



NEWBORN BOOKLET

**Brent Cardwell, M.D.
Christina Killgoar, M.D.
345 Cypress Creek Rd. Suite 104
Cedar Park, TX 78613
Phone 512-336-2777**

Introduction to Cedar Park Pediatric and Family Medicine

Mission Statement

To attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and adults. To deliver state of the art health care to our patients through all phases of their lives with respect, compassion, skill and sensitivity.

To recognize that emotional and spiritual circumstances play a vital role in one's sense of physical well being. To provide compassionate and knowledgeable care which respects our patients as partners in their health and healing. To provide a dynamic and enjoyable work place for our staff.

To ensure that each person who works at this practice is a professional and is committed to team excellence.

Location

Our offices are open from 7:30am to 5:00pm Monday through Friday. We also offer extended hours on Saturday mornings from 9:00am to 11:00am for acute care. All patients are seen by appointment only, both during regular office hours and extended care.

Professional Fees and Insurance

We invite you to discuss with us any questions regarding our services or our fees. We expect patients to pay at time of services rendered. At each visit you may request a complete itemized statement of services rendered. These receipts will contain all the necessary information for you to submit a claim directly to your insurance company as well as a copy for your financial records. If you have any questions regarding a charge or want more information, please contact our office.

General Tips for Phone Calls

- Please call during regular office hours (not after hours) for general pediatric questions that not acute in nature.
- Please take your child's temperature before calling for advice regarding an illness.
- Have pencil and paper ready in case we need to give instructions. If possible, try not leaving your phone after calling the doctor. If you must leave home, please notify the office where you may be reached or when you will return home.
- If you wish to refill medications, you can generally call the pharmacy and ask them to fax a refill request to our office. You shouldn't need to call our office directly.
- For life-threatening emergencies when moments count, call 911

- For poisonings, call the Poison Control Center at 1-800-222-1222 and then call your physician, if necessary.
- Please have all of your pharmacy information (especially phone number) available if a prescription is necessary.
- Should we fail to return your call within a reasonable amount of time, call again as a safeguard against telephone trouble, wrong numbers, and human error.

Reading Suggestions

All parents should keep a copy of this Newborn Booklet. We also encourage all parents to invest in one or more reference books on child care and child development. Below are a few that we can recommend. A trip to the public library or favorite bookstore can be helpful in deciding what book is best for you. A few selected Web sites are also included.

New Mothers Guide to Breastfeeding, The AAP, Bantam (2002)

Caring for your Baby and Young Child, Revised Edition: Birth to Age 5, The American Academy of Pediatrics, (2004)

Your Baby and Child: From Birth to Age 5, Penelope Leach (2000)

Infants and Mothers: Differences in Development, Terry Brazelton, (1994)

Siblings without Rivalry, Adele Faber and Elaine Mazlish, Avon Books, (1998)

Baby 411: Clear Answers and Smart Advice for your Baby's First Years, Ari Brown and Denise Fields, (2003)

The Happiest Baby on the Block: The New Way to Calm Crying and Help your Newborn Baby Sleep Longer, by Harvey Karp, MD, (2002).

www.aap.org, The American Academy of Pediatrics

www.vaccine.chop.edu, Children's Hospital of Philadelphia. Information on vaccines.

www.cdc.gov/nip, National Immunization Program

More Helpful Information

Newborn Screening

Currently the State of Texas mandates newborn screen tests for 5 disorders: Hypothyroidism, Phenylketonuria (PKU), Galactosemia, Hemoglobin problems (sickle cell disease is the most common of these) and Congenital Adrenal Hyperplasia (a disorder of both sex and salt-balance hormones). These disorders are not common, but if the diagnosis is made in the newborn period, the outcome can be significantly improved.

Supplemental Newborn Screen

There are commercially available screens that parents may purchase that screen for additional diseases that can be diagnosed by blood tests before the conditions cause problems. These are extremely uncommon diseases (one in several thousand), but the clinical outcomes of these conditions are improved by early diagnosis.

If you would like your newborn to have disease screening in addition to the state-sponsored newborn screen, you can obtain a screening kit from either of the following:

- Baylor Medical Center- 1-800-422-9567, or you can access the Baylor Medical Center website at www.baylorhealth.com and order the kit through their email. Over 30 disorders screened for.
- Pediarix Screening- www.pediatricscreening.com or 1-800-463-6436. Over 50 disorders screened for.

Car Safety Seats

1. Safe Riders Program: 1-800-252-8255
2. Seat-Check: 1-800-SEAT-CHECK or www.Seatcheck.org

Newborn Care

The arrival of a newborn baby in your family can be a wonderful, exciting, scary, joyful, exhausting, frustrating, and beautiful experience. Hopefully, the advice we provide in this booklet will help during this special time. Never hesitate to ask your child's doctor if you have questions or concerns.

FEEDING

The bond of love between parent and child grows strong when feeding time is pleasurable for both. At feeding time, your baby received nourishment from his food as well as your love. The food, correctly taken, helps him to grow healthy and strong; the love, generously given, helps him feel secure. When feeding your baby, you should be comfortable. This will help you relax and enjoy feeding your baby. Hold your baby in your lap with his head slightly raised and resting on the bend of your elbow. Whether breast-feeding or bottle-feeding, hold your baby comfortably close.

Breast Feeding

Your breast and nipples should be washed daily with water. Good hand washing is also important. Guide the nipple into your baby's mouth, keeping the breast from pressing against his nose. With your hand cupping your breast gently stroke his lip nearest the breast. He will turn his head and hunt for the nipple. This is called the "rooting reflex."

For the first 2-3 days, your breasts produce milk called colostrum. This is exactly what your infant needs and is rich in protein and protective antibodies. Around the third day, the breast milk volume and fat content increases. Your breasts may feel fuller. If the fullness is excessive and uncomfortable, it is called engorgement. Frequent feedings can help relieve and prevent engorgement. Cold compresses or alternating hot and cold compresses help relieve engorgement. It is a temporary problem. Nipple tenderness or pain is common during the first few weeks of breast-feeding. This pain is felt when the baby initially latches on to the breast and takes its first few sucks. At time improper latching-on can contribute to nipple tenderness. You may want to use some plain lanolin to apply directly to your tender nipples. Lanolin can be obtained over the counter. If the pain is severe or prolonged, a consultation with a lactation consultant may be needed.

When you begin nursing, allow the baby to nurse both breasts alternating the breast with which you begin. After 10 to 15 minutes the baby will take in 80-90% of the milk. After your milk supply is well established, around 7-10 days, you may find that your infant is satisfied to nurse only one breast at each feeding. You may

permit him to nurse as long as 25-30 minutes on a breast, provided your nipples are not getting sore or painful. If he has difficulty grasping your nipple to feed, try rolling the nipple with your finger and thumb to get the nipple more erect.

