



AND



**Pediatric Place**  
**After Hours Urgent Care**

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# WELCOME

Welcome to your Pediatric Place. We provide complete medical care from birth to 21 years of age.

## Office Staff

Our staff is devoted to the care of children and cherish your decision to choose our solo practice.

Dr. Michele Johnson-Towson is a board certified pediatrician and a fellow of the Academy of Pediatrics with many years of experience. We can offer you and your child the individual care and concern with a personal touch.

## Your first office visit

When coming to the center for the first time, we need:

- ✓ your child's insurance card
- ✓ a release of medical records
- ✓ copies of preexisting medical problems
- ✓ immunization records (we urge you to keep a copy for your own file)
- ✓ we have after hours urgent care – when your child gets sick – later in the day

## Telephone/After Hours/Emergencies

The phone is an important tool. We encourage you to call during office hours for non-emergency questions, guidance, appointment scheduling and lab results. After hours you can reach the on call physician by dialing our regular office phone number which will be answered by our service. Your message will be forwarded to us. Whenever you call, be sure to have the following information:

- ✓ Phone number where you can be reached
- ✓ Number of an open Pharmacy
- ✓ Child's age, weigh, temperature
- ✓ Any allergies
- ✓ Current medications
- ✓ Brief description of the problem

## **REASONS TO CALL AFTER HOURS:**

- ✓ Any trauma that has occurred.
- ✓ If a baby is less than 3 months of age and develops a rectal temperature greater than 100.4°F.
- ✓ Behavioral changes such as refusing to take a bottle for more than 3 feeding sessions, listlessness, or uncontrollable crying.
- ✓ Vomits repeatedly over 1/2 of the feeding.
- ✓ Has frequent watery stools (greater than 4-5 a day), especially with blood or mucus.
- ✓ Has pus, redness, odor around the cord.
- ✓ Has a severe rash.
- ✓ Any difficult or labored breathing, especially choking, rapid breathing, excess coughing or appears to stop breathing.
- ✓ Any seizure, continuous jerking or loss of consciousness.
- ✓ Parents feel angry, out of control with concern of child abuse.

### **These problems usually can wait until regular office hours:**

- slight nasal congestion without fever or without frequent coughing
- constipation
- pinworms
- rashes present for several days not getting worse
- prescription refills for routine medicines
- chronic cough not getting worse

## GETTING TO KNOW YOUR BABY

Congratulations on becoming parents. You are about to experience wonderment and excitement as well as frustrations and challenges. There will be days when you are unsure. Our goal is to help you build confidence in your abilities as parents.

This booklet will provide some basic information to help care for your child. It is not a substitute for common sense or regular visits to your doctor. We recommend that you refer to it often rather than relying on the advice of neighbors or relatives. With guidance and experience, you will develop more confidence in your own abilities so you can relax and enjoy your baby. Given time, patience, and flexibility, all of this will come together.

### Care of the Newborn

We will visit your baby in the hospital on the first day of life for a thorough check-up. The baby must be able to satisfactorily eat, urinate and stool prior to discharge from the hospital.

The newborn is remarkably adaptable to the environment. Also, remember your baby is an individual from day one. Try not to worry too much and enjoy your baby. Between sleeping and feeding, babies yawn, hiccup, burp, pass gas, cry, and may even startle easily. Everybody will want to see and touch your baby. Make sure they wash their hands and try to avoid contact with people who are sick.

- ✓ **Weight Loss** - All babies lose 10% of their birth weight in the first week. This is normal.
- ✓ **Bathing** - Sponge bathe your baby every day after he is home from the hospital. You may use baby soap or plain water. After the umbilical cord is off, you may give the first tub bath. Then you may bathe your child every day. Be sure to wash the diaper area with water after stooling and pat the bottom dry - this will prevent rashes.

### Head to Toe

- ✓ **HEAD** - It is common to have molding or bruises on the head, which take a couple of days to look normal. If forceps were used in the delivery, there may be a mark that will usually fade.
- ✓ **SOFT SPOT** - The spot on the baby's head is actually a very hard protective membrane that is not any more fragile than the rest of your little one.
- ✓ **EYES** - Initially your baby may look slightly cross-eyed. That is usually normal. If it lasts more than 1 month, be sure to let your pediatrician know. If there is a slight discharge from the eye you can gently clean it with a cotton sponge.

