milk then offer small amount of clear liquids. For infants and toddlers clear liquids include water, ‘Pedialyte’ (or other commercial rehydration solutions), or white grape juice (other fruit juices may prolong diarrhea). Parents can try 2 tsp (10 ml) every 10 minutes for 2 hours. After this time the volume offered can increase as long as it is staying down. The older child may also try flat soda, or sports drinks. Though children should not be forced to eat, if a child is hungry small amounts of easily digestible foods can be tried.

Call if the child is not keeping down most fluids. Signs of dehydration would include, dry mouth, decrease in tears, sunken eyes, no urine production in 5-6 hours, or sleepiness. Call immediately for any of these symptoms.

**Abdominal pain**

Infancy

Infants with abdominal discomfort may react with crying, squirming, or pulling their legs up. Most of the time the cause is not serious and the symptoms will pass. Babies may have pain due to the buildup of gas, needing to burp or trouble passing a bowel movement. The infant may be soothed by holding him upright on your shoulder with legs folded up. Occasionally your provider might recommend gas drops.

Depending on diet and age normal infant stool can vary in frequency and consistency. Constipation can be described as overly firm and infrequent stools. Increasing fruit such as the P fruits (peaches, pears plums and prunes) tend to soften stool as it moves through the large intestine. In the younger infant corn syrup can be added to formula 1 teaspoon per 4 ounces.

It is common for infants to spit up, sometimes frequently and sometimes a lot. In most cases this is not a concern. Sometimes infants will have discomfort from the stomach acid that may come with the spit up. This may cause the infant to make faces or fuss with burping. This may be caused be irritation from stomach acid that comes up and may need to be treated.

Occasionally Infants will have sensitivity to milk or soy protein in formula and sometimes in proteins coming through breast milk. Symptoms might include fussiness, vomiting, watery stools sometimes with blood, hives or dry itchy rash.

Call the office for severe discomfort, refusal to feed, projectile or forceful vomiting, blood in the stool or any other concerning symptoms.

Older children

Stomach pain in older children has some of the same causes as those infants. Constipation is one of the most common causes. Commonly the child would have a crampy pain that comes and goes. It commonly would get worse soon after eating. Increase water, fruit and fiber, have the child sit on the toilet 30 minutes after a meal. Sometimes your provider may recommend a stool softener or gentle vegetable laxative.

Some children may have pain caused by stomach acid either in the esophagus, or the stomach. This pain can come before eating and/or an hour or so after eating. Eating might temporarily make it better. Some children might have pain associated with certain foods, like dairy or wheat.

Sometimes stomach pain is due to other causes, a urinary tract infection (UTI) might cause lower abdominal pain and frequent and/or painful urination. Menstrual cramps might cause lower abdominal or back pain in girls.

Severe abdominal pain that starts around the belly button and moves down to the right lower abdomen could be caused by appendicitis especially if associated with fever and vomiting. Call for any severe pain or vomiting, or blood in the stool.

**Rashes**

Diaper rashes

Infants commonly get redness and sometimes rawness of the skin because of exposure to wetness from diapers. Frequent diaper changes and some exposure of the skin to the air are helpful. Petroleum jelly and cornstarch powder can be used. Most commercial diaper rash products contain petroleum jelly combined with zinc oxide. These ingredients act as a barrier to protect the skin against wetness. If these remedies are not helping the rash, call the office. Sometimes the infant may have a fungal or bacterial diaper rash.

Rashes in older children can to due exposure to a substance, allergic causes, or infection.

Poison ivy, Oak or Sumac can cause an itchy rash that looks red and raised and can have blisters or rawness. The rash is typically very itchy. Poison ivy is not contagious to other people and tends to spread . Soothing products like calamine, or hydrocortisone (do not put on raw areas) may help as well as Aveeno or baking soda baths. The rash will usually last a week.

Eczema or atopic dermatitis can start at any age, sometimes it resolves but often it comes and goes. Eczema is dry and scaly and it can be so itchy that the skin can get thickened. In infants the rash may start on the cheeks and the trunk. In older children the rash may be worse behind the knees and on the inner elbows. The rash may be worsened by soaps and detergents with fragrance, scratchy clothing, the dry air of winter and sometimes the humid air of summer. Sometimes food allergies may contribute to eczema.

Treatment for eczema is focused on protecting and moisturizing the skin, especially after baths before the skin is totally dried. Products such as Eucerin or Aquaphor can be used. Your provider may recommend a hydrocortisone cream.

