WATCHUNG PEDIATRICS

Andrea Katz, MD, FAAP

Susan Barasch, MD, FAAP

Bonita Gillard, MD, FAAP

Donna Koward, MD, FAAP

Sarah Kramer, MD, FAAP

Andrea Ploshnick, MD, FAAP

Jeffrey Eng, MD, FAAP

Vineetha Alias, DO, FAAP

Valerie Louissaint, MD

Tiffany Scott, MD, FAAP

Kathleen Dempsey, RN, MSN, CPNP

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Susan Korb, RN, MSN, CPNP

Jessica Haines, RN, MSN, FNP

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76 Stirling Road	225 Millburn Ave	346 South Ave
Suite 201	Suite 301	Suite 3
Warren NJ 07059	Millburn, NJ 07041	Fanwood, NJ 07023
908-755-KIDS (5437)	973-376-PEDS (7337)	908-889-TOTS (8687)

Visit our Website
www.watchungpediatrics.com

CONTENTS

Welcome to Watchung Pediatrics!

We hope this information helps you to
become acquainted with our offices.

OFFICE HOURS

WARREN:

Our Warren office hours are Monday through Friday,
8:00 am - 5:00 pm. Our Saturday hours are 9:00 am - 12:00 noon by appt.
Our Warren phone lines are open Monday through Friday,
9:00 am - 5:00 pm and Saturday, 9:00 am - 12:00 noon.
We reserve Saturday Check-ups for children who have two working parents.
Our Warren telephone number is 908-755-5437.

FANWOOD:

Our Fanwood office is open Monday through Friday, 9:00 am - 5:00 pm.
Our Fanwood office is closed Saturday and Sunday.
Our Fanwood telephone number is 908-889-8687.

MILLBURN:

Our Millburn office is open Monday through Friday, 8:30 am - 5:00 pm.
Our Saturday hours are 9:00 am - 12:00 noon by appt.
Our Millburn phone lines are open Monday through Friday, 9:00 am - 5:00 pm and Saturday, 9:00 am - 12:00 noon.
Our Millburn telephone number is 973-376-7337.

WALK-IN SERVICES

NOTE: Walk-in sessions are available Monday through Friday in the Warren and Millburn offices. There are **NO** Saturday walk-in hours!

- As a courtesy to our established patients, we offer 2 walk-in sessions, 8:00 am - 11:00 am and 2:00 pm - 5:00 pm in our Warren office.
- We also offer 2 walk-in sessions in our Millburn office, 8:30 am-9:30 am and 3:30 pm- 4:30 pm.
- WALK-IN sessions are for acute problems only *(ear pain, throat pain, fever, wheezing)*. Patients will be seen on a first come, first serve basis. If your child needs to be evaluated for a chronic problem like chronic abdominal pain or headaches, behavioral issues, or if they have never been seen in our office before, please schedule an appointment. This will enable us to spend an ample amount of time addressing all of your concerns.
- Same day sick appointments are available in all offices.

WHEN THE OFFICE IS CLOSED

EVENING HOURS: 6:00 pm - midnight

- PEDIATRIC URGICARE (**908-918-1666**) is our after-hours telephone advice line from 6:00 pm - midnight, 7 days a week. Urgicare employs pediatric nurses who provide emergency advice to patients after hours. Please feel free to call if you have an urgent question or need to check on a medication dosage. The phones are busiest from 6:00 pm - 8:00 pm, so please be patient.

EVENING HOURS: midnight – 6:00 am

- Contact our answering service at **908-251-9038** who will page our on-call nurse.

WEEKENDS AND HOLIDAYS: (6:00 am - 6:00 pm)

- When our offices are closed, one of the practitioners is available until 6:00 pm by contacting our answering service at **908-251-9038**. We would appreciate your calls during the morning hours whenever possible, so that we can schedule appointments when a practitioner is already in the office.
- Our offices are closed in observance of the following holidays:

Memorial Day	July 4th	Labor Day
Thanksgiving	Christmas	New Year's Day

SCHEDULING

It is our policy to see any patient that requires medical care on the day of the phone call. This often results in a full waiting room. We strive to take our pre-scheduled check-ups and follow-up visits at the time scheduled. But occasionally, parents or children will require extra attention. Please be patient and rest assured we will provide your child the same attention.

- In order to expedite your sick visits, whenever possible, please see whichever practitioner is available first.

- Please try to schedule yearly camp and school physicals for around your child's birthday. Please call 2-3 months in advance for check-ups with a physician and 1-2 months in advance for any of our nurse practitioners.

TELEPHONE CALLS

We have no specific phone-in hours. You may call with questions any time of the day.

- General questions will be answered by the receptionist or one of the pediatric nurses. Our nurses are all RNs with pediatric experience.
- Any time you wish to speak directly to a doctor, please indicate so at the time of your call. We try not to interrupt office visits, so messages will be taken. The practitioners usually return phone calls during the lunch break and at the end of the day. Occasionally calls can be returned between scheduled patients.
- Medical emergencies will be handled immediately.
- Many people note that our lines are busiest first thing in the morning. To avoid the frustration of a busy signal, please reserve all non-urgent calls for later in the day.
- After hours, non-urgent messages can be left on our voice mail by pressing 5. Please note these calls will be returned when we reopen.

