

Seattle Children's

Consistently ranked as one of the best children's hospitals in the country by *U.S. News & World Report*, Seattle Children's has been delivering superior patient care for more than 100 years. While our main hospital is located in Seattle, we offer many ways to make it easier for your child to get care from our experts close to home in locations throughout Washington, Alaska, Montana and Idaho.

- Your child may receive specialty care at our regional clinics in Bellevue, Everett, Federal Way, Olympia, Tri-Cities and Wenatchee, and primary care at Odessa Brown Children's Clinic in Seattle.
- Our doctors and nurses travel to partner clinics to offer care for your child closer to your home through our outreach clinics.
- We have Urgent Care Clinics in Bellevue, Everett, Federal Way and Seattle.
- You and your doctor can connect with our specialists through our telemedicine service.

This booklet has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.



Seattle Children's

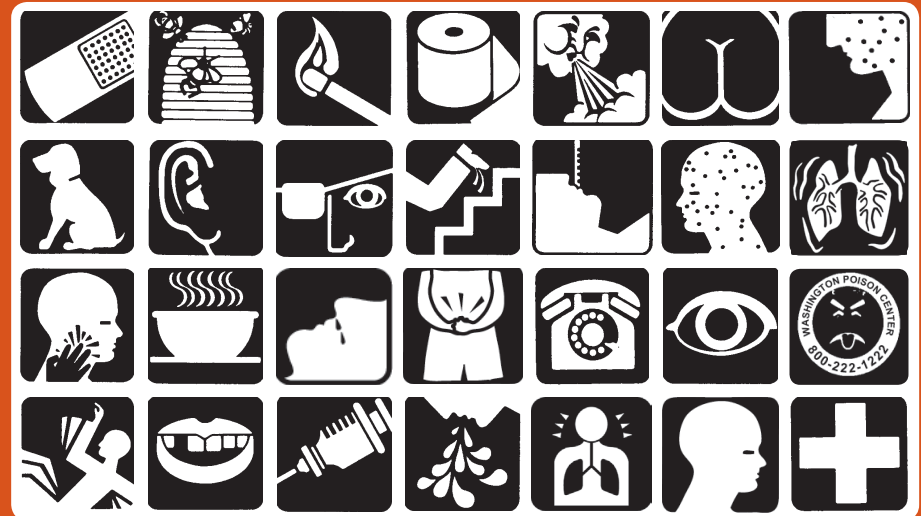
HOSPITAL • RESEARCH • FOUNDATION

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Treating Childhood Emergencies and Illnesses



Seattle Children's
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Emergency Information

Police/Fire Emergency Aid911

Washington Poison Center..... 1-800-222-1222

Seattle Children's Hospital.....206-987-2000

or toll-free outside of the Seattle area 1-866-987-2000

Doctor _____
Name Phone number

Dentist _____
Name Phone number

Parent's phone _____
Home Cell

Parent's phone _____
Home Cell

Child(ren) _____

School or child care _____
Name Phone number

Child(ren) _____

School or child care _____
Name Phone number

Other emergency phone numbers: _____

Out-of-area phone contact:*

_____ Name Phone number

*After a disaster, long-distance phone lines are more likely to work than local phone lines. Ask a friend or relative who lives outside your state to be your family contact. Share this number with all your family members so they know who to call or text.

Questions and Notes

-
- A wrench or pliers to turn off water and gas lines
 - Local maps
 - Matches in a waterproof container
 - Extra clothing, heavy-soled shoes, gloves and blankets
 - Special-needs items, such as prescription medicines, eyeglasses, contact lens solution and hearing aid batteries
 - Items for babies, such as formula, diapers, bottles and pacifiers
 - Cash and coins
 - Important documents, like insurance information, medical records, bank account numbers and Social Security cards. Keep the documents in a waterproof container or watertight, resealable plastic bag.
 - Water and food for your pets
 - Toys, books and games
 - Cell phone with charger

Dear Caregiver,

Whether you're a new parent or you've just had your fourth child, there may be times when your child is hurt or sick and you don't know what to do. **Treating Childhood Emergencies and Illnesses** gives you some advice to help you decide how sick your child is and if you need to call their doctor. This booklet can also help you take care of your child at home when it is safe to do so.

You know your child best. If your child doesn't look or seem right, please talk with your child's doctor. This booklet is not meant to be used in place of the care and knowledge that your child's doctor can provide to you. We urge you to use advice from your child's doctor and your own good judgment over information in this booklet.













If you think that you are having a medical emergency, call 911 or the number for the local emergency ambulance service right away! If you're not sure what to do, call your child's doctor or go to the emergency room.

We hope you will find **Treating Childhood Emergencies and Illnesses** useful in caring for your child and working with your child's doctor. In addition to keeping this booklet, we encourage you to take a first aid and CPR class. Visit www.seattlechildrens.org/classes or contact your local American Red Cross, fire department or hospital to find a class near you.





For more information, visit www.seattlechildrens.org. The website offers parenting advice, safety tips and information about child and teen health.

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Medicines:

Keep all medicines in a locked cabinet or container. Check for, and replace, expired supplies each year.

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin or Advil)
- Aspirin (do not give aspirin to children under 12)
- Anti-itch medicine taken by mouth, like Benadryl (an antihistamine)
- Electrolyte solution, like Pedialyte
- Calamine lotion
- Hydrocortisone cream
- Antibiotic cream
- Aloe vera gel
- Saline wash



Disaster Supplies Kit

Consider keeping a disaster supplies kit with your home first aid kit. Include these items:

- Water, 1 gallon of water per person per day for at least 3 days
- Food, at least a 3-day supply of food that keeps at room temperature for a long time (non-perishable) and a manual can opener
- A battery-powered or hand-crank radio or television and extra batteries
- A flashlight and extra batteries
- Your first aid kit and manual
- A whistle to signal for help
- Dust masks to help filter bad air
- Plastic sheeting and duct tape to make a shelter
- Moist towelettes, soap, hand sanitizer, toilet paper, feminine products, garbage bags, plastic ties and other toiletries and hygiene products



First Aid Kit

Put together a first aid kit for your home and one for each car.
Include these items:

Information:

- Emergency phone numbers: 911, Poison Center, doctor, dentist and crisis line
- First aid book (like this book)

Supplies:

- Band-Aids in assorted sizes
- Gauze pads and rolled gauze
- Adhesive tape
- Instant cold pack (disposable)
- Elastic roller bandage, like an Ace bandage
- Safety pins
- Triangular bandage (to wrap an injury or make an arm sling)
- Cotton swabs and balls
- Bottle of water
- Soap
- Antiseptic wipes
- Thermometer
- Flashlight with extra batteries
- Plastic gloves (2 pair)
- Tweezers
- Scissors with rounded tips
- Blanket (stored nearby)



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EMERGENCIES



What Is an Emergency?

An emergency is any illness or injury that is life-threatening or needs to be treated right away — for instance, having a hard time breathing or swallowing, blueness around lips or bleeding that can't be stopped.