- ✓ MOUTH - No special care is needed. If whitish plaques develop on the inside of the mouth, on the cheeks, or tongue that do not wipe off, give us a call during office hours. This may be thrush.
- ✓ BREASTS - Both boys and girls may have enlarged breasts at birth. Some may have milky discharge. This is normal. It will go away after maternal hormones wear off.
- ✓ CORD - This usually falls off within 1-3 weeks of age. You can help it fall off by gently pulling up on the cord and swabbing around the base with alcohol-soaked cotton balls each time you change your baby's diaper. To keep the cord dry and free of urine, fold the diaper underneath the cord.
- ✓ CARE OF THE CIRCUMCISION - Your obstetrician will circumcise your baby boy if you request it. Apply A & D ointment or Vaseline with each diaper change for 7 days. Apply the diaper loosely to prevent friction. It is normal on the second day for a yellowish-white discharge to form as part of the healing process. This is not a sign of infection. If the penis becomes very red or swollen call the office.
- ✓ UNCIRCUMCISED CARE - Do not retract the foreskin. Gently wash the area with soap and water.
- ✓ VULVA CARE - There may be a white discharge or slight bleeding from the vagina. This is normal due to maternal hormones. Gently clean the area with a wet moist cloth from front to back after each diaper change.
- ✓ NAILS - Use an infant file. Babies tend to scratch their faces or eyes. In between filings you can place socks on their hands. It is best to file the baby's nails when they are asleep.
- ✓ SKIN - In the first week your baby's skin may have red raised bumps. This is normal. If it looks like a water blister you need to call your doctor. The skin will dry up and peel in the first couple of weeks. We advise you to use mild baby soap and use it sparingly.
- ✓ MONGOLIAN SPOTS - Some babies will have bluish spots on the buttocks and legs. This is normal and will go away in a couple of years.
- ✓ STORK BITES - Many infants have flat red spots on their eyelids, forehead, or nape of neck. They get redder with crying. In most cases they will go away in a couple of years.

## **Diaper Rash**

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Clean the area with water and washcloth after each diaper change. Diaper rash is usually caused by urine, stool or chemicals. Try to wash the diaper area frequently with water and pat dry.

After each change, apply a barrier of Desitin, A & D ointment, Balmex, Diprotex or Zinc Oxide. A red bumpy rash may be a yeast infection. Please call for an appointment.



## **Cloth Diapers**

You will need 3-4 dozen diapers and a non-plastic cover. After use, soak the diapers in a diaper pail with Borax at least overnight. Then wash the load separately. Dreft is recommended for all of your baby's clothes.

## **Stools/Constipation/Diarrhea**

Bowel movements vary greatly with each infant. Your baby may stool with each feed or only once every 1-3 days. Stool consistency is usually seedy and soft. Most babies will cry, grunt, strain and turn red in the face when having a bowel movement. After the first week of life, your baby may not stool for 3 or more days. This is normal. It is not a pediatric emergency. If the stool is very hard call during normal office hours.

Diarrhea is defined as excessively watery stools with large frequency and volume. If this occurs you may try Kaoelectrolyte or Pedialyte. Do not use for more than 1 day before calling the office.

# **FEEDING YOUR BABY**

## **Breast Feeding**

We encourage you to breast feed. There is no better source of nutrition for your growing infant. It meets the newborn's nutritional needs. It is convenient and economical and it is a gift of love that only a mother can give.

Babies that breast feed have less problems with milk allergies, have fewer infections, and it is a great way to nurture and bond with your baby.

Be patient with yourself and your baby. It will take practice and a couple of days for your milk to come in.

However, breast feeding is not for everyone. Some prefer to use commercially available formulas, such as Enfamil with Iron.

## **Breast Feeding Tips**

Put the baby to your breast early, in the delivery room, if possible. The more your infant sucks the sooner your milk will come in.

- ✓ Position your infant in your arms, open your child's mouth and make a good seal around your areola.
- ✓ Make sure the baby is on the areola (dark part around your nipple) and not just the nipple because clamping down on the nipples will make them sore.

- ✓ You may notice that your nipples are cracked and sore. This is normal. It will take about 3 days for your milk to come in.
- ✓ Alternate which breast you start with. Drink plenty of fluids and get enough rest. You do not need to drink a lot of milk yourself to make milk.

## **Breast Care**

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Some common problems include:

- ✓ **ENGORGEMENT** - uncomfortable swelling of the breasts when your milk comes in. Engorgement is best managed by frequent, round-the-clock nursing and the use of a breast pump or hand expression to remove excess milk. Applying heat to the breasts helps to improve milk flow. Cool compresses between feedings may also help.
- ✓ **SORE NIPPLES** - usually begins on the 2nd-3rd day. Sore nipples can be minimized by:
  1. Nursing for shorter periods at more frequent intervals;
  2. Ensuring that the baby latches on and is removed from the breast correctly;
  3. Air drying nipples after feedings;
  4. Applying ice packs to the breasts;
  5. Beginning feedings on the least sore side; and
  6. Varying positions of breast feeding.

