

**PARKSIDE PEDIATRICS, S.C.**

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Name \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**DIET:**

Now is the time to continue to reinforce proper eating habits for life-long good health.

**Calcium** The most current recommendations are that your child should consume 1,000 mg of calcium per day through age 8, then 1300 mg per day until adulthood. This can be satisfied with 24 to 28 ounces and 36 ounces of milk products respectively. Utilize skim milk, low fat cheese, and non-fat yogurt. One slice of American cheese and 4 oz. of yogurt both equal 4 ounces of milk.

**Fruits and Vegetables**

A minimum of at least 4 servings per day (two of each), but it is better for long term health to eat 5-9 servings per day. Ideally, have a selection of at least 5 different fruits and vegetables, either raw or cooked. Watermelon and iceberg lettuce do not count because they are mainly water. Potatoes, rice, and corn count as starches, not vegetables. You can respect your child's taste preferences, but try to reintroduce the foods that have been rejected in the past every 1 to 2 months.

**Starches** Complex carbohydrates are preferred to simple refined starches such as cakes and cookies. Desirable foods include such things as potatoes, peas, rice, noodles, whole grain breads, and whole grain cereals.

**Meats** One to two servings per day, preferably lean meats such as skinless chicken, turkey and fish. Red meats, which are high in saturated fat and cholesterol are not necessary for a nutritionally balanced diet but may be offered occasionally.

- Eggs** Eggs are a beneficial, but not necessary food. So as to provide a well-balanced diet with a variety of good protein sources, in general limit eggs to 3 servings per week.
- Snacks** Between meal snacks should be healthy and low fat such as fruit, vegetables and yogurt.
- Juices/Pop** Even 100% fruit juice has minimal nutritional and high caloric value. Ideally, juices and pop should not be a part of your child's diet. Encourage drinking milk at meals for the calcium content and eating fresh fruit for the nutrients and fiber content.
- Fast Food/Fried Food** Limit these to no more than twice per month. If you must eat out more often, order low fat items from a restaurant with nutritious healthy items on the menu, such as Boston Market or Subway.
- Salt** In moderation, preferably no added salt to the diet.
- Vitamins** For children under 12 years old, a daily chewable multivitamin with iron for children should be a regular part of the diet. Most gummy vitamins do not contain iron and are therefore not an appropriate supplement. By 12 years old, an adult vitamin tablet with iron is recommended. This is due to the fact that despite living in such a developed country, the most common cause of anemia (low blood count) in America is still iron deficiency. At 18 years old, men are changed to a vitamin without iron, however, woman should continue on a multivitamin with iron due to their menstrual blood loss.

#### **WATER:**

Make sure your child drinks at least 8 ounces of water **with fluoride** per day so as to maximize the protection of the growing teeth and bones. The best option is filtered tap water. Ideally, the filter removes at minimum lead and chlorine with a refrigerator filter or a faucet mounted filter such as those from Brita or PUR being appropriate options. Make sure to change the filter cartridge as per the instructions. Check with the manufacturer if you are unsure if the filter removes fluoride. Carry liquids in hard plastic, aluminum, or stainless steel containers – glass containers are acceptable if they can be used safely in light of potential breakage – avoid cheap plastic bottles

**WEIGHT MANAGEMENT** - Useful web sites:

- individual daily calorie needs: [www.nutritiondata.com/tools/calories-burned](http://www.nutritiondata.com/tools/calories-burned)
- food calorie content: [www.nal.usda.gov/fnic/foodcomp/search](http://www.nal.usda.gov/fnic/foodcomp/search)

#### **DEVELOPMENT:**

Television viewing and computer use for entertainment should be in moderation, ideally no more than 12 – 14 hours per week. Nonviolent, educational shows are preferable. Regular eating in front of the television has been associated with obesity and poor nutritional habits. Excessive television exposure has been associated