What to Do

When your child has a life-threatening illness or injury:

- Call 911 or tell someone else to call 911 right away.
- State clearly that this is a medical emergency. Try to stay calm.
- Tell the person what is wrong with your child. For instance: “My baby is not breathing.”
- Tell the person your exact address. For example: “506 South 6th Street, 2nd floor, in the back.”
- If you can, have someone wait for the aid car near the street to direct it to where you are.
- Start first aid if you know what to do.

What Not to Do

- Do not panic or wait to call 911.
- Do not move your child unless they are in immediate danger.
- Do not try to drive your child to the hospital. Aid cars can get to where you are faster.
- Do not hang up until the 911 operator tells you it is OK for you to hang up.



Animal Bites

An animal bite can be anything from a simple scratch to many bites with scratches and deep wounds. Pets, stray dogs or cats, or wild animals (skunks, foxes, bats, raccoons, etc.) can bite. When an animal bites a child, there is a risk that the wound can become infected. Or, a bite can lead to a life-threatening disease called rabies. Rabies most often comes from wild animals, like bats.

Water and Bath

- Never leave a child alone in or near water, even for a minute. Keep young children within arm's reach.
- Place a non-skid mat or non-slip strips in the bathtub or shower.
- Empty any buckets that have liquid in them, and keep garbage cans covered.
- Put your child in a life jacket when they are in or near water, on docks, in boats, rafts and inner tubes. Wear a life jacket yourself, too!
- If you have a swimming pool, pond or spa, fence all four sides.
- Empty the “kiddie” pool when it is not being used.

To Learn More

- Your healthcare provider. Phone number: _____
- www.seattlechildrens.org
- Washington Poison Control 1-800-222-1222.
- U.S. Consumer Product Safety Commission – Toll-free consumer hotline: 1-800-638-2772 or www.cpsc.gov.

Remember:

Keep contact numbers for emergency response, the Poison Control Center, the doctor and dentist, along with your name, address and phone number next to each phone in your home and entered on your cell phone. Show babysitters who come to your home where you keep these numbers and your first aid kit and disaster supplies.

Kitchen (also see “Fire and Burns” and “Poisons”)

- Keep scissors, knives and other sharp objects in safety latched or high cabinets.
- Keep chairs and step stools away from counters and the stove.
- Make sure heavy appliances (stove, refrigerator, microwave oven, etc.) can't be pulled over.
- Remove doors from unused refrigerators or freezers so children can't hide in them.

Poisons

- Lock up medicine, cleaning products, dishwasher soap and detergent, marijuana, nicotine vials, makeup and other unsafe products, or store them in a cabinet with a child-resistant safety latch.
- Keep houseplants out of reach.
- Keep products in the bottles they came in.
- Buy products with child-resistant caps.
- Install a carbon monoxide detector near sleeping areas and on each level of your home.
- Keep button batteries out of your child's reach. Keep remotes and other electronics out of your child's reach if the battery compartments are not locked with a screw. Discard old button batteries right away.

Toys, Games and Sports

- Buy toys that are for your child's age, not for older kids.
- Keep toys for older children out of the reach of younger children.
- Follow safety messages on toys.
- Pick up toys after play.
- Be sure your child wears eye protection, mouth guards and other protective gear when playing contact sports.

What to Look For

If your child has been bitten, know:

- What kind of animal bit your child — pet, stray, wild?
- If it was a stray or wild animal, was it captured?
- Was the attack an accident or did your child bother or scare the animal?

What to Do

If your child has been bitten by any animal:

- Wash the bite right away with soap and lots of water.
- Cover the bite with a soft, clean cloth or bandage.
- Comfort your child.

If your child has been bitten by a pet dog or cat:

- Look for any unusual behaviors in the animal in the next 2 weeks. It could be a sign of rabies.
- Find out if the animal has had all its shots.

See a Doctor If:

- The animal bite is more than a simple scratch
- Your child has not had their complete series of tetanus shots or more than 5 years have passed since the last tetanus booster
- The pet has not had shots, the shots are not up to date or if you're unsure of the pet's shot history
- You think the pet that bit your child might have rabies
- The area of the bite becomes red, swollen, hot or tender

If your child has been bitten by a wild animal:

- Take your child to the emergency room or doctor right away.
- Call Animal Control right away and tell them what happened.
- Don't try to catch the animal yourself. If the animal is captured, it should be given to the health department (alive or dead).



Asthma Attack

When your child has an asthma attack, the tubes in the lungs get swollen, the muscles around the lung tubes get tight and the lungs make mucus. When these things happen, your child's chest feels tight and it's hard to breathe. Your child may cough or wheeze.

What to Look For

- Increased coughing or mucus
- Shortness of breath
- Grunting or wheezing while breathing out
- Tense stomach muscles while breathing out
- Pale skin or blue-grey color around lips or under eyes
- Nasal flaring
- Sweating
- Skin indenting around the bones in your child's chest, between and under the ribs or in the neck above the collarbone

What to Do

Call 911 now if:

- Your child is having a very hard time breathing
- Your child has passed out
- Your child's lips or tongue look blue
- Your child started wheezing right after taking any kind of medicine, eating a food they're allergic to or being stung by a bee

For other symptoms:

- Start your child's quick-relief medicine at the first sign of coughing or shortness of breath.
- Continue the relief medicine until your child has not coughed or wheezed for 48 hours.
- If your child uses a controller medicine, keep giving that medicine as directed.
- Give your child lots of liquids. Water is a good choice.

- Protect outlets with ground fault circuit interrupters (GFCIs).
- Repair frayed cords and loose plugs.
- Keep cords and power strips out of reach.
- Use back burners on the stove and turn pot handles toward the back.
- Keep hot foods, cups of coffee or tea, other hot liquids, appliances, power strips and cords out of the reach of young children.
- If your oven front gets hot during use, keep children away.
- Keep a working fire extinguisher in the kitchen. If you live in a home with more than one floor, keep one working fire extinguisher on each floor. Make sure older children and adults know when and how to use them.

Furniture

- Cover sharp edges and corners.
- Secure TVs and other heavy items so they cannot tip over.
- Make sure furniture is not painted with lead paint.
- Cribs and playpens should be sturdy, with bars no more than 2 $\frac{3}{8}$ inches apart.
- Check to see that toy chest lids cannot fall down and lock. Better yet, do not use any lids on chests or boxes.
- Check for products that have been recalled. Call the U.S. Consumer Product Safety Commission at 1-800-638-2772 or visit www.cpsc.gov.

Firearm Safety

Remove all firearms from your home if you can.

Always:

- Store guns unloaded and locked.
- Store and lock ammunition in a separate place.
- Use a firearm safe, lockbox, trigger or cable lock to store firearms. Storing them just out-of-sight is not safe.
- Avoid locking devices that use keys, if possible. Children often know where keys are kept.

