PARENTING SURVIVAL GUIDE

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Fever and Your Child

A fever is usually a sign that the body is fighting an illness or infection. Fevers are generally harmless. In fact, they can be considered a good sign that your child's immune system is working and the body is trying to heal itself. While it is important to look for the cause of a fever, the main purpose for treating it is to help your child feel better. Read on to find out more about how to tell if your child has a fever and how to manage a fever.

What is a fever?

A fever is a body temperature that is higher than normal. Normal body temperature varies with age, general health, activity level, and time of day. Even how much clothing a person wears can affect body temperature.

Most pediatricians consider a temperature above 100.4°F (38°C) a sign of a fever.

Signs and symptoms of a fever

If your child has a fever, she may feel warm, appear flushed, or sweat more than usual. She may also be more thirsty than usual.

Some children feel fine when they have a fever. However, most will have symptoms of the illness that is causing the fever. Your child may have an earache, a sore throat, a rash, or a stomachache. These signs can provide important clues as to the cause of the fever.

When to call the doctor

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

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in a very hot place, such as an overheated car
- Has other symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has immune system problems such as sickle cell disease or cancer, or is taking steroids
- Has had a seizure
- Is younger than 2 months and has a rectal temperature of 100.4°F (38°C) or higher

Treating your child's fever

If your child is older than 6 months and has a temperature below 101°F (38.3°C), she probably does not need to be treated for the fever (see other side) unless she is uncomfortable. Watch her behavior. If she is eating and sleeping well and is able to play, you may wait to see if the fever improves by itself.

What you can do

- Keep her room comfortably cool.
- Make sure that she is dressed in light clothing.
- Encourage her to drink fluids such as water, diluted juices, or a store-bought electrolyte solution.
- Be sure that she does not overexert herself.

Taking your child's temperature

While you often can tell if your child is warmer than usual by feeling her forehead, only a thermometer can tell how high the temperature is. A **digital thermometer** can be used to take a rectal (in the bottom), oral (in the mouth), or axillary (under the arm) temperature. Your child's doctor can recommend how to use it depending on your child's age. Taking a rectal or oral temperature is more accurate than taking an axillary temperature.

Ways to use a digital thermometer by age

Child's age	Rectal	Oral	Axillary
Newborn to 3 months	x		
3 months to 3 years	x		x
4 to 5 years	x	x	x
5 years and older		x	x

Tympanic (ear) thermometers are another option for older babies and children. However, while it gives quick results, it needs to be placed correctly in your child's ear to be accurate. Too much earwax can cause the reading to be incorrect.

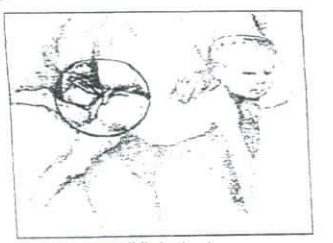
While other methods for taking your child's temperature are available, they are not recommended at this time. Ask your child's doctor for advice.

Mercury thermometers should not be used. The American Academy of Pediatrics encourages parents to remove mercury thermometers from their homes to prevent accidental exposure to this toxin.

How to use a digital thermometer

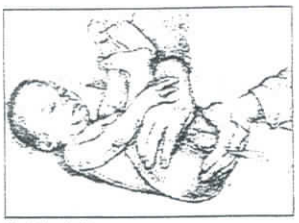
If your child is younger than 3 years, taking a rectal temperature gives the best reading. The following is how to take a **rectal temperature:**

- Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse it with cool water. Do not rinse it with hot water.
- Put a small amount of lubricant, such as petroleum jelly, on the end.
- Place your child belly down across your lap or on a firm surface. Hold him by placing your palm against his lower back, just above his bottom. Or place your child face up and bend his legs to his chest. Rest your free hand against the back of the thighs.



Rectal (in the child's bottom)—belly down

- With the other hand, turn the thermometer on and insert it ½ inch to 1 inch into the anal opening. Do not insert it too far. Hold the thermometer in place loosely with 2 fingers, keeping your hand cupped around your child's bottom. Keep it there for about 1 minute, until you hear the "beep." Then remove and check the digital reading.
- Be sure to label the rectal thermometer so it's not accidentally used in the mouth.


Rectal—belly up

Once your child is 4 or 5 years of age, you can take his temperature by mouth. The following is how to take an **oral temperature:**


Oral (in the child's mouth)

- Clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.
- Turn the thermometer on and place the tip under his tongue toward the back of his mouth. Hold in place for about 1 minute, until you hear the "beep." Check the digital reading.
- For a correct reading, wait at least 15 minutes after your child has had a hot or cold drink before putting the thermometer in his mouth.

Although not as accurate, if your child is older than 3 months, you can take his underarm temperature to see if he has a fever. The following is how to take an **axillary temperature:**


Axillary (under the child's arm)

- Place the tip of a digital thermometer in your child's armpit.
- Hold his arm tightly against his chest for about 1 minute, until you hear the "beep." Check the digital reading.

How to reduce a fever with medicine

Acetaminophen and **ibuprofen** are safe and effective medicines for reducing fevers. They do not need a prescription and are available at grocery stores and drugstores. However, keep the following in mind:

- Ibuprofen should only be used for children older than 6 months. It should not be given to children who are vomiting constantly or are dehydrated.
- *Do not use aspirin to treat your child's fever. Aspirin has been linked with side effects such as an upset stomach, intestinal bleeding and, most seriously, Reye syndrome.*
- If your child is vomiting and cannot take anything by mouth, a rectal suppository may be needed. Acetaminophen comes in suppository form and can help reduce a fever in a vomiting child.
- Before giving your child any medicine, read the label to make sure that you are giving the right dose for his age and weight. Also, if your child is taking other medicines, check the ingredients. If they include acetaminophen or ibruprofen, let your child's doctor know. To be safe, talk with your child's doctor before giving your child any medicine to treat a fever if he is younger than 2 years.

How to reduce a fever with sponging

Your child's doctor may recommend that you try sponging your child to reduce a fever if

- Your child's temperature is above 104°F (40°C).
- Your child is vomiting and unable to take any medicine.

Use lukewarm water, not cold water. Cold water can cause shivering and increase the temperature. Never add rubbing alcohol to the water. Rubbing alcohol can be absorbed into the skin or inhaled, causing serious problems such as a coma.

Usually 5 to 10 minutes in the tub is enough time for a child's fever to start dropping. If your child becomes upset during the sponging, simply let her play in the water. If she is still bothered by the bath, it is better to take her out even if she has not been in long enough to reduce the fever. Also remove her from the bath if she continues to shiver because shivering can raise her temperature.

Do not try to reduce a fever too quickly. This could cause it to rebound higher.

Be sure to call your child's doctor if your child still "acts sick" once her fever is brought down, or if you feel that your child is very sick. Also call if the fever persists for

- More than 24 hours in a child younger than 2 years
- More than 3 days in a child 2 years of age or older

What if my child has a febrile seizure?

In some young children, fever can trigger seizures. While this can be frightening, seizures are usually harmless. During a seizure your child may look strange for a few minutes; shake; then stiffen, twitch, and roll his eyes. If this happens,

- Place him on the floor or bed, away from any hard or sharp objects.
- Turn his head to the side so that any saliva or vomit can drain from his mouth.
- Do not put anything into his mouth, not even a finger.
- Call your child's doctor.

Your child's doctor will want to check your child, especially if it is his first seizure. It is important to look for the cause of the febrile seizure.

Digital thermometer drawings by Anthony Alex LeTourneau

From your doctor

Hinton Healthcare

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Children's TYLENOL®

- The #1 branded fever reducer recommended by Pediatricians[1]
- The fever reducer medicine with 0-6 month dosing[2]

Children's TYLENOL acetaminophen

Infants' Concentrated Drops 80 mg/0.8 mL	Children's Suspension Liquid 160 mg/5 mL	Children's Soft Chews Chewable Tablets 80 mg each	Junior Strength Chewable Tablets 160 mg each

Dose		Dropperful (Use only the dropper provided)	Teaspoon (TSP) (Use only the dosing cup provided)	Tablet	Tablet
WEIGHT	AGE				
6-11 lbs	0-3 mos	1/2 = (0.4mL)			
12-17 lbs	4-11 mos	1 = (0.8mL)	1/2 (TSP)		
18-23 lbs	12-23 mos	1-1/2 = (0.8 + 0.4mL)	3/4 (TSP)		
24-35 lbs	2-3 yrs	2 = (0.8 + 0.8mL)	1 (TSP)	2	
36-47 lbs	4-5 yrs		1-1/2 (TSP)	3	
48-59 lbs	6-8 yrs		2 (TSP)	4	2
60-71 lbs	9-10 yrs		2 1/2 (TSP)	5	2 1/2
72-95 lbs	11 yrs		3 (TSP)	6	3
96 lbs & over	12 yrs				4

Use only as directed.
NOTE: If possible, use weight to dose; otherwise use age. To arrive at the correct dose, weigh your child before giving TYLENOL®. All dosages may be repeated every 4 hours, but not more than 5 times daily.
A healthcare professional should be consulted for dosing for children under the age of two years.
WARNINGS:

- Children's TYLENOL® should not be taken for pain for more than 5 days or for fever for more than 3 days unless directed by a physician. If pain or fever persists or gets worse, if new symptoms occur, or if redness or swelling is present, a physician should be consulted because these could be signs of a serious condition.
- Do not exceed recommended dose. Taking more than the recommended dose (overdose) may not provide more relief and could cause serious health problems. Keep this and all drugs out of the reach of children. In case of accidental overdose, contact a physician or poison control center immediately. Prompt medical attention is critical even if you do not notice any signs or symptoms.
- Do not use with any other product containing acetaminophen.
- Do not use Adult Extra Strength TYLENOL® products for children under 12 years of age.

Children's Motrin®

Children's Motrin IBUPROFEN

Ages 6 mos - 23 mos Infants' Motrin® Concentrated Drops 50 mg/1.25 mL	Ages 2 - 11 Children's Motrin® Suspension 100 mg/5 mL	Ages 2 - 11 Children's Motrin® Chewable Tablets 50 mg	Ages 6 - 11 Junior Strength Motrin® Chewable Tablets 100 mg	Ages 6 - 11 Junior Strength Motrin® Caplets 100 mg

Dose		Dropperful (Use only the dropper provided)	Teaspoon (TSP) (Use only the dosing cup provided)	Tablet	Tablet	Caplet
Under 6 mos		Consult Your Child's Doctor				
12-17 lbs	6-11 mos	1 = (1.25mL)	---	---	---	---
18-23 lbs	12-23 mos	1-1/2 = (1.875 mL)	---	---	---	---
24-35 lbs	2-3 yrs	---	1 (TSP)	2 tablets	---	---
36-47 lbs	4-5 yrs	---	1-1/2 (TSP)	3 tablets	---	---
48-59 lbs	6-8 yrs	---	2 (TSP)	4 tablets	2 tablets	2 caplets
60-71 lbs	9-10 yrs	---	2 1/2 (TSP)	5 tablets	2 1/2 tablets	2 1/2 caplets
72-95 lbs	11 yrs	---	3 (TSP)	6 tablets	3 tablets	3 caplets
		One Dose Lasts 6-8 Hours				

Children's Motrin is available over-the-counter (OTC) for the temporary reduction of fever and relief of minor aches and pains due to colds, flu, sore throat, headaches and toothaches.
OTC Dosing: The recommended dose is 7.5 mg/kg every 6-8 hours. The recommended maximum daily dose is 30 mg/kg.
Keep all medication out of the reach of children.
Use only as directed.

