Pediatric Associates PSC

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Congratulations on the newest member of your family! We are pleased that you have selected us to care for your new arrival. This booklet will serve as a quick guide to some common child care issues and introduce you to our practice. We also recommend that you take the time to register your child and explore the resources on our website **(www.pediatricassociatesnky.com)**. The American Academy of Pediatrics has an excellent website as well: **www.healthychildren.org**.

The providers and staff of Pediatric Associates

Name: _____

Date: _____

Birth Weight: _____ Length: _____

My first physical was performed by: _____

Discharge Weight: _____

Connect with us at 

Connect with us at 

THE FIRST FEW DAYS

The first few days home with your newborn will be an adjustment. We encourage you to read over this booklet as an introduction to taking care of your baby. It will take time to get to know and understand your new little family member. There are certain items you do want to observe closely in the first few days, especially if you are breastfeeding. Some parents find it helpful to record these items until the first visit in the office. These items are: the baby's weights at birth, discharge (and home health visit if applicable); number and amount of feedings per day; number of urine outputs (wet diapers); and number of stool outputs. The **trends** in the intake and output are important!

In general, a baby will gradually increase duration and amount of feeding in the first few days. If you are breastfeeding, you will hopefully see gradually longer and more vigorous feeding each day. In the first weeks, newborns should feed at least every 2-3 hours if they are breastfeeding and at least every 3 hours if they are formula feeding. A newborn may have one longer stretch between feedings per day. Most babies will have 1-2 wet diapers in the first 24 hours and this will gradually increase to 5-8 wets per day by day 4 or 5. Typically, the stool should transition from 1-2 dark tarry stools (meconium) the first day to green and then yellow, seedy consistency stools by day of life 3-5. Newborns will typically lose a small amount of weight in the first couple of days and then start to gain 1/2 to 1 ounce per day once feeding is established.

Another item to observe closely is jaundice. Jaundice is a yellow color to the skin that appears in some babies. It usually starts on the face and moves down the body as it progresses. In general, if your baby looks yellow on the belly or legs, or is yellow and very sleepy, please give us a call.

It is also important to keep an eye on the baby's body temperature. If your baby feels warm or cool, adjust how they are dressed first. If they remain warm or cool, please take their temperature rectally. If you do not know how to do this, ask the nurses to show you before you leave the hospital. Instructions can also be found in this book. Please notify us immediately about a temperature below 96.8 F degrees or above 100.4 F degrees in the first 2 months of life.

Finally, if your baby were to have a significant change in behavior in the first few days (much decreased activity or very fussy) for a period over 3 hours, or poor feeding for more than 4-6 hours, let us know.

Please call us to schedule your baby's first visit with us as soon as you know you are going home. We generally see babies for the first visit between 3-7 days of life. Please call our office to schedule this appointment at (859) 341-5400 during office hours (M-F, 8-5 or Saturday, 8-12 noon). Also, please remember to **register your baby with your insurance plan in the first 30 days of life**.

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ABOUT US

Pediatric Associates PSC
Welcome to your pediatric medical home!

The providers and staff of Pediatric Associates are pleased that your family has chosen us as your child's healthcare providers. We are committed to providing a high quality, coordinated, accessible, patient-centered medical home for your child. We hope you will review this information to better understand our roles as your partners in care for your child.

As your pediatric healthcare provider, Pediatric Associates PSC strives to provide care that is:

- High Quality - Families can expect evidence based care from our providers for your child for well care and sick visits. We will also provide support for our patients and families to better self-manage their health.

- Coordinated - Our practice is concerned about all aspects of your child's health. We are responsible for coordinating your child's care across multiple settings, including specialty providers, behavioral/mental health providers, home health, and hospitals/emergency departments. Our physicians maintain rounding privileges at St. Elizabeth Healthcare for newborns.

- Accessible - Pediatric Associates wants to make sure you have access to quality healthcare information, contact with our office, and appointments when needed. Evidence based and practice specific information is always available on our website: www.pediatricassociatesnky.com. The office is open M-F from 8am-4:50pm at all locations, and on Saturdays at the Crestview Hills location from 8am-12noon (except for six holidays: Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas and New Years Day). Clinical advice through our nurse line and same day sick appointments are available during regular office hours. (We encourage you to call as early as possible if a same day sick appointment is needed). After office hours, a provider from our practice is always on call and can be reached through the main office line (859-341-5400). You can also call the answering service directly at 513-820-2312. If you think your child might need after- hours care, we request that you call us FIRST so we can help to coordinate that care through the appropriate facility. If you call in for medical advice, please be sure to have ready:

    - pen and paper
    - your child's age and weight
    - child's temperature, if you suspect, and
    - your pharmacy's phone number.

We do not batch or screen calls so most calls are returned within thirty minutes of the time you place your emergency call. If you have not received a call back within an hour, please call us back. Occasionally, an operator dials a wrong number or our phones will malfunction. As always, use your judgment if you need more urgent assistance by calling 911.

- Patient centered - With each encounter, we strive to place our patients first. Our goal is to address patient and family concerns at every visit. We will also discuss the child/teen's health directly with them in an age appropriate manner. We will develop health goals in collaboration with our patients and families.

As your partner with us, Pediatric Associates asks our patients and families to assist us by:

- Keeping us informed - In order to effectively serve as your child's medical home, we must have comprehensive patient information such as medications (including over the counter), medical history, health status, recent tests, self care information, and any visits to facilities outside of Pediatric Associates (including hospitalizations, ED visits, specialty visits or urgent care visits). We also need to know if there are changes to your health insurance information. Please inform us if there are any changes in your child's health at each encounter (phone or office visit).

- Scheduling recommended well visits - We can provide your child with the highest quality care if your child comes to Pediatric Associates for his/her recommended well visits. Please see our website or ask our staff when your child is due for the next well visit if you are not sure.

- Letting us know how we can help - If your family is in need of community, mental health, self-care, or disease specific resources to help manage your child's health, please let us know. Many such resources can be found directly on our website (www.pediatricassociatesnky.com) or on the Cincinnati Children's Hospital Medical Center Special Health Care Needs Resource List (www.cincinnatichildrens.org/patients/child/special-needs/directory/default/). Our office policies and financial policies are included for your reference at the end of this booklet.

COMMUNICATION FROM AND WITH OUR OFFICE

Website: If you have questions or concerns our website is always available. Some of the information you can find on our website includes:

- Common illnesses descriptions and what to do
- Parenting tips
- Vaccine schedule
- Recall information
- Practice news
- Links to other resources

You can also learn more about our practice, go to our portal and pay bills on line from our website. Check it out from your computer or with the mobile app.

Portal: You can sign up for our portal by emailing portalhelp@pediatricassociatesnky.com. Currently our portal allows our patients to:

- View immunization and growth records
- View office visit dates and summaries
- Request an office visit

- Request prescription refills
- Review internal lab results

As we add features we will include this information in communications to you.

Community Courier: Each month we send an email out to our families. This is a way to let everyone know what is going on in our office, the local community or the pediatric community.

Facebook: Visit our Facebook page for current tips and news. We are happy to hear your positive thoughts about our services here as well.

Phone: We are always available by phone. During office hours our nurses are able to answer questions, help with prescription refills and get messages to our providers. After hours you can reach us by phone for emergencies

BABY BEHAVIORS (AND CRYING)

So now that your baby is here, what will life be like? In general, most newborns follow an approximately 2-3 hour repeating routine of feeding, a brief awake period, and then sleep. The baby should have 8-12 feedings per day. Your baby will likely be most comfortable if he or she is held upright for 15 minutes after a feeding even if he or she does not burp every time. Since this is also the most likely time your baby will be alert, it is also a good time to interact with your baby during the day. In the early days your baby may not be awake for very long between feedings but this time will gradually increase. This 2-3 hour pattern generally continues for the first weeks to months. As your baby grows, he or she should gradually be able to go longer stretches between feeds at night.

The personality of a baby is often declared very early in life. Some children are "laid back" or easy babies from birth. Some actually start off very quiet and later develop a different personality. The wide variety of personalities makes for an interesting world, and can make for a rather unsettled evening if you have an active baby.

Crying is your baby's only method of communicating with you early on and could indicate many things - hunger, tiredness, or discomfort. If you have a baby who cries frequently, the best thing to do is be a good observer. Is there a pattern to the fussiness (right after feeding or an hour after feeding when he/she might be tired)? Is your baby feeding and growing well in spite of the crying? Is there anything that may be hurting? Does the baby have normal urine and stool output? Does holding help or make no difference? If your baby fusses frequently regardless of what you do but is eating well and gaining weight well, it may be that there is nothing you can do. Some babies will cry for periods of time in the first few weeks. You may, after checking to make sure everything else is normal, just need to let your baby fuss. This is easier said than done, and we are happy to discuss concerns you may have about crying periods.

Many babies become fussy or "colicky" at about three weeks of life. Some developmental pediatricians believe that fussing and crying at this age actually represents the first developmental milestone for babies. It is their first opportunity to interact with the environment and represents the first time that one of their actions (crying) can bring about another action (being held). This does not represent the baby manipulating the parents, but does mean that crying is not always associated with needing to be fed, changed or anything else in particular. Every child is different, but fussing is generally most pronounced between 6 p.m. and midnight. (Just in time for many parents to get home from a hard day at work!) True "colic" generally resolves by 3 months of life.

