CENTRAL OHIO
PRIMARY CARE

COPC Pediatrics

Building Blocks Pediatrics
Marysville Primary Care
Ohio Center for Pediatrics
Professional Pediatrics
Providers Physicians East
Riverside Pediatrics
Step by Step Pediatrics

A Guide To Your Child's Health

TABLE OF CONTENTS

I. Welcome
1. About Central Ohio Primary Care 4
2. About Our Doctors 4-10

II. General Office Information
1. Building Blocks Pediatrics 11
2. Marysville Primary Care 13
3. Provider Physicians East 14
4. Professional Pediatrics.. 15
5. Riverside Pediatric Associates...................................... 17
6. Step by Step Pediatrics 19

III. Welcome to Parenthood 21
IV. General Care of Your Newborn 21
V. Your Growing Child 27
1. Introduction of Solids 32

VI. Immunizations 34
VII. Safety 39
VIII. Common Illnesses 41
1. Burns.. 41
2. Chickenpox 42
3. Colds... 42
4. Constipation... 43
5. Cough.. 44
6. Croup 45
7. Cuts, Scrapes, & Lacerations... 45
8. Diarrhea 46
9. Earache 46
10. Fever 47
11. Head Injury 49
12. Insect Bites 50
13. Nosebleeds.. 50
14. Pink Eye.. 51
15. Poison Ivy 51
16. Rash 52
17. Sore Throat 52
18. Vomiting 53

IX. Medication List 55

WELCOME TO CENTRAL OHIO PRIMARY CARE

At COPC, we are committed to providing you and your children with top-quality pediatric care. We believe that the care of your child is a partnership built upon our knowledge of pediatrics and your commitment to your child's well being. We strive to remain current with advances in pediatric medicine and consider educating our families a top priority. We look forward to the opportunity to develop long-lasting relationships with our patients and their families.

The pediatricians at COPC have created "A Guide to your Child's Health" as a resource for families. Included in the book is information regarding individual office policies, general infant and child care, child development, and common childhood illnesses. The intention of this book is not to be a complete reference manual, but rather to answer questions commonly asked by parents. We encourage you to use this information to initiate care of common illnesses at home, but if you have additional questions, always feel free to call the office.

ABOUT CENTRAL OHIO PRIMARY CARE PHYSICIANS

Each COPC pediatric practice is a part of Central Ohio Primary Care, Inc. (COPC), an organization of pediatricians, internists, and family doctors who have joined together to centralize billing and negotiate with insurance companies. COPC helps us with administrative responsibilities, allowing us to dedicate our attention to caring for our patients. With strength in numbers, we have greater leverage with insurance companies, increasing the likelihood that they will cover appropriate services. We are confident that COPC allows us to provide excellent care for our patients while spending less time with administrative issues.

OUR DOCTORS

Building Blocks Pediatrics

Lee Budin, MD: Dr. Budin received his training at Yale University and The Ohio State University College of Medicine. He went through residency at Nationwide Children's Hospital and was chief resident there his final year. He is the Director of the Community Medicine Rotation for Children's Hospital and feels that medical education is one of his top priorities. He is currently the President of Central Ohio Primary Care Physicians and the Medical Director for Partners for Kids. He and his wife Amy are proud parents of four children, Samantha, Jacob, Marshall, and Tori. His outside interests include woodworking, following Cleveland professional teams and Texas Hold'em.

Jennifer Campbell, MD: Dr. Campbell is from a small town in western Pennsylvania. She received her BA from Johns Hopkins University and her MD with honors from the University of Pittsburgh. Her pediatric training was completed at the University of North Carolina, where she stayed on as faculty for one year before moving to Ohio. Dr. Campbell is married to Dr. John Campbell, an anesthesiologist at Riverside. The Campbell's have three children, Sarah, Jack and Laura, with whom they enjoy spending their free time.

Janet Orr, MD: Dr. Orr studied for two years at Carleton College in Minnesota, and then completed her undergraduate degree at Ohio State University. She graduated summa cum laude from OSU College of Medicine. She then completed her pediatric residency at Nationwide Children's Hospital. Dr. Orr enjoys spending time with her husband and their two sons, Maxwell and Keegan.

Michael Perry, MD: Dr. Perry received his undergraduate degree in engineering from Purdue University and his Doctor of Medicine from Indiana University School of Medicine. He completed his pediatric residency at Nationwide Children's Hospital, and he has a particular interest in child safety and injury prevention. Dr. Perry and his wife Lori have two children, Emily and Joseph. Outside of the office, they enjoy golfing, skiing and volleyball.

Kathleen Stiles, MD: Dr. Stiles graduated from the University of Kansas for her undergraduate degree and medical school. She completed her pediatric residency at Nationwide Children's Hospital. Her husband is Dr. Sean Vellucci, a pediatrician at Nationwide Children's Hospital. They have one SOD, Christopher, who ensures that life is never boring (or quiet). Dr. Stiles' interests include chasing Christopher and whatever crafts she can do when she is not chasing him.

Ohio Center for Pediatrics

Mary Beth Cass, MD: Dr. Mary Beth Cass is a graduate of the Ohio State University. She received her medical degree at The Ohio State University College of Medicine, where she was a member of the Alpha Omega Alpha Medical Honor Society. She completed her internship in Pediatrics at Nationwide Children's Hospital, continued her Pediatric training at the University of Virginia Medical Center, and has been in practice since 1982. Dr. Cass is Board Certified in Pediatrics and is a member of the American Academy of Pediatrics. She is a member of the Board of Directors of Children's Practicing Pediatricians, and also serves on the board of the Central Ohio Pediatric Society. Dr. Cass enjoys family activities with her husband, David Cass, and their three children, Sarah, Emily and Nathan.

Janice M. Gallagher, MD: Dr. Janice Gallagher, a Cum Laude graduate of the University of Dayton, received her MD degree from The Ohio State University. Dr. Gallagher trained in Pediatrics at the Naval Hospital in San Diego, California. Board Certified in Pediatrics, Dr. Gallagher has been in practice since 1982, and is a member of the American Academy of Pediatrics, The American Medical Association and the Ohio State Medical Association. She also serves as Vice President of the Medical Staff at Nationwide Children's Hospital. Dr. Gallagher and her husband, Peter White, have three children, Stephen, Barbara and William, and two grandchildren, Joseph and Evelyn. Dr. Gallagher is active in her church, and she enjoys gardening, reading and spending time with her family.

M. Bonnie Pugh, MD: Dr. Pugh is a Magna Cum Laude graduate of The Ohio State University. She received her medical degree from the Medical College of Ohio, where she was a member of the Alpha Omega Alpha Medical Honor Society. Dr. Pugh completed her internship and residency at Nationwide Children's Hospital. Her experiences include membership on the Board of Central Ohio Pediatric Society and volunteer work at Mother Teresa's Missionaries of Charity in India. Dr. Pugh is a Fellow of the American Academy of Pediatrics, and is Board Certified in Pediatrics. Dr. Pugh is married to Tom Pugh, a software consultant, and they have one son, Andrew. Dr. Pugh's hobbies include scrap booking, reading, and enjoying time with her family and friends.

Kim G Rothermel, MD: Dr. Rothermel, a Summa Cum Laude graduate of Muskingum College, received her MD degree from Rush University. Dr. Rothermel trained in Pediatrics and Pediatric Hematology/Oncology at Nationwide Children's Hospital. She is Board Certified in Pediatrics and in Pediatric Hematology/Oncology. Dr. Rothermel is on the teaching faculty at the Ohio State University and is active at Nationwide Children's Hospital where she served as President of the Medical Staff in 1994. She serves as Chief of the Section of General Pediatrics at Children's Hospital and remains active on many medical staff and administrative committees. Dr. Rothermel is married to Dr. William Rothermel, a surgeon and they have four sons: Peter (wife Sarah), Aaron, Luke, and Adam, and one grandson, Adin! Dr. Rothermel is active in her church and community.

Provider Physicians East

James R. Dorado, MD: Dr. Dorado obtained his B.S. degree from John Carroll University and his M.D. degree from Wright State University School of Medicine. He continued at Wright State, completing his training in a combined Internal Medicine and Pediatrics residency program. His dual specialty training allows him to car for people of all ages, from newborns to the elderly. Although this specialty may seem unusual at first glance, it is nothing more than family medicine with an equal emphasis placed on both pediatrics and internal medicine. He has been with Provider Physicians since 1997. He is board certified by both the American Board of Pediatrics and the American Board of Internal Medicine. Dr. Dorado is a native of Cleveland, Ohio and a proud fan of both the Cleveland Indians and Browns. He lives in Westerville with his wife Leslie and two children, Olivia and Matthew. He is active in ministry at Xenos Christian Fellowship.

Miller J. Sullivan, Jr., MD: Dr. Sullivan graduated from LaSalle University in Philadelphia with a B.A degree in Biology and he was awarded his Ph.D. in Anatomy from the University of Cincinnati College of Medicine. He was an Assistant Professor of Anatomy for 6 years at the University of South Carolina School of Medicine, where he also attended medical school and received his M.D. degree. He completed his internship and residency in Pediatrics through the Ohio State University at Nationwide Children's Hospital. He also served as Chief Resident for an additional year. He has been in private practice with Provider Physicians since 1991. He is board certified by the American Board of Pediatrics. Dr. Sullivan is a native of Philadelphia, Pa. He lives with his wife, Peggy, near Worthington. His twin sons (Michael and Christopher) have graduated from college. His favorite pastimes include various sports, gardening and helping to take care of their four dogs.

Professional Pediatrics

Michelle S. Buendia, MD: Dr. Buendia is a graduate of Miami University at Oxford Ohio and of Wright State University School of Medicine in Dayton Ohio where she obtained her Doctorate of Medicine. She completed a Pediatric Internship and Residency at Nationwide Children's Hospital where she was the Pediatric Chief Resident. Dr. Buendia is Board Certified by the American Board of Pediatrics. She is a member of the American Academy of Pediatrics and the Central Ohio Pediatric Society. Dr. Buendia is affiliated with Nationwide Children's Hospital, Riverside Methodist Hospital, Mt. Carmel Medical Center and Ohio State University Medical Center.

Nancy L. Hestand, MD: Dr. Hestand obtained her Doctorate of Medicine from Ohio State University School of Medicine. She completed a Pediatric internship and residency from Nationwide Children's Hospital and an Ambulatory Pediatric Residency for Columbus Children's. Dr. Hestand is Board Certified in Pediatrics and is on staff at Mt. Carmel Medical Center, Riverside Methodist Hospital and Nationwide Children's Hospital. Dr. Hestand has been practicing medicine since 1978.

Mark Muresan, MD: Dr. Muresan is a graduate of John Carroll University and Medical College of Ohio in Toledo where he obtained his Medical Doctorate. He completed a Pediatric Internship and Residency at the Nationwide Children's Hospital. Dr. Muresan is a Clinical Instructor at the Ohio State University. He is on staff at Mt: Carmel Medical Center, Riverside Methodist Hospital and Nationwide Children's Hospital. Dr. Muresan is Board Certified in Pediatrics and a member of the American Academy of Pediatrics, Children's Practicing Pediatricians and Central Ohio Pediatric Society.

Phyllis J. Polas, DO: Dr. Polas earned her Doctor of Osteopathic Medicine from Ohio University College of Osteopathic Medicine in Athens Ohio. She completed a Pediatric Internship and Residency at Nationwide Children's Hospital. Dr. Polas has been a Clinical Instructor at Ohio State University. She is Board Certified by the American Board of Pediatrics and is a member of American Academy of Pediatrics and the Central Ohio Pediatric Society. She is on staff at Mt. Carmel Medical Center, Riverside Methodist Hospital and Nationwide Children's Hospital.

Ray S. Wheasler, III, MD: Dr. Wheasler received his Doctorate of Medicine from the University of Southern California. His academic appointment is Clinical Assistant Professor in the OSU Department of Pediatrics. He is a PECS Preceptor, a Preceptor for Medical Students, PCTI Participant and member of Community Preceptor Advisory Committee (CPAC). Dr. Wheasler is on staff at Nationwide Children's Hospital where he is a member of the CME Committee, Ohio State University Medical Center, Riverside Methodist Hospital and Mt. Carmel Medical Center. Dr. Wheasler's professional memberships include Fellow of the American Academy of Pediatrics, Central Ohio Pediatric Society and Columbus Practicing Pediatricians where he has held several offices. Dr. Wheasler is Board Certified in Pediatrics.

