



PEDIATRIC ASSOCIATES OF BROCKTON

CARING FOR CHILDREN & FAMILIES SINCE 1975



PATIENT HANDBOOK

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ROUTINE APPOINTMENTS



We encourage you to schedule routine visits as far in advance as possible, so that your child will be able to see his or her chosen primary care provider

URGENT APPOINTMENTS

AFTER HOURS, WEEKENDS, AND HOLIDAYS

When making routine well-child appointments, you may choose a particular physician or nurse practitioner as your child's primary care clinician. We ask that you please call our New Patient Coordinator (508.584.1234) after your child is born to let them know. If you have no preference, your child will be assigned to a clinician with availability. Siblings are automatically assigned to the same provider.

We follow the American Academy of Pediatrics recommended visit schedule for well-child care. Newborns are typically seen 1-3 days after hospital discharge, and then again at approximately 1-2 weeks old. Subsequent appointments occur at 2, 4, 6, 9, 12, 16, 20, and 24, and 30 months old. We then recommend yearly visits through adolescence/young adulthood. Additional visits may be necessary if any specific needs arise

Same day appointments can be scheduled by calling 508.584.1234. For 'sick' complaints, such as fever, cough, or cold symptoms, visits are preferentially scheduled at our urgent care center, At the Oak. If needed, you may be transferred to our pediatric triage team, who can help decide whether your child needs to be seen in the office that day, less urgently on another day, or if the problem can be solved with simple steps at home. Occasionally, our triage team may determine you child needs a higher level of care and refer you to a pediatric Emergency Department. The triage team has direct access to the clinicians, with whom they can consult if necessary.

Please always call the office for an appointment before bringing your child in to be seen. We unfortunately cannot accommodate walk-in appointments at this time.

Our office is open 365 days a year, including weekends and holidays. If your child has an urgent issue on a weekend, holiday, or after 5:00 p.m. on a weekday, please call our main line at 508.584.1234 to speak with a triage nurse or on-call provider. When the office is closed, calls are routed through an answering service. Please allow up to 60 minutes for calls to be returned, but a provider can be paged more urgently if needed. If possible, please avoid calling after hours for routine issues that can be better handled when our practice is open or by using MyChart for routine requests.

SCHOOL FORMS



Forms will be available via MyChart

We provide a daycare or school form at every well-child visit beginning at 2 years old. The form is available via MyChart and can be printed or saved as a PDF file. Forms are most easily accessed through the desktop version of MyChart, instead of the app. In certain circumstances, when an additional specific form is required, you may drop it off at one of our offices **once all relevant personal information has been filled out**. We will make every effort to complete these within 3-5 business days.

IMMUNIZATIONS



Our staff is always happy to answer any questions you have about the vaccine schedule

Adherence to the American Academy of Pediatrics vaccines schedule is a fundamental part of pediatric preventative care. Unless there is a specific medical contraindication, it is important that this schedule be followed. Altering the conventional immunization schedule will unnecessarily increase your child's risk of contracting vaccine-preventable disease and we strongly discourage this. Specific information about the recommended vaccine schedule is provided on the following pages.

PEDIATRIC ASSOCIATES OF BROCKTON VACCINE SCHEDULE

BIRTH	Hepatitis B #1
1 MONTH CHECK UP	Hepatitis B #2
2 MONTH CHECK UP	Pentacel #1 (DTaP, IPV (polio), Hib), Prevnar #1, RotaRix #1
4 MONTH CHECK UP	Pentacel #2 (DTaP, IPV (polio), Hib), Prevnar #2, RotaRix #2
6 MONTH CHECK UP	Pentacel #3 (DTaP, IPV (polio), Hib), Prevnar #3
9 MONTH CHECK UP	Hepatitis B #3
12 MONTH CHECK UP	Prevnar #4, Hepatitis A #1. Lead screen and hemoglobin screen
16 MONTH CHECK UP	MMR (measles, mumps, rubella) #1, Varicella (chickenpox) #1
20 MONTH CHECK UP	Pentacel #4 (DTaP, IPV (polio), Hib), Hepatitis A #2
24 MONTH CHECK UP	Lead screen and hemoglobin screen
30 MONTH CHECK UP	Catch-up (as necessary)
3 YEAR CHECK UP	Lead screen and hemoglobin screen
4 YEAR CHECK UP	Quadracel (DTaP, IPV), ProQuad (MMRV). Lead and hemoglobin screen if high risk
5 YEAR CHECK UP	Catch-up (as necessary)
10-12 YEAR CHECK UPS	TDaP, Menquadfi (meningitis), HPV (2 or 3 dose series, depending on age when started)
16 YEARS AND OLDER	Menquadfi #2, Trumenba (Meningitis B), 2 doses at least 6 months apart
10 YEAR AND 18 YEAR CHECK UPS	Cholesterol screening

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HepB Hepatitis B	HepB	HepB	HepB		HepB						
RV* Rotavirus		RV	RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus		DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP		DTaP
Hib* Haemophilus influenzae type b		Hib	Hib	Hib	Hib*	Hib	Hib	Hib			
PCV13, PCV15 Pneumococcal disease		PCV	PCV	PCV	PCV	PCV	PCV	PCV			
IPV Polio		IPV	IPV	IPV	IPV	IPV	IPV	IPV			IPV
COVID-19** Coronavirus disease 2019								COVID-19**			
Flu* Influenza									Flu (One or Two Doses Yearly) [†]		
MMR Measles, Mumps, & Rubella						MMR	MMR				MMR
Varicella Chickenpox						Varicella	Varicella				Varicella
HepA* Hepatitis A						HepA*	HepA*		HepA*		

FOOTNOTES

RV* Administering a third dose on the brand of Hib or rotavirus vaccine used for previous dose.

COVID-19** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu* Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA* Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g. sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



