CARING FOR YOUR NEWBORN CHILD

Mother's Room Number: _____

Baby's Name: _____

Birth Weight: _____lbs. _____ozs

Height: _____in. Head Circumference _____cm

Feeding: _____Breast _____Formula

Apgar Score: _____at one minute _____at 5 minutes

The Apgar score is a measure of how vigorous your child was in the first five minutes after birth (based on a range of 0-10).

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INSTRUCTIONS FOR NEWBORN CARE

General Infant Feeding

Infants differ in their food requirements. The proper amount is that which satisfies your baby and allows for normal growth. Do not attempt to keep to a rigid schedule. Generally, infants should be fed when they are hungry, every 2-5 hours. Allow your baby to awaken sufficiently before feeding. Playing or crying after awakening will assist an infant to awaken completely. Change the diaper, if it is soiled, before feeding. Burp your child 2-3 times during each feeding.

Breastfeeding

We encourage breastfeeding for the first year of life. Breastmilk provides excellent nutrition, helps prevent illness and is inexpensive. Before feeding, find a comfortable place for yourself with an arm support and back rest. Wash your hands with soap and water and clean your nipples with water only. Hold your baby to your breast gently, but firmly, with the infant's head and whole body facing toward you. Allow your baby to root for and grasp the whole nipple in his mouth. Do not force the nipple into your baby's mouth.

During the first week of life, some breastfed infants fall asleep after feeding for a short time. Such babies may wake up to eat every 45-60 minutes. If falling asleep at the breast occurs, one can gently press the baby's face into the breast, tickle the feet or rub along the child's spine. Awakening the infant to take a full feeding will allow the mother to rest between feedings and avoid nipple soreness. Some soreness of the nipples the first two weeks of breastfeeding is normal. After four days of age, if breastfeeding does not seem to be satisfying your infant or if you have excessively sore nipples, please make an appointment to see your pediatrician. Early counsel by a pediatrician can improve the effectiveness and comfort of your breastfeeding and increase your milk supply.

During the first few months of life, children often experience unexpected changes in their feeding pattern. This occurs in breastfed as well as bottle-fed infants. The child will appear very hungry and will want to eat every 1-2 hours instead of the usual pattern. Some nursing mothers may fear that they do not have enough milk or that they have "lost" their milk and be tempted to start formula or even solid foods. This is not usually necessary. It is important to understand that the child's new pattern of breastfeeding is increasing the milk supply to meet the demands of a new growth spurt. Within a few days, when the milk supply has increased, the feeding pattern will return to normal. For more information about breastfeeding, you can call a breastfeeding consultant

at the Utah County Lactation Warmline at (801) 714-3358 or visit us at our website at **www.uvpediatrics.com**.

Drugs in Breastmilk

Please tell any physician who prescribes you medication that you are breastfeeding. Most medications you take will be transmitted in small amounts into the breastmilk. Most will not appear in large enough amounts in the milk to cause any effect on your child.

Medications likely to be harmful to the breastfeeding infant which would make it inappropriate to continue breastfeeding if taken by the mother include: 1) many of those used as chemotherapy in the treatment of some cancers, 2) drugs of abuse (e.g. Methamphetamine) and 3) radioactive drugs. Some of the medications classified for use in the treatment of anxiety, depression and psychosis have not been well studied and may be of concern to the nursing infant. Also, decongestants and birth control pills can affect milk supply. Since these drugs may be very important to the health of the mother, consultation with your physician should precede any decision regarding discontinuing these medications. Please check with your pediatrician if you are breastfeeding and taking medication. For additional information, you can call the Pregnancy Riskline at 1-800-822-2229 to check if the medications you are taking will affect your breastmilk.

The Breastfeeding Mother's Diet

You should eat a balanced diet with plenty of fresh fruits and vegetables. Eat three meals a day and drink plenty of fluids. Let your natural hunger be the gauge of how much you eat. Some recommend a glass of fluid with each nursing. It is important not to overly restrict fat in your diet as fat is a key source of calories for your baby.