## **Maternal Diet**

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- ✓ Eat a well balanced diet and drink plenty of non-caffeinated liquids.
- ✓ Continue your prenatal vitamins.
- ✓ Avoid highly seasoned foods and certain foods such as cabbage, garlic, and broccoli, which may cause gas or diarrhea.
- ✓ Avoid taking medications, smoking, or drinking alcohol while breast feeding. Call our office if you have any questions regarding medications while breast feeding.
- ✓ To avoid spitting and discomfort, burp the baby after 5-10 minutes and at the end of feeding or between breasts.
- ✓ Breast feed the baby from 5-30 minutes on each breast.
- ✓ Breastfed babies have frequent stools. Initially they stool after every feeding. The stool is usually loose, seedy, and smells sweet. After the first week, the stools may decrease to about one every 1-3 days.
- ✓ Babies should have about 4-5 wet diapers a day. This, together with the swallowing and gulping sound heard while feeding, ensures that baby is taking in enough milk.

## **Supplements**

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After your milk comes in and if your baby doesn't seem to be satisfied, especially when the baby is a few weeks old, you may want to supplement breast feeding with Enfamil with Iron. You can give a bottle of formula, such as Enfamil with Iron, if you absolutely need sleep or need to be away. Refrigerate breast milk for 24 hours only. It is advised to wait to supplement until milk supply is established. You can freeze breast milk for 2 weeks to a month depending on the temperature of your freezer.

## **Bottle Feeding**

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If you choose to bottle feed initially or decide to wean your baby off the breast we will respect your decision. We recommend either formula, such as Enfamil with Iron, or breast milk as the sole source of nutrition in the first four months of life. Breastfed babies don't require solid foods until 6 months, while formula fed babies should start iron-fortified cereals at 4 months. In addition to baby and table food, continue with formula or breast milk until the first birthday. Iron in the formula does not cause constipation.

Formulas are available in liquid concentrate, powder or ready to feed. Be sure to follow the directions on the can. A little more or less may cause a major imbalance in your baby.

Preparation of formula:

- ✓ Use a clean work surface, clean utensils and hands.
- ✓ Make sure that nipples and bottles have been properly washed. You can use a dishwasher, or bottle brush with boiling water to assure thorough cleaning.
- ✓ In our group, some pediatricians recommend using boiled or bottled water only to mix formula. Others agree that it is OK to use city or county tap water to mix formulas. Ask your pediatrician for his/her recommendation.
- ✓ When ready to feed, make sure formula is cool enough. Check it by sprinkling a few drops on your inner wrist. Remember that cool or cold formula will not hurt the baby.
- ✓ Keep the formula in the refrigerator for up to 48 hours then discard.
- ✓ After the baby has drank from the bottle, throw the remaining formula out.
- ✓ Never prop the baby's bottle or leave the infant to feed himself.
- ✓ When burping hold the baby upright and gently rub his back. You can hold the baby over your shoulder, in the sitting position, or face down on your lap.
- ✓ Burp the baby every 1/2 ounce until 2 weeks old, then every 2 ounces.

## **Schedule of Feedings**

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Generally the newborn infant is very sleepy for the first day or two of life. Your baby will need to be fed every 3 hours, then every 4 hours after the first week. The baby's demand is the best way to gauge feedings. Normally, the feeding lasts about 30 minutes. Your baby will take 1-2 oz. the first week of life

and up to 4 oz. by 2 weeks of life. Do not worry if your infant will not take all of the normal feeding. Chances are that your baby will take more at the next feeding.

## Spitting Up

Expect some spitting and occasional vomiting. Normally, babies will spit 1 teaspoon per feed. If your baby vomits more than 1/2 of the feeding, call the office. Never prop the bottle up or leave your infant. Hold your baby so both of you are comfortable. Tilt the bottle so the nipple is full of formula. Handle the baby gently during and after feedings.

## Starting Baby Foods

Your baby will be ready for solids around 4 to 6 months of age. Your baby may be showing great interest in food. In addition to baby foods your child should receive breast or formula with iron until he is 1 year old. During the first 6 months of life, baby foods and juices do not improve baby's nutrition and may cause allergies. Avoid giving whole milk until one year of age.

	<b>4-7 Month</b>	<b>8-12 Month</b>
<b>Cereals</b>	✓ May offer rice cereal with a spoon	✓ Try oatmeal, wheat cereal, etc.
<b>Fruit Juices</b>	✓ 100% juices only * ✓ Offer from a cup at 6 months ✓ No citrus or tomato	✓ May introduce orange** juice
<b>Vegetable-Fruit</b>	✓ Offer cooked strained or jarred baby foods ✓ Vegetables first then fruits	✓ Mashed potatoes ✓ May give soft fruits ✓ May introduce Biscuit
<b>Meats</b>	✓ No added salt or sugar	✓ May try mixed dinner, ground meat

- ✓ Do not give honey under 2 years of age.
- ✓ Introduce only one new food a week to make sure the baby will tolerate it.
- ✓ Your child should always be sitting up and never left unattended while eating finger foods.
- ✓ Until your child is at least 4 years old avoid foods which may cause choking. These include: Popcorn, nuts, hard small foods such as chunks of carrots, hot dogs, uncut grapes, etc.

