

*Pediatric Associates
of Lewiston P.A.*



Caring For Children

Asthma

Children who have a recurrent cough or a high-pitched wheezing sound when they breathe may have asthma, a common childhood condition. Between six and twelve months of age, some babies develop early-onset asthma, or “reactive airway” disease. Asthma is caused by extra-sensitive lungs that respond to certain triggers. It is a disease of small airways, which are surrounded by smooth muscles. In asthmatic episodes, the airways become narrowed as the muscles in their walls tighten. The lining of the airway becomes swollen and inflamed, and produces extra mucus. The child with asthma can experience cough, chest tightness, shortness of breath and wheezing. Asthmatic episodes can be triggered by:

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| Infections | Pets or other animals |
| Dusts and fumes | Pollens and molds |
| Cold air | Emotions |
| Exercise | Smoke from cigarettes, cigars, pipes |

Asthma can be successfully treated with medication and environment. Each child with asthma requires an individual treatment plan, and it is important to take medications as prescribed. ***If your child has recurring episodes of coughing or wheezing, contact your pediatrician.***

Bronchiolitis

Bronchiolitis is an infection of the small airways in the lungs called bronchioles. It occurs primarily in infants and toddlers, and is caused by a virus. The most common virus that causes this condition is the respiratory syncytial virus or RSV. Others include parainfluenza, influenza, measles and adenovirus. RSV infection most often occurs from October through March. RSV is spread by contact with secretions from an infected person. Careful hand washing can help prevent its spread.

Bronchiolitis infection causes inflammation and swelling of the smaller airways. Adults and children who are infected with RSV may only have cold symptoms. Infants are more likely to have bronchiolitis because their airways are smaller.

Infants with bronchiolitis first have signs of an upper respiratory infection, or cold: runny nose, cough and fever. After a few days, the cough may worsen; breathing becomes more rapid and more difficult. Wheezing, a high-pitched whistling sound may be heard with breathing. Extra muscles may be used with breathing, such as the nostrils and the muscles between or under the ribs. Infants may not take fluids well if they are working hard to breathe, and some may become dehydrated (dry mouth, less than normal fluids, no tears with crying, urinating less). Some infants with bronchiolitis may also develop an ear infection.

Home treatment for infants with bronchiolitis includes relieving the nasal stuffiness with a humidifier, a nasal suction bulb, or saline nasal drops. Encouraging fluid intake can prevent dehydration.

If your infant shows signs of breathing difficulty or dehydration, contact your pediatrician right away. A bronchodilating medication (that opens up the airways) may be tried. A small number of infants with bronchiolitis need to be hospitalized, either for breathing problems or dehydration.

Chickenpox

Chickenpox is a very contagious disease caused by a virus called varicella. It can occur at any age and generally occurs in winter or early spring. Symptoms may begin one to three weeks after exposure to someone who has the disease.

Symptoms of chickenpox include a rash, and sometimes cold-like symptoms and fever. The rash begins as small red spots starting on the body and spreading to the face, arms and legs. Within hours, the spots become larger and form small blisters. New batches of eruptions occur over three to four days, and the blisters crust over. The scabs peel off and disappear gradually. The rash may be painful, but is more often extremely itchy.

Treatment of chickenpox occurs at home. Acetaminophen can be given for pain or fever. Never give aspirin to a child with chickenpox. A cool bath can help with itching, and baking soda (1 to 2 tablespoons) can be added to the bath water. Calamine lotion can be placed on itch spots after each bath. Benadryl may also help relieve itching. Discourage itching and keep fingernails short and clean to prevent a bacterial infection.

Children are contagious for one or two days before the rash begins. They are no longer contagious when all the sores are covered with dry scabs, usually in five to seven days. Children should stay home from daycare or school during this time and should be kept away from other children who have not had chickenpox.

A vaccine to protect against chickenpox is recommended for all healthy children between twelve and eighteen months of age. Older children who have never had chickenpox may also receive the vaccine. Protection from exposure is important in newborn infants, because they can have a very severe illness.

Your child should see the pediatrician if:

Any of the sores drain pus or develop large tender red areas around them.

Fever or cough lasts more than four days.

Difficulty to awaken, confusion, stiff neck or severe headache is present.

Colic

Infants often have a regular period of fussiness each day, usually in the evening. Parents may first notice this starting at three to four weeks of age, and it usually peaks at six weeks. Crying can last 3-4 hours a

day. This period of fussiness gradually declines to one or two hours a day by three months of age. If the baby cries for several hours a day and is fine for the remainder of the day, there is nothing to worry about.

Crying that worsens and continues throughout the day or night may be caused by colic. About twenty percent of babies develop colic, and generally cry more than three hours a day, more than three days a week. Colic usually begins between the second and fourth weeks. Babies may cry inconsolably, often pulling up their legs, and passing gas. Crying spells can occur around the clock, but often become worse in the early evening.

There is not yet a medical explanation for why some babies get colic, although there are many theories. Often, the infant with colic is unusually sensitive to stimulation. As infants mature, colic lessens and generally stops by three months of age.

Occasionally, colic is due to food sensitivity. For breast fed babies, colic may be related to a food in the mother's diet. Rarely, colic is due to sensitivity to milk protein in formula. Infants may act colicky if they have a medical condition, such as an infection or a hernia.

