

Infant Care and General Information

Shawnee Mission
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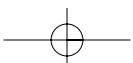


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NEWBORN CARE

CONGRATULATIONS!

You have begun one of the most pleasant yet challenging experiences of a life - caring for a child and guiding his development. It is a happy and enjoyable time.

Love your baby. Babies need lots of tender loving care. This is very time consuming, but rewarding. Loving your baby assumes that you will feed him when he is hungry, change him when he is wet, keep him warm, and protect him from all dangers. But merely performing these mechanical acts is not love. Enjoy your baby, play with him, talk to him; don't be afraid to handle him. Babies thrive on close physical contact. Some parents fear spoiling their baby. Though "overindulgence" is a common problem with older children, you cannot really spoil a baby with tender loving care.

Many babies, especially in the first few months, won't seem to appreciate your efforts. They may cry or demand feeding at the most ridiculous hours, which may at times exasperate even the most understanding parents. There is no need to feel guilty about momentary displeasure in such a situation. After all, parents are human too.

Get to know your baby, not the hypothetical baby in some book. Do not compare your child with others - your own or your friends or expect him to do what they do at the same age. Learn to know your baby's habits, his likes and dislikes; learn to know what is normal for him, as an individual. Parents know their children as no one else can. If you share this knowledge with your pediatrician he then can care for your unique child and not just his disease.

As your pediatricians we will be happy to give you guidance and answer your questions while you are in the hospital, and later during your visits to the office or by phone.

FEEDING YOUR BABY

Feeding is one of the baby's first pleasant experiences. The baby's love for his mother arises primarily from the feeding situation. Whether breast or bottle feeding, you should hold your baby comfortably close.

In general, babies (like adults) should be fed when hungry or "on demand". Babies should be allowed to omit the middle of the night feeding at any time if they so indicate. Your baby is the best authority as to the amount that is sufficient to satisfy his appetite. He should not be coaxed or forced to take more than he desires. If you

feel his appetite is not being satisfied, please call and we will advise you as to what should be done.

BREAST FEEDING

As your pediatricians, we are pleased that you have chosen to nurse your baby. There are many advantages to breast-feeding. The milk is always available, sterile, and of the right temperature. Human milk also provides protection for your baby against many respiratory and gastrointestinal infections. There are very few medical reasons why a mother should avoid breast-feeding. If you are infected with HIV or hepatitis, you should not breast-feed. Please notify your doctor.

In the first few days after your baby is born, your body will produce very little from the breast (approximately one teaspoon). The first substance produced is called colostrum. It is a protein-rich substance that has many benefits for your baby. It is packed with protective white blood cells to fight off bacteria. It contains antibodies against many infections that you may have had in your lifetime. Colostrum is low in sugar and fat making it easy to digest. The colostrum helps to stimulate the baby's bowel to empty the black, tarry stool, called meconium. In the next few days, the baby will eliminate extra bilirubin, the substance that causes jaundice, into the stool. Frequent breast-feeding assists with this process.

In the first few hours after birth, your baby will be most eager to suck. This is the best time to give it a try. It is usually awkward at first, but both you and your baby will get the hang of it soon. Do not hesitate to get your nurse or partner to give you some help. Find the most comfortable and relaxing position. This may be sitting or lying on one side. It is helpful to press slightly on either side of the nipple to encourage the nipple to stick out. Stroke the baby's cheek along the nipple to encourage him to open widely. When the baby's mouth is open, move him toward the breast. He should begin sucking. It may be painful for a few seconds, but if he is latched properly with as much of the areola (the darkened area, around the nipple) as possible in his mouth, then the pain will subside. If it continues to be painful, then remove the baby from the breast by slipping a finger in between his lips and the nipple, gently breaking the suction.

It was once thought that the mother should limit breast-feeding time to avoid nipple soreness. However, it is now believed that nipple soreness does not come from length of time as much as it does from improper positioning of the baby on the breast. Most newborns require

10-45 minutes to complete a feeding. As long as positioning is correct and you are comfortable, there is no need to limit nursing time. It is important to place the baby at each breast for each feeding. Attempt to burp your baby between breasts. Alternate the breast that you begin with at each feeding. Some new mothers will keep a log of length of feeding time, which breast used first, and number of baby's voids/stools.

Remember that the suckling boosts the mother's confidence and stimulates the action of hormones that causes the uterus to contract and remain firm after delivery. This helps to minimize blood loss immediately following delivery. During the first few days after delivery, some mothers feel contractions while nursing. Mothers who have had several children may be especially uncomfortable with these contractions and may require pain medications.

If you or your baby are ill, he may not be able to nurse immediately after delivery. Do not let this discourage you. There will be time. If you will be separated from your baby for an extended period, we may recommend that you pump your breasts to stimulate milk production. Anything you make will be saved and used to feed your baby when he is well enough. Many mothers have established successful nursing hours or days after giving birth. If you have had a cesarean birth, you should still be able to breast-feed. You may have some discomfort associated with surgery that may make positioning more difficult. A lactation specialist will be able to assist you with the most comfortable positioning.

Even though your baby may not get much with each feed, he should go to the breast at least eight times in 24 hours. Until your milk comes in, the baby may require more frequent feedings. Milk supply is usually established by 3-6 days. You should be aware that if you have had a breast reduction, you're body may not be able to completely supply your baby with all the milk he needs. It is common for the milk ducts to be damaged during the surgical procedure to reduce breast size. If the ducts are damaged, they may not produce enough milk. Many women are able to produce at least some of their baby's diet with breast milk. Your doctor may consult a lactation specialist to assure that you make at least partial breast feeding a success.

Advise your doctor if you are taking any medications. Most medications prescribed by your obstetrician are safe for breast-feeding, but there are few that are not safe. Occasionally, certain foods will disturb the infant making him gassy or fussy. Foods on the list include, caffeine, chocolate, spicy foods, and cow milk. You should avoid peanuts and shellfish while you are breast-feeding as these may cause potential allergic reactions to your infant. Alcohol consumption should be limited while breast-feeding. You should continue to eat a healthy

diet, drink plenty of water, and take your prenatal vitamins while nursing.

