COASTAL MEDICAL

Caring for Coastal Kids!

TOLL GATE PEDIATRICS

Patient - Parent Handbook

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INTRODUCTION

Welcome to our practice! We are specialists in pediatric and adolescent medicine. We focus on both routine health maintenance and the more complex illnesses associated with children from birth to age 18. We will work with you in trying to keep your child as healthy as possible and managing illnesses that may arise along the way. This goal requires your active participation, and we urge you to feel free to discuss your child's progress with us.

OFFICE

Our office is open from 9 AM to 5 PM, Monday through Friday. Nighttime and weekend sick call is shared with other area pediatricians. We also offer call in hours, where you may speak to a physician directly, from 8:30 AM to 9:00 AM. In order to deliver the best care and to be fair to others with scheduled appointments, call in the morning to make an appointment to have your child seen if he/she is ill. Please do not bring your child in to be seen without an appointment. Emergencies can have special arrangements made with our receptionist. If you cannot keep an appointment, we require 24 hours advance notice so the reserved time can be given to someone else.

We schedule specific time for visits. Sometimes a more complex problem may require more office time, and we may charge accordingly or reschedule a further visit. If you feel the problem you wish to discuss is involved (e.g. school problems, hyperactivity, bed wetting), please let our receptionist know **when you schedule** so extra time can be allotted.

Well child visits are scheduled 9 AM to 11:40 AM and 1:50 PM to 3:50 PM. When possible, sick visits will be clustered outside these times to protect other children. If your child is sick, please tell our receptionist when you arrive and sit in the sick waiting room.

BILLING AND INSURANCE

We try to keep our charges as reasonable as possible. In order to reduce our billing charges and keep our costs down, we ask that you pay the receptionist at the end of the visit, whether it be the standard charge or your co-pay. Feel free to discuss any problems you may have in being able to pay your bill. We will be as flexible as possible in working out a payment schedule if needed.

In cases of divorced parents, or in the event a friend or other relative brings your child to be seen, we ask that person to be responsible for paying the bill or co-pay. A copy of the receipt can be used to obtain reimbursement.

We accept many insurance assignments. Ask our staff if yours is one of them. In cases where we do not carry your insurance, a receipt will be given at the time of the visit to submit to your insurance company.

HOSPITAL AFFILIATIONS

We currently use two area hospitals for pediatric and infant care: Women & Infants Hospital and Hasbro Children's Hospital. Please remember Women & Infants hospital only provides nursery care and should not be the emergency room you use to bring your child. **Please call** if possible before bringing your child to an emergency room. Many times things can be dealt with over the phone or in our office the next day. This will ensure the best available care for your child.

PHONE CALLS

We are available for calls during regular office hours. After the call in time from 8:30 AM to 9:00 AM your call will be directed to one of our pediatric nurses for any medical advice. If the call is about an emergency, please state so immediately. During office hours, because we are busy with patients, calls will be returned by us during lunch hour or at the end of the day. Our receptionist will try and give you an idea about when we will call back. If you need to call about an illness, we can help you most effectively if you have the following information handy when you call:

* your child's name, age, and approximate weight
* what his symptoms are and how long they have been present
* what the temperature is and how you took it
* what medicine has been taken and any allergies
* phone number of your pharmacy
* phone number where you may be reached

If a problem arises outside of normal office hours, a physician will be on call to answer any questions. We ask you would use some common sense and call only if it is a reasonable concern or emergency, since the "on call" physician is usually extremely busy trying to get back to everyone. Usually, there will be approximately a one hour delay in getting back to you since we all typically take calls on the hour. If it is an emergency, please state this at the time of the call to the answering service so your call is brought to our attention immediately. During weekends, call as early as possible after 8 AM if you feel your child may need to be seen for a sick visit, since the on call physician usually only plans on office hours in the morning.

COMMON PEDIATRIC PROBLEMS

The following information is not intended to replace office visits or calls if your child is ill, but rather to reinforce our instructions on certain common problems.