REFERRALS

- Our office has a network of specialists that we refer to.
- It is your responsibility to know your insurance requirements about referrals.
- Because provider's participation can change, please contact the specialist to confirm they accept your insurance.
- Please allow 5 business days for your referral to be processed.

BILLING

- Payment is expected at the time of service.
- As a courtesy, we will attempt to bill your insurance company three times. After the third attempt, any unpaid charge will become your responsibility.
- All co-pays will be made at the time of check-in. No service will be provided without a co-pay. This is your *(and our)* contractual obligation with your insurance company.
- All other payments are expected at check-out after medical services are rendered. We will provide you with a receipt for submittal to your insurance company. You may submit payment by cash, check, or credit card *(MasterCard, Visa, or Discover)*. If you have any insurance questions please call our billing department at 908-755-5437, extension 7.
- Please bring your insurance card with you for every visit.
- There will be a $50.00 charge for failure to cancel a weekday appointment at least 24 hours in advance and a $75.00 charge for failure to cancel a weekend appointment at least 24 hours in advance.
- We charge $1 per page, per child, to copy medical records. When records are mailed directly to your new physician, there is a maximum charge of $25 per child.
- We charge $10.00 for completion of school and camp forms for completion in 3-5 business days
- There is an additional $5.00 charge if forms need to be completed within 3 days.

WHAT IS A PEDIATRIC NURSE PRACTITIONER?

Since the founding of Watchung Pediatrics, nurse practitioners have been providing primary care to our patients and families. At Watchung Pediatrics our pediatricians and nurse practitioners work collaboratively to provide the best healthcare for our children and families.

Nurse Practitioners are registered nurses who have advanced education and training in a specialty area, such as pediatrics. NP's have a master's degree and are board certified in their specialty. They provide a full range of pediatric care from birth to age 21. Nurse practitioners can diagnose and treat common acute illness and injuries, prescribe medication, and order and interpret labs and diagnostic testing. Pediatric trained nurse practitioners can also diagnose and treat mental health conditions in children and teens, such as depression, anxiety and ADHD.

Physicians and NPs are similar in that both diagnose, treat, and manage acute and chronic disease but do so from different perspectives. Our nurse practitioners were already skilled RNs before going on for advanced education and training in advanced practice. NPs make ideal primary care providers because of their holistic and wellness orientation that emphasizes health education, preventative care and risk reduction. Families appreciate that nurse practitioners spend time discussing concerns as well as educating in growth, development, and prevention of health problems.

For over 50 years, pediatric nurse practitioners have been enhancing the healthcare of children and families. Watchung Pediatrics trusts that their NPs provide the highest level of care to our families.

OUR PROVIDERS

PHYSICIANS

Andrea Katz, MD, FAAP, attended the University of Pennsylvania as an undergraduate, and then received her medical degree from New York Medical College, in Valhalla, NY. She completed her pediatric internship and residency at the New York Hospital-Cornell Medical Center (now known as New York Presbyterian Hospital). After completing her residency, Dr. Katz worked as an associate in a pediatric practice in Summit, NJ. She opened Watchung Pediatrics in 1994. Dr. Katz is a board-certified pediatrician and a fellow of the American Academy of Pediatrics.

Dr. Katz is active in the NJ chapter of the American Academy of Pediatrics, working on various committees to ensure the proper health of children. She works closely with medical directors of the insurance companies and pharmaceutical companies so that they recognize policies that improve the healthcare of children, based on AAP guidelines.

Susan Barasch, MD, FAAP, received her undergraduate training at the University of Pennsylvania. She received her medical degree from the State University of New York, Brooklyn. She completed her residency in pediatrics at New York Hospital-Cornell Medical Center, and pursued an additional ambulatory care fellowship at the New York University-Bellevue Medical Center. Dr. Barasch is a partner at Watchung Pediatrics and has been with the group since August of 1994. She is a board-certified pediatrician and a fellow of the American Academy of Pediatrics. Dr. Barasch is married and lives with her husband and four children in the Watchung Hills area and they are actively involved in many local school and community activities.

Bonita Gillard, MD, FAAP, attended Johns Hopkins University as an undergraduate. She received her medical degree from UMDNJ-Robert Wood Johnson Medical School. She completed her residency at Robert Wood Johnson University Hospital. She joined Watchung Pediatrics in 1998. Dr. Gillard is a board-certified pediatrician and a fellow of the American Academy of Pediatrics.

Donna Koward, MD, FAAP, is a board-certified pediatrician who received her Bachelors of Arts degree in Biology from New York University. She then went on and received her medical degree from Robert Wood Johnson Medical School. She completed her pediatric residency training at Robert Wood Johnson University Hospital and St. Peter's Medical Center. She was in private practice in Marlboro, NJ until August of 2002 when she joined Watchung Pediatrics. Dr. Koward is a board-certified pediatrician and a fellow of the American Academy of Pediatrics.