The first few days of breast-feeding can be difficult. It is common for mothers to wonder if their baby is getting enough to eat. Remember that there is not much volume of colostrum in the first few days of life, but your baby does not need much. Monitor your baby's wet diapers and stools. Wet diapers may be infrequent in the first few days, but will increase in number and in wetness by the fifth day of nursing. A good rule of thumb is that your baby should have the same number of wet diapers as his age in days (i.e. A 3-day old baby has 3 wet diapers). Most newborns have at least 3 bowel movements each day during the first month. The first stools are black and sticky. As the baby gets more breast milk, the stools transition to yellow and seedy. Many babies strain and fuss during bowel movements. This does not mean they are constipated.

All newborns lose weight in the first week, usually about 5-9% of their birth weight. Most babies begin to gain weight on the fifth day. To assist you in monitoring the weight, we will weigh your baby daily while you're hospitalized. We like to have your baby evaluated in our office or in special circumstances with home health, in the first 2 days after you go home. We will weigh your baby, discuss feeding, check circumcision for boys, check umbilical cord drying, and answer any questions you may have. We may recommend that your baby have a bilirubin level drawn at a lab. If your baby and you are doing well, we will see you back in 1 month. If your baby is still struggling with feeding, we will see you back in 1-2 days.

Some mothers are tempted to supplement with formula in the first few days to ensure that their baby is hydrated. This is only necessary in a few instances. If your baby is premature or ill, is small or large for gestational age, has a low blood sugar, or has lost more than 10% of his birth weight, then he is at risk for underfeeding at the breasts. These are the babies that may need some formula supplementation until milk production is established. We will assist you in choosing a formula, amount of formula, and a method of administration (i.e. Bottle, tube feeding, finger feeding).

Learning the art of breast-feeding takes time, patience, and support. Remain optimistic. It gets easier with time. If problems arise, please do not hesitate to call us. The American Academy of Pediatrics recommends that you breast-feed for the first year of your baby's life. We encourage you to nurse as long as you desire. That time depends on each mother's lifestyle and schedule. If you are planning to return to work, please consult us for assistance in how you can continue to provide breast milk for your baby while you work.

FORMULA FEEDING

We prefer that you use Enfamil or Similac products fortified with iron.

Formulas which are now available provide excellent nutrition for your baby. For bottle feeding you should be seated comfortable and holding your baby with it's head supported. Tilt the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of sucking and swallowing air. If he doesn't waste time sucking air, he is more likely to take enough formula. Air in his stomach may give him a false sense of fullness and may also make him very uncomfortable. Your baby has a strong natural desire to suck. For him sucking is part of the pleasure of feeding time. Babies will keep sucking on the nipple even after it has collapsed, so either take the nipple out of the baby's mouth occasionally or loosen the cap slightly to keep the nipple from collapsing.

Never prop up the bottle and leave the baby to feed himself. The bottle can easily slip into the wrong position. Remember, too, baby needs the security and pleasure of being held at feeding times. It is a time for both of you to relax and enjoy each other.

The amount of formula your baby takes will vary. Babies have a right not to be hungry sometimes, just as you and I, and you can't make a baby want to eat. Most babies feed for 15-20 minutes. You will probably find that sometimes your baby will take all of the bottle, and sometimes he won't. Don't worry. This is normal. As your baby takes all of the bottle pretty regularly and sometimes cries for more...It may be time to increase the amount of his daily formula.

We like to recommend that you buy either the concentrate and/or powder forms which are more economical than the Ready to Feed form. The concentrate is to be mixed with an equal amount of regular tap water for correct proportion. The powder is prepared using the directions on the can i.e., one level scoop for each two ounces (60 ml.) of water. It should never be mixed in more or less concentrated form than directed. Dehydration and severe chemical imbalance in the blood may result.

STERILIZATION

It is not necessary to sterilize water. We do recommend that bottles, nipples, and accessory equipment be washed in hot, soapy water or dishwasher before using. These items should then be stored in a clean place until use. Once formula has been prepared it should be used within 24 hours if refrigerated. Do not use prepared formula if it is unrefrigerated for more than a total of 2 hours. After feeding begins, do not refrigerate feeding bottle. You must use within 1 hour or discard.

WARMING THE FORMULA

Babies do not usually like their milk refrigerator-cold but tolerate it anywhere between room temperature and body temperature. Any of the following techniques are acceptable.

1) Warm a properly diluted bottle of formula in a pan of warm water, in a bottle warmer or by running it under warm tap water for several minutes.

2) Allow a single bottle of refrigerated, properly diluted formula to come to room temperature by placing it on the counter for a short while. Do not let it stand for more than one hour outside of the refrigerator - if so discard.

3) When using concentrated formula you may simply add an equal amount of warm water in a bottle.

Test nipples regularly. Nipple holes should be the right size to help baby suck easily. When the nipple holes are the right size warm milk should drip rapidly without forming a stream. Watch that the nipple does not flow too fast or the baby will be more likely to spit up. If the nipple holes are too small, baby may tire of sucking before he gets all the formula he needs. If the holes are too large, baby gets too much formula too fast, and may not get enough sucking to satisfy. If nipple holes are too large, the nipple is worn out and should be thrown away. Enlarge too-small holes by pushing a red-hot needle through them. The milk flow should be checked before each feeding.

BURPING

Burp your baby half-way through a feeding and again after feeding. Even if fed properly, babies usually swallow some air. The way to help him get rid of this is to burp, or bubble him. Hold him upright over your shoulder, or against your chest supporting his head, or across your knees on his stomach, and pat or rub his back very gently until he lets go of the air. If he has been crying vigorously, or takes only a small amount of formula and then stops sucking, burp him and begin feeding.

WATER

All the water a healthy baby needs is in breast milk or formula. Do not give supplemental water.

VITAMINS

Babies that are being exclusively breast fed should have a vitamin D supplement that we will recommend at the 1 month checkup. Commercially prepared formulas are already vitamin fortified.

FLUORIDE

Babies are developing teeth and as our part in preventing dental cavities we recommend that fluoride be included in the baby's diet. Most communities in this area have fluoridated water (there are exceptions, however). If you are mixing your formula with fluoridated water, your baby is receiving an adequate amount of fluoride. For those mothers who are using Ready To Feed formula (or have unfluoridated water), fluoride drops will be prescribed at the one-month-office visit.