Most infants are happy to nurse about every 2-4 hours, but expect an erratic feeding schedule at first. During the first month of life most breast-fed infants nurse 8-12 times in a 24-hour period. The American Academy of Pediatrics and other infant feeding experts discourage rigid feeding schedules for breast-feeding babies. Restricted feedings, especially in the very young infant, interfere with lactation and have been associated with failure to thrive (poor weight gain) in infants. Both mother and baby are learning about breast-feeding, if every feeding does not go well, do not be discouraged. Newborns have extra water and fat stores to rely on for the first few days.

Most newborns lost 6 to 8 ounces the first few days of life. This is normal. Make sure you know your baby's discharge weight so you can compare weight gain or loss at the follow-up well-check 1 to 3 days after leaving the hospital.

The number of wet diapers can also help you assess whether or not your infant is obtaining sufficient breast milk. Most infants urinate 1 to 3 times during the first 2 or 3 days. By 3 or 4 days, when the milk supply has increased, the number of wet diapers increases to 5 to 7 or more per 24 hours. If you feel that your baby is "always at the breast" or is not urinating very frequently, your baby should be seen by her provider.

Diet and Breastfeeding

In general, while breastfeeding; eat a balanced diet with the food pyramid as your guide. Spicy foods and foods that cause indigestion or gas can bother your baby also. Eat these sorts of foods in moderation while breastfeeding. Your body needs added calcium (from milk products and dark leafy vegetables) and iron (prenatal vitamins and food sources).

Do not diet to lose weight while breastfeeding. Your body needs about 500 calories per day beyond normal requirements for milk production.

Never take any medication routinely (prenatal vitamins are an exception) without letting your baby's doctor know. An occasional laxative, antihistamine, acetaminophen or ibuprofen is okay. You may also check the following website to see if a particular medication would be ok to take while breastfeeding:

http://neonatal.ttuhscc.edu/lact/html/medications_forums.html

Breastfeeding and the Working Mother

Many women return to work and continue to breast-feed their babies. Breast milk can be pumped using hand expression or a breast pump (manual, battery, or electric types). For a manual pump, use a cylinder type pump such as a Medela. This pump gives adequate nipple stimulation. Read the instructions carefully when learning to use the pump. Be patient with yourself in learning to pump breast milk. It takes time to stimulate the letdown reflex.

Storing the Pumped Milk

Milk may be stored in the refrigerator for up to 72 hours after pumping and up to 24 hours after thawing (assuming the temperature of the refrigerator is 34°-40° F or 1-4° C). Do not leave milk at room temperature for more than one hour. Leftover milk should not be added to a fresh bottle either. Breast milk can be stored in glass (Pyrex) containers, rigid plastic bottles or in disposable plastic bags that insert into the bottles. Plastic is better than glass because some of the immune factors in breast milk stick to glass.

Milk may also be frozen, though the acceptable storage period depends on the type of freezer. Milk can be stored:

- In a freezer inside a refrigerator for up to 3 weeks after pumping (assuming the temperature of the freezer is 20° to 28° F or -7° to -2° C);
- In a separate-door freezer for up to 3 months after pumping (assuming the temperature of the freezer is 5° to 15° F or -15° to -9° C);
- In a deep freezer for up to 6 months after pumping (assuming the temperature of the freezer is 0° F or colder, or -18° C or below).

Frozen breast milk can be thawed in a pan of warm water or allowed to thaw slowly in the refrigerator. **DO NOT THAW BREAST MILK IN THE MICROWAVE.** Do not thaw milk by letting it sit out of the refrigerator or freezer at room temperature. Once thawed, the milk cannot be refrozen. Spoiled milk smells sour. This is true for human milk just as it is for cow's milk.

Bottle Feeding

Seated comfortably and holding your baby, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby to get the formula instead of sucking air. Air in his stomach may give him a false sense of being full and may also make him uncomfortable. If your baby has trouble sucking, make sure the nipple hole is big enough.

DO NOT PROP THE BOTTLE and leave the baby to feed himself. The bottle can easily slip into the wrong position so that he sucks air or he may choke. Propping the bottle is also associated with ear infections. Remember that your infant needs the security and pleasure of being held at feeding time.

Preparing the Formula

We recommend an iron-fortified infant formula, such as Enfamil® LIPIL with Iron. It is extremely rare for an infant to need low iron formulas; concerns that the iron in formula causes constipation are unfounded. The iron is very important for infant blood cell development. Please inform your physician if you are using a low iron formula.

These are available as Ready-To-Use, concentrate, or powder. Ready-to-Use is the most convenient and most expensive. One can of concentrate (13oz) is mixed with one can of water (13 oz). One scoop of powder is mixed in each 2 oz. of water.

Bottle sterilization is optional, unless you live in an area where the water supply is bad. Be sure to clean nipples and bottles well with hot, soapy water or in a dishwasher with a plastic cage that allows the nipples to be washed on the top rack.

Warm and Test Formula

Just before feeding, remove a bottle from the refrigerator and warm it in a pan of hot water for a few minutes, or use a bottle warmer. If you wish, you may use cold or room temperature milk. It all depends on what your infant gets used to. Test the temperature of the formula by shaking a few drops on the inside of your wrist. **DO NOT USE A MICROWAVE OVEN FOR WARMING.** The milk heats unevenly which may burn the baby.

Burping

Burping your baby helps remove swallowed air. Even if fed properly both bottle and breast-fed babies usually swallow some air. The way to help your baby get rid of this is to burp him. Hold him upright over the shoulder and pat or rub his back gently until he lets go of the air, or place him face down over your lap and gently rub or pat his back.

It's usually not necessary to interrupt a feeding to burp your baby, but do it after each feeding. Of course, sometimes baby may not burp because he does not need to, so don't force him. A delayed burp up to 30 minutes later is normal.

A Schedule with Flexibility

Feeding schedules are most satisfactory if the baby is allowed to eat when he becomes hungry. Newborns that are being formula-fed usually need to be fed about every three hours but may often go four hours between feedings. (Breast-fed infants often feed every 2-3 hours in the beginning.)

After feedings are established and your baby is gaining weight allow your baby to sleep as long as possible between feedings at night unless your pediatrician recommends otherwise. During the day some mothers like to awaken their babies by 4 hours to try to prevent them from getting their days and nights reversed. Your physician will comment more on feeding and introduction of solids at your routine visits.