- The phone number of the Illinois Poison Control Center downtown is 800-222-1222. This number should be readily available at all times, including in your cell phone, along with the number for the nearest emergency room and our office. In case of accidental ingestion of potential toxic substance, telephone **Poison Control immediately**. Feel free to contact us, **BUT** we should be called **after** you have spoken with Poison Control.
- For children over 9 years and taller than 58”, a seat belt (preferably with a shoulder strap) should be used at all times when in the car. The lap belt should run across the hip bones and not the abdomen so as to minimize the risk of injury in case of an accident.
- Use coaster brakes on the bike until your child has sufficient coordination for hand brakes, usually at 9 to 10 years old.
- A bike helmet is strongly recommended when your child is on a bike. Look for the ANSI (American National Standards Institute) or Snell sticker to indicate safety testing and approval.
- If your child uses a skateboard or roller blades, we strongly recommend a helmet, wrist guards, and knee/elbow pads.
- Keep all medications in their original containers. Survey your medicine cabinet every 6 months and discard expired medications.
- Bunk beds are not recommended due to a significant risk of injury.
- An excellent resource for inexpensive lead testing of household tap water, painted surfaces or outside soil is the non-profit service Clean Water Lead Testing Inc. ([www.leadtesting.org](http://www.leadtesting.org)) in Asheville, NC. They also supply kits to test for arsenic in soil and pressure treated wood.
- For more information about seafood health information with regards to mercury and other toxins refer to: [www.environmentaldefense.org/article.cfm?ContentID=3576](http://www.environmentaldefense.org/article.cfm?ContentID=3576)

#### RECOMMENDED READINGS:

1. **Teaching Values To Your Children** by Linda amid Richard Eyre
2. **Who Is A Stranger And What Should I Do?** by Linda Gerard
3. **My Body Is Private** by Linda Gerard
4. **TMA Guide To Toys And Play** — a free booklet available by calling 1-800-851-9955 which gives information about toy safety and selection, how to read toy labels, and parental involvement in play.

with obesity, aggressive behavior, and poor school performance. In addition, television sets are not recommended for a child’s bedroom.

- Continue to provide positive reinforcement for appropriate behaviors, such as good school performance. At the same time, help your child develop the necessary skills to improve in those areas where they are weak.
- Maintain an adequate activity level to promote proper development as well as to avoid excess weight gain.
- At appropriate times, begin discussions about puberty, drugs, smoking, and drinking alcohol with your child. An open atmosphere where your child feels they can ask you questions is the most effective in establishing proper development and habits.
- Visual acuity reaches adult levels of 20/20 by about 5 years of age.
- Children begin to lose the primary (baby) teeth at about 6 to 7 years of age.

#### HYGIENE:

- Never insert Q-tips into your child’s ears.
- Your child should brush their teeth twice a day with the most important time being before bed. Your child is usually able to brush their own teeth without supervision when they are about 9 years old. Flossing the teeth where they are close together should be started as soon as possible, but it is usually not done well by the child themselves until after 10 years old. Routine dental exams should be performed twice a year.
- Whenever the sun is capable of burning the skin, a sunblock should be applied to exposed areas taking care to avoid the eyes, mouth, and palms. Utilize clothing including hats to protect your child from the sun as much as possible. Remember, it doesn’t have to be hot outside to get a sunburn. Choose a water resistant sunblock that has broad UVA coverage and a SPF of 30 or higher to protect against UVB rays. Favorite summer clothes can be given sun protection factor (SPF) by using SunGuard in the washing machine, which lasts for at least 10 washings throughout the summer. JoAnn fabrics and Walgreens carry it, or see [sunguardsunprotection.com](http://sunguardsunprotection.com) for information.
- A good quality insect repellent should be applied to exposed areas when there is a possibility of insect bites. Skin-So-Soft Bath Oil® made by Avon and citronella oil lotions are good nontoxic options even recommended for infants under one year due to their low risk of toxicity. Cutter Advanced® (picaridin is the active ingredient) is a good DEET-free product suitable for even young children. If these are ineffective, consider using a DEET containing insect repellent spray on clothes and a repellent lotion on exposed skin surfaces. Avoid using repellent products with greater than 10% DEET on children’s skin. Skintastic® for children is readily available and has less than 5% DEET. Be careful to avoid the eyes,

mouth, and hands. All these products must be washed off the skin in the bath or shower the same day they are applied.