BOWEL HABITS AND CONSTIPATION

Newborn stools change dramatically from birth to 5 days. In the first 2 days, babies will have thick, tarry dark stools 1-2 times per day. By the third day, these stools begin to transition to green-brown and then to yellow-brown stools. By the fifth day they are typically a yellow color and a mushy, "seedy" consistency.

After the first week, stool frequency may change. **Normal stool frequency can vary from every feeding to every 3-5 days.** Less frequent stools are not a problem as long as the baby is feeding well, gaining weight well, has soft stool, and good urine output. Normal stools are usually seedy or mustard-like consistency in the first months. In general, formula fed babies have more formed stools and less frequent stools than breast fed babies.

Parents are often concerned about newborns "straining" to stool. Since babies have bowel movements lying on their backs and do not have fully developed abdominal muscles, they may cry, turn red, or strain in order to force the stool out. While this is distressing to watch, it is a quite normal pattern as long as stool is passed, there is no change in appetite, and the stool is not hard.

True "constipation" is present if the stool is hard or the lack of stool is causing poor feeding or extreme discomfort. At this point, intervention may be needed. This may require dietary interventions, supplements or other maneuvers for relief. Please call our office or discuss with your provider if you have any questions regarding constipation and its treatment.

CAR SEATS

Please read your owner's manuals for your car and your infant seat to be certain the seat is installed correctly. The seat should be very snug in the rear seat. It should not move more than one inch from side to side. The shoulder strap should fit snugly on the baby. You should be able to fit only one finger between the strap and the baby's collar bone. Car seats should never be placed in a location where there is an activated air bag.

For more information about infant or child passenger safety, go to **www.nhtsa.gov** and click on "Child Safety". Many local fire departments will also check your car seat by appointment to verify that it is properly installed. Check **www.nhtsa.gov** for a location near your home.

CHOKING EPISODES

Nothing provokes immediate anxiety more quickly than a choking episode in a newborn. The most common trigger is regurgitated food or mucus. It is estimated that more than 75% of newborns have at least some element of recurrent regurgitation ("reflux"). You can prevent these episodes by keeping the baby upright for 15 minutes after feeding. When they do occur, these episodes can almost always be handled by remaining calm and performing a few simple tasks.

First, position your baby upright between your hands, sitting and leaning forward slightly to clear the airway. Second, if needed, use a blue bulb syringe to gently suction out any mucus or milk in the back of the throat. After positioning or suctioning to clear the airway, gently console your baby.

Careful observation of a choking episode is important so that less common causes of choking may be ruled out. Ask yourself the following questions:

1) *Did my baby become blue (other than immediately around the mouth and nose) during this event?*
2) *Does my baby have other symptoms like fever, poor feeding, diarrhea or breathing problems that might have provoked this event?*
3) *Is my baby acting ill now?*

If you answer "yes" to any of these questions, give us a call.

CIRCUMCISION CARE

Circumcision sites may normally weep some white drainage and have a yellowish scab for a few days. Circumcision sites should be cleaned and rinsed with warm water. Mild soap may be used. It is unnecessary to clean vigorously. Persistent bleeding, swelling or progressing redness should be evaluated in the office. We recommend applying Vaseline with diaper changes until your first office visit. At later visits (usually starting at around one month), the foreskin may need to be further retracted. You do not need to pull the foreskin back before your first office visit.

CONGESTION

Because newborns have small nasal passages, nasal congestion is very common. Gentle cleaning of the nose is often sufficient to relieve any obstruction. Salt water drops may also be very helpful. A salt water solution can be easily made from a cup of warm water and one quarter teaspoon of salt. You may also purchase these over the counter at most drugstores (ask for nasal saline drops for infants). Place the baby on his or her back and use about three or four drops in each nostril. Saline acts as a natural decongestant and may loosen any dried secretions.

Occasionally, gentle suction with a bulb syringe may be required to clear your baby's nasal passageways. Use saline drops prior to suctioning. When suctioning, keep one hand free to stabilize your baby's head and let the bulb syringe pop open to create suction. Since frequent suction may cause irritation, try to avoid suctioning more often than two to three times per day. Vaporizers and humidifiers should not be used for

long periods of time because of the ability to harbor certain bacteria. However, a cool mist vaporizer may be safely used during acute episodes of congestion. In order to reduce bacterial/fungal growth, clean the reservoir with water and chlorine bleach for every three to four days of use.

EYE DRAINAGE ("BLOCKED TEAR DUCTS")

Mucus drainage from the eye is a frequent occurrence during the newborn period. In newborns, tears are produced on the outside corner of the eye, move across the surface of the eye and drain to the nose through the nasolacrimal duct in the inner corner of the eye. Because babies are so much smaller than adults, this duct may be quite tiny in them. Skin cells, nasal mucus and other cellular debris may quickly clog this duct and provoke persistently draining eyes.

Massaging the inner corner of the eye and wiping out mucus gently with a clean cloth or cotton ball may be sufficient to unclog the duct. This condition usually spontaneously resolves by 9-12 months of age. If redness is present on the whites of the eye or if the amount of drainage continues to increase despite massaging, call the office for an appointment.

EMERGENCIES

Many families find it helpful to prepare for their new baby by taking an infant CPR class. These classes may be scheduled through an area hospital birthing center, The American Red Cross, The YMCA or The American Heart Association **www.heart.org**.

SO what constitutes an emergency in your new infant? With early hospital discharge, a few things you should keep in mind. **Call us immediately if your child under two months of age has:**

1) *A rectal temperature greater than 100.4°F (38°C) or less than 96.8°F (36°C)*
2) *Sudden decline in feeding pattern lasting over two consecutive feedings (4-6 hours)*
3) *Persistent crying lasting over one hour without interruption*

FEEDING YOUR BABY

One of the most personal decisions to be made for your new baby is the selection of a feeding program. We recommend breast feeding when possible. However, if breastfeeding is not best suited for your family, we will support you in choosing a formula as well. We provide the following information to help you make the best decision for you and your child. Breastfeeding information is followed by information on formula feeding.

BREASTFEEDING

Why choose breastfeeding?

Breastfed babies have lower risk of colds, ear infections, diarrheal illnesses and Type I Diabetes compared to formula fed infants. Breastfeeding mothers have more post pregnancy weight loss, lower stress levels, and a lower lifetime risk of breast and ovarian cancer. These are just a few of the many benefits! The American Academy of Pediatrics recommends breastfeeding for at least 12 months with exclusive breastfeeding for the first 4-6 months.

Starting Out

Breastfeeding takes patience and practice. It may take time for you to feel confident in breastfeeding your newborn.

During the first few weeks, your baby should nurse 8-12 times in a 24 hour period. Until sufficient weight is established, you may need to wake your infant for feedings at least every 3-4 hours. A great way to wake an infant is to undress him/her down to the diaper and provide skin to skin contact against your bare chest.

On demand feeding works best for your infant in the first few days to weeks. Nurse your infant any time you see hunger cues (rooting, licking, and sucking). Crying is a late sign of hunger and a crying, frantic baby is more difficult to latch. Your infant may want to feed as often as every hour for the first few days and then as often as every 2 hours once your milk is in.

Typically, a baby will nurse 10-15 minutes on each side. In total, a feeding should take 20-30 minutes. To ensure you are feeding enough fatty hind milk, let your baby decide when to stop nursing on the first breast before moving on to the second breast.

Latch

A proper latch is essential to successful breastfeeding. A good latch ensures that the baby is receiving enough milk and prevents sore nipples.

1. Place baby so the nose is in line with the nipple.
2. Touch nipple back and forth across the baby's upper lip.
3. When baby opens wide, insert nipple high in baby's mouth, with nipple pointing straight back.
4. Bring baby up onto aerola and nipple quickly, leading with the baby's chin (upper lip and nose are last to come to breast).
5. If baby does not latch with a wide mouth, or if you feel pain, break the seal with your finger and take the baby off the breast. Repeat latch until you see a wide mouth with lips flanged out.

Signs of a good latch:

1. Nipple is round after nursing
2. Minimal or no pain
3. Baby's mouth is open wide with lips flanged out while latched
4. Audible swallows
5. Appropriate wet and dirty diapers

Is Baby Getting Enough?

Here are some ways to be sure your breastfed baby is receiving enough milk:

- Listen for swallows and look for milk in baby's mouth
- Check breasts for emptying (breasts should feel full prior to feeding and softer after feeding)
- Keep a chart of your baby's feeding with the start time of the feed, duration of feed and output
- Wet diapers: As a general rule, your baby should have at least 1 wet diaper on day 1, 2 on day 2, 3-4 on days 3-4, and 5-8 once your milk comes in on day 3-5
- Bowel movements should transition from very dark to green to loose, seedy and mustard colored. Your baby should have several per day by day 4-5.

Pumping and Storing Milk

Choosing a Pump: Hand pumps may be sufficient if you are planning to pump infrequently or if you will not be away from your baby for extended periods. If you are planning to pump after returning to work or school, you will need a double electric pump, such as the Medela Pump in Style or Freestyle. These pumps empty the breast in 10-15 minutes.

Storing Milk:

- Room temperature (fresh milk) 4-5 hours
- Refrigeration: 3 days
- Refrigerator freezer: 3-4 months
- Chest freezer: 6 months
- Frozen thawed milk: up to 24 hours

Milk left in a bottle after an infant has begun feeding may be used up to one hour and should not be stored for later use.

