The Children's Clinic, P.A.
(Providing Pediatric Care for Children and Adolescents)

Bruce B. Maley, M.D., F.A.A.P.
Myrna A. Damian, M.D., F.A.A.P.
Theresa T. Smith, M.D., F.A.A.P.
David Self, M.D., F.A.A.P.
Amelia G. Self, M.D., F.A.A.P.
J. Todd Blake, M.D., F.A.A.P.

264 Coatsland
Jackson, TN 38301
Telephone: (901) 423-1500

HOW TO HANDLE COMMON PROBLEMS
The Children's Clinic
Yellow Book

Including
Health Maintenance Schedule
Through Adolescence
and Recommended Health Care Books
The Staff of the Children's Clinic has prepared this booklet to assist you in handling your child's minor medical problems. We hope you will use these pages if you have a problem covered in this book. We think it is important to encourage you to become independent in handling the many, minor problems that come up from day to day in raising your child.

Checking the Table of Contents will give you quick access to the subjects covered. If your question is not answered here and you feel you need more information, please call us at the clinic number 901-423-1500. Routine calls should be placed between 8 AM and 4 PM Monday through Friday.

Bruce B. Maley, M.D., F.A.A.P.
Myrna A. Damian, M.D., F.A.A.P.
Theresa T. Smith, M.D., F.A.A.P.
David Self, M.D., F.A.A.P.
Amelia G. Self, M.D., F.A.A.P.
J. Todd Blake, M.D.

The Children's Clinic
804 North Parkway
Jackson, TN 38301
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Clinic Policy</td>
<td>4</td>
</tr>
<tr>
<td>General Statements About Illness</td>
<td>5</td>
</tr>
<tr>
<td>How to Handle Fever</td>
<td>6</td>
</tr>
<tr>
<td>Tempra Dosage Chart</td>
<td>7</td>
</tr>
<tr>
<td>How to Handle Vomiting and Diarrhea</td>
<td>8</td>
</tr>
<tr>
<td>Fever Convulsions</td>
<td>10</td>
</tr>
<tr>
<td>The Common Cold</td>
<td>10</td>
</tr>
<tr>
<td>The Stuffy Nose</td>
<td>11</td>
</tr>
<tr>
<td>Cough and Croup</td>
<td>11</td>
</tr>
<tr>
<td>Red and Mattered Eyes</td>
<td>12</td>
</tr>
<tr>
<td>Sore Throats</td>
<td>12</td>
</tr>
<tr>
<td>Earache</td>
<td>12</td>
</tr>
<tr>
<td>Thrush</td>
<td>12</td>
</tr>
<tr>
<td>Constipation</td>
<td>13</td>
</tr>
<tr>
<td>Injuries</td>
<td>14</td>
</tr>
<tr>
<td>Nosebleeds</td>
<td>15</td>
</tr>
<tr>
<td>Skin Problems</td>
<td>16</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>16</td>
</tr>
<tr>
<td>Insect Bites</td>
<td>17</td>
</tr>
<tr>
<td>Tick Bites</td>
<td>17</td>
</tr>
<tr>
<td>Animal Bites</td>
<td>18</td>
</tr>
<tr>
<td>Poisons</td>
<td>18</td>
</tr>
<tr>
<td>Allergy Management</td>
<td>18</td>
</tr>
</tbody>
</table>
Children's Clinic Policy

Routine clinic hours are by appointment. Routine calls should be made between the hours of 8 AM and 4 PM by calling Area Code 901-423-1500. We urge you to call early in the day if your child is ill and needs to be seen. If it is necessary that your child be seen during later hours, you may call the clinic number or go the Jackson General Emergency Room.

When you call the clinic, our staff will want to know your child's age, temperature, symptoms and the name of any medication that he or she is taking. Please have your child's chart number available also when you call.

General Statements About Illness

Recognizing Illness

Learn to recognize when your child is sick. Often he cannot complain about being sick but he has other ways of letting you know he is not up to par. He may suddenly stop eating; he may be fussy and cry more than before; he may start spitting up his milk or his bowel movements may change. If he has fever, he may feel hot and dry to the touch, but you must take his temperature to know how high his fever is. His eyes may look glassy or watery and he may be thirstier. He may show pain by pulling at his ears or doubled up if his stomach is hurting.

General Measures

Rest is an important part of treatment. Your child may want to rest in bed or may prefer to be on the sofa or in a recliner. Usually a sick child will not want to eat but he does need to be encouraged to drink nourishing fluids. Be sure to offer sweetened liquids, popsicles, soups and light snacks. Do not allow constant sleep during the day, wake your child to eat or drink frequently.