Sarah Kramer, MD, FAAP, has been in private practice in northern NJ for over 2 years. She received her undergraduate degree in Biology from Brandeis University. Dr. Kramer completed her medical degree at Jefferson Medical College, Philadelphia. Her pediatric residency training was at Al DuPont Hospital for Children in Delaware. She was a chief resident at Long Island College Hospital/Beth Israel Medical Center. Her interests include asthma and obesity. Dr. Kramer joined Watchung Pediatrics in April 2009.

Andrea Ploshnick, MD, FAAP, is a board-certified pediatrician who has been in private practice since 1992.She received a BS in Biology from The George Washington University and then went on to receive her medical degree from UMDNJ-New Jersey Medical School. She completed her internship and residency at Columbia Presbyterian Medical Center-Babies Hospital. After completing her residency, she has been in private practice in Parsippany and Randolph, NJ. Dr. Ploshnick joined Watching Pediatrics in September 2011.

Jeffrey Eng, MD, FAAP, received his BA undergraduate degree in Economics from New York University. After doing research at Memorial Sloan Kettering Cancer Center, he went on to receive his medical degree from Robert Wood Johnson Medical School in Piscataway, NJ.

He completed his pediatric internship and residency, including a year as chief resident, at RWJUH/Bristol-Myers Squibb Children's Hospital in New Brunswick, NJ. Dr. Eng grew up locally in New Providence, NJ and is an avid sports fan who loves the Spurs, the Mets and the Giants. He enjoys playing soccer and basketball, coaching and mentoring young people, cooking, traveling, and spending time with his family and friends. He lives with his wife and Leroy, their French bulldog. Dr. Eng joined Watchung Pediatrics in July 2012 and is a board-certified pediatrician.

Vineetha Alias, DO, FAAP, received her undergraduate degree from The College of New Jersey and attended medical school at UMDNJ-School of Osteopathic Medicine. She moved out of New Jersey to do her pediatric residency training at the University of Connecticut. After completing her residency, Dr. Alias moved to Philadelphia and worked as an academic pediatrician for two years before joining Watchung Pediatrics in September 2015.

Dr. Alias is very excited to return to NJ where she grew up. She lives with her husband and toddler son. Her interests include newborn care, breastfeeding support, oral health, and asthma. Dr. Alias is a board-certified pediatrician and a fellow of the American Academy of Pediatrics.

Valerie Louissaint, MD, received her BS undergraduate degree in Psychological and Brain Sciences from Dartmouth College. After doing research in social psychology, she went on to receive her medical degree from Robert Wood Johnson Medical School in Piscataway, NJ. She completed her pediatric internship and residency at RWJUH/Bristol-Myers Squibb Children Hospital in New Brunswick, NJ.

Dr. Louissaint enjoys theatre and the arts, traveling, with and spending time with family and friends.

Dr. Louissaint joined Watchung Pediatrics in August 2017. She is a member of the American Academy of Pediatrics.

Tiffany Scott, MD, FAAP, attended Michigan State University as an undergraduate. She completed Medical School at the University of Michigan and residency at Cincinnati Children's Hospital. She practiced as a pediatric hospitalist for 2 years at UNC Children's Hospital in North Carolina and in private practice for 3 years in Illinois.
Dr. Scott is excited to move to NJ with her husband and 2 young boys. She enjoys traveling, dance, and spending time with her family. She is interested breastfeeding support, obesity prevention, and adolescent health.
Dr. Scott joins Watchung Pediatrics in November 2017. She is a board-certified Pediatrician and member of the American Academy of Pediatrics.

NURSE PRACTITIONERS

Kathleen Dempsey, RN, MS, CPNP, received her BSN from Villanova University. She worked at Children's Memorial Hospital in Chicago and Babies Hospital at Columbia Presbyterian Medical Center in New York City as a registered nurse and head nurse of an adolescent unit. She received her Master's degree from Rutgers University in Maternal-Child Nursing. Her advanced practice experience includes providing primary care to homeless children in Jersey City, as well as work with a pediatric neurologist. Kathleen and her husband have 2 children and are Seeing Eye puppy raisers. Kathleen joined Dr. Katz in 1991.

Nancy Montville, RN, MSN, CPNP, PMHS, received her BSN from College Misericordia in Dallas, Pennsylvania. Her nursing experience includes working in the NICU at Boston's Children's Hospital and St. Peter's Medical Center in New Brunswick. Nancy received her MSN in Pediatric Primary Care from Seton Hall University. She joined Watchung Pediatrics in 1997. Nancy is certified as a Pediatric Mental Health Specialist. Nancy finds great joy in following Watchung patients from

birth through college. She has three grown children and is the proud Grandmother of Elek and Ada.

Susan Korb, RN, MSN, CPNP, first received her undergraduate degree from Kean College in Business Management, with additional education in Psychology. She then returned to school to obtain her Bachelor of Science degree in Nursing at Seton Hall University. She continued at Seton Hall University and received her Master's Degree in Nursing with a focus in Pediatric Primary Care. Sue is a certified Pediatric Nurse

Practitioner. Prior to joining Watchung Pediatrics in 1998, Sue worked with adults in both inpatient and outpatient settings.