Most parents are reassured to know that colic does not last forever. Your pediatrician can help determine if colic is caused by a medical condition. If colic is due to food sensitivity, breast feeding mothers can try eliminating milk products, caffeine, onions, cabbage, and other potentially irritating foods from their diet. Bottle fed infants can be changed to a formula that has no cow's milk.

Walking with the infant in a baby carrier can be soothing. Motion and body contact can be reassuring even if discomfort is present. A pacifier or swaddling in a blanket also may help. Rocking, running the vacuum cleaner, riding in the car, or placing near the clothes dryer all may help infants fall asleep. Placing the infant tummy-down across your lap and gently rubbing her back may help relieve any abdominal pain.

When you feel tense and anxious, ask someone else to take care of the baby for a short time. Even an hour or two away will help frustrated parents relax. ***Remember, no matter how frustrated or angry you are, never shake the baby. Shaking an infant can cause blindness, brain damage, or even death.***

Common Cold

The common cold, or upper respiratory tract infection (URI), is a viral infection that causes a runny or congested nose, and sometimes cough, sore throat or fever. Most children get at least six to eight colds a year. Usually the symptoms last seven to ten days, though a cough may last two to three weeks.

There are no cures for the common cold, though there are some things that you can do to keep your child more comfortable. Salt water or saline nose drops can loosen the secretions in the nose, making it easier to blow or suction the nose. Saline nose drops can be purchased over the counter, or made at home by mixing 1/4 teaspoon of salt in one cup of water. The mixture should be made fresh each day. To give the nose drops, the child should lie back with the head tipped back. Three drops should be placed in each nostril and after a minute

the child should blow her nose. An infant's nose can be gently suctioned with a soft bulb syringe. Nose drops can be used as needed, especially before meals or bedtime, making it easier to eat or sleep.

Vaseline under the nose can help prevent skin from becoming raw and cracked. Positioning in a propped up position or placing an infant in a car seat can make breathing easier. Appetites may decrease with a cold, but it is important to give your child plenty of liquids to drink. A cool mist humidifier can add moisture to the air and help loosen secretions. Water in a humidifier should be changed daily, and the humidifier should be washed to prevent growth of bacteria or mold. Hot water vaporizers are not recommended because they can cause serious burns.

Call your pediatrician if:

The fever lasts for more than three days or for any fever in a baby under three months of age (Temperature greater than 100.4 (F) or 38 (C)).

The child complains of a sore throat or earache.

The child has difficulty breathing.

Any other symptom that causes concern.

Constipation

Constipation is the infrequent passage of hard stools. There is a great deal of variation in stooling patterns among normal children. Breast-fed newborns average six to twelve stools daily. Older breast fed infants may have one to six stools a day or as little as one per week. Formula fed infants average one to eight stools daily. Toddlers and school-aged children may have from three stools a day or one bowel movement every two days.

There are a number of causes of constipation in children:

1. A change in diet. Many infants have firmer or more infrequent stools for several days after a major diet change, such as changing from breast to formula, or adding solids to the diet.
2. A diet insufficient in fiber.
3. A change in routine. Children frequently become temporarily constipated while traveling or during another change in their daily habits.
4. A decrease in eating. Temporary constipation may occur during a minor infection or at other times when less is eaten.
5. Fear of pain. A child who has passed a large stool in the past that caused pain may hold stool in order to avoid more pain.

Constipation can usually be very effectively treated by diet. Infants may be given prune juice, one to two ounces per day, straight or diluted with water or apple juice. One half to one jar of pureed prunes per day is another option. Toddlers and older children can have two to six ounces of prune juice a day. Increased fiber and bran in the diet will also help. For infants, oatmeal or barley cereal may be substituted for rice cereal. Pureed fruits should include peaches, pears, plums and apricots. Older infants and children can be offered foods

high in fiber: bran cereals, whole wheat bread and crackers, raw fruits (peaches, pears, prunes, berries) and vegetables (carrots, broccoli, corn, beans, peas, cabbage, and lettuce).

Contact your pediatrician if your child has constipation that does not respond to dietary changes.

Cough

Coughing is a reflex that protects the lungs. It helps to remove substances that may have been accidentally inhaled, and it helps to remove excess secretions that may build up in the airways. Coughing in children is usually associated with respiratory illnesses such as colds, bronchiolitis, croup, or pneumonia. Allergies can cause coughing because mucus drips down the back of the throat causing a cough, especially at night. Children with asthma have a recurring cough and may also have wheezing and a feeling of tightness in their chest. Children who are exposed to tobacco smoke in the home also have more coughing problems. A cough that lasts for more than three or four weeks may occur after a child accidentally inhales a small object such as a peanut into the lungs.

Some home treatments for cough:

1. Use a cool mist humidifier to add moisture to the air. Be sure to clean it and change the water daily to prevent the growth of bacteria or molds.
2. Raise the head end of the child's mattress by placing a rolled blanket under the mattress.
3. Over the counter cough medicines vary widely in their ingredients. Most cough syrups contain a combination of several ingredients, including expectorants, decongestants, antihistamines, and cough suppressants. While cough suppressants may make the child sound better, secretions are not coughed up and more severe illness may result. In general, providers will prescribe a cough suppressant only when discomfort is severe or if the cough prevents sleeping.

Call the pediatrician if:

1. There is wheezing or difficulty breathing.
2. The child is an infant under two months of age.
3. There is coughing with a fever for over 24 hours.
4. The cough lasts longer than 10 days.
5. The child appears ill.
6. The cough interferes with sleep or school performance.
7. The coughing begins after choking on a food or other object.

