



Advice for when My Child is Sick

Greenwood Pediatrics recently reviewed data regarding the reasons families call when our offices are closed. The most common reasons, in order of main concern, were: fever, vomiting, medication questions, ear ache, breathing problems and cough. We would like to briefly review these

problems in order to help you through these situations. This article is not meant to be all inclusive and we encourage you to use the *Owner's Manual* and visit our website at www.greenwoodpediatrics.com for more information on these or any concerns you may have about your child.

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 Referrals303-799-1248
 Business Office .303-799-1765

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Parker Office

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 Suite 150
 Parker, Colorado 80134
 Telephone Numbers:

Main303-805-7879
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Holiday Hours

Wednesday, November 23
All Offices Open

Thanksgiving Day
 November 24
No Scheduled Office Hours

Friday, November 25
*Southeast Office on a
 Saturday Schedule
 (8:30 - 12:00)*

*Southwest, Parker, and
 Business Offices Closed*

Saturday, November 26
Normal Saturday Schedule

Saturday, December 24
Normal Saturday Schedule

Monday, December 26
Normal Office Hours

Saturday, December 31
Normal Saturday Schedule

Monday, January 2
Normal Office Hours

Happy Holidays to All!

Fever

It is no surprise that fever is the number one reason why a parent calls in the evening and on the weekends. Children are prone to infections and, thankfully, most are self-limiting and non-serious viral infections.

Fever is defined as body temperature of 100.5°F or higher. Fever itself is not an illness, but is a manifestation of another disease. In fact, **fever is often considered beneficial to help the body fight infections and is usually not dangerous.**

When we get a call about a fever, we will likely ask a number of questions to assess the significance of a child's fever. It is helpful for you to have carefully looked at you child so that you can help us with this assessment.

One question that we will likely ask is: **how old is your child?** If your child is less than 2 months of age and has a rectal temperature of 100.5°F or higher, we will likely refer you to the emergency room.

If your child is over 2 months of age we will continue with our phone assessment. Be prepared to answer questions that include:

How high is the fever? It helps to know the temperature although there is no correlation between the higher the temperature, the more serious the illness.

Vomiting

Vomiting in children commonly occurs in the early stages of an intestinal viral infection ("stomach flu"). **Vomiting is usually self-limited and stops within 24 hours.**

However, during this time it can be very worrisome to parents. If you call the on-call physician we will ask a few questions to try and assess the severity of the vomiting. These include: how old is your child?; how much do they weigh?; how much have they had to drink in the past 12 to 24 hours?; how many episodes of vomiting?; how many times have they urinated in the past 12 to 24 hours?; are they interacting with you?; is there green color or blood in the vomitus?. This will help us assess your child and give better advice.

Most vomiting can be taken care of in the out-patient setting. Start by limiting solids. Encourage fluids but do so giving small volumes frequently (i.e. 1 tablespoon every 10 to 15 minutes). Use liquids such as Pedialyte, sports rehydration drinks, flat Coke or ginger ale. Try to avoid milk, although breast milk is fine. Gradually increase the amount as tolerated by your child.

Things that warrant an after hours call are: vomiting blood or green bile; if your child is hard to awaken; no urine output for 8-12 hours or persistent severe abdominal pain.

Medication Questions

Medications in pediatrics are usually dosed according to the child's weight, not necessarily by age. For information on what dose of a medicine you should give your child, the first two resources we will refer you to are the *Owner's Manual* or our website at www.greenwoodpediatrics.com. Both of these list numerous over the counter medications and provide doses based on your child's weight. For prescription medications we will advise you to follow the directions on the bottle or box.

If your question is regarding an overdose or a poisoning question, call the Poison Control Center immediately at 1-800-222-1222.

Earache

Ear infections (otitis media or middle ear infections) are one of the most common infections we deal with in pediatrics. They are often times a complication of an otherwise mild viral upper respiratory illness. These infections may be caused by bacteria or viruses and may or may not be associated with fevers. In fact, there are some ear infections we discover during routine well-child exams. Likewise, not all ear pain is due to infection. **It is the policy of our practice not to prescribe antibiotics over the phone, no matter what the symptoms.** We would recommend that he/she be seen by one of our providers to see if there is an ear infection and discuss how to best treat it. We would also like to reassure you that a single dose of antibiotics will not improve the child's earache that night. **We do not recommend using left over antibiotics or those from another child.**

So what can you do to make your child more comfortable until morning? You can start with ibuprofen or acetaminophen for pain relief. Often this is enough to get your child through the night. Mild to moderate heat to the ear may also help relieve pain (heating pad). Elevating the child's head may help. Some advise putting a few drops of oil in the affected ear, as long as there is no discharge coming from the ear and your child does not have ear tubes. This can be mineral oil, olive oil or over the counter (OTC) oils that include Mullein oil.