BABY HYGIENE

1) Bathing: Give the baby one sponge bath every 2-4 days until the naval (and circumcision) is healed. After healing, use a tub or bathinette. Use mild soap such as Baby Magic, Ivory, etc.. Assemble all equipment needed for the bath: tub, cotton balls, towel, small clean wash cloth, soap, clean clothes, diaper, and baby lotion. The only absolute rule is that you never leave baby alone in the tub for any time for any reason. Do not let anything such as other children, door bell or telephone distract you. Test the temperature of the water so that it will not be too hot or too cold.

2) Eyes: To clean eyes use cotton balls or clean wash cloth dipped in water. Clean from nose to outside edge of eye.

3) Nose and Ears: Cleanse outer areas only with a moist cotton ball or washcloth. Do not attempt to cleanse the inside of the inner nose or ears.

4) Mouth: No special care is needed.

5) Head: A baby's head should be lathered gently with baby shampoo or baby soap. Work from front to back to keep soap out of eyes. Shampooing every 2-4 days is recommended; a soft baby brush may be used daily. Use no oil or lotion on the scalp or face. Wash the face with water only.

6) Body: Use any mild soap (as above). Be sure to wash in the creases. Rinse well and dry.

7) Navel: Keep it clean and dry. Clean with rubbing alcohol on a cotton ball or cotton swab two times a day and continue for 3 days after the cords falls off. Sometimes, just before or after the cord falls off there may be a few drops of blood, but this is no cause for worry. If the cord has not dropped off by 3 weeks it should be removed in the office to prevent infection. After the cord drops off, the navel should be dry and if it continues to ooze for more than 3 or 4 days, you should call us. Until the cord falls off, keep the diaper below, and the shirt above, the navel.

8) Genitalia: Girls: Clean between the folds with a cotton ball moistened in water, always cleaning from the front backward to the rectum. It is not unusual for girls to have a whitish or even bloody vaginal discharge during the first few weeks of life. This is due to hormones passed from the mother during the pregnancy. Don't wipe away all the mucus -- it is protective.

Boys: The circumcision should be cleaned gently with cotton moistened in water at bath, and when needed following removal of diapers. Vaseline or white petroleum jelly should be applied to the circumcision site several times a day for five days, or until healed. If drainage should appear, please call our office. If your baby is not circumcised, leave the penis and foreskin alone. No manipulation or retraction is necessary.

Breast Engorgement: Occasionally the breasts of newborn boys or girls enlarge and may secrete a few drops of milk. This is normal. Breast fullness will disappear between 6 and 12 weeks of age. If the breasts become red and inflamed and hot to touch, the office should be contacted.

9) Nails: Trim both the fingernails and toenails closely, except on the big toes. (Big toenails may easily become ingrown, so trim them straight across, allowing the corners to grow out.)

DIAPER AREA

Change your baby's diaper as soon as possible after each bowel movement or wetting. After urination, rinsing is sufficient. After bowel movements wash area clean with a warm moist soft cloth. Rinse with warm water. Pat dry with a clean soft cloth. However, in the case of mild diaper rash Desitin, A & D Ointment or zinc oxide may be helpful. If the skin on the diaper area appears very red please contact our office. Frequent changing of the diaper is the best prevention for diaper rash.

STOOLS & HYGIENE

Stools: Your baby may have a bowel movement after each feeding, or fewer than that. Some babies may go 48 hours (or more) without a stool and be normal. Your baby may strain when he has a stool. Unless the stool is hard and pellet-like, this is perfectly normal. If stools are excessively watery, explosive or contain excessive mucus, let us know. If you are nursing, his stools will be loose until solids are started.

If you are doing your own diapers, wash them in an automatic machine on a normal cycle using a mild detergent such as Ivory Flakes or Dreft. Detergents with enzymes and additives should be avoided. Fabric softeners should not be used. A cup of white vinegar may be added to the last cycle to neutralize ammonia if this is a problem. Whatever method is used to wash diapers, they should be double-rinsed for the first few months. Periodic bleaching before washing or line drying in the sun will help keep diapers looking reasonably white.

CONSTIPATION

Constipation refers to the consistency of the stools and not the frequency. There is a great variation in how often children (particularly babies) will have bowel movements. As long as the stool is soft in consistency, it does not matter how often he has a bowel movement. With infants, if you take a rectal temperature you will often stimulate a bowel movement. This can be done as needed. In infants older than one month you can add apple or pear juice to their diet. If these measures do not work, call during office hours to discuss further measures.

OUTDOORS

A fairly good rule is to take your baby out whenever the weather is pleasant. Babies born in the summer may be taken out when they are 2 weeks of age. Babies born during other seasons should be kept indoors from 3 to 4 weeks unless the weather is particularly nice. Sunshine is not harmful, but exposing the baby to direct sun rays is not advisable. Infants may develop sunburn much quicker than adults, so exposure time should be brief. Keep baby covered during sun exposure and use sunscreen if direct sunlight is unavoidable.

VISITORS

Keep visitors at a minimum. If unavoidable, display the child but don't allow everyone to hold the baby. If a visitor is sick or has a cold, they should not be allowed near the baby. All visitors must wash their hands before touching your baby.

BABY CLOTHING

Dress the baby according to the temperature. Don't overclothe them. Soft, absorbent fabrics such as cotton, are preferable. Clothing should be loose fitting and not allowed to bunch or bind. Put the same number of layers on the baby as you are wearing.

SLEEP

Most newborn babies sleep a lot. Some seem to sleep almost all the time when they are not eating. Others sleep less, especially as they grow older. It is now recommended that you place your baby on his back to sleep. In recent studies this has shown to decrease the incidence of Sudden Infant Death Syndrome. You should also avoid pillows, sheepskins or heavy comforters. Put your baby down drowsy but awake, rather than always feeding or rocking your baby to sleep. Also, it is a good habit to alternate the side your baby's head rests as we have seen many babies with asymmetric flattening of one side of the head from consistent head position to one side. Bumper pads are a safety risk and should not be used. The crib you select needs to have 6 cm (or 2 3/8 in.) In between each slat for optimum safety.

BABYSITTERS

It is frequently necessary for babies to be left in the care of others because of their mother's employment or other reasons. Choose your babysitter or day-care center very carefully. The growth, development and safety of your child depends on those caring for him. They should be mature and responsible. If the mother has to be gone for long periods of time, it is best to have a steady caretaker with whom the baby can become familiar. Arrangements should be made in advance for emergencies or illnesses that may arise in the parents' absence. If a child becomes ill during the office hours, the sitter should call a parent so that arrangements can be made for the child to be seen if necessary.

