



**BLANK CHILDREN'S  
HOSPITAL**

IOWA HEALTH SYSTEM



# Childhood Emergencies and Illnesses

4th Edition

DOCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DENTIST \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY NUMBERS \_\_\_\_\_

AMBULANCE \_\_\_\_\_

HOSPITAL \_\_\_\_\_

POISON CONTROL CENTER \_\_\_\_\_

POLICE AND FIRE RESCUE \_\_\_\_\_

For additional copies of this book, please call:

**515-241-5926**

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**BLANK CHILDREN'S  
HOSPITAL**

IOWA HEALTH SYSTEM

As every parent knows, we can learn a lot from a child.  
And the more we can see the world through their eyes, the  
more we can help them to be safe, healthy and happy.

At Blank Children's Hospital, we've learned a lot from parents too.  
We've learned about caring, about compassion, about comfort. And we  
understand that a children's hospital should be, well, a children's hospital.  
So Blank is proud to offer a whole new rainbow of features for children and  
the people who care about them most. Like a special environment that  
puts kids at ease, where parents are always welcome to stay overnight.  
With kid-friendly meals, comfy pajamas, fun games and toys. And most  
important of all, a staff of 60 exceptional pediatric specialists, and a team  
of nurses specially trained in the unique needs of children. In fact, Blank  
has the state's *only* physicians with specific training and certification in  
pediatric emergency medicine.

Blank Children's Hospital. Taking children's healthcare to a whole new level.

For more information please call (515) 241-KIDS  
or visit [www.blankchildrens.org](http://www.blankchildrens.org).



Blank Children’s Hospital is committed to healing, teaching and caring for the whole child. We have designed this book as a guide to assist you in caring for your child by recognizing signs of childhood illness and injury. It should not be used as a replacement for the advice of your child’s physician.

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## ANIMAL BITES

The potential problems of animal bites include infection, bleeding, scarring and emotional trauma. Many animals such as bats, raccoons, skunks, squirrels, dogs and cats may carry rabies.

Rabies, a life threatening disease, is most likely to develop from unprovoked bites by wild animals that normally shy away from people. Pet dogs and cats that have been vaccinated rarely have rabies. A child bitten by an unidentified stray or wild animal may need to undergo a series of rabies shots.

Bites that break the skin often cause a bacterial infection. Tetanus can occur if your child’s immunizations are not current.

### DO:

- Apply pressure to the bite area to stop any bleeding.
- Scrub the bite area immediately with soap and water. Cover the wound with a bandage.
- Comfort the child.
- If bitten by a pet dog or cat, find out if the pet is vaccinated for rabies. Observe and confine the animal for the next 10 days to see if symptoms of rabies occur.

- If bitten by a wild animal, take your child to the emergency department or your doctor immediately.
- Report any bites to Animal Control (normally local police or sheriff department):
  - from wild animals.
  - from an animal foaming at the mouth, behaving or walking strangely, or chewing on stones, sticks or dirt.
  - from a pet whose owner can not confirm that it is vaccinated for rabies.

### Call your doctor if:

- The animal bite is severe and may need stitches, or if the bite occurs on the hands or face.
- The child has not had a tetanus shot within the last five years.
- The child was bitten by a pet who has not been vaccinated for rabies.
- The animal bite is from a wild or stray animal.
- Signs of infection develop such as redness, pain, swelling or tenderness.

*Continued on Page 4...*

## ANIMAL BITES...CONTINUED

### Prevention:

- Vaccinate all pets against rabies.
- Keep pets on a leash.
- Supervise infants and toddlers around all pets.
- Report any stray or abandoned pets or animals to your local animal control unit or law enforcement agency.
- Keep your child's tetanus vaccination current.
- Teach your child:
  - not to approach or feed wild, sick or stray animals.
  - not to tease, roughly handle or corner pets or other animals.
  - not to break up animal fights.
  - not to disturb eating or sleeping animals.
  - that wild animals do not make good pets.

## BONE INJURIES

There are three basic types of bone injuries including:

- Fracture: a broken bone.
- Sprain: a stretched ligament.
- Dislocation: a bone pulled out of its normal joint.

### DO:

- Determine if your child can use the injured limb or joint. Seek medical treatment if the limb or joint cannot be used normally or appears deformed.
- Elevate the child's leg if a knee or ankle has been injured to help prevent swelling.
- Elevate the child's arm if a hand or wrist has been injured.
- Apply ice to the injured area for 10 to 20 minutes several times during the first 24 hours following an injury to help prevent swelling. Place a cloth between the ice and the child's skin.
- Apply direct pressure to the wound if there is bleeding.

- Immobilize the injured limb before moving the child if the limb or joint cannot be used normally or appears deformed. This can be done with a splint by securing the injured limb to another part of the body or a stiff, straight object with strips of cloth.
- Call an ambulance if the child's neck, back, leg or hip is injured.
- Call an ambulance if a broken bone has poked through the skin.

### DO NOT:

- Do not place ice directly on the child's skin.
- Do not move a child who has injured his or her neck or back. Call an ambulance immediately.
- Do not attempt to move a bone or joint back into its normal place.

### Call your doctor if:

- An untreated injury is still causing the child pain after 24 hours.

## BURNS

A skin burn occurs when the skin touches anything hot such as fire, sun, hot water, oven cleaners and other household cleaners.

### DO:

- Remove clothing from the burned area of skin.
- Cool the burn with cool tap water to stop further burning.
- Apply a loose, clean bandage to prevent infection.
- Skin burns that blister or cause the skin to turn white or black need to be seen by your doctor.
- Call 911 if the child has a large burn.
- Seek medical care for burns that blister.

### DO NOT:

- Do not use butter, ointments or ice on a burn.
- Do not break the blisters.