1) Fever

Fever is a temperature of 101 degrees, or in the case of an infant < 2 m old, 100.5 or higher. This is an extremely common symptom of almost any illness in children. The fever can sometimes be very high even with a minor viral illness. Children with fevers almost always look sick, and **usually** return to their baseline activity when the fever comes down. Your best test of how serious a child's illness is, is not the height of the fever, but rather how sick he/she looks once the fever is reduced. Fever control can best be accomplished with acetaminophen (Tylenol, Tempra, etc.) or ibuprofen (Children's Motrin, Children's Advil). Acetaminophen should always be used in cases of vomiting, chicken pox, and influenza unless directed otherwise. Aspirin should **never** be used in children because of the risk of Reye's syndrome. Fever itself is not harmful-- it just makes you feel miserable. Treatment of the fever is only to make the child feel better.

Diagnosis of the cause of fever usually requires us to examine your child. Antibiotics are reserved only for illnesses in which a bacterial illness is suspected, and are never prescribed over the phone, since we want to ensure we know what exactly we are treating. This will also enable us to choose the best drug for your child. Viral illnesses, such as colds and flu, are totally unresponsive to antibiotics, and there use may worsen the symptoms; or worse, mask something much more serious.

The following table is a summary of doses for acetaminophen, and is dosed every 4 hours:

Wt in Lbs	**Acetamin Drops** (80 mg/0.8cc)	**Acetamin Liquid** (160 mg/tsp)	**Acetamin Chew** (80 mg/chewable)
under 12	Consult Doctor	Consult Doctor	
12-18	0.8cc	1/2 tsp	--
18-26	1.2cc	3/4 tsp	--
26-35	1.6cc	1 tsp	2
35-50	--	1 1/2 tsp	3
50-75	--	2 tsp	4
75-90	--	1 adult tab	6
90-110	--	1 1/2 adult tab	7
over 110	--	2 adult tab	8

The following is a table for ibuprofen, dosed every 4 to 6 hours:

Wt in Lbs	**Ibuprofen Susp** (100 mg/tsp)	**Ibuprofen Chewables** (100 mg chewables)
under 12	Consult Doctor	Consult Doctor
12-18	1/2 tsp	--
18-26	3/4 tsp	--
26-35	1 tsp	1
35-50	1 1/2 tsp	1 1/2
50-75	2 tsp	2
75-90	3 tsp	3
90-110	--	4
over 110	--	2 adult tabs

The following are potentially dangerous signs to watch for:

* any fever in an infant under 3 months of age
* fever accompanied by a headache and stiff neck
* seizures with a fever
* lethargy or difficulty in arousing child
* fever of 105 degrees or over
* fever that does not respond to acetaminophen within 1 hour

When your child has a fever, extra fluids are needed to make up for increased losses. Don't worry if he/she won't take solid food. Dress comfortably, but not warmly. A lukewarm bath may also help bring the temperature down. **Do not** use alcohol rubs or ice water. Anytime your child shivers in the tub is time to increase the water temperature, because shivering will actually make the temperature rise.

2) Colds

Colds, or upper respiratory viral infections, are probably the most common illnesses your child will contract. By their very nature they are extremely contagious and are easily passed from person to person. Most colds pass on their own in 7-10 days without any major problems, except to make your child feel miserable. During the first few days, as with many viral illnesses, children tend to run a temperature with initially a clear runny nose and cough due to post-nasal drip. The fever should respond fairly well with acetaminophen, and usually go down after the first 48 hours. We tend to wait it out the first few days of fever as long as it responds to acetaminophen and the child otherwise appears reasonably normal when it is down.

Treatment for a cold is symptomatic. Acetaminophen should be used for a temperature. Nasal suctioning with salt water drops should be done with a bulb aspirator if the child cannot blow his/her nose and lots of fluids given. Many children will lose their appetite while they are sick, and that is alright as long as they are taking fluids. The head should be elevated at nighttime by angleing the crib mattress or using a pillow in older children. A cool mist vaporizor should be used if the air is dry. Most of the time these measures will at least make the child more comfortable.

Cold medicines, even though they are an immense industry, tend to not be remarkably helpful. For children under 24 months old we do not recommend any over-the-counter medication because it tends to make them irritable. The choices for cold medications are immense, and we can help you with making a choice, if you would like to try them, during regular office hours.