HELPFUL HINTS

-Young babies hiccup often, sometimes with each feeding. These are little spasms of the diaphragm muscle. They may be stopped by giving a few swallows of warm water, or will stop by themselves.

- Young babies sneeze often. This does not mean they have a cold. Sneezing is the only way in which a baby can clean his nose of mucus, lint or milk curds.

- In all children, bowel function is variable. Breast-fed children have more frequent and softer stools; at times with each feeding.

- Try to establish a flexible routine for feedings, baths, and other daily task as soon as possible. This will enable you to plan your day to your advantage.

- If members of your household are sick or have colds, have them avoid entering the baby's room. If this is unavoidable, use common sense and don't sneeze or cough around the baby. Use throw away tissues rather than handkerchiefs for yourself, and wash your hands well before handling your baby.

- Soiled cloth diapers should be soaked in cold water in a covered container. If you wash your own diapers, remember that careful rinsing is important.

- All babies sneeze, yawn, belch, have hiccups, pass gas, cough, and cry. They may occasionally look cross-eyed. Normal babies often have a small amount of mucus which will cause noisy breathing, especially at night and in colder months. Coughing is baby's way of clearing his throat.

- Crying: Crying is his way of saying "I'm hungry. I'm wet, I'm thirsty, I want to turn over, I'm bored". You will gradually learn to know what the baby means. Even a well baby will probably cry for a little each day and could cry for hours without doing himself any harm. For the first three months, normal babies often have an irritable wakeful period in the evening. The amount of crying increases during the first 6 weeks, then decreases.

- For minor questions, make a list and ask these several questions at one telephoning, or at the first office visit. Well-trained nurses are available by phone during office hours to help you with child care or minor illnesses.

CARING FOR YOURSELF

Up to this point, we have spent much time discussing your baby. However, it is also important that you care for yourself. Make sure that you get plenty of rest, and your diet is well balanced and nutritious. If you are breast feeding continue to take your prenatal vitamins daily. You have a great emotional investment in your child, but it is very important for you to be able to enjoy some time of your own. Find someone whom you trust to care for the baby, and allow yourself some time to do things that you enjoy doing on your own or with your husband. Remember also, your husband can care for the baby while you are doing things by yourself. Members of your family may become jealous of the baby. Be

sure to allow some special time with your other children and with your husband. The next few weeks or months are quite important for interpersonal relationships and everyone in the family is adjusting to the new member by getting to know each other well.

HEALTH SUPERVISION

During your baby's stay in the hospital, we will visit both you and your baby each day. This is important because during the first few days of life, things are happening within your baby. For nine months he has been protected by his mother. He must now function independently, that is, he must take adequate nutrition for growth, breathe spontaneously so that he can bring oxygen to his body tissues, stool and urinate to rid himself of waste products, etc. We want to make sure all of these things are being done as they should.

Upon discharge from the hospital, please call our office to make a weight check appointment in the next 2-3 days for your baby. At this visit we will check your baby's weight and check for jaundice (yellow skin color) as per the recommendations of the American Academy of Pediatrics. After this, appointments will be routinely set up so that we may insure that your baby is growing and developing normally and so that immunizations can be given.

Our routine office visit schedule is as follows:

1 month	15 months
2 months	18 months
4 months	2 years
6 months	2 1/2 years
9 months	3 years
12 months	yearly thereafter

We utilize this time to cover most of your child's health care issues. However, complex medical issues requiring more time such as, behavior, educational or mental health conditions may necessitate a second appointment.

As your pediatricians, our care of your child continues until age 18. If your Junior High or High School students are involved in sports, they will need a yearly checkup and their examinations usually need to be after May 1st.

We want to prevent illness before it occurs; however, we need your help. We have designed the above schedule for this reason and we ask that you try to keep appointments at the scheduled ages.

Recommended Immunization schedule for Persons Aged 0-6 Years, United States, 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B ¹	Birth	HepB	HepB	See footnote 1	HepB	HepB					
Rotavirus ²			Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	See footnote 3	DTaP	DTaP			DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴	Hib	Hib				
Pneumococcal ⁵			PCV	PCV	PCV	PCV	PCV			PPV	
Inactivated Poliovirus			IPV	IPV	IPV	IPV	IPV				IPV
Influenza ⁶							Influenza (Yearly)				
Measles, Mumps, Rubella ⁷						MMR	MMR				MMR
Varicella ⁸						Varicella	Varicella				Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series
Meningococcal ¹⁰											MCV4

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-11st.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and compute a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Shawnee Mission Pediatric's Vaccine Policy Statement

We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.

We firmly believe in the safety of available vaccines.

We firmly believe that all children and young adults should receive **all** of the recommended vaccines according to schedule published by the Centers for Disease Control and the American Academy of Pediatrics.

We firmly believe, based on the available literature, evidence and current studies, that vaccines do not cause autism or other developmental disabilities.

We firmly believe that preservatives in vaccines do not cause autism or other developmental disabilities.

We firmly believe that immunizing children and young adults may be the single most important health-promoting intervention we perform as health care providers, and that you can do as parents.

The recommended vaccines and their schedule are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

These things being said, we recognize that there has always been and will likely always be controversy surrounding vaccination. Indeed, Benjamin Franklin, persuaded by his brother, was opposed to smallpox vaccine until scientific data convinced him otherwise. Tragically, he had delayed inoculating his son Franky, who contracted smallpox and died at the age of 4, leaving Ben with a lifetime of guilt and remorse. Quoting Mr. Franklin's autobiography:

In 1736, I lost one of my sons, a fine boy of four years, by the smallpox... I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way, and that, therefore the safer should be chosen.

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether or not they should be given. Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis or even chickenpox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.

Over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As

a result of underimmunization, there have been small outbreaks of measles and several deaths from complications of measles in Europe over the past several years.

Furthermore, by not vaccinating your child you are taking selfish advantage of thousands of others who do vaccinate their children, which decreases the likelihood that your child will contract one of these diseases. We feel such an attitude to be self-centered and unacceptable.

We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be an emotional one for some parents. We will do everything we can to convince you that vaccinating according to the schedule is the right thing to do. However, should you have doubts, please discuss these with your healthcare provider in advance of your visit. In some cases we may alter the schedule to accommodate parental concerns or reservations. Please be advised, however, that delaying or "breaking up the vaccines" to give one or two at a time over two or more visits goes against expert recommendations, and can put your child at risk for serious illness (or even death) and goes against our advice as providers at Shawnee Mission Pediatrics. Such additional visits will require additional co-pays on your part. Furthermore, please realize that you will be required to sign a "Refusal to Vaccinate" acknowledgement in the event of lengthy delays.