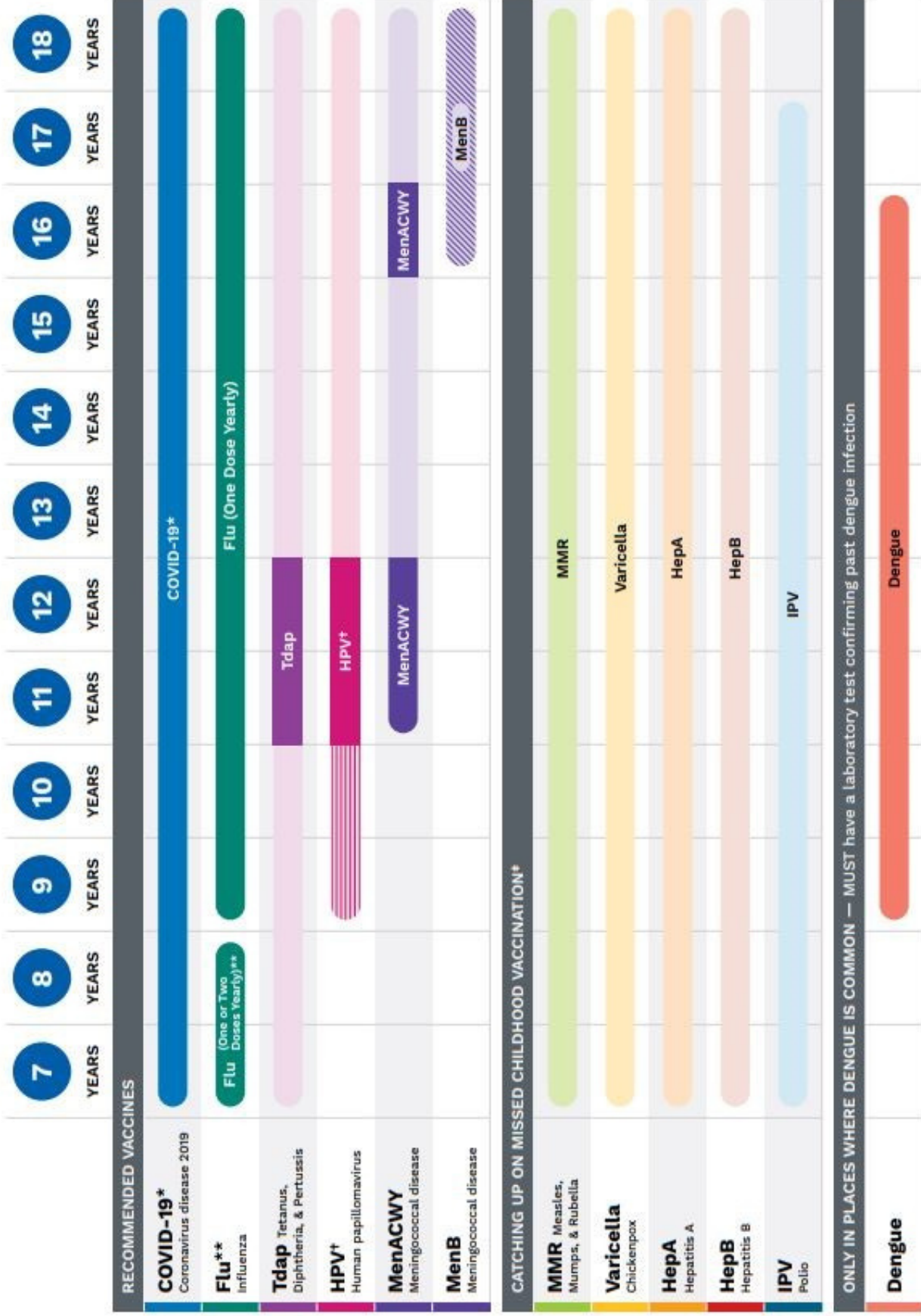
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: cdc.gov/vaccines/parents



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

2023 Recommended Immunizations for Children 7–18 Years Old



KEY



Indicates when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



Indicates the vaccine series can begin at this age.



Indicates the vaccine should be given if a child is catching up on missed vaccines. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.



Indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.
2. If your child has any medical conditions that put them at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.

FOOTNOTES

COVID-19* Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HPV† Ages 11 through 12 years old should get a 2-shot series separated by 6 to 12 months. The series can begin at 9 years old. A 3-shot series is recommended for those with weakened immune systems and those who start the series after their 15th birthday.

*Originally recommended age ranges for missed childhood vaccinations: 2-dose series of **MMR** at 12–15 months and 4–6 years; 2-dose series of **Varicella** at 12–15 months and 4–6 years; 2-dose series of **HepA** (minimum interval: 6 months) at age 12–23 months; 3-dose series of **HepB** at birth, 1–2 months, and 6–18 months; and 4-dose series of **Polio** at 2 months, 4 months, 6–18 months, and 4–6 years.

Diseases and the Vaccines that Prevent Them

BIRTH–6 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
Hepatitis B	HepB	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Rotavirus	RV	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Diphtheria	DTaP*	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (whooping cough)	DTaP*	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Tetanus	DTaP*	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
Haemophilus influenzae type b (Hib)	Hib	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Pneumococcal disease (PCV13, PCV15)	PCV	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	IPV	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Coronavirus disease 2019 (COVID-19)	COVID-19	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
Influenza (Flu)	Flu	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR**	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Rubella	MMR**	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Chickenpox	Varicella	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Hepatitis A	HepA	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death

DTaP*

DTaP combines protection against diphtheria, tetanus, and pertussis.

MMR**

MMR combines protection against measles, mumps, and rubella.

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Diseases and the Vaccines that Prevent Them

7-18 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
Coronavirus disease 2019 (COVID-19)	COVID-19 vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Tetanus	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
Diphtheria	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (whooping cough)	Tdap* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Human papillomavirus	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
Meningococcal disease	MenACWY MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
Measles	MMR† vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR† vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Rubella	MMR† vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Dengue	Dengue* vaccine protects against dengue.	Bite from infected mosquito	May be no symptoms, fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite, feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to the liver, heart, and lungs, death

Tdap* Tdap combines protection against diphtheria, tetanus, and pertussis.

Td** Td combines protection against diphtheria and tetanus.

MMR† MMR combines protection against measles, mumps, and rubella.

Dengue* Dengue* Recommended where dengue is common.

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NEWBORN CARE

The arrival of a new baby is certainly a joyous event, but of course it can also be stressful and overwhelming. We're here to support you in whatever way we can, so please do not hesitate to contact us with any questions or concerns that arise. The following information may help to address some common areas of concern. Please remember that this is only a general guideline, and you should feel free to call us with your specific questions.

GENERAL ADVICE



We are here for you!
Please don't hesitate to contact us with any questions that arise

For infants **less than 3 months of age, call the office right away for a temperature greater than 100.4F**. Also call us for an infant of any age with poor feeding, decreased urine output or if your parental instinct tells you that something is wrong.

Once the umbilical stump has fallen off, you can start to bathe your baby. Recommended soaps include Dove, Cerave, and Cetaphil. In general, soaps that are dye-free and fragrance-free are preferred. Infants should be bathed 1-2 times a week. More frequent bathing can exacerbate rashes and dry out the skin.

To help with peeling or dry skin, we recommend the use of Vaseline. Other recommended products include Aquaphor, Eucerin, Cerave, and Cetaphil. Again, avoid fragrances and dyes if possible.

We recommend using Vaseline with routine diaper changes, and a barrier cream such as Desitin, Triple Paste, or A & D should the diaper area appear red or raw. If the diaper is irritated, hold off on using wipes and use warm water and wash cloths if possible.

Important items that may come in handy during the first few months of life include: a cool mist humidifier, a digital thermometer (rectal is best), acetaminophen (Tylenol), nasal saline, and a nasal aspirator such as the Nose Frida. These are available over the counter, without a prescription.

References and Guides:

Baby 411, by Ari Brown and Denise Fields

Healthychildren.org

CDC Milestone Tracker App (available for Apple & Android)

BREASTFEEDING



Most insurances will cover consultation with a certified lactation specialist. We strongly encourage you to utilize this resource!

We encourage breastfeeding in the first year of life because of its well-recognized benefits to both baby and mother. However, the process of nursing is not always easy and may be especially challenging during the first several weeks. **It takes time and practice on both the part of the mother and baby to successfully learn the art of breastfeeding.** We strongly recommend consultation with a lactation specialist.

The key to successful nursing is frequent feeding and emptying of milk from the breast. This will help stimulate your milk production and can occur when the baby is latched on correctly and suckles effectively. Breastfed babies should feed 8-12 times per day. Allow your baby to feed on the first breast until sucking and swallowing to slow or stop. Then burp and change the baby's diaper before offering the other breast. Allow the baby to determine the length of the feeding, which may be 10-20 minutes per breast or longer. Occasionally, some babies will feed only on one breast per feeding- this is okay. Frequent feedings or "cluster feeds" can also occur in early infancy, so don't be discouraged if there are short periods of time when your baby feeds more frequently.