### Prevention:

- Lower the hot water temperature in your home to 110°F.
- Keep pot handles toward the back of the stove and cook on back burners, away from reach of children.
- Teach children the word “hot” and not to touch stove tops, oven doors, barbecue grills, space heaters or fires.
- Keep matches, lighters, candles and household chemicals out of reach of children.
- Use cool mist vaporizers instead of steam vaporizers.
- Teach your children what to do if they catch on fire:

### STOP...DROP...ROLL

- Keep a fire extinguisher in your kitchen.

## CHICKENPOX

Chickenpox is a viral infection. It is contagious from 36 hours before the rash appears to the time that all pox have scabs on them (this usually takes 7 to 10 days). After exposure to chickenpox, it may take 2 to 3 weeks before your child develops the rash. Prior to developing pox, your child may have a mild fever, feel tired or have a decreased appetite. The pox may continue to develop for 3 to 4 days.

- The rash first appears as red, raised pox.
- The pox become fluid filled before they open up or break. At this time your child may feel very itchy.
- After the blisters break, a scab forms, then falls off in 1 to 2 weeks.

### DO:

- Give acetaminophen if your child has a fever or feels achy.
- Bathe your child in a tub of water mixed with Alpha Keri bath oil or Aveeno Oatmeal Bath. Mix 2 cups of Aveeno to barely warm bath water. Or, use one-half cup uncooked oatmeal mixed into the bath. Have the child soak for 15 to 20 minutes. Do not rinse the skin after bathing. Gently pat dry.
- Apply calamine lotion with a cottonball.

- Cut your child’s fingernails as short as possible to prevent scarring from scratching.

### DO NOT:

- Do not allow your child to scratch the pox.
- Do not give aspirin for fever.
- Do not take your child out in public until all pox have scabs.

### Call your doctor if:

- Your child has a serious illness, is on steroids or has a compromised immune system and is exposed to chickenpox.
- Your child is vomiting.
- Your child’s itching is not improved by home treatments.
- A sore or sores become red, warm, swollen and have pus.
- Your child complains of neck pain or stiffness.
- Your child is unusually sleepy.

### Prevention:

- A chicken pox vaccine is now available and very effective at preventing this disease. Ask your physician for more information.

## CHOKING

Choking is always a potential emergency. You must respond quickly and appropriately. **Call 911 or an ambulance immediately if the child cannot talk, cough or breathe.**

If your child is choking, and is **younger than 1 year** and cannot cough or breathe or is turning blue-

### DO:



- Lay the child across your thigh with his or her head down.
- With the heel of your hand, hit the child on the back, between the shoulder blades five times.

- Then roll the child over (supporting his/her head).



- Place two of your fingertips on the breastbone, between the nipples and push down about 1 inch and let go—do this five times.
- If the object does not pop out, repeat back blows and chest pushes until it pops out.
- Call 911 if the object is not coming out, or if the child is not breathing.
- Call your doctor after the object comes out.

## CHOKING...CONTINUED

If your child is **older than 1 year** and cannot cough, breath or is turning blue-



### DO:

- Stand behind him/her with your fist between the belly button and bottom of the breastbone.
- Make quick, forceful squeezes upward and back toward you until the object pops out.
- Call your doctor after the object comes out.
- Call 911 if the object is not coming out or if the child is not breathing.

### DO NOT:

- Do not try to help the child if he/she is coughing, breathing and has pink colored skin.
- Do not put your fingers in the child's throat to try to reach the object (only remove the object if you can see it in the mouth).

### Prevention:

- Do not give raisins, popcorn, nuts, hard candy, grapes, gum, hot dogs, raw carrots or celery to children under age 3.
- Keep all plastics and latex balloons away from children.
- Keep children seated when eating.
- Keep buttons, coins and other small objects or toys away from young children.

## ■ COLD

A cold is a common viral infection of the nose and throat that generally lasts about 1 to 2 weeks.

### DO:

- Drink lots of fluids especially juices.
- If the child is too young to blow his nose, use a nose bulb suction to clear the nostrils if he or she seems uncomfortable.
- Give acetaminophen if your child has a fever or feels achy.
- Encourage the child to rest.

### DO NOT:

- Do not worry if your child only drinks and will not eat for a few days.
- Do not use medicine prescribed for someone else.
- Do not use a steam vaporizer as your child could get burned.

### Call your doctor if:

- If your child is under 6 months of age and has a cold.
- Your child has a fever that persists more than 48 hours.
- Your child is having difficulty breathing.
- Your child complains of chest pain.
- Your child is acting very sick.
- Your child complains of an earache or persistent sore throat pain.

### Prevention:

- Promote good hand washing habits.

## ■ CONSTIPATION

Constipation occurs when stools are big enough or hard enough to cause pain or bleeding by stretching the anus as they pass.

A child who is constipated has pain with most bowel movements and might try not to have a stool because it hurts. The longer stool is held in the rectum, the bigger and harder it gets, causing more pain when it finally passes. Most constipation starts because a child's diet has too much milk and not enough high fiber food. Children may also become constipated because of fear or reluctance about toilet training. It is rare for constipation to be caused by a medical problem.

### DO:

- If the anus is sore or bleeds, you may put Vaseline on it until it heals.
- Modify the child's diet to keep the stools soft as follows:

### Infants under 6 months:

- Start or increase liquids that tend to soften stools:
  - Water.
  - Fruit juices, especially prune juice. Dilute prune juice (half water, half juice).
  - Baby fruits.

- Ask your doctor about special instructions.
- Make sure you are adding the correct amount of water when mixing the baby's formula.

### Children over 6 months :

- Give extra fluids and fruit juices (especially prune juice).
- Increase the amount of high fiber foods such as bran cereal, vegetables and fruits.
- Decrease the amount of constipating foods such as:
  - Milk and milk products (cheese, yogurt, pudding).
  - Starchy foods (white bread, potatoes, rice, pasta).
  - Sweets.