Riverside Pediatric Associates

Gregory A. Barrett, MD: Dr. Barrett earned his Doctorate of Medicine from the Ohio State University College of Medicine. He completed his residency at Nationwide Children's Hospital and was subsequently Chief Resident. He is Board Certified by the American Board of Pediatrics. Dr. Barrett is a Clinical Assistant Professor at OSU. He is a former Chairman of the Pediatric Department at Riverside Methodist Hospital and the school physician for Upper Arlington Schools. Dr. Barrett was named Outstanding Pediatrician in the WBNS-TV Top Doctors in Central Ohio. He was awarded the Distinguished Educator Award at OSU School of Medicine and named as one of the Best Family Doctor's in America by Ladies Home Journal magazine. He has twice been awarded the Chester T. Kasmersky Award by Pediatric House Staff Nationwide Children's Hospital for outstanding teaching and practice of pediatrics. Dr. Barrett is a member of the Executive Committee and the Board of Director's for Central Ohio Primary Care Physicians.

Wanda C. Boudinot, MD: Dr. Boudinot is a graduate of John Carroll University in Cleveland and the Medical College of Toledo where she also completed her internship. She completed her residency at Nationwide Children's Hospital. She continues to be on staff at Columbus Children's and also at Riverside Methodist Hospital Dr. Boudinot was a Fellow in Primary Care Faculty Development at Michigan State University and a Clinical Instructor in the Dept of Pediatrics, Division of Ambulatory Pediatrics at Nationwide Children's Hospital. She is Board Certified in Pediatrics and a member of the American Academy of Pediatrics.

Kevin M. Dickerson, MD: Dr. Dickerson completed his education at Baldwin Wallace College and received his Doctorate of Medicine at Medical College of Georgia. He completed his Pediatric Internship and Residency at Nationwide Children's Hospital. Dr. Dickerson is Board Certified by the American Board of Pediatrics and is a member of the American Academy of Pediatrics and the American Medical Association. He is on staff at Nationwide Children's Hospital, Riverside Methodist Hospital and St. Ann's Hospital.

Robert C. Forsythe, MD: Dr. Forsythe earned his Doctorate of Medicine at University of Iowa College of Medicine. He completed his internship and residency at Nationwide Children's Hospital and a Fellowship in Allergy and Immunology at Wake Forest University, Bowman Gray Medical School. Dr. Forsythe is a Clinical Professor of Pediatrics at OSU. He was awarded the Chester Kasmersky Teaching Award for Pediatrics. He is a member of the American Academy of Pediatrics and the Columbus (Franklin County) Medical Association. He· is affiliated with Nationwide Children's Hospital, Dublin Methodist Hospital and Riverside Methodist Hospital. Dr. Forsythe is a Board Certified Pediatrician and Allergist.

Donna L. Sterling, MD: Dr: Sterling graduated from The Ohio State University College of Medicine and completed her pediatric residency at Nationwide Children's Hospital. She is Board Certified in Pediatrics. While at Ohio State she received Honors with a Pediatric sub-internship clerkship. She received Letters of Commendation for Medical Humanities and Development Clerkship. Dr. Sterling is a member of American Academy of Pediatrics. She is a resident of Worthington Ohio.

Jennifer R. White, MD: Dr. White graduated Phi Beta Kappa from Miami University in Oxford Ohio and from The Ohio State University College of Medicine, where she was elected into the Alpha Omega Alpha Honor Society. She completed her internship and residency at Nationwide Children's Hospital. During her residency she was awarded the Meiner-Seymour Award. Dr. White is a Clinical Instructor in the Department of Pediatrics and is active in resident training at The Ohio State University and Nationwide Children's Hospital She is affiliated with Columbus Children's and Riverside Methodist Hospitals. Dr. White is Board Certified in Pediatrics and is a fellow of the American Academy of Pediatrics. For the past fifteen years, Dr. White has been active in medical missions. During the past eight years, she has organized and led trips to underserved areas in Central America such as Honduras and Nicaragua.

Gwynette M. Williams, MD: Dr. Williams completed undergraduate work at Case Western Reserve and The Ohio State University. She earned her Doctorate of Medicine from the Ohio State University College of Medicine. She completed a Pediatric Internship and Residency at Nationwide Children's Hospital. She is a Clinical Assistant Professor at The Ohio State University and an Office Preceptor of Pediatric and Family Medicine Residents and medical students. Dr. Williams is Board Certified in Pediatrics, a Fellow of the American Academy of Pediatrics, and a member of the Central Ohio Pediatric Society. She is affiliated with St. Ann's, Dublin Methodist, Riverside Methodist, and Nationwide Children's Hospitals. She enjoys cooking, gardening, and singing in a women's barbershop chorus.

Step by Step Pediatrics

Dr. Derek McClellan, MD: Dr. McClellan received his medical degree from The Ohio State University College of Medicine. He Completed a pediatric residency program at Nationwide Children's Hospital where he was recipient of the Miner W. Seymour Memorial Award. Dr. McClellan was formerly with Associated Pediatrics in Westerville. He is also a Clinical Assistant Professor of Pediatrics at Nationwide Children's Hospital and The Ohio State University of Medicine. Dr. McClellan is affiliated with Nationwide Children's Hospital and St. Ann's Hospital. Dr. McClellan is Board Certified by the American Board of Pediatrics. Dr, McClellan is a member of the American Academy of Pediatrics, the American Board of Pediatrics, and the Nationwide Children's Hospital Community Pediatrician Advisory Council. His personal interests include cooking, travel, and Buckeye athletics.

Mary-Lynn Niland, MD: Dr. Niland was born and raised in Cleveland, Ohio. She graduated from Indiana University with a Bachelor of Arts with Highest Distinction. She graduated summa cum laude from the Ohio State University College of Medicine and was a member of the Alpha Omega Alpha Honor Society. Dr. Niland completed her Internship and Residency in Pediatrics at Nationwide Children's Hospital, where she served as Chief Resident in Pediatrics from 20002001. Dr. Niland is Board Certified in Pediatrics and Pediatric Emergency Medicine. She is a Fellow of the American Academy of Pediatrics. Her professional interests include pediatric sports medicine and infectious diseases. She enjoys reading, cooking, and yoga.

Katrina S. Tansky, MD: Dr. Tansky is a native of Columbus. She graduated cum laude from Butler University and earned her Doctor of Medicine from the Medical College of Ohio. She completed an Internship and Residency in Pediatrics at Nationwide Children's Hospital where she served as Chief Resident in Pediatrics from 2003-2004. Dr. Tansky is Board Certified by the American Board of Pediatrics. She is a Fellow of the American Academy of Pediatrics, a member of the Central Ohio Pediatric Society, and serves on the Nationwide Children's Hospital Community Pediatrician Advisory Council. She is an office preceptor to both pediatric residents and medical students. Her professional interests include asthma management and child advocacy. Her personal interests include dance, the arts, and travel.

GENERAL OFFICE INFORMATION

BUILDING BLOCKS PEDIATRICS

6503 East Broad Street
Suite 100
Columbus, OH 43213

Office Hours: Monday & Friday 8am-5pm *
Tuesday -Thursday 8am-7pm *
Saturday (urgent visits only) from 9am
Office Telephone: (614) 434-KIDS (5437)
(614) 434-5438 (FAX)
* Telephones are open from 8:30am-12:15pm and 1:30pm-4:30pm M-F

Appointment Times and Timeliness

Patients are scheduled by appointment only. Appointments can be made by calling during our office hours. If your child is sick and needs an appointment, please call us as early as possible during regular office hours so we may accommodate you most efficiently.

Please arrive for your appointment 10 to 15 minutes early so there is time to park and check-in with the receptionist. Patients arriving late for appointments may be asked to reschedule, so that the remainder of the day's patients can be seen on time.

If you know that you will not be able to make the appointment, please let the office know as early as possible, so that another ill child may be scheduled.

Professional Fees & Payments

Our fees are standardized and are based on the complexity of the visit. Payment is due when services are rendered. All co-payments, co-insurance and deductibles are collected at the time of service. For your convenience, we accept Visa and MasterCard.

Billing and Insurance

Please bring your current insurance card with you to every visit. Our office will be happy to file your insurance claim at no cost if we are approved providers of your insurance plan. We must have a current copy of your insurance card and correct patient information to provide this service. In the absence of a current card, you will be asked to pay in full at the office, and file with insurance yourself.

Questions about your insurance should be directed to Central Ohio Primary Care Physicians, at **(614) 326-2672**.

Referrals and Hospitalization

When your child needs care outside of our office, there may be the need to contact your insurance company ahead of time. This can be true for x-rays, labs, specialist visits or even emergencies (of course in a true emergency, please take care of your child's needs first, and your insurance company's needs later). The guidelines for referrals or "pre-certification" vary among insurance companies, and they should be spelled out in your policy. Although we make every effort to help you to deal with your insurance company, they may hold you responsible if the proper channels are not taken. The best advice is to know what is required of you and to plan ahead.

We utilize Children's Hospital as our pediatric referral center for specialty and subspecialty care, and we are affiliated with Mount Carmel East for newborn care. We hope that once your baby is at home, hospitalization will never again be required. If it becomes necessary to seek urgent care, emergency room or inpatient treatment, we will exclusively utilize Nationwide Children's Hospital and Urgent Cares. It is our strong feeling that your child should have care designed for children and administered by people who have special training in the care of children.

MARYSVILLE PRIMARY CARE

1044 Columbus Ave.
Marysville, OH 43040
937-644-1441

Physicians:

Mary Applegate, MD, FAAP, FACP-board-certified pediatrics and internal medicine
David Applegate, MD, FAAP, FAAAI-board-certified family practice
Justin Krueger, MD, FAAP, FAAAI-board-certified pediatrics, internal medicine, and allergy/immunology
Peter Mustillo, MD, FAAP, FAAAI-board certified pediatrics, internal medicine, and allergy/immunology

Nurse Practitioners:

Marissa Forrest, CNP-certified in pediatrics and family practice
Julie Sabo, CNP-certified in pediatrics and family practice

Hours:

Scheduled appointments: M-F 8am-5pm
Sick-Bay (walk-in appointments): M-F 8am-9am, and Saturday 9am-10:30am (winter only)

We have been proudly serving Marysville for more than 18 years. Our mission is to serve with competence the acute and chronic heath care needs of our community. We believe in a personal and family approach to health care. Our multi-specialty group allows us to take care of well and complicated patients of all ages. We provide our own in-hospital coverage for newborns, children, and adults, and one of our practitioners can always be reached on-call at 937-644-6115. We look forward to caring for your children and for you.

PROVIDER PHYSICIANS EAST

6421 East Main Street, Suite 100
Reynoldsburg, Ohio 43068

Office Hours: Monday – Friday 8:30am-5:30pm*
Closed for lunch daily 12pm-1pm

*appointments at other times may be arranged by calling the office

After hours the doctor on call may be reached by calling the office, if necessary. Patients may also call the answering service directly at 614-460-5369.

Office Telephone: (614) 755-3000
(614) 755-4052 (FAX)

Our Philosophy:

Our philosophy is to provide caring, individualized and comprehensive health services to our patients and their families. Our board certified physicians and pediatric staff care for children of all ages from newborn infants through young adults in college. We strive to promote good health, monitor for normal development and deal with illnesses and other problems as needed.

Our office provides well physical exams, sports exams, sick calls, consultations, immunizations, many laboratory services and other specialized tests and treatment modalities. Our doctors are on staff at Nationwide Children's Hospital, and we utilize specialists and other services there as needed. We provide newborn coverage ourselves at Mount Carmel East and Riverside Methodist Hospitals. Babies born at other hospitals in the area are seen by pediatricians on staff there, with follow up at our office for the newborn exam. We encourage prenatal visits by prospective parents as well as any family wishing to establish care with us.

PROFESSIONAL PEDIATRICS

5510 Nike Drive
Hilliard, Ohio 43026

Office Hours: Monday thru Thursday 9 am - 8:00 pm
Friday 9 - 5:00pm
Saturdays 9:00 - 11:30*

**EMERGENCY VISITS ONLY: Occasionally these hours may vary depending on vacations or other circumstances. We apologize for any inconvenience resulting from these changes.*

Office Telephone: (614) 529-4260
(614) 529-4270 (FAX)

Goal and Philosophy

Our goal is to serve you professionally, courteously and compassionately. We care for children from birth to late adolescences. We endeavor to encourage good health, monitor for normal development and deal with illnesses and other problems.

Scheduling Appointments

Patients are scheduled by appointment only. Appointments can be made by calling during our regular office hours. If your child is sick and needs an appointment, please call us as early as possible during regular office hours so we may accommodate you most efficiently.

