

## PEDIATRIC ASSOCIATES PC

Edward Kimble M.D.  
David Baswell M.D.  
Bruce MacHaffie M.D.

Shirley Stewart RN CPNP  
Hope Slavoski RN CPNP

6190 Barnes Rd. Colorado Springs CO 80922  
Phone: 719-596-4502

# Diarrhea

## What is diarrhea?

Diarrhea can be caused by a virus or bacteria in your child's intestines. This makes your child's bowel movements (BMs) looser and come more often. Mild diarrhea is when your child has a few loose BMs. When the BMs are watery, the diarrhea is severe.

When your child has diarrhea, it is important to make sure your child does not lose too much water. If your child has these signs, he or she could be dehydrated:

- Dry, sticky mouth.
- No tears.
- No urine in over 8 hours (over 12 hours if more than 1 year old).
- Dark urine.

Taking care of the diarrhea can keep your child from losing too much water.

## What is the cause?

Diarrhea is usually caused by a viral infection. Sometimes it is caused by bacteria or parasites. Sometimes a food allergy or drinking too much fruit juice may cause diarrhea. Antibiotics can upset the natural balance of bacteria in the digestive tract.

## What should I feed my child?

Extra fluids and diet changes work best. **Note:** One loose bowel movement can mean nothing. Don't change your child's diet until your child has had several loose bowel movements.

## Taking Care of Watery (Severe) Diarrhea

### If your baby is less than 1 year old and bottle-fed:

- Give him fluids more often than you would normally and as much as he wants. Fluids prevent dehydration.
- Give your baby Pedialyte instead of formula for 4 to 6 hours.
- After 4 to 6 hours, give your baby formula again. You may need soy formulas if the diarrhea is severe or doesn't improve in 3 days.
- If your baby is over 4 months old, continue rice cereal, strained carrots, strained bananas, and mashed potatoes.

### If your baby is less than 1 year old and breast-fed:

- Breast-feed more often.
- If your baby is over 4 months old, continue rice cereal, strained carrots, strained bananas, and mashed potatoes.

- Offer Pedialyte between feedings only if your baby does not urinate as often as usual or has dark-colored urine.

**If your child is over 1 year old:**

- Give dried cereal, saltine crackers, yogurt, oatmeal, bread, noodles, mashed potatoes, carrots, applesauce, and strained bananas.
- Give water or diluted Gatorade as the main fluids.
- Caution: If your child does not want to eat solid food, give your child milk or formula rather than water.

**Taking Care of Mild Diarrhea**

- Feed your child cereal, breads, crackers, rice, mashed potatoes, and noodles. (You can keep giving formula to your baby.)
- Stay away from all fruit juices. Have your child drink more water.

**Call your child's doctor right away if:**

- Your child has not urinated in 8 hours (12 hours for older children) or has a very dry mouth or no tears.
- There is any blood in the diarrhea.
- Your child has had more than 8 BMs in the last 8 hours.
- The diarrhea is watery AND your child also throws up repeatedly.
- Your child starts acting very sick.

**Call your child's doctor during office hours if:**

- There is mucus or pus in the BMs.
- Your child has a fever that lasts more than 3 days.
- The mild diarrhea lasts more than 2 weeks.
- You have other concerns or questions.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

## PEDIATRIC ASSOCIATES PC

Edward Kimble M.D.  
David Baswell M.D.  
Bruce MacHaffie M.D.

Shirley Stewart RN CPNP  
Hope Slavoski RN CPNP

6190 Barnes Rd. Colorado Springs CO 80922  
Phone: 719-596-4502

# Vomiting

## What is vomiting?

Vomiting is the forceful emptying ("throwing up") of a large portion of the stomach's contents through the mouth. Strong stomach contractions against a closed stomach outlet result in vomiting. In contrast, reflux is the effortless spitting up of one or two mouthfuls of stomach contents (which you may often see babies less than 1 year old do).

## What is the cause?

Most vomiting is caused by a viral infection of the lining of the stomach or if your child eats something that disagrees with him. Usually, a child whose vomiting is caused by a virus also has diarrhea. If your child has vomiting without diarrhea and it lasts more than 24 hours, your child may have something more serious.

## How long does it last?

The vomiting usually stops in 6 to 24 hours. Changes in the diet can prevent excessive vomiting and dehydration. If your child also has diarrhea, it will usually continue for several days.

