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ROUTINE PEDIATRIC PROBLEMS

The following information is designed to help you deal with several routine pediatric problems. Please keep this at home for future reference.

Colds

In spite of the best care, babies and young children will get "colds." These may occur up to 8 to 12 times a year, or 2 every month during late fall, winter, and early spring. The highest incidence of infection occurs in the toddler starting to play with other children, and in the child starting school.

Frequent symptoms include nasal discharge, cough, fever, and often reddening of the eyes. In addition, headache, muscle aches, sore throat, and decreased appetite may occur. Fever is the most common sign which disturbs parent, and is considered by some to be child's primary problem. Remember, however, that a fever is the body's reaction to illness and it probably beneficial to some degree.

Treatment consists of increased clear fluids (to help with mucus), rest, and Acetaminophen if there is a fever (see section on fever). If your child is particularly congested, we may also suggest using a non-prescription decongestant from your local pharmacy. For small infants, medication should not be used without calling our office. Salt water nose drops can be used (1/8 to ¼ teaspoon of salt in 8 oz. water), using 2-3 drops in each nostril as needed. A

bulb syringe may aid in removing mucus from the nose. Also, a vaporizer can be helpful because houses are usually drier in the winter months.

Please call our office in the morning if the cough keeps your child up all night. Call immediately if your child is not responsive, will not suck, or starts breathing either very rapidly or in a labored manner. Constant irritability may also suggest an ear infection, or another condition which should be evaluated in our office (see earache section).

Fever

Fever is frequently a cause of great concern, particularly to those parents with their first child. Fever by itself should not be considered a worrisome sign since there are numerous minor causes for fever in children. In most instances it is a natural response to infection. Normal temperatures in children range from 97 to 100 degrees. Typical fevers in children range from 100 to 105 degrees. There is little danger to the child from the elevated temperature itself, although fluid requirements are somewhat increased. Do not worry about the height of the fever.

There is a debate by physicians whether or not the treatment of fever is really necessary. Many times the fever may actually play a role in combatting the illness. However, since most children with fever are usually uncomfortable, we tend to treat elevated temperatures.

What steps should you take if your child has a fever (oral temperature >100 degrees or rectal temperature >101 degrees)?

- Encourage fluids (juices, Jell-O, water, popsicles, flat soda, Pedialyte)
- Sponge with tepid (lukewarm) water for fever 104 degrees or above. Do not use cold water or alcohol.
- Acetaminophen according to age and weight.

These measures may not bring the temperature to normal, but should make your child feel more comfortable.

When to call the doctor

- Fever persists for more than 24-48 hours
- Your child is less than 3 months of age and rectal temperature is >101 degrees
- Your child's temperature is <97 degrees during the first month of life.
- **Your child appears seriously ill regardless of temperature.**

Diarrhea

Diarrhea is a common problem in the pediatric population. It is characterized by the passage of loose or watery stools with increased frequency. Viruses cause most cases of acute diarrhea. In young infants, overfeeding may precipitate diarrhea. Some antibiotics such as ampicillin, when prescribed for other infections may cause loose stools. In addition, in the first few weeks of life, an inability to digest certain formulas can cause diarrhea.

Regardless of the cause, the main objective in the treatment of diarrhea is to prevent dehydration. If your child's tongue is moist, tear are produced with crying, and he/she is urinating with normal or only slightly decreased frequency, you can be reasonably sure your child is not dehydrated. Attention should be paid to the number of times a day your child urinates. Voiding three or four times per day generally indicated adequate hydration.

Therapy of diarrhea is directed at allowing the bowel to recuperate. **For infants under 4 months of age,** if you are breast-feeding, continue to nurse and supplement with Pedialyte between feedings. If bottle feeding, continue usual formula, if diarrhea occurs up to 2 to 3 times per day. If diarrhea is more frequent, offer Pedialyte initially, then switch to Isomil-DF formula for one week. Pedialyte alone should not be used for over 48 hours. **For infants and children**

over 4 months of age, milk based formulas, milk, and other dairy products should be avoided for at least 48-72 hours. Clear liquids should be offered frequently and in small amounts to insure proper hydration. After 24 hours of clear liquids, the BRAT diet may be started. This includes bananas, rice or rice cereal, applesauce, and toast (with or without jelly). As the diarrhea subsides, a regular diet may be started again. Milk may be restarted after 1 or 2 days. If restarting milk causes a worsening of symptoms, then all dairy products should be avoided until the diarrhea resolves. If the diarrhea continues for longer than a week, please consult us for further instructions.

Vomiting in children

Although vomiting is common in early stages of many childhood illnesses, the most frequent cause of repeated vomiting is a viral infection. Fever, nausea, crampy abdominal pains, and diarrhea are usually accompanying symptoms. In spite of all treatments, the vomiting may continue intermittently for 6-12 hours. The following plan will help shorten this uncomfortable period. Do not worry over loss of appetite.

Directions for treatment of vomiting

- Absolutely nothing by mouth for 1 hour from the last time the child vomits.
- Then start with 1 tablespoon of any of these: Pedialyte, Gatorade, flat soda, tea, or water.
- Offer 1 tablespoon of the above every 20 minutes. Do not force your child.
- After he/she has kept 1 tablespoon amounts down for 4 consecutive times, increase to 1 ounce.
- Offer the 1 once amounts every 20 minutes, if the child desires.
- When this amount has been retained for 2 hours, increase to 2 ounces every 30 minutes as tolerated.
- When this has been retained for 2 hours, give fluids as tolerated.
- If vomiting occurs during the treatment, begin again with the 1 hour waiting period.
- Solid food should not be given until at least 8-12 hours from the time your child vomited last.
- Call us if the vomiting lasts for 24 hours or more.

Earache

Infection of the middle ear (otitis media) is a very common problem in the pediatric age group. Infection of the ear canal (otitis externa or swimmer's ear) is less frequent and occurs primarily in the summertime when children are more likely to be swimming. Some children will complain of ear pain and have no fever, while other will have an elevated temperature, but no earache. Ear infections typically develop 4-7 days into the course of a cold.

What to do if your child complains of an earache

- If your child complains of earache during the middle of the night, warm some baby oil or vegetable oil in a saucepan. Soak a piece of cotton in the oil. Mold the cotton into a wick, and place it in the child's ear. This should provide some relief from the pain. Call us first thing in the morning to make an appointment to have your child seen. Should a fever accompany the earache, treat this as described in the section devoted to fever.
- Should the earache occur during the daytime, call our office.
- If your child complains of an earache and has sudden relief of pain, there is a possibility that the eardrum has ruptured. This not a dangerous situation, but we should check the child within the next 24 hours.
- Earaches are usually worse at night. During the day the earache may be less painful or the child may not even feel the pain anymore. If your child has had an earache the night before, you should still have the child checked even if the earache seems to have resolved.

One final note: Decongestant and antihistamines have not have been shown to have any effect on wither the development or resolution of ear infections. If your child has nasal congestion, these medications may be used to relieve his/her symptoms, but they will not alter his/her chance of developing nor recovery from a middle ear infection.