

Step By Step Pediatrics

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 Hours: Monday-Friday 7:45-5:00 p.m.
 Saturday morning hours seasonally

Pediatric Emergency Centers

Phoenix Children's Hospital
 (602) 933-1000

Cardon Children's Medical Center
 (480) 412-KIDS (5437)

FOR ALL INGESTIONS CALL POISON CONTROL 1-800-222-1222

After hours and weekend phone calls are for emergencies only. Limit your calls to those that are really necessary and cannot wait until the office opens. Please refer to the information below -- most questions will be addressed. If you fail to get a return call in 30 minutes, please call back. Please keep your line open and unblock your line.

PEDIATRIC EMERGENCIES CALL YOUR DOCTOR IMMEDIATELY DURING OFFICE HOURS FOR: (AFTER HOURS GO DIRECTLY TO THE EMERGENCY ROOM)

- Infant <2 months with fever > 100.4° rectally.
- Fever and/or pain in back of neck, or stiff neck in an ill child.
- Fever >105° if cause of fever is unknown. (Common with strep, influenza, and other viral illnesses.)
- Head injury involving loss of consciousness, persistent vomiting, and lethargy.
- Signs of dehydration (dry mouth, sunken eyes, lethargy, no urination over 8 hours.)
- Lethargy or difficulty arousing a child (Especially if fever, vomiting, diarrhea, or head injury.)
- Labored and persistent rapid breathing: > 60 times/min. < 1 year of age > 50 times/min. > 1 year of age
- Severe pain in the right lower side that persists >2 hours in an ill child.
- Extreme irritability or persistent inconsolable crying for >2 hours.
- An injured extremity that is misshapened or crooked.

FOR NON-URGENT PROBLEMS, SEE INSTRUCTIONS BELOW

FEVER - Most fevers are beneficial to help fight infection. If the child is uncomfortable and is > 3 mo. of age, please give Tylenol. If child is > 6 mo., you may give Tylenol and/or Motrin if fever is > 102° or persistent, or if child has significant pain/discomfort. Call in a.m. for appointment if fever or pain persists unless signs of emergent illness exist (see left). Fever under 106° does not damage a child's brain and most can be safely observed and treated until the office opens.

COUGH - A cough is a protection mechanism to clear mucus from the airway and doesn't require treatment unless it inhibits sleep, produces vomiting, or if your child has asthma, wheezing, and/or labored breathing. If you have medication for treatment of asthma at home, administer a dose and observe. If after usual treatment is given there is no improvement or if condition worsens, call your doctor.

COUGH & CONGESTION IN < 6 MONTHS OLD - Use saline nose drops and bulb suction to remove nasal discharge. Elevate head of bed, use a room vaporizer or humidifier. Over the counter decongestant/cough medicine is not routinely recommended under 4 years of age because of side effects.

CROUP - Croup is a seal-like barking cough caused by a virus. Keep child calm, provide cool mist humidifier, and offer fluids. If tight cough persists, sit in steamed-up bathroom or take outside in cool moist air to decrease cough. If still severe after 15 minutes or if child's lips or nails turn blue or dusky, has difficulty swallowing (drooling or spitting) or is worsening at any time, go to the Emergency Room or call 911.

VOMITING AND DIARRHEA - If breastfeeding, continue to do so. All others should be given Pedialyte in small amounts frequently for 12-24 hours, then slowly advance diet. Frozen Pedialyte popsicles are an excellent alternative. Call if signs/symptoms of dehydration (see left). Avoid juices (diarrhea worsens) or excessive water intake (can cause electrolyte abnormalities).

CONSTIPATION - For infants >4 months old give 1-2 oz. of prune juice, 1-2 times/day. For older children, prune juice and fiber will help with constipation. Excessive milk intake in children >1 year old can cause constipation. If unable to pass stool call in a.m. for an appointment.

EARACHE - Give Tylenol and/or Motrin to alleviate pain and/or fever. Call in a.m. for appointment.

SORE THROAT - Most are viral infections, especially if associated with cold symptoms. Strep throat occurs 10-20% of the time and should be ruled out especially if fever, headache, and/or abdominal pain/vomiting. Give Motrin and/or Tylenol, cool liquids, popsicles, etc. Call office in the a.m. for an appointment.

EYE INFECTION - Apply cool compress, gently wipe drainage from eye. Call office in a.m.

RASH WITHOUT FEVER - These are usually not serious. May give Benadryl, oatmeal baths, and use 1% hydrocortisone cream if complaints of itching. If on antibiotic, stop using drug and call office in the a.m.

CHICKEN POX - Give Tylenol for fever and Benadryl for itching. May bathe frequently in oatmeal baths. Isolate from others until all lesions are dried. Call immediately for stiff neck, severe headache, or any change in level of consciousness. Call to talk with nurse in the a.m. to discuss medications to shorten the course of the illness.

BEE AND/OR BUG BITE - Place ice on area. Give Tylenol or Motrin for pain. Give Benadryl if complaints of itching. Call immediately or go to the Emergency Room if wheezing, difficulty breathing, throat or chest tightness occurs or if patient has had previous serious allergic reaction to this insect in the past or if this incident involves >5 stings.

Age	Weight	Tylenol Susp (160mg/5cc) Every 4 Hours	Motrin/Advil Infant Drops (50mg/1.25cc) Every 6 Hours	Motrin/Advil Susp (100mg/5cc) Every 6 Hours	Benadryl (12.5mg/5cc) Every 6 Hours
<3 months		DO NOT USE	DO NOT USE	DO NOT USE	DO NOT USE
3-6 months	6-11 lbs.	1.25 cc (1/4 tsp)	DO NOT USE	DO NOT USE	DO NOT USE
6-11 months	12-17 lbs.	2.5 cc (1/2 tsp)	1.25 cc	2.5 cc (1/2 tsp)	2.5 cc (1/2 tsp)
12-23 months	18-23 lbs.	3.75 cc (3/4 tsp)	1.875 ml	3.75 cc (3/4 tsp)	3.75 cc (3/4 tsp)
2-3 years	24-35 lbs.	5 cc (1 tsp)		5 cc (1 tsp)	5 cc (1 tsp)
4-5 years	36-47 lbs.	7.5 cc (1 1/2 tsp)		7.5 cc (1 1/2 tsp)	7.5 cc (1 1/2 tsp)
6-8 years	48-59 lbs.	10 cc (2 tsp)		10 cc (2 tsp)	2 tsp
9-11 years	60-95 lbs.	5 chewables		3 tsp	2 tsp

MEASUREMENTS:

1/2 tsp = 2.5 cc

1 tsp = 5 cc

1 1/2 tsp = 7.5 cc

ml and cc are the same