## How can I take care of my child?

- **Offer small amounts of clear fluids for 8 hours (no solid food)**

Offer clear fluids (not milk) in small amounts until 8 hours have passed without vomiting. For infants less than 1 year old, always use an oral electrolyte solution (such as Pedialyte or Kao Lectrolyte). Spoon or syringe feed your baby 1 teaspoon (5 ml) every 5 minutes. Until you get some Pedialyte, give formula by teaspoonful in the same way.

For a child over 1 year old with vomiting (but no diarrhea), the best fluid is water or ice chips because water can be directly absorbed across the stomach wall. If your child is 2 years old or older water is best, but half-strength lemon-lime soda or Popsicles are also okay. Stir the soda until no fizz remains (the bubbles inflate the stomach and increase the chances of continued vomiting).

Start with 1 teaspoon to 1 tablespoon of the clear fluid, depending on your child's age, every 5 minutes. After 4 hours without vomiting, double the amount each hour. If your child vomits using this treatment, rest the stomach completely for 1 hour and then start over but with smaller amounts. This one-swallow-at-a-time spoonfed approach rarely fails.

- **Offer bland foods after 8 hours without vomiting**

After 8 hours without vomiting, your child can gradually return to a normal diet.

Infants can start with bland foods such as cereal. If your baby only takes formula, give 1 or 2 ounces less per feeding than usual.

Older children can start with such foods as saltine crackers, cereals, white bread, bland soups like "chicken with stars," rice, and mashed potatoes.

Usually your child can be back on a normal diet within 24 hours after recovery from vomiting.

- **Diet for breast-fed babies**

The key to treatment is providing breast milk in smaller amounts than usual. If your baby vomits once, make no changes. If your baby vomits twice, continue breast-feeding but nurse on only one side for 10 minutes every 1 to 2 hours.

If your baby vomits 3 or more times, nurse for 4 to 5 minutes every 30 to 60 minutes. As soon as 8 hours have passed without vomiting, return to normal nursing on both sides.

Pedialyte and Kao Lectrolyte are rarely needed for breast-fed babies. If vomiting continues, switch to Pedialyte for 4 hours. Spoon or syringe feed 1 tablespoon (15 ml) of Pedialyte every 5 minutes. If your baby is urinating less frequently than normal, you can offer the baby an electrolyte solution between breast-feedings for a short time (6 to 24 hours).

- **Medicines**

Do not give your child any medicines by mouth for 8 hours. Oral medicines can irritate the stomach and make vomiting worse. If your child has a fever over 102°F (39°C), use acetaminophen suppositories. Call your healthcare provider if your child needs to continue taking a prescription medicine.

- **Common mistakes in the treatment of vomiting**

A common error is to give as much fluid at one time as your child wants rather than gradually increasing the amount. This almost always leads to continued vomiting.

There is no effective drug or suppository for vomiting. Diet is the best treatment. Vomiting alone (without diarrhea) rarely causes dehydration unless you are giving your child medicine by mouth.

## **When should I call my child's healthcare provider?**

Call IMMEDIATELY if:

- Your child shows any signs of dehydration (such as no urine in over 8 hours, very dry mouth, no tears when crying).
- Your child vomits up blood or something that looks like coffee grounds.
- Your child vomits repeatedly AND also has watery diarrhea.
- Your child has severe abdominal pain.
- Your child is confused or difficult to awaken.
- Your child starts acting very sick.

Call during office hours if:

- The vomiting continues for more than 24 hours if your child is under age 2 years or 48 hours if over age 2.
- You have other concerns or questions.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

# Vomiting

---

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

**PEDIATRIC ASSOCIATES PC**

Edward Kimble M.D.  
David Baswell M.D.  
Bruce MacHaffie M.D.

Shirley Stewart RN CPNP  
Hope Slavoski RN CPNP

6190 Barnes Rd. Colorado Springs CO 80922  
Phone: 719-596-4502

## **RSV (Respiratory Syncytial Virus)**

### **What is RSV?**

Respiratory syncytial virus (RSV) is a common virus that usually affects the nose, throat, and lungs. Most serious infections with RSV occur in babies and young children.

### **What are the symptoms?**

Severe cases of infection with RSV can cause a condition known as bronchiolitis, where the small airways of the lungs are infected. Symptoms of bronchiolitis include:

- cough
- fever
- wheezing
- difficult or rapid breathing.