Jessica Haines, RN, MSN, FNP, attended Vassar College and received an undergraduate degree in biopsychology. She obtained her BSN and MSN as a family nurse practitioner from the Johns Hopkins University School of Nursing. She worked for Johns Hopkins, practicing both inpatient and outpatient medicine for adults and children for four years. For the last five years she practiced primary care pediatrics in a large clinic in Baltimore, Maryland before moving with her family to New Jersey in late 2010.

Jessica Hopkins, RN, MSN, FNP, received her Bachelor of Science in Nursing from James Madison University in Harrisonburg, VA. Her nursing experience includes working on the inpatient pediatrics unit at Morristown Medical Center and in pediatric oncology at Rutgers Cancer Institute of New Jersey. Additionally, she worked in adult general medicine/oncology at George Washington University Hospital in Washington, D.C. Jessica obtained her Master of Science in Nursing from George Washington University. She previously worked as a family nurse practitioner for MedExpress Urgent Care in the Greater Philadelphia Area. Jessica is happy to be back home in New Jersey and to be part of the Watchung Pediatrics team. She is passionate about pediatric oncology, global health, and volunteering. She lives in Hoboken and enjoys spending time with her family at the beach, traveling, and walking her dog, Lulu.

WHAT IS A DIETITIAN?

Registered dietitian nutritionists — RDNs — are the food and nutrition experts who can translate the science of nutrition into practical solutions for healthy living. RDNs use their nutrition expertise to help individuals make unique, positive lifestyle changes. They work throughout the community in hospitals, schools, public health clinics, nursing homes, fitness centers, food management, food industry, universities, research and private practice. RDNs are advocates for advancing the nutritional status of Americans and people around the world.

OUR DIETITIAN

Sapna Lalla, BS, RD, received her bachelor's degree in Marketing from New York University followed by her MS in Clinical Nutrition from Steinhardt School of Education at NYU. She then went on to complete her Dietetic Internship Program from New York Methodist Hospital. Sapna has over 10 years of experience in nutrition counseling in New York and New Jersey. She has experience working with varying ages and conditions including weight management, gastrointestinal issues, celiac disease, renal disease, hypertension, hyperlipidemia, and diabetes. She has a special certification in weight management counseling as well and is a member of the Academy of Nutrition and Dietetics Association. Sapna has recently joined Watchung Pediatrics in February 2016.

Watchung Pediatrics Vaccine Policy

At Watchung Pediatrics, we truly believe that vaccinating children and adolescents to prevent them from acquiring life threatening diseases is probably the most important service that we offer to patients in our practice. Simply put, vaccines save countless lives. As health care providers, we know based on the medical data that the benefits of immunizing children and adolescents far outweighs any perceived or unproven risks of harm to children and adolescents from the vaccines. There is now very reliable medical evidence that vaccines or any of their components do not cause Autism or any other developmental disabilities. As your trusted health care providers, we feel as many other pediatric practices do, that we have an important responsibility to protect our families and communities from vaccine preventable diseases. Because of this, we can no longer accept the risk that unimmunized or under-immunized children or teens pose to other children and their families in our practice and in our communities. Therefore, we have revised our Watchung Pediatrics' vaccine policy based on the recommendations of the American Academy of Pediatrics (AAP) and the Center for Disease Control (CDC). We want to assure you that vaccines are safer today than they have ever been and that it is completely fine to give multiple or combination vaccines at the same office visit. This is because the reactivity of the individual vaccines is a tiny fraction of what a child's immune system would be faced with if it were exposed to the actual diseases.

COMMON MEDICAL PROBLEMS/QUESTIONS

FEVER

Fever is defined as a rectal temperature of 100.4 degrees F or more. Body temperature can vary throughout the day. Your child's temperature may be slightly elevated if overdressed or overheated from strenuous exercise. Fever is usually a sign that the body is fighting an infection. Viral and bacterial infections can cause a fever. Some vaccines such as DTaP, MMR and Prevnar can also cause fever. It is important to remember that fevers are generally not harmful and that comfort is the main reason to treat a fever. It is important to actually take the child's temperature.

Signs and symptoms of a fever

- Feels warm to touch
- Face may appear flushed
- Heart rate may be elevated
- May be cranky
- May be less active than usual

Management of a fever

- No treatment is necessary if your child is eating, sleeping and playing well
- Keep child comfortable
- Make sure the room temperature is comfortably cool
- Dress in light clothing
- Keep activity to a minimum

Medications for fever

- Acetaminophen (Tylenol) may be given every four hours for reduction of fever. It is very important to check the dose based on your child's weight.
- Ibuprofen (Advil or Motrin) is also approved for use in children over the age of 6 months. It can be given every 6-8 hours for reduction of fever. The dose is also based on your child's weight.

- DO NOT GIVE ASPIRIN to a child with a fever. It has been linked to upset stomach, intestinal bleeding, and Reye Syndrome.

