

What to do about Diaper Rash

Diaper rash is a skin eruption in the area covered by your baby's diaper. It is extremely common and often clears away within a few days, if you keep the baby clean and dry.



Change the baby's diapers often. Replace the baby's diaper as soon as possible after he or she wets or soils, because urine and feces interact to cause diaper rash. You should change the diaper at least every two hours during the day and once at night. When practical, keep the baby's diaper off altogether. Frequent changes also are the best way to prevent your baby from developing diaper rash.

Use super-absorbent disposable diapers. These diapers form a gel when wet, keeping urine away from the baby's skin. If you prefer to use a cloth diaper or other type of disposable, be sure the diaper does not fit too tightly. Never use plastic pants, which hold moisture in.

Resist excessive cleaning or washing, which irritates the skin. After the baby urinates, it is not necessary to clean her. Bowel movements may be followed with gentle cleansing using warm water and a small amount of mild soap, such as Dove, Johnson's Ultra Sensitive, or a Cetaphil cleansing bar. Be sure to rinse away the soap well. Alternatively, use a cleanser that requires no water, such as Aquanil HC Lotion or a Cetaphil skin cleanser. It's best to stay away from diaper wipes when the baby has a rash.

Consider using a barrier cream, such as A and D ointment, Balmex, Desitin, Johnson & Johnson diaper ointment, or Triple Paste. Once again, the purpose is to keep urine and feces away from the skin. Don't use baking soda, talcum powder, or boric acid—even when the baby doesn't have a rash. Cornstarch can be used instead.

If the rash doesn't respond to these steps within three days, call our office. Also arrange an appointment if the rash seems to be getting worse, is bright red or raw, develops blisters, or is associated with fever or illness. Sometimes diaper rash is complicated by a secondary infection or has an unusual cause. In these instances, we will recommend other treatment.

Infant Care

4 Weeks

What should my baby eat?

Breastfeeding: Your baby may nurse every 2 to 5 hours. Some babies are sleeping for longer periods at night.

Bottle feeding: Your baby will take about 24 to 28 ounces a day. Some babies may sleep through the night.

Solid foods: Your baby does not need any cereal, fruit or juice now. Experience has shown that these do not help the baby sleep better.

What should my baby do?

Your baby can see and may follow bright lights or brightly colored objects. He or she may look and listen very alertly when spoken to quietly. One month old babies can turn their heads from side to side and may start to smile.

Some common questions:

Diaper rash: Most diaper rashes develop because the warmth and moisture under the diaper have made the baby's sensitive skin especially prone to irritation. Frequent changes, wiping at each change with warm water and Desistin or A & D ointment help. If possible, limit the use of plastic pants. If the rash become severe or is accompanied by fever, notify your doctor.

Colic: Colic or patterns of excessive crying develop around 4 to 6 weeks of age. It usually ends around 3 months of age. If you think your baby is developing colic, please ask your doctor or nurse practitioner. We can give you some suggestions for coping.

Fever: You can use an ear, rectal, or axillary thermometer. Call the office if your baby has a temperature of over 100.4°F.

INFANT VISION SIMULATOR CARD

How An Infant Views The World

From a distance of 1 meter



At 3 Days



At 1 Month



At 3 Months



At 6 Months



At 1 Year

Vision is normally developed by age 3 years.

This Vision Simulator Card was developed by

Ohio Optometric Association

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The Importance of Eye Exams for Infants

- A comprehensive eye exam can and should be performed on an infant before one year of age.
- 1 out of 4 school-age children have a vision problem.
- 4 out of 100 children have a lazy eye (Amblyopia). Half of those children with lazy eye go undetected, resulting in permanent, preventable vision loss.
- Farsightedness (Hyperopia) - Distant objects are clear while near objects may be blurry and/or create eye strain.
- Nearsightedness (Myopia) - Distant objects are blurry while near objects are clear.
- In normal circumstances, 80% of what we learn is through our visual sense.
- A lifetime of comprehensive eye care should start during infancy with an eye exam by a primary eye doctor.

Optometrists are primary eye care doctors who diagnose and treat eye diseases and vision disorders.

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► Keep the room temperature at about 70°F to 74°F.

► Dress your child in light cotton pajamas so that body heat can escape.

► If your child is chilled, put on an extra blanket but remove it when the chills stop.

Will a bath help lower my child's fever?

Used together, acetaminophen and a lukewarm bath may help lower a fever. Give the acetaminophen before the bath. If the bath is given alone, your child may start shivering as his or her body tries to raise its temperature again. This may make your child feel worse.

Your doctor may suggest giving your baby a sponge bath after giving acetaminophen if the fever reaches 103°F or if your baby or child has ever had a seizure during a fever. In a few children, seizures can be caused by a fast rise in temperature.

Don't use alcohol for baths. It can be absorbed through the skin. Also, don't use cold water. It can cause shivering.

When should I call the doctor?

A saying doctors use is, "Don't treat the thermometer, treat the child." This means that your child's behavior is more important than the number on the thermometer. You can follow the guidelines below to help decide when to call your doctor, but it's important to call whenever you feel that your child needs help or if you have any questions.