Finally, if you should absolutely refuse to vaccinate your child despite all our efforts, we will ask you to find another healthcare provider who shares your views, we do not keep a list of such providers, nor would we recommend such a physician. Please recognize that by not vaccinating you are putting your child at risk for life-threatening illness and disability, and even death.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. Thank you for taking the time to read this policy, and please feel free to discuss any questions or concerns you may have about vaccines with any one of us.

SAFETY

Automobile accidents kill and permanently injure more babies and children in the United States than all the leading pediatric diseases combined! The only effective way to prevent serious injury to a young child or baby is to provide a good restraining infant car carrier or child seat. Setting the baby on the seat or in an infant seat without safety straps is very dangerous, and you cannot hold on to a baby if an accident occurs. The only thing you can do to protect your baby's life and health is to

provide an adequate safety seat from birth until 4 years (when regular safety belts can be used). Babies adapt to the seats very well if started at birth. Older children use restraining seatbelts readily if parents provide a good example.

There are many good seats and infant carriers available. Some work only for infants, others only for larger children, and some can be converted from one type to the other. Be sure to buy a seat that will fit your baby and your car. Some seats have a top tether strap that must be attached to a hook bolted to the frame of your car. For these seats to work properly the tether must be used.

Other accidents which cause injury to many children are firearms, poisonings, falls, drowning, pedestrian accidents, and burns. The avoidance of these things is obvious, but sometimes only after a serious accident has occurred. Don't trust a small child! His curiosity overwhelms his judgement, and he cannot resist many dangerous things. Keep medicines, insecticides, household cleaning and polishing solutions, cosmetics, drain cleaners, and other dangerous substances locked up and out of reach of children. Spray solutions can injure eyes. Don't take pills in front of children (they will copy you), and do not make a game out of taking medicine.

Protect your baby from falls. Never leave him unattended on a sofa, bathinette, or high chair. Use gates across stairways. Supervise the child at play, and make sure his playthings are safe. Toys should be sturdy enough not to splinter or break, large enough that your child cannot swallow them, have no sharp edges, points or parts that can come loose and be swallowed. Never leave a child alone in the car.

Keep children away from open flames, especially bonfires. Take special precautions so he cannot turn on faucets which carry hot water. Set your hot water heater temperature to no more than 120° to avoid scalds.

To avoid electric burns or electrocution, cover unused outlets with outlet covers; toddlers may stick pins into the outlet. Do not allow exposed electrical cords to lie on the floor; a child might bite into one. Never allow a child to go behind the TV set. Teach your children to avoid hazards which lead to electric shock; for example, do not turn on a radio while in the bathtub. Keep children away from the stove and keep pot handles turned inward.

Check your house for dangerous spots such as second floor windows or doors opening without screens or guard rails. Steep stairways should be barricaded. When cleaning or painting, keep ammonia water or turpentine away from children, as they are often poisons.

POISON CONTROL

To "Poison-Proof" your home"

1. Keep household products and medicines out of reach and out of sight of children, preferably in a locked cabinet or closet. Even if you must leave the room for only an instant, remove the container to a safe spot.
2. Store medicines separately from other household products and keep items in their original containers - never in cups or soft drink bottles.
3. Be sure that all products are properly labeled, and read the label before using.
4. Always turn the light on when giving or taking medicine.
5. Refer to medicines by their proper names. They are not candies.
6. Clean out your medicine cabinet periodically. Get rid of old medicines by flushing them down the drain, rinsing the container in water, and then discarding it.

CONVULSIONS (Seizures)

The most common seizure in a child under age 4 is the result of a rapid rise in fever. **STAY CALM!** Place child in a safe position. If he is not breathing, depress lower jaw with toothbrush handle or similar object. Never use your finger unless you want it bitten. If your child vomits, turn his head to side so he can breathe okay. Convulsions seldom last more than 5 minutes; usually less. If it is the child's first convulsion, he should be checked by a physician.

LACERATIONS

In deep dirty wounds, allow bleeding to continue for a few seconds to cleanse the wound. Stop profuse bleeding by applying firm pressure directly on the wound. Do not use a tourniquet in any situation. Use clean handkerchief, cloth or hand. If bleeding is not severe, wash wound with a large amount of tap water and mild soap. Apply bandage. Call the doctor. Most lacerations, if the bleeding is under control, are not urgent emergencies. Suturing may be done as soon as practical within a 6-hour period, either in urgent care or the emergency room.

BURNS

In case of burns immerse the burned area in cold water IMMEDIATELY or apply ice wrapped in a plastic bag or towel. Remove the cold for short periods of time if the child complains, then reapply frequently. Cold is the best method to decrease the tissue damage from burns. Do not break blisters. Clean gently with soapy water. An ointment such as Bacitracin may be used on minor burns to prevent infection. If the burn is large or you have questions, call the doctor.

PUNCTURE WOUNDS, INCLUDING ANIMAL BITES

Wash wound immediately with large amount of tap water and soap. Let the wound bleed freely for a moment. Place antiseptic on wound. Leave wound uncovered. In case of animal bites, also notify the sheriff's office. Check with the office within 48 hours to see if tetanus booster is up to date. Check with the owner about the animal's rabies immunization status.

HEAD INJURIES

If child is knocked unconscious, he needs to be checked by a physician and possibly will be hospitalized. For other significant head injuries call the doctor.

FRACTURE OR DISLOCATION

Do not move injured part. Immobilize with a sling or splint. If you suspect a fracture call as soon as possible.

CHOKING OR ASPIRATION OF FOREIGN BODY:

If a small object is lodged in the windpipe, turn the child upside down at once. Turn him face down and strike his back firmly between the shoulder blades to facilitate a cough. If he is coughing already -- do nothing -- this may dislodge the object. An alternative is to give the child a bear hug with pressure applied above the bellybutton to force the object up. If an object is swallowed easily (with no choking) , there is usually no problem as it will pass through. Coins (5 cents, 25 cents) pass easily through the intestines. Call if your child swallows a disc battery.