Croup

Croup is an illness that occurs when the airway is inflamed and swollen at the level of the voice box, or larynx. Croup often occurs in the winter months in children between six months and seven years of age.

There are two types of croup. Spasmodic croup comes on suddenly in the middle of the night. Children awaken several hours after falling asleep with a distinctive cough that sounds like the bark of a seal. Episodes often occur several nights in a row. It can be caused by a mild viral respiratory infection, allergy, or temperature change.

Viral croup usually starts with a cold and gradually develops into croup, with a barking cough. Children may also have stridor, a condition with noisy and labored breathing. Most children have a low-grade fever of 100-101° F.

Home treatment of croup:

1. Remain calm and try to comfort and reassure the child.
2. Take the child into the bathroom and let the steam build up by turning on the hot water in the sink and tub. Steam is almost always effective within twenty to thirty minutes.
3. If steam does not seem to help, a short walk outdoors in the cold night air (with child dressed warmly) or a short drive with the car windows open may improve breathing.
4. When symptoms clear, the child can go back to bed. Use a humidifier for the next few days.

Go to the emergency room immediately if the child is struggling to breathe or blue around the lips. In cases of severe croup, some children may need to be hospitalized to receive breathing treatments, extra oxygen or IV fluids.

Epiglottitis is a serious bacterial infection that may resemble croup in some ways, but always requires hospitalization and antibiotic treatment.

Signs of epiglottitis:

1. Breathing and cough do not improve after home treatments.
2. Fever is high 104-105° F.
3. The child appears quite ill and appears anxious about breathing or swallowing.
4. The child may lean forward to breathe, or have other signs of breathing difficulty.
5. There may be drooling or unwillingness to swallow.

Call the pediatrician immediately if your child has signs and symptoms of epiglottitis.

Diaper Rash

A diaper rash, or irritation in the diaper area, is usually caused by a combination of sensitive skin, irritation from wet or soiled diapers, and overheating. A yeast infection is another cause of diaper rash, especially in infants with thrush (a yeast infection in the mouth) or following a course of antibiotics.

Home treatment for diaper rash:

1. Keep the area as dry as possible. Change diapers frequently. Leave the diaper area exposed to the air as much as possible. Good times to do this are during naps and after bowel movements.
2. Wash with plain water; soap or wipes can be irritating.

3. A diaper cream such as Desitin can be applied with each diaper change. This can be especially helpful if the child is having diarrhea, which can be very irritating to skin. Be sure to clean areas with diaper cream well after bowel movements.
4. Call the office if the rash is not better in two to three days, if blisters form, or if the rash is bright red or beet red.

Diarrhea

Diarrhea means an increase in the number of stools or their water content. Diarrhea can be caused by many things - including viral infections, bacterial or parasite infections, bacterial toxins (food poisoning), or food intolerance. Diarrhea caused by an infection starts suddenly and often is accompanied by abdominal cramps, vomiting, and fever.

Most infections in children are viral. Rotavirus commonly infects infants. It causes vomiting for about a day and then diarrhea for three or four days, followed by gradual improvement. It may take two weeks for the stools to become entirely normal again. Norwalk virus infects older children and adults. This illness lasts one to four days and is characterized by occasional vomiting, abdominal cramps, and moderately severe diarrhea.

The main complications of diarrhea are dehydration (loss of water) and body salt (sodium, potassium) imbalance. Dehydration is unusual unless your child is having ten or more stools per day or vomiting everything for a day. Dehydration is also unusual in children older than three years.

There are no medications that cure viral diarrhea. Over-the-counter antidiarrheal medications are not recommended for children under age two, and should be used with caution in older children. They do not stop the body's loss of water and salt if an infection is present, and they often worsen the intestinal injury. Pepto-Bismol contains salicylate (aspirin). Salicylate (aspirin) use has been associated with a fatal disorder, Reye Syndrome, and so should not be used in children and teenagers.

During the first few days of illness, infants may continue to drink formula or breast milk if vomiting is not severe. If the infant is stooling more often than every two hours, offer extra fluid - additional breast milk, formula, or a commercially available electrolyte solution (Pedialyte, Infalyte, Rehydralyte). Older infants, toddlers and children may continue to eat if they are hungry, and should be encouraged to drink extra fluids.

Contact the pediatrician if:

1. Diarrhea is not improving by the fourth day of illness.
2. Abdominal pain is severe.
3. Blood is seen in the stool or vomit.
4. Signs of dehydration occur: fussiness, decreased tears, dry mouth, sunken soft spot of the head in an infant, sunken eyes, no urination for six to eight hours.
5. You are concerned.

Ear Infections

An ear infection (otitis media) is a bacterial infection of the middle ear, or the space behind the eardrum. Ear infections most often occur when a child has a cold, because fluid may accumulate in the middle ear, and then become infected by bacteria. Ear infections are a common problem among young children, because they are more likely to have viral upper respiratory infections, and because there is a more direct connection between the back of the throat and the middle ear, through the Eustachian tube. Children who spend time in day care get more infections because they are exposed to more upper respiratory viruses. Children who are exposed to cigarette smoke are also more likely to have ear infections.