The following are warning signs to watch out for:

* Temperature greater than two days, >101 degrees
* Temperature that does not respond with acetaminophen in 2 hours
* Difficulty breathing even with appropriate suctioning
* Wheezing or seeing the chest sucking in with rapid breaths
* Lethargy

3) Diarrhea and Vomiting (Gastroenteritis)

Gastroenteritis is a common pediatric problem usually resulting from a viral illness. When your child has diarrhea, fever, and vomiting, he/she is not able to tolerate a normal diet, and continuing it will make it worse. Medications used in adults, such as Kaopectate, Pepto Bismol, Immodium, etc., **should not** be used in children. They do not help and may cause very serious and dangerous complications. If your child is vomiting, we will recommend initially only feeding clear liquids:

* Pedialyte or Infalyte for infants (available in drug stores and grocery stores)
* Gatorade or other sports drink for older children
* Kool-Aid or similar powdered drink
* Flat soda (not diet)
* Jell-O or Jell-O water
* Popsicles
* Caffeine free tea with sugar
* Water or ice chips
* Clear soup broth or bouillon

Do not offer your child milk or juice, since these are hard to digest and probably will make the diarrhea and vomiting worse. A thirsty child may try to drink a large quantity of fluid at once and then promptly throw it back up. It is better to offer small quantities frequently-- sometimes as little as a tablespoon every 10 minutes, until the vomiting subsides.

The following are warning signs to watch for:

* persistent vomiting without diarrhea
* extreme sleepiness
* dry mouth, no urine output for 8 hours, dry eyes
* severe abdominal pain
* blood or bile in vomitus (green colored), blood in stool
* inability to retain clear liquids after 6 hours
* symptoms which worsen or do not improve after 2 days (1 day for infants)

If any of the above occur, call us back immediately. When the vomiting stops for 4 to 6 hours, we recommend starting a solid diet gradually, with starchy foods first. These are rice, noodles, toast, saltines, bananas, applesauce, and Rice Krispies. As long as diarrhea is present, which can last 1 to 2 weeks, it is best not to introduce juice or milk products. A regular diet can be introduced over the next few days.

For infants, a soy formula (Isomil, Prosobee, Nursoy) will be better tolerated than a milk based formula until fully recovered.

4) Safety and Poisonings

Accidents are the leading cause of death in children, and dangerous conditions in your home, yard, and car must constantly be watched for. Open stairways, swimming pools, and electrical outlets are obvious dangers, but you must be on the constant lookout for more subtle things-- vitamins, birth control pills, acetaminophen or aspirin left on the table; a tiny pin or screw which could be swallowed; cleaning materials that can be reached on counters or cabinets; kerosene stored in a pop bottle; water temperature set > 120 degrees. It may be an annoyance to strap a complaining child into a car seat on every trip, but it is worth it when you realize that a proper restraint is his/her only hope of survival in an accident. Same goes for a bike helmet.

Poisonings are very common accidents and can have dire consequences if not handled appropriately. **Prevention is best.** Be sure to discard any unused medicines. Store all medicines in labeled child proof containers (these can be obtained from the drugstore) and out of reach of your children-- high up and preferably in a locked cabinet. Do not allow the child in the same room when using these products, and do not store any of them in pop bottles, etc. Not only are they more inviting this way, but you have lost the ingredient label as well. Some plants in and out of the house also may be poisonous.

If ingestion occurs, please do the following:

1) Remove the child from the toxin, and remove any of it from the mouth.
2) Bring both the child and substance to the phone, and call the poison control center (800-222-1222).
3) Try and tell them **what** was ingested, **how much** was taken, **when** and **what condition** the child is in now.

CARE OF YOUR NEW BABY

During your first few days, most of your time will be spent resting and regaining your strength. You can put this time to good use by getting to know some of the simple things which will help make your life with baby easy. Your child is an individual from birth. Keeping this in mind, adapt the following suggestions accordingly. We will be happy to offer you guidance while you are in the hospital and later by phone or during visits in our office.

Friends and Relatives: These people are interested in your baby and want to hold and hug him. Try to avoid exposing your baby to anyone that is sick or going into situations where there may be large crowds for the first two months of life. Your baby needs hugging and loving, but only from a limited number of people. Kissing on the mouth should be avoided.