\* no more than 6 oz./day

\*\* no more than 12 oz./day

## Water/Fluoride

Babies get adequate liquid from breast milk or formula. Water supplement is not necessary. If you decide to give water to an infant limit it to 2 ounces a day.

We suggest that you boil well water or use tap water. If well water or bottled water is used we will offer you an oral fluoride supplement. If you use tap water check your water supply to see if it is fluorinated. If not, we will provide oral fluoride drops.

## Common Concerns in the Newborn

**Sleeping/Bassinet/Crib** - The bassinet is appropriate for the first 2 months. After that time, use a crib. It should be approved by the national safety council. The mattress should be firm and fit in the crib without gaps. Do not put pillows, toys or excess bedding in the bed. The best position for sleeping indicated by the American Academy of Pediatrics is on the back or side. This decrease the risk of crib death.

**Jaundice** - This occurs during the first week of life especially with breast fed infants. We will see your baby before he goes home from the hospital and will decide if the bilirubin level needs to be checked. Also, if the mother's blood type is O or Rh (-), we will check the cord blood. We will also give you information and instructions on follow-up when the baby is discharged. Frequent breast or bottle feeding will help jaundice. Opening the blinds in the house and increasing the INDIRECT sunlight on the baby will also help. Be sure to call the office if you have any questions.

**Colic** - Babies normally cry about 2-3 hours a day. Babies that are colicky have an intermittent, unexplained fussiness sometimes associated with gas. Babies usually outgrow this by three months of age. Here are some tips:

- ✓ If breast feeding, eliminate spicy foods, caffeine intake and gas forming vegetables such as broccoli, cabbage, peppers, etc.
- ✓ Give your baby more physical contact by walking, rocking, or putting him in the car seat and taking a car ride.
- ✓ If your baby cries uncontrollably for more than 1 hour, call our office for advice.

## Teeth/Teething

Primary teeth are important even though they will be replaced by secondary teeth. They aid in growth of the jaw and placement of the secondary teeth. The teeth enhance the ability to eat, and general appearance of the child. Around six months of age or earlier, the lower front incisors are the first teeth to come in. Teething does not seem to cause significant illness, but it may. Most

commonly babies experience some fussiness, drooling, excessive chewing, and a slight decrease in appetite.

Low-grade fever, colds, nasal congestion and diarrhea may occur more frequently with teething. However if you have any concerns, please contact your doctor.

### **To Relieve Teething Discomfort:**

- ✓ Wipe the gums with an ice cold wash cloth.
- ✓ Provide freezable teething rings or toys.
- ✓ Give teething biscuits if old enough to sit up.
- ✓ Use a topical anesthesia (like Orajel) or Tylenol only after trying above and if your baby is absolutely uncomfortable.

### **Dental Care**

As soon as the first tooth comes in you should assume routine dental care. Clean the teeth daily with a clean washcloth or gauze. When he is about one year of age, you may use a soft, small toothbrush, and you can use about a pea size of toothpaste. This will seem like play to your baby, but you are establishing life-long habits. Your child will need assistance with brushing and toothpaste until school age.

There will be a total of twenty primary teeth which will come in by 2 or 3 years of age. Unless there are problems, the first dental visit should be at that time. It should be a relaxed fun experience. Please try to select a Pediatric Dentist in case an emergency arises.

Never put your baby to bed with a bottle of milk, juices, Kool-aid, etc. The sugar will cause rotting of the teeth. Eliminate the nighttime bottle after the front teeth have erupted.

### **Tips for Teeth**

- ✓ Brush teeth after eating.
- ✓ Protect teeth with topical or oral fluoride if not in your water supply.
- ✓ Give sweet snacks in moderation.

### **Pacifiers**

During the first six months, a pacifier can help soothe and comfort your infant. Pacifiers designed like the breast are best. Avoid using the pacifiers when teeth come in. This will avoid malformation of the dental arches. Do not attach the pacifiers to the baby using a long cord because it may choke them.

