

Newborn and Child Care Recommendations for:

Date of Birth _____

Birth Weight _____

Discharge Weight _____

Length _____

Maumee Bay Pediatrics

www.maumeebaypediatrics.com



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TELEPHONE POLICY: PARENT INFORMATION SHEET

Our office number is 419-698-7722

1. **Emergency Calls: At Night 419-698-7722, press option 9**

- The practice is always covered for emergencies.
- If for any reason you have difficulty reaching us, call the nearest Emergency Room.
- Poisoning: The Poison Control Center can be reached by calling 1-800-222-1222**

2. **Calls About Sick Children During Office Hours**

We see your children by appointment only. If your child is sick and you want them seen, call ahead for an appointment. We also offer lunch hour appointments.

Office Hours*	
Monday	8:30am – 7:00pm
Tuesday	8:30am – 7:00pm
Wednesday	8:30am – 5:30pm
Thursday	8:30am – 7:00pm
Friday	8:30am – 5:30pm
*Hours are subject to change	

3. **Well Child Questions**

We are happy to try to provide you with the health information you need to be a good parent. However, please place all calls about non-sick children during weekday office hours and leave a message on the nurse line. We will get back with you within 24 hours.

4. **Nighttime Calls**

After office hours, calls should be made only for emergencies or urgent problems that can't wait until morning. At night our line must be kept open for these purposes. Calls about mild illnesses can usually wait until the next morning.

5. **Weekends and Holidays**

If your child becomes ill or injured, call the physician through the on call process as above.

6. **Information Before Calling**

Please know the following when calling on call line:

- Your child's approximate weight and age of child
- Your child's temperature, if sick
- The names and dosages of any medications your child is taking
- Have a pencil and paper handy
- Also, have your child nearby, in case we need you to check something.

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CARING FOR YOUR BABY

Getting to Know Your Baby

Sometimes, new parents are unsure of themselves. And as long as your baby is loved, well fed, and comfortable, you need not worry that you are inexperienced parents.

Your baby is an individual from the day they are born. As the parents, the people most closely involved, you'll come to know your baby best. Trust yourself. Don't take too seriously all the advice of well-meaning friends and relatives.

All baby sneeze, yawn, belch, have hiccups, pass gas, cough, cry, and get fussy. These are normal behaviors. Sneezing is the only way that babies can clean their noses. Hiccups are just little diaphragm muscle spasms. Crying as a baby's way of saying "I'm wet." "I want to be held." "I'm too hot." "I'm too cold." "I'm bored." "I'm hungry." You'll gradually learn to know what your baby means when they cry.

Because your baby has not had time to build up resistance to infection, try to limit visitors during the first few weeks at home. Discourage friends and relatives from handling the baby. There will be lots of time for that later. Do not take the baby into crowds, shopping centers or restaurants for the first 2 months.

GENERAL CARE

Medical Care

Your baby should have regular medical examinations, even if they appear well. These visits will give us a chance to check on your baby's growth and development and to talk with you about baby care. We will also give the baby "shots" (or immunizations, or injections) to protect against some childhood diseases.

Your baby's first medical checkup should be at one week of age unless, of course, our attention is needed sooner. Please call the office for an appointment.

If you have any concerns, please call the office.

These are some signs of illness that should be reported to your physician.

1. Fever, temperature of 100.6°F or higher.
2. Refusal of feedings or repeated vomiting (not just spitting up).
3. Excessive crying without obvious cause.
4. Listlessness.
5. Frequent watery bowel movements (with mucus, blood, or foul odor).
6. Any unusual rash (not just prickly heat rash).

Safety

You want to do everything possible to assure a safe environment for your baby. Beginning with the first car trip home from the hospital, you should always use an infant car seat whenever you take the baby for rides. A baby can be seriously injured in the sudden stop or held in the passenger's arms rather than secured safely in an infant car seat.

There are many simple ways to assure your baby's safety at home. For example, never leave the baby alone on a table or other high place, where they could roll off.

Be sure the slats on the crib and playpen are no more than 2 $\frac{3}{8}$ inches (6 centimeters) apart, so the baby's head cannot possibly get caught between them. The mattress should be firm, flat, and that the crib snugly on all 4 sides. Keep the crib free of clutter. This means no pillow and no toys that the baby could become entangled in.

Babies are attracted to colorful and shiny objects. Keep small objects like buttons and pins away from babies reach so they are not tempted to pick them up and swallow them.

A baby's delicate skin can be burned easily. When you take the baby outside, protect them from hot rays of the sun. Always test the water before your baby's bath to be sure it is not too hot. Smoking cigarettes while feeding or playing with the baby could be dangerous, because hot ashes could fall on the baby. Also, don't hold the baby while cooking. Hot fat could splatter on the baby, or they could touch hot pans or their contents.

