

COMMON ILLNESSES

The following is general information regarding common pediatric problems. Many of these illnesses can be cared for at home, but there are times when you may need to call the office as it may be necessary for a doctor to see your child. If you are unsure about your child's condition, please do not hesitate to call and speak to one of our nurses or doctors. Doses for the medications mentioned can be found at the end of this section. Additional information is available in our office and we are happy to provide you with a handout when you visit the office.

BURNS

Treatment: Immediately immerse the burned area in cool water for at least 10 minutes. Do not use ice. If clothing is smoldering, cool by soaking in water first, then gently remove clothing. Do not attempt to remove clothing if it is stuck to the burn. Cover burned area with a sterile gauze pad. If blisters form, DO NOT BREAK.

Call the office if you notice:

- Blisters develop
- The burn is on the face, hands or genitals
- Any increase in redness or swelling
- Any discharge (drainage or pus)
- Any other concerns or questions

CHICKENPOX

Chickenpox is a very contagious, viral illness that is spread by airborne particles. It causes an itchy, blistering rash that may not develop for 10-21 days after your child has been exposed. Your child may also have a low-grade fever, upper respiratory symptoms (congestion, runny nose, and cough). Decreased appetite and headache. Your child is contagious 2 days before the rash appears until all of the lesions are crusted (about 6-10 days). Your child should be isolated from others (who have not had chickenpox) until all of his lesions are crusted.

Treatment: Encourage your child not to scratch the lesions. An antihistamine, such as Benadryl, can help to decrease the itching. If you give oral Benadryl do not use Benadryl cream as some of it may be absorbed into the skin. Oatmeal or baking soda baths can soothe itching skin. Lesions can become infected. To minimize this risk keep your child's fingernails clean and trimmed and bathe daily. If you see infected looking lesions apply Neosporin ointment 3-4 times/day. Acetaminophen (Tylenol) is helpful for the fever and discomfort. DO NOT GIVE YOUR CHILD ASPIRIN OR IBUPROFEN.

Call the office if you notice:

- Any lesion that appears to be infected
- A persistent and severe cough

- Difficulty breathing or chest pain
- High fever, stiff neck, persistent headache, or listlessness
- Any other concerns or questions

COLDS

A cold or upper respiratory infection is the most common illness in children. Colds are caused by viral infections, meaning that there is no specific treatment. Children with colds typically have runny nose, congestion, cough, and a slight fever. They may also have a sore throat, watery eyes, and a decreased appetite. Thick yellow/green mucous is normal with a cold. It is common for symptoms to last 7-14 days. Normal, healthy children can have 6-8 colds per year; children in a daycare setting may have more.

Treatment: Because there is no medicine to “cure” a cold, treatment is mainly supportive. Encourage your child to drink extra fluids; this will keep the mucus thin and keep your child hydrated. Humidifiers and vaporizers may make your child more comfortable at night. Make sure they are kept clean. A steamy bathroom may also be helpful in clearing nasal passages. Infants breathe primarily through their noses, and will be more comfortable if the nose is kept clear. Use a bulb syringe with or without saline (saltwater) drops to help clear nasal secretions.

Saline nose drops can easily be made at home by mixing $\frac{1}{4}$ teaspoon salt in 1 cup of warm tap water. Be sure to make new solution each time and throw away unused saltwater solution.

Medications such as acetaminophen and ibuprofen are helpful to relieve fever and discomfort. **NEVER GIVE IBUPROFEN TO A CHILD UNDER SIX MONTHS OF AGE.** We do not routinely recommend other cold medications as they often have side effects of irritability, sleeplessness, and jitteriness and rarely alleviate symptoms for any significant period of time. If your child is over 6 years of age and the above-mentioned supportive measures are not adequately controlling her symptoms, an over-the-counter, symptom-directed medication may help loosen chest congestion and a cough suppressant may help alleviate cough (use cough suppressants only at night, daytime cough is actually helpful to clear secretions). No medicine will shorten the course of the cold.

Call the office if you notice:

- Extreme irritability or fussiness that is unrelenting
- Yellow/green eye drainage that persist more than 48 hours
- Swollen eyelids or extreme puffiness around the eyes
- Ear pain or ear drainage
- Fever that last more than 72 hours
- Difficulty breathing, especially if the ribs are visible with each breath
- Sore throat that is accompanied by fever, headache or vomiting
- Symptoms that persist past 10-14 days
- Any other questions or concerns

CONSTIPATION

Constipation refers to hard, painful bowel movements, not infrequent stools. All infants and children occasionally become constipated. Many infants may not have a daily bowel movement.

