



Telephone  
Advice Book



*Proudly Serving Our Community Since 1941*

# INDEX

# HOW TO USE THIS BOOK

- 2 ITEMS FOR YOUR MEDICINE CABINET
- 3 BEE, WASP, HORNET AND YELLOW JACKET STINGS
- 3 BELLY PAIN/  
STOMACH ACHE
- 3 BURNS
- 4 CHICKEN POX
- 4 COLDS, COUGHS AND THE FLU
- 7 COLIC
- 7 CONJUNCTIVITIS (PINK EYE)
- 8 CONSTIPATION
- 8 CROUP
- 9 CUTS AND LACERATIONS
- 10 DIARRHEA
- 11 EARACHES
- 11 FEVERS
- 14 HEADACHES
- 14 HEAD TRAUMA
- 15 HIVES
- 15 LICE
- 16 NOSEBLEEDS
- 16 POISONING
- 16 POISON IVY
- 17 RASHES
- 18 SORE THROATS
- 18 SUNBURNS
- 19 TEETHING
- 19 VOMITING
- 20 WARTS
- Your doctors at Carithers Pediatrics realize that many problems come up at night and on the weekends when we are not in the office. Over the years, we have found that we receive many phone calls about the same medical problems. In this book, we have tried to answer the most commonly asked questions.
- When your child gets sick or has a medical problem, we would like you to consult this book before going to the phone. Most medical problems can be handled through the night with the advice in this book. If after trying the advice in the book, your child has not improved, then we want you to call us. If you feel your child has a life-threatening emergency, call 911. Please read the entire section written about your child's problem before starting treatment. Please read through this book before you need it so that you know what it contains.
- As you know, we see sick children every day of the year, so please call us during office hours if your child has had a bad night or if you feel he or she may need an appointment. When you call the doctor on call after hours, the doctor cannot schedule appointments, but you can call the office, choose the option make a sick appointment and you will receive a phone call from a nurse when the office opens. When you go on vacation, take it with you and feel free to request a copy for grandparents or babysitters.
- Urgent evening and weekend calls are made to the office number, not to the doctors' home numbers. On weekends, a nurse will assist you with your urgent calls if they are made early in the morning. Waiting for return calls sometimes requires patience on your part, but be assured your call will be returned. If you have not received a return call in twenty minutes, please try again. Occasionally, the answering service "drops" calls. If ever our office number is not answered, there may be trouble with the line. In that case, please call 807-7000, the answering service's switchboard number.

RIVERSIDE OFFICE  
904-387-6200

SOUTHSIDE OFFICE  
904-997-0023

# ITEMS FOR YOUR MEDICINE CABINET

---

1 ACETAMINOPHEN/ TYLENOL	It has two functions: fever reduction and pain relief. Note: children's and infant dosing is the same. Please see the dosing calculator on our website homepage for current dosing.
2 IBUPROFEN/ MOTRIN or ADVIL	Ibuprofen is dosed less often than Tylenol and may lower fevers and relieve pain more effectively. It is used in children over 6 months of age. Note: children's and infant dosing are different. Please see the dosing calculator on our website homepage for current dosing.
3 BENADRYL	This versatile medicine has many uses: stops itching and is used for allergies. Please see the dosing calculator on our website for homepage for current dosing.
4 THERMOMETER	Rectal for babies and younger children. Oral for older kids (three years old and up.)
5 ANTIBIOTIC OINTMENT	This is useful for routine cuts and scrapes. Several over-the-counter (OTC) brands are available: Polysporin, Bacitracin, triple antibiotic cream, etc. Occasionally, Neosporin can cause rashes in children. Discontinue use if this occurs.
6 BAND-AIDS	
7 CALAMINE/ CALADRYL LOTION	Great for poison ivy and bug bites.
8 ADOLPH'S MEAT TENDERIZER	When made into a paste with water and applied to (spread on) a bee, wasp, hornet or yellow jacket sting can reduce pain and swelling.
9 INFALYTE, PEDIALYTE, OR GATORADE	Electrolyte solutions are needed for vomiting and diarrhea. Please see those sections.
10 A DOSING SPOON OR DOSING SYRINGE	Available at most pharmacies and very handy to measure or dispense liquid medicines.
11 GLYCERIN SUPPOSITORIES	Useful in treating constipation. Please see the chapter entitled "Constipation." You may use "Babylax" instead of Glycerin suppositories. Directions are on the package.
12 BULB SYRINGE	Correct use is important. For the traditional bulb syringe, pinch the baby's nose to make a seal, then release the bulb and the mucous will be sucked out of the nostril. The newer suction devices, like the NoseFrida, have directions on the package.
13 VAPORIZER OR HUMIDIFIER	If you have access to either a cool mist or hot steam humidifier or are purchasing one for the first time, we prefer cool mist. They are both equally effective and cool mist vaporizers can't burn children. Useful for croup, coughs and colds.

---

# WHAT TO DO BEFORE YOU CALL THE DOCTOR

## **BEE, WASP, HORNET AND YELLOW JACKET STINGS**

**Please call our office if your child develops hives all over his/her body or develops breathing or swallowing problems.**

If your child is stung by one of these insects, he/she may experience pain, swelling, itching or a more extensive allergic reaction. Although the pain is usually better in 2 hours, the swelling may increase for up to 24 hours. Often, the swelling is worse on the second day. Multiple stings (more than 10) can cause vomiting, diarrhea, headache, and fever. This is a toxic reaction related to the amount of the venom received and not an allergic reaction. A true allergic reaction causes hives, dizziness and difficulty with breathing or swallowing.

