PEDIATRIC SERVICES
FOR YOUR NEW BABY

We Treat Kids With Care

Primary Care Services
Catholic Health System
We believe.
Our goal is to provide the highest quality health care for your child from birth through age 18. If you are new to our practice, we suggest that you make a pre-natal (before delivery of your child) visit with one of our providers to acquaint yourself with our services.

We encourage you to be educated about your child's health care needs through an emphasis on health maintenance and "wellness" visits (well-child checkups). We want you to know about your child's growth and development, and about routine childhood illnesses that may occur. Other opportunities for health education are available at our centers for patients, parents and their families, including nutritional counseling. All of these elements are designed to help keep your child healthy and to provide the best possible care in an efficient manner.

Through direct, personal contact with our patients and their families, we hope to build a trust that will encourage only medically necessary use of the emergency room, subspecialty referrals, and prescription medications. These forms of medical care are all very necessary when they are authorized by your child's health care provider. We know your children and are truly concerned with their health and welfare.

If your baby is born at Buffalo Mercy Hospital or Sisters of Charity Hospital, he/she will be seen by a health care provider affiliated with Mercy, Sister's or Kenmore Mercy Hospital. Lactation specialists are also available during your hospital stay to help you succeed at breast-feeding. This booklet is intended to serve as a guide to assist you during the first few exciting, yet sometimes confusing, weeks with your new baby.

Since each newborn is special and unique, there may be some flexibility in making decisions about how to care for your baby. Do not worry about spoiling your baby for the first 6 months of life; some babies are more demanding than others. As your baby grows and matures, he/she will be more content, less demanding, and will give you more time to rest. Consider the first weeks at home with your baby a "getting to know each other" period. Try to figure out and meet your baby's needs. Trust yourself and you will gain confidence in making decisions. You know your baby best.

We hope you enjoy our Pediatric Centers, and most importantly, we want you to enjoy your child and family throughout the years to come.
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Emergency Calls (Day or Night): Call 911 (Emergency Medical Services) for any life threatening emergency that requires immediate medical care (your child is not breathing, is severely choking, has been knocked unconscious, is having a seizure, etc.). For poisonings, call the Poison Control Center (716) 878-7654 or 1-800-222-1222.

General Questions: Save these for routine office hours. Make a list of your concerns and bring them with you to the routine visit. If your questions cannot wait, please call during the late morning or early afternoon office hours. This allows us to give immediate attention to those who are in the office already and those families with sick children who might need to be seen that day.

Minor Illnesses: Most can be treated at home until the office reopens. These include fevers less than 102.5°F in children over 4 months (unless your child is lethargic or inconsolable - not acting as expected for being sick), cold symptoms, ear infections, most rashes, constipation, sore throat, colic and behavior problems. Refer to our booklet or a childcare book for home management. If a problem persists, we will be happy to see your child during regular office hours.

Prescription Refills: Prescriptions will be refilled only during office hours because we need your child’s chart handy to check on dosages and disease status. Plan ahead so that you do not run out of important medicines. (Call at least 48 hours prior to your need to have a prescription refilled.) Always have the phone number of your pharmacy available when you call the office.

After-Hours, Weekend and Holiday Calls: If your child becomes ill or is injured after office hours or during a weekend or a holiday, your call to the office will go through our answering service. Please limit calls to emergencies or other urgent problems that cannot wait until morning. Have the following information available when you call (except emergencies):

- Your child’s main symptoms
- Your questions (please write them down)
- Your pharmacy’s telephone number
- Any chronic disease or health problem your child has
- Your child’s temperature if he or she is sick
- Your child’s approximate weight (for calculating drug dosages)
- The names and dosages of any medicines your child is taking

Always have a pencil and paper handy to take down instructions, and have your child nearby in case you need to check something about his or her condition.
IN THE NURSERY

Your newborn should be able to hear your voice. All hospitals are required by New York State law to perform hearing tests on every infant in the nursery. Newborns may follow your moving face or a bright object, and see best at 12 to 15 inches, the distance from being cradled in your arms to your face. They especially notice the contrast of patterns, even on your clothes, and have many facial expressions, including “practice smiles,” and with time, will smile responsively to your face.