- To decrease the risk of urinary tract infections in girls, the vaginal area should always be wiped with toilet tissue from front to back. Bubble bath and powders should not be used. Supervision by the parent is required, at least periodically, up until at least 6 years old.

#### **ILLNESS MANAGEMENT:**

Most illnesses are viral and may be managed at home. Antibiotics are frequently not helpful and therefore not indicated for viral infections. Over the counter medications and simple measures to make your child more comfortable are the most important. However, those medications do not shorten, and in fact may prolong, the illness duration. Remember, your child is just like us. They will be more cranky, sleep more, and eat less when they are ill. These symptoms always seem worse at bed time. Keep these things in mind when you evaluate your child.

##### ***We recommend:***

- 1) Temperature management—see next section.
- 2) Over the counter cough suppressants and decongestants are frequently helpful especially just before bedtime. See the following dosing charts for doses on specific recommended preparations.
- 3) Cool mist humidifiers or vaporizers may help if the nasal secretions are thick. These must be cleaned and disinfected daily. Do not add chemicals such as Vicks to the vaporizer.
- 4) Encourage liquids. The appetite will probably be below normal for 5 to 7 days. The most important thing is to prevent dehydration.
- 5) Do not self medicate with antibiotics prescribed for other children or from prior illnesses.

##### ***Reasons to call us include:***

- 1) Symptoms are not improving after 8 days or persist longer than 2 – 3 weeks.
- 2) Temperature persists beyond the first 96 hours (4 days) of the illness or goes over 104° by rectum (103° orally).
- 3) Persistent rash, especially if it itches.
- 4) Trouble breathing, wheezing, or turning blue around the lips.
- 5) Significant vomiting or diarrhea.

#### **INJURY MANAGEMENT:**

- 1) For simple scrapes and cuts, keep the wound clean and dry. A topical ointment such as Polysporin® or Bacitracin® applied 3 times per day will help minimize the risk of infection. We do not recommend using Neosporin® due to potential allergic reactions in some individuals. Call us for any signs of infection which include pus, increasing redness, increasing pain, or fever.
- 2) You should call us for any lacerations that continue to bleed after attempts at applying direct pressure or that gape open. If it is during office hours, we will repair most common injuries rather than sending you to an emergency room.
- 3) You need to check the teeth after any injury involving the head or mouth. Contact your dentist (or us if you need a referral) any time you note a tooth to be loose, painful to touch, or discolored.
- 4) Call us during office hours if your child sustains what you feel is a sprain or pulled muscle but after 24 hours they continue to complain of pain, there is persistent swelling, or decreased use of the injured body part. Call sooner for any significant injury, especially if there appears to be a deformity, or a loss of sensation / circulation.
- 5) Immediately place cold water on a burn and then call us.

#### **SAFETY:**

- A car booster seat is now recommended for children over 40 lbs. age 4-8, unless they have achieved 58” tall. Correct seat belt fit with the shoulder and lap straps is not usually achieved until a child is 9 years old without the booster seat. This will reduce the risk of head, neck, chest and abdominal injury. Up-to-date federal guidelines regarding the proper type of seat to use for your child can be found at <http://www.nhtsa.dot.gov>. Use “quick clicks” about child seats or the drop down menu “Information on...” to access information on child safety seats. The American Academy of Pediatrics has their Car Safety Seat Guide online at <http://aap.org/family/carseatguide.htm> and other information at about car seats at <http://www.aap.org/healthtopics/carseatsafety.cfm>.

## Cough/Cold Medicines

<u>Age</u>	<u>Dimetapp DM®</u>		<u>Vicks Pediatric 44M®</u>	
	<u>Give No More Often Than Every 4 Hours</u>		<u>Give No More Often Than Every 6 Hours</u>	
	<u>cc</u>	<u>tsp</u>	<u>cc</u>	<u>tsp</u>
4-5 years	7.5	1 1/2	10.5	2
6-8 years	10.0	2	15.0	3
9-11 years	15.0	3	22.5	4 1/2
≥12 years	20.0	4	30.0	6