Although you cannot make the symptoms disappear, you can make your child feel more comfortable. You can use acetaminophen or ibuprofen for pain and Benadryl for any itching or swelling. Make a paste of Adolph's meat tenderizer with water. Place this paste on the sting. This will neutralize the venom.

---

## **BELLY PAIN/ STOMACH ACHE**

**We would like you to call us for belly pain if after trying our suggestions, your child's pain has not improved at all. Also, please call if your child's pain is localized to the lower right side of his abdomen.**

Children often complain of belly pain (also commonly called a stomach ache). When your child complains of abdominal pain you should try the following:

- 1 Give a dose of acetaminophen. Do this whether or not there is fever. See dosage online.
- 2 If your child has not had a bowel movement in the last day or two (and may be constipated), encourage him to move his bowels. See "Constipation" section.
- 3 Let your child sit in a warm bath for 20 minutes.
- 4 Place a hot water bottle (or a warm, wet towel in a zip-lock bag) on your child's belly.

If these suggestions lessen the pain so that your child becomes comfortable, you should be reassured that the pain is not serious. Continue the above suggestions (acetaminophen every 4 to 6 hours) and call us during office hours for a phone consultation

---

## **BURNS**

**Please call us if your child has a burn with a blister larger than a quarter or if the skin is completely burned off.**

Your child can get burned from many different items: curling irons, hot coffee or tea pulled off a table by a toddler, matches, ovens, wood-burning stoves, and exhaust pipes from motorcycles. A first-degree burn is one that is red and painful (similar to a sunburn) and can be relieved by giving acetaminophen or ibuprofen and applying cold compresses. The pain should go away in 1 to 2 days. A second-degree burn is one that is red and painful but has blisters on the skin. The blisters sometimes break or may stay intact. If the blisters are intact, do not break them. If your child has a blister

## BURNS

Continued

that is the size of a quarter (either broken or intact), you should apply an antibiotic cream such as Polysporin or Bacitracin, cool or cold compresses, and give acetaminophen or ibuprofen.

---

## CHICKEN POX

**Please call us if your child is under 8 weeks of age or if your child or another member of the household is immunocompromised, on anti-cancer medication or has been on steroids such as Prednisone for more than two weeks.**

Chicken pox is caused by exposure to a highly contagious virus 14 to 21 days earlier. The classic rash consists of multiple small red bumps that progress to thin-walled water blisters; then cloudy blisters or open sores which are usually less than 1/4 inch across; and finally dry, brown crusts. The rash almost always starts on the trunk and gradually spreads out to involve the extremities with new crops of sores emerging for about 4 to 5 days. Chicken pox can occur within the mouth, on the ears, in the eyelids and in the genital area. The average unvaccinated child gets about 500 sores. Chicken pox is usually associated with fever, which tends to be the highest on the 3rd or 4th day. Children start to feel better and stop having fever once they stop getting new bumps.

If your child has chicken pox, he will be contagious from 36 hours before he broke out in the rash until the last lesion has opened up and crusted over (usually 7 to 10 days). You can give your child acetaminophen (not **ibuprofen** or **aspirin**) for any fever and Benadryl for the itching. Also try Aveeno baths or baking soda baths (about 1 cup of baking soda in a half filled bathtub). Calamine or Caladryl can be placed on itchy spots after baths.

Children who have received the chicken pox vaccine may still contract chicken pox. Fortunately, their cases are milder and usually have only 10 to 15 lesions. However, they are just as contagious as those children who have not been vaccinated.

---

## COLDS, COUGHS AND THE FLU

A cold or upper respiratory infection is a viral infection of the nose and throat. The cold viruses are spread from one person to another by hand contact, coughing, and sneezing not by cold air or drafts. Since there are up to 200 different cold viruses, most healthy children get at least 6 colds each year. Young children in day care may have 10 to 12 infections each year. Colds usually last 10 to 14 days. It is better to allow a cold to run its normal course as long as the child does not develop complications to the illness. If your child is mildly to moderately sick with a cold, **even if the nasal mucous is green or yellow**, antibiotics will not hasten recovery from a viral illness. Often the onset of a cold is associated with a fever. We become concerned that a cold has become complicated if your child, for example, is acting more sick than he/she should with a cold, develops a fever **after** several days with a cold, or if the cold and cough last longer than 14 days.

## **COLDS, COUGHS AND THE FLU**

Continued

**When children get the flu, they are often sick with an illness that appears to be a bad, achy cold. We offer flu shots throughout the fall and strongly recommend them for all children.**

**When your child is sick with a cough or cold, there are many simple things you can do to make your child feel better.**