### DO NOT:

- Do not use laxatives, enemas or suppositories without a doctor's supervision.

### Call your doctor if:

- The child has abdominal pain or fever.
- Constipation continues after diet changes have been made.



## ■ CRADLE CAP

Cradle cap is a scaly build-up of oil and old skin on the scalp. Because it builds up gradually, it will gradually go away by following these steps:

### DO:

- Scrub the scaly areas every day with water and tear-free baby shampoo. Using your fingertips (not fingernails) apply firm, but gentle pressure. Work up a lather in the hair, then rinse with water. A soft toothbrush or baby hairbrush may help. Do not be afraid to touch the soft spot on the baby's head. This will not injure the baby.

### DO NOT:

- Do not apply oils or lotions to the scalp.

## ■ CPR

Knowing CPR can mean the difference between life and death to a child in an emergency. Every parent and caregiver needs to know how to perform CPR.

For information about where you and your child's other caregivers can take a CPR course in your area, call the local American Red Cross, the local American Heart Association, a local hospital or your child's doctor.

Blank Children's Hospital offers a CPR course to the general public. For more information call 1-800-246-8347..



## ■ CROUP

Croup is usually caused by a viral infection of the “voice box” (larynx) in the throat. Swelling occurs at the voice box and causes the voice to sound hoarse with a harsh ‘barky’ cough. The cough may last 1 week. Croup is usually worse at night. Some children get repeated episodes of croup.

### DO:

- Dress the child appropriately and go outside in cool night air. **-OR-**
- Fog the bathroom by starting the shower with hot water. Close the door. When the room fills with steam, take your child in and stay with him or her for at least 10 minutes. The change in temperature and increase in humidity helps decrease the throat’s swelling.
- Give acetaminophen for fever.
- Cough medicine may or may not help.
- Give your child a lot of fluids to drink.

### Call your doctor if:

- Your child is breathing fast.
- Your child’s chest “pulls in” when he or she breathes.
- Your child has difficulty swallowing or starts drooling.
- Coughing is continuous and there is no improvement with home treatment.
- Your child does not improve with home treatment or your child seems worse.

## ■ CUTS

Bleeding occurs when a vein or artery is cut or damaged. Even small cuts can bleed a lot. Most bleeding is easily controlled but loss of large amounts of blood can be serious.

### DO:

- Wash the cut with soap and water to remove dirt.
- Apply pressure to stop the bleeding.
- See your doctor if the sides of the cut do not stay together or pressure does not stop the bleeding. The wound may need stitches.

### DO NOT:

- Do not apply pressure to a cut on the face or head that looks like the head has been “pushed in.” Cover with a clean cloth and call 911.
- Do not use a “tourniquet” to stop blood flow to the cut area. Apply direct pressure only.

### Prevention:

- Keep sharp objects such as knives, scissors and screwdrivers out of reach of children.
- Wear shoes when playing outside.
- Use protective equipment or padding when skateboarding or biking.

## ■ DENTAL INJURIES

A dental injury is a tooth that is knocked out or damaged.

### DO:

- Check your child after a mouth injury for loose, broken or missing teeth.
- Remove loose teeth in a young child's mouth to prevent the child from choking.
- If a permanent tooth has been knocked out, it often can be saved if you act immediately...
  - find the tooth.
  - gently rinse the tooth under tap water in a sink with the drain closed.
  - place the tooth in a glass of warm milk.
  - go to the dentist immediately and take the tooth.

### DO NOT:

- Do not wait. Act immediately so the tooth can be saved if possible.
- Do not scrub the tooth.
- Do not handle the root of the tooth.
- Do not leave a very loose tooth in a young child's mouth.

### Prevention:

- Remove furniture with hard, sharp edges from the path of toddlers.
- Teach your child to wear mouth guards when playing contact sports.
- Use seat belts.
- Teach your children to safely use playground equipment.

## ■ DIAPER RASH

Delicate skin becomes easily irritated from frequent contact with urine and stools. Diaper rash develops in the area the diaper covers. A mild diaper rash may cause reddened areas on the bottom and thighs. Diaper rash is usually not dangerous, but can cause discomfort. If left untreated, a severe rash can develop with pus pockets or raw bleeding areas.

### DO:

- Change diapers as soon as possible after they become wet or soiled.
- Wash, rinse and dry the skin in the diaper area, using a washcloth with water or mild soap. Whenever possible, leave the skin open to air.
- Protect the diaper area skin with A & D Ointment, Zinc Oxide or Bag Balm. Apply these creams to dry skin only.
- When changing diapers, use cotton balls and baby oil to gently remove creams.
- Check diapers frequently to maintain a dry diaper area.

### DO NOT:

- Do not use plastic pants when a rash appears.
- Do not leave your child in wet or soiled diapers.

- Do not change your child's diaper without washing the diaper area.
- Do not dry and reuse disposable diapers.

### Call your doctor if:

- The diaper rash does not improve with frequent diaper changes, air drying, and recommended creams or ointments.
- The diaper rash spreads to other areas not covered by the diaper.
- Pus pockets develop.
- Raw and bleeding areas develop.
- Blisters develop.

### Prevention:

- Change diapers frequently.
- When changing diapers, clean the skin in the diaper area with soap, water, and dry thoroughly.
- Wash cloth diapers with mild soap and rinse twice. Do not use bleach.
- Some babies tolerate one brand of disposable diapers better than others. Notice whether your child develops rashes more with certain diaper brands.

## DIARRHEA

Diarrhea is watery or loose stools that is most often caused by a virus. The stools may occur four or more times per day. Diarrhea may last as long as a week. The child may have a fever, vomiting and stomach pain with diarrhea.

