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Edited for use in Oklahoma

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First Edition: Adapted from Project SAFECARE (Taub, 1996)

This information is for educational purposes only. For specific advice, diagnosis, or treatment, talk to your child’s doctor.

SafeCare® is a registered trademark
The purpose of the SafeCare® Health Manual is to help you keep your child well and to help you when you think your child may be ill. *This information is for educational purposes only. For specific advice, diagnosis, or treatment, talk to your child’s doctor.*

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**THE SYMPTOM & ILLNESS GUIDE** ................................................................ 41
The Table of Contents for the Guide is on Page 40, and instructions for the section are on Page 39. For each illness or set of symptoms, the guide includes:
- Possible symptoms
- What to do if your child has these symptoms, including whether to
  - Call 911 or go to the emergency room
  - Call the doctor’s office or the nurse hotline
  - To Treat at home
  - Tips
Phone Numbers and Child Information

Emergency Numbers

Emergency Services: 911
Poison Control Center: 1-800-222-1222

Name of Pediatrician: ___________________ Number: ___________________
Name of Dentist: ___________________ Number: ___________________
Name of Pharmacy: ___________________ Number: ___________________

Insurance Information

Health Insurance Company: ___________________
Type of Health Plan: ___________________ Policy #: ___________________

Family Contact Information

Home Phone Number: ___________________
Mom’s Work: ___________________ Dad’s Work: ___________________
Mom’s Cell: ___________________ Dad’s Cell: ___________________
Emergency Contact: ___________________
Relationship: ___________________ Number: ___________________

Child Information

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About the Health Recording Chart

On the next page you will find a blank Health Recording Chart. The Health Recording Chart makes calling the doctor easier when your child is sick. It also makes caring for your child at home easier because it helps you have all the information you need in one place.

Several blank copies of the chart are at the end of the Manual. Keep these charts where they will be easy to find if your child is ill.

Each chart has places for you to write:
- General information about your child
- Information about your child’s illness or injury
- Medications or treatments you gave
- Treatment suggestions from the Health Manual or from your nurse or doctor

Each time you check your child’s symptoms you can complete a new Follow-up box on the Health Recording Chart, so you can better understand if your child is getting better or not. By using this chart, you will have a good record of your child’s illnesses. Once the page is filled out, put it in a notebook, so you can keep it as part of your child’s health records.

*You don’t need to memorize what is on this chart. You just need to remember to use it.*
# Health Recording Chart

| Child's name: __________________________ | Current medications: __________________________ |
| Age: ________ Approx. Weight: ________ | Medication Allergies: __________________________ |
| Doctor's name: __________________________ | Phone number: __________________________ |

## First Check

<table>
<thead>
<tr>
<th>Date</th>
<th>Fever? Yes / No</th>
<th>Temp: ________ (armpit, ear, mouth, rectal)</th>
<th>Doctor Called? Yes / No</th>
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<td>Time</td>
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<td>Medications (dosage)/Treatment given: ____________________</td>
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*If you call the Doctor:*

1. Tell the doctor the child’s name and age
2. Tell the doctor **ALL** of the child’s symptoms
3. Tell the doctor of any treatments you already gave
4. Write down what the doctor tells you to do

**Medication or Treatment Recommended (by the doctor, Health Manual, Internet, etc.)**

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Caring for Your Sick Child

Supplies Checklist

Keep supplies on hand so you can treat minor illnesses and injuries. Below is a list of recommended items that you may want to have. Keep them stored in a safe place that your child cannot reach or open.

<table>
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<th>NEED</th>
<th>HAVE</th>
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**SUPPLIES**

- Digital thermometer
- Water-soluble lubricating jelly, like K-Y® jelly
- Petroleum jelly, like Vaseline®
- Scissors
- Tweezers
- Medicine dropper
- Spoon tube
- Cotton swabs
- Band aids
- Gauze pads (2x2, 4x4)
- Non-stick gauze pads (2x2, 4x4)
- Paper tape
- Elastic bandages, like Ace® bandages
- Hot water bottle

**SKIN MEDICINES**

- Diaper rash cream, like Desitin®
- Dry skin cream or lotion
- Aloe vera cream/ (for sunburn)
- Calamine lotion (for rashes, poison ivy, etc.)
  - Note: Do not put on face or genitals
- Antibiotic ointment
- Hydrocortisone cream
- Rubbing (Isopropyl) alcohol

**ORAL MEDICINES**

- Oral rehydration solution, like Pedialyte®, Lytren®, or Infalyte®
- Children’s acetaminophen or ibuprofen
- Children’s antihistamine, like Benadryl®
- Children’s decongestant
  - Note: Decongestants and cold medicines have not been shown to work in children

Never give medicines to a child under 2 years old unless the doctor says to.

Never give aspirin to a child unless the doctor says to.

Never give more than one kind of medicine at a time without checking with the doctor’s office first.
Basic Steps

When your child seems sick or says he is not feeling well, there are steps you can take to figure out what is wrong and help him feel better. The steps are

- Check your child for other symptoms
- Use the Health Recording Chart to write down what you find
- Look up the symptoms or illness in the Symptom and Illness Guide
- Decide if you should go to the emergency room or call 911, call the doctor’s office or nurse hotline, or treat at home
- Follow the doctor’s orders or the suggestions in the Symptom and Illness Guide
- Check on your child regularly to make sure he is not getting worse or getting new symptoms

1. Check Your Child for Other Symptoms
Check for symptoms that will help you figure out what is wrong with your child. Some ways to check are to

- Notice your child’s behavior. For example, is he refusing to eat or drink? Is he tugging at his ear (which, in a baby may mean an ear infection)?
- Look at your child. For example, does he have a rash? Do his eyes look sunken (which might mean dehydration)?
- If your child has a respiratory problem, listen to him breathe. For example, is he breathing fast or is he making a wheezing noise?
- If your child is old enough, ask him questions. For example, ask what hurts, or, if he says he has a stomach ache, ask if he feels nauseated
- Take your child’s temperature

2. Use the Health Recording Chart to write down what you find

3. Look up the symptoms or illness in the Symptom and Illness Guide

4. Decide if you should call the doctor’s office or nurse hotline, or treat at home

5. Follow the doctor’s orders or the suggestions in the Symptom and Illness Guide
- If you are not sure what to do, call the doctor’s office or the nurse hotline for advice
- Never give a child medicine if you are not sure how to give it or how much you should give. Check with your doctor’s office before giving over-the-counter medicine to a child under 2 years old

6. Check on your child regularly to make sure he is not getting worse or getting new symptoms
- The sicker your child is, the more you need to check
- Use the Health Recording Chart to write down what you find when you check on your child again
Taking Your Child’s Temperature

You should have a digital thermometer in your home. Read the directions before you use the thermometer so you know which sounds mean that the thermometer is done. Turn the thermometer on and make sure that the screen is clear of old readings and set to Fahrenheit. If your thermometer uses throw-away plastic sleeves or covers, place one on the thermometer. Throw the sleeve out after each use. Whether you use a sleeve or not, clean the thermometer with soap and water before putting it away.

The most common ways to take a temperature are by measuring it orally (by mouth), axillary (in the armpit), or rectally (in the child’s bottom). Aural (ear) thermometers are becoming more widely used.

Rectal temperatures are the most accurate, but in older children it is usually fine to take a mouth or ear temperature. Armpit and ear temperatures are the least accurate. Do not use an ear thermometer in a child younger than 3 months old.

Normal temperatures are:
- Mouth—about 98.6°
- Armpit—about 98.2°
- Ear—about 99.6°, but sometimes they are lower
- Rectal—about 99.6°

Fever is often defined as:
- Mouth temperature at or above 99.4°
- Armpit temperature at or above 99.0°
- Ear temperature at or above 100.4°
- Rectal temperature at or above 100.4°

In general, children below the age of around 4 can’t cooperate with mouth temperatures and need to have their temperature taken in the armpit, or in the ear or rectally.

Taking a Temperature by Mouth (an Oral Temperature)

This is easy in an older, cooperative child.
1. Wait 20 to 30 minutes after your child finishes eating or drinking to take an oral temperature, and make sure there's no gum or candy in your child's mouth.
2. Place the tip of the thermometer under your child’s tongue and ask your child to close his lips around it. Remind your child not to bite down or talk. Ask your child to relax and breathe normally through the nose.
3. Wait until you hear the beeps or other signal that the temperature is ready to be read.
4. Write the temperature down on the Health Recording Chart.
Taking a Temperature in the Armpit (an Axillary Temperature)
1. Remove your child's shirt and undershirt (the thermometer should touch skin only, not clothing).
2. Insert the thermometer under your child's arm, in the armpit. Fold your child's arm across his chest to hold the thermometer in place.
3. Wait until you hear the appropriate number of beeps or other signal that the temperature is ready to be read.
4. Write the temperature down on the Health Recording Chart.

Taking an Ear Temperature (an Aural Temperature)
1. Put a cover on the thermometer.
2. Gently tug on the ear, pulling it back. This will help straighten the ear canal, and make a clear path inside the ear to the ear drum.
3. Gently insert the thermometer until the ear canal is fully sealed off.
4. Squeeze and hold down the button for one second.
5. Take out the thermometer and read the temperature.
6. Write the temperature down on the Health Recording Chart.

Taking a Temperature in the Bottom (a Rectal Temperature)
If you can, get your doctor or the nurse to show you how to take a rectal temperature. If you need to take your baby’s temperature and you are unsure how to do it, you may want to have an experienced friend help you.
1. Lubricate the tip of the thermometer with a water-soluble lubricating jelly, like K-Y® jelly.
2. Place your child face down across your lap while supporting the head, or lay the child down on a firm, flat surface, such as a changing table.
3. Place one hand firmly on your child's lower back to hold him still.
4. With your other hand, insert the lubricated thermometer through the anal opening, about half an inch to 1 inch (about 1.25 to 2.5 centimeters) into the rectum. Stop if you feel any resistance.
5. Steady the thermometer between your second and third fingers as you cup your hand against your baby’s bottom. Soothe your child and speak quietly as you hold the thermometer in place.
6. Wait until you hear the appropriate number of beeps or other signal that the temperature is ready to be read.
7. Write the temperature down on the Health Recording Chart.

Tips
- Never take a temperature right after a bath or if your child has been bundled up for a while
- Wait 15 minutes after your child ate or drank before taking a mouth temperature
- Never leave a child alone while taking a temperature
Caring for Your Sick Child

**Giving Your Child Medicine**

**Over-the-Counter and Prescription Medicines**
The Symptom and Illness Guide describes when to use some over-the-counter medicines. These are medicines you can buy in a drugstore or supermarket without a prescription.

- Check with your doctor’s office before giving over-the-counter medicine to a child under 2 years old
- Check with your doctor’s office before giving *more than one* medicine to your child at a time
- Never give aspirin to your child unless the doctor says to because it may cause a serious disease called Reye syndrome

Sometimes when you take your child to the doctor, she may prescribe special medicine for your child. Whenever your child’s doctor prescribes medicine, follow the directions carefully. Give the medicine until it is gone, even if your child feels better before all the doses are given.

**How to Give Medicine**

*Never give a child medicine if you are not sure how to give it or how much you should give.*

If you have questions about how much medicine to give, it is better to be safe and call the doctor’s office for instructions. Wash your hands before giving any medicine. Check to make sure you are giving the right medicine, the right dose, at the right time. Read the medicine label carefully. If you don’t understand the instructions, have somebody help you or call the doctor’s office or pharmacy.

**Giving babies and children medicine by mouth**

- For a liquid medicine, always use a measuring spoon, a spoon tube, a medicine cup, or a medicine dropper. For a baby, sometimes you will need to measure the right dose and then use your finger to give the medicine
- Always give medicine with your baby or child’s head in a slightly raised position. If the child is lying flat, he may choke on the medicine
- If your baby or child spits up a lot of the medicine, do not give another dose right away. Wait until the next dose is due or call your doctor’s office for advice
- If it is hard to give the medicine, get someone to help

For babies

- Only put a little of the medicine in your baby’s mouth at a time
- Give the medicine to the side of his mouth, never towards the back, so he doesn’t choke
- To use a measuring spoon or spoon tube
  1. Put the right amount of medicine in the spoon
  2. Hold your baby in the crook of your arm
Caring for Your Sick Child

3. Gently open his mouth by pulling down his chin
4. Place the tip of the spoon on his lower lip
5. Raise the angle of the spoon and let the medicine run into his mouth
6. Write the medicine and dose you gave on the Health Recording Chart

• To use a dropper
1. Put the right amount of medicine in the dropper
2. Hold the baby in the crook of your arm
3. Place the dropper in the corner of your baby's mouth, and release the medicine gently
4. Write the medicine and dose you gave on the Health Recording Chart

• To use your finger (if your baby will not take medicine from a spoon or a dropper)
1. Wash your hands thoroughly
2. Measure the right amount of medicine into a container
3. Dip your little finger into the medicine and let the baby suck it off your finger
4. Repeat this step until all the medicine is gone
5. Write the medicine and dose you gave on the Health Recording Chart

For older children
• Check with your doctor’s office before giving more than one medicine to your child at a time
• Never give aspirin to your child unless the doctor says to
• If your child does not like the taste of the medicine
  ◦ Have your child suck on a popsicle before taking the medicine to numb his taste buds
  ◦ Refrigerate the medicine to reduce the taste
  ◦ Let your child have his favorite drink ready for right after he takes his medicine
  ◦ Some medicines can be mixed with KoolAid, syrup, ice cream, or other sweet flavors. Check with the pharmacist before mixing the medicine with something else
  ◦ Check with the pharmacist before crushing a tablet or capsule. Some medicines will not work right if you crush them

Giving children medicines in the ears, eyes, or nose
• Never let the dropper touch the eye, ear, or nose, or you may get germs in the bottle when you put the dropper away. If it does touch, wash it very well before putting it back
• Do not use over-the-counter drops for more than 3 days without checking with your doctor’s office
• If the bottle has been in the refrigerator, you can warm it by holding it in your hands or putting it in warm (not hot) water for a few minutes. Do not microwave the medicine
Caring for Your Sick Child

Ear drops
1. Lay your child on his side and turn his head so the hurting ear is up
2. Let the drops fall into the center of the ear
3. Hold your child steady until the drops have run into the ear canal and you can’t see the medicine any more
4. Write the medicine and dose you gave on the Health Recording Chart

Eye drops
1. Make sure you or someone else can hold the child very still
2. Tilt the child's head slightly so that the infected eye is lower than the other eye. This way no drops run into the healthy eye
3. Gently pull the lower eyelid down and let the drops fall between the eye and the lower lid
4. Write the medicine and dose you gave on the Health Recording Chart

Nose drops
1. Tilt the child's head back slightly
2. Gently drop liquid into each nostril
3. Count the number of drops as you put them in. Two or three drops at a time is usually enough. More might run down the throat and cause the child to cough
4. Write the medicine and dose you gave on the Health Recording Chart

Nose sprays
1. Clear your child’s nose. Have him blow it if he can. Use a nasal aspirator (bulb syringe) to remove sticky nasal fluids if your child is too young to blow his own nose
2. Tilt the child's head back slightly so the medicine does not go into his throat
3. Ask your child to sniff gently while you squeeze the bottle
4. Follow the instructions about how many puffs of spray you should give on each side
5. Write the medicine and dose you gave on the Health Recording Chart
When children are sick, they often need more attention than usual. A child may become clingy, cry, or just want to be near you. Sometimes children do not understand why they don't feel well, and this makes them scared. Other children may become withdrawn. They may not want to eat, play, or cuddle. Try to be cheerful around your sick child, and try to be especially patient with him.