1. If your child has a fever read the section entitled "Fever."
2. If your child's nose is stuffy, either have him blow his nose or for children too young to blow their noses, you can use a bulb syringe which can be purchased at most pharmacies. To use, just squeeze the bulb, place the open end flush with the child's nose and release the bulb. This will suck out the mucous from the nose. You can repeat this as necessary, ideally two to three times a day (especially before feeding or naps). If you can see nasal secretions, feel free to use the bulb syringe alone. If you can't see the source of the congestion, use a saline solution that can be purchased at a pharmacy (Little Noses, Ayr, Ocean Drops, etc.) or made at home by dissolving 1/4 teaspoon of table salt in 1 cup of warm water with a few pinches of baking soda. Place two or three drops of the solution in the baby's nose prior to using the nasal aspirator.
3. Run a vaporizer or humidifier. Dry air tends to make coughs worse. Encouraging good fluid intake, and using a humidifier in your child's room can loosen dry coughs. We prefer those that deliver cool mist. If you use one that delivers hot mist (or steam) do not run it close enough to burn your child. Let it completely dry between uses.
4. Elevate the head of your child's bed or crib (by placing books under the mattress) by 2 to 6 inches so that the child's head is raised slightly. This will help the mucous drainage slide down rather than stick at the back of the throat.
5. For children 6 years of age or older, you may want to try some over-the-counter cough or cold preparations. Cough suppressants reduce the cough reflex, which protects the lungs. They are only indicated for coughs that interfere with sleep, or school attendance. They also help children who have chest pain from coughing spasms.
6. Do not be worried if your child does not want to eat his/her usual diet. As long as you get a steady stream of fluids in him/her you are doing fine. If your child does not have an upset stomach, vomiting, or diarrhea, you may use milk or formula if that is what your child wants.
7. If your child has a cough and is older than one year of age you can try some honey and lemon. Take even parts of honey and lemon juice (so that the mixture tastes good). Give your child a teaspoonful as often as every 1 to 2 hours to

help control the cough. The mixture acts like a liquid cough drop.

8. Do not let anyone smoke around your coughing child. Children with a respiratory infection who are exposed to passive smoking often cough twice as long as children who are not and have increased ear infections and pneumonia.

**No medication can make a common cold disappear. We hope these suggestions will make your child more comfortable.** Your child will be contagious until the fever is gone and the symptoms are obviously getting better. Most schools and day care centers will allow children who are contagious with colds to attend. Check with your child's day care to be certain.

## DOSING COUGHS COLD MEDICATION

1. Follow the dosing recommendations based on weight.
2. If your child becomes lethargic or hyper on the medication, cut back on the dose or change to a different brand.
3. These medications may be given with acetaminophen, ibuprofen and/or antibiotics.
4. These medications may be given with acetaminophen or ibuprofen ONLY if these are not part of the active ingredients (example: DayQuil has acetaminophen in it). It is safe to combine them with antibiotics.
5. If your child is taking an anti- histamine already, look carefully at the ingredients of combo medications to avoid double dosing these.

## COLIC

**Call the office if at any time your baby cries uncontrollably for greater than 3 hours or you are afraid you might hurt your baby.**

Recurring periods of crying or excessive fussiness in infants is known as colic. It usually begins at 2 to 3 weeks of age, peaks at 6 weeks, and greatly improves by 3 months. About 5% of babies have colic. Colic usually occurs in the late afternoon or evening. Babies appear to be in pain – crying, clenching their fists, and drawing up their legs. They generally feed normally and have a normal temperature.

Although no one is certain of what causes colic, these babies seem to want to be cuddled. When your baby is colicky, try wrapping him/her tightly in a receiving blanket. This seems to give some babies a secure feeling. **Do not shake the baby.** Some infants like to be held closely, rocked, walked or placed in an infant swing. You can also try a number of “vibration” remedies. Colicky babies are often calmed by a ride in a car or stroller, being placed in a vibrating infant seat, or listening to a hair dryer, vacuum cleaner, static on the radio or a “white noise”.

Colicky periods usually last 1 to 4 hours, and it may take all your energy to try to make your baby happy, even for short periods. Remember, colic is not the result of bad parenting so don't blame yourself. As a last resort, consider placing your baby comfortably in his/her crib and letting him cry for 15-20 minutes. This will give you a needed break and possibly allow him/ her to fall asleep on own.

If your baby has been spitting up and/ or seems to have tummy pain and you are breastfeeding, consider eliminating dairy in your diet. Other culprits can be strong, harsh vegetables (kale, broccoli, etc) or spicy or acidic foods. If your baby is formula fed, consider a gentle/ sensitive formula. Gas drops are also acceptable to try.

If these suggestions are not helpful, check with our nurses during office hours.

---

## CONJUNCTIVITIS (PINK EYE)

**Call the office if your child's eyelid is swollen and reddened, the eye is painful, or there is a temperature greater than 101.5.**

“Pink eye” generally means an eye infection. The affected eye is red and usually has a discharge, which may be either clear or thick and colored. “Pink eye” is not an emergency and may get better with no treatment at all. However, it is nearly always contagious.

Keep the eye(s) clean with warm wet compresses. If symptoms are present for more than 2 days, call during office hours, and we can decide if prescription eye medication is necessary.



## CONSTIPATION

Constipation means infrequent and/or hard stools, which are difficult or painful to pass. It is common for babies less than 6 months of age to grunt, push, strain, draw up legs, and become flushed in the face during the passage of bowel movements, reflective of an immature GI tract. These behaviors are normal, as is the production of frequent gas.

If the infant develops hard, pellet-like stool he/she may need a change of formula or a small amount of fruit juice (1-2 oz for infants under 4 months, 4-6 oz for infants 4 months and older). Older children may also benefit from changes in their diets, less fattening milk, less cheese, and more fruits, vegetables and water. Fiber supplements (gummies) are also beneficial.

If it has been longer than 1-2 days since a BM and your infant seems to be straining and uncomfortable, have them lie on their backs and do bicycle movements with their legs for 2 minutes. For children and infants older than 6 months you can use infant glycerin suppositories. Insert the suppository into the rectum and hold your child's buttocks together for 5 to 10 minutes to allow it to melt. Suppositories should be used only when your child is in acute pain and should not be used regularly.

Children who suffer from constipation may be fearful of painful BMs and hold them in. These children may complain of stomach pain and have decreased appetites and poor sleep. Call the office during regular hours if your child's constipation is recurrent and not helped by the above recommendations.