Correct latching also helps prevent sore and cracked nipples. You may experience a bit of tenderness when the baby initially latches on but it should not be painful. If it is, take the baby off the breast by breaking the suction first and offer the breast again, making sure the baby's mouth is open wide with the lips flanged fully. To help with sore nipples, you can use a lanolin based cream or hot/cold packs. For significant nipple pain, you can contact your obstetrician to inquire about APNO, a prescription all purpose nipple ointment.

If the baby is nursing frequently and effectively, it is unlikely for a mother to not produce enough milk. Your baby will get your immunity boosting colostrum during the first few days of life. On day 3-4, your milk "comes in" and your supply increases. There are a few important signs that indicate your baby is receiving enough milk at this point:

- Your baby is nursing 8-12 times in 24 hours (every 1-3 hours)
- You can hear him or her swallowing
- He or she should have 5-6 wet diapers daily
- He or she should have and 3-4 yellow, seedy bowel movements.
- Your baby seems content after feeding.

PUMPING



Most insurances will provide a double electric breast pump. Call your insurance provider for more details

Pumping (or expressing) breastmilk can be useful if a breastfeeding mother is away from her baby, needs to promote an increase in supply, or simply desires bottle feeding.

If your baby is exclusively breastfeeding and gaining weight as expected, there's no need to pump right away. This can cause an over-supply of milk and keep your breasts engorged (over-full) for a longer period of time than expected.. Typically, we recommend pumping at approximately 4 weeks of life. Prior to then, a silicone pump (such as Haaka) can be used to collect leaking or excess breastmilk.

Breastmilk Storage Guidelines*

LOCATION	DURATION	FYI...
Countertop	3-4 hours	Containers should be covered. Research shows breastmilk can last unrefrigerated for up to 12 hours under clean conditions at moderate temperatures (remember, warmer temperatures are associated with faster bacterial growth).
Insulated cooler bag	24 hours	Keep ice packs in contact with milk containers at all times and limit opening cooler bag as much as possible.
Refrigerator	<5 days	Store milk containers near back of refrigerator where it is coldest.
Freezer	Depends on type of freezer – see below	Store milk toward the back of the freezer, where temperature is most constant (not on the freezer door). Milk stored for longer durations within the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of refrigerator with separate doors	3 to 6 months	
Freezer chest or deep freezer	Up to 12 months	

*for home-use for healthy full term infants (storing times may differ for premature or sick babies)

VITAMINS

It is recommended that babies who are breast-fed be given a vitamin D supplement daily. **Babies should receive 400 units, or 10mcg, of vitamin D once a day.** Breast-fed babies generally require some additional iron after 6 months of age, which can be provided either with vitamin supplementation or with fortified baby foods such as cereal. Fluoride can be given to infants older than 6 months. We recommend establishing care with a dentist at 12 months of age and encourage you to discuss fluoride needs with them. Please note that excessive amounts of vitamins and fluoride can be harmful to your child.

FORMULA

All infant formulas must meet specific nutrient standards set by the FDA. Although manufacturers may vary somewhat in their formula recipes, the FDA requires that all formulas contain the same nutrient profile. There is usually no significant difference in the way a baby tolerates these different brands. In general, we recommend starting with a milk-based formula fortified with iron.

Formulas are available as ready-to-feed, concentrate, and powder. If you elect to use powdered formula, please note that this is not sterile. If your baby is very young (younger than 2 months old), was born prematurely, or has a weakened immune system, you may want to take extra precautions in preparing your infant's formula to protect against Cronobacter, such as boiling water prior to preparing a bottle.

Formula does not need to be warmed before feeding, but some people like to warm their baby's bottle. If you do decide to warm the bottle, never use a microwave. Microwaves heat milk and food unevenly, resulting in "hot spots" that can burn your baby's mouth and throat. Instead, place the bottle under running warm water, taking care to keep the water from getting into the bottle or on the nipple. Put a couple drops of infant formula on the back of your hand to see if it is too hot.

Formula can be prepared and stored for 24 hours if refrigerated. It should be used within 2 hours if room temperature; and should be used within 1 hour once baby drinks from the bottle.

FORMULA INTOLERANCE

Occasionally, a baby might have an intolerance to standard, cow's milk protein based formula. This is called milk protein intolerance, or milk protein enteropathy. In these cases, a baby's immune system, which normally fights infections, overreacts to proteins in cow's milk. Every time the baby has milk, the body thinks these proteins are harmful invaders and works hard to fight them. This can present as a skin rash or eczema, or involve the GI tract, with symptoms such as vomiting, abdominal pain, blood in the stool, mucousy stool, and diarrhea. Prolonged issues in infants could lead to wheezing, irritability and poor growth.

For mild symptoms, we recommend starting a formula with milk proteins that have been partially broken down, such as Enfamil Gentlease, Similac Total Comfort, or Gerber Good Start Soothe. If this does not help, we recommend calling our office to schedule an appointment to discuss further options.

CARE OF THE NAVEL

The small piece of umbilical cord that remains after birth usually falls off in one to two weeks. It is important that the area be kept clean and dry and then it be observed for any signs of infection such as redness around the base. Some discharge and/or a foul smell from the umbilical stump is normal and can be cleaned with an alcohol pad. As the cord separates a small amount of bleeding may occur. This is common and requires no special care. We recommend waiting to give the baby a tub bath until after the umbilical stump heals.

BATHING

Until the umbilical cord falls off and the navel area is healed, we recommend that you sponge bath your baby. Afterward, you may use the tub. A new baby may be bathed with a mild moisturizing soap such as dove. It is not necessary to bathe your infant daily.

JAUNDICE

Mild jaundice (yellow color to the skin) is normal in a newborn and usually is most noticeable between three and five days of life. Please let us know if you feel that the jaundice seems to be increasing. This could be a sign that the baby is not gaining weight appropriately, and should be evaluated further in the office.

CARE OF GENITALIA: BOYS

If you have chosen circumcision, keep the area clean, and apply a thin layer of Vaseline on each diaper change. The area usually heals in about a week. If your son was not circumcised, do not attempt to retract the foreskin or use cotton swabs to clean underneath it. Normal bathing maintains cleanliness until the foreskin becomes easily retractable (usually by five years of age).

CARE OF GENITALIA: GIRLS

Infant girls often have some vaginal discharge, which can be white or occasionally blood tinged. All you need to do is keep the area clean with water and a soft cloth. The discharge typically goes away in a few weeks.

STOOLS

Stool patterns can vary widely among newborns. After the meconium (dark fetal stool) passes, there may be a decrease in bowel movements before the typical mustard like breastmilk stores appear. Breast-fed infants typically have multiple small liquid bowel movements throughout the day, whereas formula fed babies off and have less frequent more solid stools.

Straining, grunting, or turning red with bowel movements is common in the first several weeks of life. This is something called infant dyschezia- babies can have trouble coordinating the different muscle groups necessary to poop. This is a learned reflex, and some babies struggle a bit more than others to learn it

Changes in stool consistency and frequency are particularly common from 3 to 6 weeks of age for both breast and formula fed babies. At approximately this one month mark, breastfed babies may go several days without stooling, while formula fed babies may go 3-5 days in between. This is normal, so long as the stools continue to be soft and not hard or pellet-like.

