

Emergency Symptoms: How to Recognize

Some emergency symptoms are difficult to recognize. Most parents will not overlook or underestimate the importance of a major burn, major bleeding, choking or a convulsion. However, if your child has any of the following symptoms, also contact our office immediately.

Sick Newborn: If your baby is less than 1 month old and sick in any way the problem could be serious.

Severe Lethargy: It is normal for children to be tired or sleepy with an illness but watch to see if they won't play, won't smile, if they are too weak to cry or difficult to awaken. These are serious symptoms.

Dehydration: Dehydration means that your child's body fluids are low. Dehydration usually follows severe vomiting or diarrhea. Suspect dehydration if your child has not urinated in 8 hours; crying produces no tears; or the mouth is dry rather than moist.

Injured Neck: All neck injuries should be discussed with your child's physician because of the risk of damage to the spinal cord.

Tender Testicle or Scrotum: The sudden onset of pain in the groin can be from twisting of the testicle. This requires immediate evaluation.

Fever over 105°: All of the preceding symptoms are stronger indicators of serious illness than the level of fever. All of them can occur with low fevers as well as high ones. The degree of temperature does not indicate how sick your child is. Fevers become strong indicators of serious infection only when the temperature rises about 105°.

What do I do if my child has a fever?

Definition: Your child has a fever if he/she has a rectal/oral temperature greater than 100.4°, an axillary temperature greater than 99°. Tactile fevers (feeling warm to the touch) are only accurate about 50% of the time. The body's average temperature can range from 97.5°-100.4° and varies depending on the time of day.

Causes: Fever is a symptom, not a disease. Fever is the body's normal response to infections and plays a role in fighting them. Fever turns on the body's immune system. The usual fevers of 100°-104° are generally not harmful (but can be uncomfortable). Most are caused by viral illnesses; some are caused by bacterial illnesses. Teething does not cause a fever > 101°.

Expected Course: Most fevers with viral illnesses range between 101° and 104° and last for 2-3 days. In general, the height of the fever doesn't relate to the seriousness of the illness. How sick your child acts is what counts. Fever causes no permanent harm until it reaches 107°.

Home Care: Treat all fevers with increased fluids and less clothing. If your child is less than 2 months old please call the office or after hours service **BEFORE** any treatment is given. If your child is 2-6 months old you may give Tylenol every 4-6 hours. Over the age of 6 months you may give Tylenol every 4-6 hours or Motrin every 6-8 hours for fever control. **AVOID** aspirin in any child less than 21 year old as it has been linked to Reye's syndrome.

Call the office **IMMEDIATELY** if:

- Your child is less than 2 months old
- The fever is greater than 105°
- Your child looks or acts very sick

Call the office within 24 hours if:

- Your child is 3-6 months old
- The fever is between 104°-105°
- Fever has been present for more than 24 hours without an obvious cause
- Your child has had a fever for more than 3 days

Fever Phobia: Understanding the Myths

MYTH: All fevers are bad for children

FACT: Fevers turn on the body's immune system to help fight infections

MYTH: Fevers cause brain damage and fevers greater than 104° are dangerous

FACT: Fevers with infections don't cause brain damage. Only body temperature over 107° can cause brain damage.

MYTH: All fevers need to be treated with fever medicine

FACT: Fevers only need to be treated if they cause discomfort—usually fevers over 102°.

MYTH: Without treatment, fevers will keep going higher.

FACT: Fever from infections top out at 105°-106° because of the brain's thermostat

MYTH: With treatment the fevers should come down to normal

FACT: With treatment fevers usually come down 2-3 degrees.

MYTH: If the fever doesn't come down, the cause is serious

FACT: Fevers that don't respond to fever medicine can be caused by viruses or bacteria. It doesn't relate to the seriousness of the infection.

MYTH: If the fever is high, the cause is serious.

FACT: If your child looks very sick the cause is serious.

MYTH: The exact number of the temperature is important

FACT: How your child looks is what is important.

What should I do if my child is vomiting?

Definition: Vomiting is the forceful ejection of a large portion of the stomach's contents through the mouth.

Causes: Most vomiting is caused by a viral infection of the stomach or eating something that disagrees with the child. Often, the viral type is associated with diarrhea.

Expected Course: Vomiting usually stops in 6-24 hours. If diarrhea is also present this may continue for several more days.