If you plan to bottle feed in the future, begin offering one bottle per week starting around 3-4 weeks of age.

Resources:

Lactation Resources:
Pediatric Associates Lactation: 859-341-5400
https://www.pediatricassociatesnky.com/Services/Lactation-Counseling
St. Elizabeth: 859-301-2631
Cincinnati Children's Hospital Center for Breastfeeding: 513-636-2326

Support:
La Leche League- Northern KY meets monthly.

Website:
www.lalecheleague.org

DAILY FOOD GUIDE FOR INFANTS 0 – 12 MONTHS

Food Group	Foods	Daily Amounts	Serving Size
Newborn – 4 months			
Your baby shows skills of rooting, sucking, and swallowing.			
Milk	Breastmilk	on demand	
	Formula	6 – 12 feedings	2 – 6 oz
4 – 6 months			
Now your baby is holding his/her head up and only needs a little support when sitting up. Around 6 months of age is a good time to start solids. You may introduce one new food every 2-3 days.			
Milk	Breastmilk	On demand	
	Formula	4 – 6 feedings	6 – 8 oz
Grain	Iron fortified baby cereal	2 servings	1 – 2 tbsp
Fruit	Strained / pureed fruit	Offer	1 – 2 tbsp
Vegetable	Strained / pureed vegetables	Offer	1 – 2 tbsp
Protein	Strained / pureed chicken, beef, turkey, pork, beans, tofu	Offer	1 – 2 tbsp
6 – 8 months			
Your baby should have good head and body control, and be interested in putting toys in his/her mouth.			
Milk	Breastmilk	On demand	
	Formula	4 – 5 feedings	6 – 8 oz
Grain	Iron fortified baby cereal	2 servings	2 – 4 tbsp
	Bread / cracker / cereal	Offer	
Fruit	Mashed fruit	2 servings	2 – 3 tbsp
Vegetable	Mashed vegetables	2 servings	2 – 3 tbsp
Protein	Ground chicken, beef, turkey, pork, beans, tofu	2 servings	2 – 3 tbsp
8 – 12 months			
To help work on development, your baby can start self feeding small, soft finger foods.			
Milk	Breastmilk	On demand	
	Formula	3 –4 feedings	6 – 8 oz
Dairy	Cheese	Offer	1/2 oz
	Yogurt (whole milk)	Offer	1/4 cup
	Cottage cheese (whole milk)	Offer	1/4 cup
Grain	Iron fortified baby cereal	2 servings	3 – 4 tbsp
	Bread / cracker / cereal	Offer	1/2 slice
Fruit	Mashed / soft fruit	2 – 3 servings	3 – 4 tbsp
Vegetable	Mashed / soft vegetables	2 – 3 servings	3 – 4 tbsp
Protein	Ground chicken, beef, turkey, pork, beans, tofu	2 servings	3 – 4 tbsp

FORMULA FEEDING

Commercial formulas come in several varieties, but there are some general categories. Cow's milk based formulas with iron is our first choice. Soy milk based formulas also provide adequate nutrition and provide good alternatives for some children who cannot tolerate milk proteins. Elemental formulas are reserved for children with severe protein allergies. Formula changes should be based on discussion between you and one of our staff.

In general, a full term formula fed baby will take approximately 1-2 ounces (30-60 ml) approximately every 3 hours in the first few days. Some babies will feed more often. Some babies will take a larger volume. We recommend feeding your baby formula at least every 3 hours until we know that he or she is gaining weight well.

FORMULA PREPARATION

Generally, it is unnecessary to sterilize bottles for formula. Routine dishwashing and handling is sufficient, even for the smallest infant. Frequent hand washing prevents infection much more efficiently than any amount of sterilizing.

Babies may be fed formula at room temperature. Some babies will also tolerate formula right out of the refrigerator. If you would like to warm formula, do so by running warm tap water over the outside of the bottle. Other methods, including microwave heating, may decrease nutritive value of the formula by changing component proteins. Additionally, microwave heating may form "hot pockets" in the milk. These pockets are areas of extremely hot milk which occur due to uneven exposure to microwave radiation. In short, do not microwave formula.

Other Feedings

The introduction of solid foods, including cereal, is generally recommended after 4-6 months of age. A guide to feeding your baby in infancy follows.

HELPFUL HINTS

- Solid foods are usually started between four and six months of age. Your child should be able to sit up enough to make swallowing easy. Starting solid food should be a pleasurable experience, so if your child coughs, chokes, gags or spits with food, it may just be too early to start.
- There is no particular order to start foods in. Do not feed any foods in pieces bigger than the diameter of your child's pinky finger to avoid choking.
- With regard to food allergies, it is believed that allergies can be reduced through early exposure, especially in families with a history of food allergies. So, it is recommended to introduce high allergy foods like egg white and peanut products in the first year.
- If there is a family history of food allergy, please check with your pediatrician before you introduce any new foods.
- Begin working with a cup when your baby begins to feed him/herself. You can offer breastmilk or formula when introducing the cup.
- You may start whole milk at one year of age.

- Discuss the need for water with your doctor before offering it to infants under the age of 6 months.
- Do not put any other liquids in a bottle except breastmilk or formula, and feed all solids with a spoon.
- Juice is not necessary. If you do offer it give no more than 4 oz of 100% juice daily in a cup.
- Watch for signs that your baby is full, and do not force him/her to drink or eat more:
    - closing mouth
    - turning head
    - pushing spoon or bottle away

Nutrition:
We have multiple pages on our website with interactive links to nutrition programs, and we work closely with Whitney Rich, RD, who sees patients at our Union/Florence office and via teleheath.

FEVER

What is a fever?
A fever means the body temperature is above normal. Your child has a fever if his or her temperature is over 100.4 regardless of method used. Also reference to temperature taking on page 22.

Tactile (touch) fever is the impression that your child has a fever because he feels hot to the touch. Checking a fever this way is more accurate than we used to think. But if you're going to call the doctor, please measure the fever.

The body's average temperature when it is measured orally is 98.6˚F (37ºC), but it normally fluctuates during the day. Mildly increased temperature (100.4˚ to 101.3˚F, or 38˚ to 38.5˚C) can be caused by exercise, excessive clothing, a hot bath, or hot weather. Warm food or drink can also raise the oral temperature. If you suspect such an effect on the temperature of your child, take his temperature again in a half hour.

What is the cause?
Fever is a symptom, not a disease. It is the body's normal response to infections. Fever helps fight infections by turning on the body's immune system. The usual fevers (100˚ to 104˚F, or 37.8˚ to 40˚C), which all children get, are not harmful. Most are caused by viral illnesses; some are caused by bacterial illnesses. Teething does not cause high fever.

How do I take my baby's temperature?
See temperature taking section in this book on page 22.

How long will it last?
Most fevers with viral illnesses range from 101˚F to 104˚F (38.3˚C to 40˚C) and last for 2 to 3 days. In general, the height of the fever doesn't relate to the seriousness of the illness. How sick your child acts is what counts. Fevers cause no permanent harm. Brain damage occurs only if the body temperature is over 108˚F (42˚C). Fortunately, the brain's thermostat keeps untreated fevers well below this level.

While all children get fevers, only 4% may develop a brief convulsion from the fever. This type of seizure is generally harmless.

How can I take care of my child?

- **Extra fluids and less clothing**
  Encourage your child to drink extra fluids, but do not force him to drink. Body fluids are lost during fevers because of sweating.
- **Medicines to reduce fever**
  Remember that fever is helping your child fight the infection. Use medications only if your child is also uncomfortable.

Two hours after they are given, these medications will reduce the fever 2ºF to 3ºF (1ºC to 2˚C). If your child is sleeping, don't awaken him for medicines.
Acetaminophen: Children older than 2 months of age can be given acetaminophen (Tylenol). Give the correct dosage for your child's weight every 4 to 6 hours. Limit the dose to 5 doses/24 hours.
Ibuprofen: Ibuprofen (Advil, Motrin) is similar to acetaminophen in its ability to lower fever. Its safety record is also similar. The FDA has approved it for infants over 6 months of age. One advantage ibuprofen has over acetaminophen is a longer lasting effect (6 to 8 hours instead of 4 to 6 hours). Children with special problems requiring a longer period of fever control may do better with ibuprofen. Give the correct dosage for your child's weight every 6 to 8 hours.

CAUTION: THE DROPPER THAT COMES WITH ONE PRODUCT SHOULD NOT BE USED WITH OTHER BRANDS.

Avoid aspirin: Doctors recommend that children (through age 21 years) not take aspirin if they have any symptoms of a cold or viral infection, such as a fever, cough, or sore throat. Aspirin taken during a viral infection, such as

Medicine Dosage

Weight	Acetaminophen (160mg/5mL)	Ibuprofen Children's (100mg/5mL)	Ibuprofen Infant (50mg/1.25mL)
6–11 lbs.	1.25 mL	Don't use if <6 mos old	Don't use if <6 mos old
12–17 lbs.	2.5 mL	2.5 mL	1.25 mL
18–23 lbs.	3.75 mL	3.75 mL	1.875 mL
24–35 lbs.	5 mL	5 mL	2.5 mL
36–47 lbs.	7.5 mL	7.5 mL	
48–59 lbs.	10 mL	10 mL	
60–71 lbs.	12.5 mL	12.5 mL	
72–95 lbs.	15 mL	15 mL	

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chickenpox or flu, has been linked to a severe illness called Reye's syndrome. If you have teens, warn them to avoid aspirin.