NOSE BLEEDS

Have the patient sit up. Place nose between thumb and forefinger, keeping a steady pressure for 5 minutes by the clock. Then gradually release the pressure. Repeat if necessary. Keep the patient quiet. Tell him to spit out the blood, not to swallow it. Blood is as rich as salt and will cause nausea and vomiting if much of it is swallowed. If repeated nosebleeds occur, apply a small amount of Vaseline into the bleeding nostril twice daily for 5 days in order to keep the scab soft.

MOUTH INJURIES

These are very common in children and ordinarily not nearly as serious as they first appear to be. It is rarely necessary to place stitches on the mouth or tongue. The oral cavity is rich in blood vessels and therefore bleeds readily, but it likewise heals quickly with very little scarring. Firm pressure for five minutes directly on the point of bleeding is the treatment. If mouth injury, check teeth for looseness or breaks. Injury to baby teeth should have dental attention soon. Injury to secondary teeth is more serious and, in general, a dentist should be called as soon as possible, particularly if a tooth has been significantly loosened. Front teeth that are almost out can often be saved by early dental care.

CHILDHOOD ILLNESSES

FEVER PHOBIA

Fever is a symptom of a disease and not a malady in itself. Fever generally bothers parents more than it does the child. Children often develop higher fevers than adults and these temperatures generally go up in the evening hours. Fever, in and of itself, will not hurt the child. It will not give them brain damage. It is more important to us how the child is acting than how high his temperature is. (A higher level does not mean a more severe illness.) Fever makes everyone feel tired, sleepy, cranky, not interested in playing or eating. Fever will also make you breathe faster and make your heart beat faster. The only reason to treat fever is to make the child feel more comfortable. Treatment includes giving more fluids than normal, administering Acetaminophen (Tylenol) which can be given every 4 hours, a tepid bath (give 1/2 hour after acetaminophen) and not putting excessive clothing on the child. Don't awaken a child to give acetaminophen. Reasons

to call the office include: 1.) any fever (over 100.4) in a baby less than 2 months old, 2.) bad breathing problems, 3.) fever that lasts longer than 48 hours, 4.) the child acts more ill than you would expect for his illness, 5.) temperature over 105°, 6.) seizure, 7.) stiff neck.

FEVER

If your baby is less than two months old and has a **rectal** temperature of 100.4° or greater, call your pediatrician. Fever in newborns can be much more significant than in older children. Fever is not a disease, only a symptom of disease and reflects the child's response to infection. Mild temperatures of less than 103° in older children, cause no problems themselves, but they can be uncomfortable. Temperatures of less than 100° are usually normal.

Fever makes anyone feel more lethargic, sleepy, less hungry and more irritable, and infants are certainly no exception. The child's level of activity and general demeanor are of more concern than the actual temperature reading. Children who are so lethargic they don't respond to their parents or so irritable they can't be calmed, are the two extremes that are of greatest concern.

Giving plenty of liquids, fever medicine on schedule, and sponging in lukewarm water are all that anyone can do to treat fever. Fevers generally go higher in the evening hours as a normal body response, so you can be prepared for this.

If your child has fever, give a fever reducing medicine.

Acetaminophen

Do not exceed 5 doses in 24 hours	May Give Every	10-11 lbs 2-3 mo	12-17 lbs 4-11 mo	18-23 lbs 12-23 mo	24-35 lbs 2-3 yr	36-47 lbs 4-5 yr	48-59 lbs 6-8 yr	60-85 lbs 9-11 yr
Chewable 80 mg tablets	4-6 hours				2 tab	3 tab	4 tab	6 tab
Chewable Junior 160 mg	4-6 hours						2 tab	3 tab
DROPS 80mg/0.8 ml*	4-6 hours	1/2 dppr 0.4 ml	1 dppr 0.8 ml	1-1/2 dppr 1.2 ml	2 dppr 1.6 ml			
Elixer 160 mg/5 ml	4-6 hours		1/2 tsp	3/4 tsp	1 tsp	1-1/2 tsp	2 tsp	3 tsp
Suppository 120 mg	4-6 hours			1 supp	1 1/2 supp			
Suppository 325 mg	4-6 hours				1/2 supp	3/4 supp	1 supp	
Suppository 80 mg	4-6 hours		1 supp	1-1/2 supp	2 supp			

Ibuprofen

Give every 6 hours for fever over 102° rectal	May Give Every	12-17 lbs 4-11 mo	18-23 lbs 12-23 mo	24-35 lbs 2-3 yr	36-47 lbs 4-5 yr	48-59 lbs 6-8 yr	60-85 lbs 9-11 yr
Chewable tablets 100 mg	6 hours			1 tab	1-1/2 tab	2 tab	2-1/2 tab
Chewable tablets 50 mg	6 hours			2 tab	3 tab	4 tab	5 tab
DROPS* 50 mg/1.25 ml*	6 hours	1 dppr 1.25 ml	1-1/2 dppr 1.875 ml	2 dppr 2.5 ml	3 dppr 3.75 ml		
Suspension 100 mg/5 ml	6 hours	1/2 tsp	3/4 tsp	1 tsp	1-1/2 tsp	2 tsp	2-1/2 tsp
Tablets 200 mg	6 hours					1 tab	1-1/2 tab

*Caution: We recommend that you use the dropper or dosage cup that comes with your medicine to avoid overdose. Dosage recommendations on bottles may vary from the recommendation on these pages. We would like you to use our recommended dosages unless your healthcare provider has given you a different (usually higher!) dosage. Aspirin should not be given to your child.

COLDS

All children get colds. Minor viral colds can be distressing to small babies because they have to breathe through their noses especially when sucking. If this happens to your baby, the first thing to do is to clean the nose with a nasal suction bulb. This works better if salt water nose drops (mix four ounces of tap water with 1/4 teaspoon of table salt) are used. Place 2-4 drops in each nostril and remove with suction bulb. If colds are prolonged or severe, or if coughing or breathing trouble are significant, or if higher fever accompanies cold symptoms, consult your pediatrician. Colds are often complicated by ear, throat, and other infections, which usually cause more pain and higher fevers.

We do not recommend the use of cough or cold medicines in keeping with the American Academy of Pediatrics recommendations on the use of these medicines.

TEETHING

Teething frequently causes babies to be fussy and irritable, to have poor appetites, and to sleep poorly. Teething does not cause significant fevers, diarrhea or other important illnesses. If your baby seems sick, do not assume it is teething.