How much Formula

Most newborns feed for 15 to 20 minutes and initially take $\frac{1}{2}$ to 1 ounce per feeding in the first 24 hours. Each day the feeding amount will increase. As your baby grows and gains weight, he will need more formula. When your baby takes his entire bottle easily and cries for more, it is time to increase the amount. Do this by adding $\frac{1}{2}$ to 1 ounce until satisfied. By the end of the first week most newborns will drink about 3 ounces of formula per feeding.

The amount of formula your baby takes will vary. A good rule of thumb for the average amount of formula or expressed breast milk per feeding is to take the age in months and add 3; the result will be the average number of ounces per feeding for a baby that age. For example, the average one month-old will take four ounces a feeding. This rule of thumb is not good the first few days of life nor does it work after about 4 or 5 months of age.

Pacifiers

You may find that pacifiers help satisfy your baby's need to suck. Many babies fall asleep easier with a pacifier, and when the time comes to wean, the process may be less upsetting as he still has his pacifier to suck

on. Pacifiers cause no dental problems in the first 4 years of age, so don't fear using them. We do not endorse using a pacifier all day, but use at bedtime and naptime is fine. Most people remove the pacifier once the infant has fallen asleep. It is prudent to wait until breastfeeding is fully established and going well before introducing a pacifier for the first time.

Other Foods

Baby foods, such as cereal, vegetables, and fruits, are usually started at 4-6 months of age. This is later than many mothers were taught in the past. Food allergies and digestive problems may be more common if foods are started earlier than 4 months of age. We will discuss starting solid foods at your baby's check-ups.

We recommend the use of breast milk or an iron-fortified infant formula until 12 months of age. Breast-feeding can be continued in the second year of life if desired. Infants taking any standard formula do not need extra vitamins.

Vitamin D Supplementation

The American Academy of Pediatrics recommends that Vitamin D supplementation be given to exclusively breast-fed infants and to infants who take less than 17 ounces a day of infant formula, beginning in the first 2 months of life. Most infants and children receive sufficient Vitamin D from formula, Vitamin D fortified cow's milk or make their own when exposed to sunshine. Because of the low Vitamin D content of breast milk and lack of sun exposure, breast-fed infants are at increased risk of Vitamin D deficiency.

There are no vitamins with just Vitamin D; simply make sure that you choose a multivitamin with 200 IU of Vitamin D. Good choices for infants include: Tri-Vi-Sol Drops, Poly-Vi-Sol Drops, Vi-Daylin ADC Drops, Vi-Daylin Multivitamin Drops, and Gerber Vitamin Drops.

Fluoride

Fluoride supplementation starting at 6 months of age until approximately age 13 reduces cavity risk by approximately 60%. Austin water has the proper supplement added, however, many outlying communities do not. Ideally, tap water should have fluoride added to a concentration of one part per million (PPM). If you are unsure of your community's fluoride concentration, call your city utilities department to find out. Also, while most water softeners do not remove fluoride, some do, particularly the reverse osmosis water systems. If you are unsure of your system, you will need to check with the manufacturer. If you find that your water source has inadequate fluoride, then notify your child's provider who can prescribe supplementary fluoride starting at 6 months of age. Many people will use bottled water with fluoride added rather than prescription fluoride. Also, it is important to know that there are outlying communities with excessive natural fluoride in their water. Excessive fluoride stains teeth permanently, so if you live in one of these communities, contact your child's provider for advice.

BABY BASICS

Bathing

Most infants need a bath only 2-3 times a week. Clean the face, chin, neck, and diaper area daily. Withhold regular tub baths until the cord is healed. Sponge bathe, and keep the cord dry. Use mainly water for the first weeks. Soaps are drying to the newborn's already dry skin. Mild soaps (Dove, Tone, or baby soaps) can be used in small amounts. Do use soap daily to clean the diaper skin. Take care to wash and dry the skin folds at neck, arms, groin, vagina or scrotum. Keep the skin clean and dry. If your baby's skin seems excessively dry, feel free to use an unscented moisturizer. To clean the eyes use a clean cloth or cotton balls dipped in water. You may shampoo the baby's hair with baby shampoos or liquid baby soaps. Use a soft brush to scrub the scalp. Never leave your baby unattended in the bath.

Nails

Keep nails clean and short. Cut them squarely across using clippers or scissors. Have someone help you. One of you holds the baby and the hand or foot, while the other clips the nails.

Navel Care

Care of the navel is especially important since this can be the source of a serious skin infection. Do not use a Band-Aid or other covering over the umbilical stump. The hospital may put on an antiseptic called "triple dye" which is deep purple. At home, however, simply clean it four times a day with a cotton ball or Q-tip soaked in rubbing alcohol. Remember, the navel cord is not really a part of your infant. It is part of the discarded placenta. There are no nerve endings on the cord, so the alcohol will not burn or sting your infant. He may cry a bit because the alcohol is cold on his abdomen. Most cords fall off in two-three weeks.

Vaginal Mucus

Little girls may have white mucus drainage with occasional streaks or blobs of blood during the first weeks of life. This is caused by hormonal adjustments following birth. The mucus may take a month to resolve completely. Some girls will spot blood in the vaginal mucus during the first week of life. This is also normal and the results of hormone changes.

Circumcision

A circumcision is the surgical removal of all or part of the foreskin of the penis. At present, there is disagreement over whether or not circumcision is advisable from a medical standpoint. Uncircumcised boys have a slightly higher incidence of urinary tract infections. Experts disagree whether or not routine elective circumcision is an appropriate response to this relatively small risk. Circumcision does have some risks, however, such as infections and bleeding.

The Academy of Pediatrics does not recommend that circumcision be routinely performed. They recommend that the decision should be made by parents in consultation with their pediatrician. The decision to circumcise your baby boy is left up to you.

Uncircumcised Boy

Clean the outside of the uncircumcised penis as you would any other part of the baby's body. The foreskin of the uncircumcised penis is normally attached to the tip of the penis in layers of tissue. As the baby grows, the skin will eventually separate and allow the foreskin to slide back naturally. You should never try to force the skin back as this could cause bleeding and possible infections. In some boys, the skin retracts by one year of age; in others, full foreskin retraction may occur as late as adolescence. As long as your baby can urinate normally, you should not be too concerned about whether the foreskin retracts yet.

Circumcised Boy

If your baby boy has been circumcised, your doctor will give you specific care instructions, depending on the type of circumcision done. If a small plastic ring is attached, simply clean with water every diaper change until the plastic ring falls off (usually about 3-8 days later). If the foreskin is removed completely, you may be instructed to apply Vaseline on a gauze dressing with diaper changes for the next 4-5 days.

Stools

Your baby's first stools (meconium) are dark and tar-like for the first few days. After a few days the stools become looser and have more variable color. These are called transition stools. By 7 days, breast-fed infants' stools are yellow, seedy and watery. Formula-fed infants' stools are usually pastier and not so loose. Babies initially average 3 or more stools a day. Breast-fed infants generally have more stools than formula-fed babies.