# WELL CHILD CARE AND IMMUNIZATIONS

2 weeks - well baby care

1 month - well child care HBV #1 or 2 (if HBV #1 given in hospital)

2 month - well child care DPT/OPV/HIB #1, HBV #2 / Start Prevaar

4 month - well child check up DPT/OPV/HIB #2

6 month - well child check up DPT/OPV/HIB #3

9 month - well child check up HBV #3, Urine analysis/HCT/Lead (if at risk)

12 month - PPD/MMR/HIB/Varivax (chicken pox shot)

15 month - DTAP or DTP

18 month - well child care HIB

2 years - well child check up Immunization update, urine analysis

3 years - well child check up, B/P, dental check up

4-6 years - DTAP or DTP, OPV/PPD/MMR #2/Cholesterol screens blood pressure

10-12 years - MMR (if not previously given) PPD

14-16 years - TD repeat every 10 years throughout life

## Abbreviations

DPT Diphtheria, tetanus, pertussis (whooping cough)

DTAP Diphtheria, tetanus, Acellular Pertussis (older than 15 months)

HIB Hemophilus influenza type b (spinal meningitis)

HBV Hepatitis B Vaccine

MMR Measles, mumps, rubella (German measles)

OPV Oral Polio Vaccine

TD Tetanus Booster

PPD Purified protein derivative (tuberculosis)

## Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

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

Vaccine ▼	Age ▶	Birth	1 month	2 months	4 months	5 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>		HepB	HepB					HepB					
Rotavirus <sup>2</sup>				RV	RV	RV <sup>2</sup>							
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP	DTaP	DTaP	see footnote <sup>3</sup>	DTaP	DTaP			DTaP
Haemophilus influenzae type b <sup>4</sup>			Hib	Hib	Hib <sup>4</sup>	Hib	Hib						
Pneumococcal <sup>5</sup>			PCV	PCV	PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus <sup>6</sup>			IPV	IPV	IPV	IPV	IPV						IPV
Influenza <sup>7</sup>									Influenza (Yearly)				
Measles, Mumps, Rubella <sup>8</sup>									MMR	see footnote <sup>8</sup>			MMR
Varicella <sup>9</sup>									Varicella	see footnote <sup>9</sup>			Varicella
Hepatitis A <sup>10</sup>									HepA (2 doses)				HepA Series
Meningococcal <sup>11</sup>													MCV4

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 31, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations. <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-832-7963.





## **Colds**

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Colds and upper respiratory infections are usually caused by viral infections. They are best avoided by limiting exposure of young children to company and GOOD HANDWASHING.

With colds, children can develop a runny or stuffy nose. If a cough and fever accompany the symptoms, the patient needs to be seen during office hours.

For nasal congestion, you can clear each nostril with saline solution, either over the counter saline drops or home prepared. Mix 1/4 tsp. of salt, 1/4 tsp. of baking soda in 4 oz. of water. Then place 2-3 drops of the salt solution in each nostril. Then suction out the mucus with the blue bulb syringe. Repeat on other side. Do this before feedings and at bedtime. Elevate the head of the baby's bed 30 degrees. A humidifier or vaporizer also may be helpful.

## **Temperature/Fever**

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A baby's temperature is normally between 98.6° and 100.4° F rectally. If your child is less than 3 months of age and the rectal temperature is greater than 100.4° F, this is considered a fever and you need to contact us immediately. If the baby is older you may give them acetaminophen. Do not give acetaminophen or any medications to children under 2 months of age. Do NOT give any Aspirin products to children! Common fever causing infections are colds, ear infections, tonsillitis, sore throats, bronchitis, or bladder infections. Many infections are viral and do not require antibiotics. Please check with your doctor. For infants older than 6 months, you may use ibuprofen (children's motrin or advil) if the fever is not responding to acetaminophen.

## Acetaminophen Dosage Chart

### Tempra® Acetaminophen Dosage

Age	Approximate Weight Range	Drops Tempra 1*	Syrup Tempra 2**	Chewables	
				80 mg Tempra 3	160 mg Tempra 3
Under 3 mo	Under 13 lb	At physician's direction	—	—	—
3 to 9 mo	13-20 lb	1 dropper	1/2 tsp	—	—
10 to 24 mo	21-26 lb	1-1/2 droppers	3/4 tsp	—	—
2 to 3 yr	27-35 lb	2 droppers	1 tsp	2 tablets	—
4 to 5 yr	36-43 lb	3 droppers	1-1/2 tsp	3 tablets	1-1/2 tablets
6 to 8 yr	44-62 lb	—	2 tsp	4 tablets	2 tablets
9 to 10 yr	63-79 lb	—	2-1/2 tsp	5 tablets	2-1/2 tablets
11 yr	80-89 lb	—	3 tsp	6 tablets	3 tablets
12 yr & older	90 lb & over	—	3-4 tsp	6-8 tablets	3-4 tablets

\* drops = 80 mg - 0.8 mL

\*\* syrup = 160 mg - 1 tsp, or 5 mL

- ✓ Do not give over 5 doses in 24 hours.
- ✓ Acetaminophen has many names: Tempra, Liquiprin, Panadol, Tylenol, generic name, etc. Read the labels carefully before buying and ask the pharmacist. If you are still unsure call us. It is important not to give the infant drops at the larger syrup dose. The drops are much more concentrated. Too high of a dose over time may cause liver damage.
- ✓ Do not interchange liquid concentrations.