You do not need to keep a sick child in bed. Let your child’s behavior be your guide. If he is very sick, he may want to be still and will sleep a lot. However, if he wants to be out of bed and playing, let him.

Sometimes your child’s illness can spread to other people. If you have questions about whether your child could give his sickness to someone else, check with your doctor’s office. In most cases, you do not need to keep your child away from other people, as long as you take steps to keep the illness from spreading. These steps will be different depending on what kind of sickness your child has.

Some illnesses are spread by coughing and sneezing. Teach your child to cough or sneeze onto his arm, and to wash his hands a lot. Some illnesses can be spread by touch, and by getting germs on washcloths and towels. Wash washcloths and towels in hot water if your child has a skin infection that can be spread.

Your child may not want to eat much when he is sick. Never force your child to eat. As long as he gets plenty of liquid, he can do fine on very little food. When he is better, he will make up for the food he missed and may eat more than normal.

It is very important for a sick child to drink as much as possible to replace the fluid that he lost during sweating, vomiting, or diarrhea.

Try to be extra loving and understanding when your child is ill. Don't worry if your child behaves like he is a baby again (like thumb sucking or bed-wetting). Don’t worry about making sure your child follows all the rules when he is sick. Try to be patient and try not to scold or yell at him. You can wait until he feels better before making sure he follows all the rules.
When to Call 911 or Go to the Emergency Room

If your child seems very sick or is having very bad health problems, call 911 or go to the nearest emergency room.

General
Call 911, or take your child to the nearest emergency room, if your child
- Is unconscious. He is limp, not moving, can't wake up
- Has a high fever (rectal temperature of 104° in a child older than 3 months) and a very stiff neck
- Has a rectal temperature above 102° and is younger than 3 months
- Is severely dehydrated. He has symptoms like very little urine, sunken eyes and no tears, and wrinkly, dry skin
- May have eaten something poisonous. This is a possibility if the child is acting strange, is very drowsy or very active, has passed out, is vomiting or having diarrhea, smells strange, or has something odd on mouth or fingers
- Is choking and can't cough. His face may be turning blue

Allergies
Call 911, or take your child to the nearest emergency room, if your child
- Has been stung by an insect and has hives (round, raised areas all over his body), trouble breathing, or swollen mouth, lips, tongue, or throat
- Has just eaten and has hives (round, raised areas all over his body), trouble breathing, or swollen mouth, lips, tongue, or throat

Bites and Stings
Call 911, or take your child to the nearest emergency room, if your child
- Has been badly bitten by an animal
- Has been stung by an insect and is having an allergic reaction. He has hives (round, raised, red, itchy areas on the skin), or has trouble breathing, or has a swollen mouth, lips, tongue, or throat

Breathing
Call 911, or take your child to the nearest emergency room, if your child
- Has stopped breathing or is having a very hard time breathing. Has symptoms like being too short of breath to talk, or has bluish or gray fingernails or lips
- Is making a loud noise when he breathes in and is drooling or having trouble swallowing his saliva

Convulsions or Seizures
Call 911, or take your child to the nearest emergency room, if your child
- Is having convulsions----falling to the ground, his body jerking and shaking--- and he never had them before and the convolution is not a febrile seizure. A febrile seizure is a seizure that happens in a child who is 6 months to 5 years, with a temperature above 102°.
- Had a head injury and is having a convolution

Eyes
Caring for Your Sick Child

Call 911, or take your child to the nearest emergency room, if your child

- Has **something stuck in the eyeball**
- Has **blood** in the eye
- Got a **chemical** in the eye
- Had an **injury** and has serious symptoms:
  - Can’t see well or has double vision
  - Can’t move his eyes like usual
  - The eyeball shape looks different

**Headache**

Call 911, or take your child to the nearest emergency room, if your child

- Has **other serious symptoms** with the headache, like is less alert or having serious vomiting or neck pain
- Has had a serious **injury** to the head

**Injuries**

Call 911, or take your child to the nearest emergency room, if your child

- Has a **big burn** or a **burn that has turned the skin white or has charred the skin**
- Is burned on his **face, scalp, hands, joint surfaces, or genitals**
- Has an **electric** or **chemical** burn
- Has a **body part that is partly or fully cut off**
- Is **bleeding** and it won't stop
- Has a **head injury** and has other symptoms:
  - Is unconscious or confused
  - Is not breathing in the usual way
  - Has blood or clear fluid coming from his nose, ear, or mouth
  - Has a problem with talking or seeing
  - Is weak or not able to move part of his body that is not injured
  - Is dizzy
  - Has a seizure
  - Vomits more than 2 times
  - Moves his bowels or urinates when he doesn’t mean to
- Has a **neck or back** injury. He feels pain in the back or neck. Or he is feeling "pins and needles" below the injury. DO NOT MOVE THE CHILD. **CALL 911**
- May have a **broken bone**. He can’t move the part that hurts. Or he has a hurt part that looks bent or is not shaped right. Or can’t walk on the hurt leg or can take only a few steps
- May have a **dislocation**. His shoulder, elbow, wrist, hip, ankle, or knee looks strange and swollen. The joint seems out of place and is painful and can't move

**Intestinal**
Call 911, or take your child to the nearest emergency room, if your child
- Has **stomach pain or vomiting** and seems very sick
- Has a **fever and cannot stop vomiting**
- Vomits blood

**Nosebleed**
Call 911, or take your child to the nearest emergency room, if your child
- Is **gushing blood**, or is weak or dizzy from loosing blood
- Is **bleeding** and you can’t stop it

**Skin**
Call 911, or take your child to the nearest emergency room, if your child
- Has a **rash** that came on suddenly and he is having trouble breathing or swallowing
- Has a **purple or blood-colored rash** and a fever

**These are only some of the possible emergencies a child can have. If you think it is an emergency, seek help immediately!**
When to Call the Doctor’s Office or Nurse Hotline

If your child seems very sick or is having very bad health problems, call 911 or go to the nearest emergency room.

General
Call the doctor’s office or the nurse hotline if your child
- Has a fever (see “Fever”) and
  - Your child 3 months or younger has an axillary (underarm) temperature above 99° or a rectal (in the bottom) temperature above 100.4°
  - Your child older than 3 months has an ear temperature or rectal temperature of 102° or higher, a mouth temperature of 101° or higher, or an axillary temperature of 100.6°
- Has signs of mild-to-moderate dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)
- Started to get better from an illness, but then got sicker again
- Has itching that keeps coming back or that lasts more than a few days without a clear reason for it (see “Itching”)
- Has itching that started after your child began a new medicine (see “Itching”)
- Is sick for more than a few days
- Is an infant and stops eating (see “Helping Your Child Eat Well”)
- Is not growing normally (see “Helping Your Child Eat Well”)

Allergies (see “Allergies” and “Asthma”)
Call the doctor’s office or the nurse hotline if your child
- Is wheezing
- Has symptoms that keep him from his usual activities
- Has symptoms that last more than a week

Animal Bites or Bug Bites and Stings (see “Animal Bites” and “Bug Bites and Stings”)
Call the doctor’s office or the nurse hotline if your child
- Has been bitten by an animal
  - The animal is wild or a stray or one that is acting strangely
  - The skin is punctured, broken or bleeding
  - The skin is getting worse instead of better
  - Your child is not up-to-date with tetanus shots
- Has contact with a bat, like touched a bat, had a bat fly into him, or had a bat in his room
- Has a large rash or swelling in the area of a bug bite
- Has a tick on him and
  - The tick has been there for 24 hours
  - You can’t get all of the tick off him
  - He gets a rash, joint pain, or other symptoms within a month after the tick
Breathing
Call the doctor’s office or the nurse hotline if your child
• Is having a **hard time breathing, like shortness of breath**
• Is **wheezing**, a whistling sound in the chest when the child breathes (see “Asthma” and “Allergies”)
• Is making a **loud noise** when breathing in (see “Croup”) and it doesn’t get better with steam or cool air
• Is coughing **blood**

Convulsions or Seizures (see “Convulsions and Seizures”)
Call the doctor’s office or the nurse hotline if your child
• Has a febrile seizure. A febrile seizure is a seizure that happens in a child who is 6 months to 5 years, with a temperature above 102°F
• Has had seizures before and this one seems like the ones in the past

Ears (see “Earache”)
Call the doctor’s office or the nurse hotline if your child
• Has an **earache** that is mild and lasts for more than a day
• Has a moderate earache that stays for more than a couple of hours
• Has a very bad earache even for a short time
• Has an **earache** and fever (see “Fever”)
• Is a baby and is **fussing and tugging** at the ear
• Is having **trouble hearing**

Eyes
Call the doctor’s office or the nurse hotline if your child
• Has symptoms of **pinkeye**, such as redness and discharge from the eye (see “Pinkeye”)
• Got **something in the eye** (see “Eye Injuries/Something in the Eye”)
  o That does not come out with flushing
  o That comes out with flushing but his eye still bothers him
• Has a **black eye** that keeps getting redder, continues to hurt, or there is drainage from the eye (see “Eye Injuries/Something in the Eye”)

Headache (see “Headaches”)
Call the doctor’s office or the nurse hotline if your child
• Has headaches that happen **once a month or more**
• Has headaches with **other symptoms**, like vomiting or weakness
• Has headaches that keep him from going to school or taking part in his normal activities
Injuries
Call the doctor’s office or the nurse hotline if your child
• Has a skin injury or burn that seems **infected**. Infected skin can be red, warm, and painful, or with swelling or pus
• Has not gotten all his **immunizations**, like tetanus, and has an injury that breaks the skin
• Has a **burn** that is blistered or is more than 2-3 inches each way (see “Burns”)
• Has been bitten by a human and the skin is broken
• Has a **cut** that (see “Cuts and Scrapes”)
  o Seems deep or the edges of the cut are far apart
  o Is on the lip
  o Keeps bleeding and oozing
  o Comes from an animal
  o Can’t be cleaned
  o Has something in it that you can’t get out (see “Cuts and Scrapes”)
• Has something in the **eye** that you can’t get out, or keeps having pain after you get the object out of his eye (see “Eye Injuries/Something in the Eye”)
• Has a **head injury** (see “Head Injury”) and
  o Loses consciousness
  o Won’t stop crying
  o Has signs of a concussion, like nausea, headaches, blurred vision, hard time thinking, trouble with balance, being tired, and feeling anxious
  o Is an infant
    • Has a **splinter** (see “Splinters) that you can’t get out
• Has an **injured part**, like an ankle or wrist, that hurts and that the child cannot rest it

Intestinal
Call the doctor’s office or the nurse hotline if your child
• Has **constipation** (see “Constipation”)
  o That won’t go away
  o With blood in his stools
  o With leaking of stool onto your child’s underwear
• Has **blood** in the stools
• Has a **bad stomachache** (see “Stomachache”)
• Has **diarrhea** (see “Diarrhea) and
  o Mucus or blood
  o High fever
  o Mild-to-moderate dehydration
  o Severe abdominal pain
  o Dark, tarry stools or blood in the stools
  o It lasts for more than 3 days
• Has pain on the **right side of the abdomen**, especially with fever and nausea or vomiting (see “Stomachache”)

• Is vomiting (see “Vomiting”) and
  o Is a baby under 1 month old
  o Has forceful vomiting that gets worse over time
  o Is a baby still vomiting after 24 hours of only getting breast milk or oral
    rehydration solution
  o Got better, but then starts vomiting again after he starts eating a normal diet
  o Has a head injury
  o Has a high fever (see “Fever”)
  o Has pain on the right side of his belly, especially with fever.
  o Has signs of mild-to-moderate dehydration, like a dry mouth, dry eyes, and less
    urine than usual (see “Dehydration”)
  o The vomit looks like green or yellow-green fluid, or brownish stuff that looks
    like coffee grounds

Nose
Call the doctor’s office or the nurse hotline if your child
• Gets frequent nosebleeds
• Puts something in his nose
• Has a nosebleed and also has easy bruising or bleeding, especially from small cuts
• Has a nosebleed after starting a new medicine
• Still has a nosebleed after you put pressure on the nose for 20 minutes

Skin and Hair
Call the doctor’s office or the nurse hotline if your child
• Has a rash and also has other serious symptoms you can’t explain (see “Rash”)
• Has hives (raised, red, circular areas all over the body) (see “Rash”)
• Has itchy blisters or sores that grow larger day by day. They can burst and ooze.
  They are usually on the face (around the nose and mouth), hands, or forearms (See
  “Impetigo”)
• Has little, flat, red spots on his body that do not go away when you press them.
  These could mean a problem with bleeding
• Has a rash that does not get better after 3 days of home treatment (see “Rash”)
• Is a newborn and has blisters or pus-filled pimples
• Has a rash that starts out looking like small, red pimples or bug bites and then
  becomes blistered (see “Chicken Pox”)
• Has poison ivy that covers a lot of your child’s body, is on the face or genitals, or is
  getting worse (see “Poison Ivy, Oak, and Sumac”)
• Has signs of eczema, like itchy, dry, red skin, with small bumps (see “Eczema”)
• Has signs of infection, like pus, blistering, increased redness, warmth, and pain
• Has lice that do not go away with treatment (see “Lice”)
• Has an itchy bottom or other signs of pinworm (see “Pinworm”)
• Has sunburn (see “Sunburn”) with
  o Blisters or that covers a lot of your child’s body
  o A fever or chills, headache, confusion, nausea, or feeling faint
  o Eye pain, so that your child can’t look at bright lights
  o A child younger than 1 year
**Throat** (see “Sore Throat”)
Call the doctor’s office or the nurse hotline if your child

- Has a **sore throat** and
  - A high fever
  - Looking very ill
  - Having a hard time swallowing
  - Drooling
  - Neck pain
  - A rough red rash all over his body
  - Signs of dehydration
  - Contact with someone with a Strep throat

These are only some of the times you should call the doctor’s office or the nurse hotline. Even if your child’s problem is not listed here, call the doctor’s office or the nurse hotline if you are worried.
Caring for Your Sick Child

Talking to the Doctor’s Office or Nurse Hotline About Your Sick Child

Most doctors’ offices want you to call with questions or concerns, so call them if you have questions or are worried.