If stools DO become hard and pellet like, we recommend using 15-30mL of prune juice up to 4 times a day as needed. This can be either given by itself in a bottle, or mixed in with breastmilk or formula.

HICCUPS AND SNEEZING

Hiccups are very common during the first year of life. They generally have no significance and there is no treatment required. Burping may help, but very often you'll find that the hiccups will continue and disappear by themselves.

Sneezing is also very common within the first few weeks of life, and is also normal. There is nothing that needs to be done.

SPIT UP



If your baby is a 'happy spitter,' typically no intervention is recommended. Be sure to invest in extra bibs and burp cloths, and be prepared for lots of laundry!

Newborns frequently spit up a small amount of milk after feeds. Proper positioning and burping often helps to minimize this. Let us know if you feel that these events are becoming more frequent, are of larger volume, or are very forceful. Most spitting up is not problematic as long as there is appropriate weight gain.

If, however, the spit up seems to be causing significant discomfort or feeding aversion, please contact the office to further discuss.

FUSSINESS



If you are ever feeling overwhelmed, take five! Leave your baby in a safe place, such as his or her basinet, and take 5 minutes to yourself.

If you feel as though you are struggling with post partum depression or anxiety, please reach out! Of course, we are available, as is your own doctor. Another great resource is Postpartum Support International (PSI) of Massachusetts;(866) 472-1897

FEVER



Once your child is in daycare or school, fever will be commonplace and usually is not a cause for concern (see our section on care of older children for more details). However, **for infants less than 3 months old**, fever should be promptly evaluated

Remember, **all babies cry**- and that's a good thing! How else would we know if our helpless infants were cold, hungry, lonely, or in pain? But crying can take a toll on babies and on parents. Dr Harvey Karp's "5 S's" can help:

1. Swaddle. Swaddling re-create the gentle hug and security of the womb, which increases sleep. It also decreases a baby startle reflex. Wrap your baby like a mini burrito with their arm snug and straight at their sides and with the hips loose.

2. Side or stomach position. It can help to hold your baby on their stomach or side, or even over your shoulder. However, it's very important to note that you can hold babies on their side or stomach, but it is not safe to place a baby on the side or stomach to sleep

3. Shush. Make a "shhh" sound or play white noise to mimic the sound of blood flow in the womb.

4. Swing. Life in the womb is very jiggle. Babies are bopping around in there for nine months as mom takes a walk, comes down the stairs, or does just about anything. To help soothe your baby, swing- or jiggle- in fast, tiny movements while supporting your babies head and neck

5. Suck. Many fussy babies relax into a deep tranquility when they suck. Offer your baby a pacifier, thumb or breast to help soothe them. If you're breast-feeding, wait until nursing is well-established before introducing a pacifier.

It is not necessary to regularly measure your infants temperature. However, if you feel that he or she may have a fever or seems unusually fussy or lethargic, then checking the temperature with a rectal thermometer is recommended. Fever is the body's way of fighting off infection and normally is not dangerous. **However, a temperature of 100.4 F or greater in an infant less than three months old is potentially concerning**, and you should call to let us know. Infants can be sick even without a fever, so please contact us if your baby does not seem to be looking or acting normally for any reason.

Acetaminophen is typically safe for infants ages 2 months and up. Please do not ever use aspirin for fever or illness.

BREATHING CONCERNS

Newborns breathe at a much faster rate than adults, typically around 30 to 40 breaths per minute. They also can have noisy breathing or may exhibit a periodic breathing pattern, where a few seconds of rapid, shallow breathing is followed by a short breathing pause. Be assured that this is normal. However, if you observe any prolonged period of breathing that seems more rapid or labored than usual, or observe pauses that are lasting longer than 5 seconds or are associated with color change, please let us know right away.

Infants can get colds, and generally it is not a cause for concern. You should not use decongestants or other over-the-counter cold preparations. Saline nose drops and nasal suction work well for temporary relief of problematic nasal congestion. If you are concerned about your baby's breathing rate or pattern, or if she is under three months old and has a fever greater than 100.4 F, please contact us right away.

ILLNESS EXPOSURE

Protecting your baby from every germ is obviously not possible, but avoiding unnecessary exposure to illness is recommended when possible. Proper handwashing prior to contact and avoiding large groups may help reduce the likelihood that your infant will develop an infection.

We strongly recommend that caregivers receive appropriate immunizations, especially their pertussis vaccine (to help prevent whooping cough) and seasonal vaccines such as the flu shot and COVID shot.

COMMON QUESTIONS

COLDS



Most fevers are caused by **viruses**, which do not respond to antibiotics and will get better on their own

Common colds are typically caused by viruses, not bacteria, and therefore are not helped with antibiotic treatment. Most cold symptoms can be relieved at home with simple measures, several of which are described below. Feel free to contact the office with any questions or concerns, especially if your child symptoms are becoming more severe or not improving after 7 to 10 days.

TO RELIEVE NASAL CONGESTION

For infants, you may use saline (salt water) nose drops to thin nasal discharge and reduce congestion. With your child lying down, place a few drops of the saline into each nostril. This may be followed by gentle suction and or nasal aspiration. For older children you may use either saline nose drops or saline nasal spray.

Try using a cool mist humidifier or vaporizer in your child's room, especially in winter. This helps moisten the air and may make their breathing more comfortable. Be sure to clean the humidifier or vaporizer regularly.

TO RELIEVE A COUGH

You may give half teaspoon of honey to children ages 2 to 5 years, 1 teaspoon to children ages 6 to 11 years, and 2 teaspoons to children 12 years and older. If helpful you may repeat as needed. If honey is given at bedtime, make sure you brush your child's teeth afterwards. Remember that it is not safe to give honey to babies younger than one year old. For children ages six years and older, cough drops or lozenges may help soothe the throat. Remember not to give cough drops or lozenges to a child younger than six. Also do not give your child more cough drops than as directed on the package.

Cough suppressants, in general, are not recommended. Typically, you are coughing for a reason and suppressing that cough can be harmful. For children ages 4 and older, medications such as Mucinex (guaifenesin) can be used sparingly to help thin mucous.

PATIENT/FAMILY CODE OF CONDUCT

In an effort to provide a safe and healthy environment for staff and patients, Pediatric Associates of Brockton expects patients, parents, and accompanying family and friends to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients and staff. The following behaviors are prohibited and may result in your immediate dismissal from the practice:

Physical assault or inflicting bodily harm.

Rude behaviors in person or through written, verbal or electronic communication, including but not limited to: profanity, harassment, offensive or intimidating statements or gestures, and threats of violence

Requests that would constitute illegal or unethical behavior on the part of Pediatric Associates of Brockton.

Office expectations

- Please arrive on time. Arriving on time (or 10-15 minutes early) is especially important for the first visit of the morning (8:30 AM) and the first visit of the afternoon (1:30PM). Arriving more than 15 minutes late may result in having to reschedule your appointment
- Be courteous with the use of cell phones and other electronic devices
- For your child's safety, please do not leave children unattended in the office and please refrain from climbing on furniture or touching medical equipment
- Please ensure a parent/guardian attends all appointments for patients ages 17 and under. If a parent/guardian is not able to attend an appointment, please provide written or verbal consent for your child to be seen without you, and please be available via phone in case consent is needed for any procedures, such as vaccinations
- Please provide 24 hours notice of cancellation whenever possible. Missing an appointment without prior notification may result in a \$50 no-show fee
- Three or more missed appointments may result in your dismissal from the practice
- Payment of co-pays and/or deductibles is expected at the time services are rendered, regardless of who brings the child to their appointment

I agree to Pediatric Associates of Brockton's "Patient/Family Code of Conduct"

Signature

Printed name

Patient's name/DOB



COLDS



Fevers are your body's way of fighting infection. Although fevers can be scary, they are a normal part of your body's defense against viruses and bacteria.

