| Colorado River Pediatrics | | | Dr. Alan J. Barton | | Theresa Marin, FNP-C  Dulce Noe, FNP-C | | Phone: 928-788-8000, hit option 6 for after-hours line | | |
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| **After hours and weekend phone calls are for emergencies only.** Limit your calls to those that 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** | | | | **FOR NON-URGENT PROBLEMS SEE INSTRUCTIONS BELOW** | | | | | |
| Call your doctor immediately during office hours for :  (After Hours **go immediately to the ER**)   * Infant <2 months with fever >100.4   rectally   * Fever and/or **pain in the back of neck**, or stiff neck in an ill child. * **Fever>105.0** 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 misshaped or crooked | | | | **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 > 6mo., you may give Tylenol and/or Motrin (alternating every 3 hours) if fever is >102.0 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 105.0 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 does and observe. If after usual treatment is given there is no improvement, or if condition worsens, call us.  **COUGH & CONGESTION IN < 6 MONTHS OLD –** Use saline nose drops and bulb suction to remove nasal discharge. Elevate the head of the bed, use a room vaporizer or humidifier. Over the counter decongestant medicine is not recommended under 2 years of age because of side effects.  **CROUP –** Croup is a seal-like barking cough caused by a virus. Keep the child calm, provide a cool mist humidifier, and offer fluids. If a tight cough persists, sit in a steamed-up bathroom or take outside in cool moist air to decrease cough. If it is still severe after 15 minutes or if the child's lips turn blue or dusky, has difficulty swallowing (drooling or spitting) or is worsening at any time, **go to the ER immediately.**  **VOMITING & 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, or Gatorade are an excellent alternative. Call if signs/symptoms of dehydration (see left). Avoid juices (diarrhea worsens).  **CONSTIPATION –** For infants >4 months old give 1-2 oz of either prune juice or white grape juice 1-2times/day. For older children, prune juice, apple 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 an 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 the office at a.m. for an appointment.  **EYE INFECTION –** Apply cool compress, gently wipe drainage from eye. Call the office in a.m. for an appointment.  **RASH WITHOUT FEVER –** These are usually not serious. May give Benadryl, Aveeno baths, and use 1% hydrocortisone cream if complaints of itching. If on antibiotics, stop using drugs and call the office in the a.m.  **CHICKEN POX –** Give Tylenol for fever and Benadryl for itching. May bathe frequently in Aveeno baths. Isolate from others until all lesions are dried. Call immediately for still neck, severe headache, or any change of consciousness. | | | | | |
|  | Weight | Acetaminophen Suspension (160 mg/5 mls) every 4-6 hrs | | | | Ibuprofen (Advil) (100mg/5ml) every 6-8 hrs | | Benadryl (12.5 mg) every 6 hrs | |
| <6 lbs | Do not use | | | | Do not use | | Do not use | |
| 6-11 lbs | 1.25 mls (1/4 tsp) | | | | Do not use | | Do not use | |
| 12-17 lbs | 2.5 mls (1/2 tsp) | | | | 2.5 mls (1/2 tsp) | | 2.5 mls (1/2 tsp) | |
| 18-23 lbs | 3.75 mls (3/4 tsp) | | | | 3.75 mls (3/4 tsp) | | 3.75 mls (3/4 tsp) | |
| 24-35 lbs | 5 mls (1 tsp) | | | | 5 mls (1 tsp) | | 5 mls (1 tsp) | |
| 36-47 lbs | 7.5 mls ( 1 ½ tsp) | | | | 7.5 mls ( 1 ½ tsp) | | 7.5 mls ( 1 ½ tsp) | |
| 48-59 lbs | 10 mls (2 tsp) | | | | 10 mls (2 tsp) | | 10 mls (2 tsp) | |
| 60-95 lbs | 5 chewables | | | | 3 tsp | | 2 tsp | |

* DO NOT USE IBUPROFEN IF CHILD IS LESS THAN 6 MONTHS OLD!!