What to Tell the Nurse or Doctor
Whether you are taking your child for a regular checkup, calling a doctor’s office when your child is ill, or taking your child for emergency treatment, it is helpful to provide the doctor with as much information as possible. Be prepared to tell:

- Your child's name
- Your child’s age
- Your child's approximate weight
- Anything the child is allergic to
- Any illnesses your child has had
- Any medications your child is taking, whether prescription or over the counter
- Any other treatment your child is getting
- Which immunizations your child has had and when he had them
- Any illnesses your child was recently exposed to
- Your child’s symptoms, including temperature

What to Ask the Nurse or Doctor
Basically, ask the doctor anything you want to know! Bring a pen and paper (Health Recording Chart) when you go to the doctor to write down advice and instructions, as well as the answers to your questions.

Remember, there is no such thing as a stupid question when it comes to your child’s health. You have the right to ask your doctor questions until you get answers that make sense to you. Here are some suggestions:

- “What is wrong with my child?”
- “What caused it?”
- “What will happen?”
- “What can I do about it to help my child feel better?”
  - “How should I do it?”
  - “When should I stop?”
  - “How do I know if it is working?”
- “How long do the symptoms usually last?”
- “Is any medicine needed?”
  - “How much do I give?” “How often?”
  - “Are there any side effects?”
  - “Is there anything NOT to do while giving this medicine (diet restrictions, etc.)?”
- “What could go wrong? How do I know if my child is getting worse?”
  - “If my child gets worse, what should I do?”
Planning for sick days
Let's face it. No matter how clean, safe, and careful you are, your child may get sick or injured. The time to plan is now, so that you don’t have a crisis when your child is sick. Think ahead about what you will do.

- Will you be able to stay home with your child?
- Will you have to find a sitter or some place your sick child can go?
- Do you have any family members (for example, grandparents) who can help out?
- If you need to take time off from work, can you afford it?
- If your child needs to go to the doctor, or needs medication, will you be able to afford it?
- Can you put some money aside ahead of time so this won't be a problem?
- Do you have the necessary medical supplies? (see “Supplies Checklist”)
- Do you already have a doctor that your child sees regularly? If not, can you look for a doctor now before your child gets sick?
- If your child needs to go to the doctor, do you have transportation to get there?

Take a few minutes to write out what you will do if your child is sick and has to stay home from school or daycare.
When to Keep Sick Children Home from School

In general, you should keep your child home from school if they look sick to you and aren’t feeling well, if they are likely to disrupt the others in the class such as with lots of coughing and sneezing, or if they have something that could be spread to others.

Different places have different rules about keeping children home. Here are some common rules. Check with your doctor or your child’s school or daycare if you are not sure what to do.

**General**
Keep your child home from school if he
- Has a fever of 100.4° or higher by mouth. Most childcare centers and schools will send children home if they have a temperature of 100° or higher. Keep your child home until he has not had a fever for 24 hours (see “Fever”)
- Has a fever below 100.4° but is tired and cranky and doesn’t feel well
  - If a temperature is above normal (98.6°) but less than 100° and your child is not very tired and doesn’t seem very sick, most centers and schools will allow your child to stay (see “Fever”)

**Breathing**
Keep your child home from school if he
- Is having trouble breathing (call the doctor’s office or the nurse hotline). If he is having a very hard time breathing call 911 or go to the emergency room
- Is wheezing, a whistling sound in the chest when the child breathes (call the doctor’s office or the nurse hotline)
- Has a cold with a very runny nose or a cough that will disturb other children
  - You don’t need to keep your child out of school with a cold. But if he feels very tired and sick, if their coughing will disturb the other children, or if he has a very runny nose, you probably should keep him home
- Has a cough that is likely to disturb other children
  - You can send your child to school with a mild cough. But if he has a bad cough, keep him home and call your doctor’s office (see “Cough”)

**Eyes**
Keep your child home from school if he
- Has conjunctivitis (pinkeye). Conjunctivitis is very easy to spread to others. Keep your child home until your doctor says he can go back (see “Pinkeye”)

**Intestinal**
Keep your child home from school if he
- Has diarrhea. Keep him home until the symptoms go away and he can eat regular food again (see “Diarrhea”)
- Is vomiting. Keep your child home until he has not vomited for 24 hours (see “Vomiting”)

Caring for Your Sick Child
Skin
Keep your child home from school if he
- Has **chicken pox**. Keep your child home while he is contagious. This means keeping him home from the time the rash first shows up until all of the sores have crusted over. This usually takes 7 to 10 days, but make sure that all of the sores have crusted over and they look like scabs, NOT blisters (see “Chicken Pox”)
- Has **impetigo (skin infection)**. Keep your child home until the infection crusts over (see “impetigo”)
- Has **lice** and the school policy says he needs to stay home until he is treated and the lice are gone. Many schools and day care centers will not let him stay in school. If the school says it is OK for your child to be there, you can send him (see “Sore Throat (Strep)”)

Sore Throat/Strep
Keep your child home from school if he
- Has **Strep throat**. Keep your child home until your child has been taking antibiotics for at least 24 hours
Hygiene is about keeping clean and stopping the spread of germs.

**Hand washing**

*Hand washing is the #1 way to stop the spread of germs.* The chance of getting the common cold and many more serious illnesses can be decreased by simply washing your hands.

**When to wash your hands**

- Before eating and cooking
- After using the bathroom
- Before caring for a toddler or infant
- After coming in from outside
- After visiting or taking care of a sick person
- After playing with an animal
- After changing cat litter or cleaning a pet cage
- After coughing, sneezing, or blowing the nose
- After taking out the trash

**How to wash your hands the right way**

1. Turn on the water and put your hand in to make sure it isn’t too hot for your child
2. Have your child wet his hands
3. Use enough soap to make good suds. Have your child rub his hands hard for 20 seconds, including in between the fingers, under the nails, and up to the wrists. To keep your child scrubbing for long enough, you can use a timer or get them to sing one verse of “Happy Birthday” or recite the alphabet
4. Rinse, dry well with a clean towel and turn off the faucet with the towel

**Using hand sanitizer**

You can also use an alcohol-based hand sanitizer like Purell®. Hand sanitizers work best when there is not a lot of dirt that can be seen on the hands. If the hands look dirty, soap and water are best.

1. Put enough hand sanitizer on your child’s hands so they stay wet for about 10-15 seconds. Depending on the size of your child’s hands, this might be about the size of a quarter or less
2. Have him rub his hands together, including in between his fingers, under his nails, and up to his wrists
3. Only let your child use a hand sanitizer if you are watching. Make sure he doesn’t touch his eyes, nose, or mouth with sanitizer on his hands
4. Do not use sanitizer if your child has cuts on his hands. It will sting
Bathing
- Bathe babies 2 or 3 times a week. Older children should bathe every day
- Children like routines, even when they say they do not. Make bathing a routine by having baths at the same time every day—usually either in the morning or the evening
- Give a 5-minute warning to let children know that it is almost bath time.
- Get all of the bath supplies, including bath toys, before bringing children into the bath
- Watch your children the whole time they are in the bathroom

During bath time
- Wash your child’s face. Young children don’t need soap on their faces because their faces do not get oily. Use water to clean off food and dirt
- Wash your child’s hair (see below), armpits, and feet
- Use a washcloth to clean the outside parts of the ear. Remember to clean behind the ears
- Clean your child’s genital area and bottom. (If your child is an uncircumcised boy, show him how to keep the foreskin area clean. Talk to your doctor if you do not know how)
- Clean your child’s fingernails and toenails. Wash between his toes
- Consider using lotions or cream after the bath to keep your child’s skin moist

Shampooing your child’s hair
- Wash your baby’s hair around once or twice a week, more if they sweat a lot or get dirt in their hair or have cradle cap (see “Cradle Cap”). Do not wash your baby’s hair too often, or his scalp may get dry and itchy
- When children reach puberty, they often have to wash their hair more often or even every day
- Use mild shampoos that are made specifically for children
- Never rub the scalp hard when washing your child’s hair. Just bring the shampoo to a lather and then rinse it well
- If your child has long hair, use a detangling shampoo or rinse to make hair smoother and easier to brush

Teeth
- Start caring for your child’s teeth as soon as you see the first baby tooth
- Clean your baby's first teeth with a clean piece of gauze, a terry cloth washcloth, or a soft-bristled baby toothbrush at least once a day
- When using toothpaste, always use a small amount (about the size of a small pea). Until your child can spit out the extra toothpaste, you may want to use a baby toothpaste that does not have fluoride. When your child is old enough, teach him to spit the toothpaste out after his teeth are brushed
- Your child can learn how to brush her own teeth at about 3 years old and should be brushing his own teeth morning and night by age 4. You should watch your child brush to check for proper cleaning and spitting out of the extra toothpaste
- Always use a soft-bristle brush that is small enough to fit comfortably in the child’s
mouth

- Flossing is an important part of good dental health. Start flossing your child's teeth when he has teeth that touch each other. Talk with your dentist about when and how to floss your child's teeth and to teach your child to floss
- Don’t have your child use mouthwash until after he is 12 years old, unless your dentist says to
- See a dentist by the time your child is about 3 years old, even if the child is not having problems, to start preventive care and make sure your child’s teeth stay healthy

Clothes
Body odor in small children usually isn’t coming from them but from bacteria growing on the sweat and dirt on their clothes. Try to have your child wear clean clothes every day.

Sometimes children want to wear the same clothes every day. Keep several pairs of favorite underwear or other clothes so that you and your child don’t fight when you want your child to change clothes.

Socks and Shoes
Smelly feet happen because bacteria grow on sweat in the socks and shoes. Air out shoes after they get sweaty. If your child sweats a lot, put odor eater insoles or charcoal insoles into shoes, or sprinkle non-caking baby powder, cornstarch or baking soda inside socks to help absorb sweat. Wearing clean, dry cotton socks helps prevent foot odor.
Helping Your Child Eat Well

Feeding your baby: birth to 4 months old
During the first 4 months, infants do not need anything to eat but breast milk or formula. Breast milk is the best, but a fortified formula is also good. You do not need to give your baby water, juice, or other foods for the first 6 months. In fact, too much water can make an infant sick. If you are breastfeeding, you will need to give your baby vitamin D (see below).

A breastfeeding newborn may nurse 8 - 12 times per day (every 2 - 4 hours). Most babies cut back to 4 - 6 times per day by 4 months.

A baby who is taking formula will start out eating about 6 - 8 times per day, with 2 - 5 ounces of formula per feeding (for a total of 16 - 35 ounces per day). As the baby gets older, the number of feedings will decrease, but each feeding will be around 6 - 8 ounces.

*All breastfed babies should get vitamin D drops* starting by the time they are 2 months old. They need vitamin D drops every day until they start eating enough formula or milk that has vitamin D in it, usually by about 1 year of age. If your child is breastfed, check with your doctor about giving him vitamin D.

*Have your baby checked regularly by your doctor* to make sure he is growing at a good rate. Your doctor will tell you if you need to feed your baby more or wake him to feed him at night.

*If your baby is not eating as much as usual, or he starts to lose weight, call the doctor.* Your doctor can see if there is anything wrong and can give you advice. Do not become angry with your baby if he does not eat well, but do call the doctor.

*Keep your baby safe*
- Do not give your baby water to drink. Too much water can make him sick
- Never give honey to a baby younger than 1 year. Infants may not be able to get rid of bacteria that are sometimes found in honey

Feeding your baby: 4 to 6 months old
At 4 - 6 months, most babies take in about 28-45 ounces of breast milk or formula a day and are eating 3-5 times a day. At this age, a baby is often ready to start the transition to solid foods. You will know your child is ready when
- He weighs twice as much as when he was born
- He can control his head and neck
- He can sit up with support
- He can show he is full by keeping his mouth closed or turning his head away from the breast or a bottle
- He seems interested in food
Your baby’s first solid food should be iron-fortified baby rice cereal mixed with breast milk or formula to a thin consistency. The cereal may be mixed thicker as your baby gets used to eating it.

Start by offering cereal 2 times per day. Start with a little bit -- 1 or 2 tablespoons dry cereal mixed with breast milk or formula. Over time, increase to 3 or 4 tablespoons of cereal. Feed the cereal to your baby with a spoon. Do not give cereal in a bottle unless your doctor tells you to.

Once your baby is eating rice cereal easily, you can try other iron-fortified instant cereals. Do not add more than one kind of cereal every few days so that you can make sure that the new food agrees with your baby.

Never put a child to bed with a bottle, since this can cause tooth decay. Use plain water if a bottle is necessary, but do not give a lot of water because too much water can make your child sick.

*If your baby is not eating as much as usual, or he starts to lose weight, call the doctor.* Your doctor can see if there is anything wrong and can give you advice. Do not become angry with your baby if he does not eat well, but do call the doctor.

**Keep your baby safe**
- Do not give your baby water to drink, or only give a small amount
- Do not feed cereal in a bottle
- Never give honey to a baby younger than 1 year
- Do not put your baby to bed with a bottle, since this can cause tooth decay.

**Feeding your baby: 6 to 8 months**
Offer your child breast milk or formula 3 - 5 times per day. Begin to give your baby unsweetened or infant-pack juices and strained fruits and vegetables. Add only 1 new food every few days. Each time you add a new one, wait a few days to make sure it agrees with him before adding another. Start with plain vegetables such as green peas, potatoes, carrots, sweet potatoes, squash, beans, beets; and plain fruits such as bananas, applesauce, apricots, pears, peaches, and melon.

In addition to the breast milk or formula, try to offer about 2 servings of fruit and 2 servings of vegetables a day. Each serving should be about 2 - 3 tablespoons at first. Give him bigger servings as he gets used to eating fruits and vegetables and as he grows bigger.

At this age, your child can eat finger foods in small amounts. Soft cooked vegetables, washed and peeled fruits, graham crackers, Melba toast, and noodles are good finger foods. You can also give your child teething foods, like toast strips, unsalted crackers, bagels, and teething biscuits. Try to stay away from salted or sugary foods.
If your baby is not eating as much as usual, or he starts to lose weight, call the doctor. Your doctor can see if there is anything wrong and can give you advice. Do not become angry with your baby if he does not eat well, but do call the doctor.

Keep your baby safe
- Do not feed cereal in a bottle
- Do not give foods that can make your baby choke, like apple chunks or slices, grapes, hot dogs, sausages, peanut butter, popcorn, nuts, seeds, round candies, and hard chunks of uncooked vegetables
- If you only use part of a jar of baby food, cover the open container and put it in the refrigerator so bacteria do not grow on it. Use it within 2 days
- Never give honey to a baby younger than 1 year

Feeding your baby: 8 to 12 months
Offer your baby breast milk or formula 3 – 4 times a day. Start giving your baby strained or finely chopped meats. For breastfed infants, start meats at 8 months of age, since they’ll need to get more iron than they get from breast milk. As with other foods, add only 1 new food every few days.

You can also give your baby egg yolks at this age, but do not give egg whites until your child is 1 year old, since some babies are allergic to egg whites. You can give him small amounts of cheese, cottage cheese, and yogurt, but do not give him milk.

By the age of 1 year, most children are off the bottle. If the child still uses a bottle, only put water in it.