When to call the office

- If your child is under 2 months of age and has a fever
- If your child is ill appearing even after given medication for fever
- If your child has been in a very hot enclosed place (an overheated car)
- If your child also has a stiff neck, a severe headache, an unexplained rash, repeated vomiting, sore throat, ear pain or pain with urination
- If your child has a fever for more than 72 hours and is over 2 years
- If your child has a fever for more than 48 hours and is under 2 years

COLDS

The common cold or upper respiratory infection (URI) is probably the most frequent viral illness your child will encounter. School or day care children will have an average of one cold a month which will last 1-2 weeks. The major symptom of the common cold is a runny nose, but children also often have a mild sore throat *(often in the morning)*, cough, and fever. Since it is caused by a virus, antibiotics have no effect.

There are other reasons besides colds, for children to have a runny nose. The first is allergies. Unlike the common cold, allergies do not start with a fever. Allergy symptoms can be intermittent, being present one day and gone the next. Most people with allergies have symptoms in the spring, summer and fall. If you think your child has allergies, please discuss it at a regular visit and we can pursue allergy testing, or a trial of allergy medication.

Second, many children will get a stuffy nose from the dry indoor air in the winter. A cool mist humidifier should control this.

Third, vasomotor rhinitis often occurs when children are out in the cold. It goes away after about 15 minutes in the house and does not need to be treated.

Fourth, enlarged adenoids can cause year-round nasal congestion and are often accompanied by snoring or sleep apnea.

Most colds start out with a clear watery discharge which thickens and becomes yellow or green as it starts to concentrate and clear up. This is all part of the normal process of a cold which usually resolves within 7-10 days. THEREFORE, A YELLOW OR GREEN DISCHARGE DOES NOT NECESSARILY MEAN THAT YOUR CHILD NEEDS ANTIBIOTICS!

Please notify the office if:

1. The cold lasts longer than 10-14 days without improvement.

2. The nasal discharge is odorous or thick and green for >1 week.

3. A fever over 102 lasts more than 3 days at the start of a cold or recurs late in the course of a cold.

4. There is a lot of blood in the mucous.

5. An earache or signs of an earache *(night wakening, tugging on the ears)* develop.

Coughing is often associated with a cold. The cough is actually a protective reflex that prevents the mucous in the nose and mouth from getting into the lungs. Coughs tend to linger for a long time, i.e. from 1-3 weeks because during an illness the hair cells *(cilia)* lining the nose and airway are damaged and take a while to grow back. A child's cough, although very annoying is usually not dangerous, so try to be patient. Most coughs associated with a cold usually start out short and dry at the beginning of an illness and deepen and become looser and more prolonged at the end of the illness.

Please call the office however if:

1. The cough lasts for >3 weeks

2. The cough has a “whoop”, is “barking” in nature *(like a dog or a seal)* or if the child is “grunting”.

3. The cough is associated with respiratory distress or difficulty in breathing, *(i.e. rapid breathing, use of an abdominal, chest, or neck muscle to breathe, flaring of nostrils, shortness of breath, blueness around the lips, wheezing,)* or if your child is leaning forward and drooling while experiencing difficulty breathing.

No matter what you do to treat a cold, it will last 1-2 weeks. You cannot prevent secondary infections *(like ear infections)* by using any cold medicines.

Your goal is to make your child as comfortable as possible while her body cures the cold. Infants particularly do not respond well to cold medicines, often becoming fussy and having trouble sleeping.

Infants may feel better if you do the following:

1. Run a cool mist humidifier near the crib. This will keep the mucous loose and help her breathe easier.

2. Elevate the head of the crib or place a pillow or support under the mattress.

3. Aspirate the nose with a nasal aspirator if she is having trouble breathing through her nose when eating or sleeping. If the mucous is thick, some salt water *(saline)* nose drops will thin it and make aspirations easier.

4. Nurse or bottle feed a little more frequently as she may not be taking as much at a feeding. Do not force feed.

Older children will also breathe easier with a cool mist humidifier running in their bedroom. Do offer frequent drinks. Any fluid is fine, including milk. Most children will have a decreased appetite when they are sick. Their appetite will improve when they feel better. DO NOT WORRY ABOUT SOLID FOODS - FOCUS ON FLUIDS!

If you wish to use your favorite cold or cough medicine for children over two years old, you may. Just remember it is only to make your child feel better- it will not influence the course of the cold.

EAR PAIN

Not all earaches mean ear infection. If your child intermittently complains of ear pain, but does not seem ill or out of sorts, there might only be a temporary blockage of the Eustachian tube, which frequently happens with nasal congestion.

If he or she only complains when he is out in the cold or first comes into the warm house, this is also a sign of transient Eustachian tube blockage. It does not need to be treated.

Swimmer's Ear often occurs in the summer when your child has been in the pool a lot. Swimmer's ear is painful when the ear lobe is moved, but the child is not sick and does not have a fever. If you have unexpired ear drops that have previously been prescribed for swimmer's ear you may start them. If the ear pain is not gone in 2-3 days, call for an appointment.