We have at least one nurse available in the office to answer any questions or concerns you might have in regards to your child's health Monday through Saturday. Our receptionist will be able to schedule both routine follow-up visits and well child check ups. Please advise them if there are any concerns that may take additional time so they may schedule accordingly. When calling to schedule a sick appointment you may be connected to one of our nurses to help us schedule your child appropriately. ***We are constantly striving for quick and timely visits for your child.***

During the busy season occasionally we may need to schedule patients after normal business hours, if this happens there may be an additional charge.

Special Areas of Care

As a benefit to our patients, we also provide an ***Asthma Specialist***. We have a Registered Respiratory Therapist who has numerous years of asthma education and management experience. She is a Certified Asthma Educator and works in conjunction with the physicians to provide a comprehensive, ongoing asthma treatment plan.

In addition, we have a ***Behavioral Specialist***. She is a Master Degree Child Psychologist. She can work with you and your child on a variety~ of behavioral concerns. Please check with the office staff for more information on her services and classes.

Cancellations

Please give us 24 hours notice if you must cancel a pre-scheduled appointment. FAILURE TO DO SO MAY RESULT IN YOUR BEING BILLED FOR A NO SHOWAPPOINTMENT. YOUR INSIJRANCECOMPANY WILLNOT COVER THIS CHARGEAND IT WILL BE YOUR RESPONSIBILITY. If you are unable to keep a same day appointment please call as soon as possible so that the appointment may be offered to someone else.

Referrals

Many insurance companies require referrals for any treatment your child receives outside our office. If one of our doctors feels your child needs to see a specialist, they will give you the name and phone number. After you have made your appointment, please contact our office by phone with the date, time and reason for the appointment and the referral will be obtained. This must be done **prior** to your appointment.

RIVERSIDE PEDIATRIC ASSOCIATES

4885 Olentangy River Rd
Suite 2-10
Columbus, OH 43214

Office Hours: Monday -Friday 9am-4pm*
Saturday (ill visits only) 9am-12pm
Closed Sundays and all major holidays

**If you call with an ill child, you are guaranteed an appointment that day with your physician or one of their partners*

Office Telephone: (614) 267-7878
(614) 267-7077 (FAX)

Goal and Philosophy

Riverside Pediatrics is a team of pediatricians and health professionals dedicated to providing comprehensive and high quality developmental, preventive, and acute illness care for our patients and their families.

Subspecialty Treatments

One of our pediatricians, Dr. Robert Forsythe, is a board certified allergist who sees adults and children for allergy issues.

We also provide an Asthma Disease Management Program. We have a Registered Respiratory Therapist who brings over 20 years of asthma education/ management experience to our practice. She is a Certified Asthma Educator and works in conjunction with the physicians to provide a comprehensive, ongoing asthma treatment plan.

Appointments and Scheduling

Patients are scheduled by appointments only. Appointments can be made by calling during office hours. We schedule check-up appointments three months in advance. It is always best to schedule your appointments as far in advance as possible so we can arrange appointments that are convenient for your busy schedule.

If you have an ill child, you may have him/her seen that day. It is best to call early in the morning so that we may accommodate your scheduling needs.

Our staff answers the phones from 8:30A.M. to 5:00 P.M. The phones are with our answering service from 12:00 to 1:00 P.M.

If you are unable to keep your well appointments, please give 24 hours notice. If you are unable to come to your sick appointment, please call ahead, as we can fill that slot with another ill child.

We are affiliated with Children's Hospital. If your child requires urgent medical care, we usually recommend Children's Hospital Urgent Care Centers, emergency departments and hospital.

We are affiliated with St. Ann's and Riverside Methodist Hospitals for New Born care.

Insurance Information

We are providers for most insurance plans; however, we encourage you to check with your own insurance plan for coverage. Please bring your current insurance card to every appointment. All co-pays are your responsibility and are required at the time of service. For your convenience, we accept cash, checks, debit cards, Visa, MasterCard and Discover credit cards.

When your child needs care outside our office, there may be a need to contact your insurance company ahead of time. The guidelines for referrals or pre-certifications vary among insurance companies. We make every effort to help you with your insurance company. They may hold you responsible if the proper channels are not taken. The best advice is to know what is required of you and to plan ahead.

STEP BY STEP PEDIATRICS

507 Executive Campus Drive
Suite 160
Westerville, Ohio 43082

Office Hours: Monday, Wednesday and Thursday 8am-7pm*
Tuesday and Friday 8am-5pm*
Saturday (urgent visits only) 8:30-10:30am
Closed Sunday and all major holidays

Allergy shots and nurse visits Tuesday-Friday 9am-11am and 2pm-4pm

*Closed for lunch daily from 12-1:15pm

Office Telephone: (614) 891-9505
(614) 891-6416 (FAX)

Goal and Philosophy

Step by Step Pediatrics is committed to providing you and your children with top-quality, up-to-date pediatric care. We believe your child's care is a partnership built upon our knowledge of pediatrics and your commitment to your child's well being. We look forward to the opportunity to develop long-lasting relationships with our patients and their families.

Appointment Times and Timeliness

Patients are scheduled by appointment only. Appointments can be made by calling during our office hours. Routine check-up appointments should be scheduled 2-3 months in advance. If your child is sick please call as early as possible during regular office hours so that we may accommodate you most efficiently. Same day ill visits are typically available. If your child's doctor is unavailable for an ill visit, you can feel comfortable seeing another doctor.

If you are unable to keep your appointment, please let us know as early as possible so that another child may be scheduled. Patients arriving late for appointments may be asked to reschedule so that the remainder of the day's patients can be seen on time. Patients may be charged a "no show fee" for missed appointments.

Nurse Calls and After Hours

If your child has a true emergency (such as a seizure or major trauma), call 911.

We have nurses available by telephone, during office hours, to answer many of your questions regarding well and sick children. They are specifically trained to counsel you, following guidelines set by our physicians. For routine health matters please consult this manual or our website: www.copc.com prior to calling the office.

A physician is "on call" after hours and can be reached by calling the office and following telephone prompts. Please remember that while we provide 24-hour coverage for our patients, we expect that calls made after hours will be for urgent problems only.

Unless you have an extreme emergency, please call the office or on-call doctor before taking your child to the ER or Urgent Care. Often we can advise you adequately over the phone until we see your child in the office. If an ER or Urgent Care visit is necessary, we exclusively recommend Children's Hospital facilities.

Referrals and Hospitalization

When your child needs care outside of our office, there may be the need to contact your insurance company ahead of time. This can be true for x-rays, labs, or specialist visits. The guidelines for referrals or "pre-certification" vary among insurance companies, and should be detailed in your insurance policy. Although we will make every effort to help you with your insurance company, they may hold you responsible if the proper channels are not taken. The best advice is to know what is required of you and to plan ahead.

Financial Policy

As a part of COPC, all billing is handled by the central COPC office. Billing and insurance questions should be directed to (614) 326-2672.

Please bring your current insurance card with you to every visit In the absence of a current insurance card, you will be asked to pay in full at the office and file with your insurance company yourself.

Payment is due when services are rendered unless other arrangements have been made in advance. All co-payments, co-insurance and deductibles are collected at the time of service. For your convenience, we. accept Visa and MasterCard.

RESIDENT AND MEDICAL STUDENT EDUCATION

The Ohio State University College of Medicine and Nationwide Children's Hospital Residency Program are among the nation's top medical education programs. The doctors at COPC are committed to the betterment of these programs. One way we contribute is by volunteering to educate medical students and pediatric residents about outpatient pediatric care. Please welcome our young doctors and doctors-to-be. We advise them that listening to parents and patients is one of the most important aspects of practicing medicine.

WELCOME TO PARENTHOOD

The following information has been prepared to assist you in caring for your newborn and young child. The doctors have summarized the most common nutritional, developmental and safety information questions asked by parents at well child visits. The newborn section is the most detailed because, understandably, that is the age for which parents tend-to have the most questions. Newborns can be overwhelming, but remember, they really just need your love and careful attention. Well-intended advice is often offered to new parents by family, friends and the media. While it may be helpful, it can often be inaccurate or not the best advice for your baby. We hope that you will use this booklet to guide your efforts to provide· the best care for your child, and direct additional questions to the pediatricians when the need arises. We have additional, more detailed information at our office that you may also find helpful. We wish our families the best experience possible with their new adventure in parenting.

GENERAL CARE OF YOUR NEWBORN

Hospital Stay:

You will gain your first experience with your newborn in the birth hospital. We encourage you to stay as long as you are allowed to maximize rest and recuperation. Keeping your newborn close by (in the room) is helpful in gaining knowledge about your baby's care and needs from the experienced hospital staff.

Once at Home:

Once home, continue to rest and recuperate. Use the pain medication offered to you by your obstetrician and continue your prenatal vitamins if you are breastfeeding. Visitors are okay from the beginning, as long as they do not have any ill symptoms. Your newborn will not need bathing, temperature measurements or any medical care prior to your first office visits, unless his/her condition changes. We would like to see your newborn in the office shortly after discharge, within the first 5 to 7 days. If you have any concerns or questions prior to the first appointment, do not hesitate to call. The following· information is intended to address many common questions asked by new parents.

Call our office immediately if you notice any of these:

- fever -over 100.4 rectal measurement in the first 12 weeks
- absence of wet diapers for 24 hours
- increasing jaundice (yellow skin)
- excessive (unrelenting) irritability or crying
- infant too sleepy to awaken for feedings at all

Infant Feeding:

Hunger is the primary infant drive in the first weeks of life. We recommend "on demand" feedings in the beginning (NOT on a schedule). Most newborns will quickly fall into their own 2 to 4 hour schedule, depending on whether they are breast or bottle-fed. Newborn infants may require nighttime feedings until closer to4-6months of age. Remember that babies cry for many reasons, not just hunger. If your baby has been fed within the past 2 hours try other means of comforting her, other than feeding. Be aware that newborns suckle for enjoyment, and may continue this behavior after being fully fed. Therefore, limit a single feeding to a reasonable amount of time. Feeding your newborn can be frustrating initially, but it will soon become a pleasurable time for you and your baby.

Breastfeeding:

We strongly encourage mothers to breastfeed their infants when possible. Advantages to the infant include protection from common viral illnesses including colds and stomach flu, excellent digestion and optimal nutrition. Although breastfeeding is the natural way to feed a baby, this skill requires patience, practice and often hands-on help.

Breastfeeding begins immediately following birth in the hospital. Ask to feed your infant when possible in the delivery room. Frequent feedings are recommended in the first few days while your breasts are soft and staff is available to assist you. The frequency is on demand, but wake your newborn until feeding is well established if he sleeps over 3 or 4 hours in the daytime. Feeding duration should not exceed 10-15 minutes per breast to lessen nipple trauma. Early milk production is a thick liquid called colostrum, which is very beneficial to your baby. Expect your milk to come in by the end of day 3. Twenty-four hours later your baby should be making wet diapers and stools with nearly every feeding. If this is not the case, call your doctor. Breast milk stool, which follows the clearing of the meconium (thick, black stool), is yellow, watery and seedy.

Breastfeeding can occur anywhere in your home where you are comfortable sitting. We recommend the cross-cradle infant hold until you are experienced at latching your baby to the breast. Be sure the baby holds your nipple deep in her mouth to avoid nipple trauma. Limit feedings to 10-15 minutes per side, as most breast milk is removed within this time. Ideally, if breastfeeding is going well, your baby will not require any additional bottles of formula. Bottle feeding (or "supplementing") a breastfed infant at this point is often confusing and counterproductive to the breastfeeding process. In most instances, it is usually best to not introduce a bottle until an infant is at least one month old. After the first month, there may be times when nursing is inconvenient. When bottle feeding is necessary, expressed (pumped) breast milk is best, but an iron rich cow's milk formula, such as Similac Advance with Iron, is a suitable alternative. There may be cases where your doctor recommends formula supplements for certain situations.

Breastfeeding can be a challenge to new mothers. In most cases, this quickly improves and becomes an enjoyable experience for both you and your baby. We encourage you to breastfeed as long as it remains enjoyable, with a goal of twelve months.

Bottle-feeding:

On demand feedings are recommended for bottle-fed infants, initially. Most babies will work up to 2-4 ounces every 3-4 hours in the first weeks of life. We recommend an iron rich cow's milk formula, such as Similac® Advance® Early Shield as a first formula. Most infants will remain on the same formula for their first year. Please contact us before switching to a special formula. Refrain from using low-iron formulas as they are inadequate nutrition for growing infants, and may adversely affect neurologic development. Bottles require only dishwater sterilization, and tap water (not from a well source) is safe without boiling. Formula can be warmed in a dish of water to room temperature or slightly warmer. Never microwave formula. Most babies will need to be burped once or twice during a feeding, and small amounts of regurgitation are normal. The addition of cereal to a bottle at night has proven NOT to be effective in helping infants sleep and is discouraged until discussed with the doctor.