1. IMS NPTI Pediatrician recommendations, 12 months ending December 2000
2. IRI Data, YTD ending December 24, 2000.

McNeil CONSUMER HEALTHCARE
DIVISION OF McNEIL • PPC, INC.
FORT WASHINGTON, PA 19034 USA

CTCM-0010

Common Childhood Infections

Most infections are caused by germs called *viruses and bacteria*. While you may be able to keep germs from spreading, you can't always keep your child from getting sick. It is important for parents to know how to keep their children healthy and what to do when they get sick. Read on to learn more about common childhood infections—signs and symptoms, treatments, and when to call your child's doctor.

Contents

How to tell if your baby has an infection

Bacterial infections can be very dangerous in a baby younger than 2 months. Call the doctor right away if your baby has any of the following symptoms:

- Fever
- Weak cry
- Not breathing easily
- Poor color
- More fussy than usual
- Sleeping more than usual
- Vomiting or diarrhea
- Not eating well

How to keep your child healthy

Use the following tips to help keep your child healthy:

- Keep hands clean. Everyone should wash their hands several times a day to keep germs from spreading.
- Avoid sharing eating utensils, drinking cups, toothbrushes, washcloths, or towels with anyone who has a cold or fever.
- Wash dishes and utensils in hot, soapy water.
- Don't smoke around your child. Don't smoke in the car or around the house.

How to help your child feel better

Your child's doctor may recommend the following ways to soothe a sick child:

To relieve a stuffy nose

- Use saline (saltwater) nose drops to thin nasal discharge. Ask your child's doctor about which ones to use. Place a few drops of the saline into each nostril followed by gentle bulb suction. This works best for babies younger than 3 months.
- During the illness, use a cool-mist humidifier or vaporizer in your child's room. This helps moisten the air and may help clear your child's nasal passages. Be sure to clean the humidifier or vaporizer often, as recommended by the manufacturer.

To relieve chest congestion

- Chest physical therapy can loosen mucus and may help infants and young children cough it out. Lay your child across your knees, face down: cup your hand; and gently tap your child's back. Or sit your child on your lap, lean her body forward about 30 degrees, cup your hand, and gently tap her back.
- During the illness, use a cool-mist humidifier or vaporizer in your child's room. This helps moisten the air and may help clear your child's congestion. Be sure to clean the humidifier or vaporizer often, as recommended by the manufacturer.

To relieve a cough

- Try half a teaspoon of honey for children aged 2 to 5 years, 1 teaspoon for children aged 6 to 11 years, and 2 teaspoons for children 12 years and older. If honey is given at bedtime, make sure you brush your child's teeth afterward. Remember, it's not safe to give honey to babies younger than 1 year.
- For a child aged 4 years and older, cough drops or lozenges may help soothe the throat. Remember not to give cough drops or lozenges to a child younger than 4 years because he could choke on them. Also do not give your child more cough drops than directed on the package.

To relieve a fever

- Give acetaminophen to a baby 6 months or younger. Give either acetaminophen or ibuprofen to a child older than 6 months. Ask your child's doctor for the right dosage for your child's age and size. Do not give aspirin to your child because it has been associated with Reye syndrome, a rare but very serious illness that affects the liver and the brain.

Common childhood infections

The following are some of the more common childhood infections, including signs and symptoms, treatments, and when to call the doctor.

Bronchiolitis

Bronchiolitis is caused by several viruses that bring about blockage of the small breathing tubes of the lungs, making it hard to breathe. It occurs most often in infants because their airways are smaller and more easily blocked.

Signs and symptoms

- Wheezing (a whistling sound) or difficult, fast breathing
- Runny nose
- Congested cough that gets worse at night
- Fever

Treatment

See "How to help your child feel better."

Call your child's doctor if your child stops taking fluids or has a hard time breathing. She may need to go to the hospital for oxygen, fluids, or medicine to help her breathe.

Colds

Colds are caused by viruses. Most children have 8 to 10 colds in their first 2 years of life. Most colds come and go and rarely lead to anything worse. They usually last about a week. Antibiotics do not help colds.

Signs and symptoms

- Stuffy or runny nose and sneezing
- Watery eyes
- Mild cough
- Mild fever
- Headache
- Not eating well

Treatment

See "How to help your child feel better."

Call your child's doctor if your child

- Has blue lips or nails
- Has a fever that lasts for more than 2 to 3 days
- Has symptoms that get worse after a week
- Has a hard time drinking or breathing
- Has ear pain
- Is more sleepy or cranky than usual

About other medicines

- **Cough and cold medicine.** The American Academy of Pediatrics strongly recommends that over-the-counter cough and cold medications not be given to infants and children younger than 2 years because of the risk of life-threatening side effects. Also, several studies show that cold and cough products don't work in children younger than 6 years and can have potentially serious side effects.
- **Antibiotics.** Your child's doctor may prescribe an antibiotic to treat a bacterial infection. For viral infections the body needs to fight the virus on its own because antibiotics won't work.

Croup

Croup is caused by several viruses that affect the voice box and the airways, making it hard for a child to breathe. It's most common in toddlers but can affect children between 6 months and 12 years of age.

Signs and symptoms

- Runny nose
- A cough that gets worse and starts to sound like a seal's bark
- Hoarse cry
- Noisy or difficult breathing
- Fever
- Sore throat
- Not eating well

Treatment

Use a cool-mist humidifier or vaporizer to help your child breathe easier. Steam treatment can also be helpful. Simply fill your bathroom with steam from the tub or shower. Bring your child into the bathroom and let him breathe in the steam for a few minutes. Keep a close eye on your child so that he doesn't get too warm or burn himself with the hot water. Another thing that might help is dressing your child warmly and going outside to inhale the cool night air.

Call your child's doctor right away if your child

- Has a bluish color of the lips, mouth, or fingernails
- Makes a harsh rasping or hoarse sound when breathing (this is called stridor) that gets louder with each breath
- Seems to struggle to get a breath or cannot speak because of lack of breath
- Drools or has trouble swallowing
- Has a fever

Ear infection

Occasionally fluid can build up in the middle ear due to a cold, allergies, or an infection of the nose or throat. If bacteria or a virus infects this fluid, it can cause swelling and pressure on the eardrum and an earache. This type of ear infection, called *acute otitis media*, often clears up on its own. However, if the infection does not clear up, your child's doctor may recommend treatment with an antibiotic. If fluid stays in the ear even after other symptoms have cleared, it can develop into another ear condition called *otitis media with effusion*. This condition usually needs no treatment unless the fluid is still there after 3 months.

Signs and symptoms

- Ear drainage that is yellow or white, possibly tinged with blood
- Ear pain
- Not eating well
- Vomiting or diarrhea
- Not sleeping well
- Fever
- Trouble hearing

Treatment

Give your child acetaminophen or ibuprofen to treat the pain. There are also ear drops that may help ease the pain for a short time. There's no need to use over-the-counter cold medicines (decongestants and antihistamines). Your child's doctor may wish to examine your child to see if an antibiotic is necessary. If so, be sure your child finishes all of the medicine to improve the chances of it being cured.

Call your child's doctor if you suspect an ear infection and your child

- Has drainage from the ear
- Has a fever
- Seems to be in a lot of pain
- Is unable to sleep
- Isn't eating

Flu (influenza)

The flu is caused by a virus and usually occurs in the winter months. Your child usually will feel the worst during the first 2 or 3 days.

Signs and symptoms

- Stuffy, runny nose
- Cough
- Sore throat
- Sudden fever
- Chills
- Lack of energy
- Headache
- Body aches and pain
- Dry cough
- Sore throat
- Vomiting and belly pain

Treatment

Most children with the flu need nothing more than bed rest, a lot of fluids, and fever medicine. Just as most colds go away on their own, so do most cases of the flu. In children who already have major health problems, doctors sometimes recommend antiviral drugs, but they must be taken within the first 48 hours after symptoms begin. Antibiotics will not help against the flu.

There are safe and effective vaccines to protect against the flu. The 2 types of influenza vaccine used for children and adults are

- Inactivated influenza vaccine for children 6 months and older
- Live, attenuated influenza vaccine (also called FluMist) for children 2 years and older without a history of wheezing and asthma

Inactivated influenza vaccine is given by shot and FluMist is sprayed into the nose (nasal spray).

Call your child's doctor if your child is younger than 2 months and has a fever. For a child older than 2 months who has been exposed to the flu or shows signs of the flu, call your child's doctor within 48 hours. Also, call your child's doctor or seek medical care if your child experiences any of the following:

- A hard time breathing
- Blue lips or nails
- A cough that worsens or will not go away after 1 week
- Pain in the ear
- Fever that does not go away or comes back after 3 to 4 days

Impetigo

Impetigo is a skin infection that can spread quickly. This infection is caused by bacteria. It's most common in warm weather and often appears on the face, but may be found anywhere on the body. It can also occur after insect bites.

Signs and symptoms

- Small blisters that become oozing, yellow, and crusty
- Raw areas or breakdown of the skin

Treatment

Most cases of impetigo can be treated with an antibiotic. The antibiotic is taken by mouth or put on the skin in ointment form. Be sure to use the medicine for as long as recommended by your child's doctor to keep the infection from coming back.

Call your child's doctor if

- The skin around the sores turns red or has red streaks.
- The sores spread to other parts of the body.
- Your child develops a fever or boil.
- Your child's urine looks red or brown.

Pinkeye (conjunctivitis)

Pinkeye is a reddening of the white part of one or both eyes. There are different kinds, including bacterial, viral, allergic, or chemical (usually caused by chlorine in a swimming pool). Viral and bacterial pinkeye are contagious and can spread easily in school or child care.

Signs and symptoms (in one or both eyes)

- Watery, itchy, or burning eyes
- Redness of the eye
- White, yellow, or green discharge coming from the eye
- Crusting in the eye that lasts all day

Treatment

If it's bacterial pinkeye, your child's doctor will prescribe antibiotic drops or ointment. Be sure to use the medicine for as long as recommended by your child's doctor to cure the infection. If it's viral pinkeye, antibiotics are not helpful. A warm, wet washcloth may help get rid of crusts around the eyes and may also help the eyes feel better. Wash hands often, especially after touching the eyes, and do not share washcloths.

Call your child's doctor if your child

- Has swelling and redness in the eyelids and around the eye that gets worse
- Has a fever
- Seems more sleepy than usual

Pneumonia

Pneumonia is an infection of the lungs. It often occurs a few days after the start of a cold. Most cases of pneumonia are mild. Pneumonia is caused most often by viruses or bacteria.

Signs and symptoms

Mild case

- Cough with shortness of breath
- Fever
- Not eating well
- Less energy than usual

More severe case

- Shaking chills
- Fever
- Chest pain
- Difficult or fast breathing

Your child's doctor may need to perform an x-ray to see if pneumonia is the cause of the symptoms.