Some babies and small children may have so much trouble breathing that they don't eat well. Severe RSV infection can also cause pneumonia.

In less severe cases or in older children, RSV can cause:

- common cold symptoms (cough and runny nose)
- ear infections
- eye redness and irritation (conjunctivitis)
- croup (cough and sore, scratchy throat).

### **How is it diagnosed?**

RSV generally occurs in the winter and spring, so most healthcare providers diagnose the condition when a child has symptoms during RSV season. Diagnosis can also be made by using a test to find the virus in samples of mucus from the nose. X-rays do not usually help diagnose RSV infection.

### **How is it treated?**

**Suctioning:** Use a bulb syringe to help suck out the mucus from your child's nose. This will help your child breathe more easily. When young children are more severely infected, they may need oxygen and suctioning of airways below the nose and throat, which usually requires them to be in the hospital.

**Medicine:** Because RSV is caused by a virus and not a bacteria, antibiotics will not help treat RSV unless another infection is present. Sometimes, inhaled or oral asthma-type medicine may help your child breathe easier.

### **How long will it last?**

## **RSV (Respiratory Syncytial Virus)**

RSV illness usually lasts anywhere from 7 to 21 days.

### **How can I help prevent RSV?**

RSV is such a common virus that it is almost impossible to keep your child from being exposed to it. One thing you can do is make sure that people who are in contact with your young baby wash their hands first before holding your child. Also, try to keep your baby away from people with cold symptoms.

Babies born very prematurely, or babies with chronic lung disease may be able to get treated with a drug called Synagis. Synagis is a kind of antibody to prevent RSV. It is given as a shot every month during the winter and spring.

### **When should I call my child's healthcare provider?**

Call immediately if:

- Your child has very rapid breathing (more than 60 breaths in a minute) or difficulty breathing.
- Your child has had no wet diapers for more than 8 hours.
- Your child is extremely tired or hard to wake up.
- You cannot console your child.

Written for McKesson Corporation by William Muller, MD.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

## PEDIATRIC ASSOCIATES PC

Edward Kimble M.D.  
David Baswell M.D.  
Bruce MacHaffie M.D.

Shirley Stewart RN CPNP  
Hope Slavoski RN CPNP

6190 Barnes Rd. Colorado Springs CO 80922  
Phone: 719-596-4502

# Colds (Upper Respiratory Infections, or URIs)

## What is a cold?

A cold or upper respiratory infection is an infection of the nose and throat caused by a virus.

Symptoms of a cold may include:

- runny or stuffy nose
- fever
- sore throat
- sometimes a cough or hoarse voice
- red or watery eyes
- swollen lymph nodes in the neck.

## What is the cause?

The cold viruses are spread from one person to another by hand contact, coughing, and sneezing. Colds are not caused by cold air or drafts. Because there are up to 200 viruses that cause colds, most healthy children get at least 6 colds a year.

Many children and adults have a runny nose in the wintertime when they breathe cold air. This is called vasomotor rhinitis. The nose usually stops running within 15 minutes after a person comes indoors. It does not need treatment and has nothing to do with cold or an infection.

Chemical rhinitis is a dry stuffy nose that results from using decongestant nosedrops or spray too often and too long (longer than 1 week). It will be better a day or two after you stop using the nosedrops or spray.

## How long does it last?

Usually the fever lasts 2 or 3 days. The sore throat may last 5 days. Nasal discharge and congestion may last up to 2 weeks. A cough may last 3 weeks.

Colds are not serious. Between 5% and 10% of children develop a bacterial infection from a cold. Watch for signs of a bacterial infections such as earaches, yellow drainage from the eyes, sinus pressure or pain (often means a sinus infection), or rapid breathing (often a sign of pneumonia). Yellow or green nasal discharge are a normal part of the body's reaction to a cold. As an isolated symptom, they do not mean your child has a sinus infection. Suspect a sinus infection only if your child complains of pressure, pain or swelling over a sinus and it doesn't improve with nasal washes.

If you have a young infant, make sure that the she does not get dehydrated. A blocked nose can interfere so much with the ability to suck that dehydration can occur.

## How can I take care of my child?



## Colds (Upper Respiratory Infections, or URIs)

Not much can be done to affect how long a cold lasts. However, we can relieve many of the symptoms. Keep in mind that the treatment for a runny nose is quite different from the treatment for a stuffy nose.

