

Infant and Child Health Guide



BEAVER MEDICAL GROUP

Your Partner in Child Health Care



BEAVER MEDICAL GROUP
YOUR PARTNER IN CHILD HEALTHCARE

INTRODUCTION

These pages have been written for you as parents of a new baby, to make the care of your infant as easy as possible. In pediatrics, our main function is *prevention*. Many of the suggestions we make to you here are to help prevent development of illness, upsets and poor habits in your child. Well baby care is a form of insurance. Little things can be corrected before they become bigger things. For this to work best, we at the Beaver Medical Group want to be asked questions if you do not know the answers. Common sense plays a great part in the raising of children. Please check this booklet first, then call if you have further questions.

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GENERAL INSTRUCTIONS

Now that the new baby has arrived, there are certain things you should know. Unlike a new T.V. or a car, you get no written guarantees and no returns are accepted, but do not panic. Taking care of the baby is not as hard as some people make it sound, especially if you can remember this first group of ideas:

1. *Try to raise the baby yourself* — Your parents and grandparents are well meaning, but many things have changed since they brought up their family. Great strides have been made in pediatrics and we are foolish not to take advantage of them. If some advice conflicts with what you think or know to be true, make your own decision.

2. *No one is perfect.* Do not be afraid of making mistakes with your new baby. Although small, he is not so fragile that he will not withstand the mistakes, bumps and squeezes of his new parents.

3. *Your baby is different from anyone else.* Do not compare and do not race with your neighbor to see who has the fastest-growing, biggest, or most advanced feeder.

Your attitude toward the baby is very important from the day he is born. He will quickly learn to recognize and reflect your emotions, so try to be calm toward him no matter how jittery or angry you may feel. He will also sense and reflect the “loving” care which is given to him. Infants are creatures of habit, so start from the very first to develop the good habits you wish the baby to have. This especially applies to times of eating, sleeping, bathing, etc. The longer you wait to establish these good habits, the harder it will be to form them. If you do not establish these habits for the baby, he will form his own - undesirable ones which will be hard to break.

EQUIPMENT NECESSARY BEFORE BABY'S ARRIVAL

Carseat

Diapers: disposable, cloth, or diaper service, diaper pail

Undershirts

Socks or soft booties, no shoes

Blankets

Sleepers or gowns

Crib with firm mattress, no pillow

Nutrition will never be more important than during infancy. Whether you are breastfeeding or bottle feeding your baby, *together* we will decide if and when you need to make a feeding change.

Don't be confused by ads that say you should change what you feed your baby at a certain age. The formula that is right for your baby's early months is still right until your baby's first birthday. If you think that you want to make a change or that one is needed, please talk with us first.

FEEDINGS

The type of milk you feed is not as important as the way in which you feed it. Available today, in addition to breast milk, are prepared formulas. In general, it is best not to use cow milk until your doctor says so. When you feed, try to pick a time and place when you can be relaxed and comfortable. Your baby deserves this amount of time and devotion from you. Pick a place to feed where there is going to be little commotion and then hold your baby to let him know that he is wanted. After the feeding is completed and you have burped the child well, place him so that he will not choke on any food that he may spit up. It is an important rule to remember that formula or water once heated and not drunk completely should be discarded and never re-refrigerated and offered again. Because of hospital routine your infant was fed about every 4 hours on a rigid schedule. Once you get home, pick out a schedule which most closely fits your household. Real small infants may or may not go 4 hours between feedings. In general, your infant should be feeding between every 3 to 5 hours. If he seems to be hungry before 3 hours, he may need a pacifier; if he sleeps longer than 5 hours, he should be awakened and fed during the first week. Breast fed babies may feed more frequently.

VITAMINS AND FLUORIDE

While you are given vitamin samples in the hospital, they are not immediately necessary. Prepared formula contains vitamins and iron. Ask your doctor as to his preference.

If you still have some prenatal vitamins, by the way, continue with them, if you are breastfeeding.

Fluoride supplement should be given daily to all infants if you are breastfeeding. Redlands and most surrounding areas have natural fluoride in the water and extra fluoride is not needed. If you are unsure of your local water supply, call your water company.

BREAST FEEDINGS

The majority of mothers now breast feed. There are some things you should know to make this a pleasant experience. Most books do not stress that it takes two to breast feed. This means that what you have read will have to be modified by what the baby wants to do. For example, many babies would prefer to sleep than eat the first two days of life. This is normal. They seem to be recovering from delivery. Begin breast feeding by offering your infant each breast each time. If you are sitting up comfortably in bed, position the baby with his head in the bend of your arm and your hand on his buttocks or leg. Position your breast with your other hand by cupping it, all fingers below the nipple and areola, thumb on top. Rotate the whole baby towards you, tummy to tummy. Tickle the lips with the breast and wait for the baby to open wide. Bring him towards you, his nose touching your breast. He will be able to breathe. Make sure the baby takes the nipple and areola (darker part) into his mouth. The chin may be pulled down with a finger to allow the mouth to close on the largest possible area of the areola. Any pain on your part means latching-on position needs to be readjusted. The baby should be fed at two to three hour intervals. Ideally you would like to spend 20 minutes on each breast each time.

Your milk should come in 48 to 72 hours after delivery.

At home the infant should be fed at least eight times in 24 hours. If the baby does not wake after 3-4 hours when you are awake you may try to waken and feed. The stools will be black (meconium) then green (transitional) then yellow. There should be several each day. The infant should wet several times each day as well.

Your doctor will discuss whether supplemental bottles should be used.

BOTTLE FEEDINGS

Formula instructions will be given you at the time of discharge. In general, when your baby empties a bottle at a feeding, add another ounce from then on. This will keep up with the baby's demand.

There are a variety of nipples available. Playtex and Evenflo are the most popular. Occasionally very small babies will have trouble with the Playtex nipple. A nipple should drip as a leaky faucet. If the milk seems to come out slowly, it helps to soften the nipple by extra boiling and to open the holes with a sewing needle heated to red or yellow in a gas flame.

Either disposable or glass bottles are fine. The disposable are more convenient but cost more. Sterilization (boiling for 20-30 minutes) is not necessary unless you are unsure of your water supply. Nipples and bottles should be washed in hot soapy water and dried before use.

Formulas are sold in three types of preparations. The powdered form is mixed 1 scoop to 2 ounces of water. The powder does not require refrigeration until after it is mixed with water. A concentrated formula is also sold. This is prepared by pouring the concentrate into the bottle and adding an equal amount of water. This is given to the baby. A ready to use formula is also sold. Be certain of which liquid formula you have!

CARE OF THE NURSING MOTHER

Careful handwashing is extremely important in handling your infant or breasts to prevent transferring diseases. Washing the breasts with soap is unnecessary. Proper latch-on will prevent soreness. If any soreness does occur, air dry the breasts or use a blow-dryer on the low setting. A small amount of A&D ointment or lanolin may be used. It should not be wiped off before feedings.

A good supporting bra worn constantly is recommended, particularly during the first few months. Frequent nursing should prevent engorgement.

Your diet during nursing should be a nutritious one. Anything within moderation may be eaten or drunk. If one particular food seems to bother your infant, avoid it. Prenatal vitamins should be continued.

A reasonable indulgence in alcohol and caffeine are not prohibited; however, neither are they recommended.

Smoking is strongly discouraged. If someone in the household smokes, have them smoke outside the house. Smoking in another room does not help.

Frequently the pediatrician is called upon to decide if a drug is safe for a pregnant or nursing mother. We prefer the mother to take nothing unless it is absolutely necessary, and then take the lowest possible dose. As a general rule, drugs taken in larger than average doses will usually end up in the breast milk in significant amounts. If it is necessary for you to be on medication and you are uncertain as to its effect on the baby, please call the office.

Any kind of exercise is permissible. Rest is important for the maintenance of your health and your good disposition.

SOLID FOODS

The best time to start solid food has unfortunately become debatable in recent years. The best authority to consult is your baby! A robust four month old boy taking 32 ounces in a 24 hour period and yelling for more might appreciate some cereal. A 6 month old baby who falls asleep on the breast obviously is happy. When to start solids then depends on your baby's needs and growth and should be discussed with your doctor.

