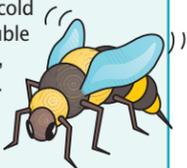


FIRST AID

Call 911 or an Emergency Number for any severely ill or injured child.

STINGS AND BITES

Stinging Insects Remove the stinger as quickly as possible with the scraping motion of a fingernail. Put a cold compress on the bite to relieve the pain. If trouble breathing, fainting, or extreme swelling occurs, call 911 or an emergency number immediately. For hives, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Center and describe the spider. Have the pediatrician examine any bites that become infected.



Animal or Human Bites Wash wound thoroughly with soap and water. Call the pediatrician. The child may require a tetanus or rabies shot.

Ticks Use tweezers or your fingers to grasp as close as possible to the head of the tick and slowly pull the tick away from the point of attachment. Call the pediatrician if the child develops symptoms such as a rash or fever.

Snake Bites Take the child to an emergency department if you are concerned that the snake may be poisonous or if you are unsure of the type of snake bite. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at, or slightly below, the level of the heart. Try to identify the snake, if you can do so safely.

BURNS AND SCALDS



General Treatment First stop the burning process by removing the child from contact with hot water or a hot object (for example, tar). If clothing is burning, smother flames and cool clothing by soaking with water. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not use ice or apply any butter, grease, medication, or ointment.

Burns With Blisters Do not break the blisters. Call the pediatrician for advice on how to cover the burn and about any burns on the face, hands, feet, or genitals.

Large or Deep Burns Call 911 or an emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.

Electrical Burns Disconnect electrical power. Do **NOT** touch the victim with bare hands. Pull the victim away from the power source with a wooden pole. **ALL** electrical burns need to be seen by a doctor.

SKIN WOUNDS

Make sure the child is immunized for tetanus. Any open wound may require a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child should receive a tetanus booster.

Bruises Apply cold compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.

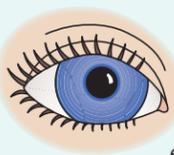
Cuts Wash small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding. Apply an antibiotic ointment, then cover the cut with a clean bandage. Call the pediatrician for large and/or deep cuts, or if the wound is gaping, because stitches should be placed without delay. For major bleeding, call for help (911 or an emergency number). Continue direct pressure with a clean cloth until help arrives.

Scrapes Rinse with soap and water to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Use antiseptic soap. Apply an antibiotic ointment and a bandage that will not stick to the wound.

Splinters Remove small splinters with tweezers, then wash and apply local antiseptic. If you are unable to remove the splinter completely, call the pediatrician.

Puncture Wounds Do not remove large objects such as a knife or stick from a wound. Call for emergency medical assistance (911). Such objects must be removed by a doctor.

Call the pediatrician for all puncture wounds. The child may need a tetanus booster.



EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call the Poison Center or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do **NOT** touch or rub an injured eye. Do **NOT** apply medication. Do **NOT** remove objects stuck into the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help. An eye injury may require a tetanus booster.

FRACTURES AND SPRAINS

DO NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY, as this may cause serious harm. Call 911 or an emergency number.

If an injured area is painful, swollen, deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or another rigid material to hold the arm or leg in place. Apply ice or a cold compress, call the pediatrician, or seek emergency care. If there is a break in the skin near the fracture or if you can see the bone, cover the area with a clean bandage, make a splint as described above, and seek emergency care.

If the foot or hand below the injured part is cold or discolored, seek immediate emergency care.



FEVER

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medications, an environment that is too hot, or an extreme level of overactivity. Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°F (38°C) a sign of a fever. However, the way the child looks and behaves is more important than how high the child's temperature is.

Call the pediatrician immediately if the child has a fever and

- Appears very ill, is unusually drowsy, or is very fussy
- Has been in an extremely hot place, such as an overheated car
- Has additional symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or the taking of steroids)
- Has had a seizure
- Is less than 2 months of age and has a rectal temperature of 100.4°F (38°C) or higher

To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pediatrician may recommend fever medications. Do not use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.



FAINTING

Lay the child on his back with his head to the side. Do **NOT** give the child anything to drink. If the child does not wake up right away, call the pediatrician, or dial 911 or an emergency number. If the child is not breathing, begin CPR.

TEETH

Baby Teeth If knocked out or broken, apply clean gauze to control bleeding and call the pediatric dentist.