Keep your baby safe
- Do not feed cereal in a bottle
- Do not give foods that can make your child choke, like apple chunks or slices, grapes, hot dogs, sausages, peanut butter, popcorn, nuts, seeds, round candies, and hard chunks of uncooked vegetables. Do not give your child any round, firm food that is more than ½ inch big
- If you only use part of a jar of baby food, cover the open container and put it in the refrigerator so bacteria do not grow on it. Use it within 2 days
- Watch or supervise your child when he is eating
- Never give honey to a child younger than 1 year

Feeding your child: 1 year old and older
After your child is 1 year old, he can probably eat most of the foods your family eats. Just make sure to serve them in ways that are safe for him (see below).

Also, at 1 year he should start drinking whole milk. Do not give your 1-year-old child skim or low-fat milk because he needs the calories from the milk fat to grow.
Give your child many different kinds of foods, including lots of fruits and vegetables. Young children eat small amounts at a time, but they eat more often than adults, around 4-6 times a day, and they need to snack.

*Sometimes toddlers lose interest in food for a few days or weeks.* This is normal. Do not force your child to eat or become angry at him for not eating. He will start eating again and will make up for any meals he missed. If you are worried about your child’s eating, or he does not grow for several months, call your doctor’s office.

**Keep your child safe**
- Do not give foods that can make your child choke. Do not give your child any round, firm food that is more than ½ inch big. Cut foods like grapes and hot dogs into small pieces before feeding them to your child
- Do not let your child eat while he is running around
- Check the temperature of food he eats to make sure it is not too hot
MyPyramid Worksheet

Check how you did yesterday and set a goal to aim for tomorrow

<table>
<thead>
<tr>
<th>Write in Your Choices From Yesterday</th>
<th>Food and Activity</th>
<th>Tip</th>
<th>Goal (Based on a 1800 Calorie Pattern)</th>
<th>List Each Food Choice In Its Food Group*</th>
<th>Estimate Your Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Grains</td>
<td>Make at least half your grains whole grains.</td>
<td>6 ounce equivalents (1 ounce equivalent is about 1 slice bread, 1 cup dry cereal, or 1/2 cup cooked rice, pasta, or cereal)</td>
<td></td>
<td>ounce equivalents</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>Color your plate with all kinds of great tasting veggies.</td>
<td>21/2 cups (Choose from dark green, orange, starchy, dry beans and peas, or other veggies.)</td>
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<td>cups</td>
<td></td>
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<tr>
<td>Fruits</td>
<td>Make most choices fruit, not juice.</td>
<td>11/2 cups</td>
<td></td>
<td>cups</td>
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<tr>
<td>Snack</td>
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<td>Dinner:</td>
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<tr>
<td>Milk</td>
<td>Choose fat-free or lowfat most often.</td>
<td>3 cups (1 cup yogurt or 1/2 ounce cheese = 1 cup milk)</td>
<td></td>
<td>cups</td>
<td></td>
</tr>
<tr>
<td>Meat and Beans</td>
<td>Choose lean meat and chicken or turkey. Vary your choices--more fish, beans, peas, nuts, and seeds.</td>
<td>5 ounce equivalents (1 ounce equivalent is 1 ounce meat, chicken or turkey, or fish, 1 egg, 1 T. peanut butter, 1/4 ounce nut, or 1/4 cup dry beans)</td>
<td></td>
<td>ounce equivalents</td>
<td></td>
</tr>
<tr>
<td>Physical activity:</td>
<td>Build more physical activity into your daily routine at home and school.</td>
<td>At least 60 minutes of moderate to vigorous activity a day or most days.</td>
<td></td>
<td>minutes</td>
<td></td>
</tr>
</tbody>
</table>

How did you do yesterday? □ Great □ So-So □ Not So Great

My food goal for tomorrow is: ____________________________________________

My activity goal for tomorrow is: ________________________________________

* Some foods don’t fit into any group. These “extras” may be mainly fat or sugar—limit your intake of these.
TIPS for Families

Eat Right

1. Make half your grains whole. Choose whole-grain foods, such as whole-wheat bread, oatmeal, brown rice, and lowfat popcorn, more often.

2. Vary your veggies. Go dark green and orange with your vegetables—eat spinach, broccoli, carrots, and sweet potatoes.

3. Focus on fruits. Eat them at meals, and at snack time, too. Choose fresh, frozen, canned, or dried, and go easy on the fruit juice.

4. Get your calcium-rich foods. To build strong bones serve lowfat and fat-free milk and other milk products several times a day.

5. Go lean with protein. Eat lean or lowfat meat, chicken, turkey, and fish. Also, change your tune with more dry beans and peas. Add chick peas, nuts, or seeds to a salad; pinto beans to a burrito; or kidney beans to soup.

6. Change your oil. We all need oil. Get yours from fish, nuts, and liquid oils such as corn, soybean, canola, and olive oil.

7. Don’t sugarcoat it. Choose foods and beverages that do not have sugar and caloric sweeteners as one of the first ingredients. Added sugars contribute calories with few, if any, nutrients.

Exercise

1. Set a good example. Be active and get your family to join you. Have fun together. Play with the kids or pets. Go for a walk, tumble in the leaves, or play catch.

2. Take the President’s Challenge as a family. Track your individual physical activities together and earn awards for active lifestyles at www.presidentschallenge.org.

3. Establish a routine. Set aside time each day as activity time—walk, jog, skate, cycle, or swim. Adults need at least 30 minutes of physical activity most days of the week; children 60 minutes everyday or most days.

4. Have an activity party. Make the next birthday party centered on physical activity. Try backyard Olympics, or relay races. Have a bowling or skating party.

5. Set up a home gym. Use household items, such as canned foods, as weights. Stairs can substitute for stair machines.

6. Move it! Instead of sitting through TV commercials, get up and move. When you talk on the phone, lift weights or walk around. Remember to limit TV watching and computer time.

7. Give activity gifts. Give gifts that encourage physical activity—active games or sporting equipment.

HAVE FUN!
Regular Medical Checkups and Immunizations

Well-Child Checkups
Your child's doctor will want to see him on a regular basis. The doctor will ask you questions about the child's development, mood, and behavior, and will do a physical examination. The doctor will tell you what immunizations your child needs and may even give the immunizations in the office. You will also get advice about diet, exercise, and other ways that you can keep your child healthy.

At first, your doctor will want to see your baby a lot, like once a month for the first 6 months. This is because your child needs lots of immunizations during that time (see below) and so he can check your child for problems. As your child gets older, there will be more time between visits, unless your child needs extra care.

Immunization Schedule
Immunizations are very important! They protect your child and others from infectious diseases that can be prevented. Many hospitals and clinics offer free immunizations if you can't afford them. State law requires immunizations for your child to go to school.

This is the immunization schedule as of 2009. The immunization schedule gets updated frequently. Check with your doctor to make sure that your child gets his shots using the most up-to-date schedule.

<table>
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<td>Birth: Hep B(^1)</td>
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<tr>
<td>4 months: DTaP, Hib, IPV, PCV</td>
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<tr>
<td>6 months: DTaP, Hib, PCV</td>
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<td>6-18 months: Hep B, IPV</td>
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This schedule may vary depending upon where you live, your child's health, and the vaccines available. Ask your child's doctor about the vaccines your child should receive.

\(^1\)Hepatitis B vaccine. May be given at any age for those not previously immunized.
\(^2\)Diphtheria, tetanus, and acellular pertussis vaccine
\(^3\)Haemophilus influenzae type b vaccine
\(^4\)Inactivated poliovirus vaccine
\(^5\)Pneumococcal conjugate vaccine
\(^6\)Measles, mumps, and rubella vaccine
\(^7\)Varicella vaccine. May be given at any visit after first birthday.

\(^*\)Second dose should be administered at least 1 month after the first dose.
\(^**\)Tetanus booster. Delay if less than 5 years since last tetanus vaccine injection.
Influenza vaccine is recommended every year for high-risk children older than 6 months. High-risk groups include but are not limited to children with asthma, heart problems, sickle cell anemia, diabetes, and human immunodeficiency virus (HIV). The American Academy of Pediatrics encourages the parents of all infants 6 to 23 months old to immunize their children against the influenza virus. Annual vaccination is available for other children if desired.

From birth until your child is 6 months old
From the time a child is born until he is 6 months old, he needs a lot of immunizations. By the time your child is around 6 months old, he should have had
- 2 hepatitis B shots. This protects him against hepatitis, a kind of liver infection. He will get his third (and last) hepatitis B shot when he is 6 – 18 months old
- 3 DTaP shots. This protects him against diphtheria, tetanus, and whooping cough. He will get his fourth DTaP shot when he is 15 – 18 months, his fifth shot when he is 4 – 6 years, and his sixth shot when he is 11 or 12
- 3 Hib shots. This protects against an infection of the lining of the brain and other problems. He will get his fourth (and last) Hib shot when he is 12 -15 months
- 2 polio shots. This protects what was once a leading cause of nerve damage, resulting in children who could not walk or even lost the ability to breathe. He will get his third polio vaccination when he is 6 – 18 months old and his fourth when he is 4 - 6 years old
- 3 pneumococcal shots. This protects against a bacteria that causes pneumonia, earaches, infection of the lining of the brain, and other illnesses. He will get his fourth (and last) dose when he is 12 – 15 months old
- 3 rotavirus shots. Rotavirus causes diarrhea. After his third dose, he does not need any more rotavirus vaccine

When your child is older than 6 months, but less than 2 years old
When your child is older than 6 months, but less than 2 years old, the frequency of immunizations is less. He will need
- His first MMR and varicella shots when he is 12 – 15 months. MMR protects against measles, mumps, and German measles. Varicella vaccine protects against chicken pox. He will get his second (and last) MMR and varicella shots when he is 4 - 6 years old
- His first hepatitis A shot when he is 12 – 23 months, and his second (and last) hepatitis A shot 6 months after the first. This protects against a liver infection.
- His last hepatitis B shot when he is between 6 and 18 months old.
- His third polio shot when he is between 6 and 18 months old and his fourth polio shot when he is 4 – 6 years old
- Flu vaccine. He should get a flu vaccine every year before flu season starting when he is 6 months old and until he is 59 months (nearly 6 years) old. If he is at high risk for complications from flu, like if he has asthma, he should continue to get the flu vaccine every year for the rest of his life. The first year that he gets flu vaccine, your child will need 2 shots, separated by about a month, but in the years after that he will only need one shot
- His last Hib and pneumococcal shots when he is 12 – 15 months
- His fourth DTaP shot when he is 15 – 18 months old
When your child is older than 2 years
When your child is older than 2 years, he still needs immunizations. He will need:

- His fifth DTaP, fourth (and last) polio, second (and last) MMR, and second (and last) varicella shots when he is 4 – 6 years old
- Booster shots for some diseases when he reaches 11 or 12 years old
Preventing Shaken Baby Syndrome

Shaken Baby Syndrome is a form of child abuse that can kill. It happens when someone shakes a baby really hard, usually for 5 to 20 seconds. A baby has a heavy head and a weak neck, so when his head is shaken a little, it moves fast and hard. The shaking hurts the baby’s brain. Never shake an infant or child.

Normal playing with a child, like bouncing the baby on a knee, will not cause Shaken Baby Syndrome. Shaken Baby Syndrome usually happens when the parent is angry or frustrated and shakes the baby, for example, because the baby won’t stop crying.

Prevention

- If you feel your baby is crying too much and you cannot cope with it, get help right away. Have a friend take over for you, or call your doctor’s office or 911 if you think you might hurt your baby
- If you have a fussy baby, make sure that anybody who cares for your child knows this and knows to never shake a baby
- Many babies who die from Shaken Baby Syndrome have been abused. If you think somebody you know may be abusing their child, see if you can get help for them
- If you know a parent or caregiver who is very stressed and can’t seem to cope with their child, see if you can get help for them

Symptoms in a baby who has been shaken too hard

- Overall tiredness and hard to wake the baby up
- Vomiting
- Poor sucking or swallowing
- Decreased appetite
- Not smiling
- Not making noises
- Stiffness
- Seizures
- Difficulty breathing
- Hard time lifting his head
- Can’t focus his eyes or follow you as you walk around
- Unconscious

If you think a child has Shaken Baby Syndrome, call 911 or take the child to the emergency room right away.
Sleep Safety and Sudden Infant Death Syndrome (SIDS) Prevention

Just as you keep your child safe when he is awake, you need to keep him safe when he sleeps. You can do this by making sure this by making sure the place he sleeps is good for a baby and by always putting him on his back when he sleeps.

Preventing SIDS
SIDS is the sudden and unexplained death of an infant who is younger than 1 year old. It is scary because it can strike without warning, even in a child who seems healthy. SIDS is the leading cause of death among infants who are 1 month to 1 year old.

Lay your baby **on his back while he sleeps** and on his stomach when he is awake. A baby sleeping on his back is not more likely to choke. When your baby is old enough to roll over, it is ok to let him chose what position he sleeps in.

**Put your baby on a firm surface to sleep**, never on a pillow, waterbed, or other soft surface. This helps prevent SIDS.

**Consider giving your child a pacifier when he sleeps.** Pacifiers may decrease the risk of SIDS.

**Keep the room at a comfortable temperature while he sleeps** that is good for an adult in a short-sleeve shirt. Cover your baby only with a light blanket that reaches no further than the chest.

**Remove soft stuffed animals, loose blankets, clothing, or other soft things in crib** with your baby. This helps prevent SIDS.

Preventing Injuries
You can prevent harm to your baby by **choosing a safe crib and playpen**. The key things to remember are that the crib and playpen should have firm surfaces for your baby to lie on and that they should not have gaps or holes that allow the baby’s head or other body parts to get trapped.

- The **mattress** should fit tightly in the crib so your baby won’t get stuck between the mattress and the rails
- The **rails** on the crib should not be broke or missing and should be no more than 2-3/8 inches apart
- Make sure there are no cutouts in the **headboard or foot of the crib** or playpen that could trap your baby’s head
- Make sure there are **no staples or nails** sticking out
- Make sure **playpen mesh** is attached well to the top and bottom of the playpen and has no holes or tears
- Do not put things in bed with your baby that could strangle him
SYMPTOMS & ILLNESS GUIDE

The purpose of the A-Z Symptom and Illness Guide is to direct you to the best course of action when your child is ill. Information is given in simple terms and in a way that we hope is easy to understand. Each of the symptoms and illnesses listed follow a step-by-step format so that you can find out what you need to know as quickly as possible.

Even with this reference, sometimes it will be difficult to know exactly what is wrong with your child. Many different illnesses share the same symptoms, and most of the times you will need a doctor to provide an accurate diagnosis when you suspect something serious. However, this guide will at least help you narrow down the possible causes of a problem.

If you need to look something up, here is how you do it.
1. Identify the symptom (sign or evidence of illness) or possible illness you wish to look up.
2. Turn to the name of the symptom or illness and see if it is in the manual. If you do not find the word you are looking for, try another name which means the same thing (e.g. "Fever" instead of "Temperature") or try a symptom instead of the exact illness (e.g. "Itching" instead of "Poison Oak").
3. Once you have found the right page, look at the section entitled "Possible Symptoms" to make sure your child's symptoms match the list.
4. After you have decided that your child's symptoms or illness are the same as the one being described in the Possible Symptom section, look at the section called "What to Do?"
5. Follow the instructions of “Call 911” IF the symptoms match the symptoms under that section OR “Call Your Doctor” IF the symptoms match the symptoms under that section OR “Treat at Home” IF the symptoms match the symptoms under that section.
6. Follow the instructions on what to look for and what you can do to treat and comfort your child.
7. Finally, if there is a box called "Tips" on that page, you may want to read those to make sure you haven't missed anything.