► Under 1 month old. Call your family doctor right away if your baby's temperature goes over 100.4°F rectally, even if he or she doesn't seem sick. Your doctor may want to see your baby and may want to put him or her in the hospital to find out

what's causing the fever. Babies this young can get very sick very quickly. Also call your doctor if your baby has any of the warning signs listed below, even if he or she isn't running a fever.

► One to 3 months old. Call your doctor if your baby has a temperature of 101.4°F (even if your baby doesn't seem sick) or a temperature of 100.4°F that has lasted more than 24 hours. Also call if your baby has any of the warning signs listed below.

► Three months to 2 years old. If your child has a fever of 101.4°F, watch how he or she acts. Call your doctor if the fever rises or lasts for more than 3 days, or if your child has any of the warning signs listed below. If the temperature is 103°F, call your doctor even if your child seems to feel fine.

► Over 2 years old. If your child has a fever of 101.4°F, watch how he or she acts. Call the doctor if the fever rises or lasts more than 3 days, or if your child has any of the warning signs listed below.

Call your doctor if your child has any of these warning signs

- | | |
|--|---|
| ► Changes in behavior | ► Severe headache |
| ► Constant vomiting or diarrhea | ► Skin rash |
| ► Dry mouth | ► Sore or swollen joints |
| ► Earache or pulling at ears | ► Sore throat |
| ► Fever comes and goes over several days | ► Stiff neck |
| ► High-pitched crying | ► Stomach pain |
| ► Irritable | ► Swelling of the soft spot on the head |
| ► Not hungry | ► Unresponsive or limp |
| ► Pale | ► Wheezing or problems breathing |
| ► Seizures | ► Whimpering |

This brochure provides a general overview on this topic and may not apply to everyone. To find out if this brochure applies to you and to get more information on this subject, talk to your family doctor.



American Academy of Family Physicians
The doctors who specialize in you

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The American Academy of Family Physicians also provides health information on the World Wide Web through Family Medicine Online (<http://www.aafp.org>) and HealthAnswers® (<http://www.healthanswers.com>).



The American Academy of Family Physicians Foundation has favorably reviewed this material. Favorable review means that medical information is accurate but does not imply endorsement of any conclusions presented.

fever in children



When your
child has
a fever



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fever in children

when your child has a fever

What is a normal temperature?

A normal temperature is about 98.6°F when taken orally (by mouth). Temperatures taken rectally (by rectum) usually run 1° higher than those taken orally. So a normal temperature is about 99.6°F when taken rectally. But temperatures may vary several degrees during the day, even in healthy children. Many doctors define a fever as an oral temperature above 99.4°F or a rectal temperature above 100.4°F.

What's the best way to take my child's temperature?

You may think you can tell if your child has a fever by touching his or her forehead. But this isn't an accurate way to tell.

Fever strips, which are placed on the child's forehead, are also not accurate. A new type of thermometer takes the temperature in the ear. This type of thermometer works by "taking a picture" of the infrared heat given off by the eardrum. The most accurate way to take your child's temperature is orally or rectally with a mercury or digital thermometer (temperatures taken from under the arm are not as reliable). In a child younger than about 4 years, take the temperature rectally. In an older child, take it orally.

► A mercury thermometer should show a temperature lower than 98.6°F before taking a temperature. You can run cool water over the red end to lower the reading. Some thermometers must be shaken to lower the reading.

► Don't bundle your baby or child up too tightly before taking the temperature.

► Never leave your child alone while taking his or her temperature.

► Be sure you use the right thermometer. Rectal thermometers are thicker than oral thermometers.

► If you're taking your child's temperature rectally, coat the tip of the thermometer with petroleum jelly (brand name: Vaseline) and insert it half an inch into the rectum. Hold the thermometer still for 2 minutes. Never let go of the thermometer.

► If you're taking your child's temperature orally, place the end of the thermometer under the tongue and leave it there for 2 minutes. Don't let your child bite on the thermometer.

► After you're done using the thermometer, wash it in cool, soapy water.



When should I try to lower my child's fever?

Fevers are more frightening than they are harmful. They're usually just a sign that the body is fighting an infection. The main reason to treat your child is to make him or her feel better. When your child is achy and fussy, you may want to give him or her some medicine.

How much medicine is needed to lower a fever?

Acetaminophen (brand names: Children's or Infants' Tylenol) is a medicine that relieves pain and lowers fever. How much acetaminophen your child

may need depends on his or her weight and age, as shown in the chart below. When the age and weight don't match, use the weight of your child as the main guide in figuring out how much acetaminophen to give. The doses in the chart may be a little higher than what's on the medicine package. If you have any questions about the right dose, ask your doctor.

Be sure to read the directions on the label carefully. Acetaminophen comes in different forms: drops, elixir, chewable tablets and caplets. The different forms have different strengths. To get the same amount of medicine might mean using 2 dropperfuls of the drops but 1 teaspoon of the elixir. The chart below gives suggested doses in milligrams (abbreviated as mg). One dropperful equals 80 mg; 1 teaspoon equals 160 mg; 1 chewable tablet equals 80 mg; 1 caplet equals 160 mg.