Symptoms of an ear infection include pain and pressure in the ear. Infants and younger children may pull at their ear and cry, or may cry during pressure changes in the ear such as during feedings or when lying down. Ear infections may occur with fever. Occasionally, the eardrum may develop a small hole, or perforation, and you may observe blood-tinged or yellow fluid draining from the ear.

If you suspect a middle ear infection, try to make your child comfortable until you can see the pediatrician, who will confirm the ear infection by looking in the child's ear with an otoscope. Tylenol can be used in the correct dose for pain and fever. A warm cloth or heating pad held against the ear may offer some comfort.

The pediatrician will prescribe an antibiotic for your child's ear infection. Your child will be feeling better in two to three days, but it is very important to take every dose of the medication for the full amount of time prescribed to prevent the infection from flaring up again. Occasionally, an ear infection does not respond to the first antibiotic prescribed, so if symptoms continue for more than three days, call the pediatrician.

There are few restrictions for children with ear infections. The child may return to school or daycare as soon as the pain is mild and the fever is gone. The child may go outside. Swimming is permitted as long as there is no perforation or hole in the eardrum.

The pediatrician may ask you to return after treatment for an ear check, especially in a child that is too young to complain of pain, or if a perforation was present. Occasionally, fluid may remain behind the eardrum for several weeks after the infection is cleared. Most of the time, the fluid will disappear within three months. If you feel your child's hearing is not as good as it was before the ear infection, consult your pediatrician.

Eye Infections

Conjunctivitis or "pink eye" is an inflammation of the mucous membrane that lines the eyelids and covers the eyeball. Causes can be infectious or noninfectious. Noninfectious causes include allergies and chemical irritants (like eye drops or cosmetics). The most common infectious causes are viral and bacterial.

Viral conjunctivitis is commonly caused by adenoviruses and enteroviruses. Viral conjunctivitis may or may not be associated with other cold symptoms (runny nose, congestion) caused by the same virus. Symptoms include a red eye or eyes, a watery discharge, and eye discomfort. Viral conjunctivitis usually runs its course

and resolves without treatment. It is very contagious and spreads easily. Children should be encouraged not to touch their eyes, and to wash their hands frequently. Antibiotic eye drops will not help a viral infection and using eye drops may lead to further tearing and spread of the virus as well as possible medication side effects. Sometimes placing a warm moist teabag over the eye will help with the redness and discomfort.

Bacterial conjunctivitis is less common and less contagious than viral conjunctivitis. Some common causes are *Haemophilus influenzae* and *Streptococcus pneumoniae*. Bacterial conjunctivitis causes a red eye, and discomfort. Discharge is more likely to be thicker, and white, yellow or even green. Although this disease also usually resolves without treatment, there is a chance that an infection may progress and cause damage to the eye. The treatment is with antibiotic eye drops or ointment.

It is sometimes difficult to tell the difference between bacterial and viral conjunctivitis, so most doctors will prescribe antibiotic eye drops or ointment for any child with conjunctivitis that is associated with a thick yellow or green discharge. When using medication for conjunctivitis, or any infection, it is important not to miss doses and to continue the medication for the full amount of time.

Call the pediatrician if:

1. Your child has a red eye for any reason.
2. The infection has not cleared in three days with medication.
3. The eyelids become red or swollen.
4. Any sores develop on the eyeball.
5. The vision changes.
6. You are concerned.

Fever in Children

Fever is present in the course of many childhood illnesses. Fever is usually a sign of illness, but the fever itself is rarely harmful unless the temperature is over 106° F. The body's thermostat generally keeps the body temperature below 106° F. Normal body temperature is 98.6° R (37° C), but the body temperature can normally vary between 97° F and 100° F. Fever is defined as a rectal temperature above 100.4° F (38° C), an oral temperature above 100° F, or an axillary (underarm) temperature above 99° F.

If your child is acting ill or feels warm to touch, you may take the temperature using a digital, mercury, or tympanic thermometer. Digital thermometers are slightly more expensive than mercury thermometers, but easier to read, faster, and less fragile. Tympanic thermometers are faster, but they must be placed correctly to be accurate and they can be quite expensive. When taking the temperature in children less than five years of age, an axillary (underarm) or tympanic temperature may be obtained. Your doctor may ask you to confirm a fever with a rectal temperature. In children more than five years of age, an oral or tympanic temperature can be obtained.

Home treatment for fever in children:

1. Offer extra fluids to the child. Fever increases normal fluid losses.

2. Dress the child lightly to allow extra body heat to escape through the skin.
3. Treat with acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) if the temperature is above 101.5° F-102° F and the child is uncomfortable or breathing heavily. Do not use aspirin unless recommended by the pediatrician.
4. If the temperature is greater than 104° F, or the child is unable to take medication for fever, you may sponge the child in a tub or sink with lukewarm (not cold) water. Do not sponge with alcohol, it can be inhaled and can cause coma or seizure.

Call the pediatrician immediately if:

1. Your child is less than two months old with fever.
2. Fever is more than 105° F.
3. Your child is crying and cannot be consoled.
4. Your child is difficult to awaken, confused or delirious.
5. Your child has a seizure or convulsion.
6. Your child has a stiff neck.
7. Your child has purple spots on the skin.
8. Breathing is difficult or your child is acting very ill.

Call the pediatrician during regular office hours if:

1. Fever has been present for more than 24 hours without an obvious cause or location of infection.
2. You are concerned.