All babies sneeze, yawn, burp, have hiccoughs, pass gas, cough, and cry. They may occasionally look cross-eyed. Sneezing is the only way a baby can clean his/her nose. Coughing is baby’s way of clearing his/her throat. Crying is his/her way of saying I’m hungry, wet, thirsty, or I want to turn over. Crying can also mean I’m too hot, too cold, I have a stomachache, or I’m bored. Even a “well baby” will probably cry for a little while each day and could cry for an hour or so occasionally without doing himself/herself any harm.

FEEDINGS

Feedings should be on a semi-demand schedule. Breast-fed infants will tend to feed more frequently than bottle-fed infants. During the first week, your infant should not go more than 3 or 4 hours without a feeding. Repeat feedings as often as every 1 or 2 hours at certain times may also be beneficial in consoling your infant. If the baby is not “spitting up,” then he/she is probably not being overfed.

Additional water is not necessary or encouraged, but 1-2 ounces of water at room temperature may be given if the baby is fussy soon after a feeding. Supplemental water should not significantly reduce the volume of feedings.

No other foods or liquids should be given to the infant during the first few months of life unless otherwise specified by your health care provider for a specific reason. Baby cereal at this age has not been shown to increase infant sleep time and therefore should be avoided during the first 3-4 months of life.
Breast-feeding is the ideal method for feeding due to its nutritional value, cost, immune factors, and maternal infant bonding. Many first-time mothers are anxious about breast-feeding and the ability to provide adequately for their infant. There are multiple avenues of assistance, both in the hospital and upon discharge from the hospital if you have any concerns.

During the first day of life, most infants do not require or receive a large volume of fluids. However, frequent feedings are still important during the first 2 days of life.

In the first few weeks, we urge you to nurse your baby as frequently as the baby wishes (up to every 1 ½ - 2 hours), and for the duration of time that the baby wishes to suckle (up to ½ hour). Frequent suckling is the best way to insure that the milk supply will become well established and that nursing your infant will be successful. Many theories on breast-feeding exist; currently it is recommended to feed your infant as long as possible (8-15 minutes) on one breast, then simply begin feeding on the other until the baby tires. The next breast-feeding should begin on the opposite breast. Most breast-fed babies will nurse 7-8 times in a 24-hour period.

Breast care should be discussed with the nursing staff and your obstetrician prior to leaving the hospital. It is important to eat healthy foods and drink lots of fluids while nursing. It is a good idea to drink some water every time you nurse. It is not necessary to drink milk to make milk, but calcium intake is important along with the other nutrients, and it is a good idea to continue your prenatal vitamins while breast-feeding. It is currently recommended that breast-fed infants receive vitamin D (especially during the winter months).

Supplementation with water, sugar water, or formula in the first few days or weeks of life is not necessary and not encouraged, as the first 2-3 weeks are the most essential for establishing milk production. We feel that this will insure that you and your infant will find breast-feeding a satisfying and successful experience.
FORMULA FEEDING

Formula feeding your infant may be your preference at this time. When choosing a formula for your infant, begin with a milk-based, iron containing formula. There is no evidence that the iron formula contributes to colic, diarrhea, or constipation. Additional vitamins are not necessary, (unless prescribed by your baby's health care provider) as they are present in the formulas. Newborns will take anywhere from 1 ½-4 oz. at each feeding, every 3-4 hours.

Strict sterilization of formula bottles is not necessary. We recommend washing your bottles and nipples in the dishwasher (or with hot tap water) and mixing your formula with cold tap water, after letting water run a bit first. Formula should be given to your baby at room temperature whenever possible.

We urge you to not use the microwave at all for warming baby's bottle. If you must use a microwave, recent guidelines on microwaving bottles and formula have indicated that a maximum of 40 seconds at "re-heating" power (not full power) be used. The bottle should be open, without the nipple and not sealed while in the microwave. The bottle should be shaken very well before feeding the baby, and tested on the parent's skin for temperature.

If you feel that maybe the baby's formula should be switched because of the baby's discomfort, it is necessary to contact the office first. Changing the formula should only be done with guidance from the office.