We suggest starting with rice or barley cereal when the baby is ready. Offer it initially sometime during the day when it is convenient until you can be sure there are no problems with colic, loose stools, etc.

Start with a tablespoon of dry cereal in a custard dish, add warm formula gradually until it is soupy. Later the preparation can be made thicker. Offer it by baby spoon either before, in the midst of, or after the milk feeding. Place the spoon well back on the baby's tongue. If you offer it at bedtime, your infant may sleep longer at night. As the infant grows, you can offer the cereal at other times during the day as desired. The mechanics of learning to swallow solid food may take the infant some time, so if he spits it out, just scrape the cereal off and put it back into his mouth. If the infant does not take it well for some time, forget about it for awhile. After he takes it well, the quantities can be increased, and you may give it as many as three or four times a day. Another cereal to try, if you wish, is oatmeal. Go slowly, however. Wait 4 or 5 days before starting something new. If you feel it necessary to start other foods, definitely avoid egg and chocolate, citrus juice, as these are all highly allergenic and can give problems.

ROUTINE CARE

Umbilical Area: On the umbilical area, use alcohol on a Q-tip once or twice a day and for a week after the cord falls off. The cord usually falls off in 1 to 2 weeks and you may see a little bleeding as the area heals.

A small amount of blood is not of concern, but report drainage, swelling, or redness to us. Belly binders certainly are not necessary. Put the diaper edge under the navel.

Circumcision: In a day or so afterwards you will find the penis covered with a yellow-gray scab. Leave it alone. Sometimes the scab will crack and spot the diaper with a little blood. Leave the diaper loose for several hours and it will heal. The circumcision will be well about the same time the cord heals. You may apply vaseline or A&D ointment if instructed. Sponge bathe until the circumcision heals.

Skin Care in Bathing: Sponge bathe the infant until approximately one week after the cord has separated then tub baths can be started. Use a mild all-purpose soap sparingly. It is not necessary to dig into the nose or ears with Q-tips. Avoid oils on the scalp and body. No special baby lotions or powders are

recommended — what works well for one infant may give another a rash. Treat and wash the scalp including the soft spot as you do the rest of the body. Routinely wash the genitalia and anal area from the front to the back — if a girl, away from the vagina (from front to back).

Diaper Area Care: Diaper rashes are often a problem. one of the first things to do if these occur is to change the diapers more frequently. Paper diapers are nice but more costly. Routine diaper care includes soaking in the diaper pail prior to washing; use of a detergent for washing the diapers, rinsing the diapers two or three times, and the use of a water softener.

Heat Rash: Leave the diapers loose or off and change frequently. Frequent cool sponging as well as a reduction of the amount of clothing used may also be helpful.

Sleeping: Sleeping quickly becomes a regular habit if the daily routine is good and is regularly followed. If care is necessary at night, it is important to go to the infant and not bring the infant to you. The habit of a night light or cracked door need not be started. Sleep should be interrupted at feeding time only. Rocking, singing an infant to sleep, or a bedtime bottle soon becomes a habit which is difficult to break. As the infant gets older, excitement before bedtime such as tossing the infant about or tickling him are obvious reasons for failure to go to sleep promptly. Waking an infant to show him off is fun for the visitors but may not be amusing to the parents later when the infant demands a repetition of attention.

The Environment: This should be consistently around 70 to 74 degrees °F day and night. The infant may be taken out. In Southern California, summer sun and heat is more of a problem than winter cold. Infants are best kept out of the sun as much as possible. They do not tolerate heat well and shade alone may not prevent a sunburn. Remember that the infant can pick up an infection and the most common source of infection is other people. Therefore, do not put your baby “on display” until he is at least a month old and try to keep the infant away from anyone who has a cold or infection.

General Care: Do not be afraid to handle your baby. In other words, do not confine your handling to just feeding him, changing him or bathing him. If the mood strikes you, we want you to pick your baby up and hold him and cuddle him. It is particularly important that he is held while he is being fed. He needs the feeling of security that you provide by holding him during his feedings. Bottle-propping is discouraged. Remember, too, that the baby derives a certain amount of pleasure from the nursing that he does. You can have a baby that has finished the bottle and had enough milk to drink, but as soon as the bottle is taken from him, he puts his fist in his mouth, not because he is hungry, but because he wants to nurse something. A pacifier is okay in this situation.

Just as it is important for you to give your baby a lot of attention, you should also recognize that it does not hurt your baby to cry. If you have fed him, burped him and cuddled him, and then wish to put him down, do not be afraid if he starts to fuss, because he will settle down and go to sleep on his own. Or if he starts to fuss after he has been asleep, do not pick him up immediately because it may just be a gas cramp that will ease on its own and he will go back to sleep. Certainly if he has cried continuously for 15 minutes, you should pick him up and burp him and get him calmed down and then go ahead and lay him back down again.

PECULIAR FEATURES IN INFANTS

In babies, certain things are normal which may appear strange to you if you have not cared for infants before.

Stuffy Nose: This sound is normal and is due to the small nasal passage. All infants have some nasal irritation and mucus, and they "blow their noses by sneezing."

Crying: All babies cry. They must ask for everything this way. This action is good for them as it tones up their body. It is a form of exercise. You will shortly learn to differentiate a cry of anguish from one that represents crying for its own sake.

Effects of Hormones: Hormones derived from the mother may produce unusual but normal changes in the baby. Girls may have a vaginal discharge or bleeding which will stop

spontaneously the first week. In boys and girls, there may be enlargement of the breasts with a milky discharge coming from them. This will also clear usually between 6 weeks and 3 months.

Bowel Movements: These vary markedly from baby to baby. A normal infant may have anywhere from one to 6 stools each day. Breastfed babies may have a stool more often, sometimes with each feeding. These will be loose in the beginning and perhaps occur more often during the feedings. As time passes, the stools become more firm and cut down in frequency. The baby may strain, grunt, draw up his legs, or cry. This is not because of any big problem, but because he does not enjoy the sensation of stretching around the rectum in order to have a stool. He can also miss a day or two without having a stool. This does not mean that your infant needs any assistance. We are concerned when he passes stools that contain small, round, hard, balls. This is true constipation. Increase the water intake. You can also give a mixture of 1 to 2 teaspoons of prune juice in 4 ounces of water. Never use a laxative under any circumstances. Also, if your baby has more than 3 green watery stools, consult the section for diarrhea later in this book. If mucus or blood is present, we should hear from you.

Hiccups: This is also very common and does not mean a thing. Just forget about it and it will disappear on its own or give extra swallows of milk or water.

ACCIDENT PREVENTION

There are a few important precautions in handling the baby as soon as you begin to take care of him. Since he is able to wiggle and roll around, he is in constant danger of falling. He should never be left alone on a surface from which he could fall, not even for a few seconds. If you turn your back on him, it is wisest to leave him in his bed or playpen, or keep your hand on him. He is also in danger of smothering or choking, so keep filmy plastics away from him and avoid using harnesses, zipper bags and pillows. A firm mattress and loose

covering is safest. Toys should be too large to swallow and too sturdy to break or come undone and should have no sharp points or edges. All other sharp objects should be kept out of his reach as well. When you bathe him, be sure to protect him against any scalding by checking the temperature of the bath water with your hand or elbow.

FAMILY MATTERS

Although you quite rightly are proud of your new baby, do not forget about the other children. Prepare the children at home well in advance for the arrival of their new brother or sister. Mom could let someone else carry the new baby into the house. She could have her hands free and ready to make a fuss over the older children to let it be known that she has not deserted them for a new family member. The older child could be brought a doll baby or stuffed animal so that he or she will have his/her own baby to handle. A toy might be brought home from the hospital and given to the other children with the statement that it is a gift from the new baby. You can certainly get the other children involved in the care of the new infant. Nevertheless, some jealousy is normal.

During the first few weeks at home, you may have to let quite a bit of housework go by the way side in order to give plenty of extra added attention to the other children. If you have someone to help you, let them do the housework while you take care of the baby. She will feed better from one person consistently. Try to schedule care that takes a while such as a bath and feeding at a time when the other children are occupied in other things.