Treatment

Pneumonia caused by bacteria is treated with antibiotics. Be sure to use all of the medicine to keep the infection from coming back. Antibiotics are not helpful if it's pneumonia caused by a virus.

Call your child's doctor if your child's symptoms are severe or if your child is younger than 2 months.She may need to go to the hospital if she is not better after several days of antibiotics at home.

Sinusitis

Sinusitis is an inflammation of the lining of the nose and sinuses. Viral sinusitis usually accompanies a cold. Allergic sinusitis may accompany allergies such as hay fever. Bacterial sinusitis is a secondary infection caused by bacteria trapped in the sinuses. The following are the signs and symptoms of bacterial sinusitis:

Signs and symptoms

- Cold symptoms (nasal discharge, daytime cough, or both) for more than 10 days without improving
- Thick, yellow nasal discharge and a fever for at least 3 or 4 days in a row
- Pain or tenderness around the eyes, cheekbones, or upper teeth (This happens sometimes in older children or teens.)
- Persistent bad breath along with the cold symptoms (However, this also could be from a sore throat or if your child is not brushing his teeth.)
- Severe headache

Treatment

Sinusitis caused by a virus usually goes away by itself (see "How to help your child feel better"). When caused by bacteria, antibiotics may be needed. Be sure to use all of the medicine to keep the infection from coming back.

Call your child's doctor if your child

- Does not feel better after 3 to 4 days of treatment
- Has severe head or face pain
- Has a sudden high fever

Strep throat

Strep throat is an infection of the throat caused by strep bacteria and is very common in children and teens.

Signs and symptoms

- Pain in the throat, especially when swallowing
- Red or white patches in the throat
- Swollen, tender glands in the neck
- Fever
- Headache
- Belly pain

Most sore throats in children are not strep. But because many viruses have the same symptoms as strep, your child's doctor will most likely do a test to see if strep is present.

Treatment

Sore throats caused by viruses usually go away on their own in 5 to 7 days and antibiotics are not helpful. Because strep throat is caused by bacteria, it is treated with antibiotics. After 24 hours of antibiotic treatment, your child is no longer contagious and should start to feel better. Be sure to use all of the medicine to keep the infection from coming back.

Call your child's doctor if your child

- Has a fever that keeps coming back
- Has swelling of the glands in the neck that gets worse
- Has a hard time breathing

Sty

A sty is a painful, red bump on the eyelid caused by an infected oil or sweat gland. Sties are not very contagious. However, once your child gets a sty, she is more likely to get one again.

Signs and symptoms

- Red, tender bump on the eyelid
- Tenderness around the eye
- Swelling around the eye
- Redness on the eyelid

Treatment

To ease the pain and discomfort of a sty, place a warm cloth on the eyelid 3 to 4 times a day until signs of the infection are gone. Antibiotics are generally not helpful with a sty.

Call your child's doctor if the warm cloth treatments don't work. In some cases, you may be referred to an eye doctor who can drain the sty surgically.

Urinary tract infection

Urinary tract infections (UTIs) occur when bacteria infect the urinary tract. The urinary tract includes the kidneys, the tubes that join the kidneys and bladder (ureters), and the bladder. A UTI can be found in children from infancy through the teen years and into adulthood. Your child's doctor will ask for a urine sample to test for a UTI before recommending antibiotic treatment.

Signs and symptoms

- Painful, burning, and frequent urination
- Fever
- Vomiting
- Belly pain
- Back pain
- Bad-smelling urine

Treatment

Urinary tract infections are treated with antibiotics. Be sure to use all of the medicine to keep the infection from coming back.

Call your child's doctor if your child

- Has urine that is pink, red, or brown
- Has a temperature above 101°F (38.3°C)
- Has severe back pain
- Is not better after 2 days of antibiotic therapy

Vomiting and diarrhea

Vomiting and diarrhea are usually caused by viruses that infect the intestines but are sometimes caused by bacteria. They usually last about a day or two but can last up to a week.

Signs and symptoms

- Frequent and uncontrollable loose, watery stools
- Vomiting
- Belly pain, cramps
- Fever

Treatment

If your child is throwing up, your child's doctor may tell you to not give food until it stops. However, to keep your child from getting dehydrated, you may be told to give your child electrolyte drinks. Electrolyte drinks are special drinks that you can buy from a store. For school-aged children, your child's doctor may also suggest caffeine-free sport drinks that are low in sugar. Children

younger than 2 years should not be given medicine for diarrhea unless your child's doctor tells you it's OK. If your child has a bacterial infection that is causing the vomiting or diarrhea, antibiotics sometimes may be needed.

Call your child's doctor if your child has any of the following signs of dehydration:

- Blood or mucus in the stool
- No tears
- Dry diaper or no urination for 6 hours
- Dry mouth, skin, or lips
- Sunken eyes
- Not as alert as usual
- Sunken soft spot on head (for infants)
- High fever

Most cases of mild dehydration can be treated by giving your child fluids. However, if dehydration is severe, your child may need to be given fluids through an IV (a tube inserted into a vein). To lower the chance of dehydration, call your child's doctor early if your child has vomiting or diarrhea that won't go away.

From your doctor

Hinton Healthcare

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site — www.aap.org

Sinusitis and Your Child

Sinusitis is an inflammation of the lining of the nose and sinuses. It is a very common infection in children.

Viral sinusitis usually accompanies a cold. Allergic sinusitis may accompany allergies such as hay fever. Bacterial sinusitis is a secondary infection caused by the trapping of bacteria in the sinuses during the course of a cold or allergy.

Fluid inside the sinuses

When your child has a viral cold or hay fever, the linings of the nose and sinus cavities swell up and produce more fluid than usual. This is why the nose gets congested and is "runny" during a cold.

Most of the time the swelling disappears by itself as the cold or allergy goes away. However, if the swelling does not go away, the openings that normally allow the sinuses to drain into the back of the nose get blocked and the sinuses fill with fluid. Because the sinuses are blocked and cannot drain properly, bacteria are trapped inside and grow there, causing a secondary infection. Although nose blowing and sniffing may be natural responses to this blockage, when excessive they can make the situation worse by pushing bacteria from the back of the nose into the sinuses.

Is it a cold or bacterial sinusitis?

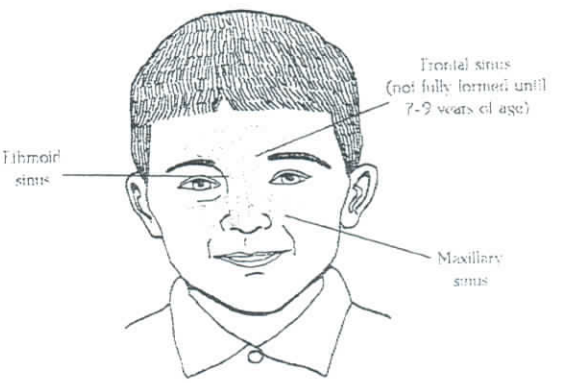
It is often difficult to tell if an illness is just a viral cold or if it is complicated by a bacterial infection of the sinuses.

Generally viral colds have the following characteristics:

- Colds usually last only 5 to 10 days.
- Colds typically start with clear, watery nasal discharge. After a day or 2, it is normal for the nasal discharge to become thicker and white, yellow, or green. After several days, the discharge becomes clear again and dries.
- Colds include a daytime cough that often gets worse at night.
- If a fever is present, it is usually at the beginning of the cold and is generally low grade, lasting for 1 or 2 days.
- Cold symptoms usually peak in severity at 3 or 5 days, then improve and disappear over the next 7 to 10 days.

Signs and symptoms that your child may have bacterial sinusitis include:

- Cold symptoms (nasal discharge, daytime cough, or both) lasting more than 10 days *without improving*
- Thick yellow nasal discharge *and* a fever for at least 3 or 4 days in a row
- A severe headache behind or around the eyes that gets worse when bending over
- Swelling and dark circles around the eyes, especially in the morning
- Persistent bad breath along with cold symptoms (However, this also could be from a sore throat or a sign that your child is not brushing his teeth!)



The linings of the sinuses and the nose always produce some fluid (secretions). This fluid keeps the nose and sinus cavities from becoming too dry and adds moisture to the air that you breathe.

In very rare cases, a bacterial sinus infection may spread to the eye or the central nervous system (the brain). If your child has the following symptoms, call your pediatrician immediately:

- Swelling and/or redness around the eyes, not just in the morning but all day
- Severe headache and/or pain in the back of the neck
- Persistent vomiting
- Sensitivity to light
- Increasing irritability

Diagnosing bacterial sinusitis

It may be difficult to tell a sinus infection from an uncomplicated cold, especially in the first few days of the illness. Your pediatrician will most likely be able to tell if your child has bacterial sinusitis after examining your child and hearing about the progression of symptoms. In older children, when the diagnosis is uncertain, your pediatrician may order x-rays or computed tomographic (CT) scans to confirm the diagnosis.

Treating bacterial sinusitis

Following are treatments for bacterial sinusitis and related symptoms:

Sinusitis. If your child has bacterial sinusitis, your pediatrician may prescribe an antibiotic for at least 10 days. Once your child is on the medication, symptoms should start to go away over the next 2 to 3 days—the nasal discharge will clear and the cough will improve. *Even though your child may seem better, continue to give the antibiotics for the prescribed length of time. Ending the medications too early could cause the infection to return.*

If your child's symptoms show no improvement 2 to 3 days after starting the antibiotics, talk with your pediatrician. Your child might need a different medication or need to be re-examined.

Headache or sinus pain. To treat headache or sinus pain, try placing a warm washcloth on your child's face for a few minutes at a time. Pain medications such as acetaminophen or ibuprofen may also help. (However, do not give your child aspirin. It has been associated with a rare but potentially fatal disease called Reye syndrome.)

Nasal congestion. If the secretions in your child's nose are especially thick, your pediatrician may recommend that you help drain them with saline nose drops. These are available without a prescription or can be made at home by adding ¼ teaspoon of table salt to an 8-ounce cup of water. Unless advised by your pediatrician, do not use nose drops that contain medications because they can be absorbed in amounts that can cause side effects.

Placing a cool-mist humidifier in your child's room may help keep your child more comfortable. Clean and dry the humidifier daily to prevent bacteria or mold from growing in it (follow the instructions that came with the humidifier). Hot water vaporizers are not recommended because they can cause scalds or burns.

Remember

If your child has symptoms of a bacterial sinus infection, see your pediatrician. Your pediatrician can properly diagnose and treat the infection and recommend ways to help alleviate the discomfort from some of the symptoms.

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RSV, Bronchiolitis, and Your Baby

RSV is the short name for respiratory syncytial virus (RES-pruh-tor-ee sin-SISH-ul VYE-ris). Almost all children get RSV at least once before they are 2 years old. For most healthy children, RSV is like a cold. But some children get very sick with RSV.

Symptoms may include:

- Runny nose.
- Coughing.
- Low fever.

These symptoms should go away in 5 to 7 days. And you can treat them the same way you would treat a cold.

But RSV can be dangerous for some children. It is the main cause of **pneumonia*** and **bronchiolitis*** in children younger than 2 years.