Many babies pull on their ears once they have discovered them. This is not a sign of infection unless it is accompanied by a cold, fever, or awakening at night.

Other than the above conditions, children with earaches will require an office visit. EARACHES ARE NOT MEDICAL EMERGENCIES! If your child develops an earache, please call during office hours and he will be seen that same day. If, as seems so common, the earache develops at night,

you may wish to do the following to help your child be more comfortable:

1. Give Tylenol or Motrin.

2. Elevate the head of the bed.

CROUP

Croup is a viral infection that causes a tight, seal-like (or dog-like) barking cough and hoarseness. Older children will complain about a sore throat with coughing. The child usually has a clear, runny nose for a day and then in the early morning hours, he awakens with a honking cough and difficulty breathing. If the airway is compromised enough, the child will make a funny, crowing noise when they inhale. We call this inspiratory stridor. To many parents this sounds like wheezing. Children are usually very anxious and upset and hard to settle, making the breathing problem even worse. Croup usually lasts 2-3 days and during this time the cough can come and go. Bad attacks seem to occur between midnight and 7 am. After the croupy phase, many children are left with an infrequent cough. Croup occurs most frequently during the fall and spring and is not necessarily accompanied by fever. It is as contagious as any cold; however, many children exposed to croup will just develop a cold or laryngitis and not the barky cough. Treatment of croup consists of the following symptomatic things.

1. Humidification

The cornerstone of therapy is a cool mist humidifier running by the bedside. If coughing spells occur during the daytime, have him sit near the humidifier. If your child awakens with stridor at night in spite of the mist by the bedside, take him into the bathroom. Close the door and turn the shower on hot to create a steamy room. Seat him next to the

shower. BE CALM! This will calm your child and decrease his difficulty. If the stridor persists at rest after 10-15 minutes and he is still having inspiratory stridor WITHOUT CRYING, you should put him in the car, roll down the car windows and bring him to the Emergency Room.

2. Fluids

Give your child as much clear fluid as he will drink. If he does not want to eat, don't worry.

Although it may be hard to convince you of this, it is not necessary to sleep in your child's room. If he is having respiratory difficulties, he will awaken and cry. He will not silently sleep through any distress.

While most cases of croup end up in prematurely graying parents' hair, croup does NOT usually result in ER visits or hospitalization. If you are not sure what to do, please feel free to call us for advice.

3. Steroids

Two to three days of an oral steroid medication, such as Orapred, is usually given to decrease the airway swelling that causes the croup.

SORE THROAT

Sore throat is one of the most common complaints of the school aged child. It may occur with colds or allergies, but is often an isolated complaint. Any sore throat with the following symptoms should be seen by us at regular office hours:

1. Fever for more than 24 hours
2. Lasting over 2 days without other symptoms
3. Trouble swallowing
4. Swollen glands in the neck
5. Rash

Strep throat usually causes a fever, sudden, severe sore throat and swollen glands in the neck. Often, strep can be accompanied by nausea, vomiting and headache. There is usually no cough, nasal congestion or diarrhea. If your child is being treated for strep and is continuing to have symptoms for more than 48 hours, call our office.

Home treatment for mild sore throats without fever includes salt water gargles *(1/2 tsp. salt in 1 cup of water)*, acetaminophen, and throat lozenges or Chloraseptic spray.

If your child is unable to swallow his own saliva, or is drooling or having problems breathing with a sore throat, call us immediately or go to the emergency room.

TICKS

Ticks are common in this area. During late spring and summer children should be checked for ticks once a day if they are playing outside, especially if you live in a wooded area. Tick bites can be minimized by wearing long pants and long sleeves in tall grass and by using an insect repellant that contains a small amount of DEET, like Skeedadle or Skintastic. These two lotions can even be mixed with sunscreen and still be effective.

Ticks should be removed by grasping them gently with tweezers as close as possible to the point of attachment and pulling slowly and steadily. The bite should then be scrubbed with soapy water. A triple antibiotic ointment should be applied several times a day until the wound scabs over. If a small part of the tick is retained in the skin, leave it there. It will be rejected after a few days. Redness or irritation at the site of the tick bite may develop within 1-3 days after the bite. This is a local reaction and NOT Lyme disease. If it is red or itchy you may apply Hydrocortisone 1% cream three times a day directly to the area for a few days.

With very few exceptions Lyme disease is carried only by the deer tick which is a very small tick the size of a sesame seed or smaller. In order

to be able to pass Lyme disease on to a person the tick must attach itself to the skin for > 36 hours. Therefore, if you make a habit of checking your child once a day for ticks, you dramatically decrease the chance of Lyme disease occurring. Late symptoms of Lyme disease are less common in children. Only 1-3% of people develop Lyme disease after a tick bite.

Signs and symptoms of Lyme disease occur usually 3 - 32 days after the bite. The most common sign in children is a red rash that looks like a bull's eye. It starts as a small red circle, and over a course of a few days spreads in diameter as the center clears. It can occur at the site of the tick bite or anywhere else in the body. This is not a subtle rash and does not disappear overnight. You will not miss it if you check your child daily. Please call the office if you see this rash.