There is little research data to support the avoidance of certain foods to prevent fussiness, intestinal gas, and colic in infants. However, you might notice that after eating spicy or "gassy" foods, your baby cries, fusses, or even nurses more often. Since babies with colic often have similar symptoms, the best way to tell the difference between a food reaction and colic is by how long symptoms last. With food reactions, symptoms are usually short-lived, lasting less than 24 hours. Symptoms caused by colic occur daily and often last for days or weeks at a time. If your baby gets symptoms every time you eat a certain type of food, you may wish to stop eating that particular item.

Too much caffeine can cause problems such as poor sleeping, nervousness, irritability, and poor feeding. Because of this you may wish to avoid drinks that have added caffeine. In rare instances, your breastfed infant may be allergic to cow's milk in your diet. If you suspect this may be the case, due to

symptoms which may include diarrhea, rash, fussiness, or gas appearing shortly after breastfeeding, discuss the possibility with your pediatrician.

Formula Feeding

Although we encourage breastfeeding, there are circumstances when formula feeding is best for mother and child. If you formula feed your child, we recommend you use a formula with iron. Formula should be prepared with clean tap water according to the instructions on the container. Be sure to clean the bottle well before filling it with formula. Keep prepared formula in the refrigerator until use. Discard unused prepared formula after 24 hours if kept in the refrigerator, discard after 2 hours if kept at room temperature.

Formula should be fed at a temperature your baby prefers. Before feeding, invert the full bottle. Milk should drip from the nipple without shaking. If this does not occur, you may try loosening the top of the bottle or you may enlarge the hole with a hot needle or a razor blade. If the milk pours out in a stream, the hole is too large. Support your infant's head while bottle feeding. Hold the bottle so that the nipple and bottle neck are always full. This keeps your child from swallowing air. A healthy infant needs approximately 2 ½ ounces of formula per pound of weight per day. Following this equation, a 6-8 pound infant needs about 20 ounces per day. A 10 pound child needs about 25 ounces and a 12 pound child needs about 30 ounces per day.

Vitamins

Breastmilk and formulas usually contain all the vitamins an infant needs with one exception. The American Academy of Pediatrics recommends that all exclusively breastfed infants should receive a vitamin D supplement beginning during the first two months of life and continuing until the daily consumption of vitamin D fortified milk is 500 ml per day. Check with your pediatrician about recommended vitamin supplements.

Fluoride Supplementation

Most of the State of Utah has low levels of fluoride in the drinking water. Fluoride supplementation is recommended in these areas from six months until 16 years of age. This supplementation, when used with regular brushing, flossing and dental check ups, can reduce cavities 65-80%. A prescription for fluoride may be obtained from your pediatrician after your child reaches six months of age depending on where you live.

Solid Foods

Instruction on the introduction of solid foods will be given by your pediatrician during regular well child examination visits. Breastmilk and formula provide all

the nutrients a child requires during the first months of life. The introduction of solid foods must be individualized to a child's needs. Solid foods are not usually started before four months of age and may be started between four and six months of age. Many infants may not need solid foods until six months of age.

Water

Your baby will receive all the water his body requires from breastmilk or formula. Do not force your baby to take water. If your infant seems thirsty, offer breastmilk or formula.

Pacifiers

Babies are born with a strong sucking reflex which is important in the initiation of successful breast or formula feedings. Because sucking can also be very soothing to a fussy infant who is not necessarily hungry, a clean pacifier may help to calm your infant. However, pacifier use is best limited during the initiation of breastfeeding and used only after breastfeeding is well established. A child also needs an abundance of close personal loving contact (rocking, holding, playing, etc.) Be sure that you do not use a pacifier to replace the touching and loving care that your child requires.

Never put a pacifier on a cord around an infant's neck. Although this makes the pacifier more convenient, it may cause accidental strangulation.