INTRODUCTION OF SOLIDS

Breast-feeding is all the nutrition a baby needs in the first 6 months of life. Some infants will seem ready for solid foods at 4 months of age. Signs that a child is ready to begin solid foods are: they wake more at night, are ready to grab your food from you, are able to take food from a spoon without spitting it back out, and they are consuming over 40 ounces a day of formula. Feedings will be discussed at the 4-month, well-child visit. Call our office if you have any questions about feedings before this visit. In general, solid foods can be introduced as follows:

- 4 month old………………. 1 meal/day
- 5 month old………………… 2 meals/day
- 6 month old ……………… 3 meals/day
The main foods you will begin with are cereals (rice, oatmeal, barley then mixed grained cereals last), fruits (bananas, pears, peaches, etc.), vegetables (yellow/orange, greens). Juices should be diluted with water if needed (no more than 4-6 oz. per day). Remember:

1. Do not give two new foods at once. (If they have a reaction you will not know what it is from.)
2. You may add a new food every 4 or 5 days.

Note: There is nothing magical or special about baby food. You can also puree fresh fruits and cooked vegetables to make your own baby food.

When you begin introducing solids, you can pick one meal time (breakfast, lunch or dinner) and start with rice cereal mixed with either breast milk or formula. Feed your baby the solids first then bottle or breast-feed once they are done. You can advance to 3 meals a day. Between 6 and 9 months most infants begin to use a cup and advance toward table foods and finger foods as follows:

- **9 months:** introduce dairy such as yogurt, cheese, and cottage cheese
- **12 months:** eggs, whole milk

If there is a strong family history of food allergies, we recommend not starting highly allergic foods like eggs and peanut butter until 3 years of age.

**SLEEP**

Babies must always sleep on a firm surface and not on a soft mattress or bedspread or waterbed. Pillows, sheepskins, and toys are discouraged. Recent recommendations from the American Academy of Pediatrics have stated that the preferred sleeping position is "on the back." There is now evidence that sleeping on the belly might be a contributing factor to crib death or SIDS (Sudden Infant Death Syndrome).

Sleep patterns in infancy may be extremely variable. Most newborn babies sleep for the majority of time between feedings. Do not be alarmed if your baby sleeps less than other babies that you know. Most babies do
not sleep through the night (7-8 hours) until at least 4-6 months of age. The sleep cycle during the first month of life often mimics the quiet periods that the infant had during the day or night while he/she was still in the mother’s womb.

Newborn infants may seem to have awkward breathing during sleep. This is usually not cause for alarm. Intermittent, rapid and shallow breathing can occur during different sleep states. Noisy breathing is also common. Even the smallest amount of mucus in the nose will create a noise when the infant breathes in; this is usually intermittent and not persistent. If the infant is sleeping at regular intervals and appears comfortable without difficulty in feeding, then a problem is not likely. You may consult the office for questions about these issues as they arise.

At this age, it is not possible to "spoil an infant." Therefore, it is alright to rock your baby to sleep without worry that the infant will become dependent on this. However, it is alright and preferred for the infant to be awake when put down to sleep, as this becomes the preferred situation after the first few months of life.

**ELIMINATION**

**BOWEL MOVEMENTS**

These will vary in frequency and character depending on the type of feeding. Breast-fed babies often have loose, yellow, seedy bowel movements; they may occur with each feeding or as infrequently as every 2-3 days. Formula-fed babies may have more semi-solid, pasty, or formed stools; these can occur 2-4 times daily to every 2\textsuperscript{nd} or 3\textsuperscript{rd} day.

If your baby’s individual pattern changes from his/her usual bowel movement pattern either with very loose/watery/frequent stools or vary hard/dry /dark stools, then the office should be notified. If the baby is neither irritable nor grunting with bowel movement, then there is no cause for worry. If the infant is crying during every bowel movement, then you should call the office for some simple advice. The health care provider may recommend an ounce of water and/or prune juice to help elimination.
ELIMINATION, COMMON CONCERNS

URINATION

It is a good idea to observe the stream of urine from your infant. A split stream, or no stream of urine (dribbling only), may be an indicator of potential problems, and therefore, should be reported to us. The number of wet diapers per day may vary based on the individual infant. Cleansing the diaper area after urination or bowel movement should be done with warm water on a non-abrasive clean cloth. Commercial baby wipes are not recommended during the first month of life, due to potential for contact irritation and excessive drying of the skin.