Joint participation with both parents in feeding, bathing and playing with the baby serves to establish the family unit, lessening jealousy and resentment and feelings of being neglected on the part of the older members of the family. A baby will be less nervous, less "spoiled" for your doing this.

Your baby needs to be played with and gently encouraged to make new efforts. He needs to be talked to, smiled at and above all, loved. For the baby who is played with

happily gains confidence early and learns invaluable lessons in cooperation. The baby who is talked to cheerfully and smiled at a lot develops sociability and a sunny disposition. The baby who is loved gains inner security, the greatest of all gifts you can give.

TELEPHONE CALLS AND EMERGENCIES

If problems or questions arise between appointments and they are not addressed in this book, call us at the Beaver Medical Group. Our nurses are specially trained to relay your problems to us, and we will get word back to you personally or through the nurse depending on the problem. If you feel your baby may have to be seen for illnesses or some other problem, please call early in the day so that arrangements can be made.

If you have a problem, **DO NOT RUSH TO THE HOSPITAL EMERGENCY ROOM UNLESS ABSOLUTELY NECESSARY.** We encourage you to call and consult us. Call us at 793-3311. When you call to report an illness, please have available the pertinent information to report to the nurse. Write it down, if necessary, before you call. Be able to give the name of the medicines that you have at home or that the infant is taking, the temperature (depending on age) of your sick infant. Also, have available pencil and paper to write down the instructions we give you.

We are here to serve you and give your infant the best pediatric care we can. Your cooperation in the above policies will assure better and quicker care.

SIX TO EIGHT WEEKS

Development: By now your baby is probably smiling and laughing. Before much longer when baby is picked up, his head will come up with him instead of dropping back. Later, when he is lying on his back, he may be able to crane his neck forward to see what is going on around him. It is now time for him to begin learning to use his hands, arms, etc. Try hanging a rattle, mobile, or some bright object across his crib on a string so that he can hit at it with his hands.

Food and Feeding: Continue to breast feed or formula feed. There is no need to rush into solid food.

Immunizations: The first immunization is given at one month of age. If your infant has a fever from the injection use $\frac{1}{2}$ dropper (0.4cc) of liquid acetaminophen (Tylenol). If soreness at the injection site occurs, use warm damp compresses.

Habits: Your baby is probably getting settled down to more or less regular feeding time. He is probably sleeping through the night so that night feeding is not needed. Gradually give him more at other feedings. He will soon begin to have a short play period in the afternoon or evening. Although he is by himself most of the time, he should feel his family's warmth and affection. You will probably soon notice that he is beginning to cry less and may even be willing to wait a few minutes for food and attention. He likes for you to talk to him. He may even do his best to laugh out loud.

At baby's playtime, let him hear some music. Rocking, singing or other forms of rhythm are liked by some babies at this age.

Pacifiers and Thumb Sucking: Much prejudice and controversy is centered on these subjects. A pacifier does come in handy during the early weeks with a tiny baby. Soon, however, he is quite capable of finding his fingers and thumb and sucking them when he wishes. It is your decision whether to push the pacifier or allow the thumb sucking. It is important for you to remember that as an infant gets older, his need for sucking

normally decreases; and you should see a gradual decrease in the need for a pacifier and in the habit of thumb sucking. Remember that if thumb sucking becomes just a habit, the thumb cannot be thrown away.

Baby Sitters: Everyone agrees that parents need an occasional evening out if they are to be cheerful and well-adjusted people. You should have one basic motive in obtaining a sitter — the safety of your child. Your evening will not be enjoyable unless you have complete confidence in your sitter's ability to protect the baby's health and happiness in virtually any situation that may arise.

Select your sitter with care. Girls of high school age do well at this work if they are sufficiently mature. A girl of 12 or 13 may "just adore the baby" but she may not have the experience and judgement to handle emergencies wisely. Be sure that she is clean and neat. Be sure she does not have a cold or cough or other evidence of a disease which is "catching." Learn something about her family and home conditions if possible.

Once you have decided to hire a sitter, the business aspect of your arrangements should be discussed and agreed upon at the outset. These should include the responsibilities of the sitter, rate of pay, length of assignment, safe conduct at home, and privileges regarding snacks, guests, use of T.V., radio, phone, etc.

Give her simple, clear instructions, particularly if she is expected to give the infant a formula or other foods. It is a good idea to write instructions out. Write down the address and phone number of the place that you can be reached. Show her about the kitchen and baby's room. Locate light switches, diaper supplies and other possible needs.

When the baby is old enough to be frightened by strangers, it is wise to have the sitter come early a few times to help undress and put them to bed and play with him a bit to win his confidence. If he should wake unexpectedly, he will not become panicky at having someone other than his mother on hand to care for him.

THREE TO FOUR MONTHS

Development: About this time your baby will be learning how to use his hands and arms. Soon he will want to help you hold his bottle of formula or water at feeding time. When he does you should let him. Thus, he will gradually learn to help himself.

Your baby's eyes are now developing. You will note that he now looks at things as though he really sees them.

The baby will soon want to play more actively and to know more about the world outside his crib and infant seat. He will try to roll from his back to his stomach and sometimes he will succeed. He may even sit up for brief periods with his shoulders supported by his arms. When you put him on your lap, his legs will straighten out and he will make jumping motions. When you put him on his stomach on the floor, he may pivot around a little in an attempt to reach his toys.

Food and Feeding: Breast Feeding—If you are breast feeding please continue. Your physician may recommend a vitamin-iron drop combination or a cereal for its iron content.

Formula Feeding — Continue to offer formula to your infant. Total milk intake should be between 24 to 32 ounces a day. Vitamins are in the prepared formulas and supplemental vitamins are not necessary.

Solids — If it has been elected to begin solids, strained commercial food may be started although you may certainly puree your own foods at home. Offer initially a single cereal or fruit so that the baby learns to take and like the food for its individual flavor. Rice cereal is a traditional first choice. Mix one tablespoon of cereal with 4 to 5 tablespoons of milk or formula and offer to the baby with a baby spoon. Thicken as tolerated. At first offer once a day and then increase to three times a day if necessary. The infant may like applesauce, peaches, pears or apricots. Remember to try each food at least 4 to 5 days before starting another. Don't spread sugar or salt on the baby foods just to make them sweet or possibly more palatable. As stated above, it is important that infants are offered various foods for their own tastes.

When first introducing a new food, start with 1 or 2 teaspoons and then quickly increase to $\frac{1}{2}$ or 1 jar. The jar may be opened and the amount that the child is to have that feeding is taken out. The remainder may be stored in a covered glass container in the refrigerator for use at the following feeding. Thus, the child may be getting the new food for 2 or 3 consecutive days. The portion to be given the child may be warmed by putting it in a small dish and setting the dish in a pan of hot water until the food is lukewarm, or it may be served cold. The food is fed with a spoon in the same manner as the cereal. After the simple foods are offered, start the combination. Toss out any left-over, warmed-up food that is not eaten. Do not reheat. Some foods change both the color and the consistency of the stools. This is not abnormal. Unless the child develops diarrhea, this should be disregarded. When the child is receiving a full jar at a feeding, the food may be heated in the jar after opening. If your infant has tried cereals and fruits and tolerates them well then you may wish to add vegetables. Carrots and squash, all strained, are first choices.

Juices — Regular juices made for adults can be used for infants. Do not give citrus juices until after 6 months. Juices are mostly flavored sugar water. They are useful on hot days to hydrate the baby and will help stave off an appetite for an hour or two. Don't think of them as food.

Habits: Your baby is probably attempting to sleep through the late night feeding. If he does, don't awaken him. If he awakens and seems to want food in the middle of the night, you can go back to the 10 p.m. feeding for a while. He does not need as much sleep now and you may expect him to stay awake for a longer period during the day.

Now is the time to think about getting your baby a playpen to provide a safe area for him to play in and some suitable toys to keep him entertained. As he begins to become acquainted with members of the family, you will notice that he responds more to voices and to changes in expression. He now needs an interested audience and a chance to use his laugh.