Comfort

Room Temperature: Try to keep an even, comfortable temperature in your baby's room. Windows may be opened in warm weather, provided the baby is not in the draft and the room temperature does not fall below 68°F.

Crib: Cover the mattress with a waterproof cover, quilted pad, and soft baby sheet. Do not use a pillow. Cover the baby with one or two cotton blankets. Do not wrap your baby in a blanket, because this limits free movement. The American Academy of Pediatrics recommends placing your baby on their back or side to reduce the chance of crib death.

Clothing: The baby does not require any more clothing than an adult. Dress your baby according to the temperature. Some babies are allergic to certain materials, so watch for rashes in areas of contact with clothing.

Outdoors: You can take your baby outside whenever the weather is pleasant. Babies born during warm weather may be taken outside after they are about 2 weeks old. If you use a stroller, be sure the wind blows over the top and not into it, directly on your baby.

Care of Navel and Circumcision

The umbilical cord will fall off within a week or so after birth. Keep cord dry, fold diaper below the cord. Sometimes, a few drops of blood may appear when the cord falls off: this is no cause for worry. Do not give a bath until cord falls off.

If your baby boy was circumcised, watch for swelling or bleeding. Telephone us if this happens. Apply Vaseline to the head of the penis and around the cut area with each diaper change. There is no need to wipe off the previous Vaseline application unless it is obviously dirty.

Bathing

It's a good idea to have a fairly regular time for bathing your baby. The room should be warm, with no drafts. Keep bathing supplies together to save yourself steps.

Wash your baby by sponging until the navel (and penis, if circumcision was performed) is healed. Then, you can bathe your baby in a small tub containing 3 inches of comfortably warm water. Check the temperature of the water with your wrist.

Wash the baby's face with plain, warm water and a soft cloth; use a mild soap. Wipe from the bridge of the nose towards the ears. Do not try to clean the inside of either the nose or ears, but clean outer areas with a moist washcloth.

Wash your baby's head with a mild shampoo. Work from front to back, to keep suds out of the baby's eyes. Clean carefully over the soft spots on a young baby's head.

Use a mild soap and warm water to wash the baby's body. Be sure to wash in the folds of skin. Rinse well. Pat the baby dry. Do not use powder after the bath, because the baby could inhale the powder and get pneumonia. If the skin is very dry, you may use Aveeno or Eucerin products sparingly after the bath.

Stools

Stools of newborn babies vary considerably in size, color, consistency, and frequency. The baby may have several bowel movements daily, or none for a few days. Stools may be yellow, brown, or green, and may be firm, loose or pasty. Soft, loose, pasty stools are typical for breast-fed infants.

Change your baby's diaper as soon as possible after each bowel movement or wetting. Clean the diaper area and wipe it gently.

Call your physician for instructions if your baby has diarrhea for more than a day, especially if accompanied by vomiting or fever.

FEEDING

At Feeding Time

Feeding is one of your baby's most pleasant experiences. At feeding time, the baby receives nourishment from food and a feeling of security from parent's loving care. The food helps your baby to grow healthy and strong. Parental love starts your baby in the development of a secure and stable personality.

Both you and the baby should be comfortable at feeding time. Choose a position that will help you to relax as you feed your baby. For your baby's comfort, be sure that they are warm and dry.

Whether breast-feeding or bottle-feeding, hold your baby close. The baby's head should be raised to about a 45-degree angle. Feeding babies lying on their backs can send mild up the eustachian tube in the ear and cause ear infections.

A Schedule with Flexibility

A feeding schedule usually is most satisfactory if it is flexible, allowing the baby to eat when they become hungry. Very young babies usually want to be fed every 2 to 4 hours, but older babies may wait for 5 hours between feedings. Although crying is the only way a young baby can complain of hunger, crying may mean other things as well. If your baby occasionally cries before 2 hours after a feeding, hunger probably is not the problem.

Type of Feeding

Breast milk is the best feeding for a baby. If you do not choose to breast-feed, we will recommend an infant formula with Iron. Breast milk or infant formula with Iron is the only food your baby needs in the first 4 to 6 months of life. Breast milk or infant formula with Iron should be continued for 12 months. The cow milk that the rest of your family drinks is not an appropriate feeding.

Technique of Breast-Feeding

You may need to help a newborn baby start nursing. Do not push the baby toward the breast. Instead, as you hold the baby, gently stroke the cheek nearer the breast. The baby will respond by turning their head to the breast and seeking the nipple.