Sleep Position and SIDS (Sudden Infant Death Syndrome)

Research data has shown large reductions in the frequency of Sudden Infant Death Syndrome (SIDS) in populations of children whose parents place them on their back to sleep. We also recommend these other practices that appear to reduce the frequency of SIDS:

- Place your infant to sleep on a firm surface. Do not allow an infant to sleep on a waterbed, a beanbag chair, or a pillow.
- Avoid smoking or allowing anyone else to smoke around your infant.
- Avoid placing your infant to sleep on his side as this position has also been associated with an increased SIDS risk.
- Remind others who will be caring for your baby that she should always be placed to sleep on her back.
- Consider offering a pacifier at nap or bedtime through the first year of life. This practice may be delayed in breastfed infants until one month of age to ensure breastfeeding is firmly established.
- A separate but nearby sleeping environment is recommended for the baby to facilitate more convenient breastfeeding and contact.

• Avoid sleeping with your infant in the same bed.

Preventing Misshapen Heads

Following the above recommendations for consistent sleep position on the back, the position of your baby's head should be varied to prevent flattening of the head. Infants who are placed frequently with their head in the same sleeping position during the first six months of life develop flattening of the side of the head which lies against the sleeping surface.

During wakeful periods we recommend that infants be given frequent opportunities to be placed on their stomachs and be encouraged to move their heads in all directions. This will stimulate appropriate development of head control and prevent flattening of the head. Contact your pediatrician if your infant consistently holds her head to one side.

The following suggestions may also be helpful in avoiding a misshapen head:
•Rotate your child's position in the bed so that she will look in varied directions to see interesting things in the room.
•Place a mobile, out of the child's reach, above the crib to stimulate the infant to move the head to look at the mobile in the direction your child tends to avoid.
•Avoid allowing your child to sleep consistently in a car seat as this can lead to uniform head positioning and flattening of that side of the head.

Jaundice

Jaundice is a yellow skin color which is usually not present at birth but may appear within the first four days of life. It is caused by the accumulation in the body of a yellow pigment called bilirubin. Bilirubin is a breakdown product of the red blood cells. Bilirubin is cleansed from the blood by the liver. Before birth, it is the mother's liver that does the cleaning, but after birth the baby's liver must take over this vital function. At birth, the livers of many babies are not mature enough to take over this cleaning function. As a result, the baby may accumulate bilirubin and become jaundiced. If a baby has been bruised, has a cephalohematoma (a collection of blood under the scalp), or has a blood type different than his mother, he may become even more jaundiced than if these were not present.

About 7 out of 10 babies develop some degree of jaundice which is usually of no concern. However, very high levels of bilirubin have been reported to cause brain injury. Jaundice usually begins in the face and eyes and spreads down the body as the bilirubin accumulates. During the first week of life, examine your baby's skin twice daily in daylight from a window. If you notice a yellow or orange color (especially if the color appears not only on the face, but also on

the chest and abdomen), please call your pediatrician's the office. The pediatrician will most likely order a Total Bilirubin test. If your child has a Bilirubin test, call your pediatrician's office for results two hours after your baby's blood is drawn.

If your child becomes jaundiced, be sure to breastfeed frequently (every 2-3 hours) or offer plenty of formula. Dehydration can worsen jaundice. If the bilirubin approaches high levels, it may be necessary to treat your child with phototherapy. This consists of shining special lights on the skin that helps rid the body of bilirubin.

Reflexes

Your infant was born with several normal reflexes, most of which will be lost as the nervous system matures. Because of the GRASP REFLEX, an infant will grasp your finger if it is placed in her palm while she is awake.

The STARTLE or MORO REFLEX occurs when she hears a sudden loud noise, or feels a sudden touch or pain. During this reflex, her folded arms will quickly reach out in front of her, then return to their usual folded position and she will begin to cry.

SNEEZING is also a reflex that is present life long. It helps clear the nose of any irritation. Infants frequently sneeze even though they do not have a cold. A COUGH, likewise, is a reflex that clears the throat of mucous.

Hiccups

Hiccups will frequently occur in your newborn baby as they did while your baby was still in the womb. They do not indicate that your child is ill. Despite the fact that they have been with us for centuries, no cure for them has yet been found.

The Soft Spot

The soft spot or fontanelle is a diamond shaped area on the top of your baby's head over which the boney plates of the skull have not yet grown. The presence of this area allows the boney plates of the skull to slide over each other as the head moves down the birth canal.