-
- Place self-latching doors or hardware-mounted gates at the top and bottom of stairs.
 - Do not use a baby walker with wheels.
 - Use helmets with skateboards, bikes, rollerblades, scooters, snowboards and skis.
 - Wear knee and elbow pads for scooter riding and add wrist guards for rollerblading or skateboarding.
 - Don't allow children to jump off furniture or high places.

Fire and Burns

- Install a smoke alarm on every level of your home and in each bedroom. Test alarms each month. Change batteries twice a year.
- Make a fire escape plan. Practice it with your family.
- Place guards around open heaters and fireplaces.
- Buy flame-resistant sleepwear for children.
- Keep matches and lighters out of reach.
- Make sure one window in each room can be easily used as a fire escape.
- Use "cool" nightlights. Keep them away from drapes and bedspreads.
- Use a cool-mist humidifier (not a vaporizer).
- Keep hair dryers, curling irons and flattening irons unplugged and stored out of reach.
- Never hold your child when you are holding hot liquids. Keep cups with hot liquids away from the edge of tables.
- Set your hot water heater at 120 degrees Fahrenheit.
- Keep space heaters away from children and at least 3 feet from beds, curtains and other things that can burn.
- Put plastic plug covers in unused outlets.

-
- Remove known asthma triggers from where your child lives and plays.
 - Have your child shower or take a bath to get pollens, animal dander or other allergens off the body.

See a Doctor If:

- Your child is wheezing loud enough to be heard across the room or continues to have a hard time breathing 20 minutes after using an inhaler or nebulizer
- Your child has nonstop coughing that doesn't get better after using an inhaler or nebulizer
- Your child looks or acts very sick
- Your child needs the inhaled asthma medicine more often than every 4 hours
- Your child still has some wheezing after 5 days



Bleeding

Loss of blood can be very harmful, even life-threatening. For your child's safety, be sure that you know how to stop any bleeding.

What to Do

You can care for cuts at home if:

- Only the top layer of the skin is scraped off
- The edges of the cut are close together
- The bleeding can be stopped in 10 minutes

To care for the cut:

- Wash the cut well with soap and water
- Make sure all the dirt is removed
- Place a bandage or piece of soft, clean cloth over the cut
- Hold it firmly in place for 10 minutes

See a Doctor If:

- The edges of the cut are jagged
- The cut edges cannot be brought together

-
- Bleeding does not stop after 10 minutes of steady pressure
 - There is dirt in the cut that you cannot wash out

These cuts may need stitches. On your way to the doctor, hold a soft, clean cloth firmly in place to control the bleeding.

- Your child has not had the complete series of tetanus shots or more than 5 years have passed since the last tetanus booster

What Not to Do

- Do not use a tourniquet — put pressure on the wound instead.
- Do not apply pressure if any bone is sticking out or has been pushed in. Cover it with a clean cloth and **call 911 right away.**



Burns

Your child's skin can get burned when it comes in contact with anything hot. Breathing in hot smoke or fumes can burn the inside of your child's nose and lungs. If this happens, your child needs to be seen by a doctor right away.

Contact with live electrical wire or an open plug point can cause an electrical burn. Even though the burns may look small on the outside, there may be more burns on the inside of the body. Call your doctor if you think your child has an electrical burn.

What to Do

For burns that cause the skin to be pink or red but do not cause blisters:

- Put the area in cold water right away to stop further burning. Keep it in cold water for 10 minutes.
- Keep the area clean and dry to prevent infection.
- Watch the burn for blisters or bubbling.

Your child needs to see a doctor right away if burns on hands, feet or genitals cause blisters, or if any burns cause the skin to open and turn black.

- *If the area of the burn is small:*
 - Cover the area with a clean cloth.
 - Take your child to the emergency room.

-
- Don't serve chunks of hard fruit or vegetables, popcorn, round candies or nuts to children under 4 years old.
 - Cut grapes, carrots, hot dogs and sausages into small pieces that are not round before giving them to children under 4 years old.
 - Don't allow children to play with toys or products that have miniature disk or "button" batteries or small magnets that can be removed easily.

Diarrhea and Other Illnesses

- If possible, do not let your child be around people who are ill.
- Refrigerate foods that can spoil.
- Teach your child to wash hands before eating and after using the toilet and petting animals.

Doors and Windows

- Cut window blind cords and use safety tassels on blind and drapery cords. Or use window blind cord wind-ups.
- Use window guards or window stops on windows. Window screens do not keep kids in. Use safety netting on balconies, decks and landings.
- Use safety glazing on glass doors and panels.

Falls

- Never leave a baby alone on a changing table, sofa, bed or other high place.
- Always use straps on baby equipment.
- Keep diaper-changing supplies within easy reach when changing your baby.
- Place a carpet on a non-skid rug under the crib and changing table.
- Use a sturdy, stable high chair. Make sure it has a secure locking tray and a seat belt with a crotch strap.
- Keep cribs, playpens, beds and chairs away from windows.



Safety Checklist

Although emergencies and illnesses can happen, many can be prevented. Here are some ways to keep your family safe and healthy.

Animal Bites and Stings

- Teach your child not to go near or feed wild animals, including bats.
- Teach your child not to tease or be rough with pets.
- Teach your child to ask the owner before petting a dog they don't know.
- Watch your young child closely when near any animal.
- Keep your pet on a leash.
- Report stray animals to Animal Control.
- Have your child wear shoes when playing outside.

Child Passenger Safety

- Use the right safety seat for your child's age and size. Be sure to read the safety seat instructions along with your vehicle owner manual instructions.
- Make sure children under 13 years old ride in the back seat.
- Use seat belts, booster seats, infant and car seats in cars and planes.
- Set a good example by always wearing your seat belt.

Choking

- Keep rubber balloons away from children age 3 or younger.
- Keep rooms free of small items, toys with small parts, magnets and plastic bags.
- Remove crib gyms and hanging toys from the crib when your baby can get up on their hands and knees.

- *If the burned area is large:*
 - Call 911 for help right away.
 - Cover your child with a clean sheet or cloth.
 - Do not move your child unless staying in place will cause more harm.

What Not to Do

- Do not use butter, lotions or oil on burns.
- Do not break the bubbles or blisters on the burn.
- Do not treat large burns at home if there are bubbles or blisters.



Dental Emergencies

If your child has an injury to the mouth, check for any loose, broken or knocked-out teeth. See a dentist within 2 hours if a tooth is knocked out or damaged.

What to Do

For baby teeth:

- If your child has a very loose, broken or chipped tooth, remove the tooth. Your child can swallow it by mistake or breathe (inhale) it into the lung.
- If a tooth is broken, save the broken piece and see a dentist within 2 hours.