The nipple and the dark area around it (the areola) should be in the baby's mouth. Pressure of the baby's mouth on the areola releases milk from your breast. You may need to place a finger or two on your breast to keep it away from the baby's nose. Otherwise, the baby may have trouble breathing.

Use both breasts during each feeding. When you first begin to nurse, put the baby to each breast for about 5 minutes. Gradually build up to 15 minutes at the first breast. Continue at the second breast until your baby is satisfied. Many babies will suck from a long time. However, most of the milk is usually emptied from the breast in 15 minutes. Prolonged nursing can be exhausting for you and your baby.

Begin each feeding at the breast you finished with the previous time, especially if the baby did not feed at that breast. You may put a diaper pin on your bra strap to remind yourself which breast to begin with at the next feeding or feel for fullness.

If you need to be separated from your baby at feeding, you leave either a bottle of milk that you hand expressed or pumped from your breasts. Refrigerated breast milk should be used within 3 days, frozen milk within 2 weeks.

Technique of Bottle-Feeding

Hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby receive formula instead of air. Air in the baby's stomach may give them a false sense of being full and may also cause discomfort.

Sucking is part of the baby's pleasure at feeding time. A baby may continue to suck on a nipple even after it has collapsed. So take the nipple out of your baby's mouth occasionally to be sure it hasn't collapsed.

Never prop a bottle and leave your baby alone to feed. The bottle could slip and make the baby gag. Also, drinking from a propped bottle may be related to tooth decay (cavities) in older infants. Remember, too, your baby needs the security and pleasure of being held at feeding time. Face to face contact is very important for your baby.

Most babies feed for 15 to 20 minutes. Sometimes your baby will take all the formula in the bottle and sometimes not. Don't worry; this is normal. You should never force your baby to eat or to finish every bottle. Throw out any formula left in the bottle.

When your baby regularly finishes the entire bottle at each feeding – and sometimes cries for more – it may be time to increase the amount of formula. Your baby will need larger amounts of formula as they grow.

After feeding time, rinse the bottle with cool water and squeeze water through the nipple hole. Although you will wash the equipment thoroughly later, nipple holes may clog if they are not rinsed right after use.

Test nipples regularly to be sure the holes are the right size. If the nipple holes are too small, the baby may tire of sucking before getting all the formula needed. If the holes are too large, the baby will get too much formula too fast. The baby may also get so much air that they spit up all or part of the feeding.

When the nipple holes are the right size, warm infant formula should drip smoothly, without forming a stream. You can buy nipples with different size holes at most stores.

Burping

Burping your baby helps remove swallowed air. To burp your baby, hold them upright over your shoulder, and gently pat or rub the back. Another way is to place the baby face down across your lap and gently rub the back. Or you can sit the baby on your lap, leaning slightly forward, with your hand then supporting the chest and pat the back.

Burp your baby several times during feeding as well as after each feeding. Sometimes, a baby will not be able to burp. Do not try to force the baby to burp if the first few attempts are not successful. Don't be alarmed if your baby spits up a few mouthfuls when being burped.

Other Feeding

Do not give your baby sugary liquids, like soft drinks, ades, or juices, to drink from a bottle. They can harm your baby's teeth or cause diarrhea. Regular milk, even if boiled, also is not as good as breast milk or infant formula for a baby in the first 12 months of life.

You should wait to give solid foods to the baby until they are 4 to 6 months old. When that time is near, we will discuss with you the addition of new foods to the baby's diet. Also, see the chart in this booklet.

Ready to Feed Formula

Never add water to Ready to Feed formula, and do not sterilize this kind of formula. Just pour Ready To Feed formula into a sterilized nursing bottle, and give it to your baby.

Open cans of Ready to Feed formula should be covered and stored in the refrigerator. Throw out any formula left after 48 hours.

To Warm Formula

If your baby prefers warm formula, remove a bottle from the refrigerator just before feeding and put it in a pot of hot (not boiling) water for a few minutes. Or use a bottle warmer. Do not use a microwave oven, because the formula may become scalding hot while the bottle remains cool to the touch.

Before feeding the baby, test the temperature of the formula by shaking a few drops on the inside of your wrist. It should feel warm, but not hot.

Vitamins

If you are breast feeding, a supplement containing vitamin D such as Vi-Daylin® ADC Drops, or Tri-Vi-Sol should be given to your newborn.

Babies that are fed concentrated formula, mixed with fluoridated water, will need no supplemental vitamins.

To give vitamins, place the dropper between the baby's gum and cheek, almost halfway back in the mouth. Slowly squeeze out contents of the dropper.

Foods for Your Baby...