Fever in Children Fifth Disease

Fifth Disease is an illness caused by human Parvovirus, which affects persons of all ages. Most epidemics are seen among school-age children in late winter and spring months. The virus is droplet-spread in respiratory secretions.

A person is contagious for approximately one week prior to developing symptoms, which include a rash, and sometimes mild cold-like symptoms. The classic rash appears suddenly as bright-red patches on the cheeks, which are raised, and warm but not tender (described as the “slapped cheek” appearance). This fades within four days and a lacy pink rash may develop on the arms, chest, back and legs. The rash may appear worse after sun exposure, friction or temperature change and may persist two weeks or longer. The rash may also reappear briefly weeks or months later with sun exposure or heat. Adults may have an especially mild illness with only mild pain in the joints.

Children with abnormalities of their hemoglobin or red blood cells, such as sickle-cell anemia, and children with cancer may have a more severe disease with worsening of anemia. If Fifth Disease occurs in

women during pregnancy, there is a small potential risk to the fetus. If this is a concern, please contact your obstetrician for advice.

There is no specific treatment for Fifth Disease. Once the rash appears, children are no longer contagious. Children may return to school or daycare once the rash is diagnosed if there is no fever.

Call the pediatrician if:

1. You are unsure of the rash.
2. Your child has a high fever or is acting ill.

Fluoride

Fluoride is a natural mineral which makes teeth less susceptible to cavities. Fluoride is naturally present in water in many parts of the United States. Most of the drinking water in New England contains very little fluoride. If your town does not add fluoride to the water supply, or if you have a well, your child's teeth will be much healthier if (s) he takes fluoride each day.

Begin brushing your child's teeth as soon as the first tooth appears, at least once a day and preferably at bedtime. Parents should help with brushing until children are old enough to do a good job. Use a soft toothbrush and only very small amounts of toothpaste until you are sure your young child is not swallowing the toothpaste. Check with your dentist to see when the first visit is recommended (usually between 1 to 3 years of age).

If your child does not have access to fluoridated drinking water, a daily dose of fluoride is recommended after age 6 months. Call the office if you need a prescription for fluoride or for information about testing the fluoride content in your well water. Be sure to use only the recommended amount of fluoride. Too much fluoride can be irritating to the stomach and can cause unattractive white spots in the permanent teeth.

Head Injuries

It is important to know when to seek medical attention following a head injury. With a mild head injury, children will remain awake and alert following the event. The child may cry with pain or fright, but should go back to playing as usual within ten to fifteen minutes. Some children may also have some nausea and headache. The child might vomit once or twice. If there is a bump or bruise on the child's head, you should apply a cold compress to keep the swelling down.

Children should be closely observed for 48 hours, even after a minor head injury, to watch for any signs of severe damage. When a serious brain injury does occur, it is usually due to internal bleeding or swelling and symptoms usually show up within one to two days.

Call the pediatrician immediately if your child develops any of the following signs:

1. Loss of consciousness: notify the pediatrician if your child loses consciousness at any time after hitting her head. If your child does not awaken within a few minutes, she needs immediate medical attention.
2. Excessive drowsiness: your child may well be exhausted by the ordeal surrounding the injury, but should be easily aroused by methods that you would ordinarily employ to awaken him from a deep sleep. You should try to awaken your child once or twice during the first night if there was a hard blow to the head.
3. Severe headache: If severe headache occurs (or extreme irritability in an infant), especially if it increases in severity and is not relieved by Tylenol.
4. Persistent vomiting: Children will often vomit once or twice following a severe head injury. If vomiting occurs more than twice or begins again hours after it has ceased, call the pediatrician.
5. Unsteadiness: any change in your child's mental abilities, coordination, sensation or strength. Call immediately with weakness in arms or legs, unsteady walking, slurred speech, or double vision.
6. Pupil inequality: one pupil appears larger than the other.
7. Convulsions: if a seizure or convulsion occurs, place the child on one side in a safe place and stay with the child until the seizure begins to subside. Seek medical attention as soon as possible.

If you suspect your child has a neck injury, do not attempt to move the child unless the child is in danger of being injured further where he is. Changing the position of the neck might make the injury worse. If possible, wait for the arrival of trained medical personnel.

Head Lice

Head lice (*Pediculus humanus capitus*) are a type of insect that infect humans and lay little round, silver eggs, called nits, at the root or base of scalp hairs. Outbreaks occur frequently in schools and daycares. Head lice spread from one person to another either through direct contact or from personal items such as combs, brushes, pillows, hats or other head coverings.

Lice are difficult to see, but symptoms can include severe or persistent itching of the scalp or neck. Nits may be seen attached to the hair, often behind the ears and the back of the neck. In severe cases, children may have swollen lymph glands in the neck or underarms.

Treatment for lice is a medicated shampoo or crème rinse. Call the pediatrician's office for advice. Parents should be aware that medications to kill lice are potentially dangerous insecticides, and should be used only according to package instructions.

1. Wash hair in sink rather than shower to minimize body contact with the shampoo or crème rinse chemicals.
2. Rinse thoroughly. A vinegar rinse of one ounce vinegar to eight ounces of warm water helps to loosen the nits.
3. Comb with a fine-toothed comb or nit comb. Combing with warm vinegar also helps to get rid of nits.
4. Examine and treat all affected family members at the same time. Nursing mothers and children under two years should be treated only by a physician's recommendation.