Home Care:

- Infants (less than 1 year) should be offered Pedialyte or Infalyte solution for 8 hours. Only small amounts of fluid should be given at a time, usually 1-2 oz every 1-2 hours. After 8 hours without vomiting the baby may be changed back to regular formula or return to breast feeding. A normal diet is ok in 24-48 hours.
- Older Children (> 1 year) may be offered small amounts of Gatorade, popsicles, jello or flat sprite/ginger ale. After 8 hours of no vomiting may start a bland diet such as rice, applesauce, toast and bananas. A normal diet is ok in 24-48 hours.

Common Mistakes: It is very normal to want to give your child as much as they would like to drink after they have been vomiting. However, remember that the stomach is very irritated and by filling it too full the chances that the vomiting will start again are high. **SMALL** amounts frequently are best.

Call the office **IMMEDIATELY** if:

- Any signs of dehydration occur (no urine in 8 hours, very dry mouth)
- Any blood appears in vomited material
- Abdominal pain develops and last for more than 4 hours
- Your child starts acting very sick

Call the office within 24 hours if:

- The vomiting continues for more than 24 hours in a child under 2 or more than 48 hours in a child over 2.
- You have other concerns or questions.

What do I do if my child has a sore throat?

Definition: The child complains of throat pain. In children too young to talk it may be suspected if they refuse to eat or cry with eating.

Cause: Most sore throats are caused by viruses and are part of a cold. About 10% of sore throats are due to strep bacteria. A throat culture or a rapid strep test is the only way to distinguish this. Without treatment within 1-2 weeks, a strep infection can have some rare but serious complications.

Expected Course: Sore throats with viral illnesses usually last 3-4 days. Strep throat responds well to antibiotics and after taking medication for 24 hours your child is no longer contagious and can return to school or daycare.

Home Care: Children over 8 years can gargle with warm salt water (1/4 teaspoon of salt per glass). Warm broth or apple juice can be soothing to a sore throat as well. Some children will prefer softer foods for a few days because of the discomfort associated with swallowing. Tylenol and Motrin may also be used for pain control.

Call the office **IMMEDIATELY** if:

- Your child is drooling, spitting or having great difficulty swallowing
- Breathing becomes difficult
- Your child is acting very sick

Call the office during regular hours:

- To make an appointment for a throat culture if symptoms have been present > 24 hours
- If fever lasts more than 3 days

What do I do if my child has croup?

Definition: The classic symptom of croup is a low pitched “barking” cough that sounds like a seal. Usually this is associated with a hoarse voice.

Cause: Croup is a viral infection of the vocal cords and windpipe. It is usually part of a cold and typically is seen with a runny nose, congestion and fever.

Expected Course: Croup usually lasts for 5-6 days and symptoms are generally worse at night. Children under age 3 tend to have worse symptoms.

Home Care: If your child suddenly develops noisy or tight breathing you can help by taking your child outside in the cold air for 15 minutes or have a warm shower running with the bathroom door closed. Once the room is all fogged up take your child into the bathroom for 10 minutes. Most children will settle down with the above treatment and then sleep peacefully. If breathing does not improve or worsens seek medical attention.

Call the office **IMMEDIATELY** if:

- Breathing becomes difficult when your child is not coughing
- Humidified air does not ease breathing within 20 minutes

Call during regular hours if:

- Fever last more than 3 days
- Croup lasts more than 10 days
- Fever resolved and then reappeared

What can I do if my child is constipated?

Definition: The most reliable sign of constipation is discomfort with passage of stools or inability to pass stool after straining or pushing for more than 10 minutes.

Common Misconceptions: Large or hard stools unaccompanied by any of the conditions just described are usually normal variations. Some people have hard stools daily without any discomfort. Children who eat large quantities of food pass large stools. Babies less than 6 months of age commonly grunt, push, strain, draw up the legs and become flushed during passage of BM's but they do not cry. These behaviors are normal.

Causes: Constipation is often due to a diet that does not include enough fiber. It is also caused by repeatedly waiting too long to go to the bathroom.

Home Care:

- If your baby is less than 6 months dilute 1 oz of apple or prune juice with 2 oz of water one time per day. If over 6 months add baby foods with high fiber content such as cereals, apricots, prunes, peaches, pears, plums, beans or peas twice daily.
- If your child is over age 1 year make sure that they eat fruits or vegetables at least 3 times per day (raw and unpeeled are best). Some examples are prunes, figs, dates, raisins, peaches, apples and pears. Also increase bran in your child's diet by giving whole wheat bread, oatmeal, brown rice, bran cereal or bran muffins.
- In children who are potty trained establish a regular bowel pattern by sitting on the toilet for 10 minutes after meals, especially breakfast. If your child is resisting toilet training by holding stools in stop the toilet training for awhile and go back to diapers or pull ups.
- If a change in diet does not relieve the constipation, give your child a stool softener with dinner every night for 1 week. Stool softeners are not habit forming. Examples of stool softeners you can buy without a prescription are Haley's M-O (1 tablespoon), Metamucil (1 tablespoon), plain mineral oil (1 tablespoon), or Miralax ½ cup to 8 oz water.