Other signs and symptoms of Lyme disease include prolonged or intermittent fevers without an obvious source, severe headache, joint and muscle pains. All of these symptoms may occur in the first stage of Lyme disease and can be treated with oral antibiotics for a three-week course.

If your child was bitten by a deer tick, and you suspect that it was attached for >24 hours watch for symptoms of Lyme disease within the next 6-8 weeks. Remember that only 1-3% of children with tick bites will develop Lyme disease. We can do a blood test to check for Lyme if any suspicious symptoms develop. Usually a blood test is not accurate until 6 weeks after the tick bite. If your child develops the bull's-eye rash, a blood test is not necessary.

Rocky Mountain spotted fever is a very uncommon but serious infection that may follow a dog tick or wood tick bite. A few sporadic cases have been reported in the Northeast. Symptoms usually occur 1-8 days after the bite. The symptoms are fever, severe headache and a red spotted rash that starts on the wrists and ankles and spreads to the whole body including the palms and soles. Please call the office if you suspect this disease.

BITES/STINGS

ANIMAL BITES:

All bites *(including human ones)* that break the skin should be scrubbed with soap and water for ten to fifteen minutes. Just soaking is not enough. Wild animal bites or the bite of an animal whose rabies shot status is not immediately known should then be soaked in alcohol for 5 minutes. Keep the wound clean and dry and watch for signs of infection. Check with the animal's owner for proof of rabies vaccination. If this status is not known insist that the animal be captured and quarantined for observation. Check on your child's last tetanus shot. If he has not received one within five years, come to the office within 24 hours of the bite. Call us about any wild animal bite, any pet or human bite that breaks the skin. Animals can carry certain bacteria in their saliva/mouths that might require an antibiotic to prevent infection.

INSECT BITES/STINGS:

Stings of bees, wasps, yellow jackets, gnats, mosquitoes, etc. are common in the summer. They will hurt immediately, but often look more swollen a day later than immediately after the sting. First aid includes making sure the stinger is out and applying ice. If the bite is very itchy you can use Calamine, Caladryl lotion, or hydrocortisone ointment. Children who swell a lot might feel better if oral Benadryl is given.

Remember that it can take a few days for the swollen area to go away. Generalized reactions to stings are unusual but may be very dangerous. If your child wheezes, gets hives everywhere, or gets pale and very lethargic after a sting, get her immediately to the nearest emergency room or administer an Epinephrine Auto injector if you have one.

*Some people have large local reactions to stings with redness and swelling surrounding the bite. This is not necessarily an allergic reaction.

SKIN PROBLEMS

BURNS:

Burns from heat or chemicals must be treated immediately. Any clothing covering the burned area should be removed immediately and the body part covered by cold water for at least ten minutes. If there are no blisters, just keep the area clean and out of the sun. If there is any area of open skin, apply Bacitracin three times a day. It will heal over a few days and probably peel like sunburn. Acetaminophen may be used for pain. If there are blisters please call the office for further instructions. DO NOT POP THE BLISTERS. Call the office if the child develops a fever, the burn covers a large area, is over a joint, looks infected, or is circumferential *(encircles a body part)*.

CUTS AND SCRAPES:

Any opening of the skin should be washed well with soap and water as soon as possible. Really scrub the wound to get any dirt or particles out. If it is a deep puncture wound, soak it for 10-15 minutes in soapy water.

Apply an antibacterial ointment *(Neosporin, or Bacitracin)* to the abrasion two to three times a day until it is scabbed over. Keeping the top layer well lubricated with ointment will help promote improved healing and minimize scar formation. Good wound care will maximize the healing process. Call the office if a wound appears deep or gaping, if bleeding does not stop within fifteen minutes, or if you're not sure if your child had a tetanus shot within five years.

IMPETIGO:

Impetigo is a bacterial infection of the top layer of the skin. It often occurs after scrapes, scratches, or insect bites are scratched. It may look like open red sores or be covered with yellow crusts. One or two small spots of impetigo can usually be treated easily with local care as follows:

1. Four times a day wash the areas with warm soapy water.

2. Soak off any crusty scabs before washing.

3. Cover with antibiotic ointment.

4. Remind your child not to scratch these sores as he might spread the infection to other areas. If he picks at them, cut his nails and cover the sores with bandages. Otherwise, leave the sores open to the air.

Call the office if your child has multiple sores, or if they are not clearing up by three or four days of the above treatment.

DIAPER RASH:

Diaper rash is usually caused by a combination of urine and stool on sensitive skin covered by plastic. It can be lessened or prevented by frequent diaper changes in most children. On the other hand, some children have skin that is VERY SENSITIVE and parents fight diaper rash in them until they are toilet trained. Once the rash starts these steps should help clear it up over a few days:

1. Change the diaper frequently

2. Gently wash the area with warm water. Sometimes water with baking soda in it will soothe a very sore diaper rash.

3. Pat dry – do not rub or scrub it.

4. Allow the skin to be open to the air. Infants may nap without a diaper on. Toddlers may walk around without a diaper. Avoid plastic pants.