---

## CROUP

Croup is a respiratory illness and cough caused by a virus that infects the voice box (larynx). Children with croup can have a fever (usually 101 to 103) and a distinctive tight metallic cough that sounds like a barking seal. They can also make a noise with each inhaled breath called stridor. Croup usually lasts for 5 to 6 days and generally gets worse at night or during naps. During this time, it can change from mild to severe many times. The worst symptoms are seen in children less than 3 years of age.

If your child has croup, you should run a vaporizer (also called a humidifier). Vaporizers can emit either a cool mist or steam. If you have access to either type, we prefer the cool mist vaporizers. Sit the child close enough to the cool mist to allow

## **CROUP**

Continued

**If despite these measures, the stridor continues in your child, he cannot swallow his saliva or he is developing labored breathing, call our office immediately. If your child turns blue, passes out or is confused or combative, call 911.**

him to breathe the moist air. Even more effective is a steamy bathroom (running a hot shower with the bathroom door closed) for 10-15 minutes followed by breathing cold air (outside or freezer). Most children settle down with the above treatments and then sleep peacefully through the night. But you may repeat these treatments, alternating warm mist (steamy bathroom) and cool mist (freezer or outside air), through the night as needed. Anytime your child is up several times during the night with croup or continues to “bark” or has stridor during the day, you should call us during regular office hours an appointment.

Croup is contagious until the fever is gone and the symptoms are obviously improving. Your child should not attend school while sick with croup. Some day care centers will allow children to attend while sick with croup, but you should check with your day care to be sure of their policy.

---

## **CUTS AND LACERATIONS**

**Please call the office if bleeding won't stop after 10 minutes of direct pressure, if the skin is split open and the cut is deep or if your child hasn't had a tetanus booster in more than 10 years (5 years for dirty or deep cuts.)**

When your child gets cut, the first thing to do is apply pressure to the cut with a clean cotton cloth or a paper towel. If the bleeding stops within 3 to 5 minutes and the edges of the wound stay together, just cover the cut with a Band-Aid. We also recommend cleansing thoroughly with hydrogen peroxide and applying some antibiotic cream (Neosporin, Polysporin, triple antibiotic etc.) on the cut. The cuts that need sutures are deep and leave the skin edges separated. Another rule of thumb is that gaping cuts need sutures if they are longer than 1/2 inch or 1/4 inch on the face. Lacerations should be sutured within 8 hours of the time of injury and the infection rate is far lower if the are closed within 2 hours.

Cuts in the mouth and inside the lips look like they produce more blood than they really do because the blood mixes with saliva. These cuts usually heal very well and do not require special attention.

## DIARRHEA

Call the office during regular hours if your child has signs of mild dehydration, bloody stools, or diarrhea not improving after 7 days. Please call urgently or go to the ER if severe dehydration occurs (very lethargic, dry mouth, poor urination, cool/mottled skin).

Please contact us before using any anti-diarrheal medications because they can often cause side effects, especially in young children.

If your child has vomiting and diarrhea, please read the “Vomiting” section first. For treatment of abdominal pain with diarrhea, please see the “Belly Pain” section.

Diarrhea is the sudden increase in the frequency and looseness of bowel movements. The main complication of diarrhea is dehydration from excessive loss of body fluids. Symptoms of dehydration are a dry mouth, the absence of tears, a reduction in urine production (for example, none in 8 hours) and a darker, concentrated urine. It’s dehydration you need to worry about, not the presence of diarrhea.

Acute diarrhea is fairly common and can last for many days. Children with diarrhea sometimes have green bowel movements. This is nothing to worry about. The stools are traveling through the bowels so quickly that some of the normal green pigment is not reabsorbed. Diarrhea is usually caused by a viral infection of the intestines although occasionally it can be caused by bacteria, parasites, excessive fruit juice or a food allergy. Diarrhea usually lasts from several days to a week, regardless of the treatment. The main goal of therapy is to prevent dehydration. Diarrhea longer than a week indicates the need for a call to the office and likely an appointment.

The treatment of diarrhea depends on the child’s age and hydration status. If your child is **not dehydrated**, we suggest “feeding through” the diarrhea. This helps the body heal and may help stop the diarrhea. Your child may continue to drink milk (breast milk, formula or cow’s milk). Good foods to give are starches (rice products, noodles, potatoes, crackers, cereals and toast), boiled chicken, yogurt, cooked vegetables, and fresh fruit (especially bananas). Avoid foods that are sugary, fatty, fried or spicy since they can make the diarrhea worse. If the diarrhea has lasted longer than a week, elimination of dairy may help at this point, as a transient lactose intolerance can develop in such situations.

Sometimes children with diarrhea lose enough fluid that they **become dehydrated**. Signs of dehydration (slightly dry mouth, decreased urination, and increased thirst) should be treated by giving an electrolyte solution like Pedialyte. If your child refuses, start with small amounts until she gets used to the taste, or try different flavors or try the Popsicle form. Until you obtain these special solutions, Gatorade (G-2) or another sports drink will do. Do not give your child juices or soda because it can make the diarrhea worse due to large sugar/ carb amounts.

Give the electrolyte solutions in small amounts frequently (1-2 oz every 15 minutes) as tolerated.

## EARACHES

Please call us if after trying our suggestions your child cannot be comforted at all.

If your child develops an earache during the night, try these suggestions to help ease the pain and allow your child to get back to sleep.