Outdoors: Fresh air and sunshine are fine. Proper clothing is needed for warmth and a hat to protect from the sun's rays, as well as to keep body heat in. Please call regarding specific suggestions to protect from direct sunlight. The baby's skin should feel slightly cool to touch. If he feels warm, is sweating, or irritable, he is over bundled. After 6 months a sunscreen of 30 SPF or greater should be applied.

FEEDING YOUR BABY

It is important to understand that each baby is different in how much and how often they will feed. It is best to feed a newborn baby on a semi-demand schedule during the first 2-3 weeks of life (that is, when the baby is hungry and allowing about 2-4 hours between feedings). Most infants need to feed every 2-4 hours, allowing 20-30 minutes for each feed. Initially, especially in the first week of life, you may need to wake the baby so he will feed. Never force your infant to drink more than he/she wants. Most infants will put themselves on a fairly regular schedule by 3-4 months. It is at this age that most infants will not require a middle of the night feeding and will sleep through.

When feeding the baby, both the parent and infant should be comfortable. A comfortable chair will help you relax. Hold the baby in your lap, with the head slightly raised, and resting in the bend of your elbow. Hold the baby close and enjoy this special time!

BREAST FEEDING

Breast milk supplies all the nutrients required for babies. It also offers antibodies to help protect your baby against infections. It is convenient because it is readily available and is inexpensive as compared to formula. It also provides a special closeness with your baby. Frequently mothers and family members have questions about whether a particular mothers milk is "good enough." This question is sometimes based on the appearance of human milk. The milk we buy in the store is opaque and very white. Breast milk is thin and grayish in comparison. The other common question is whether mom is producing "enough." Breast milk increases as infants suck and need it, as long as the mother eats, drinks, rests, and nurses frequently. If the baby is growing well, urinating frequently, having regular bowel movements, and developing normally, then you should be reassured that the baby is getting enough. Have confidence in your natural ability to produce nourishment for your baby.

Caring for your nipples is not difficult. Keep them clean by cleansing with cool water but avoid soaps, alcohol, or other drying agents. Lanolin may be used but is not necessary. If problems such as cracking develop, call for specific treatments, but air drying after each feeding and possibly the application of a cold tea bag for a few minutes will help the nipple to toughen.

The lactating mother needs additional calcium so as not to deplete her stores. The easiest way is to take approximately 6-8 Tums per day, or drink at least four 8 oz glasses of milk a day. In addition, four servings of protein per day are required-- one with each meal and perhaps peanut butter and crackers for a snack. This is not the time to diet, but you do not need to overeat. Total calories can be reduced by eating lean meats, less mayonnaise, and drinking skim milk rather than whole or 2%. Some foods eaten by the mother may cause gas with the baby. These are cucumbers, cauliflower, cabbage (chow mein and chop suey), onions (no raw, only small amount of cooked), baked beans, pea soup, hot spicy foods, caffeinated liquids.

Rest is also important and the basic premise is to sleep when the baby sleeps as much as needed.

Frequency of nursing should be according to the baby's needs with one exception-- the baby should be fed no more frequently than every two hours from the start of one feeding until the start of the next. This is because the supply cannot be replenished any more frequently than this. The length of time on each breast is also somewhat determined by the baby except that some babies may not suck on each breast. An estimated goal of 10 minutes on each side may be achieved by the time the baby is two weeks old. One of the reasons for the slow increase in time is so the nipples may toughen gradually and thus not become sore. The major stimulus to milk production and milk let down is sucking. It normally takes 3-5 days for your milk supply to come in. The yellow fluid your breast produces the first few days postpartum is colostrum and is satisfactory nourishment until your milk comes in. As your milk supply increases, so will the amount of milk your baby will take in.

Both breasts should be offered at each feeding. *Burping* after each breast will allow the baby to burp up any swallowed air that normally accompanies sucking. To burp your baby, hold him/her over your shoulder or lean the baby forward over your lap and pat gently, but firmly. Not all babies burp frequently. After several minutes, resume feeding with the other breast. Start the next feeding on the breast you finished with during the previous feeding.