Treatment: If your infant is under 4 months of age, discuss treatment with the nurse or doctor. If your child is over 4 months of age offer, pear, prune, or apple juice (2-4 ounces mixed with an equal amount of water). Do not dilute “infant juice” as it has already been diluted. If your child is older than 6 months, increase the amount of green vegetables, fruits and bran products in his diet. Avoid bananas and rice cereal as they can cause constipation. We do not recommend the use of enemas or suppositories unless this has been discussed with your doctor.

Call the office if you notice:

- No improvement with the above suggestions
- The problem is recurring
- Your child has gone longer than 72 hours without a bowel movement and seems to be having abdominal pain.
- Severe pain or bleeding
- Any other questions or concerns

COUGH

Cough is a very common pediatric symptom. It can be associated with colds, allergies, croup, pneumonia, asthma, and a variety of other conditions. Cough associated with a cold can last several weeks and may be the last symptom to resolve.

Treatment: The treatment of cough depends on the particular cause, but in most cases basic comfort measures are recommended. Encourage fluids, place a cool mist humidifier in your child’s room, and elevate the head of the bed. If your child is older than 6 years of age and still uncomfortable with these measures in place, you may try an over-the-counter cough suppressant at night. We never recommend a cough suppressant during the daytime, as the cough is beneficial in clearing secretions and preventing further infection.

Call the office if you notice:

- Cough that persists more than 2 weeks
- Your child has difficulty breathing, chest pain or chest tightness
- Your child is wheezing or breathing fast
- The cough accompanied by vomiting or turning blue
- Development of high, persistent fever
- The cough develops after choking on food or any other object
- Any other questions or concerns

CROUP

Croup is caused by a viral infection affecting the larynx (voice box) and upper trachea (wind pipe). It is often accompanied by a fever and upper respiratory symptoms. When your child has croup, he will typically go to bed without difficulty then wakes up with a dry, barky cough (like a seal). Your child may make a high-pitched “crowing” or squeaking noise when taking in a breath. The cough is typically worse at night, but your child may have a hoarse voice and mild cough during the day.

Treatment: Remain calm and try to keep your child relaxed; this alone will make him breathe easier. Take your child outside into the cool air and let him breathe for several minutes or steam up the bathroom and sit, allowing him to breathe in the moist air until breathing becomes easier. When you return your child to bed run a cool mist humidifier. Encourage plenty of fluids. Acetaminophen or Ibuprofen will help with the discomfort caused by fever and painful coughing.

Call the office or seek emergency care IMMEDIATELY if:

- Your child is becoming less alert or less responsive
- Your child’s lips become blue
- Lying down makes your child’s breathing more difficult
- The “crowing” noise when breathing in does not resolve after 10-15 Minutes outside or in the steamy bathroom

CUTS, SCRAPES AND LACERATIONS

Most cuts and scrapes can be treated at home. The goal of treatment is to clean the wound to prevent infection and to speed the healing process.

Minor cuts and scrapes: Clean the area well with soap and water. Remove any visible dirt, glass, etc. Rinse the area well. Allow the wound to air dry then apply an antibiotic ointment and bandage. We do not recommend the use of over-the-counter “liquid band aid” products. The ointment and bandage should be changed at least daily. If the wound begins to look more red, swollen, or if pus is seen, contact your doctor during office hours.

Other cuts and scrapes: If the cut is deep, gapes open, or will not stop bleeding after applying pressure for 10 minutes, call your physician’s office, as stitches may be necessary.

DIARRHEA

Diarrhea is a common problem in childhood; most often it is caused by a viral infection. True diarrhea is watery bowel movements with a marked increase in stool volume and frequency. The concern with a diarrhea illness is that your child may become dehydrated.

Signs of dehydration include:

- ❖ Sunken appearing eyes
- ❖ Dry, cracked lips and dry, sticky tongue and inside of the mouth
- ❖ No tears when crying

- ❖ Less than 2 wet diapers or urine out in a 12 hour period
- ❖ Lethargy (difficult to arouse, doesn't interact with surroundings)
- ❖ Weakness (won't sit up, crawl, or play)

Treatment:

Infants: If your infant is breast-fed, continue to breastfeed and offer additional fluid in the form of Pedialyte. Continue formula for bottle-fed infants and offer Pedialyte as well. Formula fed infants may benefit from a soy formula for a brief time, if diarrhea is prolonged.