After birth, these bone plates may still be overlapping forming ridges on the scalp. As the head grows after birth, these ridges will disappear and the soft spot will become progressively smaller. The soft spot will go away completely between 12 and 24 months of age. You will not hurt your child by touching the soft spot or even by scrubbing it vigorously at bath time.

Birthmarks

There are many normal types of birthmarks. The most common birthmark is called a SALMON PATCH or "stork bite". These red patches are usually found on the eyelids, the center of the forehead, and the nape of the neck. They can also be found on the top of the head, on the nose and upper lip, or even on the back. The patches are made up of tiny blood vessels which will blanch if you press on them. They usually fade during the first few years of life. An occasional adult may still have a salmon patch, especially on the nape of the neck. If you find birthmarks, please show them to your pediatrician.

Bathing

Until the umbilical cord has come off, the base dried, and the circumcision has healed, you should only sponge bathe your baby. Thereafter, you may place the infant in a tub of water for bathing. Use only water or add a small amount of mild soap. You need only bathe your child two or three times each week.

Fingernail and Toenail Care

The fingernails and toenails of infants are soft and pliable. Trimming can be difficult. If you must trim your child's nails, it is preferred that you gently file the rough edges. If you need to trim your child's nails, they can best be trimmed while your child is asleep so that you do not have to fight against the strong grasp reflex. File the nails off straight across, leaving the corners longer than the center, to avoid ingrown nails. Cover your baby's hands with the hand pouches of a T-shirt or sleeper to keep her from scratching her face.

Skin and Rashes

The skin of your baby is very sensitive and rashes are common. HEAT RASH, a fine red rash most commonly seen on the upper chest and diaper area, will go away in a few days if you avoid over-wrapping the infant. If the skin is dry, you may use a fragrance-free cream.

ERYTHEMA TOXICUM is a common rash that appears within the first few days after birth and lasts for up to two weeks. It is characterized by red blotches with a tiny white bump in the center. No one knows the cause or the cure for this rash, but it will go away on its own and is no cause for concern.

Most infants will have small white dots on the nose called MILIA. These are oil glands that have not yet opened up to the skin. They will disappear during the first few months. Do not try to rupture these white dots.

If a DIAPER RASH develops, the diaper area should be washed at each diaper change with free flowing clear warm water, patted dry with a towel, and allowed

to air dry (by placing your infant on the stomach and opening the diaper) before applying a protective ointment. If the diaper rash persists, especially in the skin folds, it may be caused by a yeast infection. This may be treated with Lotrimin AF (over-the-counter) or any of the vaginal creams used for yeast infection. Please call your pediatrician if pustules develop, if the rash is raw and weepy, or if the rash does not improve.

Scaly crusting skin on the scalp or behind the ears is called CRADLE CAP. If this occurs, wash the scalp three times weekly with shampoo. Some experts recommend a dandruff shampoo such as Sebulex, T-Gel or Selsun Blue. Use a soft brush or your fingernails to loosen as much of the scale as will easily come off at each shampooing. If the scale is particularly adherent, you may want to apply some baby oil before shampooing the area to soften the scale.

Eyes

If mucous or secretions accumulate in the eyes, cleanse them with a clean piece of cotton dipped in fresh clean tap water. Sometimes there is thick yellow drainage from the eyes that glues the eyelids together. This is often because of a plugged tear duct, which is common. You should notify your pediatrician if this occurs.

Umbilical Cord

Leave the umbilical cord exposed to the open air. It should be kept clean and dry. Traditionally, pediatricians have recommended cleaning around the cord with rubbing alcohol three to four times a day. Most recent studies show that using rubbing alcohol is a safe treatment but it probably is not better at preventing infection than “dry cord care.” Therefore, rubbing alcohol or dry cord care is recommended.

The cord usually falls off between one to three weeks of age. Some drainage and bleeding from the cord site is common. If the skin around the cord becomes red or inflamed, please call your pediatrician.