Ibuprofen (brand names: Children's Advil, Children's Motrin) is another pain-relieving and fever-reducing medicine. Talk to your family doctor before giving this medicine to your child. Your doctor will tell you the correct dose for your child based on his or her age and weight.

Age	Weight	Acetaminophen dose (every 4 hours)
0 to 3 months	Less than 13 pounds	Ask your family doctor
4 to 7 months	13 to 17 pounds	80 mg
8 to 18 months	18 to 23 pounds	120 mg
1.5 to 3 years	24 to 32 pounds	160 mg
4 to 5 years	33 to 45 pounds	240 mg
6 to 7 years	46 to 61 pounds	320 mg
8 to 9 years	62 to 78 pounds	400 mg
10 to 11 years	79 to 98 pounds	480 mg
12 to 13 years	99 to 131 pounds	640 mg

Tips on giving medicine

- Don't give more than 5 doses in 1 day.
- Don't give a baby younger than 4 months old medicine unless your family doctor tells you to.
- Read labels carefully. Acetaminophen comes in different forms and strengths: drops, liquid elixir, chewable tablets and caplets. Make sure you are giving your child the right amount of medicine.
- If using drops, fill the dropper to the line.
- For liquid elixir, use a liquid measuring device to make sure you give the right dose. Get one at your drug store or ask your pharmacist.

Why not use aspirin to lower my child's fever?

Aspirin can cause Reye's syndrome in children who have the flu or the chickenpox. Reye's syndrome is a serious illness that can lead to death. Because it may be hard to tell if your child has one of these infections, it's best not to use aspirin unless your family doctor says it's okay. Acetaminophen is a safer choice to use in children with a fever.

Are there other ways to help my child feel better?

- Give your child plenty to drink to prevent dehydration (not enough fluid in the body) and help the body cool itself. Check with your doctor before giving your child special rehydrating formulas, drinks or popsicles.
- Keep your child quiet. Moving around can raise the temperature.

then ...

- *your child will be left at risk of catching the disease*
- *your child will be a threat to others*
- *your child at times must be kept out of school or child care*

- **Without immunizations your child may have to be excluded at times from school or child care.**

During disease outbreaks, unimmunized children may be excluded from school or child care until the outbreak is over, both for their own protection and for the protection of others. This causes hardship for the child and parent.

what to do . . .

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

For more information about vaccines, go to:

- Immunization Action Coalition: www.vaccineinformation.org and www.immunize.org
- Centers for Disease Control and Prevention: www.cdc.gov/nip
CDC-INFO Contact Center: (800) 232-4636
- American Academy of Pediatrics: www.cispimmunize.org
- National Network for Immunization Information: www.immunizationinfo.org
- Vaccine Education Center: www.vaccine.chop.edu

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www.immunize.org/catg.d/p4017.pdf • Item #P4017 (3/06)

What if you don't immunize your child?

What if . . .

What if you don't immunize

your child? While most state

laws provide for religious

or personal exemptions to

required immunizations,

concerned parents should still

consider the consequences of

not immunizing their children.



● Without immunizations your child is at greater risk of catching one of the vaccine-preventable diseases.

Vaccines were developed to protect individuals from dangerous and sometimes deadly diseases. Vaccines are safe and effective, and such diseases are still a threat.

- Pertussis or “whooping cough” is an extremely dangerous disease for infants. It is not easily treated and can result in permanent brain damage or death. During 1997–2000, nearly 30,000 cases of pertussis were reported in the United States, including 62 pertussis-related deaths. Of infected infants younger than age 6 months, two-thirds needed to be hospitalized. In 2004, 25,827 cases were reported—the most cases reported since 1959.
- Measles is dangerous and very contagious. During the 1989–1991 U.S. measles epidemic, approximately 55,000 cases and 132 deaths (mostly children) were reported. Worldwide, measles kills approximately 500,000 children each year.
- Diphtheria is an infectious disease of the nose and throat that can lead to serious breathing problems, heart failure, paralysis, and even death. In recent years, there have been few cases of diphtheria in the United States. However, a diphtheria epidemic recently occurred in countries of the former

Soviet Union, where many children and adults had not been immunized. Their reported cases of diphtheria rose from 839 in 1989 to 47,802 in 1994, when 1,746 persons died. At least 20 infected individuals exported the disease along the way.

- Before the availability of a chickenpox vaccine, almost every child suffered from this disease. During 1988–1995, up to 10,000 people were hospitalized each year from complications of chickenpox—most of them previously healthy children. An average of 43 children died from chickenpox each year during 1990–1994.
- During the 2003–04 influenza season, 40 states reported 152 influenza-related deaths among children younger than 18.

● Without immunizations your child can infect others.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community.

- Unvaccinated people can pass diseases on to babies who are too young to be fully immunized.
- Unvaccinated people pose a threat to children and adults who can't be immunized for medical reasons. This includes people with leukemia and other cancers, HIV/AIDS and other immune system problems, and persons receiving chemotherapy, radiation therapy, or large doses of corticosteroids.
- Unvaccinated people can infect the small percentage of children whose immunizations did not “take.”