Care of Diaper Area

Change your baby's diaper as soon as possible after each bowel movement or urination and keep baby's bottom as dry as possible. If your baby's diaper area gets sore and red easily, rinse all urine off with water at each diaper change, pat dry and apply a barrier diaper ointment or cream.

Room Temperature

Room temperature should be kept fairly stable. After the first few days, your infant's temperature control is just as good as your own, so you may keep the room as cool or as warm as you like. If it's warm in your house and you're walking around in light clothing, then all your infant needs is a diaper and a shirt. If you would be uncomfortable, then the baby probably is. It is normal for babies' hands and feet to feel slightly cool and be splotchy colored. If you are concerned about your baby's temperature, take his temperature with a thermometer.

Sleeping

The American Academy of Pediatrics recommends that babies sleep on their backs. Studies show a decreased incidence of SIDS (Sudden Infant Death Syndrome or "crib death") when babies were put to sleep on their backs instead of their stomachs. The risk of SIDS overall is low and decreases after 6 months of age.

The mattress should be firm and flat and no pillow should be used. Protect the mattress with a waterproof cover. Be sure there are no gaps between the mattress and the side of the crib. If your baby has a separate room he will sleep better and so will you. Absolute quiet is not necessary; he will get used to a little noise.

Tummy Time

Although sleeping on the back is important, it is also important for your baby to have regular “tummy time” during awake hours. This helps your baby learn to raise his head and chest, and helps to develop strong neck and back muscles. Tummy time also helps prevent a commonly-seen flattening of the head and head-tilt that can be seen in infants that sleep on their backs and have a tendency to face one direction or another while on their backs.

If you start to notice this flattening of the head on one side or the other you will need to alternate sides of sleeping and increase “tummy time” during awake hours to correct this. Also ask your baby’s provider to evaluate your baby’s head and neck at the well-check appointment.

Colic

All babies cry each day- from being hungry, wet, too warm, and uncomfortable or just to let off steam. By two weeks most normal infants have a fussy period each day. This is quite common, particularly between 6:00 pm and midnight. The length of the fussy period normally peaks at up to 3 hours a day at six weeks of age, and then declines to one or two hours a day by 3 months. As long as the baby calms within an hour or two and is relatively peaceful the rest of the day, there is no cause for alarm. If the crying becomes worse and lasts throughout the day or night, it may be caused by colic. About 10 to 20 percent of all babies develop colic. Colic usually begins between 2 and 4 weeks of age and may last until 2 to 3 months of age. There is no definite explanation of why some babies get colic.

Things to remember about colic:

- Your baby will outgrow colic.
- Your baby’s crying is not causing emotional damage.
- The colic is not your fault. It did not happen from something you did or did not do during pregnancy or early days with your baby. It just happens.
- Not all fussiness is colic. There are medical causes of extreme fussiness in infants. Acid-reflux and an allergy to cow milk are among the more common medical causes of extreme fussiness.

Suggestions:

- The first thing to do is to make an appointment with your baby’s doctor to be sure there isn’t any medical reason for the crying.
- Motion seems to help soothe colicky babies. This includes walking the baby, rocking, using a wind-up infant swing, or going for a ride in the car.
- Some infants settle down if they are swaddled firmly in a blanket.
- Some babies settle down when held against a warm chest, even if you are still. You can try warming up the crib with a heating pad before you lay your baby down. Remove the heating pad before laying down your baby.
- Some babies settle down with music or a recorded heart beat. Some babies prefer steady noise, like a vacuum cleaner.

- Colicky babies often seem eager to eat, and then cry in the middle of feeding. A pacifier may soothe a colicky baby. If nursing, try eliminating the following foods from your diet: all beans, chocolate, nuts, berries, coffee and other caffeinated drinks, cow milk, cabbage, onions and excessive sweets.
- If you eliminate cow milk from your diet to relieve your baby's fussiness, be sure you talk to your doctor about calcium supplements.
- If you smoke cigarettes, STOP!
- Don't hesitate to have your baby reevaluated by your baby's doctor if the crying doesn't improve.

Additional Suggestions:

1. Dr. Harvey Karp's book, *The Happiest Baby on the Block: The New Way to Calm Crying and Help your Newborn Sleep Longer*, discusses a technique that incorporates many of the suggestions above, and is a great resource for parents of fussy infants.
2. It is important for you to get some time away from your colicky baby so you can have some peace and quiet. Enlist the help of a relative or hire a baby-sitter for a few hours.

Working Mothers and Daycare

In the majority of households, an infant's primary caregiver is his mother, although many fathers are now enjoying an increased role in parenting. For a variety of reasons many mothers decide to return to work after the baby's birth. With good baby care arrangements, the combination of motherhood and a job outside the home can be quite satisfactory.

Your daycare provider should have the phone number where you can be reached, the clinic's phone number and the number of a responsible friend or relative. Instructions should include information about nap times, diapering and specifics on feeding. If you are nursing and must miss your infant's midday feeding, expressed breast milk or an infant formula such as an iron-fortified infant formula recommended by your doctor can be given. This should not interfere with your ability to breast-feed, although you may find it necessary to pump your breasts if they become uncomfortably full from skipping a feeding.

We recommend that bottles be prepared ahead of time and refrigerated; then your daycare provider need only warm them before feeding. Exposure to contagious illness in babies less than 2 months of age has a much greater potential for harmful effects. If your baby will be cared for outside your home prior to this age, it is very important for you to be sure that sick children will not be around your infant.

Try to set aside some time each day to give undivided love and attention to your child. It is also important for your family's well-being (as well as your own) to have time for yourself. Try to make this a high priority in your busy schedule.

Friends and Relatives

Friends and relatives will want to hold and hug your baby. Anyone who is ill, even with minor illnesses, should stay away from your newborn. Have each person wash hands before holding the baby. Don't take the baby shopping or around large groups of people for at least the first 2 months. You may blame this policy on your baby's doctor to avoid hurt feelings.

Babies are Babies

All babies sneeze, yawn, have hiccups, pass gas and cry. They may even occasionally look cross-eyed, which is normal in the first month but should completely resolve by 2 months of age. If eye-crossing is noticed after 2 months of age, let your child's physician know. Sneezing is the only way in which a baby can clean his nose of mucus, lint or milk curds. Hiccups are little spasms of the diaphragm muscle. It is not necessary to do anything about this. Crying is his way of saying "I'm hungry", "I'm wet", "I want to turn over", "I'm hot", "I'm cold", "I have a stomachache" or "I'm bored". You will soon learn to know what the baby means. Even a well baby will cry for a while each day.