Older infants and toddlers: Offer a variety of clear liquids when a diarrhea illness begins. Pedialyte products are a good choice because they will replace the necessary electrolytes (salts) that your infant needs. You can offer milk, but decrease the amount until the diarrhea improves. Avoid juices; they can make the diarrhea worse.

Older children: Older children are not at as great a risk of dehydration from diarrhea as infants. Encourage more fluids and offer a bland diet.

Call the office if you notice:

- Diarrhea that persists more than 2 weeks
- Any signs of dehydration (as noted above)
- Blood in stool
- Any other questions or concerns

EARACHE

Earaches are a common complaint in children and can be caused by a variety of conditions such as a middle ear infection, an outer ear infection (swimmer's ear), a sore throat, congestion (associated with both colds and allergies) or trauma. Middle ear infections are the cause of the "ear infections" commonly referred to in children; they are frequently associated with colds.

Treatment: The only way to diagnose a middle ear infection is by direct visualization of the eardrum. Your doctor will only prescribe a medication (if necessary) after seeing your child in the office. Until your child can be seen in the office, acetaminophen or ibuprofen can be given for pain relief. Warm oil drops in the ear canal if there is no drainage, or a heating pad placed over the ear may provide additional comfort.

Call the office if you notice:

- Drainage from the ear
- Persistent ear pain or irritability
- A high fever that accompanies the ear pain
- Any other question or concerns

FEVER

A fever is a rise in body temperature above normal. The average normal body temperature when measured orally is 98.6 F (37 C), but may be slightly higher or lower depending on the individual. It is normal for the body temperature to fluctuate during the day; mild increase (100.4-101.3 F or 38 – 38.5 C) may be caused by exercise, excessive clothing, a hot bath, or warm weather. Warm food or fluids can also raise the oral temperature. If you suspect such an effect, take your child's temperature again in a half hour. We recommend taking rectal temperatures in children less than 6 months and axillary (under the arm) temperatures from 6 months to 3 years of age.

Fever is a symptom, not a disease. Unless your child is less than 12 weeks of age, A FEVER IS NOT A MEDICAL EMERGENCY. It is the body's normal response to an infection. A fever aids the body in fighting the infection by turning on the body's immune system. The usual fever (100.4 -104 F or 38-40 C), which all children get, are not harmful. Most are caused by viral illnesses; some are caused by a bacterial illness. Teething does not cause a high fever. Most fevers that accompany a viral illness last for 2-3 days. It is normal for a fever to come and go throughout the day, with or without the use of a fever reducing medication. It is normal for children to become fussy and less active with a fever; their demeanor usually improves when the temperature goes down. In general, the height of the fever does not relate to the seriousness of the illness. What is important is how sick your child acts. Fever causes no permanent harm until it reaches 107 F (41.7 C). Fortunately, the brain's thermostat keeps even untreated fevers below this level in a normal child.

Treatment:

Medications: Remember that a fever actually helps your child fight an infection more effectively. Therefore, only use medications if your child is uncomfortable. Your child's comfort should improve within two hours after the medication is administered. Your child's temperature will not return to normal unless it was not very elevated before the medication was given. The medication will not "cure" the fever, it is normal for the temperature to rise again once the medication has worn off. Repeated doses of medication may be needed. If your child is sleeping comfortably, do not wake him to give medication.

Acetaminophen: Children older than 2 months of age can be given any of the acetaminophen products (Tylenol, Liquiprin, Panadol, Temptra). These products can be given every 4 hours if needed. Give the correct dose for your child's weight or the dose discussed with your doctor.

Ibuprofen: Ibuprofen products (Advil, Motrin) can be given to children older than 6 months of age. These products have a longer lasting effect and should only be given every 6-8 hours. Give the appropriate dose for your child's weight.

If your child is less than 12 weeks old, do not give these medications without speaking with your child's doctor.

Other measures: Body fluids are lost during fevers due to sweating. Encourage your child to drink extra fluids. Popsicles and iced drinks may be helpful. Keep clothing to a minimum, as most heat is lost through the skin. Do not bundle your child, this can cause the temperature to rise further. If

your child feels cold or has chills give her a light blanket. If your child is still uncomfortable 1-2 hours after taking medicine, or if the temperature has not come down, you can bathe your child in a tepid bath for 20 minutes. DO NOT use ice water or alcohol; this can make the temperature go up.