For permanent teeth:

If a permanent tooth is knocked out, chipped, or broken, it may be able to be saved if you act right away:

- Find the tooth or piece of tooth.
- Hold it by the crown (biting surface) and gently rinse it under tap water. Make sure the drain is covered first. Do not scrub the tooth.
- If you can, gently place the tooth back into the hole in your child's mouth.
- Hold the tooth in place while going to the dentist or hospital.
- If the tooth cannot be put back into the hole in the mouth, or if it's only a piece of a tooth, put it in some milk. Put it in water if you do not have milk.
- Go to the dentist or hospital right away.

If You Are Not Sure What to Do

Call your dentist or hospital. They can help you decide how quickly your child needs to be seen.



Eye Wounds

You can care for minor eye problems at home. Treat a black eye with an ice pack or cold pack. Sand or dust that has blown into the eye can be flushed out with tears or by holding the eye open and gently pouring water into it. Take all eye problems seriously.

See a Doctor If:

- An object is stuck into or punctures the eye. Do not try to remove the object. Go to the hospital right away.
- An object will not wash out with tears or gentle rinsing. Do not try to remove it yourself.
- Your child is seeing double.
- Your child can't see, even if only for a short time.
- There is pain or blood in the eye.
- Your child feels like there something still in the eye when you see nothing there.
- Your child was hit hard right in the eye by anything, a ball, bat, fist, etc.

If a chemical splashes into the eye, right away:

- Have your child lie down, then slowly pour lukewarm water into the eye.
- Keep water running into the eye for 15 to 20 minutes. This can be painful and scary to your child, but must be done because chemicals can destroy the eye in seconds.
- Use a moist cotton swab to wipe away any chemical specks that can't be flushed away.
- Call the Poison Center, **1-800-222-1222**, right away after you have finished flushing the eye with water. Be ready to give the name of the chemical.

PREVENTION



Be Ready for Emergencies

Emergencies happen. We can't always protect our children from a sudden high fever or a fall from a bike. Here are 10 tips to help you be prepared.

- Check if 911 is the emergency number to call in your area. If it isn't, find out what the emergency number is in your area. Post the number by each phone in your home and add it to your cell phone.
- Keep a well-stocked first aid kit and disaster supplies kit on hand. See "First Aid Kit," page 42, and "Disaster Supplies Kit," page 43.
- Make a list of emergency phone numbers. Write down the numbers for your doctor, dentist, Poison Control and close relatives or friends. Post a list of all emergency numbers by each phone in your home and add them to your cell phone.
- Teach your children who to call and what to say in an emergency. Make sure your children know where to find the list of emergency numbers. Teach them how to call 911 and not hang up until told to do so. Teach them their home phone number and address.
- Make sure your house number can be seen from the street.
- Keep a clear and up-to-date record of your child's immunizations. This can help doctors trying to decide what is wrong and it can save time.
- Make a list of your child's health problems, medicines and doses. This can help assure the right medical care.
- Make a list of any allergies and reactions. Keep this list with the list of shots, health problems, medicines and doses. All of this information will help the people who are helping your child.
- If you have health insurance, know your emergency coverage. Some companies require that you call first before seeking emergency care. Know your policy and have the cards and phone numbers you need.
- Take a first aid class. A basic class will cover CPR, how to deal with choking and how to take care of simple cuts, burns and sprains.

-
- Call or visit the Centers for Disease Control (CDC) for a vaccine schedule and immunization information in English or Spanish (1-800-232-4636 or www.cdc.gov/vaccines).



Clear Liquid Diet

For diarrhea and when your child is throwing up

A clear liquid diet is a feeding plan in which no milk or solid foods are given. It is used for children who are sick with a fever, are throwing up or have diarrhea. Taking only clear liquids helps your child's stomach and bowels rest.

Examples of Clear Liquids

- Water or ice
- Popsicles
- Clear soups or broth
- Pedialyte, Ricalyte, Rehydralyte
- Clear soda, such as ginger ale, 7-Up or Sprite. Stir the soda to get rid of bubbles before giving it to your child.
- Juice, Kool-Aid or Jell-O (avoid juice and Kool-Aid if your child has diarrhea): Jell-O can be used in liquid or solid form. Follow the steps on the package for how much water to mix in when making Jell-O or Kool-Aid. For vomiting, try white grape juice.

What Liquids Not to Use

- Orange or grapefruit juice
- Prune juice
- Milk or milk products for the first 24 hours
- No apple juice or red fruit punch if your child is vomiting or has diarrhea
- Only plain water — your child also needs liquids with nutrients
- Diet sodas and dark sodas, such as cola and root beer

When to Start Milk and Solid Foods

If your baby or child has improved in a 24-hour period, you may start offering milk and solid foods.



Falls

When children fall, they may be bumped or bruised. If your child hit their head, also see “Head Injuries,” below.

What to Do

- Put an ice pack, piece of ice or a cold washcloth over the bump or bruise.
- If your child has fallen, cries and moves freely, is acting OK and not falling asleep, hold and comfort your child until they have stopped crying.

Call 911 if your child:

- Has passed out or acts confused
- Has clear fluid or blood coming from the nose, ears or mouth
- Has an arm or leg in an unusual position
- Complains of neck or back pain
- Can't walk well or has a hard time seeing

Do Not Move Your Child If:

- You believe a bone is broken
- Your child has neck or back pain
- Clear fluid or blood is coming from the ears, nose or mouth
- Your child has passed out

Your child needs to be seen by a doctor if, in 24 hours after falling, your child:

- Vomits or throws up 2 or more times
- Complains of pain anywhere in the body
- Is more cranky than normal
- Sleeps more than normal and is hard to wake up



Head Injuries

Children often bump their heads. Most often, they hurt the outside of the head or the scalp. This can result in a bump, bruise or cut. Even small cuts to the scalp can bleed a lot. Sometimes the inside of the head can also be injured, which can be more serious. These injuries are concussions and other brain injuries.

What to Do

Call 911 if your child:

- Passes out or isn't breathing. If your child is passed out, don't move your child until the aid car comes.
- Is acting confused or is hard to wake.
- Is not moving their neck normally. Help your child keep still so the neck doesn't move.
- Has trouble seeing, walking or talking.
- Has weakness in the arms or legs.
- Has clear fluid or blood running from the nose, mouth or ears.
- Has major bleeding that soaks through cloth and can't be stopped.
- Has a seizure.

What Not to Do

- Do not apply pressure if you think your child's skull might be fractured.

See Your Child's Doctor If:

- Your child has passed out, even if just for a minute.
- Your child has blurred vision lasting more than 5 minutes.
- Your child is 1 year old or younger.
- Your child vomits 2 or more times the day of the injury.
- The skin is split open and might need stitches.
- Your child has a large dent or swelling larger than 1 inch.
- You can't stop the bleeding after applying pressure to the cut for 10 minutes.
- Your child has neck pain.
- Your child was confused, had trouble talking, had trouble walking or had weakness of arms or legs but seems fine now.
- Your child can't remember what happened.
- Your child's headache is bad enough for long enough that you want to give pain medicine. Don't give any pain medicine, however, unless your doctor says so.