In the early months your baby will get all the nutrition needed from breast milk or formula. Baby has no need for solid foods until four to six months of age. Your doctor will guide your decision when to begin adding solid foods. Some parents like to wait until baby can sit up well and grab a spoon. When you do begin, add foods slowly, one at a time for a week before adding another food. Start with green veggies before yellow veggies. Add fruit last. Start with amounts of one teaspoon. Too much solid food too soon can lead to obesity, allergies, and other problems. A "hungry" baby may be needing more sucking time and lower feeding, not more food.

Foods	Age to Begin	Description	Preparation
cereal grains	4-6 months	Ready-to-eat iron enriched dry baby rice cereal. Start with 1/2 teaspoon. Gradually increase to 1 tablespoon (up to 4 tablespoons/feed by 9 months old). Toasted whole grain bread can be added after 6 months ("finger food").	Follow directions on box. Dilute with breast milk or formula. (Do not add sugar or salt.) Start with one feeding per day, increase as desired. Do not add butter or jelly. Do not put baby foods in bottle or infant feeder.
vegetables	7 months	Try mild tasting vegetables first (carrots, squash, peas, green beans). Introduce one new vegetable at a time. Allow 7 days before another vegetable is added. Stronger vegetables may be tried after baby is used to above: spinach, sweet potatoes, greens (good source of iron). Start with a teaspoon, gradually increase to 2-4 tablespoons a day by one year.	You may boil fresh vegetables, then mash them. Do not add grease, salt, or sugar to them! If you prefer to buy baby food vegetables, be sure sugar or salt has not been added. Look at the label!
fruits	7-8 months	Mashed banana or other soft fruits. Cooked bland fruits (apples, peaches, and pears). Apple, grape, or prune juice (all unsweetened). (Save orange juice until 9 months old. It is great for Vitamin C but has allergic tendencies for many young babies.)	Do not add sugar! Fresh fruits may be mashed with a fork or scraped. Check to see all juices are unsweetened. Give juice in a cup (only milk in a bottle). No imitation fruit "drinks". Read the label carefully (Kool aids, etc.).
protein foods	9 months	Lean meat; start with lamb, veal, then beef (only baby food, not table meat). Begin with a small amount -- gradually increase to 2-4 tablespoons a day, as for vegetables. Egg yolk only.	Strained canned baby meats (no "dinners"!) Keep to simple plain foods. Plain meats are higher in protein than dinners. Check label: be sure sodium nitrate has not been added.
	12 months		Mash thoroughly. No whites or table meats until after one year old.

Super No-No's!

1. No colas, no sugar in baby's water.
2. No candy or jelly.
3. No baby food with sugar or sodium nitrate added.
4. Infants should not be put to bed with a bottle of formula or any other beverage as this practice may decay teeth as they erupt and promote ear infections.
5. **No honey in the first year of life**, as this has been related to infantile botulism.
6. No nuts/Peanut Butter for first year of life due to high allergy related to nuts.

Guide:

After nine months baby can begin to drink from cup.
Begin eating from table around nine months.
Begin finger feeding by 6-9 months.
Stay on infant formula or breast milk for one year.
Whole milk is not best for babies less than one year old.
Expect baby's appetite to decrease at 12 months, growth is slowing down at this time.

SAFETY SUGGESTIONS

Nursery

- Always keep coins, beads, buttons, medicines or baby products, such as cotton swabs, powder, etc., out of baby's reach.
- Secure lamps, electric wires, and outlets... cover unused outlets with sealing plugs (these can be purchased at the store).
- Keep anything baby can grasp or pull out of reach (mobiles, venetian blind cords, etc.).
- Make sure crib or playpen has slats that are no more than 2 $\frac{3}{8}$ inches (6 centimeters) apart so baby can't slip head or body through. Mattress should also fit crib snugly.
- Keep sides of crib/playpen up and latched whenever baby is left alone.
- Keep smoke detector in home that will protect child's sleeping area.

Bathroom

- Keep medicine and toiletry cabinets latched with all medicines and cosmetics safely inside.
- Be sure hot water thermostat is set (no higher than 120°F) so scalding water will not be released.
- Always test water with wrist to avoid burning baby
- Keep personal care and cleaning equipment out of reach or secured.
- Use nonskid mats in and out of the tub...avoid slippery rugs.
- Never leave an infant alone in tub...ignore telephone calls and doorbells.
- Never leave a tub with water in it.
- Keep toilet bowl lid down...avoid leaving disinfectants in bowl and tank.

Kitchen

Baby's high chair should have a wide base to keep it stable. There should be a safety belt attached to the frame that is fastened around baby when in the chair. Also, make sure that the tray is securely latched on both sides. Never let baby stand up in high chair. Keep high chair well away from stove, refrigerator and doors.