1. Acetaminophen or ibuprofen. See our website for dosage.
2. If there is no pus coming from the ear and your child does not have tubes in his/her ears, take some warm cooking oil or olive oil and place 2 to 3 drops in the painful ear. If that helps you can repeat it every 1 to 2 hours.
3. Place a heating pad or hot water bottle on the painful ear. Make certain not to burn your child.
4. If your child has pus draining out of her ear (sometimes mixed with blood), do not panic. Just keep the outside of the ear clean with a Q-Tip and call the office in the morning.

---

## FEVERS

Please call us for the following:

1. Fevers at or above 100.4 in infants under two months.
2. If your child develops a purple rash in association with the fever.
3. If your child does not look and feel a little better one hour after the acetaminophen or ibuprofen was given. You should be able to interest your child in a toy or coax a smile out of her. If she is “out of it” or moaning, we want you to call.
4. Fevers of 105 and above (40 degrees Centigrade and above) in children over two months.

When your child is acting sick or feeling warm it may be important to take his temperature. Taking temperatures is easy to perform, and you should become comfortable doing it using various methods at your child's different ages. Please do not use temperature strips across the forehead or pacifiers with sensors to measure your child's temperature. You may use an oral thermometer in older children. Axillary (armpit) temperatures are difficult to take accurately and probably should not be done. Babies and young children should have their temperature taken rectally. Glass mercury thermometers or electronic digital thermometers are equally accurate. Ear thermometers are fairly reliable and can be purchased for home use, but they are less accurate in young children and those with ear infections.

It is important to know that fevers do not cause brain damage. We can treat them to make a child comfortable, but there is evidence that they help fight infection.

If your child has a fever and is uncomfortable, you should give him a dose of acetaminophen or ibuprofen. Young children usually run higher temperatures than older children or adults. It is not unusual for children with colds and flus to run temperatures of 104 to 105 degrees (40.0 to 40.5 degrees Centigrade). Look up the appropriate dose of acetaminophen or ibuprofen on our website. Alternating acetaminophen and ibuprofen is not necessary and can lead to overdoses. (An exception is a known febrile seizure child.)

You may also want to place your child in a lukewarm bath for 15 to 20 minutes and offer cool fluids and Popsicles. Do not use rubbing alcohol on your child's skin to lower temperature. Do not give aspirin. High fevers and persistent fevers warrant a call to the office to discuss the child's symptoms.

**If in an hour the fever comes down by a degree or two and your child looks and feels better, you are doing fine with managing the elevated temperature.**

You should remember that all you are doing with acetaminophen or ibuprofen is treating a symptom by lowering the temperature. You are not treating whatever illness your child has. Do not overdress your child. Offer plenty of fluids, since your child will have increased fluid needs with the fever. If your child does not have vomiting or diarrhea, you may offer anything to drink that she prefers. If your child has a fever that lasts for more than three days, please call us during office hours.

<b>TEMPERATURE CONVERSIONS</b>	<b>CENTIGRADE</b>	<b>FAHRENHEIT</b>
	36.5	97.7
	37.0	98.6
	37.5	99.5
	38.0	100.4
	38.5	101.3
	39.0	102.2
	39.5	103.1
	40.0	104.9
	41.0	105.8

---

## **ACETAMINOPHEN DOSING**

(Tylenol)

Please see the dosage calculator on our website homepage for accurate doses.

1. Dosing is every 4 to 6 hours. No more than 5 doses in 24 hours. Your child's temperature may rise when the medication wears off.
2. There are many dosing forms of acetaminophen and similar products. Be sure to read the label on the bottle to be certain that the correct type and strength of medicine is being used.
3. You can mix the elixir with small amounts of juice or milk. Tablets may be crushed and mixed with applesauce.
4. If your child cannot hold down these medications, you can use acetaminophen suppositories. The dose by milligram and the dosing interval are the same as when given by mouth.

**ACETAMINOPHEN  
DOSING  
(Tylenol)  
Continued**

5. You may give your child acetaminophen/ibuprofen along with antibiotics and/or cough and cold medications as **long as the cough and cold medications do not contain acetaminophen or ibuprofen.**

6. Use your child's weight to determine the dose. If you do not know the weight, go by the age.

7. Acetaminophen and ibuprofen products should not be used together unless trying to prevent seizures in a child prone to febrile seizures

---

**IBUPROFEN  
DOSING  
(Advil/Motrin)  
Please see the  
dosage calculator  
on our website  
homepage for  
accurate doses.**

1. Advil and Motrin are the trade names for ibuprofen.

2. Ibuprofen products can be given every 6 to 8 hours. Your child's temperature may rise when the medication wears off.

3. Ibuprofen products should not be given to children under 6 months of age.

4. There are many dosing forms of ibuprofen products. Be sure to read the label on the bottle to be certain that the correct type and strength of medicine is being used. Infant and children's forms require different dosing amounts, unlike tylenol.

5. You can mix the elixir with small amounts of juice or milk. Tablets may be crushed and mixed with applesauce.

6. You may give your child acetaminophen/ibuprofen along with antibiotics and/or cough and cold medications as long as the cough and cold medications do not contain acetaminophen or ibuprofen.

7. Use your child's weight to determine the dose. If you do not know the weight, go by the age.

8. Acetaminophen and ibuprofen products should not be used together unless trying to prevent seizures in a child prone to febrile seizures.