### DO:

- Continue breast feeding. Breast feed as often as the baby desires.
- For infants up to one year of age who are not breast fed, give Pedialyte or Infalyte 5cc (1 teaspoon) every 10 minutes for 4 to 6 hours. After 4 to 6 hours advance diet to frequent small feedings of formula. Advance to normal diet slowly within 24 hours.
- Children over one year of age should be given frequent small feedings of clear liquids (such as Pedialyte, Infalyte, Gatorade, popsicles, Jell-O water, apple juice and flat soda) for two hours, then advance diet as tolerated. You may include full strength milk or dairy products as the diet is advanced. Recommended solid food choices include: cooked cereal, bananas, cooked vegetables and rice.

### DO NOT:

- Do not give large meals. This will cause more diarrhea.

- Do not give plain water or boiled milk.
- Do not put salt in the child's drinking water.
- Do not give orange juice, grapefruit juice or tomato juice.

### Call your doctor if:

- The infant is less than 6 months old.
- The diarrhea lasts more than one week.
- The child complains of stomach pain for more than 2 hours.
- The child does not wet a diaper or urinate in 12 hours.
- The child is not drinking liquids.
- The child's lips, tongue and inside of the mouth are dry.
- The child has bloody stools.
- The child is lethargic.

### Prevention:

- Teach your child to wash his or her hands to prevent the spread of germs.
- Wash hands after every diaper change.
- Change diapers frequently.

## EARACHE

An earache can be caused by a bacterial infection behind the eardrum. Normally the ear passage is open for fluid and bacteria to pass, however with a cold or allergies the passage may become blocked and allow bacteria to collect. Signs of an earache may include:

- Ear pain.
- Crying or fussiness.
- Pulling at or rubbing ears.
- Fever.
- Ear drainage.

### DO:

- See your doctor if symptoms occur.
- Give a lot of fluids.
- Give acetaminophen for fever and ear pain.
- Once you have seen the doctor, make sure you take the antibiotics until gone if prescribed.

### Call your doctor if:

- Your child has symptoms of ear infection.
- Your child does not improve in 48 hours after starting treatment.
- Your child has ear drainage.
- Your child has any swelling around the ear.

### Prevention:

- Being outside without ears covered will not cause an ear infection.
- Follow up doctor exams are very important as incompletely treated or frequent ear infections can lead to hearing loss.
- Do not smoke around the child. Children who are exposed to cigarette smoke have been shown to have more frequent ear infections.
- Breast feed your infant. Breast feeding has been shown to decrease the frequency of infections.

## ■ EYE INJURY

Injury to the eye can occur from the eye being hit, particles blowing into the eye, liquid splashing into or an object puncturing the eye.

### DO:

- Go directly to the emergency department if there is an object penetrating or puncturing the eye.
- Use a cold compress for a simple black eye if the object hitting the eye didn't have much force.
- Flush the eye with water if irritants or chemicals get into the eye.

### If an irritating liquid is splashed into the eye, immediately:

- Hold the child's eye open and pour large amounts of water into it. This is important because many chemicals can destroy the eye if not rinsed out.
- If the child is still uncomfortable after rinsing the eye, cover it and go to the emergency department. If possible, take the container of the substance that splashed into the eye with you.

### DO NOT:

- Do not attempt to remove any object that will not flush out with water.
- Do not allow the child to rub the injured eye.
- Do not remove any object that has punctured the eye.

### Call your doctor IMMEDIATELY if:

- You are unable to flush the particle out.
- The child has double vision (sees two of the same object).
- There is loss of vision.
- There is pain in the eye.
- There is blood in the eye.
- There is a forceful blow to the eye.
- A chemical substance splashed into the eye.

### Prevention:

- Use eye protection in sports.
- Keep sharp objects away from infants and toddlers.
- Keep household cleaners and soaps out of reach.

## ■ FEVER

A fever may be caused by a minor illness such as a cold or by a more serious infection. Your child may feel more comfortable if you can lower the fever. A normal temperature depends on where it is taken:

- in the mouth, it is 98.6°F
- under the arm, it is 98°F
- in the rectum, it is 100°F

### DO:

- Take your child's temperature.
- Give acetaminophen if the temperature is over 100°F by mouth, 99°F by arm or 101°F by rectum, or if your child is achy and uncomfortable.
- Give acetaminophen every four hours if needed.
- Dress your child in light clothing (such as a loose fitting t-shirt and diaper or underpants).
- Give your child a lot of fluids to drink. Don't worry if the child is not eating solid foods, but liquids are important.
- Bathe the child in slightly warm water if his or her fever is 103°F by mouth or 104°F by rectum. Stop if the child is shivering.

### DO NOT:

- Do not bathe the child in ice water or alcohol.
- Do not dress the child in heavy clothes or blankets.
- Do not give aspirin to children.

### Call your doctor IMMEDIATELY if:

- The child is under two months and has fever.
- The child is having trouble breathing.
- The child complains of neck pain or stiffness, or is holding his or her neck in an unusual way.
- The child has a convulsion (seizure).

### Call your doctor if:

- The child complains of a sore throat, ear pain or an infant pulls at his or her ears.
- The child is not drinking any liquids and his or her lips, tongue and inside of the mouth are dry.
- The child develops a rash.
- The child's temperature is not normal after two days.

## FROST BITE

Frostbite is a condition in which skin or a part of the body becomes partially frozen due to exposure to cold.

Body parts most likely to be frostbitten are the fingers, toes, ears, nose and cheeks.

### Beginning stages of frostbite:

- The skin will become very red and then pale.

### DO:

- Bring the child indoors.
- Warm the area in a pan of lukewarm water.
- Loosely bandage the area.
- If hands or feet are affected, elevate them above the heart level.

### DO NOT:

- Do not rub or massage the area.
- Do not warm with a heating pad.
- Do not break blisters.

### Call your doctor if:

- The skin blisters.