REFERENCE



Immunizations

Immunizations (vaccines) are the single most important way parents can protect their children from serious diseases that can cause lifelong disabilities and even death. Vaccines work by preparing your child's immune system to fight a disease without actually giving your child the disease. When your child gets immunized, the body makes antibodies that will fight the real disease if ever exposed to it.

When Should My Child Be Immunized?

Infants get vaccines when they have the highest risk for becoming seriously ill from certain diseases and when their immune systems respond best to the vaccines. We start immunizing as early as possible to protect children as soon as possible. They often get the hepatitis B vaccine at birth. Other shots start when your child is 2 months old, usually as part of well-child checkups. Talk with your doctor or clinic if you have questions about immunizations.

What to Do

- Make sure your child gets all recommended shots. If your child has not had any shots or is behind, it's not too late to catch up.
- Make sure you as a parent get all recommended vaccines too, like a yearly flu vaccine and the whooping cough (pertussis) booster, Tdap. Pertussis and flu are very serious for babies. Babies rely on others for protection until they can get the flu vaccine themselves when they are 6 months old and get the full whooping cough vaccine series by about age 5.
- Keep a copy of your child's immunization record. Your child will need this to start child care or school.

To learn more about immunizations:

- Talk to your healthcare provider.
- Call the Family Health Hotline 1-800-322-2588 for services in many languages; TTY relay 1-800-833-6388; Spanish TTY relay 1-877-833-6399.
- Visit the Washington State Department of Health at www.doh.wa.gov/immunization.

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- After 8 hours without vomiting, offer mild, bland solids, like crackers, rice cereal or dry toast.
 - For severe vomiting, wait 1 to 2 hours before starting small amounts (1 teaspoon to 1 tablespoon) of liquids. If vomiting starts again after resuming clear liquids, wait another 1 to 2 hours before giving any more liquids.

What Not to Do

- Do not give your baby or child large amounts to drink – it will increase vomiting.
- Do not give milk or milk products for 24 hours (cheese, yogurt, ice cream, etc.)
- Do not put salt in the drinking water.
- Do not give Pepto Bismol because there is a risk of developing Reye’s syndrome, a serious illness that can lead to brain damage and coma.
- Do not give any medicines to stop the vomiting or diarrhea. Doing so keeps the virus in the body longer.

See a Doctor If:

- The vomiting is no better in 12 hours
- Your child is under 6 months of age
- Your child complains of a tummy ache for more than 2 hours
- Your child can’t take a prescribed medicine that they must have
- Your child does not wet a diaper or pee for 8 hours
- Your child’s lips, tongue or mouth are dry
- Your child has not taken any drinks for 8 hours
- Your child is very cranky or sleepy
- Your child is throwing up green liquid
- There is blood when your child throws up

-
- The injury was caused by high speed (as in a car accident), a fall from 2 or more times your child’s height or a blow from a hard object (such as a golf club).
 - You think your child has a serious injury.

For Other Symptoms

- If there is a cut, wash it with soap and water. With a clean cloth, apply pressure to the cut for 10 minutes.
- For bumps, put an ice pack or cold pack over the area for 20 minutes at a time.
- Have your child rest for at least 2 hours.
- Only give clear fluids until your child goes 2 hours without vomiting.
- Watch your child closely for 48 hours after the injury.
- For blows to the head, check that your child can walk and talk clearly before they go to bed and when they wake up, either in the middle of the night or in the morning. Consider sleeping in the same room with your child the night of the injury.



Insect Bites and Stings

If an insect bites or stings your child, the skin where the injury happened may itch or hurt. Some children may have a hard time breathing or may pass out after getting bitten or stung.

What to Do

Call 911 if your child:

- Has a hard time breathing.
- Passes out or is very weak.
- Has had a bad reaction to a bite or sting in the past.
- Develops bumps or a rash in areas away from the bite or sting.

For Other Symptoms

If your child hurts or itches at the area of the bite or sting:

- The insect’s stinger may still be in the skin. Remove it by gently scraping it with the edge of a credit card or driver’s license.

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- Clean the bite or sting with warm, soapy water.
 - Apply an ice pack or cold pack over the area to keep it from swelling.

See a Doctor If:

- You have trouble getting the stinger out
- The bite becomes warm or hot, red and very painful

If your child has had a bad reaction to insect bites or stings, ask your doctor about an emergency care kit. Also ask your doctor about shots to prevent future bad reactions.



Poisoning

A poison is something that may make your child sick when they eat, drink, smell or touch it, such as a cleaning product, plant or medicine. Some poisons are deadly.

Some of These Things Can Be Poison:

- **Medicine** — The wrong amount of medicine, even aspirin or acetaminophen (Tylenol), or a medicine that belongs to someone else, like Grandma's pills
- **Household cleaners** — Drain cleaners, bleaches, oven cleaners, lye, ammonia, automatic dishwasher detergents, laundry detergent pods, etc.
- **Button batteries** — Found in remote controls, handheld video games, cameras, scales, watches, etc. They can get stuck in the throat and esophagus and cause very serious chemical burns.
- **Polish** — Furniture, car or shoe polish, or nail polish remover
- **Paint and paint removers**
- **Insect or rat poisons**
- **Alcohol and marijuana**
- **Nicotine vials** (used to fill e-cigarettes)
- **Makeup**

What to Do

- **Call 911 right away** if your child has a seizure, passes out or has trouble breathing.



Swollen Glands

Lymph glands protect the body against illness. They can swell when your child's body is fighting an infection caused by a virus or bacteria. Things that may cause swollen glands are colds, ear infections and sore throats.

What to Do

- Give your child lots to drink and watch for the signs below.

Call a Doctor

If the swollen gland is:

- Present for more than 2 to 3 weeks
- Getting bigger
- Red, hot and painful or has a discharge

Or if your child:

- Loses weight
- Is more tired than normal



Vomiting (Throwing Up)

Throwing up can be caused by a stomach virus or eating a food that does not agree with the stomach. Some babies "spit up" after a feeding or a burp. This is not vomiting.

What to Do

- Give clear fluids in small amounts, 1 teaspoon to 1 tablespoon at first. Avoid fruit juice if your child also has diarrhea. Follow instructions in the "Clear Liquid Diet" section, page 34.
- Give babies under 12 months an electrolyte drink, such as Pedialyte. Give about 1 teaspoon every 10 minutes for 4 hours. Avoid plain water.
- Offer older children water or clear, flat soda mixed with water. Give about 1 tablespoon every 10 minutes for 4 hours.
- Slowly give your child more fluids if they have not vomited for 4 hours.



Stomachache

Stomachaches are common in children and have many different causes. Some causes are constipation, diarrhea, vomiting, illness, gas pains and overeating. Most times, you can learn the cause of your child's stomachache by watching them for 2 hours.

What to Do

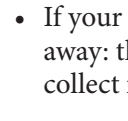
- Try having your child sit on the toilet to see if they can poop (have a bowel movement).
- Ask your child to lie down and rest.
- Keep something nearby for your child to throw up in.
- Offer clear fluids only. See “Clear Liquid Diet” page 34.