Relaxation and proper positioning are essential to successful breast feeding. Use a position (either lying or sitting) that is comfortable. Your baby should be totally facing the breast (don't just turn the head toward the breast.) Rest your baby's head in the bend of the elbow, support the back with your forearm, and use your hand to support the buttocks.

If you are nursing while sitting, then a pillow on your lap will provide some support. If you have had a cesarean delivery, then a sitting position may be more comfortable for nursing.

Use your free hand to present the breast to the baby's mouth. A "scissor grip" of the breast with two fingers above and three fingers below the areola (darkened area around the nipple) will allow you to push the nipple and areola forward into the baby's mouth. You may also position your breast by using the "palmar grasp" which is done by placing all your fingers below the areola and the thumb above.

It is important to make sure the rest of the breast tissue is away from the *baby's nose* so it does not interfere with the baby's ability to breathe while nursing. You may rub your baby's cheek to your nipple before actually advancing the nipple into his/her mouth. This will stimulate the baby's sucking reflex.

The baby should latch on to the entire nipple and as much of the areola as possible so the tongue and lips are able to make a good seal to draw the milk from the breast.

To release the baby's mouth from your breast, press your finger into the corner of his/her mouth to break the seal. Do not pull your breast from the baby's mouth.

After nursing, leave your bra flaps open to allow the nipple to *air dry*. This helps avoid cracking. A hair dryer set on "low" may speed things up. Wearing a good supporting bra for nursing is helpful. It is common for your breasts to leak in the first few weeks to few months. Wearing a nursing pad or cotton cloth inside your bra will absorb leaking milk. Direct pressure with the heel of your hand on the breast, until the tingling stops, will prevent leaking.

Supplementation with formula or sterile water is usually not necessary. If breast feeding becomes inconvenient, or you are going to miss a feeding, you may pump your breast milk and either freeze it in glass bottles (which will last about 1 month) or store it in the refrigerator (where it will last 24-36 hours).

If questions or problems develop, please do not hesitate to call. If you don't, you may become overly concerned about a problem with an easy solution.

FORMULA FEEDING

Infant formulas are designed to match the nutrients and vitamins found in breast milk. Formula is used for those babies who are not going to breast feed. Most formulas are very similar to breast milk and promote normal growth and development.

Formula can be served slightly warmed or cool. Room temperature is all that is needed. Each baby will decide which it prefers. **Do not** microwave formula. Microwaved formula is hotter inside than what is felt outside. Always check the temperature of the formula on the back of your wrist before feeding.

When feeding formula to your baby, cradle your baby in your arms and elevate the head slightly higher than the rest of the body. This allows the baby to swallow more easily. Again, a relaxed environment at feeding time is important. Never prop the bottle. Always hold the bottle for your newborn baby. Keep the top of the bottle and the nipple filled with formula to reduce swallowed air.

If you choose to use a formula preparation that is not ready-feed, be sure to read the label to ensure you are adding the correct amount of water. All water used for the first 4 months should probably be boiled to sterilize it. Bottles, if you have a dishwasher, can be cleaned and sterilized by running them through a normal cycle. Bottle nipples can be separately boiled. It is easiest

to prepare 1-2 days worth of bottles in advance and store them in the refrigerator. Formula prepared is good for two days. Once a bottle has been used, the remainder of the formula should be discarded and the bottle and nipple cleaned.

Formula fed infants should be fed on a semi-demand schedule. When they are first born, they may only take 1/2 to 2 ounces every 2-4 hours. This will gradually increase to 2-4 ounces by the end of the second week and up to 6-8 ounces by 6-8 weeks. Each baby will need to be fed based on his/her own needs. Some babies will be satisfied with every 4 hour feeds and others will need every 2 hour feeds. Most babies will require 15-30 minutes to feed. This may vary. Do not force your baby to drink more than he/she is willing to take.

If your baby needs to suck within 2 hours of just having been fed, he/she may only need to feel the security of sucking. It usually does not mean the baby is hungry. Using a pacifier or no more than 2 ounces of water may satisfy the baby until the next feeding. Water is not routinely needed if the baby is feeding normally.

Remember to burp your baby at the middle and end of each feeding. Some normal babies do not burp. Place your baby on its back or side after feedings if you are putting them down to sleep.