- The area feels numb after 15 minutes of warming.
- The skin is cold, white, hard and waxy feeling. This usually means the frostbite is severe.

### Prevention:

- Protect children from the cold, wind and moisture.
  - **Wind** has an effect on heat loss. If the thermometer reads 20° F and the wind speed is 20 mph, the temperature is comparable to -10° F. This is called wind-chill factor.
  - **Moisture** from snow takes heat away from the body. It is important to keep children dry.
- Proper clothing:
  - Dress your child in several layers of light, loose clothing rather than one heavy garment.
  - Protect the child's head and neck with a hat and scarf and his/her face with a mask.
  - For outdoor play, boots high enough to cover the ankles, two pairs of socks, and mittens or gloves should be worn.

## HEAD INJURY

Children frequently bump their heads. Most of these minor bumps are not serious, however more severe head injuries may be very serious and occasionally life threatening. Even minor cuts on the head can bleed very heavily. This does not always mean the injury is serious.

### DO:

- Hold the child after the fall if he or she:
  - Cries immediately.
  - Moves freely.
  - Does not complain of pain.
  - Does not seem sleepy or irritable.
- If there is bleeding, apply pressure to the area.
- Hold ice on the area to reduce swelling.
- Check the pupils of the eyes (the round black area in the center) to make sure they are equal and round.

**DO NOT move the child and CALL 911 or an ambulance immediately if:**

- The child is unconscious.
- The child is having a seizure.
- The child has watery fluid or blood coming from his/her nose or ears.
- The child seems confused or very sleepy.
- The child is unable to move his/her arms or legs, or is not able to walk.
- The child is vomiting continuously.
- One pupil is larger than the other or is not round in shape.

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## HEAD INJURY...CONTINUED

### Call your doctor if:

- The child vomits more than three times in 24 hours.
- The child becomes irritable or lethargic.
- The child complains of headache or blurred vision.

### Prevention:

- Buckle all infants in car seats and use safety seats and seat belts on all children.
- Place handrails and use safety gates on stairways.
- Require children to wear helmets on tricycles, bicycles, scooters, roller blades and skateboards.
- Do not leave infants or children unattended on beds, chairs, high-chairs or tables.
- Keep crib sides up, even with young children.
- Secure all windows with screens or bars.
- Do not use infant walkers.

## HIVES

Hives are red raised blotches or welts on the skin. They can be many different sizes and are itchy. Hives may be caused by an allergic reaction to something your child ate, touched or put on his/her skin. Hives can last a few hours or several weeks. The cause is not always known, but if you think you know what caused the hives you should try to avoid re-exposing your child to it.

### DO:

- Use a cool washcloth or cool bath to make your child comfortable. Warmth will make the itching worse.
- Sometimes no treatment is necessary.

### CALL AN AMBULANCE AND GO TO THE EMERGENCY DEPARTMENT IF:

- Your child has trouble breathing or feels a tightness in his/her throat or chest.
- Your child has lip or tongue swelling.

### Call your doctor if:

- The itching is uncontrollable. Your doctor may prescribe medicine for the itching. The medicine may make your child sleepy.

## IMMUNIZATIONS

Immunizations are given to infants, children and adults to provide life-long protection against dangerous childhood illnesses. Childhood immunizations protect your child against these major diseases: Hepatitis B, Polio, Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough), Diphtheria, Tetanus (lockjaw) Chicken Pox, Pneumococcus and Haemophilus Influenza type b. All of these diseases can cause permanent disability; and some can cause death.

Immunizations are given by mouth or by injection (shots).

### DO:

- Have your child completely immunized.
- Be sure to keep good records. Bring the child's immunization record to each doctor's appointment so it may be updated. Children often need to show immunization records for school and day care. Immunizations are required to start school.
- If you don't have a physician, call Blank Children's Hospital Physicians Finder telephone number: (515) 255-4662 or call toll free 1-800-255-4662.

## IMMUNIZATIONS...CONTINUED

### Recommended Childhood Immunization Schedule

United States, January - December 2001

Vaccines are listed under routinely recommended ages. Dotted lines indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. Underlines indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

Age	Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 yrs	11-12 yrs	14-18 yrs
<b>Hepatitis B</b>	-----Hep B #1-----		-----Hep B #2-----			-----Hep B #3-----					<u>Hep B</u>	
<b>Diphtheria, Tetanus, Pertussis</b>			DTaP	DTaP	DTaP		-----DTaP-----			DTaP	-----Td-----	
<b>H. Influenzae Type B</b>			Hib	Hib	Hib	-----Hib-----						
<b>Inactivated Polio</b>			IPV	IPV		-----IPV-----						
<b>Pneumococcal Conjugate</b>			PCV	PCV	PCV	-----PCV-----						
<b>Measles, Mumps, Rubella</b>						-----MMR-----				MMR	<u>MMR</u>	
<b>Varicella (Chicken Pox)</b>						-----Var-----					<u>Var</u>	

### What diseases do vaccines prevent?

- Measles
- Mumps
- Polio
- Rubella (German Measles)
- Pertussis (Whooping Cough)
- Diphtheria
- Tetanus
- Haemophilus influenzae type b (Hib disease)
- Hepatitis B
- Varicella (Chickenpox)



## ■ IMPETIGO

Impetigo is a bacterial infection that starts when a small cut or scratch becomes infected. The sores are often honey colored, oozing and crusty in appearance. These sores often appear on the face between the upper lip and nose, especially during or after a cold. The sores can spread by touching.

### DO:

- Use a warm washcloth to remove the crusts. Then scrub gently with an antibacterial soap. Pat dry. Repeat this 3 to 4 times per day.
- Apply an antibacterial ointment (such as Bacitracin or Neosporin).
- Use a clean washcloth every time the sores are washed.

### DO NOT:

- Do not share towels, washcloths or bath water.