- **Sponging**
  If your child's fever is not responding to acetaminophen or ibuprofen, you may sponge him in lukewarm water (85˚ to 90˚F, or 29˚ to 32˚C). Use slightly cooler water for emergencies. Sponging works much faster than immersion, so sit your child in 2 inches of water and keep wetting the skin surface. Cooling comes from evaporation of water. If your child shivers, raise the water temperature or stop sponging until the acetaminophen or ibuprofen takes effect. Don't expect to get the temperature down below 101˚F (38.3˚C). Don't add rubbing alcohol to the water; it may be inhaled and cause serious injuries.

When should I call my child's health care provider?

Call IMMEDIATELY if:

- Your child is less than 2 months old.
- The fever is over 105˚F (40.6˚C).
- Your child looks or acts very sick.

Call within 24 hours if:

- Your child is 2 to 6 months old.
- The fever is between 104˚F and 105˚F (40˚C and 40.6˚C).
- Your child has had a fever more than 48-72 hours without an obvious cause or location of infection AND your child is less than 2 years old.
- Your child has had a fever for more than 3 days.
- The fever went away for over 24 hours and then returned.
- You have other concerns or questions.

JAUNDICE

Stemming from the French word *jaune* meaning yellow, jaundice refers to the

yellow or orange hue some newborns acquire during the first week of life. Babies are born with high red blood cell levels in order to use the limited amount of oxygen available in the uterus. After their arrival in the relatively oxygen-rich world, those extra red blood cells are broken down. Because babies also have relatively immature livers (where red blood cells are disposed of), there can also be an accumulation of bilirubin, a yellow compound found in red cells.

Elevated Bilirubin has been linked, especially in children with blood incompatibilities with their mother, with mental retardation when levels are extremely high. From time to time, newborns may require therapy with lights to prevent extremely high levels. Usually, normal feeding regimens and hydration will allow for adequate removal of bilirubin in stool and urine. If your newborn shows yellow appearance on the eyes, face or upper trunk only, the bilirubin level is not typically dangerously high. If there is jaundice on the abdomen or below or if there is jaundice and poor feeding, you should call us to discuss what to do next. Normally, jaundice hits its peak on day of life four or five.

NAIL CARE

Your baby has very soft finger nails and toenails. However, they do grow quickly and should be kept filed or trimmed to avoid the baby scratching his or her eyes or face. Simply filing the nails may be all that is needed. The toenails especially may grow in a more rounded manner at first. This is common and as long as the skin around the nails is not red or tender, it is not a problem. If you clip the nails, it is important to clip them straight across to avoid causing infection by cutting the skin.

SHAKEN BABY SYNDROME

Shaken baby syndrome describes the serious injuries that can occur when an infant or toddler is severely or violently shaken. These children, especially babies, have very weak neck muscles and do not yet have full support for their heavy heads. When they are shaken, their fragile brains move back and forth within their skulls. This can cause serious injuries such as:

- blindness or eye damage
- delay in normal development
- seizures
- damage to the spinal cord (paralysis)
- brain damage
- death

Shaken baby syndrome usually occurs when a parent or other caregiver shakes a baby because of anger or frustration, often because the baby would not stop crying. Shaken baby syndrome is a serious form of child abuse. Parents should be aware of the severe injuries that shaking can cause. Remember, it is never okay to shake a baby.

If you or your caregiver severely or violently shakes your baby because of anger or frustration, the most important step is to get medical care right away. Immediately take your child to the emergency room. Don't let embarrassment, guilt, or fear get in the way of your child's health or life.

If your baby's brain is damaged or bleeding inside from severe shaking, it will only get worse without treatment. Getting medical care right away may save your child's life and prevent serious health problems from developing.

Be sure to tell your pediatrician or other doctor if you know or suspect that your child was shaken. A doctor who is not aware that a child has been shaken may assume the baby is vomiting or having trouble breathing because of an illness. Mild symptoms of shaken baby syndrome are very much like those of infant colic, feeding problems, and fussiness. Your pediatrician should have complete information so that he or she can treat your child properly.

When Your Child Cries, Take a Break – Don't Shake!
Taking care of an infant can be challenging, especially when an end to the crying seems nowhere in sight. If you have tried to calm your crying child but nothing seems to work, it's important to stay in control of your temper. Remember, it's never okay to shake, throw, or hit your child. If you feel as though you could lose control:

- Take a deep breath and count to 10.
- Take time out and let your baby cry alone.
- Call someone close to you for emotional support.
- Call your pediatrician. There may be a medical reason why your child is crying.

POSTPARTUM DEPRESSION

Feeling depressed, overwhelmed, or extra anxious while pregnant or after having your baby is common. There are things you can do to cope and get help.

- Postpartum depression is more intense than "baby blues" and lasts longer, up to a year after the baby is born. If you are feeling sad, anxious, or hopeless, call us and set up an appointment.

- The way you feel affects your whole family. Untreated depression can impair your ability to bond with and care for your baby. A healthy baby needs a healthy you. You are important too!

- Parenting is hard, and everyone needs help sometimes. Spending a little time and taking care of yourself now will benefit you and your baby for a lifetime. Untreated depression can be stressful for the baby and may slow their brain growth and language development.

- It is common to struggle, and many people can feel depressed or anxious after giving birth.

- We want to know if you are struggling, and we can help you find resources to help, such as the following: Postpartum.net – Postpartum Support International, National Maternal Mental Health Hotline (USA only AM hours) -1-833-TLC-MAMA, Cincinnatipostpartum.com

- If you are considering harming yourself or your baby, call the suicide lifeline at 988, or 911.

SKIN CARE AND RASHES

Infant skin care
Baths can be given to your newborn as needed. Generally 1-2 times per week is sufficient. We recommend sponge baths or baths with warm water and washcloth. Any gentle soap for babies is appropriate. Some "pure" soaps may actually be rather irritating and drying for newborns. Use the soap to make a minimal amount of suds in the water. Lotions and oils are also generally unnecessary for your newborn. In general, minimal soap/shampoo use is suggested.

Newborn Rashes
Shortly after birth, babies may have extremely dry, scaly skin. Lotion is generally not needed because this will resolve. If you use a lotion, it should be a gentle baby lotion.

Rashes are also common in the newborn period. Many rashes in newborns are normal and require little or no treatment. Rashes associated with fever, fussiness, poor feeding or blue/purple rashes should be evaluated promptly.

In the first week, babies can develop red spots with a white or yellow center that come and go on the entire body. This rash ("Erythema toxicum") is common and will resolve by about 10 days of life. Acne on the face of a newborn is very common. It will clear by about 12 weeks of age and no treatment is needed. Cradle cap, or seborrhea, can be seen very early. It will also typically resolve without treatment. If the cradle cap rash becomes red or irritating to your baby, call our office for an appointment.

Diaper Rashes
Diaper rash occurs in response to a moist environment. Waterproof lotions or creams (Aquaphor, Desitin, A&D, Eucerin) are the first choice in trying to reduce skin contact with persistent moisture. If your baby's diaper area skin becomes red, make sure to change the diaper frequently and use one of these ointments with diaper changes. If it is not improving in 2-3 days, call our office. A bright red raised rash in the diaper area with surrounding red dots present for several days may signal a yeast infection. **This may be treated by the twice daily application of clotrimazole (Lotrimin).** A diaper rash which spreads rapidly or is resistant to the above medications should be seen in the office.

SLEEP

Sleep Position
We recommend that your newborn be placed on his or her back to sleep in a crib or bassinet with a firm mattress. Soft materials or objects such as pillows, quilts, or comforters should not be placed under a sleeping infant. Keep soft objects such as pillows and loose bedding out of the crib. We strongly recommend you do not co-sleep with your newborn in your bed. We also recommend you avoid smoking around your baby or in his or her sleep environment as this is another risk factor for SIDS. Finally, we recommend you do not overbundle your baby for sleep. The baby should be lightly dressed and not feel warm to the touch.

In order to avoid positional flattening of the head in infancy, we recommend that you change the baby's position regularly. If the infant spends too much time in the same position in the early months, the infant may develop flattening of the back or one side of the head. This is called positional molding. If you think your child is developing positional molding, call our office for an appointment.

Sleep Patterns
Newborn babies will sleep 16-20 hours of a 24 hour day. In general, once feeding is established, most babies follow a pattern of eating, a brief (and then gradually longer) awake time, then sleep. This cycle repeats every 2-4 hours. Eventually, your baby will be more awake during the day and sleep longer at night. For a healthy full term baby, once we know the baby is gaining weight well, it is okay for the baby to go longer stretches through the night. It is helpful to pay attention to your baby's cues and behaviors that indicate he or she is getting tired from the beginning. In the first few months, you can start to lay your baby down in the crib or bassinet to sleep during the day when he or she appears to be tired after a feeding so that he or she can begin to learn to fall asleep on his own. Most babies start sleeping 6-8 hours at a time at night when they are 3 months of age and weigh 12-13 pounds. By 6 months of age, many babies will sleep 8-10 hours at night. We recommend the following excellent books on sleep for our families:

Solve Your Child's Sleep Problems by Richard Ferber
Healthy Sleep Habits, Happy Child by Marc Weissbluth
The Baby Whisperer by Tracy Hogg
Babywise by Gary Ezzo
The Happy Sleeper by Heather Turgeon and Julie Wright

SPITTING UP

Most babies will spit up a certain amount after feedings. Normal spitting up can be decreased by keeping your baby upright for 15 minutes after feeding and frequent burping during feeds. It is important to distinguish between normal spitting up (or "gastroesophageal reflux") and **vomiting** which may be a sign of illness. As long as spitting conforms to the following pattern, it is likely normal. If "spitting up" suddenly worsens in amount or frequency, contact our office.