Call the office IMMEDIATELY if:

- Your child is less than 3 months old, and the temperature is greater than 100.4 F (38 C) rectally
- The fever is over 105 F (40.6 C) when measured rectally
- Your child looks or acts very sick

Call the office WITHIN 24 HOURS if:

- Your child is 3 to 6 months old (unless the fever is following immunization)
- Your child has had a fever over 24 hours with no obvious cause or location of infection
- Your child has had a fever for more than 3 days
- The fever went away for over 24 hours and then returned
- Any other questions or concerns

HEAD INJURY

Head injuries are almost inevitable in children. Most are minor and cause no serious problems. If your child hits his head make sure that he is talking and moving his arms and legs normally. Ask older children to name people or toys. If your child had a forceful fall he may be a bit drowsy, have a mild headache, or even vomit once or twice.

Treatment: DO NOT PANIC! Place ice or bag of frozen vegetable on the site to minimize swelling. If there is any bleeding, apply firm, direct pressure to the area.

Call our office IMMEDIATELY if your child:

- Lost consciousness with the head injury
- Has unusual behavior, such as inconsolable crying, confusion or dizziness
- Has a change in vision, trouble hearing or speaking
- Has a seizure
- Has neck pain
- Has a headache that is worsening or lasts more than a day
- Has persistent vomiting
- Has a laceration that may need stitches

INSECT BITES

There are many stinging and biting insects in Ohio. It is rare that their bites carry serious disease and most of them cause no more than a local skin reaction. Some stings are more painful than others, and the site may appear red and warm. Swelling can be dramatic, especially on the face or hands, and may be much larger the morning after the bite or sting.

Treatment: Treatment is aimed at relieving itching and pain and preventing infection. If you know the bite/sting has occurred, remove your child from the area if there are other insects. Cool the site with a cold pack or washcloth and keep elevated. Make a paste out of baking soda or meat tenderizer mixed with water and apply it to the site. This soothes the skin and relieves discomfort. Over the next several days your child may get additional relief from an over-the-counter topical steroid cream, such as hydrocortisone. This can be applied twice a day for no more than two days. Tylenol or Ibuprofen may also help with pain and swelling.

Call 911 if there is difficulty breathing or your child develops tightness in the chest or throat. These types of severe allergic reactions usually happen within one hour of the bite or sting.

Call the office if:

- The area becomes darker red and more tender or begins to drain pus, as these can be signs of infection.
- The site continues to swell after the first 2-3 days
- You see red streaks from the site toward the center of the body
- Your child has a fever that cannot be otherwise explained

NOSEBLEEDS

Nosebleeds are common in children. The most common cause is trauma (especially nose picking); they can also be caused by colds, allergies, and low humidity/dry air. The bleeding usually comes from a small blood vessel close to the surface in the front of the nose.

Treatment: Have your child tilt their head forward and apply pressure to the nose for at least 10 minutes. Do not release pressure during this time to see if the nose is still bleeding. Once the bleeding has stopped you will probably see a blood clot or dried blood inside of the nose. **DO NOT** try to remove the blood or have your child blow their nose, as this will make the bleeding start again.

Call the office if you notice:

- Bleeding that does not stop after 15 to 20 minutes
- Nosebleeds that frequently recur
- Your child also has bleeding gums, excessive bleeding from cuts or easy bruising

PINK EYE (Conjunctivitis)

Conjunctivitis is swelling of the membrane that covers the eye. The classic signs are “blood shot” eyes and thick discharge from the eye or crusting of the lashes. Conjunctivitis can be caused by irritation, allergies, bacteria, or most commonly viruses. The term “pink eye” usually refers to an infectious conjunctivitis (bacterial or viral). As with other viral illnesses, viral conjunctivitis is not cured by antibiotics, but most run its course over 4-7 days. If your doctor suspects that a bacterial infection is forming, antibiotic drops or ointment may be prescribed.

Treatment: Keep the eyes clean using a clean cloth or cotton ball and warm water. Wash the eyes every few hours as needed to keep the discharge from building up. Apply warm compressions for about 10 minutes 3-4 times a day. Try to keep your child from rubbing her eyes. This will irritate the eyes more and increase the risk of spread to the other eye, as well as to siblings and other contacts. You and your child should practice good hand-washing to prevent spreading the infection.