Water and other supplements:

Babies do not require additional feedings of water during the first few months. All nutrition and fluid requirements are met in breast milk or formula feedings. Water is not harmful in small (1-2 ounce) amounts and may be offered if desired after the first few months. Never add sugar or Karo syrup to the water. Never feed an infant honey, prior to 12 months of age. Do not give newborns any other form of solid or liquid feedings until 4-6 months of age.

Vitamins and Fluoride:

A vitamin supplement containing Vitamin D is recommended for all breastfed babies beginning at 2 months of age. Your doctor will discuss this at the 2 month visit. Bottle-fed babies receive all of the necessary vitamins from the formula, making additional vitamins unnecessary.

Fluoride prevents the formation of cavities. If your home water supply does not contain fluoride (well water), your child will need a supplement beginning at 6 months of age. Consider this when using bottled water to prepare formula, as many do not contain fluoride.

Comfort Measures:

Your own comfort should serve as a guide to room temperature, clothing and activities for your newborn. Newborns can overheat and should be dressed appropriately and kept out of direct sun in warm weather. Avoid crowded indoor spaces in public areas until your baby is at least one month of age.

Sleep:

Newborn infants sleep an average of 16-22 hours per day. Your baby should **ALWAYS** be placed on her back to sleep. This has been shown to lessen the risk of Sudden Infant Death Syndrome (SIDS). Use a firm mattress and do not place a pillow or any other objects in the crib. Dress your infant appropriately for sleep so that nothing more than a thin cotton blanket is needed. Never place a comforter or heavy blanket over your baby.

Bathing:

It is only necessary to bathe your infant once or twice a week. The first bath must wait until the umbilical cord has fallen off; sponge bathe your infant until this occurs. Once the cord is gone, bathe your baby head to toe in a warm room with minimal drafts. Make sure that all of the necessary equipment (soft cloth, hair brush, gentle soap) is nearby. A special basin is not required but always hold your baby at all times while in the water. Never turn away or leave your infant during bath time. A mild, unscented soap is all that is necessary. Gently wash your infant from head to toe. No additional scrubbing is needed in the diaper area. Wash only the outside of the ears with a washcloth. Never use Q-tips, as they can injure the ear and push wax in deeper. Infants do not usually require any lotions. If you feel that your baby's skin is dry, use an unscented lotion. Oils are discouraged because they can actually clog the pores and powder should not be used because it is very easy for your baby to inhale.

Umbilical Cord Care:

Keep your infant's umbilical cord clean and dry. Keep the front of the diaper folded down so that the cord is exposed. Your doctor may suggest that rubbing alcohol be applied once or twice a day, but this is not always necessary. The umbilical cord will fall off in the first several weeks of life, and there may be a small amount of blood when this occurs. This is normal. Call your doctor if you notice any redness of the skin around the cord, any unusual drainage or foul odor.

Baby Boys:

If your baby boy was circumcised, apply Vaseline or Neosporin ointment to the penis until it is healed, usually 5-7 days. This will prevent the healing skin from sticking to the diaper. As the circumcision heals you may notice a soft yellow covering develop; this is a normal part of the healing process. If you notice redness of the surrounding skin, bleeding or pus, please call your doctor.

If your infant was not circumcised, you simply need to wash his penis at bath time as you do any other part of his body. Do not attempt to pull the foreskin back over the tip of the penis; this will occur naturally, usually before 5 years of age.

Your baby boy's breasts may be swollen at birth. This is a normal result of hormones passed to the baby by the mother before birth. It will disappear within the first several months of life.

Baby Girls:

When bathing your baby girl it is important to gently separate the labial folds to prevent the formation of adhesions that may later be difficult to separate. Gentle wiping with soap and water is all that is necessary in this area as additional scrubbing may cause irritation. When cleaning your baby girl after a bowel movement, always wipe from front to back.

The hormones that are passed from mother to infant before birth can cause a small amount of white, mucousy discharge from the vagina; in some girls a small amount of blood may also be seen. This is normal and will resolve as the hormones leave the body. These same hormones may cause your baby's breasts to be swollen at birth. The swelling will disappear within the first several months of life.

Jaundice:

Jaundice is a yellow coloring to the skin that is common in all newborns. Parents may notice this color change in the first several days after hospital discharge. Jaundice usually peaks on the fourth to fifth day of life and disappears over the next week. If your baby appears quite yellow to you, if the yellow color reaches the legs, if your infant is increasingly sleepy, or not eating well, please call your doctor. A blood test may be necessary to determine the severity of the jaundice. Treatment for jaundice, if necessary, is simple and can often be handled at home.

Diapering:

Newborn stools are yellow brown/green and may be watery. They may look like diarrhea, especially in a breastfed infant. Bottle-fed infants may have firmer stools, and may only pass a stool every 1-3 days. This is normal. It is common for infants to grunt and make other noises when passing a stool; this does not mean your infant is constipated. Newborns may produce urine with a salmon (pink-orange) color in the first few days of life. This is caused by urate crystals in the urine and is completely normal.

No particular brands of diapers or baby wipes are recommended. We do recommend frequent changing to keep the skin in the diaper area healthy. If your newborn shows any sign of irritation in the diaper area, consider using cotton balls with warm water instead of baby wipes for changing. Allow brief air drying of the area before replacing a clean diaper. If a rash develops in the diaper area keep the skin covered with a zinc oxide cream (Desitin, A+D), Vaseline, or Aquaphor. Do not use powder, as it is less protective and can be harmful if inhaled by your baby. If the rash has not improved in 2-3 days, call your doctor.

Safety for Your Newborn:

Your infant should be in a rear facing car seat placed in the center of the backseat of your car. Never place your infant in the front seat. Check your hot water heater and turn down the temperature to 120 degrees or less. Temperatures higher than this can scald your infant very quickly. Make sure that you have working smoke detectors on every level of your home. Remember to check them each month.

It is best for your baby never to be exposed to cigarette smoke. Second hand smoke has been shown to increase the risk of SIDS (sudden infant death syndrome). In addition, infants exposed to second hand smoke may have more ear infections and be at increased risk for breathing difficulty. Our strong recommendation is that you never smoke inside of your home or in the car. Smoke remains in the fibers present in clothing, carpet, and furniture for days and continues to affect your baby long after the cigarette has been put out. Quitting is the best for you and your baby, but if you cannot quit, we encourage you to smoke only outside. If you would like recommendations for quitting, please ask your doctor.

YOUR GROWING CHILD

The 2-4 Month Infant

Nutrition: At this age, most babies have developed a feeding schedule, and a few may begin to sleep through the night. Infants who are beginning to sleep longer at night will adjust their daytime feeding schedule to make up the difference. They may eat more often, take more during individual feedings, or "cluster feed" before bedtime. Babies this age usually take between 25-40 ounces/day. Formula or breast milk should still be the only component of your infant's diet. Babies who are breastfed should begin a vitamin supplement at 2 months of age.

Development: Your baby should be able to smile, coo, turn her head to sound, and become more alert to her surroundings. She should be able to hold her head up and lift it when on her stomach. Start to give your infant time on her "tummy" when she is awake. It is also a good idea to put her to bed while drowsy, but still awake. This will aid in the development of good sleep habits later in her development.

Safety: Never leave your infant unattended on surfaces like a bed, sofa or changing table as they may roll off. Continue -to put your baby to sleep on her back; if she begins to roll over in her sleep, you may leave her there.

The 4-6 Month Infant

Nutrition: Babies should start solids after 4-6 months of age. Your doctor may discuss the introduction of foods at your baby's 4 or 6 month visit. Cereal (on a spoon) should be started first, followed by fruits and vegetables. There are no rules for what type of food to give first, but it is important to introduce only one new food every 2-3 days. Solids at this age are primarily to teach your baby how to eat. The solids should not replace formula or breast milk, they are still your baby's main form of vitamins and nutrients.

Development: Your baby should be able to roll over and sit with support. He should be starting to grasp objects and will begin to put things in his mouth. He is probably becoming much more vocal. You should have a well established bedtime routine.

Safety: Now is the time to begin baby-proofing your home. Electrical outlets should be protected and stairs gated off. All medicines, poisons and other potentially harmful substances should be moved up high, well out of reach.

The 6-9 Month Infant

Nutrition: By 9 months, your infant should be taking solids 3 times a day. Most babies 8-9 months old can tolerate ground meats, cheese and yogurt. Cheerios and other similar foods can be given when your child develops the "pincer grasp".

Formula and breast milk are still the main nutritional source and your infant should notgetlessthan16ounces/day. If you want to give additional fluids, we recommend water rather than juice.

Development: Your baby should be able to sit without support and can transfer objects from one hand to the other. Your baby may be able to feed herself a bottle. Never give your child a bottle in the bed; this is harmful to the teeth and disrupts good sleep habits.

Safety: Make sure that any small objects that your infant could choke on are out of her reach. Do not use a mobile baby walker; they are dangerous and can cause serious injury. If your baby is over 20 pounds you may need a larger car seat. It should be both rear and front facing as your child needs to remain rear facing until 1 year of age.

The 9-12 Month Infant

Nutrition: At 1 year of age formula may be stopped and replaced by whole (vitamin D) milk. We also recommend that bottles be stopped with this change. You can begin this transition by introducing your 9 month infant to a "sippy" cup. Encourage him to eat 3 meals a day, offering age-appropriate table food each time and try to offer bottles or breast milk after or in between meals. Your infant should still be receiving at least 16 ounces/day of formula or breast milk.

Development: Your baby should be crawling or scooting and is beginning to pull to a stand. He can say "mama" and "dada" and understand simple commands. He may begin to be anxious around strangers.

Safety: Choking is a concern at this age; make sure small toys and objects are out of reach and keep bite size foods in very small pieces. At1year of age the car seat can be turned to front facing if your infant is over 20 pounds.

The 12-15 Month Infant

Nutrition: Whole milk (not formula) should be your child's primary source of dairy. Limit milk intake to no more than 16 ounces/day to prevent anemia and malnutrition. Your child should be getting 3 meals a day, with the family whenever possible, and 2 snacks. Offer foods that you make for the rest of the family (if it is healthy and appropriate) and limit sweets. Children this age have a tendency to fill up on fluids if given the chance. It is best to hold the cup until after your child eats. If she is still using a bottle, your child needs to be weaned to prevent excess fluid consumption and tooth decay. Continue to limit bites to very small pieces to prevent choking.

Development: Most children this age will begin to walk independently. They can say several words, understand simple commands, are learning body parts and can stack several blocks.

Safety: Now that your child is more mobile, make sure that gates are up to block off dangerous spaces and stairways. Children that are walking at this age are top-heavy and can easily fall into standing water, buckets, or toilets. Take special care to keep bathroom doors closed and not to leave standing water inside or outside. Your child can be forward facing in the car seat if she weighs more than 20 pounds.

The 15-18 Month Infant

Nutrition: Many toddlers start to become very picky eaters at this age. They are growing at a slower rate, and are often busy playing and doing more interesting things than eating. Please remember that your child will eat the amount of food that she needs to grow. It is your job to provide healthy foods when your child is hungry; offering unhealthy foods just because your child will eat them only creates bad habits and pickier eaters. The following tips will improve your chances of having a "good eater":

- Do not let your child "drink her self full"-the maximum milk intake should be 16 ounces/day, the rest should be water. Excess milk intake can lead to anemia. Offer fluids only after your child has eaten.
- Do not let your child eat "junk food" if they refuse healthy food. If she doesn't eat what she is offered, she isn't hungry. Simply put the food aside until she is hungry.
- Feed your child what you have made for the rest of the family (as long as it is healthy). Don't become the "short order" chef and fix separate meals for your toddler. If she doesn't eat what you have prepared, she isn't that hungry.
- Don't argue over meals. This simply creates more frustration for both you and your child. If she won't eat, throws the food or throws a tantrum take the food away and offer it again later.

Development: Most children are walking well at this age and are beginning to climb. Their vocabulary is quickly expanding and they can follow simple commands. They are becoming more independent and want to do more on their own. Because of this, it is important to establish boundaries and be consistent in enforcing rules as your toddler begins to test limits.