Formula or breast milk is all your baby needs for the first 4 months. They do not need cereal or other solid foods. Introducing solid foods too early may result in poor growth, development, or allergies to those foods as well as digestive system problems. If questions arise about feeding, please call.

HYGIENE

Bathing: A bath every two days is sufficient. Use a mild soap such as Dove or Tone that is unscented. Sponge baths should be given until the umbilical cord falls off. The scalp may be washed with a small amount of baby shampoo. Excessive bathing may cause irritation and dryness. Pat dry after bathing and then Eucerin cream may be used on dry or cracked skin. The face should be washed with a soft cloth (no soap) and plain water. The eyes may be cleansed gently with cotton dipped in cool water. You may cleanse the outer areas only of the nose and ears. Cotton tipped applicators should not be used.

Navel: The cord should be cleaned completely with rubbing alcohol each diaper change. The cord can be gently pulled up and the skin around it retracted to ensure the whole cord is cleaned; otherwise, they tend to smell bad and seep. The average time for the cord to become detached is two weeks, but can be as long as four weeks. It may bleed occasionally when becoming detached. If the skin around the cord begins to redden and expand, call our office immediately.

Circumcision: If desired, your baby will be circumcised by your obstetrician. After the initial dressing is removed (it should remain in place for 24 hours after circumcision and soaked off), gently clean the area with soap and water with each diaper change. Then, apply Vaseline and a thin strip of gauze circumferentially around the penis leaving the tip of the penis exposed. This should allow your baby to urinate without having the dressing fall off. After 3 days, the gauze no longer needs to be applied, but continue using the Vaseline for 2 weeks until it is completely healed. If the penis begins to swell up and become more red, call our office immediately.

If you son is not circumcised, then you may gently pull back the foreskin and wash with soap and water. Do not force the foreskin all the way back. The foreskin will generally retract fully by age 3.

Vaginal care: Baby girls frequently have a whitish discharge from the vagina during the first few weeks. This is a normal response to her mother's hormones. Sometimes the discharge may be blood-tinged. This is also normal. Gentle washing with soap and water is all that is required.

Nails: These may be filed straight across with an emery board. Be careful using baby scissors if you prefer using them. Do not cut too close to the nail bed. Keep hands covered for the first few months since babies tend to scratch their faces and eyes inadvertently.

Diaper Area: Change your baby as soon as possible after each bowel movement or wetting. You may use a soft cloth with little soap and warm water, followed by rinsing with plain water. "Wipes" are not necessary and tend to break down the skin in the first month of life.

COMMON QUESTIONS

Bowel Movements: A baby's bowel movements may vary from day to day and change as the baby grows. For the first few days, all babies have meconium stools which are sticky tar colored stools. The stools will become either green or yellow and either mushy or seedy as feeding progresses. Babies may have bowel movements twice per feeding or may only move there bowels once every 5 to 7 days! As long as the stool is soft, there is no cause for alarm. Many babies strain and cry while moving their bowels. This is normal. If the stool contains blood, mucus, or are persistently watery, or extremely hard, please call.

Hiccoughs: Most babies hiccough after feeding. A small amount of water or a brief additional feeding may suppress them, but is usually not necessary since they usually disappear in 5-10 minutes and are completely harmless.

Sneezing: All babies sneeze. It does not mean they have a cold but is their response to any nasal irritation due to dust, mucus, or smoke. Saline nasal drops may be mixed, then 2 drops applied into each side of the nose, followed by suctioning out with an aspirator. Usually the hospital sends one home with you. This is particularly helpful if done before feeding because the baby can breathe easier while sucking. The process for mixing is to mix 1/2 tsp salt with one cup of water.

Burping/Spitting Up: Bottle fed and breast fed babies swallow air during feeding. They also swallow air while crying. Burping helps the baby get rid of swallowed air. Small amounts of milk/formula are often spit up while burping. Each baby varies on how often he/she needs burped. Sometimes babies will spit up *even through their nose*. As long as your baby is growing well,

urinating and moving his/her bowels, rest assured there is no problem. Usually spitting up subsides during the first 6-12 months of age. Keeping your baby at a 30 degree angle, such as in an infant seat, sometimes alleviates this problem. If the baby seems to be spitting up large amounts with each feed, please call.