- **Diaper Rashes**: These are common during the first month of life. The best treatment for diaper rash is prevention, by keeping the diaper area as clean as possible. In general, no skin products are needed in the diaper area. However, Vaseline™, A & D Ointment™, or Desitin™ may be used to provide a protective barrier. Frequent diaper changes are necessary to help prevent a rash from developing. We do not recommend the use of any diaper powders. If a rash should develop, leaving the diaper off may be a helpful first step in clearing up the rash.

COMMON CONCERNS

BATHING

Bathing your infant in a tub is not essential during the first month of life. Certainly, areas of the infant’s skin may need to be cleansed with warm water and a soft clean cloth and towel dried. Only mild soaps designed specially for infants, or no soap at all, should be used. Oils or lotions are not routinely recommended except for very dry areas of skin, in particular after bathing or washing those areas with water. Eucerin™, Nivea™ or Aveeno™ cream for excessively dry areas are the least irritating to the infant’s skin. Excessive washing (daily) may lead to rashes, as the natural oils are washed off and the skin may become irritated.

CAR SEATS

The importance of using a car seat at all times cannot be over-emphasized. Car accidents are a leading cause of death in children from ages 1-4. Many more babies are killed because of not being placed in a car seat than from all the diseases for which babies receive vaccinations. New York State law requires the use of infant car seats to bring your baby home from the hospital. Instal
In simplest terms, colic implies an “irritable crying infant.” Colic can be due to stomach upset or formula intolerance or constipation. However, colic is more often due simply to a lack of self-soothing capability or the disorientation of the infant outside of the womb. About 10 percent of children have colic, and it has been seen in children from the beginning of time. It usually starts within the first three to four weeks of life and disappears by the third month.

Treatment just makes the baby easier to live with, but it probably does not make the colic go away at an earlier age. No one knows for sure what causes colic; it is probably related to your...
baby’s special temperament and determination. Remember that babies normally cry about 2½ hours per day. There are several things that you can do to help the crying. Different things work for different babies:

- Never allow the child to sleep for over four hours straight during the day. If he/she is going to cry, it might as well be during the daytime. This will help to keep down the amount of nighttime crying.

- Try to help the baby get to sleep with a pacifier, rocking chair, extra snuggling and cuddling, a front pack, bouncy chairs, buggy ride, warm water bottle against the stomach, music, etc. Try anything that you think might work. Take the baby for a ride in the car.

- If none of these measures quiet your baby and he/she has been fed in the last 2 ½ hours, by all means let the baby cry him/herself to sleep. Save your strength for when your baby really needs you. In addition, take some catnaps yourself during the day in case the night goes badly. Partners should take turns with the infant so both are not overly exhausted at the same time.

- Remember – special bottle, formulas, or medicines usually do not cure colic.

- Call our office immediately if you feel you might lose control with such a baby.

- Remember that colic tends to resolve by 3-4 months of age.

**COOL-MIST HUMIDIFIER**

A cool-mist humidifier is advisable to have on hand at home if the air is extremely dry, especially during the winter. Also, normal saline drops (saltwater nose drops) are recommended to have on hand for any nasal irritation. We advise you to call the office before instituting these measures to discuss your infant’s needs. Air conditioners are fine, as long as room temperature remains about 70° F.
COMMON CONCERNS

COUGHING
Coughing should be rare and infrequent. Any repetitive cough, or cough increasing in frequency should be noted and the office should be called.

CRADLE CAP
Cradle cap (scales/flakes on the scalp) is a normal occurrence. It may be left alone or rubbed with a soft washcloth with baby oil. Wash the baby's hair after applying the baby oil. When bathing the infant, you may use baby shampoo. Always protect the baby's eyes from these potential irritants.