If you leave the hospital within 24 hours after birth, the cord may not have been dry enough to remove the cord clamp before you went home. If this is the case, bring your child to our office at 2-3 days of age. One of our nurses will remove the clamp for you.

Care of the Uncircumcised Penis

The uncircumcised newborn penis requires no more than routine bathing. By 5 years of age, the foreskin will separate from the head of the penis in most boys. At this time the foreskin should be pulled back to clean the head of the penis during each bath. There is no need to forcefully pull back an adherent

foreskin. When it is mature, the foreskin can be pulled back easily without discomfort.

Circumcision

Although circumcision is still a common practice, it is not medically necessary for your child to be circumcised. Circumcision prevents a problem called phimosis (an excessively small opening in the foreskin) which may require a small percentage of men to be circumcised later. If you chose for your infant to be circumcised, you should remember that this procedure has a small risk of bleeding or infection. After the circumcision, you may clean the site by allowing clear warm water to flow over the area.

If a Plastibell type circumcision is performed, there will be a clear plastic ring just inside the foreskin. This ring will fall off on its own within 5-10 days. Please notify your pediatrician if the head of the penis becomes swollen in front of the ring, if the shaft of the penis becomes red and swollen, if there is bleeding, if your child is not urinating or if the ring has not fallen off within 10 days.

If no ring is present you can reduce the discomfort and prevent the cut edges of skin from sticking to the diaper by applying Vaseline or an antibiotic ointment (Neosporin, Polysporin, Bacitracin, etc.) at each diaper change for 5 – 7 days. You may give 40 mg. of Acetaminophen orally every 4 hours for pain. Some insurance companies, including Medicaid, may not cover the cost of circumcision. If circumcision is not covered by your health plan please discuss this with your doctor prior to the circumcision.

Protecting Your Child from Illness

A baby receives antibodies from the mother through the placenta before birth. These antibodies help to protect the child from illness. However, an infant is still susceptible to many infections. Always wash your hands before touching your baby or touching anything that might end up in your child's mouth, nose or eyes. Waterless hand sanitizer works well if hands are visibly clean. We recommend that you keep your infant away from children and adults who are ill. If other family members become sick, have the baby sleep in a separate room. Do not allow sick people to cough in your infant's face.

Daycare centers and nurseries are common places where illnesses are spread among children. The more exposures that your child has to other children, the more likely your child will come down with an illness. Obviously, it would not be wise to separate your child from all other children, but small babies and children will have fewer illnesses if their exposure to illness is reduced.

Thrush

Thrush is a common infection of the mouth and tongue of babies caused by the yeast Candida albicans. An infant with thrush will have white patches on the inside of the lips and cheeks which will not rub off. Untreated thrush can lead to a severe diaper rash caused by the same yeast. If you notice evidence of thrush, please call your pediatrician.

Vomiting and Spitting Up

Vomiting and spitting up are not the same. Vomiting consists of a large amount of milk expelled at one time. It is frequently due to overfeeding. If vomiting occurs only occasionally, it is of no concern. If it is persistent, please call your pediatrician. Spitting up consists of small amounts of milk which the baby regurgitates between feedings. This is of no concern if the baby is growing well.

Baby Girls

Some redness and swelling of the labia (external female genitals) is normal at birth, as is a cream colored mucous vaginal discharge. Some, but not all, little girls will have a bloody vaginal discharge within the first week of life. This is normal. It is caused by withdrawal from the influence of the mother's female hormones. The bloody discharge will stop within a few days, and will not return until your daughter goes through puberty.

Take special care to wipe stool away from the opening of the vagina. If debris accumulates between the labia, clean this area very gently with baby oil on a cotton ball as often as is needed using a front to back wiping motion.

The "PKU" Test (newborn screening)

Before your child leaves the hospital, a blood sample will be sent to the Utah State Laboratory to test for over 30 inherited diseases÷, including phenylketonuria (PKU), hypothyroidism, galactosemia, and hemoglobinopathies. You and your pediatrician will be notified of any abnormal test results.