Call the office if:

- Your child is acting ill or has other symptoms such as fever or earache
- Your child complains of eye pain or trouble with his vision
- The eyelids become red and swollen
- The discharge immediately reappears after wiping it away
- The redness lasts for more than 7 days

POISON IVY

Poison ivy is caused by a local reaction of the skin to oil on the leaves of the poison ivy plant. The rash consists of small bumps or blisters that can appear in lines. Blisters may look to be filled with a clear yellow fluid that may crust over if scratched open. The rash is usually very itchy, but not typically painful. Poison oak, poison sumac and many other plants and weeds can cause the same type of reaction.

There are two common misconceptions about poison ivy – that it is contagious and that it can be spread. Poison ivy is not contagious. Once the oil has been washed from the skin, direct contact will not pass the rash from person to person. However, oil that remains on the hair or clothing can spread the rash if it comes into contact with others. Poison ivy does not spread. After the oil has come into contact with the skin it can take up to two weeks for the rash to appear; the rash may appear in different areas of the body on different days. This is normal.

Treatment: If you think your child has come into contact with poison ivy, have him bathe or shower. Keep the affected areas clean with soap and water. Cover areas that are likely to become dirty. Benadryl by mouth may be used to relieve itching. An over-the-counter topical steroid cream can be used twice a day for up to one week. Keep your child's fingernails and toenails short to prevent scratching, especially at night.

Call the office if:

- The rash become more painful than itchy, is becoming increasingly swollen or has thick drainage, as these can be signs of infection
- The rash involves the face or groin area
- You are concerned that the rash may not be poison ivy

RASH

Rashes are common in childhood and have many causes. The majority of childhood rashes are not harmful. If your child has a mild rash without other symptoms of illness you can safely watch it for several days. Many common childhood viral infections can cause a rash. These rashes can cover the entire body and tend to look worse when your child get warm (in sunlight, after a bath or exertion). If the rash seems to itch you can try oatmeal baths or use Benadryl (for children over one year) if the itching is severe. Rashes are difficult to diagnose over the phone, so if you have a question about your child's rash please call during office hours so that an appointment can be scheduled. Please call immediately if your child has a rash that looks like broken blood vessels or a rash that does not blanch (lose its color briefly when pushed on).

SORE THROAT

The majority of sore throats are viral, and as with any virus, there is no cure for the infection, viral sore throats usually last 3-4 days and are often associated with cold symptoms. "Strep throat" is a bacterial infection that usually causes a sore throat, fever, headache and nausea/vomiting. It requires a throat swab for a diagnosis and is treated with antibiotics. Acetaminophen or ibuprofen products will help with a sore throat, regardless of the cause.

Call the office if you notice:

- A sore throat that is not improving in 2-3 days
- A sore throat and a known exposure to someone with strep throat
- Obvious swelling on the outside of the neck or excessive drooling
- Signs of dehydration because your child is refusing fluids
- Any other questions or concerns

VOMITING

Vomiting (throwing up) is most often caused by a viral infection in the stomach or by eating something that has irritated the stomach lining. It is frequently associated with diarrhea, although it may precede the diarrhea by 1-2 days. It generally lasts 12-48 hours. The main concern when your child is vomiting is keeping him hydrated.

Treatment: Wait 30 minutes after your child vomits before offering any fluid. After 30 minutes give your child several sips of water, Pedialyte or other clear liquids and wait 10-15 minutes. If no vomiting occurs, give several more sips. Gradually increase the amount of clear liquid offered and the time between offering liquids until your child is drinking as much as she wants without vomiting. Do not offer a large amount at once, even though your child may want more. This distends the stomach and is likely to cause more vomiting. If your child vomits again, wait 30 minutes and go back to offering only a few sips. Once your child is keeping down clear liquids you can return to formula or breastfeeding or add back bland solid foods. It is normal for your child's appetite to be decreased for up to a week after a vomiting illness. It is also expected that your child may lose weight during this period; she will eat more in the weeks that follow to regain the lost weight.

It is appropriate to give acetaminophen if your child has a fever with her vomiting.

Call the office if you notice:

- Vomit containing blood or bile (dark green color)
- No improvement after 24 hours
- Persistent vomiting accompanied by fever and significant abdominal pain

Signs of dehydration

- ❖ Sunken appearing eyes
- ❖ Dry, cracked lips and dry, sticky tongues and inside of the mouth
- ❖ No tears when crying
- ❖ Less than 2 wet diapers or urine out in a 12 hour period
- ❖ Lethargy (difficult to arouse, doesn't interact with surroundings)
- ❖ Weakness (won't sit up, crawl, or play)

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