## Ibuprofen Dosage Chart

weight			age	oral drops	suspension	chewable	chewable	caplets
lbs	kg	years		50 mg/1.25 mL	100 mg/5 mL	tablets 50 mg	tablets 100 mg	100 mg
12-17	5.5-7.9	6-11 mo		1 dropper	1/2 tsp			
18-23	8-10.9	12-23 mo		2	1	2 tab	1 tab	
24-35	11-15.9	2-3		3	1-1/2	3	1-1/2	
36-47	16-21.9	4-5			2	4	2	2 cap
48-59	22-26.9	6-8			2-1/2	5	2-1/2	2-1/2
60-71	27-31.9	9-10			3	6	3	3
72-95	32-43.9	11			4	8	4	4

- ✓ Ibuprofen has many names: motrin, advil, etc.
- ✓ Watch for upset stomach.

## Other things To Do For a Fever:

- ✓ Dress in light weight clothing and recheck the temperature in 30 minutes.
- ✓ Give plenty of fluids.
- ✓ If the child is older and the fever persists for more than 1 hour after Tempra is given, then bathe 20 minutes in tepid water or sponge bath.

## Things for the Medicine Chest

- ✓ Acetaminophen liquid, tablets (or Rectal suppositories if vomiting)
- ✓ Thermometer-glass or digital
- ✓ Blue bulb syringe
- ✓ Saline drops
- ✓ Polysporin for cuts
- ✓ Alcohol for infant cord
- ✓ Pedialyte (unopened) for diarrhea or vomiting
- ✓ Bandages
- ✓ Iodine or peroxide
- ✓ Infant medicine dropper or dispenser or syringe
- ✓ Syrup of Ipecac

## Signs of Illness

A parent can usually tell if their baby is ill by noting a rapid change in behavior, a change in mental state or the presence of a fever. The following are absolute reasons to contact us:

- ✓ Any trauma that has occurred
- ✓ If a baby is less than 3 months of age and develops a rectal temperature greater than 100.4°F.
- ✓ Behavioral changes such as refusing to take a bottle for more than 3 feeding sessions, listlessness, or uncontrollable crying.
- ✓ Vomits repeatedly over 1/2 of the feeding.
- ✓ Has frequent watery stools (greater than nine a day), especially with blood or mucus.
- ✓ Has pus, redness, odor around the cord
- ✓ Has pus, redness or oozing lesions on the skin.
- ✓ Has a severe rash.
- ✓ Any difficult or labored breathing, especially choking, rapid breathing, excess coughing or appears to stop breathing.
- ✓ Any seizure, continuous jerking or loss of consciousness.

## **Safety**

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Please be aware that accidents are the leading cause of death in childhood. Drowning is the second leading cause of childhood deaths. The good news is that ACCIDENTS ARE PREVENTABLE! We can lessen the likelihood of poisonings, suffocation, falls, burns, choking, auto and bike accidents if we PROTECT OUR CHILDREN!

- ✓ Never leave your child unattended or without supervision
- ✓ Pick up loose items on the floor or in reach (i.e. small toys, plastic wrappers, coins, pins, etc.).
- ✓ Keep pocketknives out of reach, not on the floor.
- ✓ Use child-proof locks, lids, and gates
- ✓ Do not use infant walkers.
- ✓ Keep medicines, poisons, cleaners, matches, and cigarettes out of reach
- ✓ Use appropriate car seats, bike helmets, and safety gear.
- ✓ Use water safety at all times! Have child-proof barriers around pools. Watch out around the pool, pond, lake, ocean and bathroom.
- ✓ Turn down your water heater temperature to less than 120° to prevent scalding.

Call 911 in an emergency. You have access to one of our Podiatrists 24 hours a day if you need help! Just call our office phone number: (813) 632-0772.

## **Poisoning**

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Please follow the safety tips mentioned above. Keep Syrup of Ipecac in a 2 ounce bottle at home. Please call your doctor or poison control before giving. Do not give Syrup of Ipecac if you suspect your child has swallowed kerosene, gasoline, alkali-type or acid-type chemicals or petroleum products. Be sure to call us if you turn an open medicine container and you are not sure if your child has taken anything!

**Poison control number: 1-800-262-3171.**

## **A Final Note**

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We hope these guidelines will be useful on your wonderful and busy path of caring for and protecting your child. Trust your instincts along the way. We welcome any questions or concerns that you may have about your child's health, growth, and well-being.