Smoking

If you or another family member is a smoker, one of the best ways to protect your newborn's health is to quit smoking. Smoking in the household increases respiratory illnesses, frequency of ear infections, SIDS (crib death) and may even increase long-term cancer risk. We encourage you to discuss smoking cessation with your family practice doctor.

Items you will need for newborn care:

- Rectal thermometer (preferably a digital thermometer)
- Soft bulb (usually given in the hospital) to aspirate baby's nose
- Cotton tipped applicators
- Cotton balls
- Rubbing alcohol
- Baby soap

ROUTINE SCREENING

Anemia	Screened by simple blood test at 9 or 12 months of age and for adolescent females who have menses.
Cholesterol	Increasingly physicians are screening cholesterol levels in grade school children and adolescents who have risk factors that increase their chance of having high cholesterol levels. Your child may need to be screened if there is a family history of high cholesterol or heart attacks in family members less than 60. Also children who are obese may need to have their cholesterol level checked.
Lead	Screened by simple blood test at 12 months, 2 years, and as needed for children who are at risk.
Vision/Hearing	Screened annually starting at age 4 years (frequently done at school).

WELL CHILD CHECKS AND IMMUNIZATION SCHEDULE

The keystone to pediatric care is preventive medicine. During each checkup, your child will receive a complete physical examination, growth measurements, and necessary immunizations and/or screening tests appropriate for age. Your provider will also discuss nutrition and development with you. Please feel free to ask questions during these visits. Many parents bring a list. **Please bring your baby's immunization record to each well check appointment.** It is important to keep this record up-to-date. You will need to provide proof of immunization for daycare and school registration. If your record is lost, a duplicate can be made.

KEY:

DTaP	Diphtheria, Tetanus, acellular Pertussis
Td	Diphtheria, Tetanus (for adults and children 7 years & older)
TdaP	Diphtheria, Tetanus, acellular Pertussis booster
Hib	Haemophilus Influenza Type B
IPV	Inactivated Polio Vaccine (not a live vaccine)
Hep B	Hepatitis Type B
MMR	Measles, Mumps, Rubella
Var	Varivax (vaccine for varicella or "chicken pox")
PCV	Pneumococcal conjugate vaccine
Hep A	Hepatitis Type A
PPV	Pneumococcal polysaccharide vaccine
MCV	Meningococcal Conjugate Vaccine
HPV	Human Papilloma Virus (for females 11 years & older)
Rota	Rotavirus

Several studies have shown that children are less fussy and have fewer side effects from the immunizations if you give your child a dose of acetaminophen (Temptra®, Tylenol®) at the time he or she receives the immunization or just before you leave your home for the office visit. Repeat the same dose of acetaminophen 4 hours later. After those two initial doses, you may give further doses for the next one to two days if your child is fussy, slightly febrile, or has discomfort at the injection site. Information about each immunization will be provided to you at the time of the child's appointment. If you would like to read about each vaccine before the appointment, you may look at the CDC website at <http://www.cdc.gov/nip/publications/Parents-Guide/default.htm> or our website, Cedar Park Pediatric and Family Medicine, <http://www.cedarparkdoctors.com/vaccines.php>.

Recommended Childhood Immunization Schedule, February, 2005

Vaccines are listed under routinely recommended ages. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible.

- The 4th dose of DTaP may be given as early as 12 months of age, if 6 months have elapsed from the 3rd DTaP. Tetanus and diphtheria toxoid (Td) is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine.
- Depending on what Manufacturers' Hib vaccine is used, the 3rd Hib at 6 months may or may not be required.
- In Feb. 2005, the CDC recommended that children 11-12, teens entering high school and college students living in dormitories receive this newly licensed meningococcal vaccine.
- The pneumococcal conjugate vaccine is recommended for all children 2 to 23 months of age. It is also recommended for certain children 24-59 months of age. The pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups.
- Influenza vaccine is recommended annually for children age 6 months or older with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes;) and can be administered to all others wishing to obtain immunity. In addition, healthy children ages 6-23 months are encouraged to receive influenza vaccine because children in that age group are at substantial increased risk for influenza related hospitalization. Children aged 8 years and younger who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.
- Hepatitis A is recommended in certain geographic areas and in certain high-risk groups. Travis and Hays counties are included as areas of moderate risk.

Recommended Vaccination Schedule **For Cedar Park Pediatric and Family Medicine**

Birth- Hepatitis B

2 Month- Pediarix*, Hib, Prevnar, Rota

4 Month- Pediarix*, Hib, Prevnar, Rota

6 Month- Pediarix*, Prevnar**, Rota

9 Month-(Catch-up any missed vaccines)

12 Month- MMR, Varivax, Prevnar

15 Month- Prevnar (if not given at 12 month check-up) DTaP, Hib

18 Month- Hepatitis A

2 Year- Hepatitis A

4 or 5 Year- DTAP, Polio, MMR

11 Year- Tdap, Menactra***, HPV***

*Note- Pediarix is a combination vaccine that is given to decrease the number of shots given at each visit- it includes: Dtap, Hepatitis B and IPV.

**Note- Influenza vaccine should start at 6 months of age.

***Note- Menactra is recommended to prevent a dangerous form of meningitis.

***Note- HPV vaccine is a 3-dose series recommended to prevent cervical cancer in females.

If you should have any questions or concerns about any of this vaccine information, please do not hesitate to call our office or schedule an appointment at 336-2777.

An additional question or comments please email our office manager at info@cedarparkdoctors.com.

For more information on these vaccines please visit:
www.cdc.gov/nip/publications/VIS/default.htm

CHILDHOOD ILLNESSES

Signs of Illness in a Newborn

Sometimes it's very difficult to tell when a newborn is really ill. THE FOLLOWING SIGNS SHOULD BE REPORTED AS SOON AS POSSIBLE IN AN INFANT LESS THAN TWO (2) MONTHS OF AGE:

1. Fever over 100.4° F (38.0° C) rectally. DO NOT GIVE TYLENOL TO AN INFANT
2. Vomiting (not just "spitting up") or refusal of food several times in a row.
3. Listlessness.
4. An unusual amount of diarrhea. (Remember: infant stools are normally very loose.)

Fever

Fever means the body temperature is above normal. Your child has a fever if:

- Rectal temperature is 100.4° F (38° C)
- Oral temperature is over 100.0° F
- Axillary (armpit) temperature is over 100.0° F

A rectal thermometer is necessary to take your baby's temperature. Digital thermometers are the easiest to read and are preferred by most parents. Glass thermometers break easily and the American Academy of Pediatrics now discourages use of mercury thermometers.