## Benadryl®- No More Often Than Every 6 Hours

<u>Weight (lbs)</u>	<u>Dose (mg)</u>	<u>Liquid (tsp)</u>	<u>Chewable Tablets</u>	<u>Softgel</u>
<u>Tablets</u>				
28 - 32	15.6	1 1/4		
33 - 38	18.8	1 1/2	1 1/2	
39 - 43	21.9	1 3/4		
44 - 49	25	2	2	1
50 - 54	28.1	2 1/4		
55 - 60	31.3	2 1/2	2 1/2	
61 - 65	34.4	2 3/4		
66 - 71	37.5	3	3	1 1/2
72 - 76	40.6	3 1/4		
77 - 82	43.8	3 1/2	3 1/2	
83 - 87	46.9	3 3/4		
≥88	50	4	4	2

These are maximum dosages. These medications should not be used for longer than 3 days (72 hours) without a physician's order.

- 6) Your child is acting worse than just having a bad cold, especially if the symptoms are progressing.
- 7) Any time you as a parent are concerned.
- 8) Shaking chills are noted. Occasional 'goose bump' shivers are OK.
- 9) Urinating less than 3 times during a 24 hour period.

### **FEVERMANAGEMENT:**

A fever is usually an indication of an infection. Teething does not cause a fever. Aside from being a sign of illness, a fever is also bothersome because it makes the child feel uncomfortable and is a source of fluid loss through evaporation. A fever even up to 106° by rectum, for short periods of time, causes no permanent injury to the body as far as we are aware. In fact, this is the body's way of combating an illness and is beneficial. The risk of seizures is small and related to rapid temperature changes, either up or down, not the absolute temperature. We worry more about the lethargic, ill appearing child than one with a 104° temperature who is active and playful. The only reason to treat the fever is to make the child more comfortable.

A true fever is a temperature greater than 100° by rectum and 99.6° by mouth. The temperature tends to be 1/2 degree higher at noon, so 100.5° by rectum in an otherwise healthy appearing child may be normal. Axillary temperatures tend to underestimate the temperature and are not recommended. For example, if the child's temperature is 100° under the arm, the rectal temperature may be 100° or 101° or 102°. A warm forehead frequently does not represent a true fever and forehead fever strips are very unreliable. In addition, due to a variable degree in reliability, ear thermometers are not as desirable as an appropriately taken oral or rectal temperature.

### *To treat the fever, we recommend:*

- 1) Acetaminophen (i.e. Tylenol®) every 4 hours as needed. Ibuprofen (Motrin®, Advil®) may be used every 6 hours as needed instead of Tylenol® for discomfort including temperatures over 102° or pain unrelieved by Tylenol®. Do not wake a child to give either acetaminophen or ibuprofen. Remember, the goal is to make your child more comfortable. Ibuprofen should NOT be given during the same four hour time period in which acetaminophen was given unless the fever or pain does not respond to the acetaminophen, in which case it can be given early once. Do **not** however, continue using Tylenol® together with ibuprofen within the same six hour interval to keep your child comfortable. If you need additional fever reduction beyond that achieved with the Tylenol® alone or ibuprofen alone, oral fluids and a bath (see below) are recommended.
- 2) A tepid bath with the water not too warm or too cold (85° like in a swimming pool) will cool your child if the Tylenol® or ibuprofen has not brought the temperature under 102 degrees within 1 hour of giving the dose. Wet your child's hair and keep pouring water over the head, shoulders, and trunk for 15 to 20 minutes. Do not use alcohol to sponge off your child as the fumes or

absorbed alcohol may be intoxicating. Water is equally as effective for temperature control. If the bath seems too cool, warm the water to make it more comfortable. A child shivering or vigorously resisting a cooling bath will frequently raise the body temperature which is counterproductive.

- 3) Fluids are very important in fever management. The body is unable to adequately cool itself if it is dehydrated. 2 to 4 ounces of fluid per hour is usually adequate to prevent dehydration with a fever. Cold liquids such as popsicles, juice, and pop (not red or green) are especially palatable and effective in cooling a warm child.