Walkers are not recommended. If you use one, watch the baby at all times.

Traveling with Children: Whether you are taking a cross-country trip or simply driving to the neighborhood store, it is important that properly designed restraining devices be used for your infant and child. The devices should be selected according to the child's weight and size. Motor vehicles accidents cause more deaths than all forms of cancer combined. Kids, unless restrained, become human projectiles "continuing their forward motion until they strike a solid object."

Children under 4 years old or weighing under 40 pounds, are required to be restrained when riding in a passenger vehicle or a motor truck of less than 6,001 pounds by law.

Over 40 pounders, but less than 55 inches tall, can use an adult lap belt but no shoulder harness, since this would cross the chest too near the neck region and might contribute to injuries here. The taller child should use both the adult seat belt and shoulder harness. Boosters can be used for 2 or 3 year olds till the head is too high, over the seatback behind. The law now requires any child over the age of 4 years to use seat belts.

SIX MONTHS

If feeding with solids continue feeding schedule of three meals a day.

Add any other baby foods that you think your baby would like, one new one at a time.

Junior foods and table foods may also be started at this point. Start with fruits and branch out. The junior fruits are most like strained foods in consistency, so begin with them slowly and go through the list. Foods from the table, if they can be mashed or crushed or made smooth enough for your infant are much less expensive and certainly as good as the jarred junior foods. Offer also some of the starchy foods such as baked potato, boiled mashed potato, boiled rice, spaghetti and macaroni. These may be mixed with milk as well as other foods. Remember that these starches can cause constipation, so be careful. In the long run, you will find it much less expensive to feed your infant from the table than to keep him on junior foods for a long period of time.

Begin to offer liquids from a training cup or spout cup and when this is handled easily, try a regular cup or glass. Make only one change at a time and live with it for four or five days before making future changes or additions to your infant's diet or schedule. Plan at this point to have your baby off the bottle on to a cup completely by one year of age, if you wish. Initially, his intake of milk may decrease markedly, but this should not deter you from continuing the cup. Once your baby is on the cup exclusively, do not start up the bottle again.

Development: Any time now your baby may try to sit up. You'll know he is ready because when you sit him up straight, he stretches his arms sideways and tends to go over backward instead of pushing over forward. Teeth usually begin to come in about this time. The lower teeth are the ones that come through first. This occurs in many children. Teeth follow a genetic timetable so they appear at different times in different children.

Habits: Your baby can now distinguish his family from strangers. he may greet his doctor or grandparents with tears and appear to be excessively clinging. This is normal behavior.

Teething: Teething can be difficult or easy; there seems to be no reason for one baby to fret and drool and have feeding problems during the eruption of a tooth while another sails through it without a whimper. Contrary to old wives' tales, there is no connection between early or late teething and intelligence, strength or health of permanent teeth.

If your baby seems to be in discomfort during teething, he may like to have his gums massaged. The ball of your index finger can be used to good effect. Rubbing medicines on the gum is helpful and these can be obtained from your local druggist or if these appear ineffective, we can recommend others. Sterilized teething rings, pieces of hard rubber and boiled cloths that do not fuzz or shred pieces of thread also are helpful in easing the pain of teething. Be sure that what you give your baby as a teething aid is never small enough to be swallowed. Ice held in a washcloth and placed on the gum is a good home measure along with the administration of Tylenol. N.B.—Teething does not cause fever.

NINE MONTHS

Development: By this time, your baby has definite likes and dislikes. He may even have one to two teeth. Although he has been gurgling and cooing, you may already be able to make out a word or two, especially Mama and Dada. He may have discovered that he can pivot with his arms while lying on his stomach. In another few weeks, he will be working at crawling or creeping on his hands and knees, going sideways or backwards before going forward. Soon he will be able to pull himself to a standing position. Hand movements are more fine and he will soon be picking up small objects like crumbs. Also in the next few weeks, if not already, he will discover how to release a toy that he is holding. Then you will be in for a few weeks of the bend-over-retrieve-it game.

Shoes: Before he begins to walk, a baby needs a covering for his feet only to keep his feet warm. When he first begins to walk holding on in his play pen or around his furniture, he will learn to balance better if he can walk barefooted and grip the floor surface with his toes. If a pair of shoes is desired in these early walking experiences, the shoes should have a very soft leather sole that doesn't bind the foot and toes. From his first shoes with very thin soft soles, your child can go next to a little sturdier shoe as he begins to walk more freely around the house and outside. This sole should have a soft leather high top, a leather sole about $\frac{1}{8}$ of an inch thick, but no heel. The leather sole ought to be tough enough to protect his foot but flexible enough to bend easily at the ball of the foot. When being fitted, shoes should extend about $\frac{1}{2}$ inch beyond the toes to give adequate room. Remember that all babies seem to have "flat" feet during their early years.

Sun Protection: Exposure to the sun promotes skin cancer. There is no such thing as a "healthy" tan. Tanning represents skin damage. Sunscreens should be used whenever children are exposed to the sun, not only at the beach or pool. Shade alone is not sufficient. Use an SPF 15 or higher. Reapply frequently. Use hats to protect scalp and forehead.

Accident Prevention: With the increased activity of this age and in the next few months, potential accidents become more numerous. In the kitchen, keep your baby away from the hot liquids and foods, detergents and hot appliances. Remind him each day that the stove is hot so that he is less apt to put his hands on the stove top or on the open oven door. Keep pan-handles turned away from the edge of the stove. Open heaters in winter should be enclosed. The knives or scissors should be stored out of his reach so that if he reaches into a drawer, he does not pull out something sharp that might hurt him. Keep tablecloths out of his reach and find a safe place where he can be watched while you are at work. Try to plan your day so that you are using dangerous cleaning agents when he is in bed asleep or in his playpen.

Remember to lock up all poisonous substances in the house and whenever possible, purchase medicine containers that have a special "baby proof" lid. When you give him acetaminophen or other medicine, go to him with just one pill and don't let him see where the pill came from or where the bottle is kept. All he should see is the tablet that you give him. Keep Syrup of Ipecac in the home at all times. This is used to induce vomiting if a poison is taken in. **DO NOT USE IT WITHOUT consulting Poison Control Center (1-800-876-4766)** or your Pediatrician.

Use safety plugs in the wall outlets to keep the baby from poking in the outlets with a hairpin, etc. Keep the baby away from sharp-edged or easily over-turned furniture. If you have a problem with stairs, use a porta-gate to keep him confined. If there are basement stairs, provide an extra hook and eye that is out of his reach, so that even if he is able to turn the doorknob, he will be unable to open the door.

Keep bags or sheets of soft plastic material, such as dry cleaning bags, sandwich wrappings, vegetable bags, etc., where the baby can't possibly reach them. They are extremely dangerous if pulled over the face. Do not mend or fasten any articles that he can reach with cellophane or adhesive tape. Baby fingers have an uncanny ability to pull tape loose, and if

the child gets these articles into his mouth or throat, they may prove very troublesome.

Every year 1 to 2 children die in Redlands by drowning. Please never leave your child unattended or with full access to a pool.

Common sense and observation of your baby's habits will suggest more precautions to you as time passes, but remember that showing excessive worry in front of your baby will not only spoil your happy time together, but also may increase the possibility of an accident. Train yourself to *think calmly ahead* to potential danger particularly whenever you leave him to himself. Keep in mind that a few small accidents are bound to occur and form a necessary part of experimentation and learning. Your goal will be to teach an awareness of danger; don't exhaust yourself providing over-zealous protection.

ONE YEAR

Development: Many babies are beginning to walk over the next several months. A 1-year old has about six teeth. He is beginning to give up one of his long naps and sleeps up to 12 hours at night. He likes a variety of lug-around, switch-around, build up and take-apart-put-together toys. He is a demon explorer and wants to learn all about the size, shape and moveableness of everything within reach. He is becoming more dependent on his parents and family for reassurance and company, at the same time enjoys learning to be on his own. He is playing "peek-a-boo" and "patty-cake" and understands and responds to a few, simple instructions.