Remember, when in doubt, it is always better to ask someone for help, or call the doctor or nurse than to ignore the problem or try to cure it with the wrong treatment. You also can refer to the sections “When to Call the Doctor's Office or Nurse Hotline” on p. 16 and “When to Call 911 or Go to the Emergency Room” on p. 13.

Please understand, this A-Z Guide only lists some of the most common symptoms and illnesses found in children. There are always exceptions, and no book could list everything. Use this reference as a guide to caring for your child, and let it also be your guide for when to seek help.
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Airborne, Skin, Food, Insect Sting

Possible symptoms

Airborne allergies
- Sneezing or stuffy nose
- Coughing (see “Cough”)
- Itchy, watery eyes
- Itchy nose
- Itchy throat
- Wheezing (see “Asthma”)

Skin allergies
- Redness or rash (See “Rash”)
- Itchy skin (See “Itching”)

Food allergies
- Itchy mouth and throat when your child swallows food
- Hives (round, raised, red, itchy areas on the skin)
- Swollen mouth, lips, or throat
- Rash (see “Rash”)
- Runny, itchy nose
- Abdominal cramps with nausea and vomiting or diarrhea
- Difficulty breathing
- Bloating, diarrhea, and fussiness after eating may be signs of food allergies

Insect sting allergies (see “Bug bites and stings”)
- Large swelling around the sting
- Throat swelling
- Hives on the entire body
- Trouble breathing

What to do?
Call 911 or go to the emergency room if your child
- Gets hives (raised, red, circular areas all over the body)
- Has any trouble breathing
- Gets a swollen mouth, lips, tongue, or throat after eating something or getting bitten or stung

Call the doctor’s office or the nurse hotline if your child
- Is wheezing (see “Asthma”)
- Has symptoms that last that more than a week
• Has symptoms that bother him enough that you want to give him medicine for them
• Has symptoms that are keeping him from his normal activities

To treat at home
• See the “Itching” and “Cough” sections of this Health Manual for help ways to treat these symptoms
• Do not give your child medicine for allergy symptoms without checking with the doctor first

Tips
• If you know what your child is allergic to, you should be able to decrease his symptoms. For example, if he is allergic to animals, keep the pets out of the bedroom and vacuum a lot. If the pollen count is high, you may want to keep your child from playing outside
• Sunglasses can help keep pollen out of eyes
Animal Bites and Scratches

Possible symptoms
- A puncture wound, scratch, or cut from an animal

What to do?
*Call 911 or go to the emergency room if your child*
- Has been badly bitten or if you can’t stop the bleeding by putting pressure on the bite with a clean cloth

*Call the doctor if your child*
- Was bitten or scratched by a wild or stray animal
- Was bitten or scratched by an animal that hasn’t had rabies shots or was acting strangely
- Had contact with a bat, like touched a bat, had a bat fly into him, or had a bat in his room. Call even if you don’t see a bite mark, since bats can carry rabies. Sometimes the bite marks from a bat are so tiny you can’t see them
- Has a puncture or a bite that broke the skin or is bleeding
- Has a bite or scratch that is getting worse instead of better, such as getting hot, swollen, and more painful
- Is not up-to-date with tetanus shots (see “Immunizations”)

To treat at home
- If the skin is not broken and there is no bleeding, wash the area with soap and water

Tips
- When you call the doctor, try to know the kind of animal that bit your child, if the animal was behaving strangely, if the animal had a rabies vaccine, and if he is up-to-date in tetanus shots
- Teach your child to stay away from wild animals and animals he doesn’t know
- Teach your child to be calm around animals. If the animal is not calm, the child should stand like a tree, arms folded across his chest, until the animal calms down
Breathing Problems

Asthma

Possible symptoms
- Wheezing (a whistling sound in the chest when the child breathes)
- A hard time breathing, shortness of breath
- Coughing
- Breathing fast even when resting

What to do?
*Call 911 or go to the emergency room if your child*
- Is having a very hard time breathing, like
  - Is too short of breath to talk easily
  - Is using extra muscles to breathe. This shows up as areas between his ribs or at the bottom of his neck that get sucked inward in as he breathes in
- Is bluish or gray in his fingernails or lips

*Call the doctor’s office or the nurse hotline if your child*
- Has symptoms of asthma but has not yet seen the doctor about them
- Has been diagnosed by the doctor with asthma and your child is taking his medicines the way the doctor said to, but his asthma is getting worse

To treat at home
- If the doctor has diagnosed asthma in your child, you will already have a plan. Follow the doctor’s instructions:
  - Make sure your child takes his medicines the way the doctor said to
  - Take the steps the doctor told you about to decrease the chance of an asthma attack. This might include cleaning the house more and not smoking near the child
- If your child has symptoms of asthma and hasn’t seen a doctor, call your doctor’s office

Tips
- If your child has asthma, talk to your doctor about getting him a flu shot each year
Possible symptoms
- Hearing or feeling a bone snap
- Severe pain
- Swelling
- Feeling of “pins and needles”
- Hard to move the hurt part or put weight on it

What to do?
*Call 911 or take your child to the emergency room if you think your child has a broken bone.*
- Do not move your child if he may have seriously injured the head, neck, or back.  
  Call 911

Tips
- Give first aid while you wait for help:
  - Apply a cold compress or ice pack wrapped in cloth
  - If there is severe bleeding apply pressure to hurt area
  - Keep the hurt part in the position you find it in
- If a broken bone comes out through the skin, do not wash the injury or try to push the bone back
- If a big bone is broken, do not let your child eat until the doctor says it is ok in case surgery is needed
- Stay calm and comfort your child
Bug Bites and Stings

Possible symptoms
- Redness or swelling around a bite or sting mark
- Itchiness
- Pus in the center of a red area
- Signs of an allergic reaction, like difficulty breathing or hives on the body (see “Allergies”)

What to do?

*Call 911 or go to the emergency room if your child*
- Was stung in the mouth. That’s because it can swell and block breathing
- Shows any symptoms of a serious reaction (see “Allergies”), like
  - Large area of swelling
  - A hard time breathing
  - Tightness in throat or chest
  - Hives (round, raised, red areas all over the body)
  - Nausea or vomiting,
  - Weaknesses
  - Faintness
  - Dizziness
- Has been bitten by a black widow or brown recluse spider. Symptoms are
  - A deep blue or purple area around the bite, surrounded by a whitish ring and a large outer red ring
  - Swelling and redness around the bite
  - Body rash
  - Muscle spasms, tightness, and stiffness
  - Abdominal pain
  - Headache or fever
  - General feeling of sickness
  - Lack of appetite
  - Joint pain
  - Pink or red urine

*Call the doctor’s office or the nurse hotline if your child*
- Has a tick on him and
  - The tick has been there for over 24 hours
  - You can’t get all of the tick off (see below for how to take the tick off)
  - He gets a rash, joint pain, or other symptoms within a month after the tick
- Has pain that lasts more than 3 days
- Has a large rash or swelling around the sting site
- Has an area that gets pus in it

Continue to next page
**To treat at home**

- If your child was stung by a bee, wasp, hornet, or yellow jacket, check for a stinger. The stinger may still be in the child. Remove it by gently scraping across the skin with the edge of a credit card or other card or your fingernail.
- If you find a tick, take the tick off using tweezers to grab the tick at its head or mouth, next to the skin. Pull firmly and steadily until the tick lets go. Wipe the area with alcohol.
- Wash the area with soap and water.
- Put ice or a cool wet cloth to the area.
- If the area itches, put on a paste of baking soda and water or calamine lotion (Do not put calamine on a child’s face or genitals).
- If your child is over 2 years, you can give him ibuprofen or acetaminophen to treat his pain. Never give aspirin to your child unless the doctor says to.
- If your child is younger than 2 years, check with your doctor before giving medicine.

**Tips**

- Most of the time insect bites or stings are not serious; they are just annoying.
- Take your child away from the area where he was stung, so he doesn’t get stung again.
Burns

Possible symptoms

- Red skin (1st degree burn)
- Blisters (2nd degree burn)
- Dry skin surface that looks waxy white, brown, charred, or like leather (3rd degree burn)
- Pain
- Swelling

What to do?

*Call 911 or go to the emergency room if your child*

- Has been burned on more than 10% of the body
- Has skin that looks waxy white, brown, charred, or like leather
- Has been burned on the face, scalp, hands, joint surfaces, or genitals
- Has been burned by a fire, electricity, or chemicals

*Call the doctor’s office of the nurse hotline if your child*

- Has a burn that is blistered, unless the burn is from the sun and there are just a few small blisters (see “Sunburn”)
- Has a burned area that is around 2-3 inches each way, whether or not there is a blister
- Has a burn that looks infected. Infected burns can be red, warm, and painful, or with swelling or pus. This can happen several days after the burn

To treat at home (small burns without blisters, waxy whiteness, or charring—1st degree burns). See “Sunburn” for how to treat sunburn at home. For all other burns,

- Flush the burned area with cool running water for 5 minutes or more, or hold a cool compress on the burn for 3-5 minutes
- Do not put butter, grease, or powder on the burn
- Use aloe vera to soothe the skin
- Cover the area with a small non-stick gauze pad
- If your child is over 2 years, you can give him ibuprofen or acetaminophen to treat his pain. Never give aspirin to your child unless the doctor says to
- If your child is younger than 2 years, check with your doctor before giving medicine

Tips

- First-degree burns cause the skin to turn red. They usually heal in about 3-6 days. If they are small, they can be treated at home
- Second-degree burns are deeper and cause the skin to blister. They usually heal in a week or so. A deep second degree burn or one that covers a lot of the body needs medical treatment

Continue to next page
The most dangerous burns are third-degree burns. In third-degree burns, the skin appears dry. It looks waxy white, brown, or charred, and it may look like leather. These need medical treatment immediately.

Unless the burn is very deep or clothes are stuck, remove clothes from the burned area.

If he has touched electricity, make sure they let go before you touch them, or you may get shocked.

Chemical and electric burns always need medical attention because they can damage the child’s internal organs.
Skin and Hair

Chicken Pox

Possible symptoms
- Red, itchy rash that shows up first on the belly, back, or face and then spreads all over
  - The rash starts out looking like small, red pimples or bug bites
  - In a few days, the red spots become blisters
- Fever, headache, belly pain, and feeling sick
  - These symptoms can start a couple of days before the rash

What to do?
*Call the doctor’s office if you think your child may have chicken pox.*

Tips
- The chicken pox vaccine prevents most cases of chicken pox and almost all bad cases of chicken pox
- Keep your child away from other children who have not had chicken pox
- Do not send your child to school or daycare until all the blisters have scabbed over
- Your doctor will tell you how to make the itching less. The section on “Rash” also has tips
Breathing Problems

Colds

Possible symptoms
- Sneezing
- Coughing (see “Cough”)
- Runny nose
- Stuffy nose
- Sore throat (see “Sore Throat/Strep”)
- Body aches
- Crankiness
- Low-grade fever (see “Fever”)

What to do?
*Call the doctor’s office or the nurse hotline if your child*
- Doesn’t start getting better after 3 days
- Is wheezing (see “Asthma”)
- Is coughing up a lot of mucus (see “Cough”)
- Is short of breath
- Has signs of dehydration, like a dry mouth, dry eyes, and less urine than usual and is having trouble drinking enough fluids (see “Dehydration”)
- Has increasing headache or throat pain or a severe sore throat that makes it hard to swallow (see “Headache” and “Sore Throat/Strep”)
- Has a high fever (see “Fever”)
- Has swollen glands in the neck or has bad neck pain
- Has an earache (see “Earache”)

To treat at home
- Give your child lots of fluids
- For a child, prop the head up with a pillow to make breathing easier. For an infant, do not use a pillow to prop up your baby. Put him in his car seat to keep his head up so that he can breathe more easily.
- Use a cool mist vaporizer to keep room humid
- Give him warm water with lemon juice to help a sore throat feel better
- Use salt water (saline) nose drops to loosen mucus in the nose
- Use a nasal aspirator (bulb syringe) to remove sticky nasal fluids if your child is too young to blow his own nose
- Use a little petroleum jelly, like Vaseline®, on the nose and lips if they become chapped
- Do not give medicines to a child under 2 years old without checking with your doctor

Continue to next page

- Over-the-counter decongestants and cold medicines have not been shown
to work in children. If you want to use them
  o Always use a medicine made especially for children
  o Give the right dose. If you are not sure, do not give the medicine until you call your doctor’s office for advice

- Never give more than one kind of medicine at a time without checking with the doctor’s office first
- Never give aspirin to your child unless the doctor says to

Tips
- Wash your hands a lot so that you don’t get sick too
Intestinal

Constipation

Possible symptoms
• Hard, dry stools
• Less than 3 bowel movements in a week
• Hard to have a bowel movement
• Feeling full or bloated
• Having to strain to move his bowels
• Liquid leaking onto your child’s underwear from stool overflowing past the constipation
• Getting full without eating much
• Having to urinate a lot because of too much stool in the belly

What to do?
Call the doctor’s office or the nurse hotline if your child
• Is constipated even after you try the changes listed below for a few days, like giving your child fluids and a good diet
• Has blood in his stools
• Is leaking stool on his underwear
• Has a stomachache that has your worried (see “Stomachache”)
• Has nausea or vomiting (see “Vomiting”)
• Has signs of dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)

To treat at home
• Give him plenty of fluids
• Feed your child more fiber, like fruits, vegetables, and whole-grain bread
• Make sure your child gets exercise
• Eat on a regular schedule
• Get your child in the habit of going. You can have him sit on the toilet for 10 minutes each day after one of his meals
• Do not give your child any medicine to make them go without checking with the doctor first

Tips
• Never use medicines for your child’s bowels unless your child’s doctor orders them
• Breastfed infants almost never become constipated, although they may not move their bowels very much
Possible symptoms
- Jerking of the arms and legs
- Confusion
- Loss of consciousness
- Rigid body with breath held

What to do?
*Call 911 or go to the emergency room if you think your child had a seizure and he*
- Has never had a seizure before and this is not a febrile seizure. A febrile seizure is a seizure that happens in a child who is 6 months to 5 years, with a temperature above 102°. It usually lasts for a few minutes. A child with a seizure for the first time that is not a febrile seizure needs to be seen immediately.
- Has seizures, but this one is different or lasts more than a few minutes
- Has seizures, but this time
  - Is having trouble breathing
  - Turns bluish in color
  - Seems sick
- Has had a head injury (see “Head injury”)
- Has eaten a poison or an overdose of medicine

*Call the doctor's office or the nurse hotline if your child*
- Has a febrile seizure. A febrile seizure is a seizure that happens in a child who is 6 months to 5 years, with a temperature above 102°
- Has had seizures before and this one seems like the ones in the past

 diáTips
- Do not leave him alone
- Do not try to stop jerking movements
- Do not put anything in his mouth or try to force his teeth apart if they are clenched
- After jerking stops, roll child on his side
- Speak softly and calmly to reassure child
- After a seizure, your child may want to sleep for a while
Breathing Problems

Cough

Possible symptoms/Kinds of Coughs

- Cough that sounds like barking (see “Croup”)
- Cough with harsh sounds when the child breathes in (see “Croup”)
- Cough with wheezing when the child breathes out (see “Asthma”)

What to Do?