Safety: Recheck your home for dangers at your child's level. Lock up dangerous things that may smell good or look similar to food and drinks like lamp oil, antifreeze, colored vitamins and medicines

The 18 Month to 2 Year Child

Nutrition: Continue to be diligent about healthy eating habits and follow the tips mentioned in the previous section. If your child is not getting a well-balanced diet, an over-the-counter multivitamin may be added. Continue to offer healthy foods, especially fruits and vegetables, even if your child has refused them in the past. It is okay to get creative and let your child dip their vegetables in dressing, cheese or even ketchup. Continue to limit milk intake to 16 ounces/day and be aware of overall fluid intake.

Development: Your child's vocabulary is approaching 20 words and he is beginning to use 2 word phrases. Limit-testing continues and children this age often throw tantrums when mad. Your child needs to learn that tantrums will not help him to get his way. Ignore the tantrums completely; ANY attention, even negative scolding, will only reinforce this behavior.

Safety: If your toddler is attempting to climb out of his crib transfer to a toddler bed or mattress on the floor. Make sure to child proof his room and put a gate up at the door. Make sure that all windows and doors out of the house are secured.

The 2-3 Year Child

Nutrition: Children at this age can still be very picky. We encourage you to keep to the advice mentioned in the previous two sections. Toddlers may have days during which they seem to eat quite a bit and then several days during which the appetite is minimal. Take advantage of the hungry times by offering nutritious foods and foods they may not normally eat.

Development: Most children are toilet trained by 3 years of age, but remember that it is a milestone just like walking, and cannot be forced. Always give positive feedback when your child uses the potty and never punish your child for having an accident. Don't make a battle out of using the potty as this will only frustrate you and your child. Discipline can become an issue at this age. Establish rules and boundaries and be consistent. Discipline needs to be appropriate and immediate if it is to be effective. You are in charge, not your child! Don't attempt to reason with your toddler, she does not have adequate reasoning skills and your attention only provides positive reinforcement to behaviors that you are trying to discourage. Do not give her choices if none exist.

Safety: Watch your child closely both inside and outside; children this age often wander away from their parents in public places. Teach your child his first and last name and to find another "mommy and daddy" if he gets lost. Teach him his private parts and that no one can see them except his parents, including the doctor, unless a parent is present.

The 3-4 Year Child

Nutrition: Most 3 year olds begin to be better eaters. Simple rules such as "no dessert if you don't eat your vegetables" will help to keep them on track. A healthy diet with plenty of fruits and vegetables and limited sweets will help to create healthy eating habits well into your child's future.

Development: Most children will be speaking in sentences and the majority of what they say should be discernable by any adult. Three year olds know their colors and are learning to count to 5. They can eat with a fork and can peddle a tricycle. It is important for the development of social skills that your child interact with other children in a group setting of some type. Play groups, daycare or preschool provide the appropriate setting for such interactions.

Safety: Teach your child her address and phone number if possible. Teach her NEVER to talk to strangers, even if they offer candy or an animal to pet. She should know to run away and tell a parent or teacher if this happens.

The 4-5 Year Child

Nutrition: Healthy eating should now be an established part of your child's life. It is also important to begin to encourage physical activity, such as bike riding, outside play, and sports. Limit television, computer time and video games to 1 hour/day.

Development: Children this age can recognize letters and numbers and may be able to write their name. They are learning to ride a bike and may begin to be involved in organized sports or other activities. Kindergarten readiness may be a concern and we encourage you take into account all developmental factors-social, behavioral, academic-when making this decision. Discuss this issue with your doctor or the school if you have concerns.

Safety: Your child should ALWAYS wear a helmet when riding a bike, even if just in the driveway. Your child should still be in a booster seat and ALWAYS in the backseat of the car. Children are safest in a booster seat until they weigh 80 pounds or are 4'9" tall. We recommend that no guns be in a home with children. If you do own a gun it should never be kept loaded, should be stored separately from the ammunition, and both gun and ammunition should be locked at all times. Teach your child never to touch a gun and to find an adult immediately if he sees one in your home or in someone else's home.

Introducing Juice, Solids and Cow's Milk

We have put together this description of appropriate food introduction to try to help parents provide optimal nutrition for their children. This is merely a guide, and recommendations may vary for each individual child. Do not hesitate to discuss these recommendations with your child's doctor at your Well Child visits.

The best and only nutrition for your baby is breast milk or formula for the first four to six months. Solids (baby foods) and cow's milk are not appropriate for young infants. Breast milk and formula contain all the nutrients a baby needs, and your child's digestive system is not mature enough to digest other foods until after four to six months. Cow's milk lacks many of the vitamins and minerals needed by infants; it also contains a high level of protein and sodium which can be too much for your infants system to tolerate. Researchers and experts in nutrition, along with the American Academy of Pediatrics, recommend that infants remain on breast milk or formula until they are 12 months of age.

We prefer that you do not introduce solids until your child is at least four months of age, but six months may be preferable to help reduce the risk o allergies. There is a common myth that early introduction of cereal will help a child sleep through the night. Although many mothers (and grandmothers) believe this to be true, many good scientific studies have proven this not to be the case. Early introduction of solids can increase the risk of allergies, not only to foods, but also to grass, pollen and other environmental agents. In addition, solids are not an optimal source of nutrition in the first four to six months of life.

When it is time to introduce solids, the rule of thumb is one food at a time. If you introduce too many foods at once and your child has a reaction (diarrhea, rash, vomiting, or general unhappiness) you will not know which food is the offending agent. Give one new food every three days. Once a food has been proven "safe" you can give it with other test foods. A reasonable starting food would be rice cereal. Next, you can add other cereals, vegetables and fruits, and then later, meats. **Citrus juices, eggs, fish and nut products should be avoided until 12 months of age. Honey should also be avoided until after your child's first birthday be-cause it can cause infant botulism.**

In the first six to nine months of life, breast milk or formula is the most important source of nutrients for your infant. It continues to be important until a child is one year old, but solids begin to take on an increasingly important role.

After one year of age, cow's milk may be introduced. It is important to provide a child with adequate fat until two years of age, as this is needed for brain development. Accordingly, whole milk and full-fat dairy products are important until the second birthday. A child over one year of age should not drink more than 16 ounces of milk per day. Too much cow's milk can lead to anemia.

Calcium

Calcium is an important mineral that is essential for the growth of strong bones and teeth. It helps build bone mass, which decreases the risk for broken bones later in life.

All children require some calcium in their diet. Infants receive all the calcium they need from formula or breast milk. As children get older their daily calcium requirements increase. Because not all children prefer to drink milk as their primary calcium source, we have provided this guide so that you can make sure your child is receiving enough calcium.

Daily calcium requirements by age:

1-3 years - 500 mg or 2 servings of dairy products
4-8 years - 800 mg or 3 servings of dairy products
9-18 years - 1300 mg or 5 servings of dairy products

1 serving = 8 oz. milk, 1 cup of yogurt, or 1 oz. of hard cheese
(these foods can be substituted by other foods rich in calcium)

Calcium content of common foods:

Food		Amount	Calcium content
Milk (whole, low-fat, or skim)		8 oz.	300 mg
Calcium fortified orange juice		8 oz.	300 mg
Yogurt		6 oz.	280 mg
Tofu (calcium processed/enriched)		4 oz.	260 mg
Cheese:	Swiss, Parmesan	1 oz.	250 mg
	Cheddar/Muenster	1 oz.	200 mg
	Mozzarella/Feta	1 oz.	150 mg
Cottage cheese		4 oz.	100 mg
Ice cream		4 oz.	100 mg
Frozen yogurt		4 oz.	100 mg
Pudding		4 oz.	100 mg
White beans		½ cup	115 mg
Spinach:	Cooked	½ cup.	120 mg
	Raw	1 ½ cup.	120 mg
Orange		1 medium	50 mg
Sweet potatoes		½ cup.	45 mg
Broccoli:	Cooked	½ cup.	35 mg
	Raw	1 cup	35 mg

IMMUNIZATIONS

Immunizations to protect your child against a variety of infectious diseases will be a major part of your child's well visits, especially in the first 18 months. Vaccines, like any medication, have potential side effects. It is important that you are informed of all the risks and benefits before immunizing your child. We have provided information about the immunizations here and you will receive information compiled by the American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC) before an immunization is given for the first time.

CENTRAL OHIO PRIMARY CARE PHYSICIANS PEDIATRICS VACCINE POLICY STATEMENT

We firmly believe in the effectiveness of vaccines to prevent serious illnesses and save lives. We firmly believe based upon all available literature, evidence and current studies, in the safety of our vaccines.

We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and the American Academy of Pediatrics.

We firmly believe that our vaccines do not cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that has been in vaccines for decades, does not cause autism or other developmental disabilities.

We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers and that you can perform as parents/caregivers. The recommended vaccines and their schedule given are the results of years and years of scientific study and data-gathering on millions of children by thousands of our brightest scientists and physicians.

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illnesses that we are even discussing whether or not they should be given. Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis or even chickenpox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude can lead to tragic results.

Over the past several years, many people have chosen to decline or delay vaccinating their children. As a result of underimmunization, there have been outbreaks of and deaths from measles, Haemophilus and pertussis. By not vaccinating children, parents/caregivers are taking selfish advantage of others who do vaccinate their children. In addition, this places other children at risk for serious illness and death.

We are making you aware of these facts not to scare you or concern you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be emotional for some parents. We will do everything we can to convince you that vaccinating according to schedule is the right thing to do. However, should you have doubts, please discuss these with us. Please be advised that delaying or spreading out the vaccines to give one or two at a time over multiple visits goes against expert recommendations, can put your child at risk for serious illness, disability, and even death, and goes against our medical advice as providers at Central Ohio Primary Care Physicians. In the event of not immunizing your child, you may be asked to leave the practice.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. Thank you for your time in reading this policy. Please feel free to discuss any questions or concerns you may have about vaccines with any one of us.

DTaP: Diptheria, Tetanus, acellular Pertussis

1. **Diptheria:** An infection that causes a membrane to form in the back of the throat, leading to respiratory (breathing) problems, and possible paralysis, heart disease and death.
2. **Tetanus:** A bacterial infection that is usually acquired through dirty wounds. It causes severe muscle spasms all over the body and can lead to "locking" of the jaw. It causes death in lout of 10 cases.
3. **Pertussis (whooping cough):** A serious disease causing severe coughing spells that can last for weeks. Infection in young infants can cause them to turn blue and stop breathing. This infection can lead to pneumonia, seizures and death.

   Children receive 5 doses of DTaP, at 2, 4, 6 and 15-18 months and again at 46 years. The common side effects include fever and irritability, soreness and occasional swelling at the site where the shot was given. Swelling is more common with the dose given at 4-6 years. More severe side effects are rare but include high fever (greater than 105° F), seizures and allergic reactions.

IPV: .Inactivated Polio Vaccine

Polio is a viral illness that can cause paralysis and death. It used to be very commonintheUnitedStates;butnow is rarely seenbecause ofthe availability of the vaccine. Children receive 4 doses of IPV, at 2, 4, 6-18 months and a booster at 4-6 years. The IPV vaccine used today has never been known to cause serious problems; occasionally mild soreness is reported.

HIB: *Haemophilus influenzae* type B

This infection used to be the leading cause of bacterial meningitis and epiglottitis (swelling of the airway) in children; it can also cause infection ofthe blood, joints, bones, heart, and sometimes death. Before this vaccine about 1 in 200 children developed an illness related to this infection; since the use of the vaccine it is rarely seen.

Your child will receive a series of 4 immunizations within the first year. Side effects are mild, usually redness or warmth at the site of injection and fever, and can last up to 2-3 days.

Hepatitis A (HAV):

Hepatitis A is a virus that can causes a serious liver disease with symptoms such as a "flu-like" illness, vomiting and diarrhea and jaundice. In some cases infection can lead to death. The virus can be spread by contaminated food and water, and close contact with infected persons.

The vaccination consists of 2 doses given between 12 and 24 months of age. The most common reactions to this vaccine are soreness at the site, loss of appetite and headaches. Children who did not receive the vaccine as toddlers should be immunized if they plan to travel to states or countries where there is a high incidence of infection with hepatitis A.

Hepatitis B (HBV):

Hepatitis B is a viral disease that affects the liver. It can cause an acute (short term) illness that causes diarrhea and vomiting, extreme fatigue, stomach pain and jaundice (yellow eyes and skin). Approximately 80,000 cases occur per year, most in young adults. The virus also causes a chronic (long term) illness that leads to liver damage or failure, liver cancer and death. People who are infected with the acute disease can become carriers and pass the disease onto others; they are also at risk to develop chronic disease. The virus is transmitted by exposure to blood or blood products, sexual contact, and from infected mothers to infants at the time of birth.