## HEADACHES

**Please call the office if your child is getting sicker despite giving acetaminophen, or ibuprofen. Also call if the headaches are occurring early in the morning, when your child wakes up in the middle of the night, if your child is too sick to talk with you, or too sick to be alert. Also call if your child's headaches are becoming increasingly worse or if your child experiences a lack of coordination or vomiting with the headaches.**

Headaches are a common complaint in children. There are many causes of headaches: poor hydration, skipping meals, colds, allergies, sinus infections, migraines, strep throats, and trauma. Some children will have tension headaches when under stress or worried about school or family problems. Childhood migraines are very common but usually not as severe as adult migraines so they are not as obvious to diagnose. The tendency to have migraines runs in families and should be considered when a child has recurrent headaches and a family member is known to have migraines. When your child has a headache, try the following:

1. Talk to your child and see if something is bothering her.
2. Ensure regular water and food intake, especially during school.
3. Give acetaminophen or ibuprofen if needed.
4. Place a cold washcloth on the forehead and offer rest in a dark, quiet place.

If your child has had head trauma, please read that section. Otherwise check with the office the next morning. If your child is sick with a cold, sinusitis or possible strep infection, we may want to examine your child. We can also talk with you about the possibility of migraine headaches.

---

## HEAD TRAUMA

**Call our office immediately if the trauma induced a loss of consciousness, a seizure, no memory of the injury, severe neck pain or headache, or vomiting more than three times. You should also call us if your child becomes so lethargic that he seems "out of it" to you or if walking or talking becomes difficult for him.**

Sooner or later, just about every child will strike his head. Falls are especially common when your child is learning to walk. Fortunately, most head trauma is more frightening than it appears. If your child receives a "clunk on the head," don't panic. The first thing to do is calm your child. Next, inspect the head. You often will feel a bump that feels as firm as a hardboiled egg. Big lumps can occur with minor injuries because the blood supply to the scalp is so plentiful. For the same reason small cuts here can bleed profusely. If there is a cut on the head, see "Cuts and Lacerations." If your child can be calmed down, is alert, and has a "goose-egg," just observe your child over the next several hours. Try to apply an ice pack or cool compress.

Your child may act more tired than usual and may even throw up. Observe your child during the first 2 hours after an injury. Encourage him to lie down and rest until all symptoms have cleared. He may be allowed to sleep, but check on him frequently and wake him after two hours to check his ability to interact. Overnight, awaken your child twice during the night, once at your bedtime and then again 4 hours later. It is not unusual for bruises and black eyes to appear on your child's face even days after the injury because the bruising spreads downward by gravity.

## HIVES

**Please call 911 if your child develops difficulty breathing or difficulty swallowing associated with hives.**

Benadryl Dosing

2-5 YEARS 24-47 POUNDS	<b>1/2</b>	TEASPOON EVERY 6-8 HRS
6-11 YEARS 48-95 POUNDS	<b>1-2</b>	TEASPOON EVERY 6-8 HRS
12 YEARS & OLDER	<b>2-4</b>	TEASPOON EVERY 6-8 HRS OR 1-2 TABLETS

Hives are itchy bumps on the skin, often appear as raised pink spots with pale centers and range in size from 1/2 inch to several inches across. They often move to different places on the body. They are not contagious and resemble a series of mosquito bites. Foods, grass, weeds, medicines or viruses can cause hives. If you can identify something that may be the cause of the hives, try to stop any further exposure. If a virus causes the hives, they may continue until the viral illness is over. If hives have been present for more than one week, are accompanied by a fever over 100.4 or joint pain, or if you have stopped a medication because of the hives, please call us for further instructions.

The best medication for hives is an antihistamine, like Benadryl. An antihistamine won't cure hives, but it will reduce their number and relieve itching. If they persist, a longer-acting antihistamine can be used. Calamine lotion can also be used topically. Aveeno baths may be used for hives that cover a large part of the body.

---

## LICE

**Please do not panic if your child comes home from school with the diagnosis of lice.**

Lice are very common. Almost every elementary school has at least one outbreak of lice each year. Anyone can get lice despite good hygiene habits and frequent hair washing.

All family members should be inspected for lice (tiny brown bugs the size of the "o" on this page). It is easier to spot the nits (eggs) which are white and stick to hairs very tightly. In fact, the nits resembles flakes of dandruff that don't come out when you pull the hairs through your fingers.

All family members should be treated. **You can purchase one of two over-the-counter products to treat lice: Nix or Rid.** These shampoos kill both lice and nits. Prior to using Nix or Rid, shampoo your child's hair with any shampoo that does not contain cream rinse, and then pour about two ounces of lice shampoo into hair. Scrub lathered hair and scalp for 10 minutes (use a timer). Rinse and dry normally. While hair is still wet, remove the nits by back combing with a fine-tooth comb or pull them out individually. The nits can be loosened using an equal part mixture of vinegar and rubbing alcohol. You can also purchase a nit comb (Lice Meister) to help remove the nits. Repeat the lice shampoo in 1 week to prevent reinfection.

Lice can live for up to 3 days off the human body, so you should wash all pajamas, clothing, bed sheets and pillowcases in hot water. Any stuffed animal can be treated by placing it in a hot dryer for 30 minutes or by putting it away in sealed plastic bags for three weeks. If these measures do not work, you may call the office to consider a prescription-strength shampoo.

Your child may return to daycare or school the day after you treat the lice and remove the nits.



## **NOSE BLEEDS**

**Please call if you cannot get the bleeding to stop after 5 minutes of squeezing the nostrils shut.**

Your child has many superficial blood vessels near the nostrils of her nose. These blood vessels can be easily disrupted and cause bleeding. Nosebleeds almost always look more frightening than they really are.

If your child's nose is bleeding from any reason (trauma, dry air/low humidity, vigorous nose blowing) squeeze the nostrils closed for a **full 5 minutes**. Do not lean your child's head back. In most cases the bleeding will stop. Another trick you might try is placing a bag of frozen vegetables over the bridge of the nose for several minutes. The cool temperature often slows the bleeding.