**Call 911 or go to the emergency room if your child**

- Is having a very hard time breathing, like
  - Is too short of breath to talk easily
  - Is using extra muscles to breathe. This shows up as areas between his ribs or at the bottom of his neck that get sucked inward in as he breathes in
- Is bluish or gray in his fingernails or lips

**Call the doctor’s office or the nurse hotline if your child**

- Is having trouble breathing or is breathing very quickly
- Is 3 months old or younger and has been coughing for more than a few hours or looks very sick
- Has a high fever (see “Fever”)
- Is coughing up blood
- Has no energy and is very cranky
- Makes a “whoop” when he coughs
- Is making a loud noise when breathing in. This is called stridor and may indicate croup (see “Croup”)
- Is wheezing when breathing out (see “Asthma”)

To treat at home

- Give your child plenty of fluids
- Prop up head with pillows to help breathing
- Use a cool mist vaporizer to keep room humid
- Do not give medicines to a child younger than 2 years old without checking with the doctor’s office first
- Over-the-counter decongestants and cold medicines have not been shown to work in children. If you want to use them:
  - Always use a medicine made especially for children
  - Give the right dose. If you are not sure, do not give the medicine, or call your doctor’s office
- Never give more than one kind of medicine at a time without checking with the doctor’s office first
- Never give aspirin to your child unless the doctor says to
Tips

- See “Croup” for helpful ideas if your child wakes up with a barking cough in the middle of the night
- Do not give cough drops to children under 4 years old because they can choke
Cradle Cap

Possible symptoms
- Thick scales on scalp (may be yellow or white in color)
- Reddened scalp with scales
- Patches of red, scaly skin in the eyebrows, eyelids, nose creases, or other areas
- In people with dark skin, lighter or circular areas on the scalp

What to do?
Call the doctor’s office or the nurse hotline if your child
- Does not get better with frequent shampoos
- Gets a scaly rash on his face, on his neck, in the diaper area, in body creases, or on other parts of his body

To treat at home
- Do not try to remove the scales with your fingers
- Shampoo every day with a mild baby shampoo. Do not use an anti-dandruff shampoo without consulting with your doctor first
- Do not use baby oil on the scalp
- Use a soft brush to help remove the scales

Tips
- In babies who have had cradle cap, prevent it from happening again by frequent hair washing with a mild baby shampoo
- Cradle cap goes away by age 1 year, but the scaly, reddened scalp can come back at puberty
Breathing Problems

Croup

Possible symptoms
- Barking cough
- Grunting when breathing
- Wheezing (“See Asthma”)
- Hard to breathe

What to do?
*Call 911 or go to the emergency department if your child*
- Is having a very hard time breathing, like
  - Is too short of breath to talk easily
  - Is using extra muscles to breathe. This shows up as areas between his ribs or at the bottom of his neck that get sucked inward in as he breathes in
- Is bluish or gray in his fingernails or lips
- Makes a loud noise every time he breathes in and seems to be working very hard to pull air in
- Is drooling or having trouble swallowing
- Has a high fever and is having a lot of trouble breathing (see “Fever”)

*Call the doctor’s office or the nurse hotline if your child*
- Is having trouble breathing and it doesn’t get better with steam or cool air

To treat at home
- Run a hot shower to fill the bathroom with steam. Have your child sit in the steamy room for 10 minutes
- If it is cool outside, take your child outside for a few minutes
- Give him plenty of fluids
General Symptoms

Crying

What to Do?

Call the doctor’s office or the nurse hotline if your child

- Is crying a lot and seems sick
- Is crying a lot and not eating or drinking
- Is crying and has other symptoms. You can check other sections of this Health Manual to see what to do

To treat at home

- Always check on a crying baby. This will not spoil him and it is important to make sure nothing serious is wrong
- Try to figure out the cause of the crying. That will help you decide if the crying is serious or not and will help you know how to help your child stop
- Make sure your child’s basic needs are met (for example, he isn't hungry)
- Try different things to see if they work:
  - Pick your baby up and rock him and cuddle him
  - Take him for a ride in the car or in a stroller
  - Hold your baby close to your body and breathe calmly and slowly
  - Sing or talk to your baby
  - Turn on the stereo for your baby or run the vacuum cleaner or the clothes dryer (babies like rhythmic noise)
  - Try to distract your baby or child with a toy or an activity
- If nothing seems to calm your baby and you can’t find the cause of the crying, put him on his back in his crib, close the door, and check on him in 10 minutes
- Take care of yourself so you can be patient with your child when he cries
- If the crying is upsetting you so much that you become angry, ask a friend to help you so that you do not take your anger out on the child
**Injuries**

**Cuts and Scrapes**

**Possible symptoms**
- Rough, red skin
- Scab
- Bleeding

**What should I do?**

*Call 911 or go the emergency room if your child*
- Has a body part that is partly or fully cut off
- Is bleeding and you can’t stop it

*Call the doctor’s office or the nurse hotline if your child*
- Has a cut that seems deep or the edges of the cut are far apart
- Has a cut that is on the lip and crosses from the pink part of the lip onto the face
- Has a cut that keeps bleeding or oozing even when you have been putting pressure on it
- Has a cut from an animal or human bite
- Has a cut that can’t be cleaned
- Has something in the cut, like a thorn or a piece of wood, and you can’t get it out
- Is not up-to-date with immunizations or you are not sure that your child is up-to-date on his tetanus shots (see “Immunizations”)
- Has a cut that gets pus, swelling, or redness more than a day after it happened, especially if your child has a fever

**To treat at home**
- Rinse with water
- If the cut is bleeding, put pressure on it with a sterile gauze or a clean cloth
- Once the cut is clean and not bleeding, put antibiotic ointment on it and cover it with a band-aid or gauze

**Tips**
- If your child complains of pain apply an ice pack for a few minutes
- Raising the bleeding part higher than the heart may help lessen the amount of bleeding
What is dehydration?
Children become dehydrated if they don’t drink enough to make up the fluids and salts they lose, especially if they have a fever (see “Fever”), have diarrhea (see “Diarrhea”) or vomiting (see “Vomiting”), or are exercising hard.

Possible symptoms
Symptoms of dehydration can be different in infants from those in children.

Infant
Mild to moderate
- Dry mouth
- Few or no tears when crying
- Fussiness
- No wet diapers in 4-6 hours or only a very small amount of urine
- Soft spot on the head is flat

Severe
- Dry mouth
- Few or no tears when crying
- No urine for 8-10 hours

Child
Mild to moderate
- Dry mouth
- Few or no tears when crying
- No urine for 8-10 hours

Severe
- Very dry mouth (looks sticky inside)
- No urine for more than 12 hours or only a small amount of very dark urine
- Dry, wrinkly, or doughy skin on the belly, arms, and legs
- Seems weak or limp
- Muscle cramps

What to Do?
Call 911 or go to the emergency room if your child has signs of severe dehydration, with symptoms like very little urine, sunken eyes and no tears, and wrinkly, dry skin.

Call the doctor’s office or the nurse hotline if your child
- Has mild-to-moderate dehydration and is not drinking enough, even when you encourage him
- Has symptoms that are not improving

Continue to next page
To treat at home

- Check the sections in the Health Manual about other symptoms, like “Vomiting” and “Diarrhea” for some things you can do. For example, whether you keep giving your child formula depends on the cause of the dehydration
- If your child has mild-to-moderate dehydration and is able to drink, encourage him to slowly drink small amounts at a time, like a few sips every few minutes
- Give your baby about 1 to 2 teaspoons of an oral rehydration solution, like Pedalyte®, Lytren®, or Infalyte®, every few minutes
Diaper Rash

Possible symptoms
- Redness in diaper area, sometimes starting in the creases and then spreading all over the baby’s bottom
- A red, slightly raised rash with small red dots in the area near the rash

What to do?
*Call the doctor’s office or the nurse hotline if your child*
- Has a rash that does not get better in 2-3 days. Your baby may need a special medicine for his skin

To treat at home
- Change diapers and wash your baby’s bottom frequently. Do this at least every two to three hours, or if he has a bowel movement
- Gently wash with warm water or unscented wipes. Dry his bottom or let it air dry each time you change his diaper
- Spread a barrier cream, like zinc oxide, over the area
- Do not use powder, as this can get in your baby’s lungs

Tips
- Prevent diaper rash by changing wet or soiled diapers as soon as possible. Wipe his bottom well each time you change the diaper
- Desitin® or another zinc oxide cream or petroleum ointment may help keep him from getting a rash
- You may want to sometimes let his bottom air out by leaving the diaper off. With an infant, this is easier if you put him on a waterproof pad made for infants
Possible symptoms
• Loose, runny stools, usually more than 3 times a day
• Blood or mucus in the stools
• Bad smelling stools
• Urgent need to go to the bathroom
• Cramps, abdominal pain, bloating, and nausea

What to do?
*Call 911 or go to the emergency room if your child*
• Has signs of severe dehydration, with symptoms like very little urine, sunken eyes and no tears, and wrinkly, dry skin (see “Dehydration”)

*Call the doctor’s office or the nurse hotline if your child*
• Has mucus or blood in the stools
• Has a high fever (see “Fever”)
• Has signs of mild-to-moderate dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)
• Has severe abdominal pain (see “Abdominal pain”)
• Has dark, tarry stools or blood in the stools
• Has diarrhea for more than 3 days

To treat at home
• Give your child plenty of fluids
• Continue breast- or bottle-feeding your baby, or give your child his normal diet
• In between feedings, give your child drinks of an oral rehydration solution, like Pedialyte®
• Do not give medicine to treat your child’s diarrhea unless the doctor says to

Tips
• Wash your hands frequently so that you don’t get sick, too
Possible symptoms
- Pain or itching in the ear
- Pain when the ear is touched
- Drainage from the ear
- Tugging at the ear in a young child
- Irritability and crying in a young child
- Crying when lying down in a young child
- Hard for the child to hear

What to do?
Call the doctor’s office or the nurse hotline if your child
- Is crying and pulling at his or her ear
- Has an earache that is mild and lasts for more than a day or is medium bad and stays for more than a couple of hours or is very bad even for a short time
- Has an earache and fever (see “Fever”)
- Has pus or other discharge from their ear
- Has an ear that is red and hurts
- Doesn’t seem to be hearing well

To treat at home
- You can wait a day to see if a mild earache gets better or a couple of hours to see if a medium one gets better, but for most earaches you will need to call the doctor’s office
- Place a hot water bottle covered with a towel next to your child’s ear to help with pain

Tips
- If your child doesn’t seem to be hearing well he should be checked by the doctor, even if he does not have an earache.
- Some signs a child may be find it hard to hear are that he doesn’t turn towards sound, he talks louder than most people, or he doesn’t seem to pay attention at school when the teacher or other people are talking
Eczema

Possible symptoms
- Itchy, dry, red skin
- Small bumps on cheeks, foreheads, and scalps, with spreading to the arms, legs, chest, and belly
- Red, crusted, open areas of skin
- Circular, slightly raised, itchy, scaly rashes in the bends of elbows, behind the knees, or on the backs of wrists or ankles

What to do?
*Call the doctor's office or the nurse hotline if your child*
- Has symptoms of eczema but has not seen the doctor before about it. The doctor needs to make sure that the rash is not from something else. Also, the doctor may prescribe steroid cream for your child’s skin
- Has been told he has eczema, but the skin becomes red and warm
- Has been told he has eczema, but he has pus-filled bumps in areas of eczema
- Has been told he has eczema, but now it has blisters
Eye Injuries/Something in the Eye

Possible symptoms
- Pain
- A feeling like there is something in the eye
- You can see something in the child’s eye
- Watery eye
- Lots of blinking
- Light bothers the eye
- Blood in the eye or bleeding from the eye
- Bruising or swelling around the eye

What to do?
*Call 911 or go to the emergency room if your child has an injury to the eye and*
- Has something is stuck in the eyeball itself (not just on top of the eyeball)
- Has blood in the eye
- Says he can’t see well or has double vision after an injury
- Can’t move his eyes like usual
- The eyeball shape looks different
- A chemical got in the eye. Flush his eyes with water first and then get emergency help

*Call the doctor's office or the nurse hotline if your child*
- Has something in the eye that does not come out with flushing
- Had something in the eye and it came out, but your child’s eye still bothers him
- Has a black eye and it is getting redder, it continues to hurt, or there is drainage from the eye

To treat at home
- If your child gets something in his eye
  - Do not press the eye or touch the surface of the eye
  - Wash your hands well before you touch your child’s eye or eyelids
  - Flush the eye. Tilt his head over a sink or basin with the hurt eye down. Gently pull down on the lower lid, and ask your child to open his eyes as wide as he can. Pour lukewarm (not heated) water from a faucet or pitcher over the eye. Do this for up to 15 minutes, checking every 5 minutes to see if the object is out or he is better
- If your child has a black eye
  - Put a cold compress on. Put it on for 5-10 minutes, then take it off for 10-15 minutes, then put it on again for 5-10 minutes and take it off again. Use the cold compress many times the first day or two, then switch to putting warm compresses on

*Continue to next page*
If your child is older than 2 years and has pain, you can give acetaminophen. Do not use ibuprofen, since that can increase bleeding.

For a child, prop the head up with a pillow when he goes to sleep. For an infant, do not use a pillow to prop up your baby. Put him in his car seat to keep his head up.

Tips

- Many eye injuries can be prevented
  - Keep chemicals away from children
  - Do not let them use or play with sharp things until they are old enough
  - Do not give your child toys that have sharp points
  - Make sure your child is in a good car seat sitting in the back when you drive, and put loose items in the trunk
Possible symptoms
A fever is:
- Mouth temperature at or above 99.4°
- Armpit temperature at or above 99.0°
- rectal (in the bottom) or ear temperature at or above 100.4°

If you take your child’s temperature by mouth or in the armpit (see “Taking Your Child’s Temperature”) you need to add to the reading, since those places are always cooler than in the rectum. A fever by ear thermometer is the same as a fever by rectal thermometer—100.4°.

Mouth temperatures are 1° less than rectal, so **add 1° to a temperature you measure in the mouth** to see if your child has a fever.

Underarm temperatures are 1.4° less than rectal, so **add 1.4° to a temperature you measure in the armpit** to see if your child has a fever.