Training: Remember that a baby trains himself for bowel and bladder control. You can take advantage of his "regularity," but a child will not be trained until 24 to 36 months of age. At that age, he can actually comprehend and can signal, in some manner, when it is time for his bowel movement. Remember also that you are guiding the process and in no way can you force or hasten training. In general, you can be assured that all children will train themselves eventually. More about training later.

Foods and Appetites: By now you have gone through a number of small “problems” concerning your youngster’s eating. Intake of milk may cut down at this time. A child on a balanced, nutritious diet at this age can do well without milk at all. Because the infant’s growth cuts down, many babies are less interested in eating and are content with smaller amounts of food in their second year. Parents misinterpret this normal, decreased intake as being a sign of illness or disease and worry needlessly. Never under any circumstances force a child to eat. Eating should be looked upon as a normal, pleasurable experience — so regard good eating or poor eating in a matter-of-fact manner. Develop a “take it or leave it” attitude and don’t substitute — bribe — or beg to make your child eat. If you provide him with a pleasant meal-time atmosphere and begin early to form good eating habits, he will most often determine the amount of food he needs. Don’t overload his plate. If he wishes more he may have it.

It is important that your child be provided three meals a day and nutritious snacks as they are needed. Most children are not able to tolerate a large amount of food, at one time. Meals and wholesome snacks provide your active, growing child with the energy he needs. Avoid a steady diet of candy and cakes (or other sweets) as well as potato chips, popcorn and so on.

These foods don’t really provide what all growing children need.

EIGHTEEN MONTHS

Development: Your baby is getting around much more easily now and soon will be running. He needs your help still in walking upstairs and again soon will be on his own in this also. He can’t yet turn single book pages but he points to pictures of a car, a dog, a clock. He has lots of words but still uses jargon more regularly. He resists all sudden changes of routine and so must be handled with this in mind.

TWO YEAR OLD

Development: Your child's behavior at his age is so much better organized from an adult's point of view that you sometimes fall into the trap of expecting a steady improvement from now on. However, it sometimes is an unhappy surprise when the customary difficulties of the 2¹/₂ year old make their appearance.

The 2 year old is much surer of himself than when he was at 18 months. He is less likely to fall. He runs and climbs better. He is usually fairly adept at communicating and finds life a little easier than he did earlier. He has the ability to wait a minute or to suffer slight or temporary disappointments much better than before. Although he cannot share with other children, he will occasionally, if directed, be willing to find another toy for other children.

About 2¹/₂ years, however, this tranquility will change because most of what he will do naturally will be directly contrary to what his parents would like to have him do. Many parents say that they can't do a thing with a child of this age. Actually, attempts to work around the behavior of the 2¹/₂ year old is often much better than trying to meet them head on. He will be: (1) Rigid, inflexible and ritualistic. (2) Extremely domineering and demanding. (3) Violently emotional. (4) At an age of opposite extremes and cannot make a clear cut choice between alternatives and be expected to stick to it.

The best way to manage living with a 2¹/₂ year old is to streamline all routine, make decisions yourself and try to avoid situations where the child himself takes over the decision making. It will take a great deal of patience, a real understanding of the difficulties of the age, and a willingness to use endless techniques to get around rigidities, rituals and stubbornness will help get through this difficult time until the 2¹/₂ turns 3.

Food: It is best to keep the 2 and 2¹/₂ year old's menus as simple but nutritious as possible. This can be done by giving small servings at meal times and allowing more if they want it and by having plenty of nutritious forms of snack foods for between meals. A good thing to remember is that a child at this age finishes at dinner the meal which he has been eating all day.

Peanut butter, for instance, has as much protein as steak for unit weight. Cheeses are also a nutritious source of protein and vitamins. Fresh fruits are good for snacks and certainly better than cookies or candy. If the child is eating sufficiently for growth in a 24-hour period, regardless of its distribution throughout the day, he is getting enough.

More on Training: Pick him up and put him on the potty and if nothing happens in a few minutes take him off. If he is not disturbed by this, keep trying it when you have the opportunity. If he is alarmed in any way, let it go for a while. All babies develop this ability eventually. It is no sign of superiority to develop it early or sign that anything is wrong, if he prefers to wait several months. Urine training is more difficult and can't usually be attempted until after the bowel movements are under control. Urination may be stimulated by turning on a faucet near him and squeezing a little bit of warm water from a cloth so it drips over his lower abdomen. Your baby's incentive to learn toilet training is to please you, the person he looks to for love, whose approval is his security. It is much more than a physical feat; it has emotional meaning. If you make the whole matter seem too important, if you act distressed or angry when he fails, your baby may become fearful and feel insecure, and the training may be delayed.

There is one other thing you must understand: Your child is going to be very proud of his movement. It's something he has produced. He will want to admire it, perhaps even touch it. Praise his accomplishment. Let him know you are pleased. He will be very much puzzled if you show disgust or want to get rid of it hurriedly. Here is another opportunity for understanding, remembering that he has made this effort to please you.

In general, it is better to avoid the infant toilet seat that fits on a regular adult commode. If you can, obtain an infant toilet seat to and from which a toddler can walk, from which he can not fall far, and on which he can sit comfortably with his feet planted on the floor.

Discipline: The 2 year old usually starts out to be fairly docile but commands must be simple and direct. Don't expect children of this age to share out of generosity.

At 2¹/₂ years old he may become a creature of opposite extremes so avoid situations which will require a choice. However, you can sometimes use choice effectively when the choice does not matter: "Do you want a red one or a blue one?"

Handling his environment is important so shut, and if necessary, put high bolts on doors that you don't want him to use. Pick up articles that you don't want touched. Keep dangerous items such as medications, toxic cleaning agents and insecticides in a cupboard that can be latched. Remember, 2 year olds are ingenious in their abilities to get where they want to be and any place you can reach he can reach.

Avoid questions that can be answered with "No," and don't be afraid to use humor. If he says, "No, no, no," you say laughingly, "Yes, yes, yes."

Shoes: Plan to get him into low cut leather shoes sometime after his second birthday. Tennis shoes can be worn anytime.

More About Accidents: With the ability to get around and use his hands more dexterously, your child must now be watched in particular concerning poisoning. Many infants still die each year because of this. Do the following: 1) Store all drugs — especially flavored or brightly-colored medicines — in a locked closet or cabinet. A fishing gear box is ideal. 2) Destroy all left-over medicines prescribed for temporary use. Don't throw them in a waste basket where a child might find them. Flush them! 3) Put all household products out of reach — disinfectants, insecticides, furniture polishes, bleaches, metal cleaners, lye, ammonia and acids. Replace covers or stoppers

tightly. 4) Keep all potentially harmful substances in their original containers. Don't transfer them to unlabeled containers particularly those meant to hold food or beverages. 5) Read all labels carefully and follow warning directions to the letter — whether it's a label on a bottle of medicine or a container of paint solvent.

In dealing with a prescribed medicine, never give it in the dark, never describe it as candy, never reuse or refill a prescription without your doctor's consent, never use one child's medicine for another member of the family, and always dispose of medicine by pouring liquids and pills down the drain or toilet, rinsing and discarding the containers.

Contact us immediately if your child has accidentally swallowed a harmful substance. If you are temporarily out of the area, contact the nearest hospital or the nearest poison control center.

Discipline and Punishment: Your child is the most valuable thing you have. We would like to give you a few guidelines on how to handle him (or her) to grow up to be a responsible self-supporting adult, a person who enjoys life and gets along with others. This is the kind of person you are or want to be. How do I raise this type of adult? You do this by training the child (this is what we mean when we say "teaching discipline") and helping him correct his mistakes. The child has to be old enough to understand what you are doing. Here are some techniques of discipline: 1) Every child has privileges, things he is permitted to do — riding his tricycle, watching T.V. Discipline can vary from shaking ones head to more serious restrictions. 2) Misdirection — Many arguments simply are not worth the effort. Change the subject. 3) Avoid arguments you can't win. For example: You can't make a child eat

when he doesn't want to. 4) Let your mate help you. When it is obvious that child and parent are headed for an explosion the other parent can frequently step in, not to take sides, but to separate both people until some compromise is reached by both sides.