Bronchiolitis is an infection that is common in babies. One symptom of bronchiolitis is trouble breathing. This can be scary for both parents and children.

Call the Doctor Right Away If...

...your baby shows any of these signs:

- Trouble breathing or breathing faster than usual
- **Wheezing***
- Acting fussy and restless
- Not wanting to eat

Call 911 or an Ambulance If...

- Your baby's lips and fingertips start to turn blue.
- Your baby stops breathing.

What Will the Doctor Do?

The doctor will check to see what the infection is. Then the doctor will talk with you about the best way to care for your baby. If your baby is very sick, the doctor may need to keep him or her in the hospital for a few days.

Home Treatment

You can't cure a virus. But you can help your baby's symptoms.

To Help a Stuffy Nose

Thin the mucus (MYOO-kus). Only use saline (saltwater) nose drops. *Never* use any other kind of nose drops unless your baby's doctor prescribes them.

Clear your baby's nose with a suction bulb. (This is also called an ear bulb.) Squeeze the bulb first and hold it in. Gently put the rubber tip into one **nostril***, and slowly release the bulb. This will suck the clogged mucus out of the nose. It works best when your baby is younger than 6 months.

Words to Know

acetaminophen (uh-see-tuh-MIN-uh-fin)—a medicine for pain and fever. Tylenol is one brand of acetaminophen.

bronchiolitis (brahn-kee-yoh-LYE-tis)—an infection that makes the lining of small breathing tubes of the lungs swell. The swelling blocks airflow, making it hard to breathe.

ibuprofen (eye-byoo-PROH-fin)—a medicine for pain and fever. Advil and Motrin are brands of ibuprofen.

nostril (NAH-strul)—1 of 2 holes in the bottom of the nose, where air goes in and out.

pneumonia (nuh-MOH-nyuh)—an infection of the lungs. Many different germs can cause pneumonia.

wheezing (weez-ing)—high-pitched whistling sounds when breathing.

Continued on back

Continued from front

Put a cool-mist humidifier in your child's room. A humidifier (hyoo-MID-uh-fye-ur) puts water into the air to help clear your child's stuffy nose. Be sure to clean the humidifier often.

Don't give your baby any cold medicines without asking the doctor.

To Help Fever

Give your baby acetaminophen* or ibuprofen* (for a baby older than 6 months). Be sure to get the right kind for your child's age. Ask the doctor how much to give your baby.

Don't give aspirin to your baby. It's dangerous for children younger than 18 years.

Make Sure Your Baby Drinks Lots of Liquids

Your baby needs to drink plenty of liquids if he or she has a fever or has trouble sucking or nursing.

Your baby may want clear liquids instead of milk or formula. Good choices are water and juice mixed with water. Offer a little bit at a time. Your baby may feed more slowly or not feel like eating because it's hard to breathe.

Who Can Get Very Sick?

RSV can be serious for babies whose lungs are not strong. These include:

- Babies younger than 6 weeks.
- Babies who were born more than 8 weeks early (before 32 weeks of pregnancy).
- Babies who were born with severe heart or lung disease.

RSV also can be serious for young children with health problems like:

- Chronic (long-term) lung disease.
- Serious heart problems.
- Problems fighting infections because their immune system does not work well.

When and How Does RSV Spread?

RSV and other viruses are very easy to catch. Children can pick up germs from:

- Countertops, tables, and playpens.
- Unwashed hands.
- Touching or kissing someone with a cold.

Can You Prevent RSV?

It's important to try to protect your child from RSV and other viruses. This is especially true when your child is younger than 6 months. Here are some things you can do:

- Make sure everyone washes their hands before touching your baby.
- Keep your baby away from anyone who has a cold, fever, or runny nose.
- Don't take your baby to crowded places like shopping malls.
- Don't smoke around your baby.
- Keep your baby away from cigarette and other tobacco smoke.

For Babies Who Can Get Very Sick...

Ask your child's doctor if your baby is at high risk for getting very sick from RSV. If so, follow the tips above and ask the doctor if your baby should get special shots that can help prevent RSV.

Remember Flu Shots

All babies older than 6 months should get a flu shot. And make sure the whole family gets the flu vaccine too!

To learn more, visit the American Academy of Pediatrics (AAP) Web site at www.aap.org.

Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor.

Note: Brand names are for your information only. The AAP does not recommend any specific brand of drugs or products.

Adaptation of the AAP information in this handout into plain language was supported in part by McNeil Consumer Healthcare.

American Academy of Pediatrics

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Croup and Your Young Child

Croup is a common illness in young children. It can be scary for parents as well as children. The following is information from the American Academy of Pediatrics about croup, including types, causes, symptoms, and treatments.

What is croup?

Croup is a condition that causes a swelling of the voice box (larynx) and windpipe (trachea). The swelling causes the airway below the vocal cords to become narrow and makes breathing noisy and difficult. It is most commonly due to an infection.

Children are most likely to get croup between 3 months and 5 years of age. As they get older, it is not as common because the windpipe is larger and swelling is less likely to get in the way of breathing. Croup can occur at any time of the year, but it is more common in the fall and winter months.

Types of croup

Viral croup. This is the most common type of croup. It is caused by a viral infection of the voice box and windpipe. It often starts out just like a cold, but then slowly turns into a barky cough. Your child's voice will become hoarse and her breathing will get noisier. She may make a coarse musical sound each time she breathes in called *stridor*. Most children with viral croup have a low fever, but some have temperatures up to 104°F (40°C).

Spasmodic croup. This type of croup is thought to be caused by an allergy or by reflux from the stomach. It can be scary because it comes on suddenly, often in the middle of the night. Your child may go to bed well and wake up in a few hours, gasping for breath. She will be hoarse and have stridor when she breathes in. She also may have a barky cough. Most children with spasmodic croup do not have a fever. This type of croup can recur. It is similar to asthma and often responds to allergy or reflux medicines.

Stridor is common with mild croup, especially when a child is crying or active. But if a child has stridor while resting, it can be a sign of more severe croup. As your child's effort to breathe increases, she may stop eating and drinking. She also may become too tired to cough, and you may hear the stridor more with each breath.

The danger of croup with stridor is that sometimes the airway may swell so much your child may barely be able to breathe. In the most severe cases, your child will not be getting enough oxygen into her blood. If this happens, she needs to go to the hospital. Luckily, these most severe cases of croup do not occur very often.

Treatment at home

If your child wakes up in the middle of the night with croup, take him into the bathroom. Close the door and turn the shower on the hottest setting to let the bathroom steam up. Sit in the steamy bathroom with your child. Within 15 to 20 minutes, the warm, moist air should help his breathing. The barky cough may take longer to improve.

Sometimes another attack of croup will occur the same night or the next. If it does, repeat the steam treatment in the bathroom. Steam almost always works. If it does not, take your child outdoors for a few minutes. Inhaling moist, cool night air may help open the air passages so that he can breathe more freely.

When to call the doctor

If you are concerned that your child's croup is not improving, contact your child's doctor, local emergency department, or emergency medical services (911) even if it is the middle of the night. Consider calling if your child

- Makes a whistling sound that gets louder with each breath
- Cannot speak or make verbal sounds for lack of breath
- Seems to be struggling to catch her breath
- Has bluish lips or fingernails
- Has stridor when resting
- Drools or has extreme difficulty swallowing saliva

Treating with medicine

If your child has viral croup and is not breathing better after a steam treatment, your child's doctor or the emergency department doctor may give your child a breathing treatment with epinephrine (adrenaline) to decrease the swelling. They may also prescribe a steroid medicine to reduce the swelling. Steroids can be inhaled, taken by mouth, or given by injection. Treatment with a few doses of steroids should do no harm. For spasmodic croup, your child's doctor may recommend allergy or reflux medicines to help your child's breathing.

Antibiotics, which treat bacteria, are not helpful for treating croup because it is almost always caused by a virus, or by allergy or reflux. Cough syrups are not useful and may do harm.

Other infections

Another cause of stridor and serious breathing problems is *acute supraglottitis* (also called *epiglottitis*). This is a dangerous infection, usually caused by bacteria, with symptoms that can resemble croup. Luckily, this infection is much less common now because of the *Haemophilus influenzae* type b (Hib) vaccine. Rarely, supraglottitis is caused by other bacteria.

Acute supraglottitis usually affects children 2 to 5 years old and comes on suddenly with a high fever. Your child may seem very sick. He may have a muffled voice and prefer to sit upright with his neck extended and face tilted upward in a "sniffing" position to make his breathing easier. He also may drool because he cannot swallow the saliva in his mouth. If not treated, this disease could rapidly lead to complete blockage of your child's airway.

If your child's doctor suspects acute supraglottitis, your child must go to the hospital right away. If he has supraglottitis, he will need antibiotics, and he may also need a tube in his windpipe to help him breathe. Call your child's doctor right away if you think your child may have supraglottitis.

To protect against acute supraglottitis, your child should get the first dose of the Hib vaccine when he is 2 months old. This vaccine will also protect against meningitis (a swelling in the covering of the brain). Since the Hib vaccine has been available, the number of cases of acute supraglottitis and meningitis has dramatically decreased.

Recurrent or persistent croup

When croup persists or recurs frequently, it may be a sign that your child has some narrowing of the airway that is not related to an infection. This may be a problem that was present when your child was born, or one that developed later. If your child has persistent or recurrent croup, your child's doctor may refer you to a specialist for further evaluation.

Croup is a common illness during childhood. Although most cases are mild, croup can become serious and prevent your child from breathing normally. Contact your child's doctor if your child's croup is not improving or if you have other concerns. He or she will make sure your child is evaluated and treated properly.

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OVER THE COUNTER
COUGH AND COLD MEDICATION
DOSAGE GUIDELINES

ACTIFED
BENEDRYL
CHLOR-TRIMETON
DELSYM*
DRIXORAL
NALDECON
ROBITUSSIN DM, CP OR PE
SUDAFED
TRIAMINIC

*NOTE = 12 HOUR DOSING, AMOUNT MUST BE EXACT

THE AAP RECOMMENDS THAT CHILDREN UNDER THE AGE OF 2 SHOULD NOT BE GIVEN COLD AND COUGH MEDICINES

WEIGHT	AGE	DOSAGE
24 TO 47 LBS	2 TO 6 YRS	¾ - 1 TSP OR 3.75 ML
48 TO 60 LBS	6 TO 9 YRS	1 TSP OR 5.0 ML
61 TO 95 LBS	9 TO 12 YRS	1 ½ TSP OR 7.5 ML

Diarrhea and Dehydration

What is diarrhea?

Diarrhea is the passage of watery stools.

What causes diarrhea?

Most diarrhea in children is caused by one of several diarrhea-causing viruses and gets better by itself within a week. Although there can be many causes of diarrhea, the treatment suggested here is appropriate for acute illness (sudden onset, short lasting), which occurs most commonly.

A child with viral diarrhea has a fever and often starts the illness with some vomiting. Shortly after these symptoms appear, the child develops diarrhea. Often children with viral diarrhea "feel bad," but do not act ill.