5. After treatment, clean all clothing, towels, and bed linen that may have been used in the past three days. Machine wash in hot water, and dry in hot dryer for 20 minutes. Non-washable items may be sealed in a plastic bag for two weeks or dry cleaned.
6. Vacuum carpets, mattresses, pillows, and furniture.
7. Disinfect combs, brushes and other hair items with the medicated shampoo.
8. Check daily for nits. If there is evidence of a new infestation within seven to ten days, it may be necessary to repeat treatment.

Immunizations

Immunizations protect not only your child but the entire community. It is a responsibility shared by parents and pediatricians to halt the spread of disease and to prevent the crippling consequences of them. An injection hurts only a short time, but it may offer a lifetime of protection.

Routine immunizations are available to protect your child against eleven major diseases: polio, measles, mumps, German measles (rubella), chickenpox, whooping cough (pertussis), diphtheria, tetanus, haemophilus infections (meningitis, epiglottitis), pneumococcal infections (pneumonia, meningitis, blood infections), and hepatitis B. Any of these diseases can disable or kill. Each of the vaccines has some potential side effects, which parents should make themselves aware. The side effects or complications of the vaccines must be weighed against the fact that the disease itself causes far more complications than the vaccine.

As new vaccines are developed and made available, they are added to the schedule of immunizations recommended by the American Academy of Pediatrics. For the most recent recommended immunization schedule for your child and information about these vaccines, see the front pocket of this booklet.

Lead Poisoning

Lead poisoning occurs in children, usually in the first two or three years of life, when children go through a phase of putting everything in their mouth. It most often is caused by eating lead contained in bits of old paint or in dirt that has been contaminated by lead, or drinking water from pipes lined or soldered with lead. As lead accumulates in the body, it may not be noticeable for some time, but it can affect many organs in the body, including the brain. Lead poisoning can cause anemia, learning disabilities, stomach and intestinal problems, hearing loss, and short stature.

If you live in an older home that was built before 1977, especially if there is chipping or peeling paint, your young child is at risk for lead poisoning. Lead screening is offered routinely at the one and two year office visits. You may call the office if you would like to have your child tested. The test is a simple blood test.

Treatment for lead poisoning depends on the level of lead in the blood. Treatment includes environmental education and cleanup. Sometimes the child needs to be removed from the environment, and some children require treatment with a drug that binds the lead in the blood.

Lyme Disease

Lyme disease is a bacterial infection that is transmitted to humans by the bite of infected deer ticks. Tick bites occur most often from May to September. In the United States, Lyme disease is mostly localized to states in the northeastern, mid-Atlantic, and upper north-central regions.

Lyme disease most often starts with a characteristic “bull’s-eye” rash, accompanied by symptoms such as fever, fatigue, headache, muscle aches, and joint aches. The time from infection to onset of rash is usually 1 to 2 weeks, but can be anywhere from 3 to 30 days. If untreated, the disease may go on to cause neurological symptoms such as stiff neck, weak facial muscles, and weakness or numbness of the arms and/or legs. The late stage of infection causes primarily swelling and pain of one or a few joints. Very rarely, Lyme disease can be severe, chronic, and disabling.

The diagnosis of Lyme disease is based primarily on clinical findings. Most patients with early disease are treated based on signs of the disease following a possible or known tick bite. A blood test is also available when the diagnosis is possible but uncertain.

Prevention:

1. Avoid tick habitats: Ticks favor a moist, shaded environment, especially areas with leaf litter and low-lying vegetation in wooded, brushy or overgrown grassy habitat.
2. Use personal protection measures: If you are going to be in areas that are tick infested, wear light-colored clothing so that ticks can be spotted more easily. Wear long-sleeved shirts and tuck pants into socks. Apply an insect repellent containing DEET to clothes and exposed skin. DEET can be used safely on children and adults but should be applied according to guidelines to reduce the possibility of toxicity.
3. Perform a tick check and remove attached ticks: The transmission of the bacteria that causes Lyme disease from an infected tick is unlikely to occur before 36 hours of tick attachment. Check daily for ticks and promptly remove any attached tick. Embedded ticks should be removed using fine-tipped tweezers. **DO NOT** use petroleum jelly, a hot match, nail polish, or other products. Grasp the tick firmly and as closely to the skin as possible. With a steady motion, pull the tick’s body away from the skin. The tick’s mouthparts may remain in the skin, but do not be alarmed. The bacteria that cause Lyme disease are contained in the tick’s midgut or salivary glands. Cleanse the area with an antiseptic.

Call the office if:

1. You cannot remove an attached tick.
2. Fever or rash occurs following a tick bite.
3. You have other concerns.

Nosebleeds

Nosebleeds are very common throughout childhood. The most common causes of nosebleeds are:

Trauma: A child can get a nosebleed from picking the nose, putting something into it, blowing too hard, or if a child is hit in the nose or falls and hits the nose.

Colds and Allergies: A cold or allergy causes swelling and irritation inside the nose and may lead to spontaneous bleeding.

Low humidity: If the house is dry, especially in the winter, the lining of your child's nose may dry out, making it more likely to bleed.

When nosebleeds occur:

1. Remain calm.
2. Keep your child in a sitting position and have her lean forward so she does not swallow the blood. Give her a basin so that she can spit out any blood that drains into the throat.
3. Pinch the lower half of your child's nose between your thumb and finger and hold it firmly for a full ten minutes. If your child is old enough, she can do this herself. Do not release the nose during this time to see if it is still bleeding. During this time, tell your child to breathe through her mouth. Release the pressure after 10 minutes and wait. If bleeding has not stopped, apply pressure again.
4. Do not stuff gauze or tissue into your child's nose to stop the bleeding because when removed bleeding usually recurs.
5. Do not be surprised if your child vomits up swallowed blood.