You may need professional help in these situations: 1) If your marriage is experiencing difficulty, if there is sickness or death in the family, if your child has had recent illness or surgery, you may find he does not respond to the usual methods of control. We will be glad to help you. 2) In some families, children seem to drive parents apart rather than bring them together. Neither can agree on how to train their child. 3) The child does great in school. The family is important in the community. Yet, when they get together, it's dynamite. Some children seem to be in the wrong families. 4) The child seems more and more withdrawn. He spends more time to himself. He speaks little. His friends don't come by. What is going on? 5) When you speak to the child she breaks into tears. She chews her nails. She leads her class and yet cries when she makes below an A. It is important to let your child know that although you disapprove of the behavior, you love him. If you don't take the time to spend with your child each day, then you have cheated yourself and your child and that day will never come again.

THE SICK INFANT

This is one section for which we hope you will never have any use, but there are certain things you should know if your child becomes ill.

Recognizing Illness: First, you should be able to recognize when your infant or child is ill. Many times he cannot explain about feeling badly but he has methods of letting you know he is not feeling well. He may suddenly begin to refuse to eat. He may become more fussy and stay awake and cry more than previously. He may start spitting up his milk or start vomiting. The character of his bowel movements may change. If he has a fever, he will feel hot and dry to the touch. The eyes may have a somewhat glassy or watery appearance and he may be

overly thirsty. He may register pain by rolling his head, pulling at his ears, or doubling up in bed. The cry of a child in pain is usually sharper and more high-pierced than usual.

The Simple Cold: The most common illness an infant or child gets is a cold. A “simple” cold is primarily a viral infection for which there is no specific treatment. It causes only discomfort and is accompanied by a runny nose, cough and low-grade fever and irritability. These symptoms are often relieved by the use of increased vapor, nose drops, elevation of the head of the bed, and the use of decongestants and a “nasal aspirator” or nose syringe. All of these can be obtained in any drug store without prescriptions and you should have them on hand at all times so that you are not caught short when you really need them (usually in the middle of the night). The common cold can develop complications; and if your child develops a high fever or cough or you are worried that the cold symptoms are persisting for too long a time, call us for advice. Take the child’s temperature before calling us. When calling, have a pencil and paper handy to take down the instructions we give you.

General Measures for the Treatment of Illness: As your youngster gets older in the toddler age and if a child is overly fussy and upset at being left in bed, he may be put on the sofa or in a large chair in front of the T.V. The room should be kept comfortable. A sick child will not ordinarily eat but must have fluids; therefore, water, fruit juices, or beverages such as Gatorade should be given frequently. These should be given cold and in small amounts frequently.

Taking a Child’s Temperature: If you suspect the child has fever, take his temperature. An infant should have his temperature taken by rectum until he is 4 to 5 years of age and you are sure that he will not break the thermometer by biting. Axillary (under the arm) temperatures are generally not as accurate as rectal and we prefer that you use the rectal route. A small bulb rectal thermometer can be used. Normal rectal temperature is below 38°C (100.4°F). Insert the thermometer tip in the rectum for 1 to 3 minutes. The thermometer is then cleaned with rubbing alcohol and should never be washed in

hot water. If the infant is on his belly, the thermometer can be inserted gently into the rectum and pointed toward the navel. Be sure the mercury is below 97°F (36°C) prior to inserting the thermometer. Lubricate the tip with petroleum jelly and read the thermometer along its narrow edge by holding it up to the light with this edge toward you. Rectal and oral thermometers differ only in the shape of the bulb and in an emergency, an oral thermometer can be used to take a rectal temperature. If you have trouble reading a thermometer, ask an experienced mother to show you how. It is easy after the first time. Thermometers are easily broken and it is a good idea to replace them as soon as they are broken because you will never know in advance when you will need one again. Buy two. Digital thermometers are accurate, keep extra batteries.

Giving Medication: We will usually prescribe medicine in the liquid form although some must be used as tablets or capsules. Whenever tablets are to be given an infant or small child, they are to be crushed to a powder and then mixed with a teaspoon of milk, water, fruit juice, honey, jelly or mashed potatoes. The tablet can be crushed by placing it on a teaspoon and using the handle of another spoon to crush it, adding a couple of drops of water to help make a solution. Another way to crush a tablet is to place it on waxed paper and use the bottom of a glass crushing it on a hard surface. When a capsule must be given, open it, remove the contents, and mix them with the food. The child should then be given 1 or 2 swallows of water to wash down anything remaining in the mouth. Liquid preparations which the child may refuse due to taste may be mixed with fruit juice, water, milk, or ice cream but it is unwise to mix medicine with any food that is important to baby's normal diet because he may dislike the food for a long time thereafter. Liquid medicine can be given the infant by pouring the medicine into a sterile nipple and popping the loaded nipple into his mouth and allowing the infant to suck. Another way might be slipping the medicine dropper into the baby's mouth next to the nipple as he feeds. If medicine for a child is in the form of suppositories, they should be refrigerat-

ed since some of them soften at room temperature. Use a little vaseline on the rounded or tapered end of the suppository and push it gently into the rectum until its entire length passes the sphincter muscle. If the youngster is old enough, he should be asked to move his bowels before a suppository is given as it has the effect of stimulating a stool otherwise. Children tend to do what is expected of them, and a calm, authoritative, "Here is your medicine!" has it all over a tentative "Don't you want your medicine?" Let him choose his own follow-up drink and it will have greater appeal if served in a special-for-the-occasion cup with a colored straw.

Facts About Fever: Normal body temperature is generally around 98.6°F, taken orally. It may be a degree or so higher when taken rectally. The temperature of a perfectly healthy child may be slightly below or above this point, and the temperature of any one child may vary as much as several degrees in a single day. Any elevation of temperature is a sign that the body is burning its energy at a faster rate than usual, producing more heat than it can get rid of promptly. This occurs, for example, during periods of emotional excitement or relatively strenuous physical activity. Fever may be a sign that the body is fighting an infection, and is commonly accompanied by loss of appetite, thirst and general discomfort.

While fever should be cause for concern, it is rarely cause for alarm. The degree of temperature elevation is not in itself a reliable indication of the seriousness of an illness. When a high fever persists, it may be wise to consult us.

Reducing Temperature: Certain medications like acetaminophen (Tylenol, Temptra and Liquiprin) are available and effective to help reduce infants' and children's fevers. It is important to realize that fever is a normal method by which the body responds to infection. It is more important to keep the youngster comfortable than it is to get the temperature down to normal. In addition to the medications mentioned, high fever may be treated with sponging. The most pleasant and effective method of sponging is to sit the infant in a basin or bathtub filled with lukewarm water with his clothes off and gently sponge his entire body. At the same time he can play

with his boats and other toys. Cold water can be added gradually until the bath is cooler. The baths may be repeated every 3 to 4 hours if necessary and effective. The use of ice can be painful and the use of alcohol is dangerous, so avoid these agents when sponging. Put on old cloths. If you can't keep him in the tub, he's too big for sponging to do much good.

More Things To Do About Fever: For low-grade fevers, no specific measures are indicated but when the rectal or oral temperature reaches 101°F, the following measures can be carried out: (1) Keep the child quietly occupied. Excitement, emotional distress, or undue physical activity can further raise his temperature. (2) Maintain normal room temperature. This is usually about 70-74°F, just as if the child were not ill. (3) Use underwear only - no covers - to allow the escape of body heat. If the child complains of being chilly, he may have a light sheet, but remove extra covers when the chills have passed. (4) Offer liquids as often as he will take them. Soft drinks, fruit juices, cool water and cracked ice are all good. Do not force eating. (5) Medication in the form of Acetaminophen can be given. Use as often as every 4 hours if the fever is high. Check the temperature if there is any question.

Giving An Enema: An enema should never be undertaken whether for temperature reduction, stomach ache, or constipation without an expressed order from your baby's doctor. The doctor will tell you exactly what to use and how to go about it.

Using a Humidifier: The use of increased vapor in croup and during a cold with a croupy cough is quite beneficial. We strongly recommend an automatic cool-mist humidifier which is large enough to run for an 8-hour period at least without refilling. When using this type of humidifier, it is not necessary to add medication to the water. In an emergency, bringing the infant into the bathroom and running the shower can be substituted for a humidifier. A vaporizer, which uses steam, can also be used.