DEVELOPMENT
A newborn infant is a bundle of reflexes with a lack of purposeful movements. The infant does not realize that he/she is a separate being from the mother. Newborn babies can make out black versus white, shadows, and possibly some facial expressions and moving objects. Infants seem to recognize mother by smell and voice; therefore, they appear to be more comfortable with mother than other caretakers. Startle reflexes are common; therefore, babies often prefer to be swaddled and do not like to be left with exposed skin or absence of contact on their arms and legs. Crying is one of the few ways an infant can communicate its needs to the parents. You will soon seem to understand what the baby needs when crying by the routines that the infant establishes.

FEVER
Fever is not normal for infants. During the first 3 months of life, any rectal temperature over 100.3°F as well as any axillary (armpit) temperature over 99°F should be reported to the office. Infants should NOT be given medications for fever at this age nor should an ear thermometer be used under 6 months of age. For more detail on fevers see page 16.

HICCOUGHS
Hiccoughs are normal spasms of the breathing muscle. They should not be cause for concern. Occasionally, offering the infant a little more to drink and burping him/her again may alleviate the hiccoughs. If the infant is comfortable, he/she may be left alone. Holding in the upright position and trying to burp the infant may also alleviate hiccoughs.
INFANT SWINGS

Infant swings should be avoided in the newborn period, as the infant has poor control of his or her body and head, and startles quite easily. (At around 4 months of age, the infant has much better control and the ability to correct its position).

JAUNDICE

Jaundice (yellowing of the newborn’s skin) is quite common and is due to many factors. Jaundice or yellow skin during the first 1-2 days of life will be addressed in the hospital and explained by your physician. More commonly, jaundice or yellow skin begins to occur on the 2nd day of life and reaches its peak on the 3rd or 4th day of life (maybe a few days later for prematurely born infants or breast-fed infants). This process is almost always a normal one, but is occasionally monitored by blood tests to insure safety for your infant. The parent’s role, once discharged from the hospital, in regard to jaundice is the following:

- Call the office if the whites of the eyes are appearing more yellow or the jaundice is spreading further down the chest and abdomen.

- Call the office if the baby’s feedings are decreasing in volume with decreased eagerness to feed as time goes on.

- Call the office if the baby seems to be very tired compared to previous days at home, with increased sleeping and difficulty waking to feed.

NAVEL (BELLY BUTTON):

The umbilical cord stump or navel should be kept as clean and dry as possible. Some health care providers recommend applying rubbing alcohol to the umbilical cord with each diaper change, however, it is not necessary. If you choose to use the alcohol, gently lift the umbilical cord stump to cleanse the area at the base of this stump where debris and bacteria may be trapped in the navel. A small amount of bloody discharge may be normal. Persistent foul-smelling discharge or redness of the skin surrounding the umbilical cord stump should be reported to the office.
PACIFIERS

Pacifiers may be useful in soothing babies and do not have any harmful effects in the newborn period, as long as they are single-piece pacifiers that are cared for properly. They should not be used unless necessary in breast-fed infants. However, we generally prefer that the child use their own hand and fingers to soothe themselves.

SAFETY

You want to do everything possible to assure a safe environment for your baby, beginning with the first car trip home from the hospital. You should always use an infant car seat whenever you take the baby for rides. There are many simple ways to assure your baby’s safety at home:

- Never leave the baby alone on a table or other high place, where he/she could roll off.

- Be sure that slats or rails on the crib and playpen are no more than 2½ inches apart, so the baby’s head cannot possibly get caught between them. The mattress should be firm, flat, and fit the crib snugly on all four sides. Keep the crib free of clutter. This means no pillow and no toys that the baby could become entangled in.

- Babies are attracted to colorful and shiny objects. Keep small objects like buttons and pins away from the baby’s reach so he/she is not tempted to pick them up and swallow them.

- A baby’s delicate skin can be burned easily. When you take the baby outside, protect him or her from the hot rays of the sun. Always test the water before your baby’s bath to be sure it is not too hot. Smoking around the baby is dangerous and should not be allowed. In fact, smoking should not be allowed in your home at all. Also, do not hold the baby while cooking or drinking hot beverages. Hot liquids, cooking fat, grease, or oil could splatter on the baby, or he/she could touch hot cooking pans or their contents.
SIBLINGS
Siblings react very differently, depending on their age, when a new baby is brought home from the hospital. Children over 3 years of age are almost always helpers and enjoy the newborn. Children less than 2 years of age may respond very differently, with anxiety and rivalry. Try to get siblings involved in the care of the infant. A “team” approach to child care may reduce rivalry. A gift brought home from the hospital for the sibling is often a helpful way to get started on this process. Remember ... Children between the ages of 2 and 3 will have variable responses depending on each family’s situation.