When your baby is able to hold his own bottle, do NOT put him to bed with it. This can cause "rampant tooth decay" a real dental disaster in a toddler.

WHAT TO DO IN CASE OF VOMITING OR DIARRHEA

1. WHEN YOUR CHILD IS VOMITING

Do not offer any fluids until the first episode of vomiting ceases. This may last 1-2 hours and may continue until the stomach is completely empty. Your child will not become dehydrated because he has not taken fluids for 3-4 hours.

For infants who are bottle feeding, Pedialyte, is recommended as a clear liquid. Feed small quantities often, sips to begin with, 1/2 to 1 ounce every 30 minutes. Strive to give 2-3 ounces of fluid per pound of body weight in a 24 hour period. Breast feeding mothers should continue to nurse their infants more frequently and for shorter durations. For children older than one year of age, clear liquids such as Pedialyte, Infalyte, popsicles, soup broth should be given as above.

On the following day, give bananas or rice cereal (if over 6 months) and formula diluted half and half with water. When these are tolerated, gradually resume a normal diet. Do not start new foods when your child is ill.

2. VOMITING ASSOCIATED WITH DIARRHEA

When diarrhea occurs with the vomiting, the vomiting may be less severe, more intermittent, and the course of the illness may be prolonged. This illness may last from 7-10 days with a day or so during its course when the child may appear perfectly well. (Do not be concerned even though stools may not be of normal consistency for 10-15 days after the onset of diarrhea.) Feed as above. Do not use antidiarrheal medicines.

3. VOMITING ASSOCIATED WITH UPPER RESPIRATORY INFECTION AND COUGHING

Prolong spasms of coughing in certain infants quite often end in vomiting. If your baby is prone to this, do not overfeed him with poorly digestible solids during respiratory infections. Treatment or respiratory condition will control the vomiting.

4. WHO SHOULD SEE THE DOCTOR FOR VOMITING AND DIARRHEA

Any infant less than 6 months of age who vomits twice and has a fever over 101°.

Usually the doctor should be called if:

- Any infant or child vomits and has bloody stools
- Any infant over 6 months of age has diarrhea and vomits for over 24 hours duration and has a fever above 102.5°.

- Any infant has lost more than 10% of his weight because of vomiting and diarrhea.
- Any infant or child has green-strained vomiting, or has persistent abdominal pain for 4-6 hours associated with vomiting.
- Any infant with inability or refusal to take oral fluids.

5. SIGNS AND SYMPTOMS WHICH ARE USUAL IN AN INFANT CHILD RECOVERING FROM DIARRHEA

Irritability, fussiness, and crying even though child is eating and drinking and not having fever. These signs are usual for 2-3 days after diarrhea has subsided and may be associated with abdominal cramps. These signs occur more often in sick children who are being fed too many solids.

Abdominal cramps may occur for 5-8 days after the diarrhea subsides.

USE OF MEDICINE

If you desire a prescription refill or change in medication, call during office hours so the chart can be referred to and notations made. Be prepared to give the prescription number and name of medication to the receptionist.

Ibuprofen and Acetaminophen can be given with any of the medicines prescribed unless otherwise stated.

When we prescribe medicine on a twice a day, three times a day, or four times a day basis, we usually mean at approximately twelve, eight or six-hour intervals. It is not necessary to wake a child to give him his medicine. Thus the child getting medicine four times a day would receive it first thing in the morning, at noon, late afternoon and at bedtime. If your child should develop a rash or other adverse reaction, stop the drug and contact the doctor. Loose stools occur commonly with antibiotic therapy and unless pronounced, does not constitute a reason to stop the medication.

ALWAYS USE ALL ANTIBIOTICS AS PRESCRIBED TO INSURE PROPER TREATMENT OF AN INFECTION.

Other medications may be kept on hand for possible future use. Ointments, medicines for asthma or cough, ear drops, ect. should not be thrown out. These items can frequently be used again under doctor's direction. Frequently prescription drugs, where there is a repeated need, will be refillable directly from the pharmacy. Check with him before calling the office. Certain medicines that we use quite commonly for symptomatic relief can be purchased in the drug store without a prescription and may be used before or after the doctor has been consulted.

MEDICAL EMERGENCIES

A combination of the following signs and symptoms may indicate a severe form of croup, and the doctor should be called at once. They are: onset of difficult breathing, drooling of saliva, difficulty in swallowing, croup cough, with or without fever. (Croupy cough is a “barking” cough often associated with hoarseness and trouble breathing.)

The sudden onset of a blue or dark purple, flat, spotty rash, which does not blanch on pressure, is a signal to call the doctor. This may be the beginning symptom of an acute meningitis for which immediate treatment is necessary. High fever is present.

In addition to the sudden purple rash and difficulty in breathing or swallowing described above, the doctor should be called immediately for inability to walk or sit up, or a stiff neck. Any of these symptoms may warrant prompt attention.

HOME SUPPLIES FOR CHILD CARE

1. Thermometer. Rectal thermometer if less than 2 months.
2. Ear-nose Syringe (long tip). For suctioning of the nose.
3. Antibiotic ointment (for cuts, scratches and superficial skin infections). Bacitracin and Neosporin, are all good choices for an antibiotic ointment.
5. Fever medications: Acetaminophen (Tylenol, etc.), Ibuprofen. Always consult the dosage chart.
6. Cool humidifier. No medications are needed for these. Use plain water. Never use hot mist vaporizers around children (burn hazard).

SUMMARY

Over the next few days, weeks, months you will learn much about your new baby. Many questions frequently arise. Please feel free to contact us regarding your concerns. We hope this booklet is helpful in addressing some of these concerns.

Again, we offer our congratulations to you and we thank you for allowing us to help you during this exciting and enjoyable time.

We know that as proud parents you are eager to offer the best possible care for your new baby. We also know that as intelligent mothers and fathers, you are very capable of providing this good care. You will find yourself able to handle most situations by using your own good judgment. There will be times when you may be unsure as to how to handle a problem, but if you allow yourself a few moments to think, your own common sense will guide you.

A nice reference on routine child health care, encompassing many of our recommendations, is Caring For Your Baby and Young Child by the American Academy of Pediatrics.