# SHOT RECORD

Vaccination	2 months	4 months	6 months	12-18 months	Prior to School
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DPT \_\_\_\_\_

HIB \_\_\_\_\_

Polio \_\_\_\_\_

MMR \_\_\_\_\_

TB \_\_\_\_\_

HBV #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

TD \_\_\_\_\_

Prevnar \_\_\_\_\_

Other \_\_\_\_\_

Vaccines \_\_\_\_\_

Chickenpox \_\_\_\_\_

Varivax \_\_\_\_\_

## RECORD OF ALLERGY OR SENSITIVITY

DATE	AGE	ALLERGY/SENSITIVITY

## NEWBORN INFORMATION

Date (Discharge) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Weight at Birth \_\_\_\_\_ lbs \_\_\_\_\_ ounces

Discharge Weight \_\_\_\_\_ lbs \_\_\_\_\_ ounces

Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Apgars: 1 Min \_\_\_\_\_ 5 Min \_\_\_\_\_

### **Feeding Instructions**

Maternal Breast Milk \_\_\_\_\_

Formula: Type \_\_\_\_\_

How Often: \_\_\_\_\_

Labs \_\_\_\_\_

Problems \_\_\_\_\_

Instructions \_\_\_\_\_

Medications \_\_\_\_\_

Follow up appointment \_\_\_\_\_

- Anticipatory:
1. Prevents accidents and falls
  2. Car seat from hospital
  3. Stimulation with visual, auditory and tactile stimulation.

- Development:
1. Focuses on faces
  2. Startles to noise

## 2 WEEK VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

1. Breast Feeding: \_\_\_\_\_

Duration \_\_\_\_\_

Frequency \_\_\_\_\_

2. Formula Type: \_\_\_\_\_ quantity \_\_\_\_\_ ounces \_\_\_\_\_

3. Feeding Problems \_\_\_\_\_

4. Has umbilical cord fallen off? Yes  No

5. Frequency of Stools \_\_\_\_\_

6. Problems \_\_\_\_\_

\_\_\_\_\_

Instructions \_\_\_\_\_

Immunizations \_\_\_\_\_ Medication \_\_\_\_\_

Follow up appointment \_\_\_\_\_

Development: Focus on Face \_\_\_\_\_ Hears \_\_\_\_\_

Eyes Crossed \_\_\_\_\_ Smiles \_\_\_\_\_

Anticipatory: 1. Colic 2. Car Seat Safety

3. No sun exposure 4. Never leave unattended

5. Play and interact with child

Development: 1. Lifts head

2. Moves all extremities

3. Coos



## 2 MONTH VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

1. Breast Feeding: \_\_\_\_\_

Supplement \_\_\_\_\_

2. Formula Type: \_\_\_\_\_ Quantity \_\_\_\_\_

3. Feeding Problems \_\_\_\_\_

4. Frequency of Stools \_\_\_\_\_

5. Problems \_\_\_\_\_

Instructions \_\_\_\_\_

Immunizations \_\_\_\_\_

Medications \_\_\_\_\_

Development \_\_\_\_\_ Turns head to voice \_\_\_\_\_

Holds Head 45° \_\_\_\_\_ Grasps Rattle \_\_\_\_\_

Babbles \_\_\_\_\_ Rolls Over \_\_\_\_\_

- Anticipatory:
1. Never leave unattended
  2. Use playpen after 3 months of age
  3. No sun exposure
  4. Watch for hot liquids

- Development:
1. Smiles spontaneously
  2. Follows with eyes

## 4 MONTH VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

1. Breast Feeding: \_\_\_\_\_

Supplement \_\_\_\_\_

2. Formula Type: \_\_\_\_\_ Quantity \_\_\_\_\_

3. Water \_\_\_\_\_ Vitamins \_\_\_\_\_

Cereal \_\_\_\_\_ Vegetables \_\_\_\_\_

4. Problems \_\_\_\_\_

Instructions \_\_\_\_\_

Immunizations \_\_\_\_\_

Medications \_\_\_\_\_

- Anticipatory:
1. Check toys for breakage
  2. Keep powder, cleaners and small objects away
  3. Never leave baby alone in water

- Development:
1. Rolls over
  2. Grasps rattle
  3. Turns to sounds
  4. Looks at hands

## 6 MONTH VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

1. Breast Feeding: \_\_\_\_\_

Supplement \_\_\_\_\_

2. Formula Type: \_\_\_\_\_ Quantity \_\_\_\_\_

3. Water \_\_\_\_\_ Vitamins \_\_\_\_\_

Strained Meats \_\_\_\_\_ Vegetables \_\_\_\_\_

4. Feeding Problems \_\_\_\_\_

Instructions \_\_\_\_\_

Immunizations \_\_\_\_\_

Hematocrit \_\_\_\_\_

First Dental Eruption \_\_\_\_\_

- Anticipatory:
1. No Walkers
  2. Baby proof Electrical Outlets
- Development:
1. Sits with support
  2. Finds feet
  3. Grabs objects