Your child may vomit swallowed blood, either during the nosebleed or shortly after. Don't be alarmed; this will stop once the stomach has been emptied of the blood.

If your child has recurring nosebleeds over time, please call and we can discuss further evaluation and management.

---

## **POISONING**

If your child has taken a poison (medicine, alcohol, cleaning agent, chemical, perfume, plant, etc.) please do the following:

1. Stop your child from taking any more of the poison. Do not leave your child alone while on the phone.

2. **CALL THE POISON CONTROL CENTER.**  
1-800-222-1222.

Have the container or bottle with you. Be prepared to tell the Poison Control Center the EXACT name of the poison as well as how much is left in the container and how much originally came in the container.

---

## **POISON IVY**

**Please call us during regular hours if the face, eyes or lips become involved, the itching interferes with sleep or signs of infection occur, such as pus or soft yellow scabs.**

Poison ivy occurs year round but is most common in the spring and summer. It is not an infection. It is an allergic reaction to the oil on the surface of the poison ivy, poison oak, or poison sumac plant. The allergic reaction usually takes 6 to 72 hours to develop after you touch the plant. It usually looks like a series of small, lined-up or scattered blisters that are extremely itchy. The fluid in the blisters is not contagious and once you have washed the oil off your skin with soap you cannot spread it to other people, but you will still break out in the rash where the oil initially touched your skin. Clean well under the nails and wash all clothes that may have come in contact with the oil. Until you have washed, you can spread the reaction from your hands to other

## POISON IVY

Continued

parts of your body. Remember, the dog can get it on his fur, or the baseball that was hit in the woods can have the poison ivy oil on it. Do not burn poison ivy plants as the smoke contains the oil. If your child gets poison ivy, you should use Calamine/ Caladryl lotion or 1% Hydrocortisone Cream to the rash to decrease the itching and redness. Oral Benadryl can also help with itching but will not reduce the rash.

---

## RASHES

**Call the office for rashes that are dark purple in color (other than bumps and bruises caused by trauma) or do not fade when pushed on. Take your child's temperature before calling.**

There are dozens of reasons kids have rashes and as many places on the body to have them. That being said, here are some useful tips:

1. Diaper rashes are among the most common rashes. The skin in the diaper region becomes red and inflamed. Most are due to irritation from skin that is wet then dry then wet then dry. The best thing to do is leave the diapers off for periods of time every day to "air dry" the diaper region. You should also apply a soothing layer of diaper cream (Balmex, Desitin, Vaseline Jelly, etc.) when your baby is wearing a diaper. If this does not help in a few days, call us during office hours.
2. Light pink flat or slightly raised bumps on the body, face, arms or legs can be from viruses or even a reaction to a medication your child is taking. If your child is on an antibiotic and develops a rash, do not give any further doses of antibiotic and call during office hours to discuss the possibility that the rash is from medicine. If your child is itchy with a rash you can offer him/her Benadryl. If your child has a fever and sore throat, consider an appointment to rule out strep. Some rashes indicate an active viral infection and others mark the end of one. Therefore, the contagiousness of the virus during the rash period depends on the virus involved. This may be clear over the phone or may require an office visit to determine.
3. Infant acne (or infant pimples) looks like teenage acne but occurs in the newborn period. It can occur on the face, neck, upper chest and back, and even on the scalp. We do not use the usual teenage acne medications. Wash the affected areas once a day with mild soap. Do not use a washcloth like a piece of sandpaper to "rub" the pimples off. Having newborn acne does not mean that your child will have a worse case of teenage acne. The acne will go away on its own in 4 to 6 weeks.

## SORE THROATS

Call our office immediately if your child is sick with a sore throat that he cannot swallow his saliva and is constantly drooling.

Most sore throats are caused by viruses and are part of a cold. About 10% of sore throats are due to “strep.” A throat culture or rapid strep test is the only way to distinguish strep pharyngitis from viral pharyngitis. We recommend that your child have 24 hours of symptoms before we obtain a throat culture. It is not an emergency to get a throat culture the moment your child starts to complain. **If you have access to antibiotics at home, do not give your child a dose!** Sore throats from viral illnesses usually last 3 or 4 days.

Strep throat that has been confirmed by throat culture or rapid strep test must be treated with a complete course of an antibiotic. After 24 hours of treatment, your child is no longer contagious and can return to day care or school if the fever is gone, and she’s feeling better.

Children who sleep with their mouths open often wake in the morning with a dry mouth and sore throat. It clears within an hour of having something to drink. Use a humidifier to help prevent this problem. Children with a postnasal drip from draining sinuses often have a sore throat from frequent throat clearing.

To help with the pain of sore throat, offer acetaminophen or ibuprofen (see website for dosing instructions). You can also offer older children hard candy, lozenges, Chloraseptic spray, lollipops, popsicles and any other cool, wet slippery foods. Children who are able can also gargle with warm salt water (1/4 teaspoon salt per 6 oz water) while very young children can be offered 1 teaspoon of corn syrup to soothe the throat.

---

## SUNBURNS

Please call us for sunburns resulting in large blisters (with a diameter greater than the size of a quarter) or if your child has a fever above 102 degrees with the sunburn.

Typical sunburn causes the skin to become red. A low-grade fever and considerable pain may be present. Some discomfort will exist regardless of any therapy you try. Your goal should be to lessen the pain. Try these suggestions:

1. Acetaminophen or ibuprofen. See section on website for dosing instructions.
2. Cool baths or cool wet cotton cloths applied to skin.
3. Aloe gel can be applied on the sunburn and can be purchased over-the-counter at your pharmacy.