Some rashes are caused by infectious organisms. Warts are caused by viruses. They can resolve on their own, though it can take years, so they can be treated with an over the counter wart remover. They can also be treated with an over the counter freezing treatment or they can be treated in the office by some of our providers. Another viral infection of the skin is molluscum contagiousum. These are flesh colored smooth flat topped bumps sometimes with a depression in the middle with a white center. They occur mostly in younger children. These bumps usually will go away eventually. There is no reliable home treatment for molluscum. Sometimes there are so many molluscum that a dermatologist might need to treat them. Ringworm is a fungal infection of the superficial skin. It causes a circular rash, usually with clearing in the middle. The edges can be raised and peeling. It can usually be treated with an over the counter antifungal cream like Clotrimazole (Lotrimin). The rash may take 2-4 weeks to clear. Bacteria such as Streptococcus and Staphylococcus can cause infections of the skin. These could cause small pustules, blisters that can be intact or crusted, or boils. The skin could be hard shiny and red. Call the office if you feel your child has one of these infections.

Different rashes may look alike. Eczema may look like ringworm, and ringworm may look like the rash of Lyme disease. Call the office if you are not sure.

Infectious diseases can have rashes as part of the illness. Chicken Pox, Measles and German measles have distinctive rashes. We see them infrequently now because children are immunized against them. Strep Throat can cause a rash called ‘Scarlet fever’. Hand foot and mouth disease has a blistery rash on hands feet and sores in the mouth. More often the rash of an illness is not specific but just red raised bumps.

The rash of Lyme disease is a bull’s eye rash that can be quite large. It follows a deer tick bite but the ticks are so small that a bite may not be noticed. Call if you are concerned that your child has this rash. Lyme disease can go on to cause cardiac and nervous system problems as well as joint swelling. Call if you are concerned that your child has such a rash.

**Emergencies**

Call the office anytime with emergent concerns. The provider, nurse or ‘night nurse’, will give you advice or refer to the emergency room. For loss of consciousness, unresponsiveness, severe shortness of breath, or concern with any severe injury **call 911**.

**Head injuries**

Most of the time if a child hits his head the injury is not serious. An ’egg’ at the site of the injury is not uncommon. This is caused by leakage of blood from the blood vessels under the skin. The tightness of the tissue on the scalp makes the distinct egg. This can be treated with ice. Head injuries are concerning if they involve falls from more than a few feet in height , if they are the result of accidents with bicycles or motorized vehicles especially if appropriate safety equipment is not used. Call for any injury which results in loss of consciousness, disorientation, or confusion. Headache, dizziness, irritability might be symptoms of a concussion. Symptoms of a more serious injury might be persistent vomiting, severe headache not relieved by pain relievers, difficulty in awakening, uneven pupils, difficulty with speech, or double vision.

**Poisoning**

Accidental poisoning is one of the most frequent causes of death in young children.

Some common household products can be among the most dangerous poisons. Drain cleaner with lye (like Drano) should not be in a house with young children. Other household poisons include furniture polish, insecticides, gasoline or kerosene or detergent pouches, (Tide Pods). Household products should be stored in high places where young children cannot get to them. Childproof locks can fail. Most poisoning likely comes from children ingesting medications in the home. Medications should not be left on tables or countertops. Purses and backpacks that contain medications should be out of a young child’s reach.