Managing Acute Infections

Acute infections accompanied by fever are the most common illness problems of children. Approximately 90% are caused by virus germs, such as colds, flu-like infections, vomiting and diarrhea, chickenpox and so forth. Bacterial infections such as strep throat, sinusitis, ear infections and pneumonia make up the other 10%. Viral infections are self-limited and unless complications develop, the fever usually runs its course in three days. Antibiotics do not help viral infections. Bacterial infections may also be mild and self-limited or they may be serious enough to need antibiotic treatment.

Giving Medication

In young children, we usually prescribe liquid medication because it is easier for the child to take. Occasionally, tablets must be given so they should be crushed to a powder and then mixed with 1 teaspoonful of water, syrup, juice, jelly or something of this nature. A capsule can be emptied into a teaspoon of pudding or applesauce and given in this fashion also. It is permissible to mix liquid medications with food, juices or cold drinks if desired. Use a small amount of liquid so that the child gets the entire dose of medicine. Medicines can be given with a dropper such as the one that comes in a bottle of vitamins or Tempra. The druggist also can provide special spoons or syringes with which to give medications. Some medication is given in suppository form. In order to do
this, put the child on his stomach on your lap. Remove the foil wrapping and put a little Vaseline on the tip of the suppository and push it into rectum gently. Hold his buttocks together until the suppository has a chance to melt so that he will not strain and push it out. Always be very positive, firm and gentle when giving a child his medication so that he knows that he has to take it.

**Giving an Enema**

Do not give an enema for any reason unless you first consult your physician who will explain to you the proper method in case your child should need it.

**When to Call the Office**

If you have tried the advice in this book and things are not going well, if your child is under 2 months and seems sick at all, if you can't find what you need in this book or if you are frightened, then please call us.

**How To Handle Fever**

**Taking Your Child's Temperature**

If you think your child has fever, take his temperature. An infant's temperature should be taken rectally until he is 4 or 5 years of age and able to hold a thermometer in his mouth. Rectal temperature is more accurate than under the arm. If your child has diarrhea, taking his temperature rectally will aggravate this to some extent. Normal rectal temperature will be around 99.6 to 100.4 degrees. Always remember to shake the thermometer down before using it. Put some Vaseline on the tip of the thermometer and insert it 1 inch into the rectum, holding the child on his tummy on your lap. Keep it in place for 3 minutes, remove it, wipe with a clean cloth and read it. If you are unable to read a thermometer, we will be glad to show you how. Oral thermometers should be held under the tongue with the mouth closed for about three minutes before reading. Temperatures taken by mouth usually will be around 98.6 to 99.6 degrees. Thermometers are easily broken and should be replaced immediately so you will have one on hand at all times. If using a digital thermometer check someone with normal temperature to be sure it is working correctly.

**Facts About Fever**

Fever is one of the body's effective responses to infection. The fear that high fever causes brain damage is exaggerated. The incidence of convulsions associated with high fever is small and, in general, is not dangerous. Normal body temperature may range between 97 and 100.4 degrees in a single day. In reporting to us about your child's temperature, be sure to tell us whether it is taken orally, rectally or under the arm. It is more important to treat pain and "feeling bad" than it is to treat fever. The fever, when a child is not too uncomfortable, will help the child get well sooner.

For low grade fevers, no specific measures are indicated. When the rectal or oral temperature is over 103° or the child "feels bad", the following measures may be carried out.

1. Keep your child quietly occupied as excitement or activity can cause the fever to go higher.
2. Keep the temperature of your house about 68 or 70 degrees, if possible.
3. The child should wear light clothing and light cover as this allows body heat to escape. Do not bundle up.
4. Offer clear liquids in small amounts frequently. Soft drinks, fruit juices, popsicles, or iced sweet liquids are good. Do not try to force him to eat if he does not feel like it.
5. For very high fever's discomfort, sponge bath may be indicated. The best way is to put the child in a basin or tub with lukewarm water and gently sponge him all over for 20 to 30 minutes. This may be repeated every 3 or 4 hours if necessary. Alcohol in the water can be dangerous because of the fumes. Cold water or ice packs should not be used since this will cause excessive chilling. After the bath, take the child out and put him dry, put very light cover over him. Make the water warm enough to stop any chilling.
6. Medicine in the form of acetaminophen such as Tempra can be given. Dosage recommendations are as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Approximate Weight Range</th>
<th>Infant Drops</th>
<th>Toddlers Syrup</th>
<th>Tempra 1 80 mg</th>
<th>Tempra 2 80 mg</th>
<th>Tempra 3 160 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 4 mo</td>
<td>Under 12 lb</td>
<td>½ dropper</td>
<td>½ tsp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 to 11 mo</td>
<td>12-17 lb</td>
<td>1 dropper</td>
<td>½ tsp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 to 23 mo</td>
<td>18-23 lb</td>
<td>½ droppers</td>
<td>½ tsp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 to 3 yr</td>
<td>24-35 lb</td>
<td>2 droppers</td>
<td>1 tsp</td>
<td>2 tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 to 5 yr</td>
<td>36-47 lb</td>
<td>3 droppers</td>
<td>1½ tsp</td>
<td>3 tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 to 8 yr</td>
<td>48-59 lb</td>
<td></td>
<td>2 tsp</td>
<td>4 tablets</td>
<td>2 tablets</td>
<td></td>
</tr>
<tr>
<td>9 to 10 yr</td>
<td>60-71 lb</td>
<td></td>
<td>2½ tsp</td>
<td>5 tablets</td>
<td>2½ tablets</td>
<td></td>
</tr>
<tr>
<td>11 yr</td>
<td>72-95 lb</td>
<td></td>
<td>3 tsp</td>
<td>6 tablets</td>
<td>3 tablets</td>
<td></td>
</tr>
<tr>
<td>12 yr and older</td>
<td>96 lb &amp; over</td>
<td></td>
<td>4 tsp</td>
<td>8 tablets</td>
<td>4 tablets</td>
<td></td>
</tr>
</tbody>
</table>
How To Handle Vomiting and Diarrhea