We would recommend that you call the office in the morning to make an appointment to have your child's ears examined. Antibiotics may be prescribed or your provider may discuss other longer term options. It is important to follow-up if your child continues to have ear pain or other ear symptoms.

After-Hours Calls

Outside of our scheduled office hours, Greenwood Pediatrics has a physician on-call 24 hours a day, 7 days a week. After 10 PM and on Sundays, we utilize the Nurse Triage services provided by The Children's Hospital. During these hours, registered nurses will handle your questions much in the same way we do in our offices during business hours.

Breathing Problems

There is probably nothing more concerning to parents than to see their child have breathing problems. It can be frightening. We take breathing problems very seriously when we are called and will likely ask you a number of questions about exactly how your child is breathing. Some of the more common concerns from parents include:

Fast Breathing: If your child is having trouble breathing, it helps to know how rapid the breathing is before you call. This is done by counting the number of breaths for one full minute. Fevers are a very common cause of rapid breathing, so we will also inquire about the presence or absence of any fever.

Labored Breathing: This is when your child is having trouble breathing. Look for "retractions" (i.e., when you notice your child is pulling the skin in between her ribs when she inhales). This sign can be a warning that she is having trouble getting air into or out of her lungs.

Stridor (noisy breathing on inhalation): Usually occurring in the middle of the night and is the most common symptom of viral croup. Some children have a history of this and the parent is familiar with this unique sound. For others this may be the most worrisome breathing problem that you will see in your child. You can give ibuprofen, a humidified environment (steamy bathroom, cold water in a nebulizer, or a room humidifier). One trick is to take your child out into the cool night air after they have spent some time in a humidified room. It is important to keep your child as comfortable as possible and monitor them to see if they are responding to the above recommendations.

Wheezing (noisy breathing on exhalation): Wheezing is a fairly common complication of viral upper respiratory infections in children. It can be a transient one-time event or represent asthma or reactive airway disease in your child. Wheezing can be associated with a "tight" dry cough or a prolonged cough. It can also be associated with breathlessness with exercise. If your child has had a wheezing event in the past, and this event is similar and not severe you may go ahead and try a nebulizer treatment or two to see how they respond. If your child has never had a wheezing attack in the past we would advise calling our office.

If your child has a breathing problem and we cannot reassure either ourselves or you over the phone that the breathing as described is fine to watch overnight we will likely refer you to an urgent care facility.

If you have an urgent need after our offices are closed, please call your office's main number and you will be called back. Occasionally there are technical issues that may result in your not receiving a call back, so please call again if you have not heard from one of our physicians or the nurse within one hour of your call. Please make sure that your phone line is free and you remove any "anonymous caller" blocking features.

Cough



By far the most common cause of a cough is an upper respiratory infection (URI) or common cold. Colds are caused by viruses (there are more than 100 causes of URIs and often they do not have the same symptoms in every person). Since colds are caused by viruses, they do not respond to antibiotics.

URI symptoms peak within 3 - 5 days. Common symptoms of an URI include:

- Runny nose (nasal discharge is clear in the beginning and may become yellow or green at the end of the illness - this does not mean that you have a bacterial infection and need antibiotics)
- Sore throat
- Cough (may last 2 - 3 weeks)
- Fever (usually lasting 2 - 3 days)
- Laryngitis
- Generalized body aches and fatigue
- Mild headaches
- Symptoms are the same in children and adults.

Most symptoms will go away without treatment in 7 - 14 days. Symptoms such as cough and nasal discharge can persist in children and adolescents for more than two weeks.

If you think your child is having difficulty breathing in addition to his/her cough we would advise you to call us to discuss options for your child.

To help you make your child comfortable from the symptoms of his/her URI you can consider the following: Over-the-counter cold and cough medications

and acetaminophen do not shorten the duration of the URI, but they help to ease cold symptoms. Treating symptoms while your child's own immune system fights off the infection is the only treatment available.

Ibuprofen and acetaminophen can be used for the fever, sore throat and generalized body aches. Humidity may help with the sore throat and nasal congestion. Saline nasal spray can help decongest your child. There are over the counter decongestants and antihistamines available. We would encourage you to limit their use to 3 days at most and use appropriate doses based on your child's weight.