Normal spitting generally should:
1) occur between 5 and 45 minutes after feedings
2) involve less than half of the feeding, and
3) not contain blood or green material (bile)
4) not cause significant discomfort or difficulty with feeding

The most important considerations in the evaluation of recurrent "spitting up" are feeding and growth. If your baby is feeding and growing well, the spitting up is unlikely to be impairing your newborn's health. If you have concerns, an office visit for a weight check can be very helpful. Most babies will outgrow spitting up by about 6-12 months of age.

TEMPERATURE TAKING

A normal temperature in a newborn under two months of age is somewhat different than a normal temperature in an older child. A temperature measured rectally varying from 96.8ºF significantly (i.e. below 96.8 or above 100.4º) may be a sign of infection in a child under two months of age and should be promptly evaluated. We recommend checking temperatures in newborns when your child feels warm, acts ill, feeds poorly, or shows signs of respiratory problems. A digital rectal thermometer is most accurate and is the ONLY method recommended for taking an infant's temperature in the first few months.

To take a rectal temperature, lay your baby stomach down on your lap. Put some petroleum jelly on the end of the thermometer and on the opening of the anus. Slide the thermometer gently into the opening of the anus. If your child is less than 6 months put it in until the silver tip is not visible. Hold your child still and leave the thermometer in until the digital thermometer beeps (usually about 20 seconds).

Since babies respond quickly to environmental temperature, temperatures should not be taken shortly after your baby has been tightly bundled or exposed to cold. Along the same line of thinking, use your own comfort level as a gauge of how to dress your infant. Full term infants should be dressed in only one light layer more than you are comfortable in. Extremely small infants may require an additional layer.

UMBILICAL CORD CARE

An umbilical cord will stay attached to the skin surface for up to several weeks. Keep the cord dry and it will fall off by itself in 1-4 weeks. It is normal for the umbilicus to weep yellow drainage or a small amount of blood for a few days after the cord separates. If your infant has bleeding or discharge for more than one week after the cord has fallen off, call our office to make an appointment. We recommend sponge baths until the cord falls off and is dry. No special cleaning is required.

VACCINATIONS

Pediatric Associates follows the recommendations of the AAP (American Academy of Pediatrics) for vaccinations of infants and children. These vaccine recommendations are national standards based on vaccine studies and therefore the safest and most effective schedule. The first set of vaccinations (after the first Hepatitis B vaccine in the hospital) will be given at the 2 month visit. Our vaccination schedule can be found in this booklet. Specific vaccination information can also be found on the AAP's website at **www.healthychildren.org**. Vaccine specific information will also be given to you at your child's first office visit.

VACCINE BENEFITS: WHY GET VACCINATED?

Your children's first vaccines protect them from 8 serious diseases, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. Polio paralyzed about 37,000 people and killed about 1,700 each year in the 1950's before there was a vaccine. In the 1980's, HIB disease was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from diphtheria before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases have completely disappeared. Without vaccinations, these diseases may return in our communities, as this has occurred in other parts of the world. It is important for the whole family to consider the following vaccines prior to or just after the birth of your child, depending on the season and eligibility: Tdap, Influenza, COVID19, and RSV.

DISEASES PREVENTED BY CHILDHOOD VACCINES

MENINGOCOCCAL MENINGITIS *Bacteria*

- **You can get it from** contact from an infected person (respiratory secretions).
- **Signs and symptoms** include severe headache, vomiting, fevers.
- **It can lead** to infection of the bloodstream (bacteremia) and infection of the cerebralspinal fluid (meningitis).

HEPATITIS A *Virus*

- **You can get it from** contact with contaminated foods.
- **Signs and symptoms** include tiredness, diarrhea, vomiting, and jaundice (yellow skin and eyes).
- **It can lead** to liver damage.

MEASLES *Virus*

- **You can get it from** contact with an infected person (respiratory secretions).
- **Signs and symptoms** include fever, cough, runny nose, eye drainage, and rash.
- **It can lead** to severe pneumonia and long-term brain damage (encephalitis).

MUMPS *Virus*

- **You can get it from** contact with an infected person (respiratory secretions).
- **Signs and symptoms** include swelling of the face (parotid glands), fever, headaches, muscle aches, swelling of the testicles and ovaries.
- **It can lead** to fertility problems, hearing loss, encephalitis or meningitis.

RUBELLA *Virus*

- **You can get it from** contact with an infected person (respiratory secretions).
- **Signs and symptoms** include fever, swollen lymph nodes, and rash.
- **It can lead** to congenital defects including hearing loss, heart defects, ocular defects, and intellectual disability.

VERICELLA (CHICKEN POX) *Virus*

- **You can get it from** contact with an infected person (respiratory seretions and contact with open blisters).
- **Signs and symptoms** include fever, mouth sores, and rash.
- **It can lead** to pneumonia, skin infections, dehydration, and long-term recurrence of painful blisters (shingles).

RSV (RESPIRATORY SYNCYTIAL VIRUS) *Virus*

- **You can get it from** contact with an infected person (respiratory secretions).
- **Signs and symptoms** include cough, congestion, runny nose, wheezing and difficulty breathing.
- **It can lead** to low oxygen levels, pneumonia, and lung damage similar to asthma.
- **Note:** There is a vaccine for pregnant women at 32 to 36 weeks and for adults 60 years and older. There is a monoclonal antibody injection (Beyfortus) for babies under 8 months of age.

DIPHTHERIA *Bacteria*

- **You can get it from** contact with an infected person.
- **Signs and symptoms** include a thick covering in the back of the throat that can make it hard to breathe.
- **It can lead** to breathing problems, heart failure, and death.

TETANUS (Lockjaw) *Bacteria*

- **You can get it from** a cut or wound. It does not spread from person to person.
- **Signs and symptoms** include painful tightening of the muscles, usually all over the body.
- **It can lead** to stiffness of the jaw, so the victim can't open the mouth or swallow. It leads to death in about 1 case out of 5.

PERTUSSIS (Whooping Cough) *Bacteria*

- **You can get it from** contact with an infected person.
- **Signs and symptoms** include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.
- **It can lead** to pneumonia, seizures (jerking and staring spells), brain damage, and death.

HIB (Haemophilus influenzae type b) *Bacteria*

- **You can get it from** contact with an infected person.
- **Signs and symptoms.** There may be no signs or symptoms in mild cases.
- **It can lead** to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

HEPATITIS B *Virus*

- **You can get it from** contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.
- **Signs and symptoms** include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.
- **It can lead** to liver damage, liver cancer, and death.

POLIO *Virus*

- **You can get it from** close contact with an infected person. It enters the body through the mouth.
- **Signs and symptoms** can include a cold-like illness, or there may be no signs or symptoms at all.
- **It can lead** to paralysis (can't move arm or leg), or death (by paralyzing breathing and muscles).

PNEUMOCOCCAL *Bacteria*

- **You can get it from** contact with an infected person.
- **Signs and symptoms** include fever, chills, cough, and chest pain.
- **It can lead** to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

ROTAVIRUS *Virus*

- **You can get it from** contact with other children who are infected.
- **Signs and symptoms** include severe diarrhea, vomiting and fever.
- It can lead to dehydration, hospitalization (previously up to about 70,000 a year), and death.

SEASONAL VACCINES

INFLUENZA, COVID-19, RSV (RESPIRATORY SYNCYTIAL VIRUS) *Virus*

- These viruses are seasonal, most commonly in the fall and winter in our region.
- **You can get it from** contact with other children or adults who are infected.
- **Signs and symptoms** include severe nasal congestion, cough, fever, and sometimes difficulty breathing.
- They can lead to dehydration, decreased oxygen levels, and sometimes a secondary pneumonia.

HOW VACCINES WORK

Immunity from Disease: When a child gets sick with one of these diseases, the immune system produces immunity, which keeps the child from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

Immunity from Vaccines: Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick.

VACCINE RISKS

Vaccines can cause side effects. Mostly these are mild "local" reactions such as **tenderness, redness** or **swelling** where the shot is given, or a **mild fever**. They happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can't tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. They usually happen very soon after the shot is given. Doctor's office or clinic staff are trained to deal with them.

The risk of *any* vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine. There is no evidence that any vaccine is associated with an increased risk of autism.

VITAMINS AND FLUORIDE

If you are exclusively nursing, your provider may discuss giving your baby vitamin D supplementation starting in the first few weeks of life. The American Academy of Pediatrics recommends that exclusively (or mostly) breastfed babies be supplemented with 400 International units (IU) of vitamin D per day until age 4 months and then a multivitamin with iron until they are weaned.