DO NOT USE ASPIRIN to control your child's fever. Due to the link between the use of aspirin and Reye's syndrome during a viral illness, aspirin is no longer recommended for children.

If the temperature is 104° F or more, sponge your child down with lukewarm water in the bathtub, getting the skin and hair wet. Do not use coldwater or alcohol on the skin. Shivering can make the temperature go higher.

Whether or not to call the office for an appointment depends on how ill the child appears. Cold and viral illnesses often begin with fever. If the symptoms are mild and the child does not appear to be very ill, treat the fever as above. You should have your child checked by the doctor if the fever persists, especially for more than 3 days.

If your child appears acutely ill or is having much discomfort, your child needs to be seen by a medical provider. Look for specific sources of temperature; such as does he hit his ears or complain of earache, is she eating, is he vomiting, does she have diarrhea, is he coughing, does she have a headache, is he sleeping more than usual, is she urinating more or less than normal?

*Remember, in an infant 2 months of younger, call us for any temperature of 100.4° F rectally or higher. Infants this young with fever need to be seen by a physician.

DOSAGE OF ACETAMINOPHEN AND IBUPROFEN

Acetaminophen

Tempra® or Tylenol® works well to reduce fever. It can be found as Infant Drops (80mg/0.8ml), Children's Suspension (160mg/5ml, 5ml is a teaspoon). Children's Chewable Tablets (80mg), Junior Strength Chewable Tablets (160mg), and Junior Strength Caplets (160mg). It is given every 4 hours as needed. Use the dosage closest to your child's weight. Note that Infant Drops and Children's Suspension are completely different concentrations. Be sure to use the correct dosage for the form of medicine. Always use the dosing device provided.

	Infant's Concentrated Drops 80mg/0.8ml	Children's Suspension Liquid 160mg/5ml	Children's Soft Chews Chewable Tablets 80mg each	Junior Strength Chewable Tablets 160mg each
Dose	Dropperful	Teaspoon (tsp)	Tablet	Tablet
Weight	Use only the dropper provided	Use only the dosing cap provided		
6-11 lbs.	½ = (0.4 mL)			
12-17 lbs	1 = (0.8 mL)	½ (tsp)		
18-23 lbs	1 ½ = (0.8 + 0.4mL)	¾ (tsp)		
24-35 lbs	2 = (0.8 + 0.8mL)	1 (tsp)	2	
36-47 lbs		1 ½ (tsp)	3	
48-59 lbs		2 (tsp)	4	2
60-71 lbs		2 ½ (tsp)	5	2 ½
72-95 lbs		3 (tsp)	6	3
96+ lbs				4

Ibuprofen

Ibuprofen is available for fever control. Ibuprofen may be more effective on very high fevers (over 102° F) and is dosed every 6-8 hours instead of every 4 hours like Acetaminophen. However, it may also be more irritating to your child's stomach if he is not eating well. Ibuprofen can be found as oral drops (50mg/1.25ml), suspension (100mg/5ml), or chewable tablets (100mg). DO NOT USE UNDER 6 MONTHS OF AGE

Weight	Infant's Drops 50mg/1.25mL (use only the dosing device included)	Children's Suspension 100mg/5ml, 1tsp	Children's Chewable Tablets 50mg/tablet	Junior Strength Chewable Tablets 100mg/tablet	Junior Strength coated Tablets 100mg/tablet
12-17 lbs	1.25 mL	½ tsp			
18-23 lbs	1.875 mL	¾ tsp			
24-35 lbs		1 tsp	2	1	
36-47 lbs		1 ½ (tsp)	3	1 ½	
48-59 lbs		2 (tsp)	4	2	2
60-71 lbs		2 ½ (tsp)	5	2 ½	2
72-95 lbs		3 (tsp)	6	3	3

VOMITING AND DIARRHEA

If your child has vomited more than 1-2 times in a single day, you should stop all feedings of liquids or solid food for at least an hour. If vomiting stops, gradually start clear liquids with Pedialyte, Infalyte, or Gatorade (Gatorade is not recommended for infants). Start with only ½-1 ounce and increase ½-1 ounce every 30 minutes until your child is keeping the clear liquids down for at least 3-4 hours. After that time, a baby can usually be started back on formula or breast milk, gradually increasing the amount.

Do not keep your infant or child on clear liquids for more than 12 to 24 hours. If your baby is already taking solid baby foods, you may offer rice cereal mixed with Infalyte or Pedialyte, applesauce, or bananas. An older child may prefer to start light foods such as dry toast, crackers, dry cereal, applesauce, bananas, plain rice, noodles, or potatoes. Avoid any heavy or spicy foods for several days. Avoid milk or fruit juice until your child's stomach is more settled. Offer small frequent feedings. If your child continues to vomit, call your doctor's office.

If your child has more than 4-5 watery bowel movements, the same steps listed above may help control the diarrhea. If your child only has one or two loose stools in one day, or if your child is an infant with normally loose stools, no treatment is needed as this is not "diarrhea". While you gradually increase your child's diet, he may continue to have somewhat loose stools, but they should improve in consistency, frequency and volume (but not necessarily at the same time). If watery diarrhea persists for several days while your child is eating light foods and clear fluids, call your doctor's office.

When your baby has diarrhea, he may not be able to tolerate a cow's milk formula. Your doctor may recommend a lactose free formula (such as Lactofree LIPIL®) or a soy formula (such as ProSobee LIPIL®). Do not give your child over-the-counter diarrhea medicine, such as Pepto Bismol or Kaopectate, unless recommended by your doctor.

We should see your child if there is:

- Persistent vomiting longer than one day
- Fever greater than 103° F with the vomiting or diarrhea
- Dehydration shown by
 - No urination for 12 hours
 - Very little moisture in the mouth
 - No tears in the eyes
- Blood or pus in the stool
- Persistent diarrhea longer than 2-3 days

CONSTIPATION

Most constipation in childhood is caused by an insufficient amount of total fluids during the child's day resulting in a hard stool. Soft, infrequent stools are not constipation. Therefore, try these hints:

- Give extra fluid (for example, an extra 2 ounces per day to infants and an extra 8-10 ounces per day for older children). Often apple or apple-prune juice will help.
- If the child is old enough for fruits, increase the amount of bulky fiber in his diet by increasing the fruits or bran type products.

- Use a glycerin suppository if the child seems very uncomfortable.

THE COMMON COLD

A “cold” is the word we use to describe congestion in the nose and sinus areas caused by a virus. There are many viruses that cause a “cold” and they are all contagious. Most colds occur in the winter, but colds have nothing to do with how cold it is outside. Many parents notice their children getting viral upper respiratory infections (a more specific term for “cold”) as soon as they are around other children, such as daycare or nursery school. The average preschool child will get 8 to 12 viruses each year! Some of these viruses are URI’s (upper respiratory infections) while others are intestinal viruses (usually the child will have diarrhea with these viruses).