- Keep knives, all other sharp objects, matches, electric cords and appliances out of your child's reach.
- Keep pot handles turned away from edge of stove – or use back burners.
- Store household cleaners and insecticides out of reach and under lock and key.
 - Accessible areas, such as an under-sink cabinet, should be childproofed.
- Clean all spills at once...beware of newly waxed or other slippery floors. Remember that accidents can happen while carrying baby.

The kitchen is an especially dangerous area for babies, with a potential for painful accidents and burns. Scalding hot water, hot foods, hot grease, and flesh burns from the stove are all sources of serious injury to a child. A basic warning is to keep the baby in their high chair and never underfoot when cooking. Also, never handle hot pots, liquids, or matches while holding baby.

Living Room

- Keep all breakable, decorative objects out of reach.
- Ashtrays should be clean and unbreakable.
- Secure all small or scatter rugs to the floor.
- Screen fireplace securely whether or not in use.
- Store table lighters, cigarettes, matches, and e-cigarettes out of reach.
- Electric wires must be secured and outlets covered.

Dining Area

- When serving food and beverages, keep them out of baby's reach to avoid spills and breakage of glass.
- Do not use tablecloths. They can be tugged off.
- Hot foods should never be passed over or near baby.
- Keep all hot platters and serving dishes out of baby's reach.
- Put all knives or other sharp cutlery away from baby.
- Electrical appliances, food warmers, and candles on table should not be within reach of baby in high chair.

Work Areas

- Store all tools, gasoline, oil containers, seeds, fertilizers, and other chemicals such as paints, solvents, insecticides, etc., out of reach.
- Have handrails or bannisters on stairs, and keep doors to stairs closed.
- Avoid accumulating rubbish. Discard immediately any unused rags, nails, screws, shavings, empty cartons, etc.
- It is a good idea to install safety gates at top and bottom of stairs.
- To prevent falls, keep one hand free to grasp railing when carrying baby up or down the stairs.
- You should have nonskid rugs and runners on stairs and floor leading to stairs.
- Keep stairs clear of toys, balls, dolls, and other clutter that may be tripping hazards.
- Keep washer and dryer closed at all times with laundry produces safely out of reach.

Plants

Most people are unaware of the surprising number of house and garden plants that are poisonous to eat or that can cause a skin rash when touched. Since small children like to sample things by putting them in their mouths, many plants can be dangerous for them. So keep all plants out of baby's reach. Also store bulbs and seeds where children cannot reach them.

Animals – Pets and Others

Even the most tolerant family pet – dog or cat – can lose patience with a playful child and might bite or scratch, especially if interrupted while eating or if backed into a corner. Children must be warned not to tease or abuse pets and of the danger of approaching any other animals.

Away from Home

- Ordinary car beds and bassinets do not protect. Use the protective carries and seats especially designed for infants.
- Never let a child ride unrestrained or held in an adult's arms. In a crash or sudden breaking stop, a child can easily be thrown and seriously injured, even from the arms of an adult wearing a seat belt.
- Keep windows nearest baby closed and car doors locked.
- Never leave a child unattended in car even for brief intervals.
- Do not smoke in a car or closed space with infant or child.

Stroller Safety

Keep a harness or safety strap on baby when in the stroller. Set break when stroller is parked with baby in it.

Poisoning

Keep Poison Control phone number by your phone 1-800-222-1222.

Visiting Other Homes

Friends and relatives who invite parents with small children to visit can't always be expected to have exercised the precautions in their homes that concerned parents have. So your child should be especially closely supervised by you in homes that may not be childproofed.

FEVER

Fever Fallacies

People have several time-honored but incorrect conceptions of how to care for the febrile child:

- Bed rest? Not always! Bedrest neither reduces height nor duration of fever and is useful only when it makes the child more comfortable.
- “Sweat the fever out.” Please do not! Bundling the child prevents heat loss and usually drives the temperature up even higher.
- “Starve a fever and feed a cold?” Wrong! Since the body’s energy and fluid requirements increase with fever, the child needs more fluid, not less. Although a child may feel too ill for a full meal, encourage fluid intake.
- “Ice water enemas and alcohol sponging?” Never! These are dangerous as well as uncomfortable treatments. Besides, a lukewarm bath reduces fever more effectively.
- “Stay indoors?” Not necessarily! If the outdoor temperature is mild, vigorous physical activities are avoided, and they stay away from other children, the febrile child will be just as comfortable sitting on the porch or in the backyard.
- “Brain fever?” Some parents believe that high fevers “bake the brain” and cause brain damage. Untrue! However, a child may contract encephalitis or meningitis, infections of the brain. In these uncommon diseases, the special nature of the infection and not the fever that accompany it sometimes results in brain damage. These uncommon causes of fever are readily diagnosed by way of accompanying symptoms.