Vomiting and Diarrhea

Vomiting and diarrhea occur frequently in infants and children and may be called "intestinal flu", the "GI's", or "acute gastroenteritis". It can be caused by bacteria, viruses, intolerance to certain foods, allergies and sometimes medication. It may be accompanied by fever. Diarrhea is the passage of frequent, loose and watery stools. Diarrhea in a young infant can be serious and should be reported to a physician. Vomiting may proceed the onset of diarrhea. Vomiting also may occur with other types of infection such as colds, sore throats and the like. Frequent spitting up of the formula in an otherwise healthy infant should be reported to the physician. Infants and children are susceptible to bouts of vomiting and diarrhea and the most serious complication of this is dehydration. Signs of dehydration are failure to urinate, depression of the infant's soft spot, sunken eyes, dry mouth, absence of tears, loss of skin elasticity, and weakness and sleepiness. If there is blood in the vomitus or diarrhea, call to be seen by the doctor.

Treatment of Diarrhea and Vomiting

The first aim of treatment is to supply sweetened fluids to prevent dehydration and weakness and to put the bowel at rest so that healing can occur. Administration of clear, sweet liquids only during the first 8 to 24 hours of illness will help to accomplish all of these goals. If vomiting is present at the onset of treatment, the liquids are given in small amounts, 1 or 2 teaspoons every 15 minutes for several hours. Then they are increased gradually as tolerated. After 12 to 24 hours, small amounts of a solid or diluted formula may be added. Solids are increased slowly over a few days. Infants who vomit persistently for 6 to 8 hours or older children who vomit more than 8 to 12 hours should be seen by a physician.

Recommended Feeding Schedule for Vomiting and Diarrhea:

1. Infants under 18 months
   a. First 8 to 24 hours - or until vomiting has stopped for 6 hours. Give 5 to 30 cc (1 tsp. to 1 oz.) of Infalyte, Pedalyte etc. (until these special fluids are available you may use weak sweet tea or ½ strength 7-Up, Sprite or ginger ale diluted with water. Give some fluid every 15 to 30 minutes. Do not overload baby's stomach with too much at one time. Do not use plain water or strong liquids.)

   Do not let baby sleep for long periods. Wake baby often enough to give at least:
   
   ¼ oz. per hour for babies 0 to 10 months
   1 oz. per hour for babies 10 to 20 months
   1½ oz. per hour for babies 20 to 30 months

   until vomiting has stopped for 6 hours. Call the doctor if vomiting is not stopped in 12 to 24 hours or if baby has high fever or is very weak and not taking fluids. If baby vomits wait 10 to 15 minutes only and give 1 tsp. sweet liquid again and keep going.

   b. After vomiting has stopped for at least 6 hours formula or soft solids may be started. Either use Nutramigen or other hypoallergenic/predigested formula or baby's regular formula. If problems persist check with baby's doctor about which type of formula to give. Start with only 1 oz. of formula and give once per hour for 2 or 3 times, then increase to 1½ or 2 ounces every 1 to 2 hours. Again do not overload baby's stomach with too much at one time. And allow one hour to digest formula before giving more. Too much at one time will worsen diarrhea and may be vomited. Small amounts of the clear sweet liquids may be given in between small formula feedings. Baby will probably act hungry at this stage. Baby foods of any variety that have already been started for your baby (but not prune or peach) can be given. Rice cereal and banana may be especially helpful. Again give small amounts 1 to 3 tsp. or until bowels have returned to normal.

   c. When diarrhea has slowed to once every 6 to 8 hours you should gradually increase the amount of formula and food back to baby's usual. The diarrhea may not clear completely for 3 to 4 days. Remember if there is blood in the diarrhea call the doctor.