You should call your pediatrician if your child is less than 6 months of age or has any of the following:

- blood in stool
- frequent vomiting
- abdominal pain
- urinates less frequently (wets fewer than 6 diapers per day)
- no tears when crying
- loss of appetite for liquids
- high fever
- frequent diarrhea
- dry, sticky mouth
- weight loss
- extreme thirst

It is not necessary to call your pediatrician if your child *continues* to look *well* even though there may be:

- frequent or large stools
- lots of intestinal gas
- green or yellow stools

How long will the diarrhea last?

Most of the time mild diarrhea lasts from 3 to 6 days. Occasionally a child will have loose stools for several days longer. As long as the child acts well and is taking adequate fluids and food, loose stools are not a great concern.

Mild illness and diet

Most children should continue to eat a normal diet including formula or milk while they have mild diarrhea. Breastfeeding should continue. If your baby seems bloated or gassy after drinking cow's milk or formula, call your pediatrician to discuss a temporary change in diet.

Special fluids for mild illness

These are not usually necessary for children with mild illness.

Moderate illness

Children with moderate diarrhea can be cared for easily at home with close supervision, special fluids, and your pediatrician's advice. Your pediatrician will recommend the amount and length of time that special fluids should be used. Later, a normal diet can be resumed. Some children are not able to tolerate cow's milk when they have diarrhea and it may be temporarily removed from the diet by your pediatrician. Breastfeeding should continue.

Special fluids for moderate illness

Special fluids (called electrolyte solutions) have been designed to replace water and salts lost during diarrhea. These are extremely helpful for the home management of mild to moderately severe illness. Do not try to prepare these special fluids yourself. Use only commercially available fluids—brand-name and generic brands are equally effective. Your pediatrician or pharmacist can tell you what products are available.

If a child is not vomiting, these fluids can be used in very generous amounts until the child starts making normal amounts of urine again.

Severe illness

If your child develops the warning signs of illness listed on the first page, he or she may require IV fluids in the emergency department for several hours to correct dehydration. Usually hospitalization is not necessary. Immediately seek your pediatrician's advice for the appropriate care if symptoms of severe illness occur.

Commonly asked questions:

Q. Should a child with diarrhea be fasted?

A. Absolutely not! Once she is rehydrated, let the child eat as much or as little of the usual diet as she wants. If she is vomiting, offer small amounts of liquids frequently.

Q. What about soft drinks, juices, or boiled skim milk?

A. A child with mild diarrhea can have regular fluids. But, if there is enough diarrhea to make your child thirsty, he must have special fluids (see Special fluids for moderate illness). Soft drinks, soda pop, soups, juices, sports drinks, and boiled skim milk have the wrong amounts of sugar and salt and may make your child sicker.

Q. What about anti-diarrhea medicines?

A. These medicines are not useful in most cases of diarrhea and can sometimes be harmful. Never use them unless they are recommended by your pediatrician.

Q. Which therapy is best?

A. Because diarrhea is so common, there are many different home remedies that have been tried through the years. Some of these old ideas may not be effective and some may actually make things worse. The recommendations in this brochure are based on the best information available at this time. If you have any questions about them, please check with your pediatrician

Reminder–do's and don'ts

DO

- Watch for signs of dehydration which occur when a child loses too much fluid and becomes dried out. Symptoms of dehydration include a decrease in urination, no tears when baby cries, high fever, dry mouth, weight loss, extreme thirst, listlessness, and sunken eyes.
- Keep your pediatrician informed if there is any significant change in how your child is behaving.
- Report if your child has blood in his stool.
- Report if your child develops a high fever (more than 102°F or 39°C).
- Continue to feed your child if she is not vomiting. You may have to give your child smaller amounts of food than normal or give your child foods that do not further upset his or her stomach.
- Use diarrhea replacement fluids that are specifically made for diarrhea if your child is thirsty.

DON'T

- Try to make special salt and fluid combinations at home unless your pediatrician instructs you and you have the proper instruments.
- Prevent the child from eating if she is hungry.
- Use boiled milk or other salty broth and soups.
- Use "anti-diarrhea" medicines unless prescribed by your pediatrician.

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VOMITING AND OR DIARRHEA DIET

SIGNS OF DEHYDRATION:
Listlessness, dry tongue and inner cheek, tears absent when crying, sunken eyeballs, no urine in last 8-10 hours.

FOR CHILDREN OVER 1 YEAR OF AGE

Day 1 -Today
Choose from the following fluids:

1. Pedialyte
2. Gatorade
3. Pediapops
4. Jell-O or Jell-O water
5. Bouillon cubes or granules (Do not give broth from soup, it contains fats that will upset the stomach)
6. Tea (weak)
7. 7Up or Sprite (flat soda only)

Day 2
Choose from the following: **NO MILK**

1. Rice Krispies
2. Bananas
3. Active Culture yogurt
4. Toast and jelly (no butter)
5. Mashed, baked or boiled potatoes (no butter)
6. Pretzels and saltine crackers

Day 3
Begin to add fruits and vegetables. No citrus fruits, tomatoes or gassy vegetables.

Day 4
You can give your child the following:

1. Lean meats (broiled or baked (no fried meats)
2. Skim milk

Day 5
You may return to your regular diet as long as your child is no longer vomiting nor has diarrhea. If vomiting or diarrhea continues, call our office.

VOMITING AND OR DIARRHEA DIET

SIGNS OF DEHYDRATION:
Listlessness, dry tongue and inner cheek, tears absent when crying, sunken eyeballs, no urine in last 8-10 hours.

FOR CHILDREN UNDER 1 YEAR OF AGE

Day 1 - Today

Give Pedialyte only for 24 hours. DO NOT GIVE FORMULA

Day 2

For the next 24 hours give a soy based formula (Prosobee or Isomil for example). If you child's regular formula is a soy based formula, go to the next days instructions.

Day 3

You may give your child his or her regular formula diluted to $\frac{1}{2}$ strength. You may do this by doubling the water when mixing the formula. You may also substitute Pedialyte for the water.

Day 4

Give regular full strength formula

Day 5

Gradually resume regular diet if tolerable.

ADVICE
If your child is alert, active and does not appear unusually ill and if diarrhea is mild and infrequent, (less than six stools in the past 12 hours without blood or mucus) then feeding advice and home management are appropriate. If you child shows any signs of dehydration, call out office, exchange or go to your nearest hospital emergency room.

Acute Ear Infections and Your Child

Next to the common cold, an ear infection is the most common childhood illness. In fact, most children have at least 1 ear infection by the time they are 3 years old. Most of the time, ear infections clear up without causing any lasting problems.

Read more to learn about the symptoms, treatments, and possible complications of *acute otitis media*, a common infection of the middle ear.

How do ear infections develop?

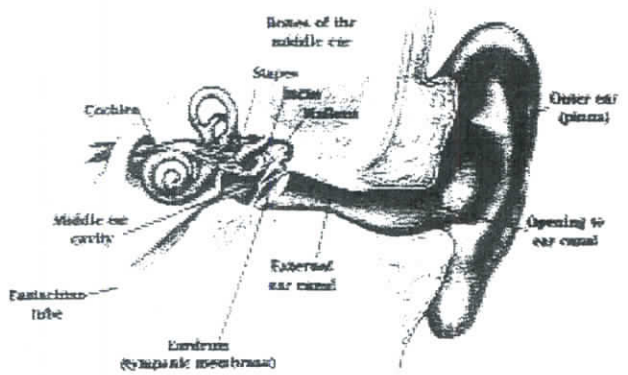
The ear has 3 parts—the outer ear, middle ear, and inner ear. A small tube (eustachian tube) connects the middle ear to the back of the nose. When a child has a cold, nose or throat infection, or allergy, the eustachian tube can become blocked, causing a buildup of fluid in the middle ear. If bacteria or a virus infects this fluid, it can cause swelling and pain in the ear. This type of ear infection is called *acute otitis media*.

Often after the symptoms of acute otitis media clear up, fluid remains in the ear. Acute otitis media then develops into another kind of ear problem called *otitis media with effusion (middle ear fluid)*. This condition is harder to detect than acute otitis media because except for the fluid and usually some mild hearing loss, there are often no other noticeable symptoms. This fluid may last several months and, in most cases, disappears on its own. The child's hearing then returns to normal.

Is my child at risk for developing an ear infection?

Risk factors for developing childhood ear infections include

- **Age.** Infants and young children are more likely to get ear infections than older children. The size and shape of an infant's eustachian tube makes it easier for an infection to develop. Ear infections occur most often in children between 3 months and 3 years of age. Also, the younger a child is at the time of the first ear infection, the greater the chance he will have repeated infections.
- **Family history.** Ear infections can run in families. Children are more likely to have repeated middle ear infections if a parent or sibling also had repeated ear infections.
- **Colds/allergies.** Colds often lead to ear infections. Children in group child care settings have a higher chance of passing their colds to each other because they are exposed to more viruses from the other children. Allergies that cause stuffy noses can also lead to ear infections.
- **Tobacco smoke.** Children who breathe in someone else's tobacco smoke have a higher risk of developing health problems, including ear infections.
- **Bottle-feeding.** Babies who are bottle-fed, especially while they are lying down, get more ear infections than breastfed babies. If you bottle-feed your child, hold his head above the stomach level during feedings. This helps keep the eustachian tubes from being blocked.



Cross-Section of the Ear

How can I reduce the risk of an ear infection?

Two things you can do to help reduce your child's risk of getting an ear infection are

- Breastfeed instead of bottle-feed. Breastfeeding may decrease the risk of frequent colds and ear infections.
- Keep your child away from tobacco smoke, especially in your home or car.

Also, vaccines against bacteria (such as pneumococcal vaccine) and viruses (such as influenza vaccine) may reduce the number of ear infections in children with frequent infections.

What are the symptoms of an ear infection?

Your child may have many symptoms during an ear infection. Talk with your pediatrician about the best way to treat your child's symptoms.

- **Pain.** The most common symptom of an ear infection is pain. Older children can tell you that their ears hurt. Younger children may only seem irritable and cry. You may notice this more during feedings because sucking and swallowing may cause painful pressure changes in the middle ear.
- **Loss of appetite.** Your child may have less of an appetite because of the ear pain.
- **Trouble sleeping.** Your child may have trouble sleeping because of the ear pain.
- **Fever.** Your child may have a temperature ranging from 100°F (normal) to 104°F.
- **Ear drainage.** You might notice yellow or white fluid, possibly blood-tinged, draining from your child's ear. The fluid may have a foul odor and will look different from normal earwax (which is orange-yellow or reddish-brown). Pain and pressure often decrease after this drainage begins, but this doesn't always mean that the infection is going away. If this happens it's not an emergency, but your child will need to see your pediatrician.

Causes of ear pain

There are other reasons besides an ear infection why your child's ears may hurt. The following can cause ear pain:

- An infection of the skin of the ear canal, often called "swimmer's ear"
- Blocked or plugged eustachian tubes from colds or allergies
- A sore throat
- Teething or sore gums

- **Trouble hearing.** During and after an ear infection, your child may have trouble hearing for several weeks. This occurs because the fluid behind the eardrum gets in the way of sound transmission. This is usually temporary and clears up after the fluid from the middle ear drains away.

How are ear infections treated?