It is more important to prevent sunburns by avoiding the intense midday sun, wearing hats and long sleeves and using sun blocks (SPF 15 or greater) frequently. The sun can reflect off water and sand and burn a baby in the shade or under an umbrella. Your child should wear sunscreen anytime she is going to be outside for more than 30 minutes. It is best to apply

## SUNBURNS

Continued

sunscreen 20 minutes before sun exposure. Plan on reapplication every 3 hours. “Waterproof ” sunscreens stay on for about 30 minutes in water. Don’t use sunscreen on infants less than 4 months old. Please don’t forget sunglasses with UVA and UVB protection, even on little ones. Using hats and long sleeves is another way to provide protection from the sun.

---

## TEETHING

Teething is the normal process of new teeth working their way through the gums. Babies commonly cut their first tooth between the ages of three months and one year. Most children have completely painless teething and may exhibit symptoms of increased saliva, drooling, and a desire to chew on things.

Occasionally a child may develop a temperature of up to 100.5 and some mild gum pain. The degree of discomfort varies from child to child. All babies between age four and six months drool and gum on objects (they are exploring their world through their mouths); this is not a reliable indicator of teething.

If your baby is uncomfortable with teething, you should first offer gum massage with your finger or a smooth, firm teething toy (can be cold) to chew on. If he is particularly fussy, you can offer an occasional dose of acetaminophen or ibuprofen (if over 6 months - see website for dosing instructions). Teething tablets or gels with bella donna or benzocaine should be avoided due to potential toxic side effects.

---

## VOMITING

**If these suggestions do not help and your child cannot keep anything down, please call us. If your child has not urinated for greater than eight hours, please call.**

Most vomiting is caused by a viral infection of the stomach or eating something that disagrees with your child. Often the viral type is accompanied by diarrhea. Vomiting usually stops in 6 to 24 hours. Dietary changes usually speed recovery.

The first thing you should do for your child who has been vomiting is allow one to two hours to pass without giving anything to eat or drink. Usually that will allow the stomach to relax and accept some clear fluids later. If it is nighttime and your child falls asleep, allow him/her to continue sleeping. If your child has a lot of belly pain, read the section entitled “Belly Pain.”

After the one to two hour rest period, start to offer small amounts of some clear liquids such as water, Pedialyte or Gatorade. Start by offering two to three teaspoons every 10 minutes for an additional two hours. If that is successful, keep your child on clear liquids for the

## VOMITING

Continued

rest of the day but don't offer more than a couple of ounces at a time. After 8 hours without vomiting, your child can gradually return to a normal diet. If you are getting adequate fluids in your child, she should continue to urinate, have a moist mouth, and be able to cry tears. If your child begins again to vomit using this treatment, rest the stomach again for another hour and start again with smaller amounts. The one-swallow-at-a-time approach rarely fails.

Sometimes Dramamine can reduce the nausea and the doses are listed below.

DRAMAMINE EVERY 6 TO 8 HOURS		
WEIGHT	25 MG TABLET	50 MG TABLET
25 - 30	1/3 TABLET	-
30 - 40	1/2 TABLET	-
40 - 50	3/4 TABLET	-
50 - 60	1 TABLET	1/2 TABLET
70 - 100	2 TABLETS	1 TABLET
OVER 100		1 - 2 TABLETS

## WARTS

Warts are local viral infections of the skin. There are many different wart viruses, and they cause different types of warts on different parts of the body. They can occur anywhere on the skin. Many will disappear without treatment in 2 or 3 years. If treatment is desired, an excellent way to treat warts at home is with an over-the-counter topical products like Compound W, Occusal and Dr. Scholl's. First soak the wart in warm water for 15 to 20 minutes to soften the wart, then place a drop of the medicine on the wart, being careful not to get it on the surrounding skin. Cover with band aid. (Some products have the band aid with the medicine in it.) Remove the band aid after 24 hours and gently scrape off the loose surface of the wart with a pumice stone, or nail file and then re-apply. This should not be painful. The key to treatment is persistence. Usually it takes a few weeks with consistent application. Of note, the OTC freezing methods are typically not strong enough to effectively treat. Our office has effective ones. Call the office during regular hours if the warts are still present or spreading, or if at anytime they open and look infected.

JAMES W. CHEEK, M.D.  
WENDY V. SAPOLSKY, M.D.  
RAOUL A. SANCHEZ, M.D.  
KIMBERLY H. DAL PORTO, M.D.  
THOMAS J. CONNOLLY, M.D.  
ANNE T. EGAN, M.D.  
ANDREAE A. SHAW, M.D.  
CHANLEY H. DUDLEY, M.D.  
LETISHA R. BRAZILE, M.D.  
CAROLINE P. WILLIAMS, MD  
DERRICK G. OWENS, MD  
KATIE R. MERSHON, ARNP  
LINDSAY J. WOLF, ARNP  
GIANNA A. AGUSTIN, ARNP  
JACK A. PAGE, ARNP  
JESSICA RAINES, ARNP  
DEWEY LEE III, PA-C

**RIVERSIDE OFFICE**

2121 PARK STREET  
JACKSONVILLE FL 32204  
904-387-6200

**SOUTHSIDE OFFICE**

7741 POINT MEADOWS RD.  
SUITE 207  
JACKSONVILLE, FL 32256  
904-997-0023

[www.carithersgroup.com](http://www.carithersgroup.com)