For those times when you have tried to work through the problem on your own but find that you need our assistance, we will be more than happy to help you. Please plan ahead and call during office hours when possible. In order to give you the best answer about your baby, it helps to have your chart available to us. If you have an emergency or other situation which you feel cannot wait until the office opens, call the office phone number and the answering service will have the nurse or doctor return your call.

Our telephone number is (913) 362-1660 and is answered 24 hours a day, 7 days a week. We should call you back within about an hour. If you have what you consider to be an emergency, tell the answering service and they will contact us immediately.

Be prepared when you call to answer such questions as how the child has been eating and sleeping, and whether or not he has a temperature (take it BEFORE you call). Have pencil and paper ready. Relate your child's age, weight, and know your pharmacy telephone number and the pharmacy hours.

In our partnership, the doctors alternate after hours, days off, and holiday coverage of the practice to provide 24-hour care. Your choice of doctor will be respected for all routine visits and whenever possible for sickness and emergencies. We agree on all points in the important aspects of handling the diseases of children. In spite of our efforts, slight variations may occur in the advice given. If this causes problems, please talk to us so that we can clear them up.

Drs. Robert Maxwell, Robert Jackson, Thomas Olson, Sherri Martin and Kathryn Hartman are all parents themselves with an everyday understanding of dealing with newborns to college students. They welcome you to our practice and hope that your experience with us is enjoyable.

1. Our office hours are Monday through Friday from 9:00 a.m. to 5:00 and on Saturday from 9:00 a.m. to noon. We provide 24-hour phone coverage, 7 days a week and we participate with the Children's Mercy Hospital Urgent Care Clinic.
2. For routine appointments, please call one to two months in advance. For follow-up visits for sick children, make your next appointment as you leave the office.

3. For examination of sick children, call in the morning, between 9:00 and 10:00 a.m. if possible, 7 days a week. Arrangements for these children to be examined can then be made, even on Sunday after the doctor has made hospital rounds.
4. For questions regarding prescription refills or information from charts, call Monday through Friday during office hours while the chart is available.
5. Office visits will be by appointment only. Even in cases of emergency, always contact the office first. If you would like us to see more than one child, please schedule both of them to be seen when you make your appointment. Without an appointment, we may not be able to see a sick sibling right away, and you may be asked to wait while the provider sees already scheduled patients.
6. If you cannot keep an appointment, please cancel it as far in advance as possible but at least 24 hours prior to the appointment.
7. New patients, or families with more than 1 appointment should plan on arriving for their appointment 15 minutes ahead of time for completion of forms.
8. Shawnee Mission Pediatrics is open every Saturday morning to address your URGENT health care needs. We are minimally staffed on Saturday mornings so that our staff can enjoy time with their families. The on-call doctor is here to see your child for urgent, non-chronic problems. A phone nurse is available to help you assess whether a doctor appointment is needed, or if there are some things you can do at home for your child until Monday morning, when the office is open for routine medical needs.

In order for Saturday mornings to continue to run efficiently, we need your help. Please limit calls to non-routine questions. Concerns regarding your well child (i.e. feeding/formula questions, sleep problems, developmental concerns) should be addressed Monday through Friday from 9 a.m. to 5 p.m., when your child's doctor is available. If your child is significantly ill with fever, sore throat, bad cough, vomiting, diarrhea, asthma concerns, etc., please do not hesitate to call. If you suspect you may need a sick appointment on Saturday morning, please call early, before 10 a.m. if possible.

Also, please be sure you have your child's routine medications (such as allergy medications, ADD medications, reflux medications, asthma medications) before the weekend. **ROUTINE MEDICATION REFILLS WILL BE HANDLED DURING REGULAR BUSINESS HOURS.**

We are asking for cooperation in this matter so that children that need urgent, weekend care can receive our services. We feel it is important to

be available to care for our child at all times and by limiting weekend care to urgent cases we will have enough time to see all of the patients who need us that day.

We sincerely thank you in advance for your help and cooperation in this matter.

9. So others do not have to wait, please be on time for all your appointments.

In summary, we are available to you at all times but would request that you please call during office hours when possible and reserve after-hours calls for emergencies only.

PROFESSIONAL FEES

It is our earnest desire to provide you with pediatric service which is unexcelled and at a fair fee. A complete past history and complete examination is attempted for all new patients, establishing basic information which is required for proper and complete care.

Fees for consultation, prolonged care, and involved or serious problems are usually determined by the amount of time involved. The receptionist will be happy to discuss the fees charged for either standard or special procedures. Except in unusual circumstances, we expect payment at the time your child is seen. However, we will always see your child if they are ill.

INSURANCE

It is obviously very important for you to understand the provisions of your health insurance. Review your policy and become familiar with the benefits it provides. You should contact your insurance company should you have any questions about your coverage. Each policy is different, so we cannot know for certain which items yours will cover. We participate with several different insurance plans. If you are a member of these plans, we will file your claims for you. Please bring in a copy of your card so that we can obtain all of the necessary information and begin filing claims for you beginning with your first visit. If your plan has a co-payment we would appreciate it if you pay this at the time of this visit; this will help us to contain our billing costs.

If you do not have insurance that covers our services or if you have an insurance plan that we do not participate with, we ask that you pay at the time of the visit. We will provide you with a copy of your bill so that you may file it to your insurance company and have them reimburse you. Many policies have a deductible which must be met before insurance coverage begins.

IMMUNIZATION AND ROUTINE CARE SCHEDULE

Age	Procedure	Results & Dates
4 - 5 days	Physical Exam	
2 Weeks	Physical Exam, Hep B (If not given at birth)	
2 Months	Physical Exam DTaP, Hib, IPV, PCV, Rotavirus	
4 Months	Physical Exam DTaP, Hib, IPV, PCV, Rotavirus	
6 Months	Physical Exam DTaP, Hib, PCV, Rotavirus, Hep B	
9 Months	Physical Exam Lead, Hct, IPV, Hep B	
12 Months	Physical Exam MMR, Varivax, Hep A	
15 Months	Physical Exam DTaP, Hib, PCV	
18 Months	Physical Exam Hep A	
2 Years	Physical Exam Lead, Hct	
3 Years	Physical Exam Lead, Hct	
4 - 5 Years	Physical Exam Lead, Urine, Hct, DTaP, IPV, MMR, Varivax	
6 - 10 Years	Physical Exam May need catch-up doses of Hep A & Varivax	
11 - 15 Years	Tdap, Meningococcal, HPV May need catch-up doses of Hep A & Varivax	