TO RELIEVE A FEVER

Acetaminophen (Tylenol) is safe for children ages two months and older. Ibuprofen (Motrin or Advil) can be given to children **over six months old**. Please see the dosage charts for these medications on the following pages. **Never give aspirin to your child** because it has been associated with Reyes syndrome, a rare but very serious illness that affects the liver and the brain. You should contact us right away if your child is under three months old and has a fever over 100.4°F.

Everyone has their own internal "thermostat" that regulates body temperature. Normal body temperature is around 98.6 degrees Fahrenheit plus or minus about one degree. When the body detects an infection or other illness, the brain responds by raising the body temperature to help fight the condition. A rectal temperature over 100.4 degrees Fahrenheit is considered a fever (regardless of what your child's 'baseline' temperature is).

Once you've identified a fever, **the most important things you can do is to make sure they get enough fluid, so they do not get dehydrated**. You can also help make them more comfortable. While you may instinctively want to bring your child to the doctor's office, it may not be necessary—especially if the child seems fine once their discomfort is treated.

WHEN TO CALL THE DOCTOR

Call your child's doctor right away if your child has a fever and:

- Looks very ill, is unusually drowsy or is very fussy
- Has been in a very hot place, such as an overheated car
- Has other symptoms, such as a stiff neck, severe headache, sore throat, ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has signs of dehydration, such as a dry mouth, sunken soft spot or significantly fewer wet diapers and unable to take in fluids
- Has immune system problems,
- Has had a seizure
- Is younger than 3 months (12 weeks) and has a temperature of 100.4°F (38.0°C) or higher
- Fever rises above 105°F (40°C) repeatedly for a child of any age
- The fever lasts for more than 24 hours in a child younger than 2 years.
- The fever lasts for more than 3 days (72 hours) in a child 2 years of age or older.

TYLENOL DOSAGE

Source: StLouisChildrens.org

Child's weight (pounds)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	lbs
Liquid 160 mg/ 5 milliliters (mL)	1.25	2.5	3.75	5	7.5	10	12.5	15	20	mL
Liquid 160 mg/ 1 teaspoon (tsp)	--	½	¾	1	1½	2	2½	3	4	tsp
Chewable 160 mg tablets	--	--	--	1	1½	2	2½	3	4	tabs
Adult 325 mg tablets	--	--	--	--	--	1	1	1½	2	tabs
Adult 500 mg tablets	--	--	--	--	--	--	--	1	1	tab

WHEN TO USE: TREATMENT OF FEVER AND/OR PAIN

Caution: Acetaminophen (Tylenol) can be found in many prescription and over-the-counter medicines. Read the labels to be sure your child is not getting it from 2 products. If you have questions, call your child's doctor.

Table Notes:

- Age Limits. Don't use under 12 weeks of age unless told by child's doctor. Reason: fever in the first 12 weeks of life needs to be seen now. If present, your baby needs a medical exam now. Exception: Fever starting within 24 hours of vaccines if child is 8 weeks of age or older. If under 6 years, don't give products with more than one ingredient in them (FDA recommendation 2008).
- Dose. Find the child's weight in the top row of the dose table. Look below the correct weight for the dose based on the product you have.
- Measure the Dose. Syringes and droppers are better to use than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, you can get a med syringe at a drug store. If you use a teaspoon, it should be a measuring spoon. Reason: regular spoons are not reliable. Keep in mind 1 level teaspoon equals 5 mL and that ½ teaspoon equals 2.5 mL.
- How Often. Repeat every 4-6 hours as needed. Don't give more than 5 times a day.
- Adult Dose. 500-650 mg
- Adult Daily Maximum. 3,000 mg in 24 hours
- Brand Names. Tylenol, Feverall (suppositories), generic acetaminophen
- Suppositories. Come in 80, 120, 325 and 650 mg. The rectal dose is the same as the dose given by mouth.
- Extended-Release. Do not use 650 mg oral products in children.
- Use in Countries Outside the U.S. Dose tables are based on U.S. products. Concentrations may vary in countries outside the U.S. Always check the concentration is the same before using this dose table.

IBUPROFEN DOSAGE

Source: StLouisChildrens.org

Child's weight (pounds)	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	lbs
Infant Drops 50 mg/ 1.25 mL	1.25	1.875	2.5	3.75	5	--	--	--	mL
Liquid 100 mg/ 5 milliliters (mL)	2.5	3.75	5	7.5	10	12.5	15	20	mL
Liquid 100 mg/ 1 teaspoon (tsp)	½	¾	1	1½	2	2½	3	4	tsp
Chewable 100 mg tablets	--	--	1	1½	2	2½	3	4	tabs
Junior-strength 100 mg tablets	--	--	--	--	2	2½	3	4	tabs
Adult 200 mg tablets	--	--	--	--	1	1	1½	2	tabs

WHEN TO USE: TREATMENT OF FEVER AND/OR PAIN

Table Notes:

- **Age Limits.** Don't use under 6 months of age unless told by your child's doctor. Reason: safety not established and not approved by FDA.
- **Dose.** Find the child's **weight** in the top row of the dose table. Look below the correct weight for the dose based on the product you have.
- **Measure the Dose.** Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, you can get a med syringe at drug stores. If you use a teaspoon, it should be a measuring spoon. Reason: regular spoons are not reliable. Keep in mind 1 level teaspoon equals 5 mL and that ½ teaspoon equals 2.5 mL.
- **Infant Drops.** Ibuprofen infant drops come with a syringe.
- **How Often.** Repeat every 6-8 hours as needed.
- **Adult Dose.** 400 mg
- **Adult Daily Maximum Dose.** 1,200 mg in 24 hours. (Unless directed by a health care provider.)
- **Brand Names.** Motrin, Advil, generic ibuprofen
- **Use in Countries Outside the U.S.** Dose tables are based on U.S. products. Concentrations may vary in countries outside the U.S. Always check the concentration is the same before using this dose table.

ALLERGIES



Given how commonly environmental allergies occur, testing for specific allergies is not routinely recommended

SEASONAL AND ENVIRONMENTAL ALLERGIES

ALLERGIES

SEASONAL AND ENVIRONMENTAL ALLERGIES

4. Eye Allergy Treatment:

- For eye symptoms, wash off the face and eyelids. This will remove pollen or any other allergic substances.
- Then put a cold wet washcloth on the eyes.
- Most often, an allergy medicine given by mouth will help the eye symptoms. Sometimes, eye drops are also needed.
- Antihistamine eye drops, such as Ketotifen eye drops (brand name Zaditor) are safe and effective products. No prescription is needed.
- Dose: 1 drop every 12 hours.
- For severe allergies, use ketotifen eyedrops every day during pollen season. This will give the best control.

5. Environmental measures:

- Pollen is carried in the air.
- Keep windows closed in the home, at least in your child's bedroom.
- Keep windows closed in car. Turn the air conditioner on recirculate.
- Avoid window fans or attic fans. They pull in pollen.
- Try to stay indoors on windy days. Reason: the pollen count is much higher when it's dry and windy.
- Avoid playing with the outdoor dog. Reason: pollen collects in the fur.
- Pollen Count: you can get your daily pollen count from Pollen.com. Just type in your zip code.