The humidifier should be placed approximately 1 foot from the bed and the vapor allowed to blow up over the child. If the cough is very croupy, a tent should be made with sheeting and blankets so as to concentrate the vapor about the infant's head. Increased vaporization should be used continuously when the cough is tight. If the main problem is nasal congestion and a loose cough, increased vaporization can be used intermittently depending on its effectiveness. In addition to increased vapor, positioning the small infant with his head elevated (a pillow under the mattress).

Nose Drops, Cough Medicines and Nose Syringes: As stated above, a nose syringe or nasal aspirator is recommended for use to combat nasal congestion. An infant or small baby cannot blow his nose. The use of a nose syringe helps to clear away the mucus from nasal passages. Syringes can be obtained in any drug store and are of various types — some with plastic tips and some all red rubber or blue. When sucking mucus from one side of the nose, block the other nostril. This same syringe can sometimes be used to clear mucus from the back of the mouth and throat as well. Probably the most important time to make sure that the nose is clear is just prior to feeding, as an infant cannot suck well if his nose is congested.

The use of an irrigating solution or nose drops also is beneficial if there is marked nasal congestion. Saline (salt water) drops are safer to use with smaller infants than are the nose drops. These can be purchased or made by putting $\frac{1}{4}$ teaspoon of salt into 4 ounces of warm water. Use about $\frac{1}{2}$ to 1 dropperful of salt water and nose drops may be instilled in various ways. One is with the child lying flat on his back with his head dropped backward over the edge of the table or bed. After they are in for about 10 seconds, the child's nose can be suctioned to clear the loosened mucus from his nose. For infants under 3 months of age, only one nostril should be suctioned at a time while the other nostril is blocked off with a

thumb. The nostril should always be gently suctioned with the syringe. Never blow into the nostril with the syringe. Another method of administering nose drops to an infant is by holding him in your lap with his head between your knees and his feet tucked under your arm. This will leave both of your hands free, one to hold his hands and one to administer the medicine.

We feel it is important that a decongestant which is effective with your children be kept on hand at all times. Some of these can be obtained without a prescription and you should make it a point to keep your medicine cabinet stocked at all times.

Impetigo and Skin Infections: Impetigo is a contagious skin infection caused by streptococci or staphylococci, or both. The infection forms small blisters that are filled with a thin, yellow fluid. When the blisters break, the fluid dries forming yellow crusts or scabs over the infection. The bacteria thrive in the moist environment under the crusts, and treatment of the infection requires frequent removal of the crusts and the application of antibacterial medication directly to the infected areas. The infection is highly contagious and can be spread to healthy skin areas as well as to other individuals. The following procedures should be carefully followed:

- (1) Cleanse the affected areas at least 3 times daily with antibacterial soap. Crusts which are not completely removed by gentle cleansing with soap and water should be sponged with a mixture of one part hydrogen peroxide and three parts water to insure thorough removal.
- (2) Following each cleansing, apply antibiotic ointment to the infected areas. Wash hands carefully before and after applying the ointment.
- (3) Fingernails of the infected patient should be cut short and hands washed frequently to avoid scratching and spreading the infection.
- (4) Bed linen and clothing of the infected individual should be changed daily and contaminated articles sterilized by washing.

The use of separate wash cloths and towels and the observance of general cleanliness by all members of the household is required to prevent the spread of the infection. If the above procedures fail over a 3-day period, or there are more than 3 lesions, your physician should be notified for other instructions.

LEAD

Lead can harm your child, slowing physical and mental growth and damaging many parts of the body. The most common way children get lead poisoning is by being around old house paint that is chipping or peeling. Some authorities recommend lead tests at 1 and 2 years of age.

Use a (✓) to mark “yes” answers to the questions below. Any “yes” answers should be called to the attention of your doctor.

HAS YOUR CHILD:

- Lived in or regularly visited a house with peeling or chipped paint built before 1960? (This could include a day care center, preschool, the home of a babysitter, etc.)
- Lived in or regularly visited a house built before 1960 with recent, ongoing, or planned renovation or remodeling?
- Had a brother or sister, housemate, or playmate with lead poisoning?
- Lived with an adult whose job or hobby involves exposure to lead (such as refinishing furniture, making pottery or stained glass, or working in any of the industries listed in the next question)?
- Lived near a lead smelter, battery plant, car repair shop, glass or pipe factory, or other industry likely to release lead?

SAFETY

More children die from injuries than any other cause. The good news is that most injuries can be prevented by following simple safety guidelines. Talk with your doctor or other health care provider about ways to protect your child from injuries. Fill out this safety checklist.

SAFETY GUIDELINES CHECKLIST

Read the list below and check off (✓) each guideline that your family already follows. Work on those you don't.

FOR ALL AGES:

- Use smoke detectors in your home. Change the batteries every year and check to see that they work once a month.
- Keeping a gun in your home can be dangerous. If you do, make sure that the gun and ammunition are locked up separately and kept out of reach.
- Never drive after drinking alcohol.
- Teach your child traffic safety. Children under 9 years of age need supervision when crossing streets.
- Learn basic life-saving skills (CPR).
- Keep a bottle of Ipecac at home to treat poisoning. Talk with a doctor or the local Poison Control Center before using it.
- Post the Poison Control Center number near your telephone and write it in the space provided on the inside front cover.

INFANTS AND YOUNG CHILDREN:

- Use a car safety seat at all times until your child weighs at least 40 pounds. When possible, secure it in the center of the back seat.
- Keep medicines, cleaning solutions, and other dangerous substances in childproof containers, locked up and out of reach.
- Use safety gates across stairways (top and bottom) and guards on windows above the first floor.
- Keep hot water heater temperatures below 120°F.
- Keep unused electrical outlets covered with plastic guards.
- Baby walkers can be dangerous. Children using them should be closely supervised. Access should be blocked to stairways and to objects that can fall (such as lamps) or cause burns (such as stoves).
- Keep objects and foods that can cause choking away from your child, such as coins, balloons, small toy parts, hot dogs (unmashed), peanuts, and hard candies.
- Use fences that go all the way around pools and keep gates to pools locked.

FOR OLDER CHILDREN:

- Use car safety belts at all times. Use with a booster seat if your child weighs less than 70 lbs. The lap belt should be snug and low on the hips. The shoulder belt should cross the chest, not the face, neck, or stomach. If it does not fit properly, tuck it behind the shoulders instead.
- Make sure the child uses a safety helmet while riding a bicycle or motorcycle.
- Make sure the child uses protective equipment (such as mouth guards, pads, sports goggles, and helmets) when playing contact sports, rollerskating, or skateboarding.
- Don't let your child use alcohol or illegal drugs. Many driving-, sports-, and violence-related injuries are caused by the use of alcohol or drugs.
- Read all instructions for safe handling of household tools, such as saws and lawn mowers. Teach your child to use these tools safely.
- Don't allow your child to ride on or drive heavy farm equipment, such as tractors, without special training.
- Teach your child to deal with anger and conflict without using violence. Set a good example for your child.

Instructions For Patients With Minor Head Injuries:

Your child may sustain a head injury, which does not warrant hospitalization. In a small percentage of cases, however, symptoms may appear which make further close observation necessary. If your child has received a head injury, be alert for the following symptoms:

1. Headache.
2. Nausea and vomiting.
3. Difficulty in arousing from sleep.
4. Clumsiness or staggering or speech difficulty.
5. Weakness or paralysis of arms or legs.
6. Confusion.
7. Unequal pupils.
8. Avoid all sedatives or narcotics.

Acetaminophen:

(Tylenol or Temptra) (Valdol, Liquaprim)	mgm	Drops	Syrup	Tablets
Under 10 pounds	40	0.4cc 1/2 dropperful	1/4 tsp.	
Under 1 year	80	0.8cc 1 dropperful	1/2 tsp.	
1 to 2 years	160	2 dropperfuls	1 tsp	2 chewable
3 to 4 years	240		1 1/2 tsp.	3 chewable
5 years or Older	300-325		2 tsp.	1 regular or 4 chewable

DIET FOR CONTROL OF VOMITING AND DIARRHEA

Vomiting:

FIRST 6 TO 12 HOURS:

Small amounts of clear liquids.