SMOKE
Smoke from cigarettes, fireplaces, and wood-burning stoves has been shown to be very irritating to the nasal passages and respiratory passages of newborn infants. These should therefore be avoided whenever possible when the newborn arrives home. Second-hand smoke has been shown to be an irritant to the respiratory system of all children. You should never allow anyone to smoke in your home.

SNEEZES
Sneezes are to be expected due to the mucus remaining in the nose from birth and due to a barrage of irritants in the air to a newborn infant’s nose.

SPIT UP
Spit up is normal for newborns. If spit up progresses to vomiting that becomes forceful and frequent (more than once in 24 hours), or contains the entire feeding, then the office should be called.

TEETHING
Many infants begin to drool at several months of age which announces the start of the teething process. Many will not get teeth until much later, usually between 6-12 months old. Anbesol™ and other products do not stay on the gums and tend to get drooled out, so they do not have much value to most babies.
Rubbing the gums with your finger or a cool washcloth, or use of teether is comforting to most babies. A freezing injury can occur if teether are frozen, so avoid this. Some children will get specific symptoms each time a tooth erupts, but there is no universal symptom (i.e. rashes, temps, loose stool, etc.) Once the teeth erupt they must be cleaned everyday with a wet gauze or washcloth. After 4-6 teeth erupt, use a soft toothbrush with water with your child lying on your lap, looking up at you, and you will see the teeth easily.

Never put your child to bed with a bottle, for this can cause severe decay of the upper front teeth. Breast-fed babies who fall asleep while nursing can also get cavities after the teeth erupt, so wipe the infant’s teeth daily.

TEMPERATURE CONTROL OF ENVIRONMENT

Keeping a comfortable temperature around the baby at approximately 68°-70° F is recommended. The infant should be dressed so they are comfortable in their surroundings. If the parent is content and relaxed with two layers of clothing, then the baby should also be in two layers. Usually the two layers will consist of an undershirt and then a cotton outfit.

The infant’s inside core temperature is more likely to fluctuate with temperature changes around them. This does not happen with adults. Extremes of temperature, both cold or hot, should be avoided. When dressing your infant, you should take this into consideration. It is alright for the baby to be exposed to outdoor air or fresh air. Direct contact of baby’s skin with sunlight is discouraged. Infants, however, should not be exposed to large groups of people, in particular, other children or anyone who might be sick at the time. Going out with your infant (such as to a grandparent’s home) is acceptable, but going to crowded places (such as a mall) where the infant will be handled by several people is NOT (until at least 2 months of age).

VAGINAL DISCHARGE

In infant girls, a white vaginal discharge or a small amount of bleeding is common and normal during the first few days or weeks of life. This is a natural occurrence due to leftover hormones from the mother and requires no treatment.
A rectal temperature above 100.3°F or an axillary (arm pit) temperature above 99.0°F in an infant under 3 months (12 weeks) of age MUST be called in to our office. These infants are still protected by their mother’s antibodies and will need to be evaluated to find the source of the infection.

For children over 3 months of age, a temperature should not be considered a fever until it reaches 100.4°F rectally. Too often normal temperature variations during the day are misinterpreted as abnormal. Temperature elevations can also be caused by excessive clothing or exercise within the previous half hour.

Fever in children is usually caused by a viral illness. Fever is the body’s normal response to infection. By itself, fever is not dangerous and will never go high enough to cause harm (even when over 104°F). It is fighting the infection. Fevers usually last two or three days and there are several things you can do to keep your child comfortable.

**MEDICINES**

Use Tylenol™, or other non-aspirin acetaminophen product for any of the following: the temperature is more than 101°F and the child is uncomfortable, or any fever that exists at bedtime. The proper dose is based on the child’s weight. Give the medication every four hours while awake. The dose should NOT be given any closer than every four hours. Acetaminophen may reduce the fever, but usually not return it to normal. (See dosage charts on page 17.)