Call the office **IMMEDIATELY** if:

- Your child develops extreme pain.

Call during regular hours if:

- Your child does not have a bowel movement after 3 days of this nonconstipating diet
- Your child is not having soft stools after 1 week of using stool softener

What do I do if my child has been stung by a bee?

Definition: 95% of all stings are from yellow jackets. These stings cause immediate painful red bumps. Swelling may increase over the first 24-48 hours. Multiple stings (>10) can cause vomiting, diarrhea, headache and fever. This is a toxic reaction to the amount of venom received and not an allergic reaction.

Home Care: If you see a little black dot in the bite, the stinger is still present. Remove it by scraping it off. If only a small fragment remains don't worry about it. Then rub each sting for 20 minutes with a cotton ball soaked in a meat tenderizer solution. This will neutralize the venom and relieve the pain. If meat tenderizer solution is not available you can use a baking soda and water mixture. Tylenol and Motrin will help with discomfort. Oral Benadryl may relieve itching and swelling.

Call the office **IMMEDIATELY** if:

- Breathing or swallowing is difficult (call 911)
- Hives are present
- There are 10 or more stings

Call the office during regular hours if:

- Swelling of hand/foot spreads past wrist/ankle

What can I do for itchy bites?

Definition: Bites of mosquitoes, chiggers, fleas and bedbugs usually cause itchy, red bumps. The size of the swelling can vary from a dot to ½ inch. The larger the size does not mean that your child is allergic to the insect bite. Mosquito bites near the eye can cause significant swelling. Flea bites often blister in young children.

Home Care: Apply calamine lotion or baking soda paste to the area. If the itch is severe apply 1% hydrocortisone cream 3 times daily and give oral Benadryl. Another way to reduce the itch is to apply firm, sharp, direct pressure to the bite for 10 seconds. Encourage your child to not pick at the area or it could scar.

Prevention

- Mosquitoes/Chiggers: Many of these bites can be prevented by applying insect repellent sparingly to clothes or skin before your child goes outdoors.
- Fleas: Usually you will find fleas on your pet. Fleas can often be removed by bringing a dog or cat inside the house for 2 hours to collect the fleas (they prefer animals to living in the carpet). Then apply flea powder or soap to the animal outside. Careful vacuuming usually captures any remaining fleas.
- Insect repellents with DEET should be used with caution because it can be absorbed into the blood stream, especially in young children. Try to use DEET free or products that only contain 10% DEET or less. No insect repellent in children less than 6 months of age.

What do I do if I find a tick on my child?

Definition: A tick is a small brown bug that attaches to the skin and sucks blood for 3-6 days. The bite is usually painless and doesn't itch. The wood tick (dog tick) is up to ½ inch in size. The deer tick, which transmits Lyme disease, is the size of a pinhead.

Home Care: REMOVE THE TICK. The simplest way to remove a wood tick is to pull it off. Use a pair of tweezers to grasp the tick as close to the skin as possible. Apply a steady upward traction until the tick releases its grip. Do not twist the tick or jerk it suddenly because these maneuvers can break off the tick's head or mouth parts. Do not squeeze the tweezers to the point of crushing because this may cause secretions to be released by the tick

If tweezers are not available, use fingers or a loop of thread around the tick's jaw. Tiny deer ticks need to be scraped off with a knife blade or the edge of a credit card. If the body is removed but the head is left in the skin, use a sterile needle to remove the head (similar to removing a splinter). Apply antibiotic cream to the area once. DO NOT USE nail polish, Vaseline or rubbing alcohol as these methods do not work.

Prevention: Wear long clothing when hiking and apply an insect repellent to shoes and socks. Make sure that you check your child thoroughly for ticks each night at bath time. Prompt removal of ticks will prevent the transmission of Lyme disease. In order for a tick to transmit Lyme disease it must be attached for at least 24 hours and be engorged (this indicates it has been feeding).

Call the office **IMMEDIATELY** if:

- You are unable to remove the tick
- A fever or a rash occur within the 2 weeks following the bite