FOOD ALLERGIES

8 foods cause 90% of food allergies. In the first year of life, these include cow's milk, soy, and egg. In older children, these include peanuts, tree nuts, fish, shellfish (such as shrimp, crab, lobster, clams, oysters and scallops) and tree nuts (such as almond and cashew).

The most common presentation of food allergy is hives all over and swelling of the face. Hives are raised pink bumps with pale centers (welts). They look like bug bites. Other possible reactions include mouth itching and swelling, runny nose and coughing, and vomiting and diarrhea.

Occasionally, life-threatening allergic reactions also can occur, and cause trouble breathing and/or swallowing. The medical name for this is anaphylaxis. Most of these reactions have a sudden onset within 10 to 20 minutes. Most occur within 2 hours of eating a certain food. **If you suspect anaphylaxis, call 911 immediately.**



There is growing evidence that introducing potentially allergenic foods such as peanuts and eggs *earlier* is better. We recommend doing so at around the 6 month mark. Talk to your pediatrician if you have further questions

BENADRYL DOSAGE

Source: StLouisChildrens.org

Child's weight (pounds)	20-24	25-37	38-49	50-99	100+	lbs.
Liquid 12.5 mg/ 5 milliliters (mL)	4	5	7.5	10	20	mL
Liquid 12.5 mg/ 1 teaspoon (tsp)	$\frac{3}{4}$	1	$1\frac{1}{2}$	2	4	tsp
Chewable 12.5 mg	--	1	$1\frac{1}{2}$	2	4	tablets
Tablets 25 mg	--	$\frac{1}{2}$	$\frac{1}{2}$	1	2	tablets
Capsules 25 mg	--	--	--	1	2	caps

WHEN TO USE: TREATMENT OF NASAL OR EYE ALLERGIES, HIVES, ITCHING AND OTHER ALLERGIC SYMPTOMS.

Table Notes:

- **Age Limits.** For allergies, don't use under 1 year of age. Reason: it causes most babies to be sleepy. For colds, not advised at any age. Reason: no proven benefits. It should not be given if under 6 years old.
- **Dose.** Find the child's weight in the top row of the dose table. Look below the correct weight for the dose based on the product you have.
- **Measure the Dose.** Syringes and droppers are more accurate than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, you can get a med syringe at drug stores. If you use a teaspoon, it should be a measuring spoon. Reason: regular spoons are not reliable. Keep in mind 1 level teaspoon equals 5 mL and that $\frac{1}{2}$ teaspoon equals 2.5 mL.
- **Adult Dose.** 50 mg
- **How Often for Under 6 Years.** Repeat every 6-8 hours as needed. (Exception: do not use under 1 year unless directed by provider).
- **How Often for 6 Years and Older.** Repeat every 4-6 hours as needed.
- **How Often.** Repeat every 6 hours as needed.
- **Children's Benadryl Fastmelts.** Each fastmelt tablet equals 12.5 mg. They are dosed the same as chewable tablets.
- Use in Countries Outside the U.S. Dose tables are based on U.S. products. Concentrations may vary in countries outside the U.S. Always check the concentration is the same before using this dose table.

ZYRTEC DOSAGE

Source: StLouisChildrens.org

Child's AGE (years)	2-5	6-11	12+	years
Liquid 5 mg/ 5 mL	2.5	5	10	mL
Liquid 5 mg/ 1 teaspoon (tsp)	½	1	2	tsp
Chewable 5 mg tablets	--	1	2	tablets
Tablets 10 mg	--	--	1	tablet

WHEN TO USE: TREATMENT OF NASAL OR EYE ALLERGIES, HIVES, ITCHING AND OTHER ALLERGIC SYMPTOMS.

Table Notes:

- **Age Limits.** For allergies, don't use under 2 years of age. Reason: not FDA approved. For colds, not advised at any age. Reason: no proven benefits.
- **Dose.** Find the child's age in the top row of the dose table. Look below the correct age for the dose based on the product you have.
- **Measure the Dose.** Syringes and droppers are better to use than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, you can get a med syringe at a drug store. If you use a teaspoon, it should be a measuring spoon. Reason: regular spoons are not reliable. Keep in mind 1 level teaspoon equals 5 mL and that ½ teaspoon equals 2.5 mL.
- **How Often.** Give once a day in the morning.
- **Adult Dose.** 10 mg
- **Brand Names.** Zyrtec, generic cetirizine
- **Plus Side.** Causes less sedation than older allergy medicines, like Benadryl. It is long-acting and lasts up to 24 hours.
- **Down Side.** Doesn't control allergy symptoms as well as older allergy medicines. Use cetirizine mainly if drowsiness from Benadryl interferes with function.
- **Cost.** Use a store brand of cetirizine. Reason: Costs less than brand name, Zyrtec.
- Use in Countries Outside the U.S. Dose tables are based on U.S. products. Concentrations may vary in countries outside the U.S. Always check the concentration is the same before using this dose table.

CLARITIN DOSAGE

Source: StLouisChildrens.org

Child's AGE (years)	2-5	6-11	12+	years
Liquid 5 mg/ 5 milliliters (mL)	2.5	5	10	mL
Liquid 5 mg/ 1 teaspoon (tsp)	½	1	2	tsp
Chewable 5 mg tablets	--	1	2	tablets
Tablets 10 mg	--	--	1	tablet

WHEN TO USE: TREATMENT OF NASAL OR EYE ALLERGIES, HIVES, ITCHING AND OTHER ALLERGIC SYMPTOMS.

Table Notes:

- **Age Limits.** For allergies, don't use under 2 years of age. Reason: not FDA approved. For colds, not advised at any age. Reason: no proven benefits.
- **Dose.** Find the child's age in the top row of the dose table. Look below the correct age for the dose based on the product you have.
- **Measure the Dose.** Syringes and droppers are better to use than teaspoons. If possible, use the syringe or dropper that comes with the medicine. If not, you can get a med syringe at a drug store. If you use a teaspoon, it should be a measuring spoon. Reason: regular spoons are not reliable. Keep in mind 1 level teaspoon equals 5 mL and that ½ teaspoon equals 2.5 mL.
- **How Often.** Give once a day in the morning.
- **Adult Dose.** 10 mg
- **Brand Names.** Claritin, generic loratadine
- **Plus Side.** Causes less sedation than older allergy medicines, like Benadryl. It is long-acting and lasts up to 24 hours.
- **Downside.** Doesn't control allergy symptoms as well as older allergy medicines. Use loratadine mainly if drowsiness from Benadryl interferes with function.
- **Cost.** Use a store brand of loratadine. Reason: Costs less than brand name, Claritin.
- Use in Countries Outside the U.S. Dose tables are based on U.S. products. Concentrations may vary in countries outside the U.S. Always check the concentration is the same before using this dose table.

CONSTIPATION



For infants, the consistency of bowel movements is more important than the frequency. After the first month, breastfed babies can go 4-7 days in between bowel movements

IN INFANTS

For infants, a successful bowel movement requires two coordinated events:

- relaxation of the pelvic floor muscles (a thick sheath of muscles that span the underlying surface of the bony pelvis),
- and an increase in abdominal pressure to squeeze out stool.