Because pain is often the first and most uncomfortable symptom of ear infection, it's important to help comfort your child by giving her pain medicine. Acetaminophen or ibuprofen are over-the-counter pain medicines that may help decrease much of the pain. Be sure to use the right dosage for your child's age and size. *Don't give aspirin to your child.* It has been associated with Reye syndrome, a disease that affects the liver and brain. There are also ear drops that may relieve ear pain for a short time. Ask your pediatrician whether these drops should be used. There is no need to use over-the-counter cold medicines (decongestants and antihistamines), because they don't help clear up ear infections.

Not all ear infections require antibiotics. Some children who don't have a high fever and aren't severely ill may be observed without antibiotics. In most cases, pain and fever will improve in the first 1 to 2 days.

If your child is younger than 2 years, has drainage from the ear, has a fever higher than 102.5°F, seems to be in a lot of pain, is unable to sleep, isn't eating, or is acting ill, it's important to call your pediatrician. If your child is older than 2 years and your child's symptoms are mild, you may wait a couple of days to see if she improves.

Your child's ear pain and fever should go away within 2 to 3 days of their onset. If your child's condition doesn't improve within 2 days, call your pediatrician. Your pediatrician may wish to see your child and may prescribe an antibiotic, if one wasn't given initially. If an antibiotic was already started, your child may need a different antibiotic. Be sure to follow your pediatrician's instructions closely.

If an antibiotic was prescribed, make sure your child finishes the entire prescription. If you stop the medicine too soon, some of the bacteria that caused the ear infection may still be present and cause an infection to start all over again.

As the infection starts to clear up, your child might feel a "popping" in the ears. This is a normal sign of healing. Children with ear infections don't need to stay home if they are feeling well, as long as a child care provider or someone at school can give them their medicine properly, if needed. If your child needs to travel in an airplane, or wants to swim, contact your pediatrician for specific instructions.

Signs of hearing problems

Because your child can have trouble hearing without other symptoms of an ear infection, watch for the following changes in behavior (especially during or after a cold):

- Talking more loudly or softly than usual
- Saying "huh?" or "what?" more than usual
- Not responding to sounds
- Having more trouble understanding language in noisy rooms
- Listening with the TV or radio turned up louder than usual

If you think your child may have difficulty hearing, call your pediatrician. Being able to hear and listen to others talk helps a child learn speech and language. This is especially important during the first few years of life.

Are there complications from ear infections?

Although it's very rare, complications from ear infections can develop, including the following:

- An infection of the inner ear that causes dizziness and imbalance (labyrinthitis)
- An infection of the skull behind the ear (mastoiditis)
- Scarring or thickening of the eardrum
- Loss of feeling or movement in the face (facial paralysis)
- Permanent hearing loss

It's normal for children to have several ear infections when they are young—even as many as 2 separate infections within a few months. Most ear infections that develop in children are minor. Recurring ear infections may be a nuisance, but they usually clear up without any lasting problems. With proper care and treatment, ear infections can usually be managed successfully. But, if your child has one ear infection after another for several months, you may want to talk about other treatment options with your pediatrician.

From your doctor

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Antibiotics and Your Child

Is an antibiotic the right treatment for your child? That depends. Antibiotics are powerful medicines, but they don't always work. First, your pediatrician will need to find out what's making your child sick. It's important that antibiotics are taken only if needed and just as your pediatrician tells you. When antibiotics aren't used the right way, they can do more harm than good.

The following are answers to common questions about the use of antibiotics. Talk with your pediatrician if you have other questions or concerns.

Q: When do antibiotics work?

A: Antibiotics only work for infections caused by certain bacteria. They don't work on viruses.

Bacteria cause many ear infections, some sinus infections, and pneumonia. They also cause strep throat and urinary tract and skin infections. Keep in mind that all prescribed doses of an antibiotic should be finished. If your child stops taking the medicine too soon, the infection could start again.

Viruses cause all colds and flu, most coughs, and most sore throats. There's no medicine to cure infections caused by viruses. However, you can help your child feel better while the illness runs its course. Your pediatrician may suggest ways you can ease the symptoms.

Q: When are antibiotics harmful?

A: Antibiotics can kill or slow down certain bacteria from growing, but each time they're used there's a chance that resistant bacteria will develop. These resistant bacteria are more likely to cause your child's next infection and may make it harder to treat your child the next time. A few bacterial infections have already become resistant to many antibiotics and are untreatable. There's a growing concern that more bacterial infections will become untreatable by commonly prescribed antibiotics.

Q: What are resistant bacteria?

A: Resistant bacteria are bacteria that are no longer killed by most antibiotics. Repeated use and misuse of antibiotics are some of the main causes of the increase in resistant bacteria. These resistant bacteria can also be spread to other children and adults.

Q: Can resistant bacteria be treated?

A: Some resistant bacteria can be treated with stronger medicines. These medicines may need to be given by vein (IV) in the hospital. To lower your child's risk of infection caused by resistant bacteria, use antibiotics only when they are needed.

Using antibiotics safely

Keep the following in mind if your child gets sick:

- **Antibiotics aren't always the answer when your child is sick.** Ask your pediatrician what the best treatment is for your child.
- **Antibiotics only treat bacterial infections.** They don't work on colds and flu.
- **Finish all prescribed doses of an antibiotic.** If your child feels better and stops the medicine too soon, the infection could return.
- **Throw away unused antibiotics.** Never save antibiotics for later use.

Q. What are the side effects?

A: Side effects may include nausea, diarrhea, and stomach pain. Some people may have an allergic reaction that causes a rash, itching, or hives. In severe cases, some people may have trouble breathing. Some antibiotics kill "good" bacteria that help our bodies. When this happens the helpful bacteria are replaced by bacteria and yeast that can cause diarrhea or skin or mouth infections. Always let your pediatrician know if your child has any side effects.

Q: What if my child has an ear infection and is in pain?

A: Despite what you may think, antibiotics may not help your child's ear infection. One reason is that bacteria don't cause all ear infections. Your pediatrician will decide what the best treatment is for your child. Some children with a low fever and mild symptoms may be observed without antibiotics; some children with bacterial infections may not be given antibiotics right away. Because pain is often the first and most uncomfortable symptom of ear infection, it's important to help comfort your child by giving her pain medicine. In most cases, your child will feel better after the first 1 to 2 days.

Acetaminophen and ibuprofen are over-the-counter pain medicines that may help lessen much of the pain. Be sure to use the right dose for your child's age and size. There are also eardrops that may help ear pain for a short time. Ask your pediatrician whether these drops should be used. Over-the-counter cold medicines (decongestants and antihistamines) don't help clear up ear infections.

Q: If some viral infections lead to bacterial infections, why doesn't my pediatrician prescribe antibiotics?

A: Most viral infections in children don't develop into bacterial infections. Treating viral infections with antibiotics may occasionally lead to an infection caused by resistant bacteria instead of stopping an infection. Let your pediatrician know if the illness gets worse or lasts a long time so that the right treatment can be given as needed.

Q: Doesn't yellow or green mucus mean that my child has a bacterial infection?

A: No, it's normal for the mucus to change from clear to yellow or green. Mucus gets thick and changes color during a viral cold as part of the normal healing process.

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The Flu (Influenza)

Almost every child gets the flu (influenza) from time to time. What is the flu? How can I prevent the flu from spreading? Who should get the flu vaccine? The following are answers to these and other questions from parents about the flu.

What is the flu?

The flu is caused by a virus. Although there are 3 influenza viruses—types A, B, and C—in humans flu outbreaks are caused by A or B.

The flu may occur from October through May. People can get the flu a number of times during their lifetime because the virus often changes from year to year. It typically peaks in January or February.

If someone is exposed to the flu, it can be a couple of days before symptoms start. The flu can then last a week or longer. Your child will usually feel the worst during the first few days of the illness.

What are the symptoms?

Flu symptoms include the following:

- A sudden fever (usually over 101°F or 38.3°C)
- Chills
- Lack of energy
- Headaches
- Muscle aches and pain
- Dry cough
- Sore throat
- Vomiting and belly pain
- Stuffy, runny nose

There are usually no serious complications from the flu. However, sometimes an ear infection, a sinus infection, croup, bronchiolitis, or pneumonia may develop, especially in infants or in children with a serious health condition, including lung disease, heart disease, a weakened immune system, or cancer. In rare cases, complications from the flu can lead to death. Talk with your child's doctor if your child has pain in the ear, a cough that won't go away, or a fever that lasts more than 3 to 4 days.

How is the flu spread?

The flu is spread from person to person through

- Direct contact with droplets passed through the air from coughing and sneezing
- Indirect contact, such as hand-to-hand touching or when your child touches a contaminated surface like a toy or doorknob and then touches his eyes, nose, or mouth

The flu spreads very easily, especially to other family members, preschool and school-aged children, and all adults who spend time with children. A person with the flu can spread the virus during the first several days of the illness, although young children can spread the virus before symptoms begin and for as many as 10 days afterward.

What types of flu vaccines are available?

There are safe and effective vaccines to protect against the flu. The 2 types of influenza vaccines used to immunize children and adults are trivalent inactivated influenza vaccine (TIV) and live, attenuated influenza vaccine (LAIV). TIV is given by injection (flu shot) and LAIV is sprayed into the nose (nasal spray).

Who should get the flu vaccine?

Annual influenza immunization is recommended for all

- Healthy children 6 months through 18 years old (TIV for all; LAIV for ages 2 through 18 years only)
- Children 6 months and older with serious health problems, such as lung disease including asthma, heart disease, a weakened immune system, diabetes, kidney disease, or cancer (TIV only)
- Household contacts and out-of-home caregivers of children with serious health problems and of all healthy children younger than 5 years (TIV for ages 6 months and older; LAIV for ages 2 through 49 years)
- Health care professionals

For children younger than 9 years who have never before been vaccinated, 2 doses of vaccine, given at least 1 month apart, are required to provide adequate protection against the flu. After that, only 1 dose of vaccine is needed each year. Children younger than 9 years who were immunized for the first time last flu season, but only received 1 dose of vaccine, will need 2 doses this flu season.

LAIV is currently approved only for healthy persons 2 through 49 years old. Children with certain health conditions should not be given LAIV. This includes children with asthma, children younger than 5 years with recurrent wheezing or a wheezing episode in the past 12 months, or children on long-term aspirin treatment.

The best time to get the flu vaccine is in the early fall or as soon as it is available in your community. Because the flu season often lasts well into March and beyond, the flu vaccine is recommended through late winter to early spring. Find out from your child's doctor when the vaccine is available in your area.

Who should not get the flu vaccine?

Both types of flu vaccine should not be given to anyone with known allergic reactions (like hives, angioedema, asthma, and anaphylaxis) to chicken eggs or egg proteins, or any other part of the flu vaccines. This is because eggs are used to make them. Your child's doctor may recommend skin testing before giving the vaccine to any child who may have had a severe allergic reaction to eggs in the past.