Babies who drink formula reconstituted from non-fluorinated (cistern, well, spring, or distilled) water should receive supplemental fluoride drops from six months of age until adolescence. If you exclusively use cistern water, fluoride supplementation should be continued until adolescence.

WELL CHECK UPS

We schedule well check visits up to six months in advance. Office visits can be scheduled with any provider and at any location. We do encourage parents to schedule well visits with the same 1-2 providers.

Pediatric Associates PSC
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Well Visit, Immunization and Screening Schedule

Well Visit (Note 1)	Immunizations	Screening Tests
Newborn (Hospital check up)	Hep B #1	Hearing screen, Newborn metabolic screen, Heart screen
1 week	RSV monoclonal antibody (Beyfortus)	
1 month	RSV monoclonal antibody (Beyfortus)	
2 month	DTaP/IPV/Hib#1 (Note 2), Prevnar #1, Hep B #2 and Rotateq #1	
4 month	DTaP/IPV/Hib #2, Prevnar #2, and Rotateq #2	
6 month	DTaP/IPV/Hib #3, Prevnar #3, and Rotateq #3 Influenza vaccine #1 (Note 3)	
9 month	Hep B #3	Vision screen
12 month	Varicella #1, MMR #1, Hepatitis A #1	Hemoglobin & Lead test
15 month	DTaP/IPV/Hib #4, Prevnar #4	Developmental screening
18 month	Hepatitis A #2	
2 years		Vision screen and Lead test if indicated
2 1/2 years		Developmental screening
3 years		Vision screen
4 years	DTaP #5, MMR #2, IPV #5, Varicella # 2	Vision & Hearing screens
5 years		
6-10 years annual well visit	Tdap (given at age 10) Meningococcal vaccine #1 (given at age 10)	Cholesterol screening (age 9) Vision and Hearing every other year
11 years	HPV (2 doses under age 15, 3 doses 15 and up)	
12-21 years annual well visit	Meningococcal booster (dose #2) age 16 years or at least one year after first dose. Meningococcal B (optional)	Cholesterol screening based on family history Anemia screen if needed

1. Each well check visit will include a physical exam and monitoring of growth and development.
2. DtaP/Hib/IPV is given in a combination vaccine (Pentacel) with 4 total doses at 2, 4, 6 & 15 mos.
3. Influenza vaccine is recommended annually for all children ages 6 months to 18 years. Two doses are given the first year the vaccine is received.
4. HPV vaccine requires 2 doses if started under age 15. If the child is 15 or older they require 3 doses.

DTaP = Diptheria/Tetanus/Pertussis (primary series)
Hib= Haemophilus influenzae
IPV = Inactivated Polio Vaccine
Prevnar = Pneumococcal conjugate vaccine (PCV-13)
Hep B = Hepatitis B vaccine
Rotateq = Oral rotavirus vaccine
Varicella = Varicella vaccine (Chicken Pox)
Hepatitis A = Hepatitis A vaccine
MMR = Measles/Mumps/Rubella vaccine
Tdap = Tetanus/diptheria/pertussis booster
HPV= Human papilloma virus vaccine

Pediatric Associates follows the American Academy of Pediatrics vaccine schedule (**www.healthychildren.org**). Vaccine information is available on our website and in binders in each patient room to review at each office visit.

YOUR CHILD'S HEALTHCARE RECORD

1 to 2 Week Visit - Date _____

Weight _____ Height _____ Head Circumference _____

Diet: Formula or breast milk

Development: Hearing is fully developed, eyes focus well at about 12" from face. Yawns, sneezes, and hiccups. Startles to noise, has interest in the human voice.

Socialization: Try to establish eye contact with your baby. Give brightly colored toys, like a mobile. Talk to your baby, smile at him, and enjoy him.

Safety: never leave your baby alone unless he is in his crib or playpen. Always use your infant car seat. Toys should be too large to swallow, too tough to break, and have no sharp edges.

Notes

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1 Month Visit - Date _____

Weight _____ Height _____ Head Circumference _____

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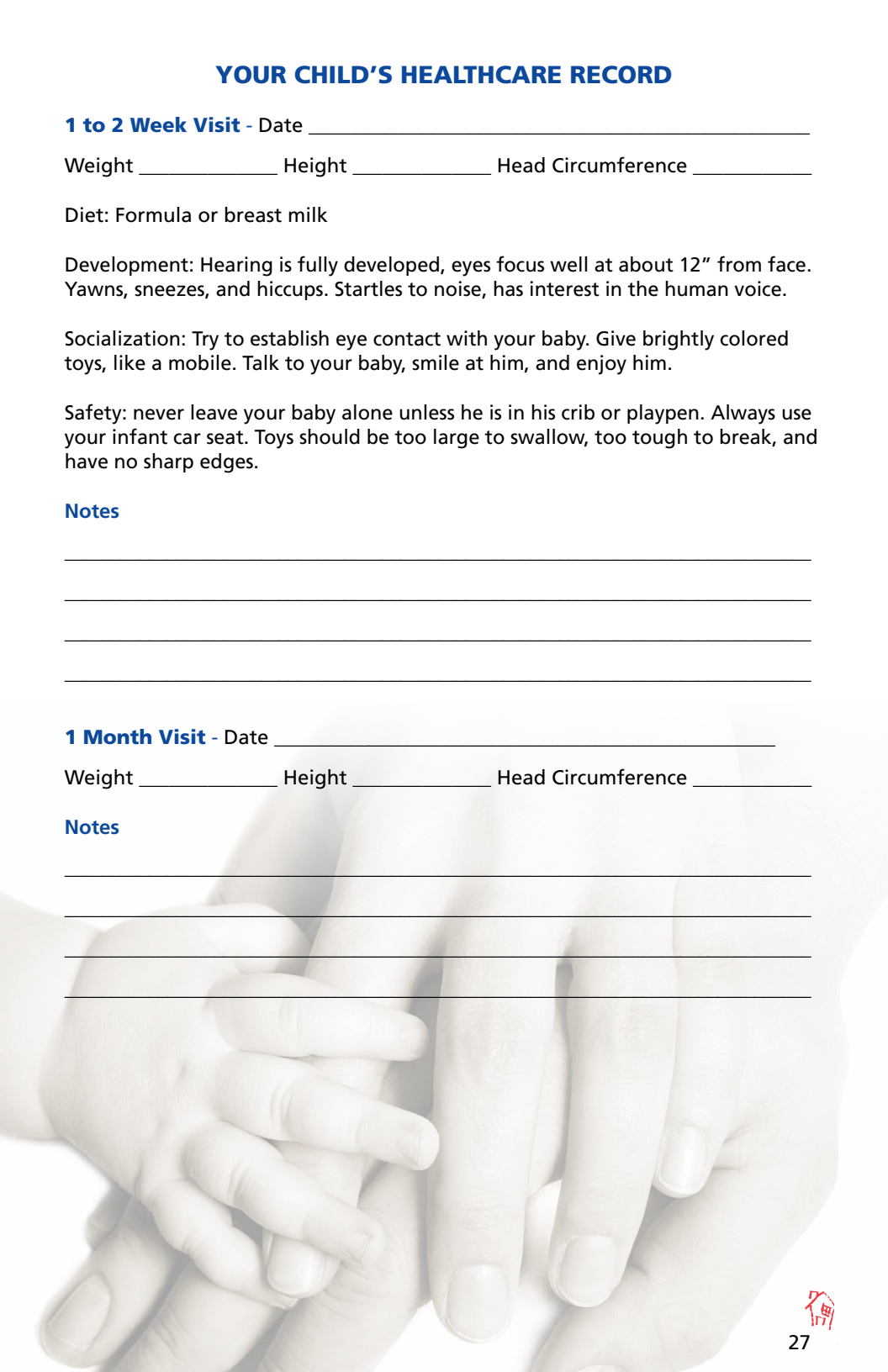

2 Month Visit - Date _____

Weight _____ Height _____ Head Circumference _____

Diet: Formula or breast milk

Development: Your baby can recognize her caregiver and reward him with smiles. She will begin to coo and make random noises. She may start sleeping through the night.

Socialization: Smile back at your baby. Place different textures and toys in her hands. Introduce a musical toy.

Safety: Never carry hot liquids or smoke a cigarette while you are carrying your baby.

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4 Month Visit - Date _____

Weight _____ Height _____ Head Circumference _____

Diet: May be ready for solids

Development: Your baby should now be able to lift her head and upper body off the ground when lying on her stomach. She should be bringing her hands together and playing with them. She will also likely "talk" to you, varying the tone and volume of her voice.

Socialization: Give your baby grasping toys or toys to bat at. Introduce the game pat-a-cake. An unbreakable mirror is an excellent toy at this age.

Safety: Make sure toys are too big to be swallowed. Watch for dangling electrical cords that your baby may be able to roll to and pull.

Never leave your baby unattended on a surface elevated from the ground since they may be able to roll off and fall causing injury.

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6 Month Visit - Date _____

Weight _____ Height _____ Head Circumference _____

Diet: We suggest trying a variety of foods including cereal, fruits, and vegetables. Introduce solids to your baby over time so that they eat a variety and work towards three meals a day. If there is no family history of peanut allergy you may try a small amount of peanut butter.