## 9 MONTH VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

1. Breast Feeding: \_\_\_\_\_

Supplement \_\_\_\_\_

2. Formula Type: \_\_\_\_\_ Quantity \_\_\_\_\_

3. Water \_\_\_\_\_ Vitamins \_\_\_\_\_

Finger Foods \_\_\_\_\_

4. Feeding Problems \_\_\_\_\_

Instructions \_\_\_\_\_

Immunizations \_\_\_\_\_

Hematocrit \_\_\_\_\_ UA \_\_\_\_\_ Lead \_\_\_\_\_

Anticipatory: 1. Be sure to child proof the house before walking

2. Upgrade to toddler car seat

Development: 1. Pulls to stand

2. Shy with strangers

3. Claps

## 1 YEAR VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Development:

Creeps, stands with support \_\_\_\_\_ Imitates Speech \_\_\_\_\_

Shows left/right hand preference \_\_\_\_\_ Speak and Understand \_\_\_\_\_

6-8 teeth \_\_\_\_\_ Pincer grasp \_\_\_\_\_ Triple birth weight \_\_\_\_\_

Junior Foods \_\_\_\_\_

Table Foods \_\_\_\_\_

The following foods **should not be given to a young child:**

1. Nuts
2. Large chunks of hot dogs
3. Popcorn
4. Uncut grapes

Instructions \_\_\_\_\_

PPD \_\_\_\_\_

Immunizations \_\_\_\_\_

Anticipatory: Watch out for household poisons

- Development:
1. Walks
  2. Says 2 words
  3. Drinks from cup

## 15 MONTH VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Walk \_\_\_\_\_ Builds tower of two blocks \_\_\_\_\_

Uses Spoon \_\_\_\_\_ Helps turn pages in book \_\_\_\_\_

Follows simple commands \_\_\_\_\_ Points \_\_\_\_\_ Hugs \_\_\_\_\_

Words \_\_\_\_\_

Instructions \_\_\_\_\_

Immunization \_\_\_\_\_

- Anticipatory:
1. Keep hot liquids out of reach
  2. Pool Safety
  3. Temper tantrums/Time out

- Development:
1. Walks backwards
  2. 3-5 words
  3. Scribbles
  4. Uses spoon

## 18 MONTH VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Development:

Runs \_\_\_\_\_ Climbs stairs with support \_\_\_\_\_

Explores \_\_\_\_\_ Use Adjective-Noun phrases \_\_\_\_\_

Instructions \_\_\_\_\_

Immunizations \_\_\_\_\_

Hematocrit \_\_\_\_\_

- Anticipatory:
1. Nightmares
  2. Bike helmet
  3. Sunscreen
  4. Obtain syrup of Ipecac

- Development:
1. Runs
  2. 6-10 words
  3. Removes clothes

## 2 YEAR VISIT

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Development:

Climbs on furniture \_\_\_\_\_ Jumps \_\_\_\_\_

Helps to undress self \_\_\_\_\_ Uses toilet \_\_\_\_\_

Names familiar animals and objects \_\_\_\_\_

Plays catch and toss with a ball \_\_\_\_\_

Instructions \_\_\_\_\_

Immunizations \_\_\_\_\_

PPD (if at high risk) \_\_\_\_\_

Hematocrit \_\_\_\_\_

Yearly physical exams are recommended from 2 yrs. to 18 yrs. of age.

- Anticipatory:
1. May start toilet training
  2. Limit TV
  3. Playground safety

- Development:
1. Jumps
  2. Combines words
  3. Brushes teeth



Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

Date \_\_\_\_\_ Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs. \_\_\_\_ ozs. Length \_\_\_\_\_ inches

Head Circumference \_\_\_\_\_ inches

## **PROGRESS RECORD**

Held head up \_\_\_\_\_

Smiled responsively \_\_\_\_\_

Followed with eyes \_\_\_\_\_

Sat alone \_\_\_\_\_

Crawled \_\_\_\_\_

First tooth \_\_\_\_\_

Drank well from cup \_\_\_\_\_

Pulled to stand \_\_\_\_\_

Walked \_\_\_\_\_

### **SPEECH DEVELOPMENT:**

Three to five words \_\_\_\_\_

Two to three word sentences \_\_\_\_\_

Complete sentences \_\_\_\_\_



**CONTAGIOUS DISEASE RECORD**

Chickenpox \_\_\_\_\_

Roseola \_\_\_\_\_

Measles \_\_\_\_\_

Rubella \_\_\_\_\_

Mumps \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_

Others \_\_\_\_\_



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