There are some fevers that do not respond at all to fever medication. However, this is not cause to panic. Remember, the fever itself will not cause harm. If however, your child is lethargic and cannot be aroused or is irritable (crying or fussing without being able to settle to sleep) and not consolable, you should call your health care provider as soon as possible regardless of the actual temperature reading.
### CARING FOR FEVER

#### IBUPROFEN
*(Motrin, Advil)* every 6 to 8 hours

<table>
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<th>Age</th>
<th>Weight</th>
<th>Suspension 100 mg / 5 ml</th>
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<td>12 – 17 lbs.</td>
<td>½ tsp.</td>
</tr>
<tr>
<td>12 – 23 mos.</td>
<td>18 – 23 lbs.</td>
<td>1 tsp.</td>
</tr>
<tr>
<td>2 – 3 yrs.</td>
<td>24 – 35 lbs.</td>
<td>1½ tsp.</td>
</tr>
<tr>
<td>4 – 5 yrs.</td>
<td>36 – 47 lbs.</td>
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<tr>
<td>6 – 8 yrs.</td>
<td>48 – 59 lbs.</td>
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<td>9 – 10 yrs.</td>
<td>60 – 71 lbs.</td>
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<td>11 yrs.</td>
<td>72 – 95 lbs.</td>
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#### ACETAMINOPHEN
*(Tylenol, Tempra, etc.)* every 4 hours

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<th>Age</th>
<th>Weight</th>
<th>Drops</th>
<th>Elixir</th>
<th>Chewable</th>
<th>Jr. Strength</th>
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<td>6 – 11 lbs.</td>
<td>½ dropr.</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>4 – 11 mo.</td>
<td>12 – 17 lbs.</td>
<td>1 dropr.</td>
<td>½ tsp.</td>
<td>-</td>
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<tr>
<td>12 – 23 mo.</td>
<td>18 – 23 lbs.</td>
<td>1½ dropr.</td>
<td>¾ tsp.</td>
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<tr>
<td>2 – 3 yrs.</td>
<td>24 – 35 lbs.</td>
<td>2 dropr.</td>
<td>1 tsp.</td>
<td>2 tabs</td>
<td></td>
</tr>
<tr>
<td>4 – 5 yrs.</td>
<td>36 – 47 lbs.</td>
<td>-</td>
<td>1 ½ tsp.</td>
<td>3 tabs</td>
<td>-</td>
</tr>
<tr>
<td>6 – 8 yrs.</td>
<td>48 – 59 lbs.</td>
<td>-</td>
<td>2 tsp.</td>
<td>4 tabs</td>
<td>2 caps</td>
</tr>
<tr>
<td>9 – 10 yrs.</td>
<td>60 – 71 lbs.</td>
<td>-</td>
<td>2½ tsp.</td>
<td>5 tabs</td>
<td>2½ cap</td>
</tr>
<tr>
<td>11 yrs.</td>
<td>72 – 95 lbs.</td>
<td>-</td>
<td>3 tsp.</td>
<td>6 tabs</td>
<td>3 cap</td>
</tr>
<tr>
<td>12-14 yrs.</td>
<td>96 lbs. &amp; over</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4 cap</td>
</tr>
</tbody>
</table>

### SUGGESTED REFERENCES
- “Your Baby and Child” – Penelope Leach
- “Solve Your Child’s Sleep Problems” – Richard Ferber, M.D.
- “Caring for Your Baby and Young Child” – American Academy of Pediatrics
OUR MISSION
We are called to reveal the healing love of Jesus to those in need.

OUR 2020 VISION
Inspired by faith and committed to excellence, we will lead the transformation of health care in our communities.

OUR VALUES
Reverence
- Respect for the whole person
- Fair and just treatment of individuals
- Non-judgemental behavior

Compassion
- Empathy
- Responsiveness to need
- Sensitivity

Justice
- Unconditional acceptance of each person
- Serving as advocates for the most vulnerable
- Collaborating with others to empower individuals

Excellence
- Personal and professional integrity
- Promoting and facilitating quality health care services
- Commitment to embrace new technology