



Contacting your Child's Healthcare Doctor/NP

We understand that issues affecting your child's health can occur at any time and place, not just during our office hours. We have provided information for common health problems in the pages of this document to help inform parents of what they can do at home before bringing their children in to be seen. However, for questions that are not answered by the information provided, our pediatric specialists are just a phone call away 24 hours a day, 7 days of the week, including holidays! Here's how it works.

During regular office hours

Our Doctors and Nurse Practitioners are available to answer questions that may not require an office visit during the day! Please feel free to call into our office, and our reception staff will be happy to pass a message on to your child's provider or a nurse, depending on the type of question. Our Doctors/NP's will try to answer back within 24 hours, depending on how busy they may be during the day.

After office hours

In addition to office hours, the Pediatric Group will always have a Doctor/NP on call after hours. To reach this Doctor/NP, you may call into the normal office number (either 818-996-6000 or 818-735-5555). You should then follow the instructions on our automated answering service to leave one of two messages. We request that all calls follow the below guidelines:

1. Non-urgent messages.

These are messages for a Doctor/NP that *require* an answer that evening/day, but can wait up to 60-90 minutes for an answer. Examples include questions about routine care for common childhood illnesses or medication dosing that is not addressed already in this document. These messages will be answered until 8 pm.

2. Urgent messages

These are messages for the Doctor/NP that require an answer within 20-30 minutes. This can include questions about seeking immediate care (e.g. should the child be brought to an urgent care or ED), or questions about significant symptoms that need quick answers (how to deal with a head injury with a child that is conscious and acting normally).

Medical Emergencies

Any questions about medical emergencies, including questions about difficulty breathing, unconscious or minimally responsive children, or severe injury, should be directed to 911 for immediate assistance.

Fever

High fever can make a child uncomfortable, and although it can be frightening when your child's temperature rises, fever itself causes no harm and can actually be a good thing; it's often the body's way of fighting infections. If you think your child has a fever, make sure to take his or her temperature with a thermometer. You may be able to tell there is a fever by touching your child's forehead or back, but you need to use a thermometer to get the actual reading.

Any temperature >100.4 is considered a fever. You can treat a temperature with one of the following medications: Motrin/Advil/Ibuprofen/Tylenol. You can also alternate every 3 hours between Motrin and Tylenol. Tylenol can be given every 4 hours and Motrin can be given every 6 hours. Do not give Motrin to infants less than 6 months of age. If you have an infant 3 months or younger with a rectal temperature of 100.04 F (38 degrees C) or higher, call your doctor or go to the emergency department. Even a slight fever can be a sign of a potentially serious infection in very young infants.

Cough

Most childhood coughs are nothing to be worried about, and there are some ways to help your child feel better.

*If your child has asthma, make sure you have an asthma action plan from your doctor. The plan should help you choose the right asthma medications to give.

*For a "barky" or "croupy" cough, turn on the hot water in the shower, close the bathroom door so the room will steam up, and sit in the bathroom with your child for about 20 minutes. The steam should help your child breathe more easily. Try reading a book together to pass the time. Sometimes, brief exposure to cool air outdoors can relieve the cough. Make sure to dress your child appropriately for the outdoor weather and try this for 10 – 15 minutes. A cool-mist humidifier in your child's bedroom might help with sleep.

*Cool beverages can be soothing, and it is important to keep your child hydrated, but do not give soda or acidic drinks such as orange juice, as these can hurt a throat that is sore from coughing.

*Cough drops are OK for older kids, but kids younger than 3 years old can choke on them. It is better to avoid cough drops unless your doctor says that they are safe for your child.

Vomiting

Most of the time vomiting in children is due to a virus infecting the gastrointestinal tract. For infants younger than 6 months avoid giving plain water.