5. When the diaper will be on for a while *(i.e. bedtime or trips in the car)* apply an over the counter cream after washing and gently drying the skin *(Balmex, Desitin, A&D)*.

If the rash continues to get worse and is open and bleeds, or contains sores or pustules, or multiple small red dots, call the office.

VOMITING AND DIARRHEA

Vomiting (the forceful ejection of a large portion of the stomach's contents) and diarrhea (the passage of frequent, loose, watery stools) are most commonly caused by viral infections. The vomiting usually lasts only a day or two, but the diarrhea may persist for a week or so.

If your child is vomiting, you may withhold food and fluid for an hour or two, and then give small sips of clear fluids. This may then be followed by easy to digest foods, such as crackers, dry cereal or toast.

Most children should continue to eat a normal diet including milk or formula with mild diarrhea. Breastfeeding is encouraged.

If a child has more significant vomiting and/or diarrhea, a rehydration fluid (Pedialyte or Infalyte) may be used to avoid dehydration. Solids should be reintroduced, however, within 24 hours.

Please call our office if your child is less than 6 months or has:

- Blood in the stool
- Persistent abdominal pain (intermittent cramping is common)
- Frequent vomiting
- Urinates less frequently than every 5 hours
- Has no tears when crying
- Consistently refuses liquids
- High fever greater than 102.5 F
- Dry, tacky mouth
- Extreme thirst
- Weight loss

It is not necessary to call if your child continues to look well despite frequent or large stools, lots of intestinal gas, or green or yellow stools.

MEDICATION DOSAGES

TYLENOL (ACETAMINOPHEN)

Weight	Age	Children's liquid	80 mg chewables
6-11 lbs.	0-3 months	¼ teaspoon	
12-17 lbs.	4-11 months	½ teaspoon	
18-23 lbs.	12-23 months	¾ teaspoon	
24-35 lbs.	2-3 years	1 teaspoon	2 tablets
36-47 lbs.	4-5 years	1 ½ teaspoon	3 tablets
48-59 lbs.	6-8 years	2 teaspoons	4 tablets
60-71 lbs.	9-10 years	2 ½ teaspoon	5 tablets
72-95 lbs.	11 years	3 teaspoons	6 tablets

This medication can be given every 4 hours for fever or pain. If fever lasts more than 3 days contact the office.

ADVIL or MOTRIN (IBUPROFEN)

Weight	Age	Dosage
Under 24 lbs.	Under 2 years	Call our office
24-35 lbs.	2-3 years	1 teaspoon
36-47 lbs.	4-5 years	1 ½ teaspoon
48-59 lbs.	6-8 years	2 teaspoons
60-71 lbs	9-10 years	2 ½ teaspoon
72-95 lbs.	11 years	3 teaspoons

This medication can be given every 6-8 hours for fever or pain. This medication CANNOT be used in children under the age of 6 months.

BENADRYL (DIPHENHYDRAMINE HCL)

Benadryl allergy liquid medication *(12.5 mg per 5 ml)*
This medication is an antihistamine and is used for allergy, itching due to insect bites, or allergic rash. The dosage is 1 teaspoon for every 30 lbs. It can be repeated after 4-6 hours. If your child weighs 15-20 lbs.

give him ½ teaspoon. If he weighs 21-29 lbs. give him ¾ teaspoon, and if he weighs 30-45 lbs., give him 1 teaspoon.

RECOMMENDED SCHEDULE OF OFFICE VISITS

PRENATAL	Optional
BIRTH or 2 WEEKS	Hepatitis B, (Vitamin D if Exclusively Breastfeeding)
1 MONTH	Hepatitis B
2 MONTHS	DTaP, IPV, HIB, Prevnar, Rotateq
4 MONTHS	DTaP, IPV, HIB, Prevnar, Rotateq
6 MONTHS	DTaP, HIB, Prevnar, Rotateq Start Fluoride Vitamins
9 MONTHS	Hepatitis B, Hemoglobin, Lead Testing, Developmental Screening
12 MONTHS	Varivax, Hepatitis A, MMR
15 MONTHS	HIB, Prevnar
18 MONTHS	DTaP, IPV, Hepatitis A, Developmental Screening
2 YEARS	Lead Testing, Hemoglobin
30 MONTHS	Developmental Screening
2-6 YEARS	Lead every year for Family Care insurance
4-5 YEARS	DTaP, IPV, MMR, Varivax
5, 10, & 15 YEARS	Urinalysis
11 YEARS & UP	Tdap, Menactra, HPV (Gardasil)
16 YEARS	Menactra #2
Teens	CBC, Electrolytes, Lipids, Thyroid Screen

- Flu Shots are recommended for infants over 6 months.
- Flumist is recommended for children over 2 without medical problems.
- Hepatitis A series (2) is recommended for all children 1 year of age and older.
- Varivax booster is recommended for children 4 years of age and older.

- Gardasil series (3) is recommended for all teenagers.
- Yearly check-ups after 3 years of age are necessary to follow growth and development.
- Additional check-ups may be scheduled if the practitioner or parent desires.