Permanent Teeth If knocked out, find the tooth and, if dirty, rinse gently without scrubbing or touching the root. Do not use chemical cleansers. Use milk or cold running water. Place the tooth into clean water or milk and transport the tooth with the child when seeking emergency care. Call and go directly to the pediatric dentist or an emergency department. If the tooth is broken, save the pieces in milk and call the pediatric dentist immediately.



CONVULSIONS, SEIZURES

If the child is breathing, lay her on her side to prevent choking. Make sure the child is safe from objects that could injure her. Do not put anything in the child's mouth. Loosen any tight clothing. Perform rescue breathing if the child is blue or not breathing. Call 911 or an emergency number.

HEAD INJURIES

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, AND/OR BACK INJURY. This may cause further harm.

Call 911 or an emergency number immediately if the child loses consciousness and does not awaken within a few minutes.

Call the pediatrician for a child with a head injury and any of the following:

- Loss of consciousness
- Drowsiness that lasts longer than 2 hours
- Difficulty being awakened
- Persistent headache or vomiting
- Clumsiness or inability to move any body part
- Oozing of blood or watery fluid from ears or nose
- Convulsions (seizures)
- Abnormal speech or behavior

For any questions about less serious injuries, call the pediatrician.

POISONS

If the child has been exposed to or ingested a poison, call the Poison Center at 800/222-1222.

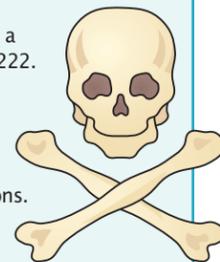
Swallowed Poisons Any nonfood substance is a potential poison. Call the Poison Center immediately. Do not induce vomiting except on professional advice. The Poison Center will give you further instructions.

Fumes, Gases, or Smoke

Get the victim into fresh air and call 911 or the fire department. If the child is not breathing, start cardiopulmonary resuscitation (CPR) and continue until help arrives.

Skin Exposure If acids, lye, pesticides, chemicals, poisonous plants, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while wearing rubber gloves, if possible. Remove contaminated clothing. Wash skin, eyes, or hair with large quantities of water or mild soap and water. Call the Poison Center for further advice.

If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 or an emergency number. Bring the poisonous substance (safely contained) with you to the hospital.



NOSEBLEEDS

Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 10 minutes. If bleeding continues, or is very heavy, call the pediatrician or seek emergency care.

Does your community have 911? If not, note the number of your local ambulance service and other important numbers below.

**BE PREPARED: CALL 911
KEEP EMERGENCY NUMBERS
BY YOUR TELEPHONE**

PEDIATRICIAN _____

 PEDIATRIC DENTIST _____

 POISON CENTER _____

 AMBULANCE _____

 EMERGENCY DEPARTMENT _____

 FIRE _____
 POLICE _____

Turn Over for Choking and CPR Instructions

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



CHOKING/CPR

LEARN AND PRACTICE CPR

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS FOR 1 MINUTE. 3. CALL 911 OR AN EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough, talk, or make a normal voice sound.
- The child is found unconscious. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF...

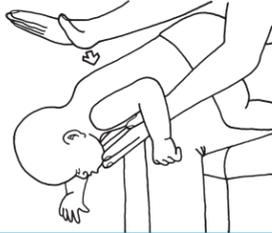
- The child can breathe, cry, talk, or make a normal voice sound.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS LESS THAN 1 YEAR OF AGE

INFANT CHOKING

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following. Depending on the infant's condition, call 911 or the pediatrician for further advice.

1 FIVE BACK BLOWS



ALTERNATING

2 FIVE CHEST THRUSTS



Alternate back blows and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

(Health care professionals only: assess pulse before starting CPR.)

INFANT CPR (Cardiopulmonary Resuscitation)

To be used when the infant is unconscious or when breathing stops.

1 OPEN AIRWAY

- **Look** for movement of the chest and abdomen.
- **Listen** for sounds of breathing.
- **Feel** for breath on your cheek.
- **Open** airway as shown.
- **Look** for a foreign object in the mouth. **If you can see** an object in the infant's mouth, sweep it out carefully with your finger. **Do not** try a finger sweep if the object is in the infant's throat, because it could be pushed further into the throat.



2 RESCUE BREATHING

- **Position** head and chin with both hands as shown — head gently tilted back, chin lifted.
- **Seal** your mouth over the infant's mouth and nose.
- **Blow gently**, enough air to make chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If no response, treat for blocked airway. (See "INFANT CHOKING" steps 1 & 2 at left.)