### Call your doctor if:

- The impetigo covers an area larger than 1 inch in diameter.
- Signs of infection develop:
  - Heat and redness.
  - Red streaks extended from the area.
- After 5 to 7 days of home treatment, there is no improvement.

## ■ INSECT BITES

Most insect bites are not serious, however, some children have serious reactions to stings or bites.

### DO:

- Remove the stinger if it is still in the skin. Scrape the stinger out without squeezing it (honey bees leave their stinger in the skin).
- Wash the bite or sting with warm, soapy water.
- Apply a cold, moist towel or ice pack to the bite or sting to decrease swelling.
- Apply calamine lotion or a paste of baking soda and water to relieve itching.

### Call your doctor if:

- The child has multiple bites or stings.
- The child has difficulty swallowing or breathing.

- He/she experiences:
  - Dizziness/fainting.
  - Severe hives.
  - Rapid swelling of the area.
  - Fast heart rate.
  - Wheezing or any difficulty breathing.
- The stinger cannot be removed.
- The bite or sting becomes infected.

### Prevention:

- If your child has had a reaction to bites or stings before, ask your doctor about emergency kits.
- Have your child wear shoes when outdoors.
- Stay away from beehives, yellow jacket burrows, wasp or hornet nests.
- Do not allow your child to play in high grass or weeds, or places there are likely to be many spiders such as woodpiles.

## ■ NOSEBLEEDS

Nosebleeds are usually caused by an irritated blood vessel in the lining of the nose. A nosebleed may reoccur if the vessel doesn't heal. Nosebleeds are rarely serious, but can be scary.

### DO:

- Have the child sit up.
- Help the child pinch the lower one-third of the nose, squeezing just below the hard bone (not just the tip). Keep pinching for 10 minutes.
- Instruct the child to breathe through his/her mouth.
- Encourage the child to avoid coughing or nose blowing for 24 hours following a nosebleed.
- Keep the child's hands away from his/her nose. Small children may need to wear mittens or socks on their hands to avoid touching their nose during sleep.
- When lying down, the child's head should be elevated by using two pillows for 48 hours following a nosebleed.

### DO NOT:

- Do not lie down during a nosebleed.

### Call your doctor if:

- The bleeding cannot be stopped.
- You have other bleeding problems such as numerous bruises or bleeding gums.

## ■ PINK EYE

Pink Eye (or conjunctivitis) is an inflammation of the area that lines the inside of the eyelid. It can be caused by bacteria, viruses, allergies or other irritants. Some symptoms of conjunctivitis are:

- Redness.
- Swelling.
- Burning/itching.
- Watery eyes.
- Thick yellow or green drainage from one or both eyes.
- Matted and crusty eyes (especially after sleeping).

### DO:

- Wash the eyes gently with warm water to clean off drainage or if eyes are crusted shut.
- Keep the child from rubbing the eyes.

### DO NOT:

- Do not use medication unless prescribed by your doctor.
- Do not force your child's eyes open if they are crusted shut.

### Call your doctor IMMEDIATELY if:

- The area around the eye becomes red and your child has a fever.

### Call your doctor if:

- Your child has green or yellow drainage from the eyes.
- There is eye pain, or pain when he/she is exposed to bright lights.
- Your child is having trouble seeing.
- Your child is less than two months old.

### Prevention:

- Viral conjunctivitis is highly contagious. Good hand washing is the best way to prevent its spread.

## POISONS

Poisoning is a leading cause of accidental death among children. A poison is a non-food item your child eats, drinks or inhales.

### Examples:

- Too much of any medicine, such as vitamins, acetaminophen, or prescription medicine can be dangerous.
- Household Cleaner— bleaches, drain cleaners, detergents and furniture polish.
- Paints, varnish and paint removers.
- Bug killers, rat poisons, fertilizers and weed killer.
- Plants—Aloe Vera, mushrooms, daffodils, berries.
- Perfumes, cosmetics and mouthwash.
- Gasoline, lighter fluids, anti-freeze.
- Alcoholic beverages and cigarettes.

### DO:

- Seconds count! Stay calm and ACT IMMEDIATELY.
- Call **Poison Control at 1-800-362-2327** and they will instruct you on further care.
- Take your child with you to the telephone so you can watch him/her for further problems.
- Tell the poison control center your child's age, what poison was involved, how much poison was taken and when it was taken.
- Have the bottle or container of poison in front of you when talking to Poison Control.
- If instructed by the Poison Control Center go to the nearest hospital emergency room, bring the container and a sample of the poison with you.

### DO NOT:

- Do not make your child vomit unless you are told to do so by the hospital or poison control. This could make the damage worse!

## POISONS...CONTINUED

### Prevention:

- Keep all medicine, cleaning items and other poisons in their original containers and out of reach of children.
- Read labels and know which items are poisonous.
- Get medicine in containers with child-proof caps.
- Never call medicine “candy.”
- Empty poison containers should never be left in the trash where children can reach.
- Always remember when visiting friends and relatives, to check for medicines and poisons that may be easily accessible to children.
- Keep the Poison Control number and your doctor's number by the phone.
- Be sure to have a bottle of **Syrup of Ipecac** at home. Syrup of Ipecac is a medicine used to make your child vomit. **Use this medication ONLY if directed by poison control or your physician.**

## SEIZURES

Seizures may be caused by an infection, high fever or a head injury. A child having a seizure may have any or all of the following:

- The child will not be responsive.
- Eyes blink, stare or roll back.
- Jerking movements of the body, especially the arms and legs.
- Unable to control urine or bowel movement.

### DO:

- Be calm. Most seizures only last a few minutes.
- Roll your child onto his/her side so choking will not occur if he/she spits or vomits.
- Move your child to a safe place where he/she will not be injured by a fall, hard or sharp objects.
- Note your child's type of movement and length of seizure.
- Allow your child to rest after the seizure.
- Call 911 or an ambulance immediately if you need help or the seizure is prolonged.