2. Children over 18 months
   a. First 8 to 24 hours or until vomiting has stopped for about 6 hours, give ½ to 2 oz. (15 to 60 cc) of Infalyte, Pedalyte, etc. especially with younger children or give 7 Up, Sprite, ginger ale, Coke, etc. "Popsicles" are about 1 oz. sweet liquid and work very well if your child can handle one. Don't use water or strong liquids. Give every 15 to 30 minutes. Do not overload stomach or allow child to sleep for over 1 hour. Wake often enough to keep down at least:

   1½ oz. per hour for children 20 to 30 months
   2 oz. per hour for children 30 to 40 months
   2½ oz. per hour for children 40 to 60 months
   3 oz. per hour for children over 60 months

   until there has been no vomiting for 6 hours. If child vomits wait only for 10 or 15 minutes and give ½ oz. (1 tbsp.) again and then keep going with
liquids. Call the doctor if vomiting is not stopped in 12 to 24 hours or if child has stiff neck or high fever or if child stays very weak or refuses fluids.

b. After vomiting is stopped for at least 6 hours small amounts (1 tbsp. to 1 oz.) of soft solids like Rice cereal with small amount of milk or banana, pears, applesauce, crackers or toast should be given every 2 to 3 hours along with continued small amounts of sweet clear liquids - chicken noodle or rice soup is good at this point also. Again do not overload child’s stomach. If he is hungry that is good, but wait 1½ to 2 hours and give small amount again.

c. When diarrhea has slowed to once every 6 to 8 hours then other foods should be added to give a balanced diet and vitamins. Please avoid chocolate of any kind until bowels have been normal for several days. Mild diarrhea may continue for 3 or 4 days but if your child is not sick acting you need not worry. Continue small frequent feedings until bowels are normal 2 or 3 times. Remember if there is blood or continued fever call the doctor.

Fever Convulsions

Convulsions occur infrequently in children 6 months to 3 years of age with high fever, usually over 104°. If your child has a convolution, do the following:

1. Remain as calm as possible.
2. Turn him or her on his side.
3. Be sure there is no food or chewing gum in his mouth at the time and if so, remove it. Do not put your fingers in his mouth or use a sharp object such as the handle of a spoon to open his mouth.
4. Call your doctor for further instructions if this is his first seizure or if the seizure lasts for more than five minutes, or if he has no fever during the seizure.
5. If the seizure is prolonged, over 5 minutes, the child should be taken to the clinic or the nearest Emergency Room.

Generally speaking, fever convulsions are more frightening than serious and are over in a short time.

The Common Cold

The most common illness in childhood is the common cold or an upper respiratory infection. This is usually caused by a virus and accompanied by a runny nose, sneezing and a little fever and irritability. There is no specific treatment for colds. Viruses are not affected by antibiotics so they have no place in the treatment of a cold. The common cold can develop complications so watch for signs of earache and make an appointment to come into the office if your child appears to have this. In general, cold symptoms are often relieved by using a nasal aspirator, vaporizer and possibly elevating the head of the bed. The cold should only last five to seven days. If it persists longer than this and the child feels badly, he needs to be seen.

The Stuffy Nose

Bulb syringes are probably the easiest to use. Compress the bulb first and then push the tip into the nostril so that it has snug fit, then release the pressure on the bulb.

Each nostril can be suctioned in this fashion. The most important time to clear the nose is just prior to feeding because a small infant cannot nurse well if his nose is blocked. It is sometimes helpful to put two or three drops of a weak salt water solution in each nostril prior to suctioning out the nose. To make this solution, put ¼ tsp. salt in ½ cup of warm water. This should be made up fresh each day.