If your child has frequent nosebleeds, apply a small amount of Vaseline (petroleum jelly) twice a day inside each nostril. This helps relieve dryness and irritation. Use a humidifier in the winter.

Call the pediatrician if:

1. Bleeding does not stop after 20 minutes of direct pressure.
2. Nosebleeds continue to occur frequently after petroleum jelly and humidification are used.
3. You suspect your child has allergies and would benefit from treatment.
4. You have other concerns.

Poison Ivy, Poison Oak and Poison Sumac

Poison ivy, poison oak and poison sumac cause the same type of red, raised, itchy rash. The plants are found throughout the United States. More than 50% of people are sensitive to the oil of these plants and will develop a contact dermatitis on exposure.

The rash may appear 8 to 72 hours after contact with the oils of the plant. The oil may be spread from one part of the body to another by scratching. Pets may also contact the plant and transmit the resin from their fur to your child. A red, raised and extremely itchy rash develops, with occasional blistering. It usually occurs on exposed body surfaces, and often occurs in streaks or patches. The rash usually lasts from one to three weeks.

Treatment of the rash:

1. Wash the plant oil resin from skin and clothing (preferably within 5 to 10 minutes of exposure). This will reduce the reaction and prevent the resin from spreading. Cool soaks will help with itching.
2. The rash itself is not contagious and children may attend school or daycare.
3. Calamine lotion will help with itching and drying of the lesions. Hydrocortisone cream 1/2 % can be used once or twice a day until the rash is clear. Do not use on the face without consulting a physician.
4. For weeping lesions, Burrow's solution (ask your pharmacists for directions) can be applied with a soft cloth for 10 minutes three to four times a day. These soaks are soothing and help to remove drainage and crusting and promote healing.
5. Keep fingernails short and clean and discourage scratching.
6. Contact the office if the rash looks infected (spreading redness, increasing pain, drainage of pus, fever).
7. Contact the office if the rash covers the face, groin, or more than one-fourth of the body.

Poisonings

Children are naturally curious, and they are fast. They get into many things and often explore their environment by taste. Unfortunately, some of the things that children may taste and eat are poisonous. Because of this, all medicines and potentially harmful substances should be kept out of the reach of children. It is best when these substances are kept locked up.

If you know or suspect someone has taken a poisonous substance, ALWAYS call you local Poison Center:

Toll-Free in Maine: 1-800-442-6305

A visit to an emergency room or the doctor's office may be unnecessary. Calling the Poison Center can save valuable time and money. The Poison Center is available 24 hours a day. The full-time, specially trained staff keeps up to date to give the most advanced treatment recommendations. They will assist in coordinating your care with a doctor or emergency room visit if necessary.

Scabies

Scabies are tiny bugs that burrow under the skin and cause severe itching and little pink or flesh-colored bumps. They are so small that they can only be seen with a microscope. In adults and older children, they

commonly infect the skin between the fingers, wrists and around the waist, but infection can occur anywhere. Scabies infections are very contagious and easily passed from person to person.

Treatment:

1. Medicine for scabies is an insecticide like Elimite cream and is obtained by prescription. The medicine should be applied at night after a shower or bath. Apply on every part of the body from the neck down. For children with rash or itching on their head, the cream may be applied to the scalp, forehead and neck, but avoid the lower face. Pay attention to creases, belly buttons, and other easily missed places. Wash off the cream with a shower or bath in 8-14 hours.
2. The itching and rash may normally last for up to three weeks after treatment. The itch can be helped by cool baths, calamine lotion, or 1% hydrocortisone cream.
3. One treatment usually cures scabies. For severe rashes, treatment is sometimes repeated in one week.
4. Machine wash in hot water all sheets, pillow cases, underwear, pajamas, and recently worn clothing. Scabies are killed by temperatures over 120° F for five minutes. Anything that cannot be washed should be put in a plastic bag for three days. Scabies cannot live outside the human body for this long.
5. Symptoms of scabies can take up to 30 days to appear after exposure. Everyone living in the home should also be treated with Elimite in the same manner. Children can return to school after one treatment with Elimite.

Sensitive Skin or Eczema

Some children have very sensitive or dry skin. Eczema is a common problem in childhood that often occurs in children with a family history of allergies or asthma. Children with eczema have constant dry skin and develop a rash that is extremely itchy. The rash commonly occurs on the cheeks and trunk in infants. In older children, it occurs in the creases of elbows, wrists and knees. Eczema is a condition that may come and go throughout childhood, but is often worse in the winter, when the air is dry.

Home treatment of eczema:

Moisturizing the skin: the most important aspect of treating dry skin is moisturizing. Children should have a bath every day with a very mild soap such as Dove or Oil of Olay. Immediately after the bath, lock in moisture by applying a good moisturizer: Aquaphor, Lubriderm, Eucerin, Nivea and Nutraderm are some suggestions. Use a humidifier in the dry winter months.

Topical steroids: If the rash is very itchy and red, your provider might prescribe a topical steroid cream or ointment. This medicine reduces inflammation and can help symptoms dramatically.