*Offer your baby small but frequent amounts of an oral electrolyte solution (Pedialyte) every 15-20 minutes, with a spoon or oral syringe, about 2-3 teaspoons, or up to ½ ounce (20 milliliters). It is important for infants that any fluids given have the correct salt balance, oral electrolyte solutions or oral electrolyte maintenance solutions are balanced with salts to replace what is lost from vomiting or diarrhea. Gradually increase the amount of solution over the next hour or two. If your infant is able to keep the fluids down for more than a couple of hours without vomiting, reintroduce formula or breast milk slowly. It is also ok to start solid feedings in small amounts again. If you are exclusively breastfeeding and never gave a bottle to your infant then breastfeed for a total of 5-10 minutes every 2 hours and gradually increase it.

*For kids 1 year and older start with small amounts of flavored electrolyte solutions (2 tsp.) and gradually increase it. If there is no vomiting for 4 hours, introduce bland, mild foods gradually. If there is no vomiting for 24 hours, slowly resume the regular diet.

Sprains and strains

It is hard to tell the difference between a strain and a break without x-rays. Make sure to take your child to be evaluated by a doctor or nurse practitioner. Use the acronym RICE for suspected sprains and strains:

R - Rest after injury, keep weight off the area and limit activity for at least 24 hours.

I - Ice the area with a cold pack hourly for at least 10-15 minutes for the first two days to prevent swelling. Wrap the cold pack in a towel to prevent the cold from causing injury to the skin.

C – Compress the area with an elastic bandage for at least two days to minimize swelling.

E – Elevate the injured area at or above heart level if possible.

Abdominal Pain

*Provide clear fluids to sip, such as water, chamomile tea, peppermint with water, children’s Pepto Bismol.

*Serve bland foods such as saltine crackers, plain bread, dry toast, rice, gelatin, or applesauce.

*Avoid spicy or greasy foods and caffeinated or carbonated drinks until 48 hours after all symptoms have gone away.

*Encourage the child to have a bowel movement.

For colicky/fussy infants you can give gripe water, infant gas relief (FDA approved) as well as colic drops by Gerber soothe.

- Persistent pain on the right side of the abdomen, could be an appendicitis. The child needs to be seen right away.

Dosing

Children’s Tylenol (160mg/5ml) 1 teaspoon = 5ml

6 – 11 lbs	1.25 ml	24 – 35 lbs	5ml
12 – 17 lbs	2.5 ml	36 – 47 lbs	7.5 ml
18 – 33 lbs	4 ml	48 – 59 lbs	10 ml

Children's Motrin (100mg/5ml) 1 teaspoon = 5ml

12 – 17 lbs	2.5 ml	24 – 35 lbs	5 ml
18 – 23 lbs	4 ml	36 – 47 lbs	7.5 ml
48 – 59 lbs	10 ml		

When to take your child to Urgent care or Emergency room

Below are some reasons to consider taking your child in for evaluation. Note that this is not a comprehensive list, and other reasons may arise that require emergency attention for your child.

- Has trouble breathing or is working hard to breathe
- Has a blue or dusky color to the lips, face or tongue
- Has a high fever with earache, sore throat or cough
- Has any fever and is younger than 3 months old (take child to Emergency room)
- Has stridor (a noisy or musical sound) when breathing
- Has wheezing (especially if not responding to albuterol)
- Projectile or forceful vomiting in an infant, particularly a baby who is less than 3 months of age
- If your infant is under 2 months old and vomiting
- Vomiting after your baby has taken an oral electrolyte for close to 24 hours
- Vomiting starts after head injury
- Vomiting is accompanied by severe stomach pain
- Persistent pain on the right side of the abdomen, which could be an appendicitis
- Pain confined to one part of the abdomen
- Severe or rapidly worsening abdominal pain or pain that does not go away within 24 hours
- Pain in groin, or pain or swelling in a testicle
- Is dehydrated; signs include dizziness, drowsiness, a dry or sticky mouth, sunken eyes, crying with little or no tears, or peeing less often (or having fewer wet diapers)