What Not to Do

- Do not give your child medicine for stomach cramps unless told to do so by a doctor.

See a Doctor If:

- Your child looks or acts very sick
- The pain is mostly on the right side, low in the stomach
- Your child is bent over in pain while walking or is unable to walk
- Your child has pain or swelling in the scrotum or testicle
- There is blood in your child's bowel movements
- Your child is throwing up blood or has yellowish or greenish vomit
- Strong pain lasts longer than 1 hour
- Mild pain lasts more than 1 day
- Your child gets worse and the pain is steady and strong
- Your child is under 2 years of age
- Your child had a recent injury to the stomach



- If your child swallows a button battery, call one of these numbers right away: the 24-hour National Battery Ingestion Hotline at 202-625-3333 (call collect if needed) or the Poison Center at 1-800-222-1222.
- Most poisonings can be handled over the phone, unless it's life-threatening. Call the Poison Center at **1-800-222-1222**.
- Explain to them what your child ate, drank, touched or smelled.
- Listen to what they say and do what they say.
- Be prepared to bring your child to the hospital.
- Bring the bottle or container from which your child ate or drank, even if it is empty.
- If your child threw up, bring your child's vomit.
- Do not make your child throw up unless you are told to do so by the Poison Center or your doctor.

Syrup of Ipecac

The American Academy of Pediatrics recommends that syrup of ipecac **not** be used in the home to treat poisoning. Syrup of ipecac makes your child throw up. Throwing up some poisons can make your child sicker.



Seizures

A seizure happens when there is a problem with how the brain works. It may be caused by a harmful infection like meningitis, an injury to the head or fevers in children under the age of 6. Sometimes the cause is not found.

What to Look For

Your child may have any or all of these signs during a seizure:

- Passing out
- Eyes may blink, stare or roll back into the head
- Jerking movements of the body, especially the arms and legs
- Loss of bowel and/or bladder control

What to Do

- **Call 911** if your child looks blue, is having a hard time breathing or if the seizure lasts for more than 5 minutes.
- Keep calm. Most seizures last less than 5 minutes.
- Put your baby or child on their side or stomach so that spit can roll out the mouth.
- Be sure your child is in a safe place where they will not fall or get hurt.
- See what parts of the body are jerking and keep track of how long the seizure lasts.
- If your child's body is hot when the seizure is over, undress your child to keep them cool. Do not use ice or cold water to cool the body down.
- You may give acetaminophen (Tylenol) when your child is awake if your child is over 3 months old. Give the right amount, based on your child's weight. Use the measuring tool that comes with the medicine. If you have any questions, call your healthcare provider to find out how much medicine to give.
- Allow your child to rest after the seizure.
- If your child has seizure medicine, give them some after the seizure.
- Always call your doctor after your child has had a seizure.

What Not to Do

When your child is having a seizure:

- Do not put or force anything between your child's teeth.
- Do not try to hold your child or stop the movements.
- Do not give your child anything to drink during a seizure.
- Do not put your child in a bath to stop the seizure.

Prevention

- Give seizure medicine if your child has a prescription.

Prevention

- Pink eye can be spread easily to others. To prevent spreading it, do not allow your child to share towels and washcloths with others. Be sure your child washes their hands often and well.
- Avoid things that your child is allergic to. Allergies often cause itchy eyes, which can be hard not to rub.



Rash

When your child reacts to a virus, bacteria, fungus, parasite or something they are allergic to, your child may get a rash. Some rashes are a symptom of a childhood disease, like measles, fifth disease, hand-foot-and-mouth disease or chickenpox. (If you think your child may have chickenpox, see “Chickenpox,” page 17.)

What to Do

Call 911 if your child:

- Has purple or blood-colored spots and has a fever
- Is having a hard time breathing or swallowing
- Is too sick or weak to stand

Call a Doctor:

- To describe the rash and find out if your child needs to be seen by the doctor. Keep your child away from other children and pregnant women until you know the cause of the rash.
- If your child's rash lasts more than 3 days.

For Other Symptoms:

- If your child's rash is itchy, bathe them once with soap. Then give your child cool baths without any soap 4 times a day for 10 minutes each time.
- Put calamine lotion or baking soda paste on the rash. To make baking soda paste, mix 1 teaspoon of baking soda in 4 ounces of water.
- Tell your child not to scratch the rash. Keep fingernails trimmed short.



Pink Eye (Conjunctivitis)

Pink eye is an infection of the eye that is caused by a virus, bacteria or dust, dirt or a chemical getting into the eye. It spreads easily and can also occur with a cold.

What to Look For

- Redness or mild swelling of the white part of the eye
- Burning in the eye
- Tears coming from the eye
- A thick, yellow or greenish-yellow discharge from the eye
- Eyelashes stuck together

Newborns:

Pink eye in the newborn can be caused by medicine (antibiotic ointment) that was applied to your baby's eyes after birth. Your baby's eyes may become red or puffy for 2 to 3 days. If the redness or puffiness last for more than 3 days, call your baby's doctor.

What to Do

- Clean the area around the eyes gently with warm water and wet cotton balls or a clean, warm washcloth. This should remove the discharge and allow the eyelashes to become unstuck.

See a Doctor If Your Child:

- Has thick, yellow or greenish-yellow discharge from the eye
- Complains of eye pain
- Has trouble seeing
- Is less than 2 months old
- Has a lot of puffiness or redness or the eyelid is very painful

What Not to Do

- Do not use medicine unless prescribed by your child's doctor.
- Do not force your child's eyes open if they are stuck shut. Clean gently.
- Do not send your child to child care or school if you think they have pink eye and they have not been to the doctor yet.

ILLNESSES



Chickenpox (Varicella)

Chickenpox is caused by a virus and is spread easily by coughing, sneezing or direct contact with the fluid from blisters caused by the disease. It causes an itchy skin rash (with blisters) and fever. The best way to protect your child from chickenpox is to get the vaccine when it is recommended. Talk to your child's doctor to find out what immunizations your child may need. If your child has not had the vaccine and is in close contact with someone with chickenpox, your child can get chickenpox within 2 to 3 weeks. A few vaccinated children may still get chickenpox, but they usually have a much milder case with fewer blisters and lower or no fever, and they recover more quickly.

What to Look For

If your child is getting chickenpox, they may have:

- A mild fever and may be tired, even before the rash appears
- A rash that first appears on the head and body as small, flat, red dots and spreads to the rest of the body
- Red dots that quickly start to look like bubbles with fluid in them

What to Do

- Don't let your child scratch the rash. Keep fingernails cut short to prevent your child from scratching the sores.
- Keep your child's skin clean. Gently clean with soap and water and pat dry with a towel.
- For pain relief, give your child acetaminophen (Tylenol) if your child is over 3 months old. Give the right amount, based on your child's weight. Use the measuring tool that comes with the medicine. If you have any questions, call your healthcare provider to find out how much medicine to give your child. Do not give aspirin or ibuprofen.
- Put calamine lotion on the rash to help stop the itching.
- To help stop itching, give your child a warm bath with ½ cup of uncooked oatmeal or ½ cup baking soda. Have your child soak in the tub for 15 minutes. Do not rinse the skin after the bath. Gently pat your child's body dry.