Fever & The Body’s Thermostat

The body both produces and loses heat. A “thermostat” deep within the hypothalamus of the brain continues to keep the temperature steady with a narrow range (97-99.8°F). However, in the presence of infection, this “thermostat” is reset to a higher temperature (up to 106°F) and causes the body to retain more heat than it normally would. We would call this upward resetting of the body’s thermostat – fever.

How Does Infection Cause Fever?

The answer lies within our white blood cells, an important defense against infection. While fighting germs which have invaded the body, white blood cells release chemicals called pyrogens. The pyrogens, carried by the blood stream to the hypothalamus, reset the thermostat. This fever response, it appears, helps to combat infection.

When Not to Treat a Fever

Treat the child, not the fever. Unlike adults, many toddlers feel well with temperature as high as 104°F. Also, the sleeping febrile child feels no discomfort. None of these children require fever medicines. Treat only those children who act ill. Fever itself causes no harm.

How and When to Treat the Fever

- Keep room temperature below 70°F. A cool air humidifier or air conditioner helps.
- Dress the child lightly. Blanket sleepers are a “no-no”.
- Cover with sheet or light summer blanket.
- “Force fluids.” More precisely, offer small frequent feedings of cool clear fluids (e.g., Gatorades, Pedialyte’s, juices, water, and popsicles).

- If the child feels unwell, begin acetaminophen (Tylenol or Motrin (ibuprofen)). Fever over 102°F often causes listlessness, tiredness, muscle pains, headaches, irritability, and refusal to eat or drink.
- If the child does not feel better within one hour after taking fever medicine and the temperature has not dropped, bathe them for twenty minutes in a tepid tub of water.
- When the child feels well enough to sleep, let them sleep.

Febrile Convulsions

A seizure, or convulsion, is uncontrollable jerky body movements with loss of consciousness. Only a few are prone to seizures with fever. These children almost always have a family history of febrile convulsions and usually have their first seizure before age 3 years. The convulsion usually happens on the first day of illness. Since it correlates with a rapidly rising temperature in a susceptible child, the seizure almost always occurs before the child is suspected of having an elevated temperature. Therefore, if you find your baby has a high fever (104-105°F), you may be fairly certain that they will not develop a seizure with that illness. Also, children older than 6 years do not have febrile seizures.

What about those few children who are prone to seizures with fever? A febrile seizure is scary but not harmful. It rarely lasts more than a few minutes. If the child seizes, lay them on their side, sponge with tepid water, then have someone call the doctor. The seizure is usually over before the number is dialed. The child will need to be examined by a doctor. We sometimes suggest that this small group of children be treated with fever medicines at the first sign of febrile illness.

When to Call or Visit the Doctor

- Temperature over 100.5°F in baby younger than 2 months of age.
- Temperature over 104°F at any age.
- Temperature over 101°F for more than 24 hours.
- Fever with rash, constant crying, unusual listlessness, cough persistent vomiting, rubbing and/or pulling at ears, convulsion.

In Summary

- Do not be alarmed by fever.
- Abnormal behavior is a better indication of serious illness than is high fever, and a thermometer will never replace a watchful parent.
- Treat fever only to make the child more comfortable.
- Children with fever need fluids, light pajamas, sometimes a tepid bath and fever medications, and always lots of T.L.C.

Acetaminophen Dosage Table for Fever and Pain

Acetaminophen (i.e., Tylenol®, Feverall®, Tempra®) is an over-the-counter medicine used to reduce fever and relieve pain. Improper dosing is one of the biggest problems in giving acetaminophen to children. This chart, based on your child's weight, can help determine the right dosage amount, but is no substitute for your pediatrician's advice.

Acetaminophen Dosage Table for Fever and Pain*

Child's Weight (pounds)	6-11	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	
Syrup: 160 mg/5 mL	1.25	2.5	3.75	5	7.5	10	12.5	15	20	mL
Chewable 80 mg Tablets	--	--	1 ½	2	3	4	5	6	8	tabs
Chewable 160 mg Tablets	--	--	--	1	1 ½	2	2 ½	3	4	tabs
Adult 325 mg Tablets	--	--	--	--	--	1	1	1 ½	2	tabs
Adult 500 mg Tablets	--	--	--	--	--	--	--	1	1	tabs

*Read table notes below.