Your child will also be screened for hearing impairment prior to discharge. If your child screens positive for hearing loss you will be given further instructions (this usually includes repeating the testing at a later time). It is not unusual to not pass the first hearing screen.

A special card in an envelope will be given to you when you leave the hospital with your baby. You should bring this to our office at the time of the first well child exam. We will draw this second or follow-up sample and send it to the

same laboratory. The law requires that this testing be performed on all children born in the State of Utah.

Baby's Room

The temperature should be comfortable for you, near 70-72 degrees. Avoid drafts. Ventilate the nursery from a top window or another room.

Car Seats

Automobile accidents are a major cause of death for infants. Utah State Law requires that all children younger than five years of age be retrained in a child restraint device while traveling in a motor vehicle. Infants must face the rear.

When you buy or borrow a car seat, be certain that all of its parts are present and in working order. Install the seat securely in the car according to the manufacturer's instructions. Never use a seat that has been in an accident.

Bowel Movements

A baby's first bowel movements are greenish black and sticky like tar. This substance is called meconium. As your baby eats, he will gradually clear the bowel of the meconium. The stools usually turn brown-green then yellow. Once the meconium has cleared, breastfed babies generally have bright yellow, loose, seedy stools that resemble curdled mustard. Formula-fed babies may have more solid brown-green stools.

The frequency of normal bowel movements can vary widely. Many babies have a bowel movement several times a day, usually after a feeding. Others may go less frequently. Do not be concerned if your child goes as long as five days without a bowel movement. It is normal for babies to grunt, strain for several minutes, or cry as they pass their stools.

Much more important than the frequency of stools is their consistency. If the bowel movement is hard and very difficult to pass, a stool softener may be used. One teaspoon of prune juice or dark corn syrup, once or twice a day, is often enough to help soften the stool. This should be given with a feeding and may be added to a bottle. However, if the need for help persists, please discuss this with your pediatrician.

Diarrhea

Most infants will have frequent, loose stools. This is normal. True diarrhea in children is most often caused by viruses. Antibiotics generally do not help, and often worsen such diarrhea. Treatment of diarrhea consists primarily of giving the baby adequate fluids while continuing the child's regular diet. Please call your pediatrician if:

1. The diarrhea persists longer than four days.
2. The stools become bloody.
3. The diarrhea is accompanied by vomiting for more than 24 hours.
4. Your child shows signs of dehydration (no urine in more than 8 hours, dry sticky tongue, sunken eyes, and no tears when crying.)
5. Your child is under 3 months and there is a fever above 100.4° taken in the rectum.
6. There is a fever over 104.5° or a fever lasting longer than 4 days.
7. Your child is very listless and weak.

Normal Fussiness and Colic

In the first few weeks and months of life, children will experience periods of fussiness and crying, especially during the afternoon and evening. These periods often increase in length and intensity through the first six weeks of life, and then gradually decrease in intensity, usually disappearing by four months of age. These normal fussing periods are often called "colic" if they are unusually intense. Many possible reasons have been suggested for colic, such as type of formula, air swallowing, a breastfeeding mother's diet, or the infant's temperament. However, most colic is felt to be a normal behavior of infancy, and no one has ever actually determined what really causes it.

Sometimes parents become very anxious about the fussy periods of a normal infant. This tension can lead to a stressful environment for the baby and decrease the mother's breastmilk supply. This generally makes the baby's fussiness worse.

The following checklist may be helpful if your baby seems excessively fussy:

1. Be sure your baby is getting enough to eat.
2. Try to keep your baby's environment quiet and calm. Parents and other caregivers should take turns with the baby and get plenty of rest themselves to avoid becoming overly stressed.
3. Hold and comfort your baby during and after feedings.
4. If bottle feeding, make sure the nipple hole is neither too large nor too small and the bottle top is not too tight or loose.
5. Burp the baby after each ounce of bottle-feeding, or after every 5 minutes of breastfeeding.
6. Intestinal cramps may be caused by swallowed air. Try feeding the baby in a more vertical position to prevent air swallowing.
7. Use rhythmic movement (rocking, swings, etc.,) or rhythmic sound (music, metronome, etc.) to calm your child.
8. Swaddle your baby snugly in a blanket.
9. Change the diaper when it becomes wet or soiled.
10. Be sure that the baby is not cold, not over-bundled, nor in an uncomfortable position.