Signs and Symptoms

- Fever that lasts 1-3 days
- Runny nose that lasts about a week or two. At first the drainage will be clear. After a few days, it will change from clear to yellowish-green and sometimes back to clear. This is because the constant drainage irritates the lining of the nose and causes microscopic bleeding. The tiny blood cells break down and turn yellow and green, just as a bruise turns color. Do not let this normal color change worry you. Sometimes this irritation of the nose will cause a nosebleed.
- Coughing. Many parents worry about their child’s cough because it sounds like it is “coming from the chest;” however, the cough is good because it prevents mucus in the throat from going into the lung. Because your child’s chest wall is thin, the large airways (windpipe and bronchi) project the sound of the cough like a megaphone, so that it sounds and feels loud and like it is coming from the lungs.
- Post nasal drainage down the throat. This often causes a sore throat.
- Achy and tired. Children often get cranky.
- Your child may not sleep well at night because the congestion will wake him/her up. On the other hand, some children may sleep more than normal.
- Your child often does not feel like eating because he/she either feels too bad or it hurts to swallow.
- Some children have diarrhea; some have constipation because they don’t eat their normal foods.

Treatment

- The cold is a virus. There are NO medications that can cure these viruses yet. We can only treat the symptoms of a virus. So even if you do nothing, the cold WILL go away. In general we do not recommend over-the-counter medications for infants less than 6 months of age.
- If your child is comfortable, we recommend no treatment
- To loosen and/or decrease mucus drainage, you can use a suction bulb just before eating and sleeping. You can use normal saline nose drops if the mucus is thick. The drops will loosen the mucus and make suctioning easier. You can use these drops as often as necessary since they are non medicated. You can also use a cool-mist humidifier at night to moisten the air (Make sure to clean it frequently to avoid mold buildup). This helps keep breathing airways open and reduce coughing.
- There are some over-the-counter medications for children that can help decrease mucus. The ones we recommend include Sudafed, Triaminic, Dimetapp or Pediacare. Please read the instructions on the label for dosage.
- To help decrease coughing at night, raise the head in the bed or crib by putting large stable blocks under the front legs of the bed. Raising the head helps decrease the postnasal drip pooling in the back of the throat. Older children can usually raise their heads by using an extra pillow.

- Give your child extra liquids to drink, such as water, juice, Gatorade, flat 7-up. Give your infant extra Pedialyte. Some mothers notice that milk seems to make their child's congestion worse when they have a cold; other children do fine with milk. Do not be concerned if your child does not eat very much when he/she has a cold. His/her appetite will come back later.
- Use acetaminophen (Tylenol, Tempra, or Liquiprin) for fever or general discomfort.

When to Make an Appointment

- If the fever is not going down or gone in 72 hours, especially if it is more than 102° F.
- If the fever goes away and comes back again a few days later.
- If your child's symptoms get worse instead of gradually getting better.
- If your child is under 2 months old (even with a mild cold).
- If your child has more symptoms or seems very ill.
- Anytime you are anxious about your child's symptoms, please call your doctor's office.

EARACHE

An earache may be associated with an irritation of the external ear canal (swimmer's ear) or a middle ear infection (otitis media).

Frequently, in association with an upper respiratory infection, children will develop a middle ear infection. This is caused by an accumulation of bacteria or viruses and pus in the middle ear behind the eardrum. This can cause severe pain in the ear and discomfort. We feel that whenever a child has an earache, he should be seen by a physician and treated appropriately. It is difficult to accurately diagnose an ear infection over the phone.

If your child develops ear pain at night, it may be managed with Tempra, Tylenol or Ibuprofen. A prescription for Auralgan Ear Drops (to decrease pain) may be called into your pharmacy. NOTE- Do not use Auralgan Ear Drops if your child has PE tubes in the ears or yellow or bloody drainage from the ear. If your ear drops are used, be sure to call the office the next day for further treatment, even if the pain is better.

SORE THROAT

Most sore throats are caused by viruses, as is the common cold, and are not treated with antibiotics. Some sore throats, however, are caused by bacteria called streptococcus. This typically causes swollen tonsils with white patches, fever and swollen glands under the jaw. All the symptoms, however, can occur with a viral sore throat as well so that the exact diagnosis of strep throat is made by a throat culture. When strep is suspected or proven, treatment with antibiotics is given. It is extremely important to complete a FULL COURSE of antibiotics to clear up the strep infection and prevent complications. Stopping the medicine after the symptoms are gone does not kill all the strep and can allow complications to develop, such as rheumatic heart disease. Occasionally, a red, sand-papery rash associated with strep throat can be seen. This scarlet fever or scarletina is not more serious than a simple "strep throat" and the treatment is the same.

STOMACHACHE

The most common complaint of childhood is stomachache. A stomachache can mean that the child needs attention, that he is emotionally upset, that he has gastroenteritis or that he could have a more serious abdominal problem.

One of the most common causes of abdominal pain in children is constipation. Be sure to ascertain when the child's last stool was before worrying too much about this symptom. It is always necessary to find out if the child has had a recent blow to the abdomen.

More serious illnesses, such as urinary tract infection or appendicitis, can also be present as abdominal pain. Urinary tract problems are generally indicated when the pain is in the area of the bladder just above the genitalia or in the back. This pain may be made worse by voiding. The pain of appendicitis is characteristically located in the area around the umbilicus at first and then gradually moves to the right lower side of the child's abdomen. Appendicitis pain is generally accompanied by appetite loss, perhaps vomiting, and very often, low grade fever. The pain of appendicitis is more intense than the other symptoms.

Rest, a bland diet and appropriate handling of diarrhea or vomiting are usually sufficient treatments for stomachache. If pain persists for two hours despite your conservative measures, please give us a call.

HEAD INJURIES

Your child should be seen by a physician if:

- There is loss of consciousness at the time of the injury or anytime thereafter.
- You are unable to arouse the child from sleep. You may allow the child to sleep after the injury but check frequently to see whether the child can be aroused. Check at least every one to two hours during the day and two to three times during the night.
- There is persistent vomiting. Many children vomit immediately from fright, but the vomiting should not persist.
- There is inability to move a limb
- There is an oozing of blood or watery fluid from the ears or persistent oozing of blood from the nose.
- There is persistent headache that lasts over one hour.
- Persistent dizziness is present for one hour after the injury.
- Unequal pupils.
- Slurred speech develops.
- The child does not act "right" to you.