In case of possible poisoning call poison control. The number **1 (800) 222-1222** should be posted near your phone or on your speed dial list. Do not try to induce vomiting.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PEDIATRIC ASSOCIATES OF BROCKTON** | | | | | | | |  | | |  | |
| Acetaminophen (Tylenol) dosing | | | | | | | |  | | |  | |
| by weight and children two months to two years | | | | | | | | | | |  | |
|  |  |  | |  | | |  |  | | |  | |
| **Medicine:** |  | **Acetaminophen (Tylenol)** | | | | | **May be given every 4 hours** | | | | | |
|  |  |  | |  | | |  |  | | |  | |
| Weight: |  | Dose: | |  | | |  |  | | |  | |
|  |  |  | |  | | |  |  | | |  | |
|  |  |  | |  | | |  |  | | |  | |
|  |  |  | |  | | |  |  | | |  | |
| 12-17 lbs |  | 80 mg | |  | | |  |  | | |  | |
|  |  | 0.8 ml infant concentrated drops | | | | | |  | | |  | |
|  |  | 2.5 ml infant oral suspension | | | | |  |  | | |  | |
|  |  | 1/2 tsp children's oral suspension | | | | | |  | | |  | |
|  |  |  | |  | | |  |  | | |  | |
| 17-22 lbs |  | 120 mg | |  | | |  |  | | |  | |
|  |  | 0.8 + 0.4 ml infant concentrated drops | | | | | |  | | |  | |
|  |  | 3.75 ml infant oral suspension | | | | |  |  | | |  | |
|  |  | 3/4 tsp children's oral suspension | | | | | |  | | |  | |
|  |  |  | |  | | |  |  | | |  | |
| 22-27 lbs |  | 160 mg | |  | | |  |  | | |  | |
|  |  | 0.8 + 0.8 ml infant concentrated drops | | | | | |  | | |  | |
|  |  | 5.0 ml infant oral suspension | | | | |  |  | | |  | |
|  |  | 1 tsp children's oral suspension | | | | |  |  | | |  | |
|  |  |  | |  | | |  |  | | |  | |
| 27-33 lbs |  | 200 mg | |  | | |  |  | | |  | |
|  |  | 1 1/4 tsp children's oral suspension | | | | | |  | | |  | |
|  |  |  | |  | | |  |  | | |  | |
| Measuring devices \*\* | | | |  | | |  | |  | | --- | |  | | | |  | |
| |  | | --- | |  | |  |  | |  | | |  |  | | |  | |
| Dropper for infant concentrated drops |  |  | | Syringe for infant oral suspension | | |  | Cup for children's oral suspension | | |  | |
| \*\* Parents: Please note that medications can come in different concentration | | | | | | | | | | |  | |
| or strengths. Please check the packaging carefully! Always use the | | | | | | | | | | |  | |
| measuring device (dropper, cup or syringe) provided with the medication. We | | | | | | | | | | | | |
| recommend using single ingredient cold medications and pain relievers. | | | | | | | | | | |  | |
|  |  |  | |  | | |  |  | | |  | |
| As always if you have any questions/concerns, please contact your pediatrician's | | | | | | | | | | | | |
| office. |  |  | |  | | |  |  | | |  | |
| **PEDIATRIC ASSOCIATES OF BROCKTON** | | | | | | | | | | | | |  | |  |
| Ibuprofen (Advil or Motrin) dosing | | | | | | | | | | | | |  | |  |
| by weight and children over the age of one year\*\* | | | | | | | | | | | | | | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| Medicine: Ibuprofen (Advil or Motrin) | | | | Ibuprofen (Advil or Motrin) May be given every 6 hrs | | | | | | | | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| Weight: | | | |  | |  | Dose: | | |  |  | |  | |  |
| (in pounds) | | | | | |  |  | | |  |  | |  | |  |
| 17-22 | | | |  | |  | 75 mg | | |  |  | |  | |  |
|  | | | |  | |  | 1.875 ml infant drops | | | |  | |  | |  |
|  | | | | | | | 3/4 tsp children's liquid | | | | | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| 22-27 | | | | | | | 100 mg | | |  |  | |  | |  |
|  | | | |  | |  | 1.25 + 1.25ml infant drops | | | | | |  | |  |
|  | | | |  | |  | 1 tsp children's liquid | | | |  | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| 27-33 | | | |  | |  | 125 mg | | |  |  | |  | |  |
|  | | | |  | |  | 1 1/4 tsp children's liquid | | | | | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| 33-44 | | | |  | |  | 150 mg | | |  |  | |  | |  |
|  | | | |  | |  | 1 1/2 tsp children's liquid | | | | | |  | |  |
|  | | | |  | |  | three 50 mg chewables | | | | | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| 44-66 | | | |  | |  | 200 mg | | |  |  | |  | |  |
|  | | | |  | |  | 2 tsp children's liquid | | | |  | |  | |  |
|  | | | |  | |  | four 50 mg chewables | | | | | |  | |  |
|  | | | |  | |  | two 100 mg chewables | | | | | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| 66-88 | | | |  | |  | 200-300 mg | | | |  | |  | |  |
|  | | | |  | |  | 3 tsp children's liquid | | | |  | |  | |  |
|  | | | |  | |  | three 100 mg chewables | | | | | |  | |  |
|  | | | |  | |  | one 200 mg adult tablet | | | | | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| 88 + | | | |  | |  | regular adult doses | | | |  | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| \*\* Parents: Please note that medications can come in different concentration | | | | | | | | | | | | | | | |
| or strengths. Please check the packaging carefully! Always use the | | | | | | | | | | | | | | |  |
| measuring device (dropper, cup or syringe) provided with the medication. We | | | | | | | | | | | | | | | |
| recommend using single ingredient cold medications and pain relievers. | | | | | | | | | | | | | | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |
| As always if you have any questions/concerns, please contact your pediatrician's | | | | | | | | | | | | | | | |
| office. | | | |  | |  |  | | |  |  | |  | |  |
|  | | | |  | |  |  | | |  |  | |  | |  |

Notes:

**OFFICE HOURS:**

All offices

Monday - Friday 9am-5pm

Saturday

Brockton 9am-12noon

W. Bridgewater 9am-2pm

Hanson 9am-12noon (closed Memorial Day through Labor Day)

Sunday

Brockton 9am-2pm

W. Bridgewater 9am-12noon

Hanson closed

Holiday

Brockton only 9-12noon (please call early)

Sunday and Holiday hours are for urgent and emergent care. Please call early for an appointment.

After hours (evenings) after 5pm for 1-2 hrs for urgent and emergent care only. Hours are based on call volume and are at the on-call covering physician discretion.

[www.PediatricAssociatesofBrockton.com](http://www.PediatricAssociatesofBrockton.com) for more information

NLC/md

Oct 16