After doing all of the above, let him cry for 15-20 minutes before going through the list again. It is okay to put the infant down in a safe place and walk to a different part of your home for a few minutes to keep yourself from becoming frustrated with your baby. It is never okay to shake a baby. If you feel yourself getting "to the end of your rope" please call someone to help you with the baby. If your child appears ill, or if you've "had it" with colic, PLEASE call your pediatrician for an appointment. We have found that an excellent resource on the topic is the book "The Happiest Baby on the Block" by Harvey Karp, M.D. See our website for additional resources.

Nasal Stuffiness and Colds

Infants often experience nasal stuffiness even without having a cold. If there are obvious secretions in the nose, you can clear these by gently suctioning each nostril with the bulb syringe you were given at the hospital. Be sure to clean the bulb syringe with plenty of water after each use.

If thick or dry secretions are present, 1 or 2 saline drops (such as Ocean, NaSal, or ¼ tsp of salt to ½ cup of water) can be placed in each nostril a few minutes before suctioning. Be careful not to over-suction the nose, as this can irritate the delicate nasal tissues and worsen the stuffiness. Do not use other kinds of nose drops unless directed to do so by your pediatrician. A baby with head congestion may be more comfortable sleeping with the upper body elevated.

A common viral "cold" is usually manifest by congestion, mild cough, runny nose and low grade fever. It generally lasts 7 to 14 days. Antibiotics do not help with such an infection, and should not be given.

You should contact your pediatrician if any of the following signs occur. These may indicate the presence of a more serious illness.

1. Fever over 100.4° in a child under three months of age.
2. Fever over 104.5° in a child over three months.
3. Fever lasting longer than 3 days.
4. Unusually persistent symptoms.
5. Extreme fussiness.
6. Heaving of the chest or protrusion of the ribs with breathing (retractions).
7. Persistent flaring of the nostrils or grunting with each breath.
8. Blueness of the lips or tongue.
9. Persistent cough in an infant less than three months old.
10. Prolonged refusal to eat or sleep.
11. Listlessness or lethargy.

12. Anytime you are concerned.

Telephone Calls

Routine questions can be answered by our office nurses. Your pediatrician will be happy to answer any other questions. We return phone calls during our lunch hour or at the end of the day (usually after 5:00 - 6:00 p.m.) Please have a pencil and paper available so that you can write down any notes, names of medications, etc.

PLEASE INDICATE TO OUR STAFF THAT YOU NEED TO TALK TO US IMMEDIATELY IF YOUR CALL IS AN EMERGENCY.

We look forward to serving you and watching your child grow during this most exciting and wonderful time of life!

HELPFUL TELEPHONE NUMBERS

Utah Poison Control Center		1-800-222-1222
Utah County Health Department		
Birth Certificates		851-7002
Immunization Clinic		851-7025
WIC	Provo	851-7300
	American Fork	851-7320
	Orem	851-7340
	Payson	851-7360

PROVO/OREM AFTER HOURS AND EMERGENCY CARE

After regular office hours, URGENT medical service can be obtained by calling your pediatrician's usual office number.

A pediatrician in Provo or Orem is available each evening, Saturday, Sunday and Holiday. We rotate this responsibility among all the local Provo/Orem pediatricians. If your pediatrician is taking this responsibility, his office staff will answer. If one of the other pediatricians is on call, your call will automatically be forwarded to his or her office, or a recorded message will tell you the number through which this pediatrician can be reached.

After hours appointments can be made by calling during the following hours:

WEEKDAYS	4:45 p.m. - 10:00 p.m.
SATURDAYS	8:30 a.m. - 10:00 p.m.
SUNDAYS & HOLIDAYS	8:00 a.m. - 10:00 p.m.

Before 10:00 p.m., your child will usually be seen in the office of the pediatrician on call. This service can help you avoid the higher costs of emergency room care, and assure that your child is seen by a qualified pediatrician.