#### VOMITING:

The main treatment for simple vomiting is not to eat. Therefore, the child should be given **nothing** by mouth for ½ - 1 hour after vomiting. After that point, start small amounts of clear liquids such as water, very diluted juice/pop (not red or green), or Pedialyte® (oral rehydration solution) at frequent intervals. For example, 1 to 2 ounces every 15 to 30 minutes. Once the vomiting has been under control for 12 hours, you may gradually introduce boiled chicken, rice, crackers, soups, broths and active culture plain yogurt (Dannon®, Yoplait®). Do not reintroduce other milk products, butter, margarine, fatty foods, or heavy spices until there has been no vomiting for 4 days. Contact us if the vomiting is excessive despite the above measures or isn't settling down after 12 to 18 hours, your child does not urinate at least 4 times in 24 hours, the eyes and mouth become dry, your child becomes excessively sleepy or irritable, or your child appears to be getting more ill.

#### DIARRHEA:

Diarrhea is the frequent passage of watery stools or a significant consistent increase in the frequency of stools from the child's usual pattern. Most diarrheal illness is caused by a virus and is therefore self limited. The main concern is to prevent dehydration. Medicines play only a small part in controlling diarrhea with dietary measures being the most important. If there is no vomiting for 12 hours, you should offer your child a constipating diet which includes lean meats such as boiled chicken, fish, ripe bananas, rice, potatoes, toast, crackers, apples, pears and active culture plain or vanilla yogurt such as Dannon® or Yoplait®. Clear liquids including broths, Pedialyte®, water, and very dilute pop or juice (not red or green) should be continued to ensure adequate hydration as the loose stools persist for several days. Avoid high sugar foods such as sweetened store bought applesauce and juice in excess of 4 to 6 ounces per day. Oily or greasy foods and added fats should also be avoided because these may exacerbate the diarrhea. Cow's milk in limited quantities is acceptable but may need to be stopped if the diarrhea persists or becomes excessive. The use of a good probiotic, such as Florastor Kids (info on Florastor.com) or Culturelle, may reduce the severity and duration of the diarrhea. If vomiting is

present, follow the instructions in the previous paragraph. Call us during office hours if the diarrhea is not improving within 7 days or lasts longer than 4 weeks. Call us sooner if there are signs of dehydration (dry eyes, dry mouth, lethargy, urinating less than 4 times per day) or increased illness symptoms.

### Medication Dosages

#### Tylenol® - Given No More Often Than Every 4 Hours (maximum of 5 doses/24 hours)

Weight (lbs)	Dose (mg)	Suspensions Drops (80mg/0.8cc)	Elixir (160mg/tsp)	Regular Chewables (80mg)	Junior Chewables (160mg)
24-29	160	1.6cc	1 tsp	2	1
30-35	200	2.0cc	1 1/4 tsp		
36-40	240	2.4cc	1 1/2 tsp	3	1 1/2
41-46	280	2.8cc	1 3/4 tsp		
47-52	320		2 tsp	4	2
53-58	360		2 1/4 tsp		
59-64	400		2 1/2 tsp	5	2 1/2
65-70	440		2 3/4 tsp		
71-73	480		3 tsp	6	3
74-94	500				
>94	650		8		4

#### Ibuprofen (Motrin®, Advil®) - Given No More Often Than Every 6 Hours

Weight (lbs)	Dose (mg)	Suspensions Drops (50mg/1.25cc)	Elixir (100mg/tsp)	Regular Chewables (50mg)	Junior Chewables (100mg)
28-32	125	2 1/2 droppers	1 1/4 tsp	2 1/2	
33-38	150	3 droppers	1 1/2 tsp	3	1 1/2
39-43	175		1 3/4 tsp	3 1/2	
44-49	200		2 tsp	4	2
50-54	225		2 1/4 tsp	4 1/2	
55-60	250		2 1/2 tsp	5	2 1/2
61-65	275		2 3/4 tsp	5 1/2	
66-71	300		3 tsp	6	3
72-76	325		3 1/4 tsp	6 1/2	
77-82	350		3 1/2 tsp	7	3 1/2
83-87	375		3 3/4 tsp	7 1/2	
>87	400		4 tsp	8	4

These are maximum dosages. These medications should not be used for longer than 3 days (72 hours) without a physician's order