- Other symptoms are
  - Warm forehead
  - Chills
  - Sweating
  - Lack of energy
  - Muscle aches

What to Do?
**Call 911 or go to the emergency room if your child has a fever and**
- Has signs of severe dehydration, with symptoms like very little urine, sunken eyes and no tears, and wrinkly, dry skin (see “Dehydration”)
- Can’t stop vomiting (see “Vomiting”)
- Is having a lot of trouble breathing
- Has bluish or gray lips or fingernails
- Has a very stiff neck
- Is confused
- Is limp
- Is hard to wake up

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Call your doctor’s office or the nurse hotline if your child

- Has an armpit temperature of 99.0° or more or above 100.4° rectally and is less than 3 months old
- Has a temperature above 102° rectally and is older than 3 months
- Has signs of mild-to-moderate dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)
- Has a convulsion or seizure (see “Seizures”)
- Is having trouble breathing
- Has a very bad headache or a stiff neck (see “Headache”)
- Has pain on the right side of his stomach. This could be appendicitis (see “stomachache”)
- Looks very sick
- Is less than 2 years old and has a fever for more than a day
- Is older than 2 years and has fever for more than 3 days

To treat at home

- Try to figure out the cause of the fever. That will help you know if the fever is serious or not and help you decide what to do
- Check the Health Manual to see what to do about other symptoms your child has
- Give your child plenty of fluids
- If your child is over 2 years, you can give him ibuprofen or acetaminophen to lower the temperature or treat your child’s aches and pains. Never give aspirin to your child unless the doctor says to

Tips

- Normal temperatures are:
  - Mouth—about 98.6°
  - Armpit—about 98.2°
  - Ear—about 99.6° or lower
  - Rectal—about 99.6°
Breathing Problems

Flu

Possible symptoms
- Fever and chills
- Headache
- Muscle aches
- Weakness and being tired
- Dizziness
- Cough
- Sore throat
- Diarrhea, nausea, or vomiting

What to do?
*Call your doctor’s office or the nurse hotline if your child*
- Seems very sick
- Has a high fever (see “Fever”)
- Seems to get better, but then gets worse than before
- Has signs of dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)

To treat at home
- Allow your child to rest as much as possible
- Do not force your child to eat
- Give him plenty of fluids
- If your child is over 2 years, you can give him ibuprofen or acetaminophen to lower the temperature or treat his aches and pains. Never give aspirin to your child unless the doctor says to
- If your child is younger than 2 years, check with your doctor before giving medicine

Tips
- If your child is 6 months to 5 years old, check with your doctor about getting him a flu shot
- If your child has asthma or another chronic health problem, check with your doctor about getting him a flu shot each year
- Wash your hands a lot so that you don’t get sick, too
Head Injuries

Possible symptoms
- Pain
- Bleeding
- Raised area, bump, or bruise
- Being cranky
- Trouble walking
- Trouble talking
- Trouble seeing
- Nausea or vomiting
- Seizures
- Loss of consciousness

What to do?
Call 911 or go to the emergency room if your child
- Is unconscious (Do not move your child. Call 911 in case he has a neck injury If your child is unconscious and vomiting, keep his neck straight while you turn him onto his side so he doesn’t breathe in the vomit)
- Is not breathing in his usual way
- Is hard to wake up
- Has blood or clear fluid coming from his nose, ear, or mouth
- Has a problem with talking or seeing
- Is weak or not able to move part of his body that is not injured
- Is dizzy
- Has neck pain or stiffness (Do not move your child. Call 911 if you think he has a neck injury)
- Has a seizure
- Vomits more than 2 times
- Moves his bowels or urinates when he doesn’t mean to

Call the doctor’s office or the nurse hotline if your child
- Is an infant and has a head injury
- Has lost consciousness, even for an instant
- Won’t stop crying
- Has signs of a concussion. This includes nausea, headaches, blurred vision, hard time thinking, trouble with balance, being tired, and feeling anxious

To treat at home
- Put on an ice pack or cold pack on the hurt area for 20 minutes. If you use ice, wrap it in a washcloth, towel, or sock
- Watch your child for the 24 hours after the injury. If you notice any danger signs like the ones in the sections above, call your doctor’s office
**Tips**

- If your child has a serious head injury, do not try to clean it
- Do not put pressure on the head if you think he might have a skull fracture
- Many head injuries can be prevented
  o Make sure your house is child-proofed
  o Make sure your child is in a good car seat sitting in the back when you drive, and put loose items in the trunk
  o Put gates or barriers in place so your child does not fall down stairs
  o If your child plays sports, rides a bike, or skates, make sure he wears a helmet and other equipment to protect him

Most times you do not need to keep your child awake after a head injury. If his color and breathing looks normal, you can let him sleep. If he does not look normal to you, wake him a little bit. If he fusses and then settles down, he is ok. If he does not fuss and you can’t wake him, call 911.
Possible symptoms
- Pain, pressure, or tightness in the head
- Throbbing or pounding on one or both sides of the head
- Seeing spots or halos
- Being bothered by light

What to do?
*Call 911 or go to the emergency room if your child*
- Has other serious symptoms with the headache, like is less alert or having continuous vomiting or bad neck pain
- Has a headache after a serious injury to the head or loss of consciousness (see “Head Injury”)

*Call the doctor’s office or the nurse hotline if your child*
- Has headaches that happen once a month or more
- Have other symptoms with the headache, such as vomiting (see “Vomiting”), tingling, weakness, fever (see “Fever”), skin rash (see “Rash”), or neck pain or stiffness
- Has headaches that keep him from going to school or taking part in his normal activities
- Looks sick

To treat at home
- If your child has a mild headache, try stopping some of the possible causes. For example, if your child has been watching a lot of TV or been on the computer a long time, have him do something else. If there is paint or other strong smells in the room, take him outside. If he is tired, have him take a nap
- Let your child rest in a dark room
- Put a cool moist cloth on his forehead and eyes
- If your child is over 2 years, you can give him ibuprofen or acetaminophen to treat his pain. Never give aspirin to your child unless the doctor says to
- If your child is younger than 2 years, check with your doctor before giving medicine
Impetigo (Skin Infection)

Possible symptoms
• Itchy blisters or sores that grow larger day by day. They can burst and ooze. They are usually on the face (around the nose and mouth), hands, or forearms.

What to do?
Call your doctor’s office or the nurse hotline if your child
• Might have impetigo. He may need an antibiotic.
• Is being treated for impetigo but his skin is not getting better after 3 days.
• Is being treated for impetigo and he gets a fever (see “Fever”).
• Is being treated for impetigo and the area around the rash becomes red or warm, or it hurts when you touch it.

Tips
• Keep his bed linens, towels, and clothing apart from the rest of your family’s so you don’t spread the impetigo. Wash his linens in hot water.
• Do not send your child to school or day care until the impetigo crusts over.
• Keep cuts, scrapes, bug bites, or other skin problems clean. Impetigo often occurs in skin that is already damaged.
• Don’t touch the sores. Wash your hands a lot, so you don’t get it, too.
Itching

Possible symptoms

- Rash
- Scratching
- Your child complains of itching
- Your infant wiggles and appears uncomfortable

What to do?

Call your doctor’s office or the nurse hotline if your child

- Has hives (raised, red, circular areas all over the body)
- Has total body itching
- Has bad itching and it gets better, but it keeps coming back
- Started itching after you gave him medicine
- Has other symptoms in addition to itching and you don’t know what the cause is
- Looks sick or has a high fever (see “Fever”)
- Has severe itching that lasts for more than a couple of days, and it is not clear why he is itching

To treat at home

- Try to figure out the cause of the itching. This may help you treat it. Common causes include bug bites and stings (see “Bug Bites and Stings”), dry skin, eczema (see “Eczema”), sunburn, allergic reactions (see “Allergies”), and childhood infections. If the child’s scalp is itching, he may have lice (see “Lice”) or cradle cap (see “Cradle Cap”)
- Try to keep your child from scratching or rubbing the itchy area
- Keep fingernails short so he does not hurt his skin from scratching
- Use warm water with mild soaps to bathe your child. Rinse well
- Do not scrub your child too hard when you clean him or rub him too hard to dry him
- Do not use soaps with smells added
- If the skin is dry, use lotions and creams to keep it moist, and always put them on after your child’s bath.

Tips

- If you have recently changed laundry soap, skin lotions, or other products that touch the skin, go back to the old brand and see if the itching stops
Lice

Possible symptoms
- Itching scalp
- Tickly feeling in the hair
- Red bumps or sores on your child’s scalp from scratching
- Seeing nits, which are the eggs, on the scalp—these look like dandruff, but you can’t get them off by brushing
- Seeing lice moving around on the scalp

What to do?
Call your doctor’s office or the nurse hotline if your child
- Has just as many lice moving on their scalp 7-10 hours after treatment. The medicine may not be working and your child may need to use a prescription
- Has lice after 2 weeks of treatment
- Looks like their scalp is infected, for example, with pus or sores

To treat at home
- If your child is over 2 years old, get an over-the-counter medicine, such as Nix® or Rid®. Follow the directions for treatment. Do not use a cream rinse or conditioner before using these treatments. After treatment, pick out the remaining lice and nits. Most over-the-counter medicines will call for you to treat the child again after 7-10 days
- If your child is less than 2 years old, remove the nits by hand. Do not use over-the-counter medicines unless your doctor tells you to
- Clean hair brushes, combs, barrettes, and other items that might spread lice eggs from one person to another. Soak brushes and combs in alcohol, Lysol, or hot, soapy water for at least 15 minutes
- The nits live on clothing and other fabrics. Wash all your child’s clothes in hot water and dry them in a hot dryer for at least 20 minutes
- If the item cannot be washed, dry clean it or store it in a sealed plastic bag for 10 days. This includes any clothes, bed linens, stuffed animals, and plush toys that can’t be washed
- Vacuum all carpets and upholstered furniture, including in your car, where the infected child plays or rests their head

Tips
- Tell your child not to share brushes, combs, hats, or clothing with other children to keep him getting lice
- Recheck his head and the heads of other family members for nits every 2-3 days for a few weeks after treatment
- Many schools and day care centers will not let your child stay in school with lice.
- You should tell the school or daycare if your child has lice so they can let other parents know to check their children
Lung Infections, Pneumonia

Possible symptoms
• Fever and chills (see “Fever”)
• A hard time breathing, shortness of breath
• Very fast breathing
• Cough (see “Cough”)
• Thick mucus that is green, dark yellow, or rusty colored
• Wheezing (See “Asthma”)
• Pain in the chest during deep breaths
• Little appetite
• Low energy

What to do?
Call 911 or go to the emergency room if your child
• Is having a very hard time breathing, like
  o Is too short of breath to talk easily
  o Is using extra muscles to breathe. This shows up as areas between his ribs or at the bottom of his neck that get sucked inward in as he breathes in
• Is bluish or gray in his fingernails or lips
• Seems to be tiring out from breathing hard

Call the doctor’s office or the nurse hotline if your child
• Is short of breath
• Is coughing up thick mucus that is green, dark yellow, or rusty colored
• Has a high fever (see “Fever”)
• Has signs of dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)

To treat at home
• If you think your child has a lung infection or pneumonia, you need to contact the doctor

Tips
• Keep your child’s immunizations up to date to keep him from getting some kinds of pneumonia
  Try to soothe your child. Crying or being upset makes breathing more difficult
Nosebleed

Possible symptoms
- Bleeding from the nose

What to do?
Call 911 or go to the emergency room if your child
- Is gushing blood
- Is bleeding and you can’t stop it
- Is weak or dizzy from losing blood
- Is bleeding after a fall or being hit in the head

Call the doctor’s office or the nurse hotline if your child
- Has frequent nosebleeds
- Has put something in his nose
- Bruises or bleeds easily or has heavy bleeding from small cuts
- Recently started a new medicine
- Is still bleeding after you put pressure on the nose for 20 minutes

To treat at home
- Squeeze the nose between your thumb and forefinger just below the hard portion of the nose
- Apply pressure for 10 minutes. If your child’s nose is still bleeding when you let go, put pressure on for 10 more minutes. If it’s still bleeding after that, you’ll need to call the doctor’s office or take your child to the emergency room
- Do not pack the nose with gauze or tissue, and do not lean your child’s head backwards

Tips
- Try to keep your child from picking his nose
- Keep your child’s fingernails cut and clean
- Nosebleeds are more common in winter when colds and dry heated indoor air are common
- If your child gets a lot of nosebleeds, use a saline (salt water) nose spray to keep his nose moist
- Use a cool mist humidifier to keep your child’s room moist
Pinkeye (Conjunctivitis)

Possible symptoms
- Burning or itchy eyes
- A feeling like there is sand in the eyes
- Discharge from the eyes
- Redness of the eyes
- Tearing eyes

What to do?
*Call the doctor’s office or the nurse hotline if your child*
- Has symptoms of pinkeye. There are different causes for red, teary eyes. You want to make sure you use the right treatment
- Has symptoms that get worse after a few days, even with medicine from a doctor --- the eye gets worse or your child gets a fever (see “Fever”). This can mean that the infection is spreading to other parts of the eye

Tips
- Pinkeye can be very contagious. Wash your hands and towels and washcloths a lot so that you don’t get it, too. Don’t share towels or washcloths with the child who has pinkeye
- Cool or warm, moist washcloths on the eyes may help him feel better. Make sure you wash them well after they touch your child’s eye
- Be careful not to let the eye medicine touch the eye or get contaminated (see “Giving Medicine”)

To remove discharge from your child’s eye, wipe the eye four or five times throughout the day with a clean cotton ball soaked in cool water. Always wipe from the part of the eye near the nose towards the part of the eye near the ear
Pinworm

Possible symptoms
- Itching around the rectum (on the bottom), which is worse at night
- Reddened, sore area around the rectum
- Vaginal discharge in a girl
- Seeing worms in the toilet or on your child’s underwear (they look like tiny pieces of thread)

What to do?
*Call your doctor’s office or the nurse hotline if your child*
- Complains his bottom itches
- Is always scratching his bottom
- Has worms in the toilet or on his underwear

Tips
- Remind your child to wash his hands after using the toilet and before eating
- Try to keep him from scratching or rubbing the itchy area. Keep fingernails short so he does not hurt his skin from scratching
- Routine cleaning will help keep your family from getting pinworm. Wash your bed linens and pajamas regularly
Poison Ivy, Oak, and Sumac

Possible symptoms

Note: it takes 2-3 days to get the poison ivy rash after your child touches poison ivy, oak, or sumac.

- Itchy or burning rash of small bumps
- Small bumps that blister and may ooze clear fluid
- Small bumps or blisters that make straight lines or streaks on the skin

What to do?

