



THE KIDZ CARE KLINIC

FREQUENTLY ASKED QUESTIONS

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WELL CHILD CHECK-UPS (WCCs)/IMMUNIZATIONS GIVEN:

- 2 month – DT_AP, Hep B, HIB, Prevnar
- 4 month – DT_AP, HIB, Prevnar
- 6 month – DT_AP, Hep B, HIB, Prevnar
- 9 month – WCC with NO immunizations
- 12 month – DT_AP, MMR, VZV, HIB, Prevnar, Hep A (HGB/Lead)
- 15 month – DT_AP
- 18 month – Hep A
- 24 month – Annual WCC (HGB/Lead)
- 4 years old – IPV, DT_AP, MMR, VZV
- 11 years old – Tdap, MCV, HPV

FORMULAS:

ROSS

- Similac with Iron Advanced
- Isomil Advanced (Soy Based)
- Similac Sensitive
- Alimentum ADV (Predigested)

MEAD JOHNSON

- Enfamil with Iron Lipil
- Prosobee Lipil
- Gentlease Lipil
- Nutrimagen Lipil

LEAD: (FINGERSTICK)

- Lead testing is performed at 12 months old and 24 months old.
- Results:
 - Greater than 10 – abnormal
 - Less than 10 – normal
- If the patient's lead level is abnormal, he/she is to return to the clinic for repeat venous stick and further evaluation.

CONSTIPATION:

- Make sure abdomen is not tight, it should be soft.
- It is within normal limits for a patient to go 2-3 days without having a bowel movement as long as both the abdomen is soft and the patient is passing gas.
- If the patient is constipated, try these remedies:
 1. Kayro Syrup (dark) 1 tablespoon in 4oz bottle of formula or breast milk (try 3-4 times).
 2. Sugar Water
 3. Apple/Prune Juice – 4oz maximum twice daily (not recommended for babies less than 2 months).

4. ½ Glycerin Suppository (DO NOT USE MORE THAN ONCE A WEEK)

If constipation persists, call the clinic to make an appointment.

CONGESTION:

- Make sure patient continues to eat and does not have difficulty breathing.
- It is often difficult to differentiate between congestion and wheezing.
 - If patient is wheezing, please take them to the emergency room.
 - If unsure, have the patient seen in clinic.
- Currently, there are no drugs for congested infants. We suggest the following to give them some comfort:
 - Humidifier
 - Normal saline with bulb suction

DIAPER RASH:

- Keep diaper area dry and clean.
- Try to change infant after every wet/soiled diaper.
- Allow skin to air out as often as possible.
- In the event of a diaper rash, use the following:
 - A&D Ointment
 - Desitin
 - Buttross Butt Paste

GASTROESOPHOGEAL REFLUX (Spitting Up):

- All babies spit up, some more than others.
- If the baby is spitting up greater than ½ of the feeding, there may be a problem.
- If there is weight loss, there is a problem.
- Average feedings:
 - Birth – 2 months: 3-4oz every 3-4 hours
 - 2 months – 4 months: 4-5 oz every 3-4 hours
 - 4 months – 6 months: 5-8oz every 3-4 hours
- If the baby is taking more than the average feeding, there is a possibility that he/she is being overfed resulting in increased spitting up.

Preventative Measures:

- Feed baby upright then have baby upright in bouncy seat or in a swing where head is elevated over abdomen for 15-20 minutes after feeding.
- Burp baby after every feeding.
- If patient has some head control, add a little cereal (approximately 2 scoopfuls per 4oz of formula/breast milk) to thicken the feeding.

RINGWORM:

- Anti-fungal creams such as Lotrimin (over-the-counter) works well except for ringworm(s) except for those of the scalp, palms of hands, and soles of feet.

- Your child may need evaluation in clinic if no improvement is seen with over-the-counter anti-fungal creams.
- **NOTE:** If the ringworm is located on the scalp, palm of hand, and/or sole of feet, please call for an appointment.