The immunization is given in a series of 3 shots. All newborns should receive this vaccine, as well as children who did not receive it as infants. The vaccine may causes soreness at the site of injection and fever. Rarely an allergic reaction is seen.

PCV (Prevnar): Pneumococcal Conjugate Vaccine

This vaccine protects against a type of bacteria called Streptococcus pneumoniae that is now the leading cause of bacterial meningitis in the United States. This infection can also cause blood infections, pneumonia and is one of the bacteria to cause ear infections. Children under 2 years are at highest risk for serious infection. Your child will receive,4 doses of this vaccine in the first 18 months. Like other vaccines, side effects include tenderness at the site of the injection, fever and fussiness. No serious side effects have been reported.

MMR: Measles, Mumps, Rubella

1. **Measles:** Measles is a serious disease causing cold symptoms, fever and rash, which can lead to pneumonia, seizures, brain swelling, brain damage and death.
2. **Mumps:** Mumps commonly causes fever and swelling of the salivary glands. It can lead to meningitis, painful swelling of the ovaries and testicles and rarely, death.
3. **Rubella** (German measles): Rubella is a mild disease causing rash and fever. However, if pregnant women get this disease it can cause serious birth defects or miscarriage.

   The vaccine is given at 12-15 months with a booster shot at 4-6 years. The shot may cause fever or a mild rash 1-2 weeks after the vaccine is given.

Rotateq: Rotavirus vaccine

Rotavirus is an infection that causes severe diarrhea, vomiting and fever, mostly in infants and young children. It can cause severe dehydration requiring hospitalization and in rare cases, death. Rotavirus is spread easily by contact with other infected children.

The rotavirus vaccine is given at 2, 4 and 6 months of age. Reactions to the vaccine include cough, mild vomiting and loose stools.

Varivax: Varicella (chickenpox) vaccine

Chickenpox is a common childhood disease caused by a virus. It is very contagious and causes fever, fatigue, and an -itchy rash. It can lead to serious skin infections, pneumonia, brain damage and death. Older children and adults who get the disease are at higher risk for more serious infection and complications.

The vaccine is given between 12-18 months of age. A booster dose is recommended at 4-6 years of age. Anyone who has not had chickenpox can get the vaccine; people over 13 years of age need 2 doses. The most common

reaction is soreness and fever. It is also possible to develop a mild rash up to a month after the vaccination.

Td and Tdap: Tetanus, Diptheria, and Pertussis

Tdap is a booster shot for tetanus, diphtheria and pertussis (see DTaP). Adolescents should receive one dose of this vaccine between 11 and 18 years of age. Td is a booster for tetanus and diphtheria only. If your child has already received his/her tetanus booster, your doctor may recommend a dose ofTdap for pertussis protection. Both vaccines can cause pain and stiffness in the arm where the shot was given. These symptoms can last several days, but are usually alleviated with acetaminophen or ibuprofen products.

Menactra: Meningococcal vaccine

This vaccine protects against several subtypes of a bacteria called Neisseria meningitis. Meningococcal disease is a serious bacterial illness that acts very quickly and causes blood infection and meningitis. Infection often leads to death despite treatment with antibiotics. The vaccine is recommended for adolescents and people who do not have a functioning spleen.

Gardasil: Human Papilloma Virus (HPV) vaccine

HPV is the most common sexually transmitted virus in the United States. While many HPV infections don't cause symptoms, some infections can cause cervical cancer in women. The HPV vaccine can prevent most cases of cervical cancer in women. The vaccine is designed to be given before a girl's first sexual contact to best prevent the disease caused by HPV.

The vaccine is recommended for girls 11-12 years of age, with catch-up doses for girls 13 and older. It is given in 3 doses, within a 6 month period. The most common side effect from the vaccine is pain at the injection site. Some girls may also experience mild swelling or itching at the injection site, or mild fever.

Influenza:

Influenza is a viral infection that typically causes fever and chills, sore throat, cough, headache and muscle aches. Serious complications are also possible with an influenza infection; these include: pneumonia, dehydration, encephalopathy (brain infection), worsening of existing conditions such as asthma and heart conditions, and death. Anyone can have complications from influenza, but children under 2 years of age are more likely to experience complications and to require hospitalization with influenza infection. **It is now recommended that all children between 6 months and 18 years of age receive the influenza vaccine.** The vaccine must be given yearly, in the

fall. Children who are under 9 years of age and are being vaccinated for the first time will require 2 doses, one month apart. There are now two types of flu vaccine available: the traditional injection and a newer nasal spray; the latter has some restrictions as to who can get it; your doctor can discuss which is best for your child. Side effects are generally mild and can include pain and swelling at the injection site, fever, muscle aches, headache, runny nose, nasal congestion, cough and wheezing; these typically only last a day or two.

SAFETY

Injuries are the number one cause of death in children. The majority of accidents are preventable if proper precautions are taken. Listed below are some tips to prevent injury and keep your child safe. Please also refer to the safety information pertinent to your child's age under "General Care of Your Newborn" and "Your Growing Child".

Car Seats and Seat Belts:

Car seats are an absolute necessity for infant safety. Your infant should be in a rear-facing car seat in the middle of the backseat **until 12 months of age *and* 20 pounds.** Children should then be placed in an appropriate forward facing car seat. Once children are over 4 years of age and over 40 pounds they may be placed in a booster seat that can be used with your vehicle's lap belt. It is now recommended that children remain in a booster seat until they are over 80 pounds. Your child should ALWAYS be required to wear a seatbelt. Children under the age of 12 and less than 100 pounds should ride in the backseat.

Hot Water Heaters and Burns:

Most hot water heaters are set at 140 F, a temperature that can quickly cause burns in infants. If you have an infant or small child in the home, your hot water heater should be turned down to 120 F. This will reduce the risk of bums; the same burn that takes 5 minutes at 120 F takes only 6 seconds at 140 F.

Once your child is able to reach and grab, she will. Never leave irons, curling irons, or other appliances unattended. Once your child can pull to a stand, cook on the rear burners and never leave your child unattended in the kitchen.

Smoke Detectors and Fire Education:

Every level of your home should have a working smoke detector. If you rent your home, your landlord is required to provide smoke detectors. Remember to check each smoke detector once a month. Make sure that everyone in the household knows what to do if the smoke alarm goes off. Teach your child where to go and who to call. When your child is old enough, discuss "stop, drop and roll".

Baby Walkers:

There is NO safe way to use a baby walker and NO home is safe from the potential hazards associated with walkers. Walkers are responsible for many life threatening injuries in infants. Even homes without stairs are unsafe, as infants are more mobile and can get into dangerous situations more quickly. PLEASE never use an infant walker.

Poisoning:

Poisonous materials, cleaning supplies and medicines are dangerous to any child. These items should be stored up high, well out of reach of children of any age. Do not depend on cabinet latches or locks when at your child's level. Never leave these substances sitting out, even in a childproof container.

If your child ingests something he shouldn't, or if something gets into his eye or on his skin, please call the Poison Control Center immediately. They are located at Children's Hospital and are staffed 24 hours a day. They can advise you as to how to care for your child, symptoms to watch for, and whether your child needs to be seen emergently.

CENTRAL OHIO POISON CONTROL CENTER

(800) 222-1222

Drowning:

Drowning is a leading cause of death in children 1 to 4 years of age. If you have a pool you should have a barrier between your home and the pool. You should have either 1) a fence (at least 5-foot high) with a self-closing, self-latchable, locking gate around the pool, 2) self-closing, self-latching doors from the home, as well as windows that are secured and locked or 3) a key-operated, motorized safety cover that is kept locked. Never leave furniture or any item out that a child could use to climb over a fence surrounding a pool. Do not allow riding toys around the pool. If you are near a pool somewhere other than home, you need to know where your child is at all times. Drowning is a year-round threat and children have drowned or suffered a "near drowning" in wading pools, ponds, rivers, bathtubs, toilets and buckets of water left unattended.

Helmets:

The effectiveness of safety helmets in protecting your child from a life threatening head injury is undeniable. Your child should be taught and required to wear an appropriately fitting safety helmet when on anything with wheels (bicycles, scooters, rollerblades, skateboards, etc.) no matter where they are. Participating in these activities without a helmet should not be an option!

Sun Protection:

Sunscreen is recommended for all children over 6 months of age whenever they are exposed to sunlight. Use a sunscreen with at least an SPF of 15; reapply every two hours, or more frequently if it is rinsed off by swimming. Sunscreen has not been proven to be safe in children less than 6 months of age. These children should be dressed in light clothing and kept in the shade.

COMMON ILLNESSES

The following is general information regarding common pediatric problems. Many of these illnesses can be cared for at home, but there are times when you may need to call the office as it may be necessary for a doctor to see your child. If you are unsure about your child's condition, please do not hesitate to call and speak to one of our nurses or doctors. Doses for the medications mentioned can be found at the end of this section. Additional information is available in our office and we are happy to provide you with a handout when you visit the office.

BURNS

Treatment: Immediately immerse the burned area in cool water for at least 10 minutes. Do not use ice. If clothing is smoldering, cool by soaking in water first, then gently remove clothing. Do not attempt to remove clothing if it is stuck to the burn. Cover burned area with a sterile gauze pad. If blisters form, DO NOT BREAK.

Call the office if you notice:

- Blisters develop
- The burn is on the face, hands or genitals
- Any increase in redness or swelling
- Any discharge (drainage or pus)
- Any other concerns or questions

CHICKENPOX

Chickenpox is a very contagious, viral illness that is spread by airborne particles. It causes an itchy, blistering rash that may not develop for 10-21 days after your child has been exposed. Your child may also have a low-grade fever, upper respiratory symptoms (congestion, runny nose, cough), decreased appetite and headache. Your child is contagious 2 days before the rash appears until all of the lesions are crusted (about 6-10 days). Your child should be isolated from others (who have not had chickenpox) until all of his lesions are crusted.

Treatment: Encourage your child not to scratch the lesions. An antihistamine, such as Benadryl, can help to decrease the itching. If you give oral Benadryl do not use Benadryl cream as some of it may be absorbed into the skin. Oatmeal or baking soda baths can soothe itching skin. Lesions can become infected. To minimize this risk keep your child's fingernails clean and trimmed and bathe daily. If you see an infected looking lesion apply Neosporin ointment 3-4 times/day. Acetaminophen (Tylenol) is helpful for the fever and discomfort. DO NOT GIVE YOUR CHILD ASPIRIN OR IBUPROFEN.

Call the office if you notice:

- Any lesion that appears to be infected
- A persistent and severe cough
- Difficulty breathing or chest pain
- High fever, stiff neck, persistent headache, or listlessness
- Any other concerns or questions

COLDS

A cold, or upper respiratory infection is the most common illness in children. Colds are caused by viral infections, meaning that there is no specific treatment. Children with colds typically have a runny nose, congestion, cough and a slight fever. They may also have a sore throat,' watery eyes and a decreased appetite. Thick yellow/green mucous is normal with a cold. It is common for symptoms to last for 7-14 days. Normal, healthy children can have 6-8 colds per year; children in a daycare setting may have more.

Treatment: Because there is no medicine to "cure" a cold, treatment is mainly supportive. Encourage your child to drink extra fluids; this will keep the mucus thin and keep your child well hydrated. Humidifiers and vaporizers may make your child more comfortable at night. Make sure they are kept clean, and use only water. Additional medicines in the vaporizer may cause irritation to your child's lungs. A steamy bathroom may also be helpful in clearing nasal passages. Infants

breathe primarily through their noses, and will be more comfortable if the nose is kept clear. Use a bulb syringe with or without saline (saltwater) drops to help clear nasal secretions.

Saline nose drops can easily be made at home by mixing ¼ teaspoon salt in 1 cup of warm tap water. Be sure to make new solution each time and throwaway unused saltwater solution.

Medications such as acetaminophen and ibuprofen are helpful to relieve fever and discomfort. **NEVER GIVE IBUPROFEN TO A CHILD UNDER SIX MONTHS OF AGE**. We do not routinely recommend other cold medications as they often have side effects of irritability, sleeplessness and jitteriness and rarely alleviate symptoms for any significant period of time. If your child is over 1 year of age and the above-mentioned supportive measures are not adequately controlling her symptoms, an over-the-counter, symptom-directed medication may be helpful. Decongestants may help open a stuffy nose, an expectorant may help loosen chest congestion and a cough suppressant may help alleviate cough (use cough suppressants only at night, daytime cough is actually helpful to clear secretions). No medicine will shorten the course of the cold.