Infants who strain with bowel movements can have something called dyschezia- in this case, they have not yet learned to coordinate those two required actions. Crying is how they increase their abdominal pressure. They cry until, by chance, they relax their pelvic floor muscles at the same time and a BM occurs.

Stool **consistency** is most important to determine if your infant is constipated. If your baby is 4 weeks or older, and has hard, pellet like, dry stools then we recommend using fruit juice to help alleviate those symptoms. You can start by offering 1 ounce (30mL) of prune, pear, or apple juice, either plain in a bottle or mixed with formula or expressed breastmilk.

Another option for acute constipation is to try anal stimulation with a lubricated thermometer. After applying vaseline to the tip of the thermometer, insert it no further than 1/2 inch into the anus and gently move it side to side for around 10 seconds. **Repeated** rectal stimulation is NOT advised, as it can interfere with the baby's ability to poop on their own and actually make constipation worse.

If you are trying the above and your baby still seems to have constipation or discomfort with stooling, then please contact the office.

IN OLDER CHILDREN

Usually, signs of constipation in kids include:

- going less than usual
- having trouble or pain when going to the bathroom
- feeling full or bloated
- straining to poop
- seeing a little blood on the toilet paper
- having 'large caliber' ('clogging the toilet') stools

It's also common for kids with constipation to sometimes stain their underwear with bits of poop.

CONSTIPATION



You might notice an increase in constipation once toilet training starts, as children learn to 'hold in' their poop.

What causes constipation?

Constipation in children older than 2 years old is common, and can have a number of causes.

- High-milk diet. Milk and cheese- in high amounts- can cause hard, pale stools.
- Low-fiber diet. Fiber is found in vegetables, fruits, and whole grains. It helps keep stools soft and easy to pass
- Low fluid intake/not enough water
- Lack of exercise
- Holding back stools (1) because of pain or (2) as part of a power struggle or (3) due to potty anxiety (ie, not wanted to poop outside of the home, being scared of the toilet)
- Slow passage of food through the intestines. This usually runs in families

How is constipation treated?

- High-fiber diet. A simple way to make sure your child is getting enough fiber is by making healthful food choices. If your child is eating at least 5 servings of fruits and vegetables each day along with other foods that are good sources of fiber, there is really no need to count fiber grams.
- Probiotics
- Stool softener
- Laxative/stimulant
- Suppository
- Enema

Stool softener

Miralax (PEG 3350) is available over-the-counter and is our recommendation for chronic, recurrent constipation. It is colorless, tasteless, and odorless and can be given with any fluid (juice or gatorade is typically recommended)

- Ages 1-5. Start with 1 teaspoon per day in 2 ounces (60mL) of fluid
- Age 6-12. Start with 2 teaspoons per day in 4 ounces (120mL) fluid.
- Ages 13 and older. Start with 3 teaspoons (15mL) per day in 6 ounces (180mL) of fluid

Miralax works best as a bolus- that is, when it is had all at once. It doesn't work as well if your child is sipping on it throughout the day.

Children do not develop a dependence on PEG 3350 or other osmotic laxatives.

CONSTIPATION

Stimulant laxatives

Examples include: senna (and other sennokot plant derivatives), and bisacodyl. These medications work by stimulating the muscles of the colon, the organ that holds the poop, to flex and push poop out of the body.

We recommend the use of stimulant laxatives **only** if dietary changes, probiotics, and stool softeners have not worked.

Medicine name	How often	Child's weight(kg) (and pounds)	Child's age	Dose (OTC = over the counter)
Senna Available at these strengths: <ul style="list-style-type: none"> • 8.8-mg-per-5-ml liquid by prescription • 8.6 mg tablet by prescription or over the counter • 15 mg chocolate chew (ExLax) over the counter 	1 time a day, at bedtime	10 to 25 kg (22 to 55 lbs)	2 to 6 years	<input type="checkbox"/> 2.5 ml liquid by prescription or <input type="checkbox"/> ½ tablet by prescription or OTC
		25-40 kg (55 to 88 lbs)	6 to 12 years	<input type="checkbox"/> 5 ml liquid by prescription or <input type="checkbox"/> 1 tablet by prescription or OTC or <input type="checkbox"/> ½ chocolate chew OTC
		40 kg + (88 lbs and over)	12 years +	<input type="checkbox"/> 10 ml liquid by prescription or <input type="checkbox"/> 2 tablets by prescription or OTC or <input type="checkbox"/> 1 chocolate chew OTC
OR				
Bisacodyl 5 mg tablet by prescription or over the counter	1 time a day, at bedtime	15-40 kg (23-88 lbs)	3 to 10 years	<input type="checkbox"/> 1 tablet by prescription or OTC
		40 kg + (88 lbs and over)	10 years +	<input type="checkbox"/> 1 to 2 tablets by prescription or OTC

Source: Seattle Children's Hospital

Suppositories

Glycerin suppositories are available over-the-counter. A suppository is inserted past the anal sphincter while the child is lying on their stomach.

- **3 Months to 1 Year:** 1/2 Pedialax cut lengthwise
- **1-6 Years:** 1 Pedialax suppository of 1/2 adult suppository
- **6-12 Years:** 1 adult suppository
- **12 Years and Up:** 1-2 adult suppositories

Diarrhea is most commonly caused by a virus of the intestines and is the body's way of getting rid of the germs. The key to treating diarrhea is replacing fluid losses and preventing dehydration. **The AAP discourages the use of over-the-counter medications** (such as Imodium or Pepto-Bismol). Instead:

- Avoid juice
- Offer ORS (oral rehydration solution) such as Pedialyte.
- Consider use of probiotics, such as yogurt

Seek care if signs of dehydration are present

- No urine output over an 8 hour period
- No tear production
- Dry mucous membranes (mouth)
- Ill appearing

DIARRHEA



If diarrhea lasts for longer than 3 to 5 days, **without improvement**, contact the office to be seen

VOMITING



Vomiting is most commonly caused by viral infections, such as rotavirus and norovirus

The most common cause of vomiting are viral infections (called viral gastroenteritis). It is the body's way of protecting the lower GI tract. Moderate vomiting resolves in 24-48 hours, though mild vomiting (1-2 episodes/day) with diarrhea can continue intermittently for up to a week.

The key to treating gastroenteritis is **oral rehydration therapy**:

For bottle fed infants:

- For vomiting once, continue to offer formula
- For vomiting more than once, offer ORS (Pedialyte or equivalent store brand) for 8 hours . Spoon or syringe feed 5-10mL every 5 minutes. After 4 hours without vomiting, double the amount. After 8 hours without vomiting, return to regular formula

For breast fed infants:

- For vomiting once, nurse 1 side every 1-2 hours
- For vomiting more than once, nurse for 5 minutes every 30 to 60 minutes
- After 4 hours without vomiting, return to regular breastfeeding
- If your baby continues to vomit, offer ORS (Pedialyte or equivalent store brand) for 4 hours . Spoon or syringe feed 5-10mL every 5 minutes. After 4 hours without vomiting, resume breastfeeding

For older children (>1 year old):

- Start ORS or 1/2 strength Gatorade or G2. Avoid giving zero sugar options
- Give small amounts: 10-15mL every 5 minutes
- After 4 hours without vomiting, increase the amount
- After 8 hours without vomiting, return to regular fluids (though avoid juice and soda if ongoing diarrhea)
- After 8 hours without vomiting, return to normal diet. Small amounts of fruits, vegetables, and starches are a great place to start. You may want to avoid dairy and high-fat foods which can slow down the intestines.