- **Treatment for a runny nose with a lot of discharge.**

The best treatment is clearing the nose for a day or two. Sniffing and swallowing the secretions is probably better than blowing because blowing the nose can force the infection into the ears or sinuses. For younger babies, use a soft rubber suction bulb to remove the secretions gently.

Put petroleum jelly around the nostrils to protect them from irritation.

Nasal discharge is the nose's way of getting rid of viruses. Antihistamines are not helpful unless your child has a nasal allergy.

- **Treatment for a dry or stuffy nose with only a little discharge or dried yellow-green mucus.**

Most stuffy noses are blocked by dry mucus. Blowing the nose or suction alone cannot remove most dry secretions. Using nosedrops and then suctioning or blowing out the fluid in the nose can help. This is called a nasal wash.

Nosedrops of warm tap water or saline solution are better than any medicine you can buy for loosening up mucus. To make normal saline nosedrops, mix 1/2 teaspoon of table salt in 8 ounces of water. Make up a fresh solution every few days and keep it in a clean bottle. Use a clean eyedropper to put drops into the nose. Water can also be dripped in using a wet cotton ball.

- For the younger child who cannot blow his nose:

Place 3 drops of warm water or saline in each nostril. (If your child is younger than 1 year old, use only 1 drop at a time and do 1 nostril at a time). After 1 minute use a soft rubber suction bulb to suck out the loosened mucus gently. To remove secretions from the back of the nose, you will need to seal off both nasal openings completely with the tip of the suction bulb on one side and your finger closing the other side. If you cause a nosebleed, you are putting the tip of the suction bulb in too far. You can get a suction bulb at the drugstore for about \$2. Try to buy a short, stubby one with a clear-plastic mucus trap.

- For the older child who can blow his nose:

Use 3 drops in each nostril while your child is lying on his back on a bed with his head hanging over the side. Wait 1 minute for the water to soften and loosen the dried mucus. Then have your child blow his nose. This can be repeated several times for complete clearing of the nasal passages.

- Mistakes in using warm-water or saline nosedrops:

The main errors are using only 1 drop of water or saline (except for infants), not waiting long enough for secretions to loosen up before suctioning or blowing the nose, and not repeating the procedure until the breathing is easy. The front of the nose can look open while the back of the nose is all gummed up with dried mucus. Make sure that the nose is suctioned or blown after the warm-water nosedrops are put in.

- Use the nasal wash at least 4 times a day or whenever your child can't breath through the nose.

## Colds (Upper Respiratory Infections, or URIs)

- **The importance of clearing the nose of a young infant.**

A child can't breathe through the mouth and suck on something at the same time. If your child is breast-feeding or bottle-feeding, you must clear his nose out so he can breathe while he's sucking. It is also important to clear your infant's nose before you put him down to sleep.

- **Treatment for other symptoms of colds.**

- Fever: Use acetaminophen or ibuprofen for aches or mild fever (over 102°F, or 38.9°C).
- Sore throat: Use hard candies for children over 4 years old and warm chicken broth for children over 1 year old.
- Cough: Use cough drops for children over 4 years old. Use 1/2 teaspoon corn syrup for children over 1 year old. Use a humidifier to make the air in the room less dry.
- Red eyes: Rinse frequently with wet cotton balls.
- Poor appetite: Encourage drinking fluids by letting the child choose what to drink.

- **Prevention of colds.**

A cold is caused by direct contact with someone who already has a cold. Over the years we are all exposed to many colds and develop some immunity to them. Teach children to wash hands often, especially after coming in contact with someone who has a cold.

Complications from colds are more common in children during the first year of life. Try to avoid exposing young babies to other children or adults with colds, day care nurseries, and church nurseries.

A humidifier prevents dry mucous membranes, which may be more susceptible to infections.

Vitamin C, unfortunately, has not been shown to prevent or shorten colds. Large doses of vitamin C (for example, 2 grams) cause diarrhea.

- **Common mistakes in treating colds.**

Most over-the-counter cold remedies or tablets are worthless. Antihistamines do not help cold symptoms. Especially avoid drugs that have several ingredients because there is a greater chance of side effects from these drugs. Nothing can make a cold last a shorter time. If the nose is really congested and your child also has allergies, consider using an oral decongestant (pseudoephedrine) for a day or so. Avoid oral decongestants if they make your child jittery or keep him from sleeping at night. Use acetaminophen (Tylenol) or ibuprofen (Advil) for a cold only if your child also has a fever, sore throat, or muscle aches. Children under 18 years of age should not take aspirin or products containing salicylate because of the risk of Reye's syndrome unless recommended by a healthcare provider.