Call the office if you notice:

- Extreme irritability or fussiness that is unrelenting
- Yellow/green eye drainage that persists more than 48 hours
- Swollen eyelids or extreme puffiness around the eyes
- Ear pain or ear drainage
- Fever that lasts more than 72 hours
- Difficulty breathing, especially if the ribs are visible with each breath
- Sore throat that is accompanied by fever, headache or vomiting
- Symptoms that persist past 10-14 days
- Any other questions or concerns

CONSTIPATION

Constipation refers to hard, painful bowel movements, not infrequent stools. All infants and children occasionally become constipated. Many infants may not have a daily bowel movement.

Treatment: If your infant is under 4 months of age, discuss treatment with the nurse or doctor. If your child is over 4 months of age offer pear, prune, or apple juice (2-4 ounces mixed with an equal amount of water). Do not dilute “infant juice” as it has already been diluted. If your child is older than 6 months, increase

the amount of green vegetables, fruits and bran products in his diet. Avoid bananas and rice cereal as they can cause constipation. We do not recommend the use of enemas or suppositories unless this has been discussed with your doctor.

Call the office if you notice:

- No improvement with the above suggestions
- The problem is recurring
- Your child has gone longer than 72 hours without a bowel movement and seems to be having abdominal pain
- Severe pain or bleeding
- Any other questions or concerns

COUGH

Cough is a very common pediatric symptom. It can be associated with colds, allergies, croup, pneumonia, asthma, and a variety of other conditions. Cough associated with a cold can last for several weeks and may be the last symptom to resolve.

Treatment: The treatment of cough depends on the particular cause, but in most cases basic comfort measures are recommended. Encourage fluids, place a cool mist humidifier in your child's room, and elevate the head of the bed. If your child is older than 1 year of age and still uncomfortable with these measures in place, you may try an over-the-counter cough suppressant at night. We never recommend a cough suppressant during the daytime, as the cough is beneficial in clearing secretions and preventing further infection.

Call the office if you notice:

- Cough that persists more than 2 weeks
- Your child has difficulty breathing, chest pain or chest tightness
- Your child is wheezing or breathing fast
- The cough accompanied by vomiting or turning blue
- Development of high, persistent fever
- The cough develops after choking on food or any other object
- Any other questions or concerns

CROUP

Croup is caused by a viral infection affecting the larynx (voice box) and upper trachea (wind pipe). It is often accompanied by a fever and upper respiratory symptoms. When your child has croup, he will typically go to bed without difficulty and then wakes up with a dry, barky cough (like a seal). Your child may make a high-pitched "crowing" or squeaking no{se when taking in a breath. The cough is typically worse at night, but your child may have a hoarse voice and mild cough during the day.

Treatment: Remain calm and try to keep your child relaxed; this alone will make him breathe easier. Take your child outside into the cool air and let him breathe for several minutes or steam UR the bathroom and sit, allowing him to breathe in the moist air until breathing becomes easier. When you return your child to bed run a cool mist humidifier. Encourage plenty of fluids. Acetaminophen or ibuprofen will help with the discomfort caused by fever and painful coughing.

Call the office or seek emergency care IMMEDIATELY if:

- Your child is becoming less alert or less responsive
- Your child's lips become blue
- Lying down makes your child's breathing more difficult
- The "crowing" noise when breathing in does not resolve after 10-15 minutes outside or in the steamy bathroom

CUTS, SCRAPES AND LACERATIONS

Most cuts and scrapes can be treated at home. The goal of treatment is to clean the wound to prevent infection and to speed the healing process.

Minor cuts and scrapes: Clean the area well with soap and water. Remove any visible dirt, glass, etc. Rinse the area well. Allow the wound to air dry then apply an antibiotic ointment and bandage. We do not recommend the use of over-the-counter "liquid band-aid" products. The ointment and bandage should be changed at least daily. If the wound begins to look more red, swollen, or if pus is seen, contact your doctor during office hours.

Other cuts and scrapes: If the cut is deep, gapes open, or will not stop bleeding after applying pressure for 10 minutes, call your physician's office, as stitches may be necessary.

DIARRHEA

Diarrhea is a common problem in childhood; most often it is caused by a viral infection. True diarrhea is watery bowel movements with a marked increase in stool volume and frequency. The concern with a diarrhea illness is that your child may become dehydrated. **Signs of dehydration include:**

- Sunken appearing eyes
- Dry, cracked lips and dry, sticky tongue and inside of the mouth
- No tears when crying
- Less than 2 wet diapers or urine out in a 12 hour period
- Lethargy (difficult to arouse, doesn't interact with surroundings)
- Weakness (won't sit up, crawl, or-play)

Treatment:

Infants: If your infant is breast-fed, continue to breastfeed and offer additional fluid in the form of Pedialyte. Continue formula for bottle-fed infants and offer Pedialyte as well. Formula fed infants may benefit from a soy formula for a brief time, if diarrhea is prolonged.

Older infants and toddlers: Offer a variety of clear liquids when a diarrhea illness begins. Pedialyte products are a good choice because they will replace the necessary electrolytes (salts) that your infant needs. You can offer milk, but decrease the amount until the diarrhea improves. Avoid juices; they can make the diarrhea worse.

Older children: Older children are not at as great a risk for dehydration from diarrhea as infants. Encourage more fluids and offer a bland diet.

Call the office if you notice:

- Diarrhea that persists more than 2 weeks
- Any signs of dehydration (as noted above)
- Blood in the stool
- Any other questions or concerns

EARACHE

Earaches are a common complaint in children and can be caused by a variety of conditions such as a middle ear infection, an outer ear infection (swimmer's ear), a sore throat, congestion (associated with both colds and allergies) or trauma. Middle ear infections are the cause of the "ear infections" commonly referred to in children; they are frequently associated with colds.

Treatment: The only way to diagnose a middle ear infection is by direct visualization of the eardrum. Your doctor will only prescribe a medication (if necessary) after seeing your child in the office. Until your child can be seen in the office, acetaminophen or ibuprofen can be given for pain relief. Warm oil drops in the ear canal if there is no drainage, or a heating pad placed over the ear may provide additional comfort.

Call the office if you notice:

- Drainage from the ear
- Persistent ear pain or irritability
- A high fever that accompanies the ear pain
- Any other questions or concerns

FEVER

A fever is a rise in body temperature above normal. The average normal body temperature when measured orally is 98.6° F (37° C), hut may be slightly higher or lower depending on the individual. It is normal for the body temperature to fluctuate during the day; mild increases (100.4°-101.3° F or 38°-38.5° C) may be caused by exercise, excessive clothing, a hot bath, or warm weather. Warm food or fluids can also raise the oral temperature. If you suspect such an effect, take your child's temperature again in a half hour. We recommend taking rectal temperatures in children less than 6 months and axillary (under the arm) temperatures from 6 months to 3 years of age.

Fever is a symptom, not a disease. Unless your child is less than 12 weeks of age, **A FEVER IS NOT A MEDICAL EMERGENCY.** It is the body's normal response to an infection. A fever aids the body in fighting the infection by turning on the body's immune system. The usual fevers (100.4°-104° F or 38°-40° C), which all children get, are not harmful. Most are caused by viral illnesses; some are caused by a bacterial illness. Teething does not cause a high fever. Most fevers that accompany a viral illness last for 2-3 days. It is normal for a fever to come and go throughout the day, with or without the use of a fever reducing medication. It is normal for children to become fussy and less active with a fever; their demeanor usually improves when the temperature goes down. In general, the height of the fever does not relate to the seriousness of the illness. What is important is how sick your child acts. Fever causes no permanent harm until it reaches 107° F (41.7° C). Fortunately, the brain's thermostat keeps even untreated fevers below this level in a normal child.

Treatment:

Medications: Remember that a fever actually helps your child fight an infection more effectively. Therefore, only use medications if your child is uncomfortable. Your child's comfort should improve within two hours after the medication is administered. Your child's temperature will not return to normal unless it was not very elevated before the medication was given. The medication will not "cure" the fever, it is normal for the temperature to rise again once the medication has worn off. Repeated doses of medication may be needed. If your child is sleeping comfortably, do not wake him to give medication.

Acetaminophen: Children older than 2 months of age can be given any of the acetaminophen products (Tylenol, Liquiprin, Panadol, Tempra). These products can be given every 4 hours if needed. Give the correct dose for your child's weight or the dose discussed with your doctor.

Ibuprofen: Ibuprofen products (Advil, Motrin) can be given to children older than 6 months of age. These products have a longer lasting effect and should only be given every 6-8 hours. Give the appropriate dose for your child's weight.

If your child is less than 12 weeks old, do not give these medications without speaking with your child's doctor.

Other measures: Body fluids are lost during fevers due to sweating. Encourage your child to drink extra fluids. Popsicles and iced drinks may be helpful. Keep clothing to a minimum, as most heat is lost through the skin. Do not bundle your child, this can cause the temperature to rise further. If your child feels cold or has chills give her a light blanket. If your child is still uncomfortable 1-2 hours after taking medicine, or if the temperature has not come down, you can bathe your child in a tepid bath for 20 minutes. DO NOT use ice water or alcohol; this can make the temperature go up.

Call the office IMMEDIATELY if:

- Your child is less than 3 months old, and the temperature is greater than 100.4° F (38° C) rectally
- The fever is over 105° F (40.6° C) when measured rectally
- Your child looks or acts very sick

Call the office WITHN 24 HOURS if:

- Your child is 3 to 6 months old (unless the fever is following immunizations)
- Your child has had fever over 24 hours with no obvious cause or location of infection
- Your child has had a fever for more than 3 days
- The fever went away for over 24 hours and then returned
- Any other questions or concerns

HEAD INJURY

Head injuries are almost inevitable in children. Most are minor and cause no serious problems. If your child hits his head make sure that he is talking and moving his arms and legs normally. Ask older children to name people or toys. If your child had a forceful fall he may be a bit drowsy, have a mild headache, or even vomit once or twice.

Treatment: DO NOT PANIC! Place ice or a bag of frozen vegetables on the site to minimize swelling. If there is any bleeding, apply firm, direct pressure to the area.

Call our office IMMEDIATELY if your child:

- Lost consciousness with the head injury
- Has unusual behavior, such as inconsolable crying, confusion or dizziness
- Has bleeding from the ear or the nose
- Has a change in vision, trouble hearing or speaking
- Has a seizure
- Has neck pain
- Has a headache that is worsening or lasts more than a day
- Has persistent vomiting
- Has a laceration that may need stitches

INSECT BITES

There are many stinging and biting insects in Ohio. It is rare that their bites carry serious disease and most of them cause no more than a local skin reaction. During the first two days after a bite or sting expect the area to swell and itch. Some stings are more painful than others, and the site may appear red and warm. Swelling can be dramatic, especially on the face or hands, and may be much larger the morning after the bite or sting.

Treatment: Treatment is aimed at relieving itching and pain and preventing infection. If you know the bite/sting has occurred, remove your child from the area if there are other insects. Cool the site with a cool pack or washcloth and keep elevated. Make a paste out of baking soda or meat tenderizer mixed with water and apply it to the site. This soothes the skin and relieves discomfort. Over the next several days your child may get additional relief from an over-the-counter topical steroid cream, such as hydrocortisone. This can be applied twice a day for no more than two days. Tylenol or Ibuprofen may also help with pain and swelling.

Call 911 if there is difficulty breathing or your child develops tightness in the chest or throat. These types of sever allergic reactions usually happen within one hour of the bite or sting.

Call the office if:

- The area becomes darker red and more tender or begins to drain pus, as these can be signs of infection
- The site continues to swell after the first 2-3 days
- You see red streaks from the site toward the center of the body
- Your child has a fever that cannot be otherwise explained

NOSEBLEEDS

Nosebleeds are common in children. The most common cause is trauma (especially nose picking); they can also be caused by colds, allergies, and low humidity/dry air. The bleeding usually comes from a small blood vessel close to the surface in the front of the nose.

Treatment: Have your child tilt their head forward and apply pressure to the nose for at least 10 minutes. Do not release pressure during this time to see if the nose is still bleeding. Once the bleeding has stopped you will probably see a blood clot or dried blood inside the nose. DO NOT try to remove the blood or have your child blow their nose, as this will make the bleeding start again.

Call the office if you notice:

- Bleeding that does not stop after 15 to 20 minutes
- Nosebleeds that frequently recur
- Your child also has bleeding gums, excessive bleeding from cuts or easy bruising

PINK EYE (Conjunctivitis)

Conjunctivitis is swelling of the membrane that covers the eye. The classic signs are "blood shot" eyes and thick discharge from the eye or crusting of the lashes. Conjunctivitis can be caused by irritation, allergies, bacteria, or most commonly, viruses. The term "pink eye" usually refers to an infectious conjunctivitis (bacterial or viral). As with other viral illnesses, viral conjunctivitis is not cured by antibiotics, but must run its course over 4-7 days. If your doctor suspects that a bacterial infection if forming, antibiotic drops or ointment may be prescribed.