Giving medicines to your child

For your child's medicine to work, it must be taken as directed. The following are important things to remember:

- **Stick with the schedule.** Don't skip a dose. Also, ask your child's doctor what to do if a dose isn't given on time.
- **Give the right amount.** Don't give your child more medicine because you think it may work better or faster. Also, don't give higher doses of infant drops to a toddler. Infant drops are actually stronger (more concentrated) than liquids.
- **Don't stop too soon.** Finish all of the prescription medicine (especially antibiotics), even if your child starts to feel better. The infection can come back if the medicine is stopped too soon.
- **Don't try to hide the medicine.** Even if your child hates the taste or tries to spit it out, don't hide it in milk or food unless specifically directed by your child's doctor. This may affect how well it works. Also, you won't be able to tell if your child gets all of it. If your older child hates the taste of the liquid or if your child cannot yet swallow pills, some medicines come in chewable tablets. Avoid calling medicine candy to get your child to take it.
- **Don't give your child other people's medicines, or allow others to take your child's medicines.**
- **Prevent overdose or poisoning by**
  - **Always using good light** so you can see what you are doing.
  - **Checking the package** for cuts, tears, or other signs the package was opened.
  - **Checking the label** before opening the bottle and again before giving the medicine.
  - **Never letting your child take medicine without supervision unless you have discussed this with your doctor.**
  - **Storing medicines safely** in a locked cabinet in a cool, dry place. Use child-safe caps.

Herbal medicines

The use of herbs to treat illnesses dates back centuries. In fact, many of today's medicines came from herbs. Herbals include plant seeds, berries, roots, leaves, bark, or flowers. Keep the following in mind when using herbals:

- "Natural" does not always mean "safe." Herbals do not need to be safety tested before they are sold.
- Manufacturers are not allowed to claim their products can treat or prevent specific diseases.
- Some herbals have serious side effects such as rash, high blood pressure, nervousness, headaches, heart attack, and stroke. While side effects are less common with herbals than with medicines, you should be aware of them before taking any herbals.
- Some herbals may cause serious side effects when taken with other medicines. Be sure to talk with your child's doctor if you plan to give herbals along with other medicines to your child. Also, before surgery, make sure to tell your child's doctor about any herbals your child has taken.

Liquid medicines

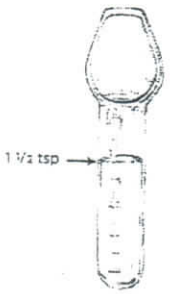
1 tablespoon (TBSP) is the same as 15 mL.

Many children's medicines come in liquid form because liquids are easier to swallow than pills. But they must be used the right way. Liquid medicines are measured in

- Teaspoon (tsp)
- Tablespoon (Tbsp or TBSP)
- Milliliter (mL, ml, or mLs)

One teaspoon is equivalent to 5 mL, and one tablespoon is equivalent to 15 mL.

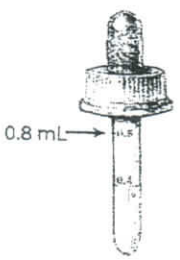
- Cubic centimeters (cc)



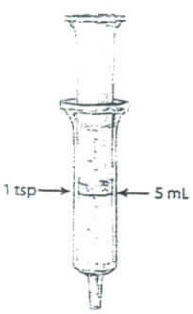
Fill the dosing spoon while holding it upright.

Teaspoons and tablespoons vary a lot in their actual volume; therefore, it is best to give medicine in milliliters (mL) or cubic centimeters (cc) in a measured container. Also, do not use kitchen tablespoons or teaspoons to measure liquid medicine, because they usually are not accurate. Instead, use the dosing device that comes with the medicine such as one of the following:

- **Dosing spoons.** Work well for older children who can open their mouths and "drink" from the spoon.
- **Medicine cups.** Best for older children. Don't just fill the cup. Look at the lines to be sure you are giving the right amount.
- **Syringes and droppers.** Work well for infants. Just squirt the medicine between your child's tongue and the side of the mouth (not the back of the throat). This makes it easier to swallow. If the syringe has a plastic cap, throw the cap into the trash so that it does not fall off in your child's mouth. Also, don't just fill the syringe. Read the directions carefully to see how much to give your child.



In this example, a dropperful is the same as 0.8 mL.



1 teaspoon (tsp) is the same as 5 mL.

What if my child is poisoned?

If you think your child has swallowed any medicines or substances that might be harmful, stay calm and act fast. ***If your child is unconscious, not breathing, or having convulsions or seizures, call 911 or your local emergency number right away.*** If your child doesn't have these symptoms, call the poison center at **1-800-222-1222.** A poison expert in your area is available 24 hours a day, 7 days a week.

Don't use syrup of ipecac. If you have syrup of ipecac in your home, flush it down the toilet and throw away the bottle. Years ago people used syrup of ipecac to make children throw up if they swallowed poison. We now know that you should not make a child throw up in any way.

Note: Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Illustrations in the "Liquid medicines" section by Anthony Alex LeTourneau.

From your doctor

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Are there any side effects?

There are generally few side effects.

TIV is given by injection. The area where the shot was given may be sore, and a child may get a mild fever.

LAIV is sprayed into the nose. Side effects are generally mild with the most frequent being stuffy, runny nose; sore throat; and low-grade fever.

How is the flu treated?

In children at least 1 year of age, influenza may be treated with antiviral drugs to speed recovery. These medicines must be taken within the first 48 hours after symptoms begin. Antiviral drugs have shown the most benefit when given as soon as symptoms begin. In some cases, antiviral drugs can be taken before exposure to the flu to prevent illness or to help lower its severity. This is particularly important for children with serious health problems who haven't had a flu vaccine that year. (See "Who should get the flu vaccine?")

Extra rest and a lot of fluids to prevent dehydration can help your child feel better. If your child is uncomfortable because of fever, acetaminophen may help. Check first with your child's doctor before giving your child any other medicines, including over-the-counter cold and cough medicines. Antibiotics can be used to fight bacterial infections but have no effect on viruses, like influenza.

How can I prevent the flu from spreading?

People with the flu are most infectious during the 24-hour period before symptoms appear and also on the days when the symptoms are at their worst.

Good hygiene and regular housecleaning are the best ways to prevent the flu from spreading. The following are more ways to help prevent the spread of the flu:

- Cough and sneeze into a tissue. If you don't have time to get a tissue, bend your arm and sneeze or cough into it. Teach your children to do the same.
- Use tissues for wiping runny noses and to catch sneezes. Throw them in the trash after each use. Wear a mask if you are coughing or sneezing frequently.
- Avoid kissing your child on or around the mouth or face when either of you is ill.
- Make sure everyone washes their hands before and after coming into close contact with someone with the flu. Everyone should wash their hands with soap and warm water for at least 15 seconds (about as long as one verse of *Happy Birthday*). You may also use a waterless hand cleaner in addition to hand washing or if soap and water are not available.
- Don't let children share pacifiers, cups, spoons, forks, washcloths, or towels. Never share toothbrushes.
- Use paper cups in the bathroom and kitchen. Throw them in the trash after each use.
- Wash dishes, forks, and spoons in hot, soapy water or the dishwasher.
- Change cloth towels often and wash them in hot water.
- Wipe all surfaces, including toys, with a disinfectant or soap and hot water. Viruses can live for more than 30 minutes on doorknobs, toilet handles, countertops, and even toys.
- Keep children, particularly infants, away from secondhand tobacco smoke. Don't smoke around your children. Children who are exposed to tobacco smoke cough and wheeze more and have a harder time getting over the flu.

Is it the flu or a cold?

The flu and the common cold are respiratory infections caused by different viruses. They can be hard to tell apart because the flu can look like the common cold with only nose and throat symptoms or can be more serious, involving the lungs and other areas of the body.

Even though they share many of the same symptoms, there are differences. A child with a common cold usually has less of a fever and only mild coughing. Children with the flu usually feel much more sick, achy, and miserable. Also, the flu tends to strike more quickly than a cold. Stomach upsets and vomiting are more common with the flu than with a cold. Children who have colds usually have enough energy to play and keep up with their normal day-to-day routines. The flu, on the other hand, may keep most children in bed for several days.

When should I call the doctor?

If your child is younger than 2 months and has a fever, call your child's doctor right away. For a child older than 2 months who has been exposed to the flu or shows signs of the flu, call your child's doctor within 48 hours. Also, call your child's doctor if your child experiences any of the following:

- Trouble breathing
- Blue lips or nails
- A cough that will not go away after 1 week
- Pain in the ear
- Fever that continues or comes back after 3 to 4 days
- Does not start to feel better after a few days

A Warning About Aspirin

Do not give aspirin to any child or teen with a fever. The use of aspirin has been associated with a rare but very serious illness called Reye syndrome that can affect the liver and brain.

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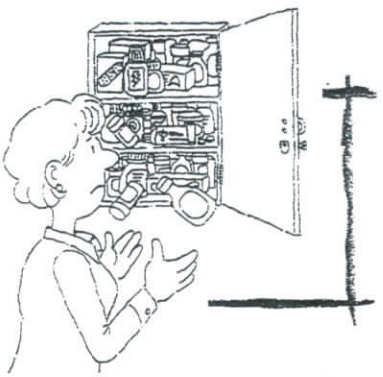
A Guide to Your Child's Medicines



Many parents have questions about their children's medicines. Labels can be hard to read and understand. But it's important to give medicines the right way for your child's health and safety. Read on to find out more about children's medicines.

Ask questions

Before you give your child any medicines, be sure you know how to use them. The following are questions you can ask your child's doctor or pharmacist:

- How will it help my child?
- How much do I give my child? When? For how long?
- Should my child take this medicine with food or on an empty stomach?
- What side effects are associated with this medicine?
- How can I learn more about this medicine?
- When will the medicine start to work?
- What do I do if my child misses a dose?
- What if my child spits it out?
- Can this prescription be refilled? How many times?
- Can this medicine be given with other medicines or herbals that my child is taking?

Your child's pharmacy

If possible, use the same pharmacy for all of your child's prescriptions. Having a single source for all of your medicines will allow your pharmacist to check for possible drug allergies and drug interactions. This is also true for over-the-counter preparations. If you have questions when buying these, the pharmacist will have your child's records on hand to help you make a decision.

Side effects

Side effects can happen with any medicines. Be sure to tell the doctor if your child has any side effects after taking medicine. If your child throws up or gets a rash after taking any medicines, call the doctor.

Storing medicines

Most people store their medicines in the bathroom, but the high humidity there can cause pills to break down more quickly. Another area in the house, especially one that is not easily accessible to young children, is a better idea. Some medicines need to be refrigerated, others protected from light (hence the dark bottles). Your pharmacist will tell you if there are any storage concerns.

Prescription medicines

Medicines that only a doctor can order are called prescription medicines. Medicines often have 2 names: a brand name and a generic name. This is similar to tissues, which are often called by a brand name, like Kleenex. The following are examples of common prescription medicines for children:

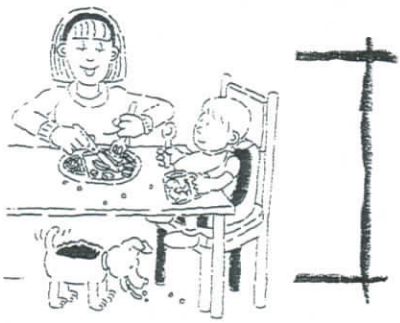
- **Antibiotics.** Used for bacterial infections, not viruses like colds and the flu.
- **Ear drops.** Used for some types of ear infections.
- **Eyedrops or ointment.** Used for eye infections, allergies, or vision problems.
- **Inhalers.** Used to treat asthma and inflammation of the lungs.
- **Nose sprays.** Used to treat sinus problems or allergies.
- **Skin creams, ointments, and lotions.** Used for skin infections, burns, bug bites, rashes, and acne.