UNDER 6 MONTHS:

Pedialyte®

Gatorade

OVER 6 MONTHS, may add:

Popsicles

Flat 7-up

SECOND 12 HOURS — Give frequent small amount. ADD:

UNDER 6 MONTHS:

Applesauce

Bananas

Rice Cereal

Isomil®

OVER 6 MONTHS, may add:

Soup (not creamed)

Soda Crackers

Toast and Jelly

Potato and Macaroni

After 48 hours of no vomiting or formed stools, try:

Regular formula or milk.

Two food from regular diet.

If vomiting or diarrhea recurs, go back to Second 12 hours.

For vomiting or diarrhea, DON'T GIVE:

1) Dairy products (milk, butter, eggs, cheese).

2) Citrus fruit (orange juice).

3) Aspirin by mouth (use substitute as directed).

Most diarrhea in children requires 3 - 5 days at least to recovery.

If your child is under 6 months of age,
If he has a fever,
If he is not taking fluids,
If he is not urinating,
If he is vomiting continuously, CALL US!

TYPES OF APPOINTMENTS WITH YOUR PEDIATRICIAN

Routine Visit: For health problems of a minor nature that can be handled in 15 minutes or less.

Routine Physical: Would include most school or sports physicals, well baby visits. Usually requires 15 minutes or less. Immunizations are brought up to date and simple lab tests (a check of the blood for anemia and a check of the urine) are performed if thought indicated.

Complete Physical: This is a complete examination and discussion of all the child's health problems. It is the type of exam usually needed for the first visit of a child with a serious or potentially serious problem.

HOME MEDICATIONS

We recommend the following non-prescription items for emergency use and minor problems at home. Keep them in a locked fishing tackle box which can serve also as a travel medicine kit. If there are questions about use or dosage, contact one of us at the Clinic.

For Coughs:

Mild cough: Robitussin Syrup DM

For Head Colds and Nasal Congestion:

By mouth: Triaminic Syrup or Dimetapp

Nose drops: (limit use to 3 days)

For infants: Plain salt water or purchase normal saline nose drops

($\frac{1}{4}$ tsp. of salt to 4 oz. warm water)

A Nose Syringe or Nasal Aspirator and a Humidifier

also are indispensable helps for relief of cold symptoms.

For Fever or Pain:

Tempra, Tylenol, Valadol

For First Aid Cream or Skin Sores:

Neosporin Ointment

Neo-Polycin Cream

For Hives, Insect Bites or Itching Rash:

By mouth: Benadryl

On skin: Caladryl Lotion or Cortaid Cream

To Prevent Insect Bites:

Off Spray, 6-12 Spray. Be careful of face.

For Sore Throat:

Chloraseptic Lozenges or Spray

To Induce Vomiting:

Syrup of Ipecac. (*Call Doctor or Poison Control before using.*)

A CHECK LIST FOR EVALUATING QUALITY CHILD CARE PROGRAMS

1. Joyful, *happy children*, showing more enthusiasm than boredom.
2. Enough warm, caring, competent adults, attentive to children and their individual needs for total growth. The quality of the interaction between children and adults is the critical factor.
3. Enough varied, stimulating pictures, toys and equipment for cognitive growth, accessible and within child's reach and at his eye level.
4. Some adult-planned, more child-initiated activities and choices throughout the day's program.
5. Cheerful rooms, preferably arranged with interest centers, equipped to encourage a child to freely explore, discover, satisfy curiosity and assume responsibility for returning things to shelves.
6. Plenty of space in which to safely play and grow, indoors and out.

7. A special “storage” place for each child’s own things if this is suitable to the program.
8. Well balanced, nutritious meals and snacks with foods that offer new tasting and texture experiences for children. (Ask to see the week’s menus on full day care programs.)
9. Indication that parents are welcome
10. Provision for emergency health needs of child.

It is suggested that parents — with their child — visit child care facilities by appointment when the program is in session. A passing score is 70 or better.

CAUTION: Licensing does not guarantee quality.

IMPORTANT INFORMATION ABOUT DIPHTHERIA, TETANUS, AND PERTUSSIS AND DTP, DT, AND Td VACCINES

Please Read This Carefully!

What is Diphtheria? Diphtheria is a very serious disease which can affect people in different ways. It can cause an infection in the nose and throat which can interfere with breathing. It can also cause an infection of the skin. Sometimes it causes heart failure and paralysis. About 1 person out of every 10 who get diphtheria dies of it.

What is Tetanus? Tetanus, or lockjaw, results when wounds are infected with tetanus bacteria, which often live in dirt. The bacteria in the wound make a poison which causes the muscles in the body to go into spasm. Six out of every 10 persons who get tetanus die of it.

What is Pertussis? Pertussis, or whooping cough, causes severe spells of coughing which can interfere with breathing. It often causes pneumonia. Convulsions, brain damage, and death may occur, most often in very young infants.

Before vaccines were developed, these three diseases were all very common and caused a large number of deaths each year in the United States. Even now, hundreds of cases occur each year. If children stop getting vaccinated, the number of cases will go up again.

IMMUNIZATION RECORD

Use this chart or an official immunization card to keep track of your child's immunizations. Significant reactions should be recorded and reported to your health care provider immediately.

Type of Immunization		Enter Dates, Name		/ Initials of Provider, and Other Information Below			
Polio (OPV)	Recommended Ages	2 mos.	4 mos.	6 mos.		4-6 yrs.	
	Dates Received						
	Provider/Clinic						
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Td)	Recommended Ages	2 mos.	4 mos.	6 mos.	15 mos.	4-6 yrs.	14-16 yrs.
	Dates Received						
	Provider/Clinic	DTP	DTP	DTP	DTaP OR DTP	DTaP OR DTP	Td
Measels, Mumps, Rubella (MMR)	Recommended Ages				12-15 mos.	4-6 OR 11-12 yrs.	
	Dates Received						
	Provider/Clinic						
Haemophilus Influenzae Type b (Hib)	Recommended Ages	2 mos.	4 mos.	6 mos.	12-15 mos.		
	Dates Received						
	Provider/Clinic	Type:	Type:	(Not PRP-OMP)	Type:		
Hepatitis B (HBV)	Recommended Ages	Birth OR 1-2 mos.	1-2 mos. OR 4 mos.	6-18 mos.			
	Dates Received						
	Provider/Clinic						
Chickenpox (VZV)	Recommended Ages				12-18 mos.		
	Dates Received						
	Provider/Clinic						

MEASUREMENTS

2 Weeks:

Birth Weight: _ _ _ _ _

Present Weight: _ _ _ _ _

Length: _ _ _ _ _

Head Circumference: _ _ _ _ _

4 Weeks:

Birth Weight: _ _ _ _ _

Present Weight: _ _ _ _ _

Length: _ _ _ _ _

Head Circumference: _ _ _ _ _

2 Months:

Weight: _ _ _ _ _

Length: _ _ _ _ _

Head Circumference: _ _ _ _ _

4 Months:

Weight: _ _ _ _ _

Length: _ _ _ _ _

Head Circumference: _ _ _ _ _

6 Months:

Weight: _ _ _ _ _

Length: _ _ _ _ _

Head Circumference: _ _ _ _ _

9 Months:

Weight: _ _ _ _ _

Length: _ _ _ _ _

1 Year:

Weight: _ _ _ _ _

Length: _ _ _ _ _

15 Months:

Weight: _ _ _ _ _

Length: _ _ _ _ _

18 Months:

Weight: _ _ _ _ _

Length: _ _ _ _ _

2 Years:

Weight: _ _ _ _ _

Length: _ _ _ _ _

3 Years:

Weight: _ _ _ _ _

Length: _ _ _ _ _

4 Years:

Weight: _ _ _ _ _

Length: _ _ _ _ _

5 Years:

Weight: _ _ _ _ _

Length: _ _ _ _ _