Treatment: Keep the eyes clean using a clean cloth or cotton ball and warm water. Wash the eyes every several hours as needed to keep the discharge from building up. Apply warm compressions for about 10 minutes 3-4 times a day. Try to keep your child from rubbing her eyes. This will irritate the eyes more, and increase the risk of spread to the other eye, as well as to siblings and other contacts. You and your child should practice good hand-washing to prevent spreading the infection.

Call the office if:

- Your child is acting ill or has other symptoms such as fever or earache
- Your child complains of eye pain or trouble with his vision
- The eyelids become red and swollen
- The discharge immediately reappears after wiping it away
- The redness lasts for more than 7 days

POISON IVY

Poison ivy is caused by a local reaction of the skin to oil on the leaves of the poison ivy plant. The rash consists of small bumps or blisters that can appear in lines. Blisters may look to be filled with a clear yellow fluid that may crust over if scratched open. The rash is usually very itchy, but not typically painful. Poison oak, poison sumac and many other plants and weeds can cause the same type of reaction.

There are two common misconceptions about poison ivy – that it is contagious and that it can spread. ***Poison ivy is not contagious.*** Once the oil has been washed from the skin, direct contact will not pass the rash from person to person. However, oil that remains on the hair or clothing can spread the rash if it comes into contact with others. ***Poison ivy does not spread.*** After the oil has come into contact with the skin it can take up to two weeks for the rash to appear; the rash may appear in different areas of the body on different days. This is normal.

Treatment: If you think your child has come into contact with poison ivy, have him bathe or shower. Keep the affected areas clean with soap and water. Cover areas that are likely to become dirty. Benadryl may be used to relieve itching, either cream **OR** by mouth, but not both. An over-the-counter topical steroid cream can be used twice a day for up to one week. Keep your child's fingernails and toenails short to prevent scratching, especially at night.

Call the office if:

- The rash becomes more painful than itchy, is becoming increasingly swollen or has thick drainage, as these can be signs of infection.
- The rash involves the face or groin area.
- You are concerned that the rash may not be poison ivy.

RASH

Rashes are common in childhood and have many causes. The majority of childhood rashes are not harmful. If your child has a mild rash without other symptoms of illness you can safely watch it for several days. Many common childhood viral infections can cause a rash. These rashes can cover the entire body and tend to look worse when your child gets warm (in sunlight, after a bath or exertion). If the rash seems to itch you can try oatmeal baths or use Benadryl (for children over one year) if the itching is severe. Rashes are difficult to diagnose over the phone, so if you have a question about your child's rash please call during office hours so that an appointment can be scheduled. **Please call immediately** if your child has a rash that looks-like broken blood vessels or a rash that does not blanche (lose its color briefly when pushed on).

SORE THROAT

The majority of sore throats are viral, and as with any virus, there is no cure for the infection. Viral sore throats usually last 3-4 days and are often associated with cold symptoms. "Strep throat" is a bacterial infection that usually causes a sore throat, fever, headache and nausea/vomiting. It requires a throat swab for diagnosis and is treated with antibiotics. Acetaminophen or ibuprofen products will help with a sore throat, regardless of the cause.

Call the office if you notice:

- A sore throat that is not improving in 2-3 days
- A sore throat and a known exposure to someone with strep throat
- Obvious swelling on the outside of the neck or excessive drooling
- Signs of dehydration because your child is refusing fluids
- Any other questions or concerns

VOMITING

Vomiting (throwing up) is most often caused by a viral infection in the stomach or by eating something that has irritated the stomach lining. It is frequently associated with diarrhea, although it may precede the diarrhea by 1-2 days. It generally lasts 12-48 hours. The main concern when your child is vomiting is keeping him hydrated.

Treatment: Wait 30 minutes after your child vomits before offering any fluids. After 30 minutes give your child several sips of water, Pedialyte or other clear liquids and wait 10-15 minutes. If no vomiting occurs, give several more sips. Gradually increase the amount of clear liquid offered and the time between offering liquids until your child is drinking as much as she wants without vomiting. Do not offer a large amount at once, even though your child may want more. This distends the stomach and is likely to cause more vomiting. If your child vomits again, wait 30 minutes and go back to offering only a few sips. Once your child is keeping down clear liquids you can return to formula or breastfeeding or add back bland solid foods. It is normal for your child's appetite to be decreased for up to a week after a vomiting illness. It is also expected that your child may lose weight during this period; she will eat more in the weeks that follow to regain the lost weight.

In general, we do not recommend medicines to treat vomiting. It is appropriate to give acetaminophen if your child has a fever with her vomiting. If vomiting is persistent, it may be helpful to use the suppository form of these medicines.

Call the office if you notice:

- Vomit containing blood or bile (dark green color)
- No improvement after 24 hours
- Persistent vomiting accompanied by fever and significant abdominal pain
- **Signs of dehydration**
    - Sunken appearing eyes
    - Dry, cracked lips and dry, sticky tongue and inside of the mouth
    - No tears when crying
    - Less than 2 wet diapers or urine out in a 12 hour period
    - Lethargy (difficult to arouse, doesn't interact with surroundings)
    - Weakness (won't sit up, crawl, or play)

MEDICATION LIST

Acetaminophen Products (Tylenol®/Tempra®) **Give Every 4-6 Hours**

Infant Drops	6-8 lbs	0.4 mL	½ dropper
(80mg/0.8mL)	9-11 lbs	0.6 mL	¾ dropper
	12-14 lbs	0.8 mL	1 dropper
	15-17 lbs	1.0 mL	1 ¼ dropper
	18-20 lbs	1.2 mL	1 ½ dropper
	21-23 lbs	1.4 mL	1 ¾ dropper
	24-26 lbs	1.6 mL	2 dropper
Suspension/Elixir	12-17 lbs	80 mg	½ tsp or 1 chewable
(160 mg/5 mL)	18-23 lbs	120 mg	¾ tsp
5 mL = 1 teaspoon (tsp)	24-29 lbs	160 mg	1 tsp or 2 chewable or 1 JS
	30-35 lbs	200 mg	1 ¼ tsp
Chewables (80 mg)	36-41 lbs	240 mg	1 ½ tsp or 3 chewable
	42-46 lbs	280 mg	1 ¾ tsp
Junior Strength Chews (JS)	47-52 lbs	320 mg	2 tsp or 4 chewable or 2 JS
(160 mg)	53-58 lbs	360 mg	2 ¼ tsp
	59-64 lbs	400 mg	½ tsp or 5 chewable
	65-70 lbs	440 mg	2 ¾ tsp
	71 -95 lbs	480 mg	3 tsp or 6 chewable or 3 JS
	95+ lbs	640 mg	4 JS
Regular Strength Tablets	48-95 lbs	325 mg	1 tablet
(325 mg)	95 + lbs	650 mg	2 tablets
Extra Strength Tablets	74-146 lbs	500 mg	1 tablet
(500 mg)	147+ lbs	1000 mg	2 tablets

Ibuprofen Products (Advil®, Motrin®) **Give Every 6-8 Hours**

Suspension	12-16 lbs	50 mg	½ tsp
(100 mg/5 mL)	17-21 lbs	75 mg	¾ tsp
5 mL = 1 teaspoon (tsp)	22-27 lbs	100 mg	1 tsp or 1 chewable
	28-32 lbs	125 mg	1 ¼ tsp
Chewable Tablets (100 mg)	33-38 lbs	150 mg	1 ½ tsp
	39-43 lbs	175 mg	1 ¾ tsp
	44-49 lbs	200 mg	2 tsp or 2 chewables
	50-54 lbs	225 mg	2 ¼ tsp
	55-60 lbs	250 mg	2 ½ tsp
	61-65 lbs	275 mg	2 ¾ tsp
	66-87 lbs	300 mg	3 tsp or 3 chewables
Adult Tablets (200 mg)	44-87 lbs	200 mg	1 tablet
	88-131 lbs	400 mg	2 tablets
	132+ lbs	600 mg	3 tablets

BENADRYL® (Diphenhydramine) **Give every 6-8 hours**

Elixir/Syrup/Liquid	13-26 lbs	6.25 mg	½ tsp
(12.5 mg/5 mL) 5mL = 1 tsp	27-40 lbs	12.5 mg	1 tsp or 1 chewable
	41-54 lbs	18.75 mg	1 ½ tsp
Chewables (12.5 mg)	55-81 lbs	25 mg	2 tsp or 2 chewable
	82-109 lbs	37.5 mg	3 tsp or 3 chewable
Adult Tablets (25 mg)	55-109 lbs	25 mg	1 tablet
	110+ lbs	50 mg	2 tablets

ALLERGY RELIEF (Non-sedating)

Claritin® (Loratadine)	2-5 years	5 mg (1 tsp or 1 chew)	once daily
	6 years and up	10 mg	once daily
Alavert®	6 years and up	10 mg	once daily

COUGH AND COLD PREPARATIONS

Cough and cold preparations are generally ineffective in young children and **we recommend they not be used in children under six years of age. These medications should NEVER be given to a child under two years of age.** We encourage you to try the non-drug supportive measures listed under the "Cold" and "Cough" sections first. If your child is six years or older and you do try an over-the-counter medication, we recommend using a single ingredient preparation directed toward a specific symptom (i.e. congestion or cough). Combination preparations can put your child at risk for side effects and overdose. **Children with asthma should NOT be given products containing a cough suppressant (dextromethorphan).**

For measuring purposes, 5 mL=1 teaspoon (tsp) and 0.8 mL = 1 dropper

Never use a dropper from one medication to give another medication.

DELSYM® (Dextromethorphan) Cough suppressant

Suspension	6-12 years	1 tsp	every 12 hours
(30 mg/5 mL = 1 tsp)	> 12 years	2 tsp	every 12 hours

PEDIACARE® PRODUCTS

Pediacare® Cough-Cold	6-8 years	2 tsp	every 6 hours
Suspension	9-10 years	2 ½ tsp	every 6 hours
	11+ years	3 tsp	every 6 hours

Pediacare® Cough-Cold	6-8 years	2 tabs	every 6 hours
Chewable Tablets	9-10 years	2 ½ tabs	every 6 hours
	11+ years	3 tabs	every 6 hours

Pediacare® Nightrest	6-8 years	2 tsp	every 6-8 hours
	9-10 years	2 ½ tsp	every 6-8 hours
	11+ years	3 tsp	every 6-8 hours

DIMETAPP® PRODUCTS

Children's Dimetapp®	6-12 years	2 tsp	every 6 hours
DM Cold & Cough	> 12 years	4 tsp	every 6 hours

Children's Dimetapp®	6-12 years	2 tsp	every 4-6 hours
Cold and Allergy			

ROBITUSSIN® PRODUCTS

Robitussin®	6-12 years	2 tsp	every 4 hours

Robitussin® Cough or	6-12 years	2 tsp	every 6-8 hours
Pediatric Cough & Cold	>12 years	3-4 tsp	every 6-8 hours

Robitussin® Pediatric Night Relief	6-12 years	2 tsp	every 6 hours

Robitussin®-CF or	6-12 years	1 tsp	every 6 hours
Robitussin®-PE	>12 years	2 tsp	every 6 hours

Robitussin®-DM or	6-12 years	1 tsp	every 4 hours
Robitussin®-SF Cough	>12 years	2 tsp	every 4 hours

SUDAFED® PRODUCTS

Children's Sudafed® Liquid	6-12 years	2 tsp	every 6 hours

Children's Sudafed® Cold & Cough	6-12 years	2 tsp	every 6 hours

Children's Sudafed® Chewables	6-12 years	2 tabs	every 6 hours
	>12 years	3-4 tabs	every 6 hours

Sudafed® Adult Tablets	6-12 years	1 tablet	every 6 hours
(30 mg)	>12 years	2 tablets	every 6 hours

TRIAMINIC® PRODUCTS

Triaminic® Chest Congestion or	6-11 years	2 tsp	every 6 hours
Allergy Congestion	12+ years	3 tsp	every 6 hours

Triaminic® Cold & Allergy	6-11 years	2 tsp	every 6 hours
	12+ years	3-4 tsp	every 6 hours

Triaminic® Soft Chews Cold &	6-11 years	2 tabs	every 6 hours
Allergy	12+ years	3-4 tabs	every 6 hours

NOTES

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