- Call your doctor and have your child seen after the seizure.

### DO NOT:

- Do not place or force objects between the child's teeth.
- Do not try to hold the child or stop the jerking movements.
- Do not give your child anything to eat or drink, including medicine, during or immediately after a seizure.
- Do not put the child in the bath to stop the seizure.

### Prevention:

- Take seizure medicine if ordered by your doctor.
- Prevent head injury by making sure your child is appropriately restrained when in your car and has a helmet on when biking or skating.
- Check your child's temperature and give acetaminophen if he/she has a fever.

## SUNBURN

Sunburn is a great risk to your infant or child. Most adult skin cancers are a result of overexposure to the sun during childhood. Sunburns are uncomfortable and can be serious in infants and small children.

### DO:

- Apply cool wet towels to the burn area or soak the child in a cool bath.
- Offer small amounts of cold fluids frequently.
- Apply moisturizing creams and lotions.
- Dress the child in loose fitting clothing.

### Call your doctor if:

- Your child has nausea, vomiting, chills or fever.
- Your child acts dizzy or has visual problems.
- Fluid filled blisters occur over large areas. DO NOT break blisters.

### Prevention:

- Limit time in the sun especially between 10 a.m. to 3 p.m. when sun rays are the strongest.
- Remember sunburns can also occur on cloudy days.
- Use a sunscreen with a sun protection factor (SPF) of at least 15.
- Use clothing to cover up your infant or child.
- Use protective accessories—hats, sunglasses and car window shades. Babies should wear sunbonnets.
- Infants riding in car seats are at risk of getting sunburn through car windows. Position car seats out of the sun.
- Contact burns from metal brackets on infant car seats can be prevented by turning the car seat upside down or covering it with a blanket when your car is parked during the warm summer months. Check the car seat and all metal parts with your hand before securing the car seat and your infant.

## VOMITING

Vomiting may be a symptom of many common childhood illness.

The main risk of vomiting is dehydration. Dehydration occurs when the child's fluid losses through vomiting or diarrhea exceeds his/her fluid intake. Signs of dehydration include: fewer wet diapers or decreased urination, the child does not cry tears and unusual sleepiness.

### DO:

- Continue breast feeding. Breast feed as often as the baby desires.
- For infants up to one year of age who are not breast fed, give Pedialyte or Infalyte 5cc (1 teaspoon) every 10 minutes for 4 to 6 hours. After 4 to 6 hours advance diet to frequent small feedings of formula. Advance to normal diet slowly within 24 hours.
- Children over one year of age should be given frequent small feedings of clear liquids (such as Pedialyte, Infalyte, Gatorade, popsicles, jello water, apple juice and flat soda) for two hours, then advance diet as tolerated. You may include full strength milk or dairy products as the diet is advanced. Recommended solid food choices include: cooked cereal, bananas, cooked vegetables and rice.

- Don't worry if your child does not eat solid food for a few days. DRINKING IS IMPORTANT.

### Call your doctor if:

- Vomiting is not better in 12 hours.
- Vomiting, especially in an infant under 6 months, continues for more than 4 hours.
- The child does not wet a diaper or urinate in 12 hours.
- The child is not drinking any liquids.
- The child's tongue and inside of the mouth are dry.
- The child is on medicine and cannot keep it down.
- The child complains of stomach pain, has a bloated stomach, or pain with urination.
- The child becomes lethargic.

### Prevention:

- Teach your child to wash his or her hands to help prevent the spread of germs.

## WHEEZING

Wheezing is caused when the tubes that carry air to the lungs get smaller due to swelling and mucous. This can be caused by viruses, asthma or allergies.

### DO:

- Give medicine as prescribed.
- Encourage your child to drink liquids.

### DO NOT:

- Do not smoke around the child.

### Call your doctor IMMEDIATELY if:

- The child is having difficulty breathing.

### Call your doctor if:

- The prescribed medicine doesn't work.
- The child is coughing a lot.
- The child has a fever of 101° or higher.
- The child has pain in the chest or neck.
- The child is coughing green, yellow or blood tinged mucous.

### Prevention:

- Keep your child away from dust and animal hair.
- Avoid quick temperature changes.
- Do not smoke around your child, or allow your child to be in a smoky environment.

## CHILD SAFE CHECKLIST

Use this checklist based on guidelines from the American Academy of Pediatrics to help ensure that your home is child safe. We recommend a house survey at least every six months. Every home is different, and no checklist is complete and appropriate for every child and every household. Several blank lines are included in each section for you to add items that you may recognize in your own home.

### YOUR CHILD'S BEDROOM:

- Always use the safety belt on the diaper changing table to prevent falls.
- Keep powder out of baby's reach when changing a diaper.
- Diapering supplies should be easily within your reach when baby is being changed.
- Place a rug or carpeting beside the crib and changing table to cushion the floor.
- Drapery and blind cords should be out of reach of baby in the crib.
- Remove bumper pads from the crib when baby begins pulling up to stand.
- Remove all crib gyms, hanging toys, and decorations from the crib by the time your baby can get up on hands and knees.
- Make sure the crib does not have elevated corner posts or decorative cutouts in the end panels.
- The mattress in the crib should fit snugly, without any gaps.
- Install all of the crib manufacturer recommended screws, bolts and hardware, including mattress supports, to prevent crib collapse.
- Keep plastic bags and other plastic material that might cause suffocation away from the crib.
- Remove any small parts or pieces from bedroom items that your child could choke on.
- Make sure the night light is not near or touching drapes or a bedspread where it could start a fire.
- Make sure window screens are securely in place or that window guards are present to prevent a child from falling out of the window.
- Never place a crib or playpen near a window.
- Keep plug protectors in unused electrical outlets.
- Make sure a toy box does not have a heavy, hinged lid. (It's safer with no lid at all).
- Do not use infant walkers.
- Use a cold water vaporizer only. Steam vaporizers can cause burn injuries.
- \_\_\_\_\_

### YOUR BEDROOM:

- Do not keep a firearm in the bedroom.
- Make sure there are no prescription drugs, toiletries or other poisonous substances within reach of a curious toddler.
- Make sure drapery cords are well out of a child's reach.