Table Notes:

- **Caution:** In 2011, the U.S. Food and Drug Administration (FDA) recommended liquid, chewable, and tablet forms of acetaminophen be made in just one strength. Since that time, manufacturers and retailers of pediatric acetaminophen have voluntarily worked to change the amount of acetaminophen in these medicines to one standard amount (160 milligrams [mg]). Some manufacturers have recently made chewable tablets into a single strength of 160 mg. Infant drops are no longer available. Liquid syrup acetaminophen is available as 160mg/5mL. Pediatric acetaminophen products on store shelves can continue to be used as labeled.
- **Age limit:** Do not use acetaminophen under 12 weeks of age unless directed by your pediatrician because fever during the first 12 weeks of life should be documented in a medical setting. If a fever is present, your baby needs a complete evaluation. (**Exception:** Fever from an immunization in a child 8 weeks of age or older. If present, please consult with your pediatrician.)
- **Combination products:** Avoid multi-ingredient products in children under 6 years of age.
- **Dosage:** Determine by finding child's weight (in pounds) in the top row of the dosage table.
- **Measuring the dosage (in metric units):** Dosing syringes are more accurate than household utensils. Use the syringe or device that comes with the medication. If one does not come with the medication, ask the pharmacist for a medicine syringe. Household spoons are not reliable.
- **Frequency:** Repeat every 4-6 hours as needed. Don't give more than 5 times a day.
- **Oral disintegrating tablets:** These are dissolvable tablets that come in 80 mg and 160 mg (junior strength)
- **Suppositories:** Acetaminophen also comes in 80, 120, 325 and 650 mg suppositories. The rectal dose is the same as the dosage given by mouth.
- **Extended-Release:** Avoid 650 mg oral extended-release products in children.

Additional Information & Resources:

- Fever and Your Baby (/English/health-issues/conditions/fever/Pages/Fever-and-Your-Baby.aspx)
- How to Take a Child's Temperature (/English/health-issues/conditions/fever/Pages/How-to-Take-a-Childs-Temperature.aspx)
- The Healthy Children Show: Fever (/English/health-issues/conditions/fever/Pages/The-Healthy-Children-Show-Fever-Video.aspx) (Video)
- The Healthy Children Show: Giving Liquid Medicine Safely (/English/safety-prevention/at-home/medication-safety/Pages/The-Healthy-Children-Show-Giving-Liquid-Medicine-Safely.aspx)(Video)
- Know Concentration Before Giving Acetaminophen to Infants (<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm284563.htm>) (FDA.gov)
- Reducing Fever in Children: Safe Use of Acetaminophen (<http://www.fda.gov/forconsumers/consumerupdates/ucm263989.htm>) (FDA.gov)
- Acetaminophen - Info for Consumers (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681004.html>) (National Library of Medicine)

Last Updated 4/20/2017

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The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Ibuprofen Dosage Table for Fever and Pain

Ibuprofen (i.e., Motrin®, Advil®) is an over-the-counter medicine used to reduce fever and relieve pain. This chart, based on your child's weight, can help determine the right dosage amount, but is no substitute for your pediatrician's advice.

Ibuprofen Dosage Table for Fever and Pain*

Child's Weight (pounds)	12-17	18-23	24-35	36-47	48-59	60-71	72-95	96+	
Infant Drops 50 mg/1.25 mL	1.25	1.875	2.5	3.75	5	--	--	--	mL
Liquid 100mg/5 mL	2.5	4	5	7.5	10	12.5	15	20	mL
Chewable 50 mg tablets	--	--	2	3	4	5	6	8	tabs
Junior strength 100 mg tablets	--	--	--	--	2	2 ½	3	4	tabs
Adult 200 mg tablets	--	--	--	--	1	1	1 ½	2	tabs

*Read table notes below.

Table Notes:

- **Age limit:** Don't use under 6 months of age unless directed by your child's pediatrician, because safety has not established and doesn't have FDA approval. Avoid multi-ingredient products in children under 6 years of age.
- **Dosage:** Determine by finding child's weight in the top row of the dosage table.
- **Measuring the dosage (should be in metric units):** Dosing syringes are more accurate than household utensils. Use the syringe or device that comes with the medication. If not available with the medication, medicine syringes are available at pharmacies. Household spoons are not reliable. **Note:** 1 level teaspoon equals 5 mL and that ½ teaspoon equals 2.5 mL.
- **Ibuprofen drops:** Ibuprofen infant drops come with a measuring syringe
- **Adult dosage:** 400 mg
- **Frequency:** Repeat every 6-8 hours as needed.