3 ASSESS RESPONSE

- Place your ear next to the infant's mouth and look, listen, and feel for **normal breathing** or **coughing**.
 - Look for **body movement**.
- If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



4 CHEST COMPRESSIONS

- **Place** 2 fingers of one hand over the lower half of the chest. Avoid the bottom tip of the breastbone.
- **Compress** chest 1/2" to 1" deep.
- **Alternate** 5 compressions with 1 breath.
- **Compress** chest 100 times per minute.



Check for signs of normal breathing, coughing, or movement every minute.

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

Begin the following if the child is choking and is unable to breathe. However, if the child is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following, but call the pediatrician for further advice.

CONSCIOUS

FIVE QUICK INWARD AND UPWARD THRUSTS just above the navel and well below the bottom tip of the breastbone and rib cage (modified Heimlich maneuver).



If the child becomes unconscious, begin CPR.

CHILD CPR (Cardiopulmonary Resuscitation)

To be used when the child is **UNCONSCIOUS** or when breathing stops.

1 OPEN AIRWAY

- **Look** for movement of the chest and abdomen.
- **Listen** for sounds of breathing.
- **Feel** for breath on your cheek.
- **Open** airway as shown.
- **Look** for a foreign object in the mouth. **If you can see** an object in the child's mouth, sweep it out carefully with finger. **Do not** try a finger sweep if the object is in the child's throat because it could be pushed further into the throat.



2 RESCUE BREATHING

- **Position** head and chin with both hands as shown.
- **Seal** your mouth over child's mouth.
- **Pinch** child's nose.
- **Blow** enough air to make child's chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If still no rise or fall, continue with step 3 (below).

2A HEALTH CARE PROFESSIONALS ONLY:

- Use abdominal thrusts to try to remove an airway obstruction.
- Continue steps 1, 2, and 2A until the object is retrieved or rescue breaths are effective.
- Assess pulse before starting CPR.

3 ASSESS RESPONSE

- Place your ear next to the child's mouth and look, listen, and feel for **normal breathing** or **coughing**.
 - Look for **body movement**.
- If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



4 CHEST COMPRESSIONS

- **Compress** chest 1" to 1 1/2".
 - **Alternate** 5 compressions with 1 breath.
 - **Compress** chest 100 times per minute.
- Press with the heel of 1 hand on the lower half of the chest. Lift fingers to avoid ribs. Do not press near the bottom tip of the breastbone.



Be sure someone calls 911 as soon as possible, and by 1 minute after starting rescue efforts.

The information contained in this publication should not be used as a substitute for the medical advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

*For children 8 and older, adult recommendations for choking/CPR apply.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or the pediatrician for further advice.

Ask the pediatrician for information on Choking/CPR instructions for children older than 8 years of age and on an approved first aid course or CPR course in your community.

Fever and Your Child



If your child has a fever, it is probably a sign that her body is fighting an infection. When your child becomes ill because of a virus or bacteria, her body may respond by increasing body temperature. It is important to remember that, except in the case of heat stroke, fever itself is not an illness—only a symptom of one. Fever itself also is not a sign that your child needs an antibiotic.

Many conditions, such as an ear infection, a common cold, the flu, a urinary tract infection, or pneumonia, may cause a child to develop a fever. In some cases, medication, injury, poison, or an extreme level of overactivity may produce a fever. An environment that is too hot may result in heat stroke, a potentially dangerous rise in body temperature. It is important to look for the cause of the fever.

Fevers are generally harmless and help your child fight infection. They can be considered a good sign that your child's immune system is working and the body is trying to rid itself of the infection.

The main purpose for treating fever is to help your child feel better. Reducing her temperature may make her more comfortable until the illness that has caused the fever has been treated or, more likely, run its course.

What is a fever?

A fever is a body temperature that is higher than normal. Your child's normal body temperature varies with his age, general health, activity level, the time of day, and how much clothing he is wearing. Everyone's temperature tends to be lower early in the morning and higher between late afternoon and early evening. Body temperature also will be slightly higher with strenuous exercise.

Most pediatricians consider any thermometer reading above **100.4°F (38°C)** a sign of a fever. This number may vary depending on the method used for taking your child's temperature. If you call your pediatrician, say which method you used.