TEETHING

A baby may begin to erupt teeth as early as the first month of life or as late as 18 months. Most children are about 6 months old when they get their first tooth. We recommend a cool pacifier or cold teething ring since this allows the child to chew and provides a little pain relief. Teething does NOT cause a fever or severe diarrhea.

SAFETY

Accidents in general and car accidents in particular are a major cause of death and injury in childhood.

Infant Safety Seats

Make baby's first ride a safe one. Use an approved infant safety seat.

Information on approved safety seats can be obtained from the Safe Rider's Program at 1-800-252-8255 or seat-check at 1-800-SEAT-CHECK (www.seatcheck.org). If you would like to have your child's safety seat checked for proper installation, contact either program and they can refer you to the next local "fitting station" event.

Install the safety seat according to directions. Not all safety seats are installed the same way. When you place your baby in the seat, be sure the straps hold the baby securely. If a blanket is needed, place the unbundled baby in the safety seat, fasten the straps and tuck the blanket over the baby. Do not strap in the bundled baby. A newborn should be in a rear-facing safety seat and in the rear seat.

All children age 12 and under should sit properly restrained in the back seat of the car. Air bags can cause serious injury to children in the front seat. If a child must sit in the front seat of a car with an air bag, make sure that the seat is as far back as possible.

Infants need to be in a rear facing seat until one year of age and 20 pounds. At this age the safety seat should be in reclining position so that the infant's head cannot flop forward. If the vehicle seat slopes and causes this to happen, the safety seat should be reclined back. A firm roll of cloth can be wedged below the infant's feet to achieve the proper angle, a 45-degree tilt. The shoulder straps must be in the lowest slots until the infant's shoulders are above the slots. The harness must be snug and the car safety seat's retainer clip should be positioned at the midpoint of the infant's chest, not on the abdomen or in the neck area. Read the child safety seat instructions carefully and test the safety seat prior to placing your baby in it.

Children who are 20 to 40 pounds and at least one year of age should use a semi-upright and forward-facing convertible safety seat until the seat no longer fits well. The child's ears should be below the top of the back of the seat and shoulders should be below the seat strap slots.

Children from 40 to 80 pounds. When children outgrow forward facing convertible seats, they need to be restrained in belt positioning booster seats until they are big enough to fit properly in an adult seat belt. This includes children from 40 to 80 pounds and up to 4'9" tall. Children who cannot sit with their backs straight against the vehicle back seat cushion with knees bent over the seat edge without slouching are not big enough for adult seats. On a small child, the adult lap belt rides up over the stomach and the shoulder belt cuts across the neck. In a crash, this can cause serious injury or even death. Child booster seats lift children so that the lap and shoulder belts can be positioned correctly and safely. Many states mandate safety seats through age 8 years.

For local information: Visit the Children's Hospital of Austin website: <http://childrenshospital.com>. The "Car Seat Calendar of Events" lists events in your neighborhood that are open to the public.

Other Types of Accidents

Accidents of various kinds are a leading cause of death in children. There are some common sense things that you can do to guard your child's health. Never tie objects around your child's neck such as pacifiers or necklaces. That holds true for infants as well as older children who are prone to loop one end over stationary objects while they are playing. Infant walkers are a frequent cause of accidents, especially in homes with uneven surfaces or stairs. The American Academy of Pediatrics recommends that infant walkers should not be used.

Infants and children are extremely oral. Everything they grab goes straight to their mouths. It is important to keep small objects that can be aspirated or "choked on" out of reach. Potential poisons (most of the things we normally keep in kitchens, bathroom cabinets, laundry rooms and garages) should be stored up and kept out of the way. In case of poisoning, immediately call the Poison Control Center; the telephone number is 1-800-222-1222. Have the package available when you call them. The Poison Control Number is open 24 hours a day and will give you fast and immediate information and instructions that you can be performing as your then contact your doctor.

Safety plugs should be kept in wall sockets. Cords should be pulled behind furniture and out of the reach so your child won't pull a lamp over onto himself or bite into an electric cord. Be continually alert for those obvious safety hazards such as a heater, kitchen stoves, sharp objects, electric fans, etc. Your child will be very resourceful and will try to get into anything dangerous he can find. Try to stay one step ahead of him or her.

Home First Aid Kit

- Band-Aids
- Tape ½ -1"
- Temptra or Tylenol
- Thermometer
- Cotton Balls
- Hydrogen Peroxide
- A&D Ointment
- Scissors
- Tweezers
- Polysporin, Neosporin or Bacitracin Ointment
- Benadryl Elixir
- Gauze squares 4"x4"
- Ace Bandage 2", 4"
- Alcohol
- Auralgan Ear Drops (if your child has a history of ear infections)
- A cold medicine (Triaminic, Dimetapp or Pediacare)
- A cough medicine (Robitussin)
- Normal saline nose drops and bulb syringe

For general safety information: Visit www.safekids.org

Toys

Toys can be dangerous if they are not appropriate for the age level of your child.

Age Group	Dangerous Toys	Safe Toys
Up to 2 years	<ul style="list-style-type: none"> ○ Those small enough to swallow ○ Flammable objects ○ Toys with removable parts ○ Toys with poisonous paint ○ Stuffed animals with glass or button eyes 	<ul style="list-style-type: none"> ○ Sturdy rattles ○ Blocks with rounded corners ○ Washable squeak toys ○ Large, soft balls ○ Brightly colored beads on strong cords ○ Push and pull toys
2 to 3 years	<ul style="list-style-type: none"> ○ Those with sharp edges ○ Objects with small, removable parts, dangerous paint ○ Marbles, beads, coins ○ Flammable toys 	<ul style="list-style-type: none"> ○ Large peg boards ○ Wooden animals ○ Large crayons ○ Rocking horse ○ Sturdy cars and wagons
3 to 6 years	<ul style="list-style-type: none"> ○ Sharp or cutting toys ○ Highly flammable costumes, unless treated ○ Shooting games that endanger eyes ○ Poisonous painting sets ○ Ill-balanced tricycles or wagons that may topple 	<ul style="list-style-type: none"> ○ Non-electric trains ○ Building blocks ○ Dolls and doll equipment ○ Modeling clay ○ Blackboard and dustless chalk ○ Simple construction sets ○ Paints and paint books ○ Small sports equipment
6 to 12 years	<ul style="list-style-type: none"> ○ Non-approved toys (See that all electric toys bear the UL Underwriter's Laboratory Label for safety) ○ Sharp edged toys ○ Poorly made sports equipment ○ Shooting toys; air rifles in particular ○ Conductible kites 	<ul style="list-style-type: none"> ○ Carpenter bench, light weight tools ○ Approved electrical toys, under supervision ○ Hobby materials ○ Well constructed sports equipment ○ Construction sets