Development: Your baby may sit well alone, or with some propping up. He should also be rolling over. He can pick up small objects and transfer them from hand to hand. He will express definite emotions such as fear, anger, and loneliness. The first teeth may appear, usually the lower ones. He should also be able to say some consonant sounds like "guh" and "kuh".

Socialization: Play "peek-a-boo", "so big" with your baby. Bounce him up and down on your lap.

Safety: Your baby will be mobile now or very soon, so childproof your house by installing safety gates, outlet covers, drawer locks, and cord covers. Watch out for dangling tablecloths or other items he might pull down on top of himself.

Notes

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9 Month Visit - Date _____

Weight _____ Height _____ Head Circumference _____

Diet: Formula or breast milk, plus cereals, fruits and vegetables. Introduce a sipping cup with water.

Development: Your baby should now sit well and may pull up to stand or walk holding on to furniture. He can pick up a small object using two fingers. He understands specific commands, such as "no" and may say "ma-ma" or "da-da".

Socialization: Let your baby hold your hands and try to walk. Introduce more sophisticated toys with different shapes and sounds. Imitate the sounds your baby makes. Point out familiar objects, repeating their names.

Safety: Keep foods like peanuts, grapes, hot dogs out of your baby's reach; these foods can easily choke him.

Notes

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12 Month Visit - Date _____

Weight _____ Height _____ Head Circumference _____

Diet: Wean from bottle and start whole milk. May continue breast feeding.

Development: Walks with support or may take steps alone, picks up small objects, and finger feeds. May say 1 to 3 meaningful words beside "ma-ma" and "da-da". Waves good-bye and claps hands.

Socialization: Encourage social games such as peek-a-book, pat-a-cake, and so-big. Shows feelings, exploration, curiosity, protest, assertion, and anger. Encourage speech development by naming common objects and point out body parts.

Safety: Avoid foods such as nuts, popcorn, hot dogs, chips, corn, grapes, and raw carrot and celery sticks.

Notes

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15 Month Visit - Date _____

Weight _____ Height _____ Head Circumference _____

Diet: May exhibit strong food preferences. Remember that children of this age typically do not eat much.

Development: Walks independently with confidence, and may even run and climb. Your child uses utensils at mealtime, and can point to 3 to 5 body parts.

Socialization: Encourage imitative behaviors such as household chores, i.e. cooking, cleaning, working with tools, and shopping.

Safety: Protect against falls especially if your child is a climber. Ensure water safety with baths, toilets, and swimming pools.

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18 Month Visit - Date _____

Weight _____ Height _____ Head Circumference _____

Diet: Due to the child's emerging autonomy, avoid struggles at mealtime.

Development: Climbs stairs while holding railing or hand. Your child's vocabulary may consist of about 10 words, and she may begin to combine two word phrases. She may be a really good climber - watch out.

Socialization: Encourage your child's curiosity and ability to explore away from you.

Safety: Your child may start to climb out of their crib. If your baby does this, it is time to move to a regular bed.

Notes

_____

_____

_____

ADDITIONAL VISITS

Age
Date
Weight
Height

Notes

Age
Date
Weight
Height

Notes

Age
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Height

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ADDITIONAL VISITS

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Height

Notes

GROWTH & DEVELOPMENT RECORD

Maintained Head Upright

Social Smile

Rolled Over

Grasped Object

Sat Alone

Creep or Crawled

Pulled Up

Stood Alone

Walked

Climbed Upstairs

3 Word Vocabulary

10 Word Vocabulary

IMMUNIZATION RECORD

Vaccine	Date Given (m/d/y)
DTP/DTaP 1	
DTP/DTap 2	
DTP/DTap 3	
DTP/DTap 4	
DTP/DTap 5	
Tdap	
Tdap	
OPV/IPV 1	
OPV/IPV 2	
OPV/IPV 3	
OPV/IPV 4	
MMR 1	
MMR 2	
Hib 1	
Hib 2	
Hib 3	
Hib 4	
Hep B 1	
Hep B 2	
Hep B 3	
Hep A 1	
Hep A 2	
Varicella	
Varicella	
Pneumococcal 1	
Pneumococcal 2	
Pneumococcal 3	
Pneumococcal 4	
Meningococcal 1	
Meningococcal 2	
HPV 1	
HPV 2	
HPV 3	
Influenza	

Home Safety Checklist

Use this checklist to help ensure that your home is safer for your child. A "full-house survey" is recommended at least every 6 months. Every home is different, and no checklist is complete and appropriate for every child and every household.

Your Child's Bedroom

- ☐ Is there a safety belt on the changing table to prevent falls?
- ☐ Are changing supplies within your reach when baby is being changed?
- ☐ Never leave a child unattended on a changing table, even for a moment.
- ☐ Is there a carpet or a nonskid rug beneath the crib and changing table?
- ☐ Are drapery and blind cords out of the baby's reach from the crib and changing table? They can strangle children if they are left loose.
- ☐ Have bumper pads, toys, pillows, and stuffed animals been removed from the crib by the time the baby can pull up to stand? If large enough, these items can be used as a step for climbing out.
- ☐ Have all crib gyms, hanging toys, and decorations been removed from the crib by the time your baby can get up on his hands and knees? Children can get tangled in them and become strangled.
- ☐ Make sure the crib has no elevated corner posts or decorative cutouts in the end panels. Loose clothing can become snagged on these and strangle your baby.
- ☐ Does the mattress in the crib fit snugly, without any gaps, so your child cannot slip in between the crack and the crib side?
- ☐ The slots on the crib should be no more that 2 3/8 inches apart. Widely spaced slots can trap an infant's head.
- ☐ Are all screws, bolts, and hardware, including mattress supports, in place to prevent the crib from collapsing?
- ☐ Make sure there are no plastic bags or other plastic material in or around the crib that might cause suffocation.
- ☐ Check the crib for small parts and pieces that your child could choke on.
- ☐ Make sure the night-light is not near or touching drapes or a bedspread where it could start a fire. Buy only "cool" night-lights that do not get hot.
- ☐ Is there a smoke detector in or near your child's bedroom?
- ☐ Make sure that window guards are securely in place to prevent a child from falling out the window. Never place a crib, playpen, or other children's furniture near a window.
- ☐ Are there plug protectors in the unused electrical outlets? These keep children from sticking their fingers or other objects into the holes.
- ☐ Make sure a toy box does not have a heavy, hinged lid that can trap your child. (It is safer with no lid at all.)
- ☐ To keep the air moist, use a cool mist humidifier (not a vaporizer) to avoid burns. Clean it frequently and empty it when not in use to avoid bacteria and mold from growing in the still water.

- ☐ To reduce the risk of SIDS (Sudden Infant Death Syndrome), put your baby to sleep on her back in a crib with a firm, flat mattress and no soft bedding underneath her.

Your Bedroom

- ☐ Do not keep a firearm anywhere in the house. If you must, lock up the gun and the bullets separately.
- ☐ Check that there are no prescription drugs, toiletries, or other poisonous substances accessible to young children.
- ☐ If your child has access to your bedroom, make sure drapery or blind cords are well out of reach. Children can get tangled in them and become strangled.
- ☐ Is there a working smoke detector in the hallway outside of the bedroom?

The Bathroom

- ☐ Is there a nonskid bath mat on the floor to prevent falls?
- ☐ Is there a nonskid mat or no-slip strips in the bathtub to prevent falls?
- ☐ Are the electrical outlets protected with Ground Fault Circuit Interrupters to decrease the risk of electrical injury?
- ☐ Are medications and cosmetics stored in a locked cabinet well out of your child's reach?
- ☐ Are hair dryers, curling irons, and other electrical appliances unplugged and stored well out of reach? They can cause burns or electrical injuries.
- ☐ Are there child-resistant safety latches on all cabinets containing potentially harmful substances (cosmetics, medications, mouthwash, cleaning, supplies)?
- ☐ Are there child-resistant caps on all medications, and are all medications stored in their original containers?
- ☐ Is the temperature of your hot water heater 120°F or lower to prevent scalding?
- ☐ Do you need a doorknob cover to prevent your child from going into the bathroom when you are not there? Teach adults and older children to put the toilet seat cover down and to close the bathroom door when done – to prevent drowning.
- ☐ Remember, supervision of young children is essential in the bathroom, especially when they are in the tub – to prevent drowning.

The Kitchen

- ☐ Make sure that vitamins or other medications are kept out of your child's reach. Use child-resistant caps.
- ☐ Keep sharp knives or other sharp utensils well out of the child's reach (using safety latches or high cabinets).
- ☐ See that chairs and step stools are away from counters and the stove, where a child could climb up and get hurt.
- ☐ Use the back burners and make sure pot handles on the stove are pointing inward so your child cannot reach up and grab them.

- ☐ Make sure automatic dishwasher detergent and other toxic cleaning supplies are stored in their original containers, out of a child's reach, in cabinets with child safety latches.
- ☐ Keep the toaster out of your child's reach to prevent burns or electrical injuries.
- ☐ Keep electrical appliances unplugged from the wall when not in use, and use plug protectors for wall outlets.
- ☐ Are appliance cords tucked away so that they cannot be pulled on?
- ☐ Make sure that your child's high chair is sturdy and has a seat belt with a crotch strap.
- ☐ Is there a working fire extinguisher in the kitchen? Do all adults and older children know how to use it?