Cough and Croup

Coughing serves a number of functions, especially the function of clearing mucus from the breathing passages. For this reason, we seldom prescribe cough suppressants in young children. Sometimes we prescribe expectorant type cough syrups and sometimes what we call "bronchodilators". These serve to loosen cough and then help children bring up phlegm and mucus that may be in the bronchial tubes. Cool mist vaporizers may be of some benefit if the child has a hacking cough or a hoarse croupy cough. It is not necessary to put medication in a vaporizer, use just plain water. Children may sometimes wake up in the night with a sudden onset of croupy, hoarse cough. In this event, it may be very helpful to bundle the child in a coat or blanket and take him or her outside for a period of 20 to 30 minutes in order to breathe the cool night air. It may be helpful to allow him to sit in a steamy bathroom for about 30 minutes. In order to do this, turn on the hot water in the bathtub and close the door, allowing the room to become steamy. On rare occasions, a child with croup may have such severe trouble with breathing that he needs to be brought to the clinic or emergency room. A simple home remedy for cough is a mixture of equal parts of honey, lemon or orange juice, and brandy. One-half teaspoon for 6 to 18 months and one teaspoon for 18 months to 3 years and 2 teaspoons over 3 years, of this mixture, can be an excellent substitute during the night when no other medicine is available.
Red and Mattered Eyes
Infants may have blockage of the tear drainage duct to the nose, causing tears to build up in the eye and run down the face. Older children may have a similar problem when they have a stuffy nose or a cold. If the eye becomes red and begins to develop yellow matter, then some infection or irritation is present. The eye may crust or be matted shut in the morning. Cleansing with a clean cloth or cotton ball and water three or four times a day may be all that is necessary. If the yellow mattering persists more than two days, he may need to be checked and some antibiotic eye drops prescribed. If there is eye pain, call for advice before starting any home treatment. Any possibility of a foreign body in the eye needs to be checked right away.

Sore Throats
Sore throats are common and they have a variety of causes such as excessive dryness of the air, cigarette smoke, sinus drainage, mouth breathing, shouting, screaming or even singing, plus of course, throat infection. Sore throats may be due to viruses and may be associated with a cough and cold. Antibiotics are of no benefit. Strep throat, however, certainly does need to be treated with an antibiotic and is usually accompanied by fever, headache, and swollen glands, without cold symptoms. Scarlet fever is strep throat with a rash.

Earache
Ear infection occurs frequently during childhood and may be associated with extreme pain. It is caused by inflammation of either the external ear canal or the cardrum itself. An external ear canal infection is usually secondary to water standing in the ear canal such as "swimmer's ear". This usually occurs during the summer months and must be seen in order to be diagnosed and treated properly. The middle ear or ear drum infections are usually secondary to colds. In many cases, this is fluid or pus behind the ear drum causing the ear pain. Whenever your child complains of ear pain, it is necessary to have the ear examined before we can prescribe the appropriate therapy, but if Acetaminophen (Tempra - see dose under Handling Fever) or Ibuprofen plus warmth (a heating pad or warmed sweet drops) or ice cold rubbing alcohol drops in the ear canal will give some relief then you can get through the night safely and be seen during regular clinic hours.

Thrush
A buildup of white matter on the inside of the cheeks, lips and tongue may be Thrush (Monilia or Candida Yeast in the mouth.) All people have this yeast in their system and you do not need to worry about the spread to one another. The problem occurs in infants when they first get the yeast or later when they are sick or get antibiotics. It is often controlled by wiping it off the mouth with dry cotton cloth, gauze or swab after feedings and rinsing the mouth with water after feedings. If this does not work then call for Nystatin oral and apply 1 to 2 cc to mouth after wiping mouth out after feedings until you no longer see a build up of Thrush.

Constipation
It is not necessary for a child to have a bowel movement every day. Some children may have more than one; others may have one every 2 to 3 days and be totally normal. If the stools become very hard or difficult to pass or if the child has fewer movements than he normally does, then there may be a problem with constipation and he may complain of stomach ache. Treatment of constipation consists of preventing the stool from becoming dried out and difficult to pass. Usually dietary changes are sufficient. In infants, prune juice, ½ oz. to 4 ozs. of water or formula, is usually sufficient to correct this problem. Glycerin suppositories may be used occasionally but not repeatedly. Enemas or laxatives should be used only as advised by your doctor. The addition of solid foods to a baby's diet may produce changes in the consistency of the stool. If constipation develops in older children, we suggest the following dietary changes: Stop bananas, cheese, ice cream and starchy foods such as potatoes, macaroni, bread and pastries. Limit the milk intake to about 15 ounces a day. Encourage increased water intake and juices such as apple, prune or apricot. Whole grain breads, 100% bran cereals, raw vegetables, fruits and raisins, green leafy vegetables such as spinach, cabbage, lettuce, greens and bean sprouts are to be encouraged. If the problems of constipation should arise because of attempts at toilet training, it is best to avoid pressuring the child about having a bowel movement. Sometimes the child develops problems with soiling his clothes because of holding back his stools. In this event, we suggest the following measures plus seeing the doctor:

1. Make sure that your child is eating a proper diet as outlined above.
2. Keep him on a good schedule as far as mealtime, play-time and bedtime.
3. Have him sit on the toilet for about 2 to 3 minutes after breakfast and supper to try to establish a pattern for using the bathroom. If his feet do not touch the floor when he sits on the toilet, make a platform for the feet or put a box under his feet. A reward for each bowel movement in the toilet may be helpful.
4. See that he has regular exercise and play activity daily.
5. Give laxatives or suppositories only as prescribed by your physician.