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- If there are sores in your child's mouth, have your child rinse with mild salt water (½ teaspoon salt mixed in 1 cup of water).
 - Have your child wash their hands often to prevent the sores from getting infected.
 - When all the sores have scabs on them, your child may return to school or child care. The scabs will fall off in 1 to 2 weeks.

Call a Doctor If:

- Your child has a medical condition or is on medicine like steroids and comes in contact with someone with chickenpox
- Your child continues to itch even after you have tried to treat the itching at home
- Any of the sores are warm, red or painful
- Your child is very sleepy or has trouble walking
- Your child complains of pain when moving the neck or the neck looks stiff
- Your child is throwing up
- Your child starts to have a fever the fourth day after the rash first appears



Colds

A cold is caused by a virus. When your child has a cold, they may have a stuffy nose, runny nose, watery eyes, a cough and sometimes a fever, earache or sore throat.

What to Do

When your child gets a cold:

- Give fluids often, such as water, fruit juices, fruit drinks, decaffeinated tea and soup.
- If your child is over 3 months old and is uncomfortable from the fever, you can give acetaminophen (Tylenol) every 4 hours. Give the right amount, based on your child's weight. Use the measuring tool that comes with the medicine. If you have any questions, call your healthcare provider to find out how much medicine to give.
- Use a cool-mist humidifier to help your child sleep better.
- Make saltwater nose drops by mixing ½ teaspoon of salt in 1 cup of water.

-
- Your child has fever, pain in the stomach or swelling in the joints along with hives
 - The hives appeared after a bee sting, eating food or taking medicine and your child has not had hives from that before
 - The hives last for more than 1 week



Nosebleeds

Nosebleeds are common in children. Most nosebleeds are caused by dryness, lots of nose blowing or nose picking. Most often, nosebleeds are not serious, but they can be scary, especially the first time your child gets one.

What to Do

- Have your child lean forward.
- Tell your child to spit out any blood that ends up in the mouth.
- Pinch just below the bony part of your child's nose for at least 10 minutes.
- If bleeding continues after 10 minutes, try another 10 minutes of pinching the nose while your child is leaning forward.

Call a Doctor If Your Child:

- May have put something inside their nose
- Is still bleeding, even after 20 minutes of pinching the nose
- Has 3 or more nosebleeds within 24 hours
- Bruises easily or bleeds a lot, even from small wounds
- Has nosebleeds often

Prevention

- Use a cool-mist humidifier in your child's room.
- Place a small amount of petroleum jelly (Vaseline) on the inside edges of your child's nose.
- Remind your child not to pick their nose.
- Keep your child's fingernails cut short.

- Do not give aspirin unless prescribed by a doctor.
- Do not use adult acetaminophen (Tylenol) for young children under age 5.
- Do not give acetaminophen (Tylenol) more than 5 times in 1 day.
- Do not worry if your child is not eating. Drinking is more important than eating when there is a fever. Give lots of liquids.



Hives

Hives are bumps that appear on the skin. Hives can be on your child's whole body or just on part of the body. Hives on the whole body can be caused by a virus, an allergic reaction or stress. Hives on only one part of the body are most often caused by contact with plants, pollen or pets. Hives cannot be passed from person to person. (They are not contagious.)

What to Look For

- Pink bumps with pale centers that stick up from the skin
- Bumps that are all different shapes and sizes

What to Do

Call 911 if your child:

- Is having a hard time breathing, talking or swallowing, or is wheezing
- Has had a severe allergic reaction in the past to the substance causing the hives now

For hives that itch and are on your child's whole body:

- Give your child a bath with cool water. Have your child sit in the bath for 10 minutes.
- Give Benadryl 4 times per day. If your child weighs less than 20 pounds, call a doctor to ask for advice before giving Benadryl.

For hives on only one part of your child's skin:

- Gently wash the area with hives with soap and water.
- If the skin itches, use a cold pack or ice to massage the area for 20 minutes.

Call a Doctor If:

- The hives are severe and have not improved after 2 doses of Benadryl

Use a medicine dropper to put the drops into your child's nose. You can get droppers at drugstores.

- Have your older child blow their nose. Have your child lie down flat on the back or tilt the head back before using 2 to 3 drops in each nostril.
- Gently wipe your younger child's nose before and after using drops. Have your child lie flat on the back and put 2 to 3 drops in each nostril.
- If your child is less than 1 year old, use a small bulb syringe to suck out the mucus before using nose drops. Wrap your baby in a light blanket or sheet, or have someone else gently hold the arms still while your baby lies on the back. Then you can put 1 drop in each nostril.

See a Doctor If Your Child:

- Is less than 4 months of age
- Has a cough for longer than 2 weeks
- Has a cough that wakes them at night
- Chokes or throws up from coughing
- Is having trouble breathing
- Complains of pain anywhere in the body
- Is very sleepy or cranky
- Has a sore throat for more than 5 days
- Does not wet a diaper or pee for more than 8 hours

What Not to Do

- Do not worry if your child does not eat for a few days. Drinking is more important than eating.
- Do not use over-the-counter cold medicines until you check with your child's doctor.
- Do not use nasal sprays for babies.
- Do not use medicine that was prescribed for someone else.
- Do not use a hot-steam vaporizer (cool mist is best).
- Do not give aspirin.



Croup

Many babies and young children get croup. Croup causes your child's airway to swell and makes your child cough. The cough sounds like a loud, barking seal and sometimes includes a raspy sound. Your child may cough so much that you can no longer hear their voice or cry well. Croup is most often caused by a virus.

What to Do

Call 911 now if:

- Your child looks blue or gray around the mouth
- Your child is working hard to breathe and seems less alert than usual

For Other Symptoms

- If it's a cool night, try taking your child outside. Cool air can help stop the cough.
- Give warm fluids to relax your child's airway.
- Sleep in your child's room so you can keep an eye on your child. Croup can get worse at night.
- Make sure your child avoids being around tobacco smoke.
- If your child is over 3 months old and is uncomfortable from fever, you may give acetaminophen (Tylenol) every 4 hours while there is fever. Give the right amount, based on your child's weight. Use the measuring tool that comes with the medicine. If you have any questions, call your healthcare provider to find out how much medicine to give your child.

See a Doctor If:

- Your child is making a harsh, raspy sound when inhaling. This is called stridor.
- The cough is nonstop.
- Your child's skin is indenting around the bones in the chest, between and under the ribs or in the neck above the collarbone.
- Your baby is less than 1 month old.
- Your baby is 1 to 3 months old and has had a cough for more than 3 days.
- The croup lasts more than 10 days.
- Your child also has an earache.