THRUSH:

Thrush is white plaques in the mouth that cannot be easily wiped away. Parent needs to make sure eating habits have not changed and boil everything going into patient's mouth (such as pacifiers and nipples). Please call the clinic to be evaluated.

FEVER:

Newborn to 2 months

- Have patient in onesie for five (5) minutes before taking temperature.
 - Oral and rectal temperatures are the best.
- If temperature is GREATER than or EQUAL to 100.5, the parent needs to administer Tylenol and call to bring patient in or report to local emergency room for evaluation.

3 months and older

- Babies can have fever due to common illnesses such as a cold or viral illness.
- Treat with Tylenol, luke warm baths, and cool liquids (only if they have had a cool drink previous to current illness).
- If fever is persistent, parent can alternate Tylenol (NB and up) and Motrin (6m and up) every 4 hours. Call the clinic for further evaluation.

DIARRHEA:

Infants

- Isomil DF 3-4 days then return to regular diet.

Toddlers/Older Children

- Clear liquid diet/Pedialyte for 24 hours then return to regular diet.
 - Give it time, the virus will clear itself.

VOMITING:

Infants

- Give child small amounts of pedialyte frequently for 24 hours then advance to formula the next day.

Toddlers/Older Children

- Give child small amounts (such as a Dixie cup full) of Pedialyte or clear liquids frequently for 24 hours.
- The following 24 hours, try to advance to a bland diet (ex. rice with no gravy, crackers, soup/broth, toast with no jelly). If the patient is able to tolerate these, he/she may return to his/her regular diet.

If no improvements have been seen, call the clinic for an appointment for patient evaluation.

SORE THROAT:

Disclaimer: A sore throat does not necessarily mean the child has strep.

- Does the patient have difficulty swallowing?
 - If no, wait 1 to 2 days to see if the sore throats gets better. If no improvements have been seen within 2-3 days, call the clinic for patient evaluation.
 - If yes, contact the clinic for patient evaluation.
- Does the patient have a fever greater than or equal to 100.5°F?
 - If yes, contact the clinic for patient evaluation.
- Has the patient urinated within the last 8 to 12 hours?
 - If no, increase patient's fluid intake (preferably water or pedialyte) and contact clinic for patient evaluation.

SINUS DRAINAGE:

Thick green mucoid nasal discharge is a sign of a bacterial and/or viral illness. Antibiotics are not needed unless the symptoms persist for greater than 3 days. Use age appropriate methods and medications to assist patient (i.e. bulb suction, humidifier, age appropriate over-the-counter medications).

TUGGING AT EARS:

Disclaimer: Ear tugging doesn't necessarily predict an ear infection.

- Many times infants and toddlers tug at their ears for various reasons (i.e. sleepiness, habit, irritation caused by eczema or long hair).
- If the patient has other symptoms with the ear tugging, contact the clinic for patient evaluation.
 - Other symptoms:
 - Fever \geq 100.5°F
 - excessive nasal congestion

COUGH, RUNNY NOSE

- If your child has a cough and runny nose that is accompanied by decreased sleeping due to fussiness and/or decreased appetite, call the clinic for further evaluation.

CHICKENPOX:

- Chickenpox may vary in appearance due to the vaccine.
- Generally, chickenpox appear as fluid-filled vesicles, red bumps, or crusted lesions all in the same area.
- If you suspect that your child has chickenpox, please contact the clinic for further evaluation.

Measles

- Highly unlikely since the vaccine has been implemented.
- If your child has not had the vaccine, please contact the clinic for further evaluation.

REFILL ON MEDICINE:

- Please contact pharmacy to ensure that there are no refills on the needed medication before contacting the clinic.
- ALL medication refills should be requested through the Patient Portal (<https://patientportal.intelichart.com>).
- If a patient has not been in clinic for his/her well child check-up (these are performed annually), the medicine will not be refilled. He/she will have to be seen in the clinic before receiving a new prescription.