Crying: Crying is the baby's means of communication. Babies may cry because they are hungry, uncomfortable, need to be changed, tired, or just want to be held. You will learn which cry is which. Crying does not harm your baby. Some babies go through "fussy" periods, usually in the evenings, but can occur anytime and may last several hours. Extra cuddling, rocking, or soothing noises such as music may be helpful. If the crying is associated with poor feeding, completely out of the ordinary, or lasts non-stop greater than three hours, please call.

Sleeping: Many babies have their days and nights reversed during the first several weeks of life. They may also sleep 16-20 hours a day only to awaken for feedings. As your baby gets older and is eating more with each feeding, then he/she will sleep longer hours through the night. Most babies will sleep through the night by 4 months. Be patient and take turns caring for the baby, especially at night. Early use of cereal or other foods before 4 months does not help babies sleep. The preferred sleeping position is on the side with a back support of a blanket roll, or on the back.

Comfort: Babies are usually comfortable when you are. Room temperatures, between 65-72 degrees are fine. Do not over bundle the baby. The baby's skin should feel slightly cool to touch. Over bundling will cause the baby to sweat and be fussy. On hot days proper ventilation is needed and on cold days proper clothing should be provided.

Type of bed: Your baby may sleep in a bassinet or a crib but never your bed-- this can be dangerous. Use a firm, flat mattress. No pillow should be used. A firm tight sheet should be used without loose bedding. Place toys out of the crib or away from the baby's head.

Smoking: Do not smoke around the baby, even in the house or car. Passive smoking is harmful. It causes airway irritation and increases the risk of upper airway infections. When parents smoke, abuse drugs or alcohol, they may be teaching their children to do these things too. For your own health, as well as your child, please don't smoke.

Car Seats: Every baby should be in a car seat **every time** the baby is in a car. Holding the baby will not provide protection in the event of an accident. Make sure the seat has a label certifying it meets Federal Motor Vehicle Safety Standards (FMVSS) 213. Car seats are most effective if used facing backwards in infants up to 20 lbs. The safest place in cars is in the center of the back seat. Make sure the seat is hooked into the car as directed.

Signs of Illness: Please call us right away if the following events occur in your newborn baby, especially during the first 6 weeks:

* Rectal temperature greater than 100.5 degrees
* Persistent or increased vomiting
* Persistent poor feeding for 2 feeds
* Lethargy, inability to waken for 2 feeds
* Poor urine output, no wet diaper 6-8 hours, dry lips
* No bowel movement for 5-7 days, large increase in number of stools
* Excessive crying or irritability > 3 hours
* Unusual rashes or persistent rashes
* Increasing jaundice

SUGGESTED LIST OF SUPPLIES

Children get ill at the most awkward times-- usually 3 AM on a Sunday, in the midst of a freak hurricane. The following items are very helpful when your child is ill, and is much easier if you have them on hand.

Medications:	Acetaminophen (Tylenol, etc.)-- liquid and suppositories
	Benedryl
	Ibuprofen suspension (Children's Motrin, etc.)
	Mylicon Infant Drops
	Maalox
Supplies:	Glycerin suppositories
	Thermometers-- rectal thermometer <6 mo. old
	Vaporizer (cool mist preferred)
	Measuring spoons for measuring out medicine
	Aspirator (suction nose of infant)
	Pedialyte or Infalyte, Gatorade
	Eucerin Cream
	Rubbing alcohol
	Cotton balls/ Q-tips
	Lots of patience and TLC

SUGGESTED REFERENCES AND READING

1) What to Expect the First Year by Eisenberg, Murkoff, and Hathaway
2) How to Talk So Kids Will Listen, and Listen So Kids Will Talk by Faber and Mazlish (for discipline and communication > 3 yrs old)
3) Without Spanking or Spoiling by Elizabeth Crary (for behavioral problems in toddlers and preschool children)
4) Solve Your Child's Sleep Problems by Ferber
5) Caring For Your Young Child Ages 0 to 5 by Shelov
6) Your Child's Health by Barton Schmitt