Calls after 10:00 p.m. are usually screened by a pediatric nurse. Please limit calls after 10:00 p.m. to true emergencies that cannot wait until the following morning.

Because our regular office staff is not available after hours, calls about routine appointments, billing questions, prescription refills and NON-ACUTE (NON-EMERGENCY) problems should be reserved for our regular office hours, 9:00 a.m. to 4:45 p.m. on weekdays.

In the best interest of your ill children, we prefer not to call prescriptions to pharmacies without first examining the patient.

The cost of after hours service is the usual office charge plus whatever after hour charge your insurance plan may require. Please bring your current insurance information and cards with you. We hope this service is helpful to you and encourage any suggestions you may have to improve our service to you. The pediatricians who participate in this after hours service are as follows:

Provo N. University Office
373-8930
Richard Y. Farnsworth, M.D.
Michael H. Lauret, M.D.
R. Mitchell Adams, D.O.
Lynn B. Barlow, M.D.
Jeffrey L. Jensen, M.D.
Bradley W. Anderson, M.D.
Michael F. Gibson, CNP
A. Brett Davis, PA-C
Natalie C. Ellis, PA

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Cherry Tree Office
224-4550
Phil Freestone, M.D.
Douglas W. Hacking, M.D.
Daniel G. Simmons, M.D.
John R. Wynn, M.D.
Gregory W. Nielsen, M.D.

Timpanogos Office
224-0421
Gregory S. Wynn, M.D.
Melissa A. Kendall, M.D.
Jennifer Geary Brinton, M.D.
Matthew J. Cornish, M.D.
Ernest A. Bailey, M.D.
Laurie A. Anderson, CPNP

Physician's Plaza Office
357-7883
Richard W. Later, M.D.
Sue Ann Christensen, CPNP

Johnson & Clayton
377-4800
Joseph Johnson, M.D.

Pediatric Care
357-7800
Ronald C. Jones, M.D.
Kenneth Zollo, M.D

AMERICAN FORK AFTER HOURS AND EMERGENCY CARE

After regular office hours, URGENT medical service can be obtained by calling your pediatrician's usual office number.

A pediatrician in American Fork is available each evening, Saturday, Sunday and Holiday. We rotate this responsibility among seven local pediatricians. If your pediatrician is taking this responsibility, his office staff will answer. If one of the other pediatricians is on call, your call will automatically be forwarded to his or her office, or a recorded message will tell you the number through which this pediatrician can be reached.

After hours appointments can be made by calling during the following hours:

WEEKDAYS	4:30 p.m. - 9:00 p.m.
SATURDAYS	9:00 a.m. – Noon (After Noon by Appt)
SUNDAYS & HOLIDAYS	By Appointment

Before 9:00 p.m., your child will usually be seen in the office of the pediatrician on call. This service can help you avoid the higher costs of emergency room care, and assure that your child is seen by a qualified pediatrician.

Calls after 9:00 p.m., the pediatrician on call will be at home. Please limit calls after 9:00 p.m. to true emergencies that cannot wait until the following morning.

Because our regular office staff is not available after hours, calls about routine appointments, billing questions, prescription refills and NON-ACUTE (NON-EMERGENCY) problems should be reserved for our regular office hours, 9:00 a.m. to 4:30 p.m. on weekdays.

In the best interest of your ill children, we prefer not to call prescriptions to pharmacies without first examining the patient.

The cost of after hours service is the usual office charge plus whatever after hour charge your insurance plan may require. Please bring your current insurance information and cards with you. We hope this service is helpful to you and encourage any suggestions you may have to improve our service to you. The pediatricians who participate in this after hours service are as follows:

Gordon B. Glade, M.D. 756-5209
Ryan B. Wilcox, M.D. 756-5290
Marcie E. Conner, M.D. 756-5609
Scott H. Mumford, M.D. 756-5609
David C. Nuttall, M.D. 756-6092
John D. Weipert, M.D. 756-8788
Michael Whiting, M.D. 492-4333
Dustin Wise, M.D. 492-7851

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