**Call 911 or go to the emergency room if your child**

- Has had a severe allergy in the past to poison ivy, oak, or sumac
- Has swelling around his nose or mouth
- Is short of breath or has chest tightness
- Sounds hoarse or is having trouble talking
- Has redness or swelling all over his body
- Is dizzy or lightheaded

**Call the doctor’s office or the nurse hotline if your child**

- Has a rash that covers a lot of his body or is on the face or genitals
- Has a rash that is getting worse
- Looks like his skin might have an infection. Signs of infection are increased redness, warmth, pain, and swelling. If you see pus, call your doctor’s office

**To treat at home (see also “Rash” and “Itching”)**

- If you think your child has touched poison ivy, oak, or sumac, wash his skin with soap and water as soon as you can
- Try to keep your child from scratching or rubbing the itchy area. Keep fingernails short so he does not hurt his skin from scratching
- Use calamine lotion for the itch. Do not put calamine on his face, especially near his eyes, or on his genitals
- If your child is older than 2 years, you can give an oral antihistamine, like diphenhydramine (Benadryl®). Do not use a cream or lotion with an antihistamine in it, because that can make the rash worse
- If your child is younger than 2 years, do not give an oral antihistamine without checking with your doctor’s office
- Use cool compresses or an ice pack to lessen itching
- Wash all the clothes that he wore when he touched the poison ivy, oak, or sumac
- Wash your pets if they might have touched the poison ivy, oak, or sumac

Continue to next page
Tips

- Teach your child what poison ivy, oak, and sumac look like
- If your child is going into the woods, dress them in long-sleeved shirts and pants
- If your child thinks his clothes touched poison ivy, oak, or sumac, take them off him and wash them
- Wash your child’s hands after he comes in from outside
General Symptoms

Poisoning

Possible Symptoms (this is not a complete list)
- Abdominal pain, nausea, or vomiting
- Severe pain when swallowing
- Muscle twitching
- Convulsions or seizures (see “Convulsions and Seizures”)
- Blurred vision
- Red or burned-looking skin

What to Do?

If your child has collapsed or is having a lot of trouble breathing or having seizures due to poisoning or seems very sick, call 911 or take him to the emergency room.

Otherwise, call Poison Control right away: 1-800-222-1222

Swallowed poisons
- Do not give the child anything to eat or drink before you call Poison Control
- Do not make the child throw up or give Ipecac unless the Poison Control Center tells you to

Breathed poisons
- Get the child to fresh air and call Poison Control

Poisons on the skin
- Remove contaminated clothing. Rinse the child’s skin with water. Call Poison Control

Poisons in the eye
- Flush the child’s eye using a large cup filled with lukewarm water and poured from 2-4 inches from the eye. Call Poison Control
Skin and Hair

Rash

Possible symptoms
- Spots or blotches on skin
- Scaly skin
- Itchy and uncomfortable skin

What to do?

Call 911 or go to the emergency room if your child
- Gets a rash that came on suddenly and he is having trouble breathing or swallowing
- Has a purple or blood-colored rash and fever. This could mean the child is bleeding inside

Call the doctor's office or the nurse hotline if your child
- Also has other serious symptoms you can’t explain
- Has hives (raised, red, circular areas all over the body)
- Has itchy blisters or sores that grow larger day by day. They can burst and ooze. They are usually on the face (around the nose and mouth), hands, or forearms. (See “Impetigo”)
- Has little, flat, red spots on his body that do not go away when you press them. These could mean a problem with bleeding
- Has a rash that does not get better after 3 days of home treatment
- Has areas that look like they might be infected. Infected skin can be red, warm, and painful, or with swelling or pus
- Is a newborn and has blisters or pus-filled pimples

To treat at home
- Try to figure out the cause of the rash. This may help you treat it. Common causes include cradle cap (see “Cradle Cap”); diaper rash (see “Diaper Rash”); and Eczema (see “Eczema”); and poison ivy, oak, or sumac (see “Poison Ivy, Oak, and Sumac”)
- Fifth (“slapped cheek”) disease is common in winter. It makes the child feel tired and gives him bright red cheeks. In 1-2 days the rash spreads all over the body. Unless he has a chronic disease, fifth disease will go away on its own
- Heat rash shows up as tiny red pimples, bumps, or spots. It is most often on the back of the neck or lower back, but it can be on other parts of the body, too. Treat it by cooling your baby or child off, airing the area, or putting a cool washcloth on the rash
- Try to keep him from scratching or rubbing the rash if it itches. Keep fingernails short so he does not hurt his skin from scratching
- If the skin is dry, use lotions or creams to keep the skin moist, and always put them on after his bath
- Use cold compresses to decrease itching or pain
Possible symptoms

- Pain in throat
- Difficulty swallowing
- Hoarse voice
- Your baby will not eat or cries while feeding
- If your child has a Strep throat, they will probably not have a runny nose, but they may have fever, nausea or stomach pain, and pain in their neck from swollen glands. They may also look like they don’t feel well

What to do?

Call 911 or go to the emergency room if your child

- Is having trouble breathing
- Has bluish or gray lips or fingernails

Call the doctor’s office or the nurse hotline if your child

- Has a high fever (see “Fever”)
- Looks ill
- Is having a hard time swallowing
- Is drooling or having trouble swallowing his saliva
- Also has neck pain
- Also has stomach pain, loss of appetite, or nausea
- Also has a rough, red rash all over his body
- Has signs of dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)
- Has been in contact with someone with a Strep throat

To treat at home

- If your child also has a runny nose, hoarseness, cough, and red eyes, he probably has a virus (see “Colds”), and you can treat him at home without calling the doctor.
- If he has a high fever, nausea and stomach pain, or seems very sick, he may have Strep throat and may need antibiotics, so call the doctor
- Give him plenty to drink. Warm liquids, like water with lemon juice, can help a sore throat feel better. Cold drinks and popsicles may also help
- If your child is over 2 years, you can give him ibuprofen or acetaminophen to lower the temperature or treat his pain. Never give aspirin to your child unless the doctor says to
- If your child is younger than 2 years, check with your doctor before giving medicine
- Throat lozenges can help. Do not give them to a child younger than 4 years old, who can choke on them
- A cool-mist vaporizer may help him feel better by helping keep his throat moist

Continue to next page
**Tips**

- If your child has throat pain only when they cough, not when they swallow, it is probably not a Strep throat
- Infants do not usually get Strep throat
- Keep his dishes, eating utensils, and drinking glasses separate from the rest of your family’s so that the illness does not spread
- Make sure he covers his mouth and nose with his arm or a tissue when he coughs or sneezes so he does not pass the sickness to others
- Wash your hands a lot, so that you don’t get sick, too
- Breathing through the mouth can sometimes cause a sore throat. It may get better if he drinks something. If he wakes up with a sore throat that goes away after he eats and drinks, his pain may be due to mouth breathing at night
- Allergies (see “Allergies”) can sometimes cause a sore throat. If your child’s allergies are bothering him, call your doctor’s office
Splinters

Possible symptoms
- Pain
- Small piece of wood or an object in the skin
- Red, swollen, warm, tender skin

What to do?
*Call the doctor's office or the nurse hotline if your child*
- Has a splinter that is too deep to take out easily
- Is too upset for you to be able to get the splinter out
- Has an area that gets red and swollen, or there is pus, even if the splinter has been taken out
- Has a splinter that is under a toe- or fingernail and you can’t get it out

To treat at home
- If the splinter is very small and is sticking out, you may be able to take it out by pressing a piece of tape over it and then pulling the tape up
- If the end of the splinter is sticking out, use a pair of tweezers to grab the end of the splinter pull it along the direction it entered
- At times, splinters may be deep in the skin. Clean the skin with rubbing alcohol. Clean a small sewing needle with alcohol. Use the needle to gently create a small slit over the splinter. Then take the splinter out with a tweezers
- When the splinter is out, wash the area with soap and water
- If you can’t get the splinter out and it is small, you can see if it comes out itself in a couple of days. Soak the area twice a day in warm water with a tablespoon of baking soda added

Tips
- Very deep splinters may have to be taken out by a doctor. Some splinters are in so deeply that the doctor may need to give a shot of pain medicine to be able to take them out
Intestinal

Stomachache

Possible symptoms
- Abdominal cramps or pain
- Gassiness

What to do?

Call 911 or go to the emergency room if your child
- Has signs of severe dehydration, with symptoms like very little urine, sunken eyes and no tears, and wrinkly, dry skin (see “Dehydration”)
- Seems very sick

Call the Poison Control Center (1-800-222-1222) if your child may have eaten a poison (see “Poisoning”), unless the child seems very sick. If the child seems very sick, call 911 or go to the emergency room

Call the doctor’s office or the nurse hotline if your child
- Is doubled over, pulls up her legs to his belly, or is in so much pain he is having trouble walking
- Has vomiting or diarrhea and the pain is worse after a few hours (see “Vomiting” and “Diarrhea”)
- Has a high fever (see “Fever”)
- Has pain on the right side, especially with fever or nausea and vomiting (this could be appendicitis)
- Has forceful vomiting that gets worse over time (see “Vomiting”)
- Has blood in his stools
- Has frequent or long-lasting stomachaches and is not growing normally
- Has signs of mild-to-moderate dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)

To treat at home
- Give him plenty of fluids
- A hot water bottle or warm compress on his stomach may help him feel better
- Do not give medicine for a stomachache unless the doctor says to

Tips
- There are many causes of stomachaches. Figuring out the cause is easier if you pay attention to other symptoms your child has with the stomachache
- Do not force your child to eat
- Wash your hands a lot so that you don’t get sick, too
Strains, Sprains, and Dislocations

Possible symptoms
- Pain
- Swelling
- Hard to move the part that is hurt

What to do?
*Call 911 or take child to the emergency room if your child*
- Has an injury that involves the back or neck. Do not move the child. Call 911
- Might have broken a bone
- Has a hurt part that looks bent or not shaped right
- Has a hurt part that is very painful when it is touched or moved or is numb and feels like “pins and needles”
- Can’t walk on the hurt leg or can take only a few steps

*Call the doctor’s office or the nurse hotline if your child*
- Cannot rest the hurt part. This can keep it from healing. The doctor may give your child a brace or find some other way to let the hurt part heal
- Has a hurt part that is not getting better after about 5 days
- Has signs of infection, like the skin turning red or warm over the hurt part

To treat at home
- Rest the hurt part of the body for the next 2 days, unless it gets better faster than that. Resting is very important for good healing
- Put an ice pack or cold compress (like a bag of ice in a towel) on the hurt part right away. Do this for the next 2 days for 15 minutes at a time, 6 to 8 times a day
- Have him wear an elastic bandage, like an ACE bandage, for at least 2 days if it is very swollen
- Raise the injured part higher than the heart. This will lessen the swelling
- After 2 days, stop putting on cold compresses and put a heating pad or warm compress on 3 or 4 times a day
- If your child is over 2 years, you can give him ibuprofen or acetaminophen to treat his pain. Never give aspirin to your child unless the doctor says to
- If your child is younger than 2 years, check with your doctor before giving medicine
Sunburn

Possible symptoms
• Pink or red skin
• Blistered, painful skin
• Eye pain when looking at bright light
• Peeling and itching skin a few days after the burn

What to do?

*Call your doctor’s office or the nurse hotline if your child*
• Has a sunburn that forms blisters (unless there are just a few blisters and they are less than ½ inch big)
• Has sunburn that is very, very painful
• Becomes swollen in the face from the sunburn
• Has a burn that covers a large area
• Gets a fever (see “Fever”) or chills, a headache (see “Headache”), confusion, nausea, or feels faint after sunburn. These could be signs of heat stress
• Has signs of dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)
• Has skin that looks infected. Infected skin can be red, warm, and painful, or with swelling or pus
• Can’t look at bright lights because of eye pain
• Is less than a year old and is sunburned

To treat at home
• Remove your child from the sun right away, even if the child is only a little sunburned. Symptoms of sunburn may not peak for 24 hours
• Place him in a cool (not cold) bath or apply a cool compress several times a day
• Put lotion or cream on the skin to keep it moist. Do not use a product that has Benadryl in it on the skin
• Offer extra fluids for 2-3 days
• If your child is over 2 years, you can give him ibuprofen or acetaminophen to treat his pain. Never give aspirin to your child unless the doctor says to
• If your child is younger than 2 years, check with your doctor before giving medicine
• Do not let him get any more sun on the burned areas

Tips
• Prevent sunburn by:
  o Covering your child up with clothes, like long sleeves
  o Using sunscreen with an SPF of at least 15 for children older than 6 months. Put it on 30 minutes before your child goes into the sun. Put on more sunscreen every 2 hours. Put sunscreen on more often if your child goes into the water or is sweating a lot
- Protect your child’s eyes by having him wear sunglasses and a wide-brimmed hat.
- If your child is younger than 6 months, try to avoid sunburn by keeping him in the shade or covered. Do not use sunscreen unless you have no other way to protect him from the sun.
Vomiting

Possible symptoms
- Throwing up of food or liquid (Note: spitting up a little bit after a feeding is normal in an infant, but if most of the meal comes up, this is vomiting)

What to do?
Call 911 or go to the emergency room if your child
- Has signs of severe dehydration, with symptoms like very little urine, sunken eyes and no tears, and wrinkly, dry skin (see “Dehydration”)
- Looks very sick
- Has a fever and can’t stop vomiting
- Vomits blood
- May have eaten a poison and seems very sick

Call the Poison Control Center (1-800-222-1222) if your child may have eaten a poison (see “Poisoning”), unless the child seems very sick, then call 911 or go to the emergency room.

Call the doctor’s office or the nurse hotline if your child
- Is under 1 month old
- Has forceful vomiting that gets worse over time
- Is still vomiting after 24 hours of only getting breast milk or oral rehydration solution
- Got better, but then starts vomiting again after he starts eating a normal diet
- Has vomiting after a head injury
- Has a high fever (see “Fever”)
- Is vomiting green or yellow-green fluid, brownish stuff that looks like coffee grounds
- Also has pain on the right side of his belly, especially with fever. This could be appendicitis
- Has signs of mild-to-moderate dehydration, like a dry mouth, dry eyes, and less urine than usual (see “Dehydration”)

To treat at home
- For infants 1 month to 1 year old
  - If you are breast-feeding, keep giving your baby breast milk if he wants it. You can also give him a teaspoon or 2 of oral rehydration solution between breast feedings.
  - If your baby is formula-fed, switch to oral rehydration solution (see below) until he has gone for 8 hours without throwing up. Then you can start giving him small amounts of formula.
Intestinal

- Use oral rehydration solution for babies who are formula-fed. Offer your baby a small amount of an oral rehydration solution, like Pedialyte®, Lytren®, or Infalyte®. Start with 2-3 teaspoons at a time, and give more if he keeps it down. For babies over 6 months, you can add ½ teaspoon of juice to each feeding or freeze the oral rehydration solution if your baby doesn’t like the taste of plain solution.
- Do not give your baby more fluid than he normally would drink. This could make him throw up more.
- Do not give plain water to your baby unless the doctor says to and tells you how much to give.
- For children older than 1 year:
  - Give up to 2 tablespoons of clear liquids (do not give milk) every 15 minutes. Good choices for liquids are ice chips, water, or frozen oral rehydration fluid pops.
  - If your child doesn’t throw up for 8 hours, you can start feeding him bland foods like saltine crackers, rice, and bread. But do not force your child to eat.
  - Wait 2-3 days before adding milk products back to your child’s diet.

Tips:
- Give your child a bowl or pan to vomit in so he does not have to get up to throw up.
- Add juice to unflavored oral rehydration solution or freeze it if your baby doesn’t like the taste.
- Help your child brush his teeth after vomiting to take away the taste and get stomach acid off the teeth.
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