Cough suppressants reduce the urge to cough. Since coughing is the body's mechanism to clear the airways, suppressants should be used only when a cough is non-productive (not coughing up sputum or "spit") or interferes with rest. We typically recommend using cough syrups or suppressants at bedtime. For the rest of the day we want your child to be bringing up sputum and clearing their airway. Cough suppressants should not be used for more than 5 days. The doses of many of the OTC cough medications are in the *Owner's Manual* and on the website at www.greenwoodpediatrics.com.

Mucolytics (sputum thinners) like guaifenesin may help to thin the secretions and make coughing more productive. However, increasing your child's fluid intake is probably more effective than this medicine, as is humidification of the environment.

The best thing to do with URIs / colds is make your child comfortable, give them adequate rest, make sure they are drinking and give the viral illness time to run its course. **Don't forget to wash your hands frequently so you don't get sick!**

Rash

Rashes can be perplexing both to you as parents and sometimes to us as providers. Complicating the issue can be the difficulty associated with making a specific diagnosis of a rash over the phone.

Most rashes are self limiting, not serious, and will clear up without medical treatment. Home treatment can often relieve discomfort and itching until the rash goes away. It is not at all uncommon to have a rash associated with viral infections. At times these rashes can be "serious" looking but are consistent with a viral infection.

Rather than try and review all types of rashes, we would like to give you things to look for that warrant a call to the on-call physician and may require further evaluation:

- A rash that is described as purplish in color, has spots that do not disappear when you press down on them with your finger, or look like small bruises. **Call immediately.**
- Any rash that is associated with a change in mental alertness or stiff neck. **Call immediately.**
- A rash, during a course of antibiotics, that is raised, itchy

and can appear anywhere on the body (hives). This suggests an allergic reaction to the antibiotic and we will want to see this rash before confirming that your child is allergic to that antibiotic family. Give Benadryl® (diphenhydramine), hold further doses of antibiotics, and call the office during normal hours. **If your child has any difficulties breathing, call 911.**

- Hives, which may suggest an allergic reaction to exposures other than antibiotics and are associated with wheezing, chest tightness, and odd sensations of the tongue, lips or throat. This suggests a severe allergic reaction. Give Benadryl® and call the office immediately. **If your child has a sudden onset of chest tightness, throat swelling or wheezing, call 911.**
- Bug bites that appear to be infected.

Itching with a rash is usually not serious, but can be annoying and may make a rash more likely to become infected. Home treatment will usually reduce itching.

- Keep your child's fingernails clean and short and encourage him/her not to scratch. Cover your baby's hands with socks to help prevent injury to the skin.
- Keep your child out of the sun and in a cool place. Heat increases itching.

RASH continued on back page

FEVER (continued from page 1)

Is your child responsive (i.e. is he/she responding to you by smiling, talking, playing)? Please note that many of these responses may be for shortened periods of time.

We worry more about fluid intake and dehydration than solids. When they feel better, kids will catch up on their eating.

What associated symptoms does your child have? Does he/she have symptoms of an earache, sore throat, vomiting, diarrhea, body aches and pains? These are relatively common symptoms and are consistent with routine infections. On the other hand, if they have symptoms that include stiff neck, unresponsiveness, severe abdominal pain or some other localizing symptoms we may advise they be seen right away.

The first treatment that we may suggest is giving them a dose of acetaminophen or ibuprofen appropriate for their weight. **Please refer to your Owners Manual or our website at www.greenwoodpediatrics.com for the appropriate dosages.**

RASH (continued from page 3)

- Try an oatmeal bath to help relieve itching, such as Aveeno® Colloidal Oatmeal bath.
- Dress your child in cotton clothing. Avoid wool and synthetic fabrics next to the skin.
- Use gentle soaps. Do not use deodorant soaps on your child.
- Wash your child's clothes with a mild soap rather than a strong detergent.
- Avoid dry skin; use a moisturizer that is non-scented and dye-free.
- Give Benedryl®. Refer to the *Owner's Manual* or our website at www.greenwoodpediatrics.com for proper dosing.

Flu Clinics

Greenwood Pediatrics will be holding flu vaccination clinics during the months of October and November. Please note that you may need two doses, one month apart, if you are nine years of age or younger and this is your first time receiving the flu vaccine. Please call your regular office to schedule an appointment for a flu shot.

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