The Family Room

- ☐ Are edges and corners of tables padded to prevent injuries?
- ☐ Are houseplants out of your child's reach? Certain houseplants may be poisonous.
- ☐ Are televisions and other heavy items (such as lamps) secure so that they cannot tip over?
- ☐ Are there any unnecessary or frayed extension cords? Cords should run behind furniture and not hang down for children to pull on them.
- ☐ Is there a barrier around the fireplace or other heat source?
- ☐ Are the cords from drapes or blinds kept out of your child's reach to prevent strangulation?
- ☐ Are plug protectors in unused electrical outlets?
- ☐ Are matches and lighters out of reach?

Miscellaneous Items

- ☐ Are stairs carpeted and protected with non-accordion gates?
- ☐ Are the rooms in your house free from small parts, plastic bags, small toys, and balloons that could pose a choking hazard?
- ☐ Do you have a plan of escape from your home in the event of a fire? Have you reviewed and practiced the plan with your family?
- ☐ Does the door to the basement have a self-latching lock to prevent your child from falling down the stairs?
- ☐ Do not place your child in a baby walker with wheels. They are very dangerous, especially near stairs.
- ☐ Are dangerous products stored out of reach (in cabinets with safety latches or locks or on high shelves) and in their original containers in the utility room, basement, and garage?
- ☐ If your child has a playpen, does it have small-mesh sides (less than 3/4 inch mesh) or closely spaced vertical slats (less that 2 3/8 inches)?
- ☐ Are the numbers of the Poison Control Center and your pediatrician posted on all phones?
- ☐ Do your children know how to call 911 in an emergency?

- ☐ Inspect your child's toys for sharp or detachable parts. Repair or throw away broken toys.

The playground

- ☐ Are the swing seats made of something soft, not wood or metal?
- ☐ Is the surface under playground equipment energy absorbent, such as rubber, sand, sawdust (12 inches deep), wood chips, or bark? Is it well maintained?
- ☐ Is your home playground equipment put together correctly and does it sit on a level surface, anchored firmly to the ground?
- ☐ Do you check playground equipment for hot metal surfaces such as those on slides, which can cause burns? Does your slide face away from the sun?
- ☐ Are all screws and bolts on your playground equipment capped? Do you check for loose nuts and bolts periodically? Be sure there are no projecting bolts, nails, or s-links.
- ☐ Do you watch your children when they are using playground equipment – to prevent shoving, pushing, or fighting?
- ☐ Never let a child play on playground equipment with dangling drawstrings on a jacket or shirt.

The Pool

- ☐ Never leave your child alone in or near the pool, even for a moment.
- ☐ Do you have a 4-foot fence around all sides of the pool that cannot be climbed by children and that separates the pool from the house?
- ☐ Do fence gates self-close and self-latch, with latches higher than your child's reach?
- ☐ Does your pool cover completely cover the pool so that your child cannot slip under it?
- ☐ Do you keep rescue equipment (such as a shepherd's hook or life preserver) and a telephone by the pool?
- ☐ Does everyone who watches your child around a pool know basic lifesaving techniques and CPR?
- ☐ Does your child know the rules of water and diving safety?

The Yard

- ☐ Do you use a power mower with a control that stops the mower if the handle is let go?
- ☐ Never let a child younger than 12 years of age mow the lawn. Make sure your older child wears sturdy shoes (not sandals or sneakers) while mowing the lawn and that objects such as stones and toys are picked up from the lawn before it is mowed.
- ☐ Do no allow young children in the yard while you are mowing.
- ☐ Teach your child to never pick and eat anything from a plant.
- ☐ Be sure you know what is growing in your yard so, if your child accidentally ingests a plant, you can give the proper information to your local Poison Control Center.

PEDIATRIC ASSOCIATES POLICIES:

PATIENT RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT:

- To be treated with respect, consideration and dignity at all times.
- To receive information about your child's health, including diagnosis, treatment, testing or procedures, and medical alternatives, including associated risks which may be involved in your child's health care.
- To know the identity and professional status of individuals providing services to you.
- To expect that your child's medical records and communications will be treated in a confidential manner.
- To refuse treatment and be advised of alternatives and likely consequences of your decision.
- To have emergency medical care available 24-hours a day.
- To express concerns to the Administrator, Physician or Staff.

YOU HAVE A RESPONSIBILITY:

- To review and understand your child's health insurance coverage benefits and limitations.
- To learn and understand the proper use of your insurance plan's services and procedures for obtaining coverage. This includes knowing the referral policy for your plan and laboratory restrictions covered by your plan.
- To always provide your child's insurance plan identification card and be prepared to show it at each office visit. Parents will be required to pay for all services provided if insurance information is not provided by the parent at the time services are rendered, or the information provided is inaccurate.
- To notify the office of any change in insurance.
- To treat all office personnel respectfully and courteously.
- To keep scheduled appointments and notify the office promptly if you will be delayed or unable to keep an appointment.
- To pay all charges for co-payments, deductibles, non-covered benefits or services at the time of your child's visit, unless prior arrangements have been made.
- To ask questions and seek clarification until you fully understand the care your child is receiving.
- To follow the advice of your child's medical provider and consider the alternatives and/or likely consequences if you refuse to comply.
- To provide honest and complete information to those providing medical care
- To express your opinions, concerns, or complaints in a constructive and appropriate manner.

FINANCIAL POLICY

Pediatric Associates appreciates that you have chosen our office for pediatric care of your child. We work very hard to provide the very best medical care for you and your family. The financial aspects of the medical field can be complex. There are many different types of insurance contracts. It is important that you understand your insurance contract and our financial policies as well.

Newborn babies need to be added to your insurance plan within 30 days of birth to ensure coverage. We understand that it takes time to get added to the plan and receive an insurance card. We will collect applicable co-pays, co-insurance or deductible amounts without an insurance card for eight weeks after your baby is born. You should receive your card as confirmation of coverage prior to your baby's two month appointment. If you have not received this card within a week before the appointment, please call your insurance company and ask them to send the card immediately. If we do not have insurance information, your account will be treated as a self-pay account by our office and the applicable amount will be collected. If our office is not contracted with your insurance we cannot file your insurance claims. Your account will be treated as a self-pay account.

If you are unsure if we are participating with a specific insurance plan it is best to call the insurance company. We do our best to keep up with the changes in insurance plans but we are not able to know when plans are added and if the insurance company has included us in the plan or not. We wish we could answer this question for you but to be sure you get the most accurate information we ask that you call your insurance company or human relations department directly.

We do require you to have your insurance card at every visit. Prior to being seen you will be asked to review your child's personal information and make applicable changes. We will make a copy of your most current insurance card. This card is our way of confirming your coverage. It has all the information needed to file your claims. If you do not have a card, you will be treated as a self-pay account until the correct insurance card is received. In some occurrences your insurance company may send your card with incorrect information such as an incorrect primary care physician. We will not be able to accept this card.

If your insurance contract requires a co-pay at each visit, we will collect this co-pay before your child sees a provider. When you are finished with your visit you do not have to stop back at the front desk unless there are other issues to discuss or you have questions.

If your insurance requires a deductible, we treat the deductible the same as we do for patients who are self pay. Many deductible plans cover well child care in full and for those plans no payment is collected at the time of service. For patients that are self-pay or have deductibles, a set amount is required at the time of service. The remaining balance is due when you receive an invoice.

For your convenience we will file your claims for you when all the correct information is received as long as our providers are contracted with your healthcare insurance. Once your claim has been filed to your insurance company, claims are usually paid in 30 days. Our office will make every attempt to collect payment from your insurance, but if all attempts fail we will rely on you to contact your insurance company to get claims paid in a timely manner. If claims get past 90 days old you may be asked to pay claim and when insurance pays you will be sent a refund check. If you have questions regarding payment of your claim once it is received at our office, you will be better served by calling your insurance company with your questions, not our billing office.

They will be better able to explain your benefits. Also with HIPAA regulations, insurance companies will not give much information to our office.

All patient balances are due in full when billed. If you ever feel the amount does not reflect the amount you owe, please contact our billing office. We will be happy to review the invoice with you and answer your questions. If you have overpaid for some reason we will issue a refund. If the amount is over $40 we will send you a check or refund your credit card automatically. If it is less than $40 we will keep this credit on your account for you to use the next time you are in. If you ever want us to refund that amount to you, just let us know and we will get the refund to you within a week.

Statements are sent once a month. Payments can be mailed to our office. You can also pay your bill online by logging into our website and following the link for online payments. Once on the Instamed site (where bills are paid) you can sign up to have your statements sent to you via email. You can also set up to have your bills paid automatically. Call us if you need assistance setting up either of these options.

It is our primary goal to provide the best healthcare for your children. In order to do this, we provide a variety of services in our office. These services include labs, tests, procedures and an "After Hours Clinic" during busy times. Some of these services have additional charges associated with them. Most are recognized by insurance companies. Patients may be required to pay additional amounts for these services depending on the type of insurance plan you have and your coverage.

We are happy to help you with any billing questions. Please keep in mind there are some questions we will not be able to answer. Questions about if or why something is covered or not can only be answered by your insurance company. Feel free to call us and we will answer the questions we can and direct you to your insurance company if your question is one we cannot answer. We look forward to working with you and your children!

Again, congratulations on your new baby and welcome to Pediatric Associates.
We look forward to helping you unlock your baby's potential.
Good Luck and Have Fun!

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Pediatric Associates PSC

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