If the above measures are not enough to stop a problem of constipation or if soiling of the underwear continues, your child should be examined by his physician. Sometimes the problem of holding back becomes severe enough that a
course of cleansing enemas, followed by several months of daily mineral oil may be necessary. Most important is for a child to learn to take a few minutes to answer the call to a bowel movement when it first comes rather than put it off and hold back. In the long run, it saves them time to play in comfort.

**Injuries**

**Scraps and Cuts**

When a child is bleeding from a scrape or cut, it is necessary to stop the bleeding. Apply pressure to the wound with a clean cloth or tissue. When the bleeding has stopped, try to determine if it needs to be stitched up. If so, call and bring the child to the clinic, or if after office hours, to the hospital emergency room. If the cut or scrape is minimal, the wound should be cleaned with soap and water. An anti-bacterial ointment such as Neosporin may be applied and the area covered with a bandaid or bandage. The wound should be cleaned and the bandaid changed at least once a day. If it looks infected, get in touch with us. Do not use preparations such as Merthiolate, iodine, peroxide and so forth on the scrape. If your child's immunizations are up to date, there is no need for a tetanus booster shot.

**Puncture Wounds**

Puncture wounds in most instances can be handled at home. If a tetanus toxoid booster is needed, it can be obtained in the next 1 to 2 days. The most important thing to do is to wash the wound with soap and rinse with warm water and dry it. Keep it covered with a bandaid. Watch for any sign of infection such as swelling, redness or drainage around the site of the puncture. If this occurs, soak the wound in warm water for about 20 minutes four times daily and avoid walking on the foot. Contact us if the problem gets worse.

**Burns**

The child with a burn should be cared for in the same manner as the one with a cut or scrape. A simple small burn may be treated at home. Anything more extensive should be checked by a pediatrician. If the burn is painful, running cold water over it may relieve the pain. Leave the blisters intact. Watch for infection. Do not smear a burn with butter or any other greasy substance. Do not apply ice to the burn. Tempra may be given to relieve discomfort.

**Head Injuries**

Head injuries are very common in children. They are rarely serious. The child who strikes his head should be watched carefully for such signs as persistent vomiting, excessive drowsiness or difficulty in arousing. Any child who cries for a long time after injuring his head may fall asleep just from fatigue. If he can be awakened at reasonable intervals, every 2 to 3 hours, he is reacting normally. If he cannot be aroused easily, please notify us. It is not uncommon for a child with a head injury to vomit once or twice. But, if vomiting is persistent, notify us. Observe the pupils of his eyes. They should be round and equal in size. If the pupils differ from each other in size, be sure to call. Watch him closely for 12 to 24 hours.

**Bone and Joint Injuries**

Following an accident, you may need to determine whether or not your child has a sprain or a broken bone. A sprain is an injury to the ligaments around the joints resulting in pain, swelling and tenderness. If these symptoms are mild and he can move the involved limb without much difficulty, very little needs to be done. Applying ice packs intermittently to the area and elevating the injured part is about all that one needs to do. It is all right to give ibuprofen or acetaminophen for discomfort. If the pain or swelling is great, it may be necessary to rule out a fracture by taking an x-ray. If it is obvious that he has a fracture, take him to the emergency room or to the clinic.

**Nosebleeds**

Nosebleeds are common but generally not serious. The tiny blood vessels near the surface lining of the membrane are easily injured when the nose is dry and itchy from cold symptoms, allergy or when it is bumped or hit. When bleeding is persistent, it can be controlled by pinching the nostrils tight with the thumb and forefinger for about 5 to 10 minutes. Have the child sit up and hold a pan in his lap so that he can spit out any blood that may run down the back of his throat. If you have some cotton available, pack it in each nostril before you pinch the nostrils together. If the bleeding is persistent, apply continuous pressure for another 10 to 15 minutes. If it should persist after that, it may be necessary to examine the child. Do not give him aspirin. If there are repeated episodes, sometimes it helps to provide increased moisture in the air and to coat the inside of the nose with a little Vaseline.
Skin Problems

Rashes

Rashes can be caused by allergies, infections, constant irritation, insect bites, certain diseases like chickenpox, measles, and scarlet fever, and from a large number of unknown causes. It is literally impossible to diagnose accurately most rashes by telephone. Since the only rash associated with a medical emergency is one that appears as very small hemorrhages or bruises, purplish areas that appear suddenly in the skin, there is not urgency in trying to diagnose skin rashes, so an appointment should be made to have it checked. If your child shows some little pinpoint hemorrhages about the face or neck after vomiting or coughing hard, this is nothing to be concerned about. But if the child is running fever and is also lethargic he needs to be seen.