Signs and symptoms of a fever

If your child has a fever, her heart and breathing rates naturally will speed up. You may notice that your child feels warm. She may appear flushed or perspire more than usual. Her body also will require more fluids.

Some children feel fine when they have a fever. However, most will have symptoms of the illness that is causing the fever. Your child may have an earache,

When to call your pediatrician right away

Call your pediatrician immediately if your child has a fever and

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in an extremely hot place, such as an overheated car
- Has additional symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has a condition that suppresses immune responses, such as sickle-cell disease or cancer, or is taking steroids
- Has had a seizure
- Is younger than 2 months of age and has a rectal temperature of 100.4°F (38°C) or higher

What if my child has a febrile seizure?

In some young children, fever can trigger seizures. These are usually harmless. However, they can be frightening. When this happens, your child may look strange for a few minutes, shake, then stiffen, twitch, and roll his eyes.

- Place him on the floor or bed, away from any hard or sharp objects.
- Turn his head to the side so that any saliva or vomit can drain from his mouth.
- Do not put anything into his mouth.
- Call your pediatrician.

Your pediatrician should always examine your child after a febrile seizure, especially if it is his first one. It is important to look for the cause of the febrile seizure.

More information about febrile seizures is available in the AAP brochure, *Febrile Seizures*.

a sore throat, a rash, or a stomachache. These signs can provide important clues as to the cause of your child's fever.

Managing a mild fever

A child older than 6 months of age who has a temperature below 101°F (38.3°C) probably does not need to be treated for fever, unless the child is uncomfortable. Observe her behavior. If she is eating and sleeping well and is able to play, you may wait to see if the fever improves by itself.

In the meantime,

- Keep her room comfortably cool.
- Make sure that she is dressed in light clothing.
- Encourage her to drink fluids such as water, diluted fruit juices, or a commercially prepared oral electrolyte solution.
- Be sure that she does not overexert herself.

Over-the-counter medications for fever

There are also medications you can give your child to reduce his temperature if he is uncomfortable. Both **acetaminophen** and **ibuprofen** are safe and effective in proper doses. Be sure to follow the correct dosage and medication schedule for your child. Remember, any medication can be dangerous if you give your child too much.

Ibuprofen should only be used for children older than 6 months of age. It should not be given to children who are vomiting constantly or are dehydrated. *Do not use aspirin to treat your child's fever. Aspirin has been linked with side effects such as an upset stomach, intestinal bleeding, and, most seriously, Reye syndrome.*

If your child is vomiting and unable to take medication by mouth, your pediatrician may recommend a rectal suppository for your child. Acetaminophen suppositories can be effective in reducing fever in a vomiting child.

Read the label on all medications to make sure that your child receives the right dose for his age and weight. To be safe, talk to your pediatrician before giving your child any medication to treat fever if he is younger than 2 years of age.

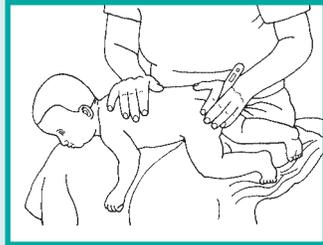
How to take your child's temperature

While you often can tell if your child is warmer than usual by feeling his forehead, only a thermometer can tell if he has a fever and how high the temperature is. There are several types of thermometers and methods for taking your child's temperature.

Mercury thermometers should not be used. The American Academy of Pediatrics (AAP) encourages parents to remove mercury thermometers from their homes to prevent accidental exposure to this toxin.

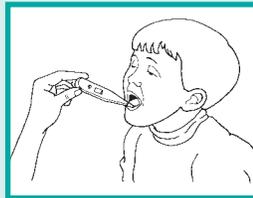
Rectal: If your child is younger than 3 years of age, taking his temperature with a rectal digital thermometer provides the best reading.

- Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse it with cool water. Do not rinse with hot water.
- Put a small amount of lubricant, such as petroleum jelly, on the end.
- Place your child belly down across your lap or on a firm surface. Hold him by placing your palm against his lower back, just above his bottom.
- With the other hand, turn on the thermometer switch and insert the thermometer 0.5" to 1" into the anal opening. Hold the thermometer in place loosely with 2 fingers, keeping your hand cupped around your child's bottom. Do not insert the thermometer too far. Hold in place for about 1 minute, until you hear the "beep." Remove the thermometer to check the digital reading.



Oral: Once your child is 4 or 5 years of age, you may prefer taking his temperature by mouth with an oral digital thermometer.

- Clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.



- Turn on the switch and place the sensor under his tongue toward the back of his mouth. Hold in place for about 1 minute, until you hear the "beep." Check the digital reading.
- For a correct reading, wait at least 15 minutes after your child has had a hot or cold drink before putting the thermometer in his mouth.

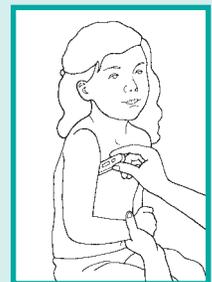
Ear: Tympanic thermometers, which measure temperature inside the ear, are another option for older babies and children.

- Gently put the end of the thermometer in the ear canal. Press the start button. You will get a digital reading of your child's temperature within seconds.
- While it provides quick results, this thermometer needs to be placed correctly in your child's ear to be accurate. Too much earwax may cause the reading to be incorrect.



Underarm (Axillary): Although not as accurate, if your child is older than 3 months of age, you can take his underarm temperature to see if he has a fever.

- Place the sensor end of either an oral or rectal digital thermometer in your child's armpit.
- Hold his arm tightly against his chest for about 1 minute, until you hear the "beep." Check the digital reading.



Other methods for taking your child's temperature are available. They are not recommended at this time. Ask your pediatrician for advice.

Sponging

Your pediatrician may recommend that you try sponging your child with lukewarm water in cases such as the following:

- Your child's temperature is above 104°F (40°C).
- She is vomiting and unable to take medication.
- She has had a febrile seizure in the past (see "What if my child has a febrile seizure?").

Sponging may reduce your child's temperature as water evaporates from her skin. Your pediatrician can advise you on this method.

Do not use cold water to sponge your child, as this could cause shivering. That could increase her temperature. Never add alcohol to the water. Alcohol can be absorbed into the skin or inhaled, causing serious problems such as a coma.

Usually 5 to 10 minutes in the tub is enough time for a child's temperature to start dropping. If your child becomes upset during the sponging, simply let her play in the water. If she is still bothered by the bath, it is better to remove her even if she has not been in long enough to reduce her temperature. Also remove her from the bath if she continues to shiver because shivering may increase body temperature.

Do not try to reduce your child's temperature to normal too quickly. This could cause the temperature to rebound higher.

Be sure to call your pediatrician if your child still "acts sick" once her temperature is brought down, or if you feel that your child is very sick. Also call if the fever persists for

- More than 24 hours in a child younger than 2 years of age
- More than 3 days in a child 2 years of age or older

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 55,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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6WEEKS

Marc Welssbluth, M.D. and Daniel Welssbluth, M.D

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Sleep Consult

Age: (use corrected age, your child's age counting from the due date): 6 WEEKS. Please review Prepare for Healthy Sleep: Premature. 0 6 Weeks.

Our main goal at this age is to ensure an early enough bedtime to prevent a Second Wind near the end of the day and to encourage the development of Self-Soothing skills.

If you have not already done so, start to Prepare for Healthy Sleep by allowing your baby to begin to learn Self Soothing. This preparation establishes the foundation for healthy sleep. If the foundation to Prepare for Healthy Sleep has not been laid, Start Now. For a deeper look into why sleep is important for your baby, see *Sleep Consult*.

Bedtime is becoming earlier. Night sleep is becoming organized.

The single most important fact to remember is that the time when sleep occurs is more important than the duration of the sleep period. You cannot fight circadian rhythms! We all have internal clocks that are genetically controlled. These clocks create an internal timing mechanism for sleep. These clocks evolved from dark (night)/light {day} cues. This signal very primitive because it is based on the rotation of the earth on its axis. Sleeping in synch with circadian rhythms is more restorative, and of better quality, than sleeping out of synch with circadian rhythms. Jet lag syndrome is an example of sleep not in synch with circadian rhythms. Additionally, a bout of sleep that is continuous (Consolidated) is much more restorative than a bout of sleep that is interrupted (Night sleep is Fragmented).

At 6 weeks of age the brain matures predictably in three ways.

1. Specific responsive social smiling. When you smile at her, she returns your smile.
2. Longer sleep periods (4-6 hours) occurring predictably in the evening hours, usually before midnight.
3. The brain wants to fall asleep earlier in the evening. This is the night sleep circadian rhythm. The biological time of evening drowsiness dictates an earlier bedtime between about 6-8 PM. It might be a little earlier or later for your child.