Unfortunately, there is no OTC medicine for home treatment of vomiting. Zofran (ondansetron) can be prescribed for older children with severe vomiting, but only after they have been seen.

Seek care if signs of dehydration are present

- No urine output over a 6 hour period for children up to age 5; and over an 8 hour period for children ages 6 and above
- No tear production
- Dry mucous membranes (mouth)
- Ill appearing

DEVELOPMENT



Your primary care doctor will be checking in on your child's development at every preventative health visit

Some resources for development include:

For infants

- Baby 411
- Heading Home with Your Baby: From Birth to Reality, by Drs Laura A. Jana and Jennifer Shu
- Happiest Baby on the Block, by Dr Harvey Karp

For toddlers

- Happiest Toddler on the Block, by Dr Harvey Karp
- 1, 2, 3 Magic, by Thomas W Phelan
- Oh Crap! Potty Training,' by Jamie Glowacki

For school aged children

- The Whole-Brain Child, by Drs Daniel Siegel and Tina Payne Bryson
- How to Talk So Kids Will Listen & Listen So Kids Will Talk, by Adele Faber and Elaine Mazlish
- Good Inside, by Dr Becky Kennedy
- <https://ramp.luriechildrens.org/>

For sleep

- The Happy Sleeper, by Heather Turgeon and Julie Wright
- Solve Your Child's Sleep Problems, by Richard Ferber
- No Cry Sleep Solution, by Elizabeth Pantley
- drcraigcanapari.com

For nutrition

- myplate.gov
- "Why Can't I Eat Desert All the Time," Storybots episode, on Netflix

For puberty

- It's Not the Stork, by Robie Harris
- The Care and Keeping of You, by Valorie Schaefer
- Guy Stuff: The Body Book for Boys, by Cara Natterson

MENTAL & BEHAVIORAL HEALTH



If your child is struggling with their mental health, please do not hesitate to reach out to your primary care provider, or to our in-office behavioral health team

ANXIETY

Books geared towards children:

"What to Do When You Worry Too Much," by Dawn Heubner

"The Anxiety Workbook for Kids: Take Charge of Fears and Worries Using the Gift of Imagination" by Robyn Alter and Crystal Clarke.

Books geared towards adults:

"Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children" by John Dacey, Martha Mock, and Lisa Fiore

"Growing Up Brave: Expert Strategies for Helping Your Child Overcome Fear, Stress, and Anxiety" by Donna B. Pincus

The National Association of School Psychologists has published information for parents and teachers about anxiety in school-aged children. This can be found at www.nasponline.org/resources/intonline/anxiety_huberty.pdf

Some resources for community-based therapists are:

<https://interface.williamjames.edu>

www.masspsych.org

www.therapymatcher.org

www.therapist.psychologytoday.com

www.therapistlocator.net

Lastly, it is helpful to remember these general guidelines as well:

- You should have a highly structured environment with a praise-based reinforcement program for remaining on task and regulating behavior
- You may want to help develop organization routines and regularly reward your child for adhering to these routines. As they mature, they should be required to organize school materials and pack up their bag before bed, to help with transitions
- When coming home from school, there should be a structured routine for organizing belongings, placing them in the same place each day. While these steps likely will require more time and effort for caregivers in the short run, they will help to establish organizational routines needed for independent functioning as your child matures
- Try to get at least one hour of active physical play each day
- Attempt to limit to no more than two hours of screen time daily, though ideally this should be kept to an hour or less on school days
- Avoiding technology use for 1.5 hours before bedtime is the best way to preserve healthy sleep and promote better mental health.

MENTAL & BEHAVIORAL HEALTH



As with any medical condition, call 911 in the event of a mental health emergency

CRISIS RESOURCES

The Massachusetts Behavioral Health Help Line is available 24/7, including holidays.

Call or Text 833-773-2445

Mobile Crisis Centers:

Aspire Health Alliance (Quincy): 617-774-6036

Community Counseling of Bristol County (Brockton): 508-580-0801

Child and Family Services (New Bedford): 508-996-3154

Bay Cove (Cape and Islands): 833-229-2683

Fall River Emergency Services- 1-800-981-4357

Community Counseling of Bristol County (Taunton/Attleboro): (800) 660-4300

24 hour crisis hotlines:

- National Suicide Prevention Lifeline: 988 (similar to 911 for police/fire/ambulance emergencies)

- Text support: text "Connect" to 741741

- National Alliance on Mental Illness: 1-800-950-6264 or in a crisis, text "NAMI" to 741741

- Text support for Persons of Color: text "Steve" to 741741

- The Samaritans Hotline: Call or text (877) 870-4673

- MA Substance Use Hotline: 800-327-5050

- Trans Lifeline: 877-565-8860

- LGBTQ Trevor Project Lifeline: 1-866-488-7386 or text "Start" to 678-678

- Health Imperatives for Sexual Assault & Domestic Violence victims (Brockton): 508-588-8255

- RAINN (Rape, Abuse, & Incest National Network) Hotline: 1-800-656-4673 or 24 hour chat at online.rainn.org

ACKNOWLEDGEMENTS/RESOURCES

Yale New Haven Health
HealthyChildren.org
CDC.gov
StLouisChildrens.org
SeattleChildrens.org
Barton D. Schmitt

Get In Touch

PEDIATRIC ASSOCIATES OF BROCKTON

Phone:

508.584.1234

Website:

pediatricassociatesbrockton.com



[@PediatricAssociatesBrockton](https://www.facebook.com/PediatricAssociatesBrockton)



[@PediAssocOfBrockton](https://www.instagram.com/PediAssocOfBrockton)





WHAT IS THE DIFFERENCE BETWEEN A PREVENTATIVE VISIT AND AN OFFICE VISIT?

A **preventive care** visit with your doctor focuses on your overall health and how to stay healthy. But a preventive visit may turn into an **office visit**. Find out why.

When does a **preventive visit**- also known as a physical or a check up- become an **office visit**?

A preventive care visit is different from an office visit.

The purpose of a **preventive visit** is to review your overall health, identify risks, and find out how to stay healthy.

The purpose of an **office visit** is to discuss or get treated for a specific health concern or condition. You may have to pay for the visit as part of your deductible, copay and/or coinsurance.

An office visit might entail:

Discussing or getting treatment for a specific health concern, condition or injury
Lab work, X-rays or additional tests related to a specific health concern, condition or injury

Any discussion that extends beyond the scope of standard, well-child care

If you schedule a preventive care visit and ask your doctor about a specific health concern or condition, your clinic may code and bill the appointment as an office visit.

If you want to know about costs, ask your doctor for an estimate of fees before you visit. You can also call the number on the back of your member ID card.



STILL WITH QUESTIONS? PLEASE CONTACT OUR BILLING DEPARTMENT AT 508.584.1234

PEDIATRIC ASSOCIATES OF BROCKTON



Pediatric Associates of Brockton is committed to providing the highest quality care to infants, children, and adolescents. We strive to offer a comprehensive approach to the health of our patients, encompassing both sick and well-child care. Attention is given to a wide range of medical and social issues, including growth and development, behavior, school performance, safety, and the family environment.

Our clinical staff - which includes physicians, nurse practitioners, behavioral health clinicians, nurses, and medical assistants - works together to enhance the health and well-being of our patients. We look forward to getting to know your family and encourage you to contact us with any questions or concerns that may arise.