Poison Ivy

Children should be instructed at an early age how to recognize poison oak and poison ivy so that they may avoid it. If you do come in contact with the plants, scrubbing with soap and water within 15 minutes afterward will reduce the severity of the rash. If your child does get poison ivy, we recommend Calamine Lotion and cool compresses to relieve the itching. Blistered, "runny" or weeping areas can be repeatedly rinsed with mild chlorine water (1 tbsp. or ½ oz. to 1 quart water - or a swimming pool) 5 or 6 times per day. This helps "dry it up" fast. Cool soda baths may also help with the itching. If itching becomes a big problem, you may purchase some Benadryl from the druggist without a prescription. Most cases of poison ivy persist for at least ten days. If the rash is extensive or accompanied by a lot of swelling, it might be necessary to bring your child to the office.

Abdominal Pain

It is difficult to diagnose the cause of abdominal pain by telephone. At the onset of pain, offer small amounts of clear, sweet liquids and stop solids and milk. Do not give enemas unless instructed by your child's physician. If the pain persists for several hours, we should examine your child and possibly do some tests.

Insect Bites

If your child is stung by a bee, wasp or hornet, immediately apply a slurry of meat tenderizer (¼ tsp. meat tenderizer, a few drops of water) to the skin over and around the sting. Keep reapplying the wet slurry every ½ hour to hour for 4 to 6 hours. This will neutralize the reaction to the toxin and reduce pain and swelling.

Most children have some swelling, redness and itching following the sting of a wasp or bee. This may last for several days and the use of cold compresses or ice packs will help reduce swelling. If the sting is associated with hives or a generalized reaction like vomiting, please let us know. Mosquito bites often make large, red, firm areas around the bite; this will go away without any particular problems. Insect repellent such as Cutter's, 6-12, Off, and so forth are helpful. Do not use sprays around the face. Do not put the insect repellent on a small child's hands. Wash the hands after rubbing repel-lents on exposed skin. For some people, taking thiamin chloride 50 mg. per tablet, may prevent mosquito bites. This vitamin B preparation can be purchased without a prescription. The dosage is as follows:

Small infant: ½ tablet 2 x a day for 3 days; then ¼ tablet daily for several weeks as long as necessary.

Run-about child: ½ tablet 3 x a day for 3 days; then ½ tablet daily for several weeks or as necessary.

Adults: 1 tablet 3 x daily for 3 days; Then 1 tablet daily for several weeks or as long as necessary.

Tick Bites

If anyone has been playing or working outside during the day, it is necessary to check for tick bites before bedtime. If children are out all day long, it is helpful to check at nighttime also. Comb the hair to be sure no tick is on the scalp and check in the ears as well as the rest of the body. Diseases caused by ticks generally require that the tick be on the child over 6 hours. These diseases are more prevalent in spring and summer. If you find a tick burrowed in, take a pair of tweezers held down close to the skin to remove the tick. Clean the area of the bite with soap and water and put some antibiotic ointment such as Neosporin on the area. If illness with fever and a rash develops within the next two weeks, be sure to have your child examined. If local swelling or drainage occurs around the area of the bite within the next few days, you may need to call us.
Animal Bites

Simple animal bites should be treated by immediate cleansing with soap and water and applying an antibiotic ointment to the bite. If the bite is severe enough to possibly require stitches, the child should be taken to the office or the Emergency Room. Immediate scrubbing with soap and water to remove the animal's saliva is the most important thing to prevent rabies. Do this without delay. The question of rabies is always present and we do worry about this possibility, especially with bites of wild animals such as skunks, bats and foxes. Also, stray dogs or dogs who appear to be ill constitute a hazard. If at all possible, try to catch and confine the animal rather than destroy it. The animal should be kept under observation for ten days. You should notify your physician immediately should your child be bitten. In addition, a dog bite should be reported to the sheriff's office by yourself so that the animal may be confined for ten days.

Poisons

The young child, especially in the 1 to 3 year age group, is very inquisitive and unfortunately, will put almost anything in his mouth. Keep a bottle of syrup of ipecac on hand to induce vomiting if your child accidentally swallows a poisonous substance. Before administering this, call us. You may call the clinic or the Poison Control Center here at Jackson Madison County Hospital, Area Code (901) 425-6280 or Southern Poison Control Center, Area Code (901) 528-6048.

Certain chemicals such as strong acids, or bases like lye or Draino and hydrocarbons like gasoline, kerosene or lighter fluid should never be removed from the stomach by making the child vomit. If your child ingests one of these substances, immediately contact us or the Emergency Room. Always bring the container with you, especially if it happens to be a drug that has been prescribed for another member of the family. It is helpful to know the time interval between when the child may have taken the poison and the time that you contact us. Even if you are uncertain as to what the substance may be, contact us or the Emergency Room and bring along the container for evaluation.