Read the label

The following information is found on a prescription label:

a. **Prescription number.** The pharmacy may ask for this number when you call in for a refill. You may also need this number when filling out insurance forms.
b. **Your child's name.** Make sure it's for your child.
c. **Name of the medicine.** The strength of the medicine (for example, 10 mg tablets) may also be listed.
d. **QTY.** "Quantity" or how much is in the package.
e. **Expiration date.** Throw away any medicine left after this date. MFG is the "manufacturer" or company that makes the medicine.
f. **Directions.** This tells you how your child needs to take the medicine and what it is for. Here are some examples.
   - **"Take 4 times a day."** Give the medicine to your child 4 times during the day. For example, at breakfast, lunch, dinner, and before bed. This does not strictly mean every 6 hours.
   - **"Take every 4 hours."** Give the medicine to your child every 4 hours. This adds up to 6 times in a 24-hour period. For example, 6:00 am, 10:00 am, 2:00 pm, 6:00 pm, 10:00 pm, and 2:00 am. Most medicines don't have to be given at the exact time to work, but some do.
   - **"Take as needed as symptoms persist."** Give the medicine to your child only when needed.
   - **"Take with food."** Give the medicine to your child after a meal. Some medicines work better when the stomach is full.
g. **Refills.** The label will show the number of refills you can get. If the label says "No refills—Dr authorization required" or "0," you will need to call your child's doctor to get more.
h. **Date the prescription was filled.**
i. **Doctor's name.**
j. **Pharmacy name, address.**
k. **Special messages.** The medicine may have extra bright-colored labels with special messages. For example, you may see "Keep refrigerated," "Shake well before using," or "May cause drowsiness." Be sure to ask if you don't know what they mean.

Choking Prevention and First Aid for Infants and Children



When children begin crawling, or eating table foods, parents must be aware of the dangers and risks of choking. Children younger than 5 years can easily choke on food and small objects.

Choking occurs when food or small objects get caught in the throat and block the airway. This can prevent oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur. Many children die from choking each year. Most children who choke to death are younger than 5 years. Two thirds of choking victims are infants younger than 1 year.

Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

Read more about choking prevention and first aid.

Dangerous foods

Do not feed children younger than 4 years round, firm food unless it is chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may try to swallow it whole. The following foods can be choking hazards:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard, gooey, or sticky candy
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Fruit chunks, such as apple chunks
- Chewing gum

Dangerous household items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles
- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

What you can do to prevent choking

- *Learn CPR (cardiopulmonary resuscitation)* (basic life support).
- *Be aware that balloons pose a choking risk* to children up to 8 years of age.
- *Keep the above foods from children* until 4 years of age.
- *Insist that children eat at the table*, or at least while sitting down. They should never run, walk, play, or lie down with food in their mouths.
- *Cut food for infants and young children* into pieces no larger than one-half inch, and teach them to chew their food well.
- *Supervise mealtime* for infants and young children.
- *Be aware of older children's actions.* Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- *Avoid toys with small parts*, and keep other small household items out of the reach of infants and young children.
- *Follow the age recommendations on toy packages.* Age guidelines reflect the safety of a toy based on any possible choking hazard as well as the child's physical and mental abilities at various ages.
- *Check under furniture and between cushions* for small items that children could find and put in their mouths.
- *Do not let infants and young children play with coins.*

First aid for the child who is choking

Make a point to learn the instructions on the reverse side of this brochure. Post the chart in your home. However, these instructions should *not* take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross office or the American Heart Association to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention along with what to do for a choking infant or child. Your pediatrician also can help you understand these steps and talk to you about the importance of supervising mealtime and identifying dangerous foods and objects.

From your doctor

Hinton Healthcare

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.aap.org

CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION)

IF ALONE WITH A CHILD WHO IS CHOKING...

SHOUT FOR HELP. START RESCUE EFFORTS. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

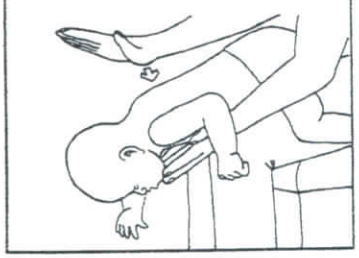
YOU SHOULD START FIRST AID FOR CHOKING IF...	*DO NOT* START FIRST AID FOR CHOKING IF...
• The child cannot breathe at all (the chest is not moving up and down). • The child cannot cough or talk, or looks blue. • The child is found unconscious. (Go to CPR.)	• The child can breathe, cry, or talk. • The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

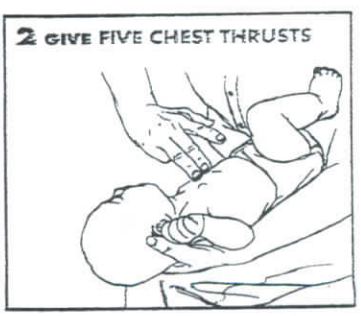
If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

1 GIVE FIVE BACK SLAPS



ALTERNATING WITH

2 GIVE FIVE CHEST THRUSTS



Alternate back slaps and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

INFANT CPR

To be used when the infant is unconscious or when breathing stops.

1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. **Look** for up and down movement of the chest and abdomen. **Listen** for breath sounds at the nose and mouth. **Feel** for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing **look** for a foreign object in the mouth. **If you can see** an object in the infant's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. **Do NOT** try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.

2 RESCUE BREATHING

- **Position** head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- **Seal** your mouth over the infant's mouth and nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise.

If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

3 CHEST COMPRESSIONS

- **Place** 2 fingers of 1 hand on the breastbone just below the nipple line.
- **Compress** chest ⅓ to ½ the depth of the chest.
- **Alternate** 30 compressions with 2 breaths.
- **Compress** chest at rate of 100 times per minute.

Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 1 year and for information on an approved first aid or CPR course in your community.

CHOKING/CPR

(HEART AND BREATHING TECHNIQUES FOR CARDIOPULMONARY RESUSCITATION)

IF ALONE WITH A CHILD WHO IS CHOKING...

SHOUT FOR HELP. START RESCUE EFFORTS. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk, or looks blue.
- The child is found unconscious. (Go to CPR.)

***DO NOT* START FIRST AID FOR CHOKING IF...**

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

CONSCIOUS

FIVE ABDOMINAL THRUSTS just above the navel and well below the bottom tip of the breastbone and rib cage. Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.

If the child becomes unconscious, begin CPR.

CHILD CPR

To be used when the child is **UNCONSCIOUS** or when breathing stops.

1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. **Look** for up and down movement of the chest and abdomen. **Listen** for breath sounds at the nose and mouth. **Feel** for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- **If there is no breathing look** for a foreign object in the mouth. **If you can see** an object in the child's mouth, sweep it out carefully with your finger. Then attempt **rescue breathing. Do NOT** try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.

2 RESCUE BREATHING

- **Position** head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- **Seal** your mouth over the child's mouth.
- **Pinch** the child's nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise and fall.

If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

3 CHEST COMPRESSIONS

Place **heel** of 1 hand over the lower half of the breastbone OR use 2 hands: place heel of 1 hand over the lower half of the breastbone, then place other hand over first hand (to keep them off of the chest).

- **Compress** chest ⅓ to ½ depth of chest.
- **Alternate** 30 compressions with 2 breaths.
- **Compress** chest at rate of 100 times per minute.

Check for signs of normal breathing, coughing, or movement after every 5 cycles (about 2 minutes).

1-hand technique

2-hand technique

Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

*For children 8 years and older, adult recommendations for choking/CPR apply.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

Protect Your Child From Poison

Children can get very sick if they come in contact with medicines, household products, pesticides, chemicals, or cosmetics. This can happen at any age and can cause serious reactions. However, most children who come in contact with these things are not permanently hurt if they are treated right away.

The following is information from the American Academy of Pediatrics on how to prevent and treat poisonings in and around your home.

Prevention

Most poisonings occur when parents are not paying close attention. While you are busy doing other things, your child may be exploring closets or under bathroom sinks, where dangerous household items are often stored. Children are at risk for poisoning because they like to put things into their mouths and taste them. Remember to always keep a close eye on your child. Watch your child even more closely when you are away from home—especially at a grandparent's home, where medicines are often left out and within a child's reach.

The best way to keep your child safe from poisoning is to lock up dangerous household items out of your child's reach, including

- Medicines (especially those that contain iron)
- Cleaning products like dishwasher detergents, bleach, ammonia, and furniture polish
- Antifreeze, paint thinners, and windshield washer fluid
- Gasoline, kerosene, lamp oil
- Pesticides
- Alcohol

Always store medicines and household products in their original containers. Children can get confused if you put them in containers that were once used for food, especially empty drink bottles, cans, or cups. Also, many dangerous items look like food or drinks. For example, your child may mistake powdered dish soap for sugar or lemon liquid cleaner for lemonade.

Poison Help

- 1-800-222-1222 is a nationwide toll-free number that directs your call to your local poison center.
- Call 1-800-222-1222 if you have a poison emergency. This number will connect you right away to your nearest poison center. A poison expert in your area is available 24 hours a day, 7 days a week. Also call if you have a question about a poison or poison prevention. You can find prevention information at http://poisonhelp.hrsa.gov.
- Be prepared. Post the Poison Help number by every phone in your home and program the number in your cell phone. Be sure that caregivers and babysitters know this number.

How to make your home poison-safe

In the kitchen

- Store medicines, cleaners, lye, furniture polish, dishwasher soap, and other dangerous products in locked cabinets, out of sight and reach of children.
- If you must store items under the sink, use safety latches that lock every time you close the cabinet.

In the bathroom

- Keep all medicines in containers with safety caps. But remember, these caps are child resistant, not childproof, so store them in a locked cabinet.
- Throw away any leftover prescription medicines. See if your community has a disposal site or program for getting rid of unwanted medicines. If not, flush them down the toilet.
- Store everyday items like toothpaste, soap, and shampoo in a different cabinet from dangerous products.
- Take medicine where children cannot watch you; they may try to copy you.
- Call medicine by its correct name. You don't want to confuse your child by calling it candy.
- Check the label every time you give medicine. This will help you to be sure you are giving the right medicine in the right amount to the right person. Mistakes are more common in the middle of the night, so always turn on a light when using any medicine.

In the garage and basement

- Keep paints, varnishes, thinners, pesticides, and fertilizers in a locked cabinet.
- Read labels on all household products before you buy them. Try to find the safest ones for the job. Buy only what you need to use right away.
- Open the garage door before starting your car to prevent carbon monoxide poisoning.
- Be sure that coal, wood, or kerosene stoves and appliances are in good working order. If you smell gas, turn off the stove or gas burner, leave the house, and call the gas company.

In the entire house

- Install smoke alarms and carbon monoxide detectors. Contact your local fire department for information on how many you need and where to install them.