Additional Information & Resources:

- Fever and Your Baby (/English/health-issues/conditions/fever/Pages/Fever-and-Your-Baby.aspx)
- How to Take a Child's Temperature (/English/health-issues/conditions/fever/Pages/How-to-Take-a-Childs-Temperature.aspx)
- The Healthy Children Show: Fever (/English/health-issues/conditions/fever/Pages/The-Healthy-Children-Show-Fever-Video.aspx) (Video)
- The Healthy Children Show: Giving Liquid Medicine Safely (/English/safety-prevention/at-home/medication-safety/Pages/The-Healthy-Children-Show-Giving-Liquid-Medicine-Safely.aspx) (Video)
- Ibuprofen: Info for Consumers (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682159.html>) (National Library of Medicine)

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WELL-CHILD VISITS

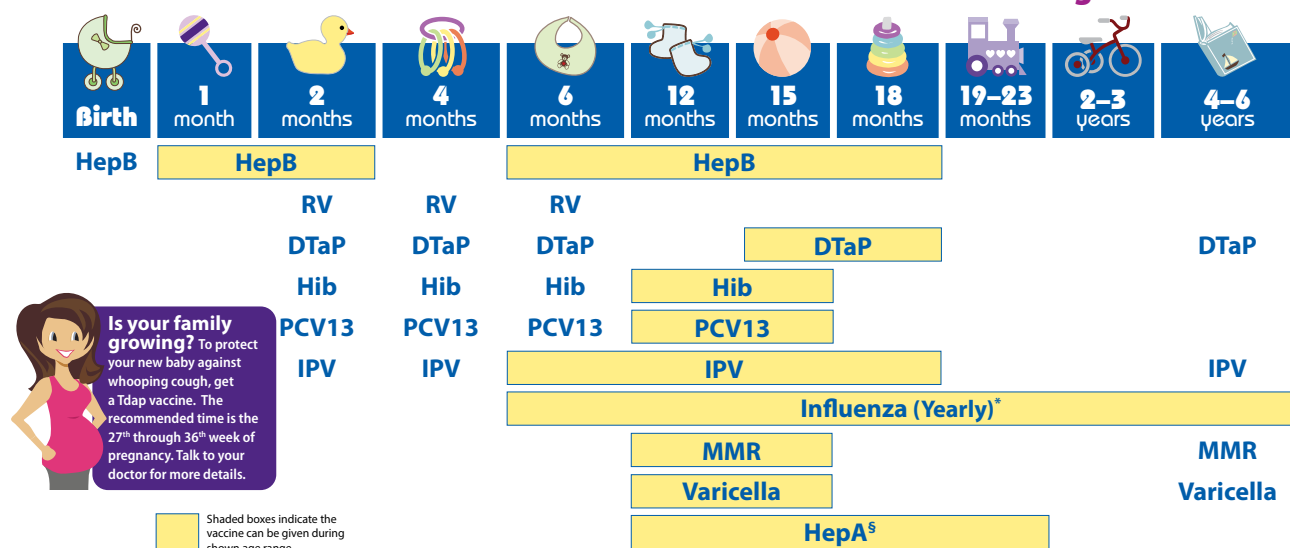
Schedule of Well-Child Visits:

- The first week visit (3 to 5 days old)
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 2 years old (24 months)
- 2 ½ years old (30 months)
- 3 years old
- 4 years old
- 5 years old
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old

The Benefits of Well-Child Visits:

- **Prevention.** Your child gets scheduled immunizations to prevent illness. You also can ask your pediatrician about nutrition and safety in the home and at school.
- **Tracking growth and development.** See how much your child has grown in the time since your last visit, and talk with your doctor about your child's development. You can discuss your child's milestones, social behaviors and learning.
- **Raising concerns.** Make a list of topics you want to talk about with your child's pediatrician such as development, behavior, sleep, eating or getting along with other family members. Bring your top three to five questions or concerns with you to talk with your pediatrician at the start of the visit.
- **Team approach.** Regular visits create strong, trustworthy relationships among pediatrician, parent and child. The AAP recommends well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.

2020 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



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Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death


* DTaP combines protection against diphtheria, tetanus, and pertussis.


** MMR combines protection against measles, mumps, and rubella.


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Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
7-8 Years											
9-10 Years											
11-12 Years											
13-15 Years											
16-18 Years											
More information:	Everyone 6 months and older should get a flu vaccine every year.	All 11- through 12- year olds should get one shot of Tdap.	All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.	All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.	Teens 16-18 years old may be vaccinated with a serogroup B meningococcal (MenB) vaccine.						

 These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.

 These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/.

 This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



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Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Human Papillomavirus	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Meningococcal Disease	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
Mumps	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Pneumococcal Disease	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Rubella	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

*Tdap combines protection against diphtheria, tetanus, and pertussis.

**Td combines protection against diphtheria and tetanus.

***MMR combines protection against measles, mumps, and rubella.

If you have any questions about your child's vaccines, talk to your child's doctor or nurse.

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