## CHILD SAFE CHECKLIST..CONTINUED

- Keep small and sharp objects such as penknives, nail scissors and coins well out of a child's reach.
- Install a working smoke detector in every bedroom. Change the smoke detector batteries at least every six months.
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- Always stay with your child when he or she is in the bathtub.
- Keep the toilet lid closed. Children can drown in a toilet.
- \_\_\_\_\_

### THE BATHROOM:

- Keep a nonskid bath mat on the floor.
- Keep a nonskid mat or decals in the bathtub.
- Electrical outlets should include ground fault circuit interrupters to guard against electrical shock around water.
- Hair dryers, curling irons and other electrical appliances should be unplugged after each use and stored well out of a child's reach.
- Toiletries and cosmetics should be stored well out of a toddler's reach.
- Cleaning supplies, medications and vitamins should be kept in a locked cabinet.
- All medications should have child-resistant caps and remain stored in the original labeled containers.
- Keep a bottle of syrup of ipecac locked up with other medications. This drug is used to induce vomiting in some cases of accidental poisoning.
- Adjust the hot water heater so the temperature at the tap remains below 120°F.
- Do not keep vitamins or other medicines on the kitchen table or counters where they can be reached by a child.
- Keep sharp knives and other sharp utensils well out of a child's reach.
- Use safety latches on drawers or store these items in high cabinets.
- Keep chairs and step stools away from the stove and counters to prevent a child from climbing in the kitchen.
- Make sure pot handles on the stove are pointing inward, and use the stove's back burners.
- Make sure automatic dishwasher detergent and other cleaning supplies are stored in their original containers and out of reach.
- Keep the toaster out of the reach of your toddler.
- Keep appliance extension cords unplugged from the wall when not in use. Place plug protectors in all unused wall outlets.
- Tuck away appliance cords so they cannot be pulled on.

## CHILD SAFE CHECKLIST...CONTINUED

- Make sure your highchair is sturdy and has a seat belt with a crotch strap. Always use the seat belt and crotch strap.
- Keep a fire extinguisher in the kitchen.
- \_\_\_\_\_
- \_\_\_\_\_

### THE FAMILY ROOM:

- Keep the coffee table out of the center of the room and make sure corners are protected with padding.
- Keep house plants out of a child's reach.
- Make sure that televisions and other heavy items are secure so they cannot be pulled over.
- Remove unnecessary extension cords and replace cords in poor condition.
- Place a barrier around the fireplace and other heat sources.
- Keep drapery and blind cords out of a child's reach.
- Keep plug protectors in unused electrical outlets.
- Remove small parts and pieces from the reach of a child that could pose a choking hazard.
- Keep matches and lighters out of a child's reach.
- Keep ashtrays kept out of a child's reach. Cigarette butts can poison children if eaten.

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- \_\_\_\_\_

### HOUSE-WIDE AND MISCELLANEOUS ITEMS:

- Install working smoke detectors on every level of your home and in each bedroom. Change the smoke detector batteries at least every six months.
- Stairs should be carpeted. Stairways should be blocked by a child safe gate. Do not use an accordion gate.
- Keep guns and ammunition locked up in separate locations away from children.
- Install a fence with a locked gate between your house and swimming pool to prevent unsupervised access.
- Dangerous products should be stored out of a child's reach (in cabinets with safety latches or on high shelves) and in their original containers in the utility room, basement and garage.
- Keep plastic bags, small parts and other choking and suffocation hazards out of reach.
- Only use playpens with small mesh sides (less than 1/4-inch mesh) or closely spaced vertical slats (less than 2 3/8 inches).
- Post the number of the Poison Control Center (800) 222-1222 by every telephone.

## CHILD SAFE CHECKLIST...CONTINUED

- Check to see if lead based paint has been used in your home. Lead based paint was used primarily in homes built before 1960. Exposure is hazardous to your child's health.
- Garage door openers should automatically reverse on contact with an object.
- \_\_\_\_\_
- \_\_\_\_\_

### OUTSIDE THE HOME:

- Make sure children wear Snell, ANSI, or ASTM approved helmets when bicycling, in-line skating, roller skating and skateboarding.
- Do not allow children under age 16 to operate ATVs.
- Do not allow children to ride or play near an operating lawn mower.
- Always use a properly installed car seat for children up to 40 pounds or 4 years of age. Read car seat instructions carefully to make sure you are properly securing the child in the seat. Other passengers should always use seat belts when riding in a car.
- Check playground equipment before allowing your child to play. Make sure the equipment does not have areas that a head could get stuck in or have exposed areas that could pinch fingers or toes. Look for screws or other hardware that sticks out and could easily catch clothing or skin.

- Install hammocks low to the ground to prevent toddlers from being strangled in the weave.
- Make sure that life vests are worn by children when boating or near water.
- Use seat belts in shopping carts. If the store doesn't have seat belts in the shopping carts, take a belt with you and thread it through the slats on the cart.
- \_\_\_\_\_
- \_\_\_\_\_

### FARM SAFETY:

- Do not allow riders on tractors or other equipment.
- Do not allow children to play near grain wagons, bins or silos.
- Do not allow children near large animals without supervision.
- Make sure chemicals are locked up and empty chemical containers are disposed of properly.
- Do not allow children to ride in the back of pickup trucks.
- \_\_\_\_\_
- \_\_\_\_\_