Reduce itching: avoid clothing made from scratchy, rough materials such as wool. Wear cotton as much as possible. Avoid excessive heat or cold, harsh chemicals and soaps. Keep fingernails short and clean to help prevent infection.

Call the office if:

1. You think your child has eczema and is not responding to moisturizers.

2. The rash looks infected (increasing redness, yellow pus).
3. The rash has not improved with one week of treatment.
4. You have other concerns.

Sore Throat/Strep Throat

Most sore throats accompany a cold or flu and are caused by viruses. A sore throat usually lasts only two to four days and goes away on its own. Children younger than two years often do not complain of a sore throat, but may simply refuse previously enjoyed foods. To make your child more comfortable, older children may gargle with warm salt water (one teaspoon salt per glass). Children over four years may suck on hard candy. Tylenol can be given for pain or fever.

Another type of sore throat occurs in children who sleep with their mouths open. During the night the mouth dries out and the child wakes in the morning with a sore throat. If the sore throat clears within a few hours after having something to drink, you need not worry about it - using a humidifier at night should help.

Strep throat is a throat infection caused by group A Streptococcus bacteria. If left untreated, it can lead to more serious problems such as rheumatic fever - a disease causing inflammation of the joints, heart, and other tissues. Strep bacteria are spread by infected droplets from the nose or throat, either through the air with coughing or sneezing or by direct contact. Illness may begin from 12 hours to five days after exposure.

Strep throat may cause a sore throat that is mild or very painful. Children may also have fever, head ache, stomachache, swollen glands in the neck, or ear pain. Usually tonsils are swollen and red and may have patches of pus on the surface. The roof of the mouth may have small red spots. A distinctive bad breath odor is common. When strep throat is accompanied by a red rash and fever, it is called scarlet fever.

When strep throat is treated with antibiotics, discomfort lasts one to three days. The rash of scarlet fever fades after several days, but is often followed by flaking or peeling of the skin, especially around the fingertips, one to three weeks later.

If you think your child has strep throat, schedule an office visit. A throat swab may be obtained to test for strep. The treatment for strep throat is an antibiotic, usually penicillin. The medicine must be taken for the full prescribed amount of time. Once your child is feeling better, it is easy to forget the medication, but failure to complete the course may result in a return of the infection.

Children with strep throat are contagious for 24 hours after starting the antibiotic. They may return to school or daycare in 24 hours if they are feeling well enough and have no fever.

Thrush

Thrush is an infection caused by yeast (*Candida*) that occurs in the mouth on the tongue, inner lips and cheeks. It commonly occurs in infants, and also in children who have been taking certain medications such as antibiotics or steroids.

Your infant may have thrush if there are white patches that coat the inside of the cheeks or lips and sometimes the tongue. These patches cannot be washed away or wiped off easily like milk. Thrush can cause mild discomfort.

Call the office if you suspect your child has thrush. It is treated with a prescription antifungal medication, such as Nystatin oral suspension. If you are breastfeeding, you should also apply the medication to any irritated areas on your nipples. Nipples from bottles and pacifiers should be boiled for 15 minutes.

If your child has a diaper rash and thrush, the diaper rash may also be caused by yeast and should be treated with an antifungal cream, such as Nystatin cream.

Call the office if:

1. Your child refuses to eat.
2. The thrush gets worse or does not respond to treatment.
3. You have other concerns.

Vomiting

The most common cause of vomiting in children is a viral infection of the intestinal tract. This vomiting usually lasts one to two days and may be accompanied by diarrhea and/or crampy abdominal pain. The goal of treatment is to maintain adequate water and salt balance in the body while the virus runs its course. Clear liquids are absorbed rapidly from the intestinal tract and are therefore recommended in the management of vomiting. Children under one year of age are more at risk for dehydration and salt imbalance problems. Formula fed infants should be offered a commercial oral rehydration solution such as Pedialyte or Infalyte. Breast fed infants can continue to breast feed. Older children may take any clear fluid such as water, fruit juice, Kool-aid, or soft drinks. Bubbles should be removed from soft drinks because they inflate the stomach and can worsen vomiting.

1. Rest the stomach for twenty to thirty minutes after vomiting.
2. Start slowly with clear liquids: 1/2 ounce every ten minutes. When the child has not vomited for two hours, gradually allow her to take larger amounts. After six to eight hours of not vomiting, you may offer bland, starchy foods. A common error is to allow as much fluid as the child wants rather than frequent small amounts. This frequently leads to continued vomiting.
3. Medications should be avoided if possible. Call the office if your child is vomiting and normally takes a prescription medication. No medicine has been shown to stop the vomiting caused by an intestinal virus. Many “anti-vomiting” medications or suppositories have potentially serious side effects and should not be used unless prescribed by a physician.

Rarely, vomiting is an early sign of a more serious problem such as appendicitis, hepatitis (liver illness), meningitis (brain infection), and poisoning, intestinal blockage or urinary tract infection.

Contact the pediatrician if:

1. Your child appears very ill. (Not very responsive to your voice, repeatedly refuses to drink, stiff neck, yellow color to eyes or skin.)
2. There is blood in the vomitus. Fresh blood is red. Old blood looks like coffee grounds.
3. There is a possibility of poisoning with medications, plants or foods.
4. Abdominal pain is severe or persistent.
5. There are signs of dehydration (listlessness, decreased urine output, no tears).
6. The vomiting persists despite following the above recommendations.
7. You have other concerns.