- Give your child lots of fluids — a child with a fever often likes ice chips, popsicles, juice, water or decaffeinated tea.
- If you believe your child is uncomfortable because of fever and your child is over 3 months old, you may give acetaminophen (Tylenol). You can give acetaminophen or ibuprofen (Motrin) if your child is over 6 months old. Give the right amount, based on your child's weight. Use the measuring tool that comes with the medicine. Follow the instructions on the medicine. If you have any questions, call your healthcare provider to find out how much medicine to give your child.

See a Doctor If Your Child:

- Is less than 3 months old
- Is 3 months to 2 years old, has had a fever for more than 24 hours and has no other symptoms
- Is very cranky or very sleepy
- Has a hard time breathing or is breathing fast
- Complains of neck pain or the neck appears stiff
- Has a seizure
- Has a fever for more than 3 days
- Has a rash
- Has not wet a diaper or gone to the bathroom in 8 hours
- Has dry lips, tongue or mouth
- Complains of a pain in any part of the body, such as the ear or throat
- Is not alert when awake (lethargic)
- Vomits often or for more than a day
- Has a fever of over 104 degrees Fahrenheit (or 40 degrees Celsius)
- Has a chronic health condition

What Not to Do

If your child has a fever:

- Do not use rubbing alcohol or ice water to cool your child down.
- Do not overdress your child or wrap your child in blankets.

If your doctor prescribes medicine for your child, make sure your child takes all the medicine the doctor ordered. Your child needs to take all the medicine even if they start to feel better. It will take at least 1 day for the antibiotics to work to lower the fever and help with the pain. All of the medicine is needed to completely kill the bacteria.

What Not to Do

- Do not put anything in the ear, especially oil or drops, unless prescribed by your doctor.

Prevention

- Do not put your baby to bed with a bottle in their mouth or while they are still at the breast.
- Keep your child away from sick children when possible.
- Keep your child away from secondhand smoke.
- Tell your child's doctor if your child gets ear infections often. Frequent and improperly treated ear infections can lead to hearing problems.

Earwax

Do not put a cotton swab in your child's ear. It can damage the eardrum. Earwax is normal and usually does not need to be removed. If you have a concern about earwax, talk with your child's doctor.



Fevers

A fever is a higher-than-normal body temperature, above 100.4 degrees Fahrenheit or 38 degrees Celsius. A fever is the body's way of fighting an illness. The illness can be minor, like a cold, or it may be a more serious infection.

What to Do

If you believe your child has a fever:

- Take your child's temperature with a thermometer.
- Keep your child cool.
- Dress your child in lightweight clothing. A diaper and shirt works well for a baby.



Diaper Rash

Babies have delicate skin that can easily become irritated. Pee (urine) and poop (bowel movements) touch the skin and can cause a rash. If the rash is not treated, it can get worse.

What to Do

If the skin in the diaper area looks red:

- Gently wash, rinse well and gently dry the area. Avoid using diaper wipes while the rash is present.
- Change your baby's diaper often.
- If you can, leave your baby's diaper off so air can help heal the area (in older babies, this may only be during naps).
- Cover the area with diaper cream or petroleum jelly (Vaseline) before putting on a diaper.
- When changing the diaper, gently remove the diaper cream. If it is hard to remove, use a cotton ball and baby oil on the area.
- If using cloth diapers, do not cover with plastic pants.
- When using throw-away diapers, it is harder to know if your baby is wet. Check the diaper often.

Call a Doctor If the Rash:

- Does not get better with frequent diaper changes and air drying
- Spreads to other areas not covered by the diaper
- Is red and raw or bleeding

Preventing Diaper Rash

- Change diapers often. Don't leave your baby in wet or dirty diapers.
- Always clean the diaper area with mild soap and water when changing the diaper. Rinse and dry well.
- Wash cloth diapers in a mild soap and rinse well.
- Notice if your child gets more rashes with a certain brand of throw-away diapers.
- Do not dry throw-away diapers and reuse them.



Diarrhea

Diarrhea can occur many times in one day and is often caused by a virus. It can last for many days or as long as a week. Diarrhea can also happen with fever, throwing up and tummy ache.

What to Do

- If you are breast-feeding, keep it up!
- If your child is too ill to eat, give clear liquids to drink often. Follow the instructions in the “Clear Liquid Diet” section, page 34. Avoid fruit juice.
- Give at least 4 to 8 ounces ($\frac{1}{2}$ to 1 cup) of liquids every 4 hours.

On day 2, if the diarrhea is better:

- For babies, keep breast-feeding or slowly start giving milk or formula if you usually bottle-feed your baby.
- For babies over 6 months of age, start giving rice cereal.
- For older children, start giving dry toast, dry cereal or dry crackers.

On day 3, if the diarrhea is better:

- Slowly return to normal, bland food. Still avoid giving food that is too spicy, like salsa, or acidic, like oranges or tomatoes.

What Not to Do

- Do not give only liquids for more than 24 hours.
- Do not give large meals. This will cause more diarrhea.
- Do not give any medicines to stop diarrhea unless told to do so by a doctor.
- Do not add salt to the drinking water.
- Do not give only plain water.
- Do not send your child to child care or school with diarrhea.

Call a Doctor If:

- Your child is less than 6 months old
- The diarrhea does not improve in 24 hours
- The diarrhea lasts for more than 7 days
- Your child complains of a tummy ache for more than 2 hours
- Your child is very cranky or sleepy

- Your child’s lips, tongue or mouth are dry
- Your child does not have a wet diaper or does not pee for 8 hours
- Your child is not drinking liquids
- The diarrhea contains blood, mucus or pus



Ear Pain

Ear pain can be caused by bacteria or a virus. It can happen with a cold or allergies. Medicines like antibiotics only work with some kinds of ear infections. Most ear infections clear up without medicine within a few days. Ear pain can also happen after being in the water or swimming for a long time. This is called swimmer’s ear. Swimmer’s ear is treated with special ear drops.

What to Look For

- Your child complains of ear pain
- Your baby cries or gets very fussy or starts pulling or rubbing the ear
- Fever
- Drainage from the ear
- Your child’s ears hurt when pulling the shirt on or off

What to Do

- If your child is uncomfortable from the fever or pain, you may give acetaminophen (Tylenol) if your child is over 3 months old. Or, you can give ibuprofen (Motrin) if your child is over 6 months old. Give the right amount, based on your child’s weight. Use the measuring tool that comes with the medicine. If you have any questions, call your healthcare provider to find out how much medicine to give your child.
- Put a cold, wet washcloth or cold pack on your child’s ear for 20 minutes.

Call a Doctor If:

- Your child has signs of an ear infection that last more than 1 day
- Your child has been seen by the doctor, has taken medicine for at least 2 days and is not getting better
- Your child has any drainage from the ear (with or without pain)
- There is swelling around and behind the ear