Managing Allergy and Respiratory Sensitivity

Allergy is an inherited tendency in which a person becomes unusually sensitive to things which don't bother most people. Respiratory, intestinal and some skin allergies are caused by things we eat and breathe. Infections, sudden temperature and weather changes, and emotional upsets may "trigger" symptoms that look like allergy. All people are sensitive to pollutants (smoke, dust, chemicals, etc.) in the air but some people have more severe and prolonged reactions to these pollutants because of an allergic reaction to them.

Allergy is a chronic condition and is seldom "cured", but it can generally be managed so that it is not too troublesome. Management consists chiefly in discovering and avoiding the inhalants and food which cause symptoms. A detailed medical history and continued search for the causes of flare-ups often provide the necessary clues for successful management. For a few youngsters, this is not successful, and allergy testing and hypo sensitization injections are necessary, especially for grass, tree and ragweed pollens, mold spores, and house dust. Your baby's doctor can help you decide if allergies are the cause of your baby's symptoms.

Here are some basic principals in managing allergy problems:

1. Medication: Medicines may help relieve allergy symptoms and clear infections which often accompany respiratory allergy. But medication alone seldom gives satisfactory control. Some prescription type topical nasal sprays, lung inhalants and eye drops may produce the best results.

2. Environmental Control: House dust, kapok (in mattresses and upholstered furniture), carpets, rugs and rug pads, wool, animal danders, feathers, perfumed substances and tobacco smoke are among the prime offenders in inhalant allergy. Removing these from the youngster's surroundings is not easy but is essential to management.

In winter, excessive heat and dryness aggravate respiratory membranes and promote infections. The house temperature should be kept below 72 degrees; often a cold sleeping room is helpful. Humidity around 40 percent is desirable. Floor furnaces, gas space and circulating heaters frequently increase symptoms.

Dogs, cats and birds should never be allowed indoors. The bedroom should be as bare and clean as possible, without carpets, leather pillows, comforters, wool blankets, upholstered furniture, fuzzy or stuffed toys, drapes or Venetian blinds, pennants, pictures, etc. The bedroom and closet doors should be closed and the closet not be used for storage, except for clothes currently in use. The room should be cleaned with a cloth or mop saturated with light-weight mineral oil, rather than a broom or vacuum cleaner.

Chemical odors such as perfumes, hair sprays, insect sprays, room freshener sprays, fresh paint, furniture polish, floor wax, airplane glue, etc., should be avoided.

3. Food testing and Dietary Control: In the early years, foods may be the cause of allergy symptoms and may continue to be important factors in the older child.
Dietary trials and testing take time, effort and planning and are sometimes tedious, but may be rewarding. You must become a label reader in order to be aware of all the many ingredients in processed and canned foods. The use of fresh, frozen or home-canned foods make the diet easier to manage. Artificial food coloring is best avoided. During food testing, even minute amounts of the food must be restricted. If the youngster improves on his controlled diet for a week or so, than a single food may be added to his diet every four days and the child observed for flare-up of symptoms. Symptoms to watch for include "fresh cold" (stuffy or runny nose, sneezing and coughing), wheezing, hoarseness, headaches, stomachache, irritability, itching skin rash and rarely other symptoms.

There are other common causes of these same symptoms (viral infections, weather changes, and emotional stress) which must be considered to not be confused with allergy.

4. The Role of Infections: Respiratory allergy and respiratory infections are often fellow travelers, especially in the younger child. The warm, moist, spongy and swollen allergic mucous membranes lining the nose and respiratory passages invites germs to "set up house-keeping." Often, infection may trigger allergy symptoms, and the bogginess of the mucous membranes then keeps the infection smoldering. Common infections associated and confused with respiratory allergy are colds, nose and throat infections, tonsillitis, sinusitis, middle ear infections, neck gland infections, croup, bronchitis and pneumonia. If antibiotics completely clear the symptoms then the child is not allergic to things eaten or inhaled while the child is clear.

5. What Happens In Later Years?: Some children may seem to "outgrow" their allergy symptoms, especially those whose symptoms are triggered by infections. Others may unconsciously learn to avoid the things to which they are sensitive. For instance, the child may develop a "dislike" for a food without really being aware that it causes troublesome symptoms. Many children will have continued symptoms or may progress to more serious problems in later life. For example, 60 to 80 per cent of infants with eczema will develop asthma in later years.

The things which cause allergy symptoms may change from year to year in the growing child. He may acquire new sensitivities to foods or inhalants to which he is regularly exposed. Avoiding things which are highly sensitizing will lessen the likelihood of developing allergy problems in the future.

If you are willing to devote the necessary time and effort, troublesome allergic symptoms can generally be controlled and more serious future problems can be prevented.

The Children's Clinic Staff

On the following blank pages you may wish to note other tips on health care and names and phone numbers of specialists, druggists, etc.