Do not give leftover antibiotics for uncomplicated colds because they have no effect on viruses and may be harmful.

### When should I call my child's healthcare provider?

Call IMMEDIATELY if:

- Breathing becomes difficult AND no better after you clear the nose.

## Colds (Upper Respiratory Infections, or URIs)

---

- Your child starts acting very sick.

Call during office hours if:

- The fever lasts more than 3 days.
- The runny nose lasts more than 14 days.
- The eyes develop a yellow discharge.
- You can't unblock the nose enough for your infant to drink adequate fluids.
- You think your child may have an earache or sinus pain.
- Your child's sore throat last more than 5 days.
- You have other questions or concerns.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

## PEDIATRIC ASSOCIATES PC

Edward Kimble M.D.  
David Baswell M.D.  
Bruce MacHaffie M.D.

Shirley Stewart RN CPNP  
Hope Slavoski RN CPNP

6190 Barnes Rd. Colorado Springs CO 80922  
Phone: 719-596-4502

# Flu (Influenza)

## What is the flu?

The flu is a viral infection of the nose, throat, trachea, and bronchi that occurs every winter. Major epidemics every 3 or 4 years (for example, Asian influenza). The main symptoms are a stuffy nose, sore throat, and nagging cough. There may be more muscle pain, headache, fever, and chills than colds usually cause.

For most people, influenza is just a "bad" cold and bed rest is not necessary. Flu is not dangerous to people who are otherwise healthy.

## How can I take care of my child?

The treatment of flu depends on a child's main symptoms and is no different from the treatment for other viral respiratory infections. Bed rest is not necessary.

- **Fever or aches**

Use acetaminophen (Tylenol) every 6 hours or ibuprofen (Advil) every 8 hours for fever over 102°F (39°C). Children and adolescents who may have influenza should never take aspirin because it may cause Reye's syndrome.

- **Cough or hoarseness**

For children over age 4 give cough drops. If your child is 1 to 4 years old, give corn syrup (1/2 to 1 teaspoon as needed).

- **Sore throat**

Use hard candy for children over 4 years old. Warm chicken broth may also help children over 1 year old.

- **Stuffy nose**

Warm-water or saline nosedrops and suction (or nose blowing) will open most blocked noses. Use nasal washes at least four times a day or whenever your child can't breathe through the nose. Saline nosedrops are made by adding 1/2 teaspoon of salt to 1 cup of warm water.

- **Contagiousness**

Influenza spreads rapidly because the incubation period is only 24 to 36 hours and the virus is very contagious.

Your child may return to day care or school after the fever is gone and he feels up to it.

## Does my child need antiviral medicine?

Most healthcare providers do not use antiviral medicines because they only reduce the time that your child is sick by a day or so. Usually the runny nose lasts 7 to 14 days and the cough lasts 2 to 3 weeks. All antiviral medicines must be given within 48 hours of the start of

influenza symptoms to have an effect. Antiviral medicine is usually only used to treat children at high-risk for complications from the flu. Talk with your healthcare provider about this.

### **Does my child need a flu shot?**

Yearly flu shots have always been recommended for high-risk children over 6 months of age. These children often have complications from influenza, such as pneumonia. Parents and siblings of high-risk children should also get a flu shot. Children are considered high-risk if they have the following conditions:

- Lung disease, such as asthma
- Heart disease, such as a congenital heart disease
- Muscle disease, such as muscular dystrophy
- Metabolic disease, such as diabetes
- Renal disease, such as nephrotic syndrome
- Cancer or immune system conditions
- Diseases requiring long-term aspirin therapy.

In 2006, the American Academy of Pediatrics added all children age 6 months to 5 years to the list of people who should get a flu shot. Recent research has shown that healthy children younger than 24 months are at as great a risk of complications as children with the high-risk conditions listed above.

### **When should I call my child's healthcare provider?**

Call IMMEDIATELY if:

- Your child is having trouble breathing.
- Your child starts to act very sick.

Call during office hours if:

- Your child develops any complications such as an earache, sinus pain or pressure, or a fever lasting over 3 days.
- You have other questions or concerns.

Written by B.D. Schmitt, M.D., author of "Your Child's Health," Bantam Books.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.